

**2008 Arkansas Obesity Policy Summit
Report**

Prepared for:

**Blue & You
Foundation**

For a Healthier Arkansas 
An Independent Licensee of the Blue Cross and Blue Shield Association



2008 Arkansas Obesity Policy Summit Report



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2008 Arkansas Obesity Policy Summit Report

INTRODUCTION

The Arkansas Obesity Policy Summit was held on May 22, 2008. The goal of the summit was to catalyze new collaborative activity that would result in development of specific strategies to reduce obesity and improve health and productivity in our state. The summit built upon two previous Arkansas summits, one in 1999 and one in 2002, which were instrumental in moving Arkansas to lead the nation in combating childhood obesity.

More than 100 invited Arkansas leaders from business and industry, philanthropy, education, public health, health care, law, government, faith-based organizations, and others, convened for this full-day session. The Summit was funded by the Blue & You Foundation for a Healthier Arkansas, Arkansas Children's Hospital, and the Arkansas Department of Health. Co-sponsors were the Arkansas Center for Health Improvement (ACHI) and the University of Arkansas for Medical Sciences, Fay W. Boozman College of Public Health.

Over the past several years, the Blue & You Foundation has funded numerous projects aimed at reducing childhood obesity in Arkansas. In 2007, the Foundation and Arkansas Children's Hospital (ACH) enlisted ACHI to conduct a review of the evidence regarding effective strategies for preventing childhood obesity. Additionally, Arkansas Advocates for Children and Families (AACF) was funded to survey current programs and activities in the state related to obesity prevention. Preliminary results of these studies were presented at the Summit to inform Arkansas leaders about effective strategies and to disseminate this valuable information to a wider group of stakeholders.

PROCESS

After introductory remarks by Arkansas Governor Mike Beebe, Dr. Joe Thompson, surgeon general for the state of Arkansas presented an overview of the burden of suffering and economic consequences of obesity in Arkansas. Nationally recognized keynote speakers, Dr. Russ Pate and Dr. Margo Wootan, then discussed policy options related to physical activity and nutrition. Dr. Arlo Kahn presented preliminary findings from the ACHI evidence review. Rich Huddleston and Sandra Miller discussed findings from the AACF program survey.

Participants were then divided into small groups to focus on new policy recommendations for schools, industry/media, health, government and worksites. These facilitated work group sessions encouraged discussion to review findings, develop and prioritize recommendations and create action strategies. Using a deliberative group process, each work group developed actionable strategies and identified possible barriers and necessary resources to enact the recommendations. At the end of the summit, the full group reconvened for a session during which each small group leader presented the top two policy recommendations as determined by a vote of the group participants.

This Summit report captures the recommendations from the work groups and provides them to the Blue and You Foundation and Arkansas Children's Hospital to be used as a framework for future planning and funding decisions. The report will also be disseminated to all Summit participants to aid them in working to promote the recommendations within their organizations and communities and to work collaboratively with other leaders in the state.

**TOP TEN RECOMMENDATIONS FROM THE ARKANSAS
OBESITY POLICY SUMMIT, MAY 22, 2008**

School Group:

1. Open school facilities after hours for community use for physical activity. For this purpose, relieve schools of liability for injuries sustained on school property.
2. Establish funded coordinated school health in every Arkansas school district.

Health Group:

3. Health insurers should cover counseling and treatment for obesity, whether provided by physicians or the allied health professionals who form part of the obesity caregiver team (e.g., registered dietitians).
4. Increase opportunities for self-management strategies to prevent and to treat obesity, targeting chronically ill and low health literacy populations. Specifically, the Arkansas General Assembly should pass enabling legislation with funding that directs the Arkansas Department of Health to inaugurate two evidence-based programs: the Stanford Chronic Disease Management Model, and the Arkansas Health Literacy Collaborative.

Government Group:

5. Enact legislation to increase physical activity requirements in the school setting, encouraging variety and individualized activities. Consider redesigning or extending the schedule of the school day or eliminating other academic requirements.
6. Mandate calorie and fat labeling for chain restaurants.

Industry and Media Group:

7. Require restaurants to list calories, fat grams and trans fat grams on menus and calories on menu boards for all standard food offerings.
8. Require residential subdivision developments to include bike paths and sidewalks with every street as well as open green space/parks for common use.

Worksite Group:

9. Legislatively mandate that any company contracting with the state of Arkansas must, as a condition of participation, agree that all its worksite vending machines must contain at least 50% healthy foods. Additionally, the company must agree that at least 50% of the food served to its employees and customers must be classified as healthy.
10. Through legislative mandate and funding, establish a centralized resource and clearinghouse for employers to assist them with implementation of worksite related health and wellness policies.

