



Transcript provided by kaisernetwork.org, a free service of the Kaiser Family Foundation¹
(Tip: Click on the binocular icon to search this document)

**The Obesity Challenge: What the Next President Must Do
Reporters Roundtable and Wrap Up
Obesity Society, Washington University School of Public
Health and Health Services, National Journal
September 19, 2007**

[START RECORDING]

MORGAN DOWNEY: Pleasure to introduce our next panel. You've heard now the political perspectives and the policy analysts, but for so much of what happens both on the political side and on strictly on the healthcare side, all of the policy plans and all of the research gets filtered through our national media to a very large extent.

So we wanted to have on three experienced and distinguished representatives of the press to talk about how has the press perception of obesity changed over the last few years, what are their insights in terms of the very important job that we all are faced with in terms of educating the public, because even though there is such, seems to be such a high level of visibility in the media for stories related to obesity and overweight, and nutrition, a lot of polls still show very significant gaps in the public's understanding of obesity and how that applies to their own situation. So we have a fortunate to have three very accomplished journalists who each in their own way has contributed to how obesity is viewed in this country.

Sally Squires of the Washington Post in the middle, writes the Lean Plate Club column, which is now syndicated in over 200 newspapers across the country and has a Tuesday morning must read for nearly everyone interested in weight

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

control in the Washington area, in the Washington Post. She's an award winning medical and health writer.

Susan Spencer, to her left, is from CBS News, an Emmy award winning correspondent for 48 Hours, former White House correspondent for CBS and experience in covering medical issues.

And Lynn Sweet, over on our far right, is from the Chicago Sun-Times. Not only covered the healthcare battles of the first Clinton administration, but asked about obesity in the 2004 Presidential campaign at a forum. She is the Washington Bureau Chief for the Sun-Times, and writes both a column and blog for her paper.

Sally, why don't we start off with you? How have you seen [AUDIO GAP] and public interest in obesity change over the years, if at all?

SALLY SQUIRES: Well I've seen tremendous change and part of the reason that I can write the Lean Plate Club column is because there has been tremendous change. So we started the column in 2001, and before that, and I have a Master's degree in nutrition from Columbia.

Before that, nutrition was important, but I knew that it was really important when I had to elbow out some of the people on the national staff for stories that were going to be on the front page. And I knew then that this was a hot topic.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So part of what I do now, well actually Susan and I were talking about this yesterday, nearly all of what I do now is writing about nutrition and physical activity, and it's packaging this in a variety of ways so that it's helpful to our readers.

And so it ranges from what to eat and how to move, to making sense of things like the Biggest Loser or what's the latest on vitamin D. So it's a whole spectrum and you could boil it down in a nutshell in terms of weight control, to eat less, move more. I mean this is not rocket science, but for whatever reason our environment is changing and it might be something that we want to talk about.

But our environment is changing. It doesn't take that many fewer calories to really pile on a fair amount of weight. And then of course we have the on-going childhood obesity problem, and so I think that I probably have, sadly and also in a good way, full employment for the rest of my career because this topic is not going away, and people really literally are hungry for what to do.

They're very, very confused and what's been wonderful for me being here at the Post, and I don't know that this could have happened at almost any other newspaper, but being here in Washington with the National institutions of Health, with the Food and Drug Administration, with the Department of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Agriculture, with all the things that happen here, that we really see what we're doing with Lean Plate Club as both journalism, public health, and public service.

So it's really this whole combination. And because of the wonders of the Web, I like to say that newspapers aren't dying, they're evolving, and it's sometimes a very painful evolution. But because of what's available on the Web site and through e-mail, I know how a quarter million people who get a free e-mail newsletter every week, that underscores every thing that's in the column and adds to a lot more.

So it's a great way to have give and take with readers, viewers, and listeners because now you can do pod casts, as this meeting will be Web cast, or pod cast and there are just so many opportunities to reach people in innovative ways that I see nothing but good things ahead, but its going to take all that to really get our arms around this problem.

MORGAN DOWNEY: Thank you, Susan do you want to comment?

SUSAN SPENCER: I agree that Sally's going to be fully employed for a very long time and we certainly don't want to solve the problem this afternoon for fear of putting her out of work.

[Laughter]

There's not much risk of that. Sally mentioned that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

part of this is that people somehow inexplicably are confused, which would lead you to conclude that we're not doing such a great job always as we think we are. And I think television in particular has challenges with this. I think television does a very good job in reporting on breakthroughs and the dramatic aspect of this, a new weight loss pill, whatever, something. The FDA approves such and such.

We're very good at that. On the entertainment side we're very good when a star does something related to weight, but when it comes to the sort of day-to-day covering diet and exercise, diet and exercise, it's very difficult for television to really come up with creative new ways to make that an interesting story.

So while I think we do a fine job when it comes to something earth shattering, the bigger challenge for us is to figure - for all of us really, is to figure out how with all this information here, and all the information that Sally distributes and everybody else that covers this thing, why when you go and sit in an airport do you see the problem that you see?

And you don't even to have to go to an airport, but airports, I travel a lot, airports seem to be an excellent vantage point if you have any doubt of how serious the obesity epidemic is. I should confess that I spent the weekend, last

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

weekend, at a family event in Mississippi where I ate fried chicken with the skin on, and I ate fried hush puppies, and fried onion rings, and French fries, and I stood there thinking I'm going to an obesity conference, what am I doing?

So information doesn't necessarily always affect the way you behave. But to me, that seems the challenge, both for television and for you folks who are trying very hard to not just affect one person, but this is a huge public health issue. And it's very encouraging when a presidential candidate comes to the podium and says we're going to make this a national priority.

Somehow we have to figure out some strategy where losing weight or fighting obesity will become the cool thing to do. We sort of did this with tobacco. We managed to create an environment where not smoking now is a lot cooler than smoking. For many years that wasn't the case, so maybe as we discuss this this afternoon, we can come up with some thoughts on a different way in a way to approach it that we'll be able to get producers attention throughout my little world.

MORGAN DOWNEY: Lynn, 2004 there wasn't a whole lot of questions about obesity thrown at the presidential candidates. Do you see a change in the process?