RECOMMENDATION DETAIL

Recommendation #1:

Open school facilities after hours for community use for physical activity. For this purpose, relieve schools of liability for injuries sustained on school property.

Barriers

- school board agreement
- funding
- staffing
- maintenance (grass, building, grounds, etc.)
- supervision
- cost/fees
- crime

Key Players

- Arkansas Out of School Network (AOSN)
- Arkansas Advocates for Children and Families
- community recreation
- educators association
- fitness centers
- senior centers (AARP)
- non-profits (Boys and Girls Clubs, Scouts)
- health care providers
- parent/teacher organizations
- custodial staff
- school boards
- communities
- Arkansas Department of Health – Hometown Health Improvement

Action Steps

- research/identify model programs
- establish local coalitions between schools/community (wellness councils)
- have an attorney draft language
- talk with insurance companies
- connect with Arkansas Out of School Network (AOSN)
- educate key players/community
- seek funding
- staff (hire) nonprofit partnerships; create local ownership

Recommendation #2:

Establish funded coordinated school health in every Arkansas school district.

Barriers

- funding
- personnel
- potential turf issues
- creating a welcoming climate for it

Key Players

- coalition of key supporters (Health Action Team) “outside of state agencies”
- Arkansas Department of Education
- Arkansas Department of Health
- Arkansas Department of Human Services
- Arkansas Association of Educational Administrators
- Blue Cross and Blue Shield
- Arkansas Advocates for Children and Families
- higher education
- Parent/teacher organizations
- Arkansas Department of Health – Hometown Health Improvement

Action Steps

- build a coalition of key supporters
- build partnerships
- find a funding source
- share reported data
- conduct a cost/benefit study
- align/integrate coordinated school health with current programs
- establish district level positions meeting qualifications
- develop a campaign to educate school administrators and communities on the benefits of coordinated school health
- could go before next legislative session

Recommendation #3:

Health insurers should cover counseling and treatment for obesity, whether provided by physicians or the allied health professionals who form part of the obesity caregiver team (e.g., registered dietitians).

Barriers

- lack of health insurance and reimbursement
- systems not designed to handle chronic disease
- availability of training in evidence-based strategies
- time
- funding

Key Players

- dietitians, MDs, RNs, psychologists, social workers, physical activity specialists
- Area Health Education Centers (AHECs)
- insurance companies
- academic leaders
- professional organizations
- medical management, fiscal administration, coding experts

Action Steps

- review standards by discipline
- review curricula
- create an imperative to integrate obesity into curricula
- develop curricula to include nutrition, physical activity, psycho-social, and behavioral aspects as well as effective teaching methods
- continuing education for credit
- create a diverse workforce with content to address diverse populations
- create new constructs for team teaching and learning

Recommendation #4:

Increase opportunities for self-management strategies to prevent and to treat obesity, targeting chronically ill and low health literacy populations. Specifically, the Arkansas General Assembly should pass enabling legislation with funding that directs the Arkansas Department of Health to inaugurate two evidence-based programs: the Stanford Chronic Disease Management Model, and the Arkansas Health Literacy Collaborative.

Barriers

- Lack of health insurance and reimbursement

Key Players

- Arkansas Department of Health
- other health stakeholders

Action Steps

- secure training platform and master trainers for the state
- blanket state with professionals who are trained, across multiple stakeholders such as Community Health Centers, AHECs, and Hometown Health

Recommendation #5:

Enact legislation to increase physical activity requirements in the school setting, encouraging variety and individualized activities. Consider redesigning or extending the schedule of the school day or eliminating other academic requirements.

Barriers

- cost
- length of school day
- exemptions

Key Players

- legislative champions
- teachers unions

Action Steps

- additional state funding for physical activity using central funding source
- scheduling of school day—redesign, extend, or eliminate other academic requirements
- work with champions to write bill
- negotiate with school superintendents and teachers
- introduce in next session

Recommendation #6 and #7:

Mandate calorie and fat labeling for chain restaurants.

Require restaurants to list calories, fat grams and trans-fat grams on menus and calories on menu boards for all standard food offerings.

Barriers

- cost of menus
- no current incentive for labeling
- nutritional assessments
- small business push back

Key Players

- Hospitality Association
- health advocates
- legislative contacts
- Governor

Action Steps

- poll Arkansans about support (initiated act?)
- utilize Board of Health authority
- seek common ground with food industry and explore incentives
- consider exemptions (non-chain restaurants and convenience stores) and enforcement

Recommendation #8:

Require residential subdivision developments to include bike paths and sidewalks with every street as well as open green space/parks for common use.