LYNN SWEET: Well really, if I may tell you what happened in 2004, I was a panelist at a Democratic primary

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

debate sponsored by the Rainbow Push Coalition and it was in Chicago. And all the candidates were there, and I asked a question. My question was, and I'm paraphrasing, where does Federal responsibility end and personal responsibility start when it comes to obesity?

I think I got the idea because I had just been looking, I knew I was looking for a question that no matter what the answer would be, it would pave new ground, or so I thought, but I'll tell you in a moment why it did because one thing happened that I never thought. So I was looking for a fresh topic and I also wanted to ask it in a way that no matter what the answer was I thought would give an answer.

So everyone's there, it's my turn, I ask the - I can't remember who this was directed to, it's somewhere on the archives Web site of Rainbow Push - and basically I was just thrown off. The answer was some general answer mat at all about obesity and then in a follow-up, a candidate took an opportunity for a follow-up just to address something else.

So I couldn't write a story because there was just no answer, no one engaged on it. Fast forward a few months, I'm in New Hampshire at an event that Senator Lieberman is at, and he looks at me, he says, you, you're the one. I'm the one what Senator? He says, you're the one that asked about obesity. I said yeah, and I said, You're one of the ones that blew me off.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And so he said, and again I'm paraphrasing, that's a big deal.

Well that's how things sometimes start and sometimes not. The issue for me is I was just a little too early, and the candidates had something new that they just didn't want to engage in. Maybe they were afraid that this wasn't a serious situation, maybe they just were unprepared, but look how far things have gone.

One of the reasons I think that the story got legs and probably even got my attention then, you can point to the beginning of this, of obesity becoming a story and it wasn't necessarily on the illness side. Carbon date it to when the fast food lawsuit started. Newspapers know how to cover lawsuits, especially if it's the classic trial lawyers against the corporate America.

Those stories do get covered, and it seemed a little, at the time, who's to blame story. You really want to sue McDonald's for what you buy to eat voluntarily. So it was rich and ripe with story concepts, that I think started the door opening to understanding of that this might be an issue that will take it out of the feature pages and the health pages of paper or a broadcast and take it into the mainstream news pages.

Let me take a moment here to say that what Sally does with the Lean Plate Club is incredibly important, I'm one of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

her readers, I'm one of her e-mail people, and I don't have a Lean Plate Club, I can do the Lean Plate service for eight. I could use all the advice that she has.

So anyway, what happens is that when you get your disease on the radar, you're doing pretty well. I get pleas all the time from diseases, people call and say there's someone coming in who wants to battle for Federal funding for MS, liver research, cancer every variety. I have inundated latex glove allergies, AIDS, peer, hyper myalgia, that's a good one, AIDS on every continent. So I am deluged with all these individuals, press people who want to get their story told about how they're coming to Washington to get more Federal funding for you name the disease.

And then they try some gimmicks, we have somebody coming from fill-in-the-name-of-the-local-paper, who is, and they all have terrible stories, and part of it is that I get to say lately I'm discovering Barack Obama, so I'm not doing anything else for the moment. But you have, however once your issue is labeled as an important disease, which now obesity is up there. Is it an addiction? Is it an illness? All these things are what journalists can now deal with now that it's on the radar.

And the studies that started coming out after fast food lawsuits, also helped the crowd listened to the news, if you're

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

again going back to the core issue here of press perception. Once more data came out about how many people are dealing with this, and once it started to be talked about in terms of a medical issue, not a lawsuit, it was able to exist as a story I think in many more news outlets and many more places where people can address it.

It's a lifestyle story, obesity is a legal story and of course, it's a medical story. Anyway, is it an issue in the 2008 campaign? I haven't heard a debate question yet about it, but I wouldn't be surprised is someday there will be.

MORGAN DOWNEY: Thank you. Let me ask my next question, somewhat related to that. We have in the public media, a kind of whip-saw effect that a lot of consumers feel that the latest food ingredient or food product is bad for you, wait 30 minutes there will be another study out that shows its good for you or that some particularly reckless, poorly thought out cure for obesity suddenly gets a great deal of attention undoing a lot of work that folks in this room try to do. How do you all feel or approach these kinds of issues like the latest story on caffeine or sugar? Susan you did a big piece on sugar recently. Is that a problem like with editors, do they feel that maybe we're too fast to give a lot of promotion to new studies and changes that come out or is there an attitude if its industry supported it shouldn't be as reported

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

on as other studies might be?

SUSAN SPENCER: I'm not that sure I think it's that well thought out honestly. I think that our tendency always is wanting to go for what's news and when it seems spectacular it's all the more enticing. So this is sort of relating back to what I was saying before that the bigger challenge is to cover the situation and how it's evolving in the process and so forth.

That's not what television does best. And obviously any sort of new program, new pill, whatever, and we clearly have a responsibility to make sure that we know what we're talking about, and not to fall for the snake oil salesman and so forth. On the other hand, the temptation is always there because this is what everybody wants.

If anybody ever does do the magic pill and it turns out to be the magic pill that will be wonderful. But we're always sort of dancing around it and looking, and you're right this is one of the dangers and something that the public needs to be aware of.

SALLY SQUIRES: If I might jump in, the other thing that happens, and this has now happened on a Web site so I know that Web news is suddenly becoming a whole different beast than what it used to be before. In the early days of the Web, basically they were just trying to fill, get those things up with electrons. And newspapers are definitely moving, as are

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I'm sure television, to the Web site because electrons are a lot cheaper than newsprint.

So this is a shift that is taking place in many places. But we have to compete for these obesity stories with everybody else in the newsroom who has something. Space is limited, so news - how many minutes do you get on the nightly news? 30? 23?

LYNN SWEET: Oh no, gosh. 22.

SALLY SQUIRES: 22, so 22. And what's an average length of a piece?

LYNN SWEET: A minute and a half.

SALLY SQUIRES: A minute and a half. And so in the newspaper when I first got to the Post, it was not unusual to have, particularly the style or the health or the home sections running pieces that were maybe 100 inches, maybe 150 inches, which is probably about 2,000 - 3,000 words. Today, if you can get 10 inches in National, 15 inches for a daily story, maybe if you're covering the President you might get 20 - 25 inches. These are really not big stories.

So we're all competing to get these topics in and you pitch us, we pitch our editors and our assignment editors and everybody's got to have a reason why are we doing whatever we're doing.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

LYNN SWEET: Well one thing I can say though, and I come from a paper where shorter is better, so I need to pack a lot of punch. Some of it is though, if it is a story dealing with a medical discovery, you usually jump up the list rather than some trend. So if one of you are about to invent the equivalent of a Viagra pill for obesity, I guarantee you it will be covered.

SUSAN SPENCER: Yes.

LYNN SWEET: But there is a tendency, I think for the mainstream media, the mainstream media exists on the Web as well as television, radio and newspapers. There's just a tendency to look for cures, there's categories of stories and again, it almost doesn't matter what the ailment is, cures get covered.

A new trend gets covered, almost textbook, where you can make your decisions. What's optional is a treatment that is not necessarily a short-term, a long-term treatment story, those kinds of things are very news worthy, but they don't often get the same priority. I think there's a fairly conventional way that if the three of us were given ten possible stories to write about, since we all work the mainstream outlets, I would think that we would in a blind taste test here, I would bet that we probably would pick the same top five stories.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

SALLY SQUIRES: That's probably true.

SUSAN SPENCER: But we're not certainly, beyond making mistakes. I mean remember Phen-Phen.

SALLY SQUIRES: Right.

SUSAN SPENCER: And I did at least three stories on Phen-Phen, not proclaiming the ultimate cure, but I think our problem is that even when things are incremental because there's such a thirst for an answer, that people perceive this in a different way than we intend it sometimes.

It's almost like it was in the early days of AIDS, where if you wrote anything at all about a treatment that seemed to perhaps be having some impact in a very small group of left-handed people from Kansas City, I mean it was suddenly the cure for AIDS. And that's the danger that we always have to keep in mind is that this is a really important subject and it's something that people are desperate to find an answer to.

LYNN SWEET: One other thing that makes the topic of obesity different is that far more than other medical stories, it's market driven. What do I mean by market driven? Restaurants are coming out with menus with more labeling. Trans fat in French fries is an issue. If any of you are parents, you know there are issues all over the state and even in state legislatures over what should be sold in school lunchrooms. Oftentimes, you don't have diseases, especially if

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

you have something that's fairly esoteric, you don't have a market there that also impacts what you can do to deal with it.

And one of the fascinating things about looking at how obesity is discussed in our society, culture, and in the media is that again, you have few diseases that can be impacted by the market place. Just think back to when there were no labels on food, and then there are labels. And now there's demand and therefore a story when there is more information to address obesity. And that's why I think this disease, obesity is far different in how it gets perceived within society because it can come at you in different ways besides just the medical way.

MORGAN DOWNEY: I guess a follow-up here would be from one of the members of the audience following on that, is really how do professionals then kind of try to reinforce the message about modest weight loss and making incremental long-term gains in this kind of hothouse environment that favors the big cure, the big story?

SALLY SQUIRES: I spent part of this morning and actually yesterday speaking to the executive producer of the Biggest Loser, does anybody watch the show? Or the Fat March? And its actually been very interesting, I did something on them when they first came out in 2004, and actually the show has evolved somewhat in a better way.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

But I think this has fueled, these shows and they're not the only ones, have fueled this notion - last night, because I had to watch the show thing for my job, people got on the scale and they were horribly disappointed that they only lost three pounds. And it was like, well what's wrong with losing three pounds? That's a good thing.

You could just see, there was this noticeable kind of ohh and this great disappointment and we are now looking for kind of the same fix in what we do with obesity that we've looked for in so many other areas. So its going to be really important to figure out how to remind people that these reality shows, you can pick up any tabloid at the grocery store, these remarkable stories are the outliers that got to still find that middle ground.

We come at this from different media, but I also urge you to get to know people who are the National Association of Science Writers. You can go onto our web site, and I'm part of the Board, and it is a wonderful group that if you're trying to get a consistent message across, you will find people who are interested in these topics and are reporting on them regularly, and will have different ways of getting that information out. So if you go to, I think it's nas.w.org, I hope I've said that right, but that would be a very good place to connect with

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

people who are interested in following not only the latest and the greatest, but also the thread that continues.

MORGAN DOWNEY: Alright, let me ask one from the audience here, a viewer in Tulsa writes—

[Laughter]

The role of the media is often to bring attention to study results and findings to inform the public, what role do you think the media can play in getting people, especially children, to become more active and adopt healthy lifestyles to combat obesity?

SUSAN SPENCER: I think that there is an opportunity at this point using children in a way, using the whole issue of obesity in children as a wedge if you will. This message of moderation is just intrinsically not very interesting. And that's the problem.

[Laughter]

But if you were to ask someone who's struggling with obesity, well you have this problem, and now here's your child and is it okay with you if your child also has this problem? The answer is not going to be, oh yeah, sure that's fine, I don't care.

It seems to me like there's an opportunity to approach this in that way. I mean just that children, 75-percent of the people I think in one of your studies said that they were

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

really concerned about childhood obesity. Politicians and we and everybody else reacts to outrage. And there may be a way that just by using that approach, we can get more people to pay more attention than they would about themselves.

Adults can be fatalistic about it. Or just defeated, or not see a way to make any progress. But if you talk about your kids, it has a better chance.

SALLY SQUIRES: And there are also some interesting opportunities in yesterday's Lean Plate Club e-mail newsletter, someone sent me a contest that the prizes are \$75,000 and up for people, and it could be adults, it could be a team of kids, and it's sponsored by the Robert Wood-Johnson Foundation. And it basically is to encourage kids to be more active. And so those are the kinds of things, the other person who comes to mind is James Levine at the Mayo Clinic, whose doing a healthy office and a healthy school.

So we could be, instead of sitting as I'm sure we have all been doing here today, right, in this wonderful conference, but we could be walking on a little treadmill, a silent treadmill, while we talk to you and as we start incorporating some changes into our society, I think its very interesting to find people like James Levine who is saying we are not going to get rid of our televisions, we're not going to get rid of our computers. We're not going shorten our commutes, so how do we

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

use technology and twist it so that we use it, instead of it using us?