Barriers

- asphalt laying equipment – width dictates number of passes that must be made to make street wide enough for bike lanes

Key Players

- Municipal League – zoning
- Highway Commission
- Regional Mobility Authority

Action Steps

- build a coalition of key supporters, i.e. contractors, land developers, planning boards, key players noted above
- build partnerships with schools, senior centers, cycling groups
- find alternative funding sources - Department of Transportation, Parks and Recreation
- review existing subdivision planning criteria and regulations within and outside the state
- develop model subdivision criteria
- discourage planning waivers that allow for the omission and/or decrease of sidewalks, bike-paths and green space

Recommendation #9:

Legislatively mandate that any company contracting with the state of Arkansas must, as a condition of participation, agree that all its worksite vending machines must contain at least 50% healthy foods. Additionally, the company agrees that at least half of the food served to its employees and customers must be classified as healthy.

Barriers

- enforcement infrastructure
- existing contracts

Key Players

- Governor
- Speaker of House
- President pro tem of the Senate
- Public Health, Welfare and Labor Committee

Action Steps

- research who else is doing this
- bring all state agencies into compliance
- determine potential economic impact
- research who would be impacted
- determine exemptions
- determine potential resistance
- educate consumers
- determine who would lead – perhaps Arkansas Coalition for Obesity Prevention (ACOP)
- determine who would endorse
- identify legislative sponsor

Recommendation #10:

Through legislative mandate and funding, establish a centralized resource and clearing-house for employers to assist them with implementation of worksite related health and wellness policies.

Barriers

- funding
- competing priorities

Key Players

- Arkansas Coalition for Obesity Prevention and member organizations
- chronic disease coalitions
- Public Health, Welfare and Labor Committee

Action Steps

- educate consumers and build support
- enlist support through network of key players (coalitions, etc.)
- determine lead
- determine sponsor
- determine resistance
- compile existing resources

OTHER POLICY RECOMMENDATIONS THAT RECEIVED VOTES

School Group:

Improve school meals and snacks.

Promote farm-to-school programs.

Require physical activity (variety encouraged – recess, physical education, before and after school).

Move extracurricular activities to after school hours to maximize time and facility use.

Promote Safe Routes to Schools – improve infrastructure 2 miles around school.

Barriers

- parents
- lack of infrastructure
- funding
- media
- rural communities
- safety
- perceptions

Key Players

- Arkansas Highway and Transportation Department
- school transportation
- city council
- ACH/University of Arkansas for Medical Sciences
- Metroplan
- students
- Natural Wonders
- school boards
- law enforcement
- Coordinated School Health
- local wellness committees
- parents (PTA/PTO)
- Arkansas Department of Health – Hometown Health Improvement
- Bicycle Advocacy of Central Arkansas
- ACHI
- neighborhood watch groups
- local media
- faith-based communities
- Arkansas Department of Parks and Tourism

Action Steps

- improve infrastructure 2 miles around school – sidewalks, security
- community needs assessment
- provide security
- identify funding sources
- better coordination in the state
- cost/benefit study – to less bussing
- identify Arkansas-specific barriers
- grant writers
- perceived vs. actual safety concerns
- reevaluate school site policies

Health Group:

Require BMI as a "vital sign" and use BMI with age and gender growth charts in all physician offices.

Promote the development of comprehensive programs for long-term treatment of obesity in children, adults, and families.

Offer insurance incentives for healthy lifestyle and weight, insurance coverage for gym memberships.

Improve obesity treatment and prevention education for health professionals.

Emphasize obesity prevention in Arkansas Department of Health - Hometown Health Improvement.

Government Group:

Authorize interim study or governor-appointed committee to investigate formation of a state planning office to govern development, zoning, open-space policies, and transportation alternatives to encourage increased physical activity and a better built environment (increased property values, economic development potential, social capital improvement).

- move transportation out of Highway Department
- zoning for sidewalks and trails
- develop recreational facilities and opportunities in every community
- effective open space policy
- review legal codes/barriers to walkable communities
- mass transit
- transportation to current facilities
- standardize codes across municipalities
- complete streets planning
- location of school sites

Industry and Media Group:

Incentives for healthy foods in neighborhood stores.

Tax breaks for restaurants serving healthy foods, including drive-thru restaurants, and grocery stores and other food markets/convenience stores selling healthy foods.

Unified creative/positive multi-market media campaign

Barriers

- none listed

Key Players

- media
- schools
- employers
- churches
- Arkansas Department of Health – Hometown Health Improvement
- Arkansas Department of Parks and Tourism

Action Steps

- add nutrition and physical activity to the Governor's Workforce Initiative
- research markets with emphasis on low socio-economic status areas
- identify and pull together partners with leadership in a new non-profit
- build on the "Natural State"

Worksite Group:

Improve built environment to encourage physical activity.

Incentives for participation in worksite wellness programs and healthy lifestyle.

Establish obesity prevention centers.

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