And those are also the really interesting stories for us to jump on because it's something different then the same old, same old.

MORGAN DOWNEY: Alright, the next question, how can the press better cover the inter-relationships between obesity, diabetes, cardiovascular, kidney disease, as opposed to treating them as isolated units or issues? Or can you?

LYNN SWEET: There is no manner with the press, and I think there probably are those health reporters that look at things maybe a little more consumer oriented, science writers might look more scientifically and I don't know, I would just think this is more situational. I don't know if there's an epidemic of people that get it wrong all the time. Part of that is probably what a reporter sees as a story.

The reporter, in my experience, is a print person who works solo, most print people work solo, has an idea for a story, and follows it where it goes and perhaps the story a reporter once tells is maybe not the bigger story of it can inter-relate to other diseases. So I have no good answer for you.

Part of that is if any of you are used as sources and you think a reporter is asking a question that shows to you

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that they might not understand the bigger picture, its okay to say, I understand why you're asking me these questions, but I'm guessing from what you're saying that you might not see that there's another way of looking at this and there's also a bigger picture. I'm not telling you how write your story, but here's some dots to be connected.

I'm never offended by that, and I appreciate it. One of the things I sometimes do on interviews is to say, am I getting it? Because I just might be so intent on what I think this story is to say is there another way of looking at it. This by the way is true of all stories, whether its political, governmental, health, environmental, is that its okay to tell a reporter, unless they're on deadline, in which case they become twisted things- [laughter] -personalities, in that case they'll say, you know what, that might be well, but we can't do that right now, because I've got ten minutes to get this done. So if I'm asking you a question about diabetics can you please just answer my question?

[Laughter]

So be a little sensitive because we do have personality changes as the day goes on, something that some of you might want to study someday.

SALLY SQUIRES: Yes.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

LYNN SWEET: So, again, just kind of gauge where you're at if you are someone being interviewed and you can never be too obvious for a reporter. Sometimes you have to say hello, do you get it? Because I'm thinking about a zillion things sometimes when I'm talking to you, and it might not be what you're thinking about. Since I have yet to master telepathy, I need things communicated to me verbally. And that is always something that I say to anyone who deals with a reporter, if you have something to say, say it. It's okay.

SALLY SQUIRES: And truth be told, I think none of us could sell a story to any of our editors on the fact that diabetes, cardiovascular disease and other things are inter-related. It just would not fly, I mean to perfectly honest.

SUSAN SPENCER: Well it'd be perfect for television.

SALLY SQUIRES: But I was a panel, I forget how many years ago with Susan, and she was talking and this is such a good thing for you all to remember, ultimately we are story tellers. And so in order for us to tell a story, we have to have a good story to tell. Now we might still get across that idea that cardiovascular disease, diabetes, hypertension are inter-related, but we have to have a better way of leaving that story than what you might find in the medical conference.

SUSAN SPENCER: And nine times out of ten, that angle is going to be an appealing human interest, a person who is a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

great example of exactly what you're talking about. I mean if you can, in approaching the press, start out by saying well here's little 4-year-old so-and-so, and this is the situation, and this how obesity and disease and all this figures in. You're going to get our attention probably a lot faster than presenting a data sheet.

SALLY SQUIRES: And Mike Huckabee who is running for President is one of those people who as governor lost more than 100 pounds and reversed his Type 2 diabetes. And you heard Governor Richardson talk about what he would like to do, and the last years winner on the Biggest Loser was a person with diabetes - [interposing]

SUSAN SPENCER: You're a really big fan of this aren't you?

SALLY SQUIRES: No, no I'm not, I just know it. But it's just a sense of here's how you can take these teachable moments and it might be - when does the kid's thing, when does the kid's reality show start? I mean there are opportunities that aren't where you expect them to be that are teachable moments that can get your message across in ways that you might not expect.

MORGAN DOWNEY: Let me ask another question, there have been criticisms voiced in the past that the media coverage of obesity might either fuel eating disorders or adverse dieting

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

type of practices, particularly in adolescence. Or just create this culture of thinness that makes being overweight, obese so adverse and actually contributes to the stigma. Do you hear that? Is that still around? Or does anyone in the industry, editors at all concerned about that? Or has that come up?

SUSAN SPENCER: Interestingly enough, I've heard that conversation centering a lot more around anorexia than around obesity. I think the stigma against obesity isn't talked about much, but I think it influences coverage. There is a feeling, I think, that well, we've done three stories on this and why are we picking on them, and they're doing their best and we don't want to hash that over again. Anorexia is a totally different animal. We're very sensitive about portrayals that will make super thinness appear to be the norm and so forth.

LYNN SWEET: You have an interesting point. In terms of coverage - you just reminded me, I was in Santa Monica once and some clinic had a sign there, they were offering some kind of counseling or treatment. And they said remember, you can never be too thin. So there is always a story in extremes, but the story of obesity seems almost self-evident. There's not a lot you can do with it, but people become super thin usually because they do something to get that way, that is a little more dramatic than just eating too much, exercising too little or having a genetic or medical issue.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The other time, sometimes when things do get in the news is when people start using surgery for weight reduction. For example, we made a story at the Sun-Times when Congressman Jesse Jackson Jr. had an operation to reduce his weight. And how he approached it, and how he, in stages, explained how he had this sudden and dramatic weight loss, and eventually discussing the surgery that was involved in doing it.

So sometimes, as always, when you have a person to tell a story through, I would think if you had, and I think this came up in one of the - and this will come up I bet in the presidential debate discussion on healthcare now that all the candidates are talking about it, is whether or not obesity treatment should be covered and how and to what extent in health plans.

So you have, I think, different ways that the - when I say obesity, I guess I really mean weight issues, because that's probably how it will evolve in the context of the conversation dealing with health insurance. So these things are just driven off and by different times and different places, if you didn't have a Democratic presidential campaign, well where health is one of the prime domestic issues being discussed, you wouldn't necessarily have this outlet. So again, sometimes, so much of this stuff just depends on what the bigger news environment is.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

SUSAN SPENCER: It's interesting though that people, you mentioned Congressman Jackson, I mean he chose one way to deal with this and apparently from what you said was public about it and used this as one of your teaching moments.

LYNN SWEET: He was public in stages about it.

SUSAN SPENCER: But even so, it was not something that was hidden. Then you have somebody like Starr Jones goes for what, a year a half or two years and finally admits that she had this surgery. And so it's almost as if the people who are intimately involved with the subject don't exactly know how they feel about this. And so, no wonder we're all confused.

LYNN SWEET: Well it is interesting if somebody had surgery for their knee that was hurt playing football, they would probably just tell you.

SUSAN SPENCER: Or if she'd had a liver transplant, we'd all know about it. Big deal.

SALLY SQUIRES: Al Roker was another one.

SUSAN SPENCER: Yes, well Al Roker though, he was quite open about it – [interposing]

SALLY SQUIRES: Yes.

SUSAN SPENCER: – from the beginning.

SALLY SQUIRES: I think after tabloids outed him.

SUSAN SPENCER: He was outed just by looking at him.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

MALE SPEAKER: I think we've worked through most of the questions here. Is there any from the, Dr. Wazen?

DR. WAZEN: [Inaudible]

SUSAN SPENCER: Well also when we do a story on television on obesity, we don't show people's faces. And so it's the sort of the equivalent of the perp walk, the guy with the thing over his head as if these people have done something horrible.

DR. WAZEN: [Inaudible].

SUSAN SPENCER: But wouldn't we be criticized just as much if we did a story and did show faces. I mean, we're constantly walking that line ourselves. It's not a very easy call; I don't really know what the answer is.

DR. WAZEN: [Inaudible].

SALLY SQUIRES: Right.

DR. WAZEN: [Inaudible].

SALLY SQUIRES: Fat and lazy is usually the two words that go together, that's there's just no will-power and not trying hard enough, all those things. And so, yes, it's kind of like what we've seen - I think the analogy was smoking - it's very good that we have come to recognize that nicotine is addictive, I know that we don't know that food is addictive. There's great debate about that.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

But it's looking like maybe in that spectrum it is addictive for some people for whatever reason, whether it's repetitive eating or whatever, so that's one end, and the other end of maybe people just kind of not paying attention because of the environment that we live in. So I suspect that culturally as certain groups are promoting, I'm not going to remember the right name, but are promoting anti-discrimination or working to stop the discrimination against people who are fat.

And there are obviously the studies saying fat people don't get the jobs, they don't get the promotions, all those things that maybe will come to be a little bit easier as a society. But we also, now smokers are outside and we haven't been any kinder to them in some ways, so I don't know what's going to happen.

MALE SPEAKER: Alright, well I'd like to thank - I'm sorry? Yes, in the back, sorry.

[Inaudible]

SUSAN SPENCER: Good for you.

[Inaudible]

SALLY SQUIRES: Well as we know dress sizes, for example, if you looked at what was a size 8 ten years ago, twenty years ago that these are actually all the sizes have

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

gotten larger, so you're also not getting the feedback. Gosh I don't fit into that.

SUSAN SPENCER: So that's why I'm doing okay.

[Laughter] Thank you Sally.

SALLY SQUIRES: Right.

SUSAN SPENCER: So now it's a size zero -

SALLY SQUIRES: Yes, but - [interposing]

SUSAN SPENCER: I don't know where it goes from there.

SALLY SQUIRES: Yes, right.

SUSAN SPENCER: You have to give them a dress. I have another off the wall idea, this is a truly off the wall idea. I really, in thinking about other diseases as like Lynn was talking about, obesity doesn't have a public or anti-obesity, I guess. It doesn't have a public face, it doesn't have a Lance Armstrong with cancer and Katie Couric with cancer, and Mary Tyler Moore with diabetes, and so forth.

And I don't know quite how you would structure it, but it seem a very -

LYNN SWEET: Who the celebrity spokesman is?

SUSAN SPENCER: Who the celebrity spokesman is for weight loss.

SALLY SQUIRES: Kirstie Alley.

SUSAN SPENCER: Kirstie Alley is promoting a product though.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

SALLY SQUIRES: I know, I know.

SUSAN SPENCER: But if that's as close as you come, and at least that makes it somewhat okay. But if almost, if there were a way where everybody would be going around with little rubber armbands, Campaign Against Obesity, I mean why not? It certainly has worked with other things, it works to get attention, and it works to raise awareness and to take the stigma away. So if anybody has a nominee— [Laughter]

MALE SPEAKER: Well we'll take applications.

SUSAN SPENCER: Okay. [Laughter]

SALLY SQUIRES: Something for a society to do.

MALE SPEAKER: If there's nothing else, I would like to thank the panelist here for their insights into this and appreciate their coming to the conference today. Thank you all very much. [Applause]

And I think we'll be going right to our next panel, and so if people want to step outside they can, but we won't be taking a break, we'll be barging through and you all can get out early.

FEMALE SPEAKER: — other people that know something come into talk.

FEMALE SPEAKER: No, no, we need to know what you know.

FEMALE SPEAKER: Oh, am I sitting here? I thought that's where she was — [interposing]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

FEMALE SPEAKER: We're right here. Yes.

FEMALE SPEAKER: Okay.

MALE SPEAKER: Sorry.

FEMALE SPEAKER: Do we have the right tents for the
right people?

MALE SPEAKER: Thank you.

CHRISTINE FERGUSON: Okay, so we've heard from the
director of CBL on what the prognosis for the future looks
like, which is kind of depressing unless you have an optimistic
outlook in life which I do, and I know most the panelists do.
So we believe that we're going to be able to figure out how to
nip this thing in the bud.

And then we heard from all the presidential campaigns,
and from Governor Richardson, a candidate. And then we heard
from the media. And so now we're going to hear from people who
are in some way or another faced with how this epidemic sort of
meets the practical realities of our lives.

And so, I'm going to go briefly through everyone, in
terms of introductions and then we will have a short
conversation and then have some questions.

So the first person I'd like to introduce is Ron Finch,
who is the Vice President for the National Group on Health. He
is responsible for the Center of Prevention and Health
Services, the Council for Employee Health and Productivity, and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the Pharmaceutical Council. He is responsible for so many things over there that I don't know how he keeps it all straight.

He's also a member of the STOP Obesity Alliance and that's why I know how hard it is to get him. So we are very grateful to have you here Ron. He also has a long history in hospital administration and employee assistance programs, he's just a wonderful guy and a jack of a lot of trades that has been a huge help to us.

Gary Foster is a professor of medicine and public health and the Director for the Center of Obesity Research and Education at Temple University. His research interests include behavioral and metabolic aspects of obesity; he studies a variety of treatment approaches including behavior therapy, pharmacology, and surgery. Current research studies include the effects of weight loss and sleep apnea, the safety and efficacy of low and high carbohydrate diets, and the prevention of obesity and diabetes in school settings.

He's authored and co-authored many, many publications and two books, the most recent of which is Managing Obesity, A Clinical Guide. He has considerable clinical experience treating overweight patients in individual and group therapies for 20 years.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Louise Milone is also a member of the STOP Obesity Alliance and is the administrator of the newly formed SEIU Service Employees International Union Healthcare Access Trusts, and she is going to talk a little bit about some of the struggles that she faces in looking at her membership and what their needs are, particularly with regard to overweight and obesity. And how to actually set up the health insurance provided by SEIU to their members who are lower wage workers and service industries.

She served SEIU previously as a Director of Healthcare Purchasing in the Capital Stewardship Program, and is Administrator of the Health and Welfare Fund. She started her long career in healthcare as a staff member for Senator Birch Bayh and from there became the Washington representative for the American Cancer Society. She also held a number of senior positions in hospital administration, and healthcare in Florida, so she has good national and state perspective on these issues.

Julie Sanderson-Austin, who is a Quality Management Professional with a background in cardiovascular critical care and emergency room nursing, she has for the past 18 years been the Vice President for Quality Management and Research at the American Medical Group Association, the national association for large multi-specialty medical group practices. She's also

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

representing them as a member of the Alliance for STOP Obesity, the STOP Obesity Alliance.

She, during her tenure with the association, she has directed all outcomes, research, benchmarking programs, and quality management activities. More than 105 medical groups agreed to benchmark and compare outcomes data on hip and knee surgery, cataract surgery, diabetes, asthma, hypertension and a number of other disorders. She was instrumental in helping the association develop a medical group data warehouse and is coordinating a multi-site chronic care management demonstration through CMS and serves as a Quality Improvement Leader for the consortium.

And finally we have, Eric Ravussin who really needs no introduction. As you know, he's President of the Obesity Society and I'd like to take this opportunity to thank him for all the work he's done on the issue and for his work on this conference. It's a tremendous opportunity to hear from these candidates and its great leadership that you've shown in moving your organization to this point. He is Professor at the Pennington Biomedical Research Center in Baton Rouge, and the Chief of the Division of Health and Performance Enhancement.

So what I'd like to do is just have some brief reflection on what you heard from the candidates this morning or how you see the campaigns moving forward in terms of obesity

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

and what you think the biggest issues we face, given all the information that we've gotten today are. And so let me start, I'll start with Louise, because I know she has some good stories about how the rubber hits the road with some of these things.

LOUISE MILONE: Thank you. Well I guess first what I ought to do is give you a disclaimer, I am not an obesity expert, I am a tiller in the field of health benefits, and my particular field that I work in is working for. So Christine was just talking about what our impression was when we heard all of these really smart, interesting people today talking about their healthcare plans and their bosses thinking.

And my first reaction that none of this seems to have an impact on my real world. My real world, to give you just a couple of examples, we've organized workers in several fields by the thousands recently: 9,000 janitors in various locations, 37,000 home care workers in just one state, 45,000 child care workers in just one state, none of those people have employer paid healthcare. None of those people have ever had employer paid healthcare.

By our estimate, only about a third of the 37,000 home care workers and a third of the 45,000 child care workers qualify for Medicaid. Many of the states that we work in to qualify for Medicaid you have to be below 50-percent of FPL and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that below gets really way down there. So when we start to talk about prevention of obesity, I have to tell you the vast majority of these populations are women in their 40s and 50s, some of them in their 60s. I talked to a janitor a couple of weeks ago who was 70-years-old.

They are women who have diabetes, they have asthma, they have high blood pressure, and largely are overweight and obese. So my reality is not how do we prevent it, my reality is how do we deal with it. And then how do we deal with it when there's either no money for healthcare or in the third year of a collective bargaining agreement, we get enough money for healthcare to have \$80 per member, per month to pay for healthcare. One janitorial contract was really great, \$165 per member, per month to pay for healthcare.

What do we do? How do we deal with what the biggest set of problems are recognizing that if we pay attention to the end of the spectrum that we care about, the control of chronic disease, that then we have to eliminate some of the protection that we can give people for catastrophic issues.

I did want to talk just quickly about a group that I met with on Saturday, and that's a group of Headstart workers. And they are insured, and if you looked at their insurance plan, you would say to yourself, this is based on what's going on out there, not too bad, \$500 deductible but it's not for

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

preventive care, \$25 co-pay to go the doctor, you hit that deductible fairly soon in what you're doing.

So I looked at their experience and I got some general experience on them, they had more emergency room treatment than any group I'd ever seen. And so I went out and I met with them. I got on an airplane and I met with them, and I asked them why. I met with a group of about 30 of them, and the first thing I found out about emergency room care was that they make, they bring home in their paychecks somewhere between \$700 and \$750 a month.

If they get family coverage, their premium split is somewhere between \$425 and \$450 a month, the premium split for single coverage is very low. So they're not getting family coverage, that's first off. The second thing that we found out was they don't have the \$25 plus the drug co-pay and folks are very, very smart out there. And they figured out if they go to the emergency room with an insurance card, they're not going to be billed up front, and they can pay that \$10 a month to pay that off that emergency room bill.

I talked to a woman with high blood pressure, and she told me that she gets her medication, and she's been taught how to take her own blood pressure. So she takes her blood pressure everyday, and if her blood pressure is normal, she

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

doesn't take her medication. And every doctor in the room probably just swooned.

So how do we deal with this? What do we do? One of my colleagues said to me the other day that I'm a healthcare ideologue and that's probably true. But I'm in the enviable position of working for two people who are also healthcare ideologues. Andrew Stern, who's the President of our international union and Anna Berger, who is the Secretary-Treasurer, and both of them see obesity as a huge issue because everywhere we go, and by the way, that group of 30 people that I was looking at, five of them were probably what we would consider normal BMI.

There were at least four or five that were what we would consider morbidly obese and everyone else was simply overweight. We have about 900,000 healthcare workers in our union of about our 2 million members, not quite 2 million. And we'll have lobby day, and we'll have groups of those workers who literally cannot get off the bus at Union Station and make it to the Russell Senate office building. So this is a problem that is pervasive in our membership and something that Andy Stern and Anna Berger are very concerned about.

So what are we doing? And how are we trying to deal with this? Well one of the things that I heard today was kind of interesting was there was a question about pre-existing

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

conditions. And that is one thing in our national, international healthcare plans that we've dealt with. We simply sit down at the table, whether it's a self-insured plan, obviously we don't exclude pre-existing conditions, but when we buy a fully insured plan, we sit down at the table and the first thing we say is we have nothing to talk about if you're going to have a pre-existing exclusion.

How do we have a pre-existing exclusion for members who've had no healthcare and are in the condition that they're in? So that's the first thing we do. But we also are trying to figure out how we walk the walk, instead of just talk the talk. I will tell you one of the more difficult things to do with exclusions is to deal with the fact that every health plan you look at has a weight control, weight treatment exclusion. And I don't know how many people are aware of that, but its sitting there and its very, very hard to get rid of when you're dealing with those issues.

What Andy Stern and Anna Berger have decided is that we're going to try to put something out there for local staff, we don't control our local staff, they're all individual locals, that is a value based insurance design and that has obesity treatment as a big piece of it. And for the work that we're going to be doing with Christine and with the Obesity Alliance, we are very grateful, because we're going to be going

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to them and asking them as we already have, to help us try to figure out how we do this in a way that makes sense and is affordable. So that's sort of my story in the low wage worker field.

CHRISTINE FERGUSON: Great thanks. Let me skip to Gary Foster because coming right on top of that, that may be a nice segue into some of the things you'd like to talk about.

GARY FOSTER, PH.D.: Yes, I guess my response to what was said today is a sense of optimism and a sense of progress about where the presidential candidates are now compared to where they were four years ago or eight years ago, so in some ways I'm very excited and optimistic. I guess what I'm struggling with, and I see this more as an opportunity for the field, is what would we do if we could really say to the next president these are one or two things that we'd like you to do knowing that we're not change everything, what would they be?

And part of me as a scientist thinks on the prevention side, all the truisms that were mentioned today are right about it's probably better and more cost effective to prevent than to treat. But the science-based or the imperial basis for what we know about how to prevent obesity is not so great. So I think on the prevention side we may be in a position where we don't have a lot of science behind us, but that we may have to try four or five or six things at once, and let someone else figure

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

out down the line if they were effective, which component was most effective.

I think given the numbers that we saw from the CBO in terms of where the money will be in 2050, its just staggering. So I don't feel like we can take our usual methodical scientific approach to a randomized trial and manipulate one component and then advance the field. I think it's a time to be bold on the prevention side. What that includes is less clear to me. I was also struck on the prevention side that there might, I think this was from the press panel, that there might be an effective lever with children in terms of our prevention efforts. Its nice, I think, to think about the freshman 15, and pregnancy and those times, but I think from a public health point-of-view, and maybe rallying the troops of sorts that prevention in children may be a place that we would want a presidential [AUDIO GAP] to focus.

On the treatment side, I think we have to face as a field that we're not as effective as we think we are, especially in the long-term, and that we do need to think about perhaps different approaches and to repeat some of the things that were said by some of the representatives or the candidates, it's probably not a one-size-fits-all approach when it comes to treatment. But I think that we could agree as a scientific community about that there are maybe two, three,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

four, five, six reasonable treatments and all of those treatments have various components, whether behavioral, pharmacologic, surgical, and that we could move as a field, hopefully, and move presidential candidates to at least in some form, give people assistance with reasonable treatments.

I guess most operationally, it means to reimburse treatment, like we reimburse the treatment of other serious medical conditions, diseases, like diabetes, hypertension, dyslipidemia, the list is almost endless, but somehow obesity as it was just noted, is somehow a major exclusion when it comes to insurance. So I guess that's my take home, that I'm optimistic that we're having the conversation and I want to publically thank Morgan Downey for his vision in doing this, and getting the candidates to think about it this early. But I also think that we now have to sort of quicken our pace a bit and not be so reactive, but to think about some concrete things, some hard ask that we can do at this point in campaigns to maybe move it along at a quicker pace.

CHRISTINE FERGUSON: Okay, how about we go next to Ron Finch.

RONALD FINCH, ED.D.: Thank you. For those of you who are not familiar with the National Business Group on Healthcare Membership Organization of the large employers, of the Fortune 500 companies we have about 280 members, 64 of those are the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Fortune 100 companies. We're in a little different place in self-insured plans than the other kind of plans and I congratulate you on your efforts to get the coverage.

For large employers, we have a bit of a perfect storm brewing. We have an aging workforce that is about to go into retirement. We have a younger workforce that is less healthy than previous generations and will have a lower life expectancy than the current population. We have disability rising the fastest among the 18 to 44 year old age group. Most of that is obesity related.

In the Fortune 100 companies, or the Fortune 500 companies, we design our own benefits and we decide what coverage we would like to have. Most of the Fortune 500 companies do cover care for obesity, including bariatric surgery. In fact, bariatric surgery in some companies has become a recruiting tool with prospective employees going to those companies to attempt to get bariatric surgery and many companies have put wait times in place to be eligible for bariatric surgery.

In terms of the perfect storm we have primary care physicians going away. Fewer and fewer primary care doctors that are being pressed for time because of the reduced Medicare reimbursement levels. That reduced time to see patients

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

results in physicians that primary care level not doing the screening for obesity that could be done.

We recommend that the National Business Group that all preventive services be covered at 100-percent, no out of pocket for employees. We recommend that the employers follow the U.S. preventive services task force recommendations around screening for obesity and that means different things happen at different times according to BMI. And some of that includes surgery at BMI above 35. So if it's preventive service, that bariatric surgery becomes an approved service that we'll pay for at 100-percent.

Part of the, another contributor to why primary care physicians do not do preventive service is because preventive services have historically been excluded from Medicare coverage. The law actually prevents, the Medicare law actually prevents Medicare from paying for preventive services, and that law needs to be changed and that's one of the things that I would recommend that the Presidential candidates consider. I'm kind of jumping around.

With the aging out of this workforce, many employers will need to keep these aging employees in place well into the traditional retirement years. Many of the companies, especially the high cut companies, will question their viability if they're not able to keep these older employees in

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

place. There is just not a sufficient number behind this current workforce. There's not a sufficient level of skill levels. One Fortune 500 company I was talking with, average age of the population is 53 and a half which is half of those employees are older, and this particular company said, and we are talking about rocket scientists here. And you can think about the high tech companies like the Boeings and the Lockheed Martins and the Raytheon's and the AirBus and Hughes Aircraft and all those kind, and the telephone companies. We'll need to keep these aging workers in place and that means they're going to have to keep them well.

There's another part of this perfect storm. It's called cost. Since 2000 the cost of healthcare per family coverage, therefore an employer in the Fortune 500 has risen more than 125-percent and cost over \$15,000 per employee. So if you think about an employer that has 100,000 employees that's a billion and a half healthcare bill per year.

If we think about diabetes emerging among the older workers and it is, we think about how do we treat that diabetes or the heart disease that results from being overweight or obese. It's hard to imagine but 270 people have limbs amputated every day right now in the United States as a result of diabetes.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

If we take a look at the leading causes of death in a CDC mortality study, the number one cause of death is heart disease. Number two is all cancer. Number three is stroke and number four is COPD. All of those are lifestyle issues. If we take a look at the rest of the report we find out that number one cause of death is smoking. Number two is poor nutrition and lack of physical activity. Number three is alcohol, all lifestyle issues. In our country and from our legal system and the way we work every day, we are fairly risk adverse society, but when it comes to our own health care we don't seem to avoid those risks. I think that we need to emphasize prevention and I think we need to do more about promoting a healthy lifestyle. Let me stop there.

CHRISTINE FERGUSON: I'm going to give you fair warning that at the end of this panel I'm going to ask each of you to respond to the new President calling you on November 10th and asking what the three things he should do as part of his five point plan that he's going to announce in his inauguration speech what those three things should be because you're going to be his advisor. So you've got a little bit of time. I'm going to ask Julie to go next.

JULIE SANDERSON-AUSTIN, R.N.: Well thank you Christine. I'm delighted to be here amongst this panel of experts and as far as what the candidates' representatives said

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

this morning, I really think they should all be applauded because they have touched on a number of issues that are very, very important if we're every going to address obesity and any other chronic disease, particularly universal coverage.

One of the things I did not hear very much if at all was what we're going to do about the inadequacy of our health system and the way it is today. It's not enough for people to have access to health care if it's inadequate health care. What do I mean by that? What I mean is that the delivery system does matter. We have a health care system today that is based on an acute care system. We hear about Ed Wagner's chronic care model and it's in place in many locations but for the most part we're not coordinating care for people with chronic disease.

Some of the reasons for that of course, are our reimbursement system. We aren't reimbursing for care coordination. We don't reimburse for counseling. Physicians find that they can't spend time with patients, the adequate time with patients, because they're not being reimbursed. We really do need to get away from producing widgets in health care and start looking at chronic disease, including obesity as a relationship system, a system that builds and sustains relationships between physicians and patients. And I think that, I think it was Barbara Markham Smith representing Chris

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Dodd did mention that that was something of interest to them. So I'm really hoping that obesity and chronic care in general will be part of a platform for the next U.S. President, but I think that I want them also to pay attention to really changing our delivery system so that we can adequately take care of these patients.

CHRISTINE FERGUSON: And as usual we save the best for last.

MALE SPEAKER: Thank you very much. I would like to join Gary Foster and thank not only Morgan Downey but you Christine Ferguson to put this event up. I think it was excellent. I would also join Gary about optimism because I think that I have heard, especially from the Democrat candidates, all the advisors, that this was a real concern.

I'm a little bit concerned on the other hand of what I heard very early in the morning which is the government is very good at reacting to crisis but not so good at reacting to something which is creeping up, like obesity. Now if I was wearing my hat of physiologist I have lived something much more abrupt working with the Pima Indians of Arizona for 14 years while I was at the NRH. We know that the trigger of diabetes and obesity in the Pima Indians had been the change in environment. There's no question about that. Now we studied a cousin population calling themselves the Pimas in Mexico. They

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

have 10 times less diabetes. They are 12 units thinner than Pima Indians living in Arizona and I think that there is really a major problem with the environment. I don't think it's what has been called the thrifty genotype but it's normal physiology in a patho-environment. And I see what I didn't hear today and it's maybe because I'm from Europe of course originally. I didn't hear what do we do in term of regulations, in term of policies to try to fix the problem. If you have an epidemic of malaria you try to dry the swamps and you have the mosquitoes dying and malaria goes down. If you have an epidemic of death on the road because there's no seatbelt in the cars you have policies and regulation to impose seatbelts. And I would like to see something which is going to come, which at least will decrease the slope of this increasing prevalence of obesity and I didn't hear that.

We have a built environment. We have the social environment. These two things are really conducive to what we and others have called an obesogenic [misspelled?] environment. Now people, the reaction of people, some people, are going to resist depending of their genes to this obesogenic environment. Some people like the extreme, the Pima Indians of Arizona are going to be very, very susceptible. And I think that we are going to need sooner than later to go to other extremes. And we talked this morning, we heard about taxation on high fat

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

food or poor quality food to subsidize maybe healthier food and I think that now we have growing evidence that this is something which needs to be done, also redesigning our communities.

I think that in Europe, of course if you go you have to work there because either you take the public transportation but you have to because you cannot park downtown in the cities. I lived for 13 years in Phoenix, Arizona. People are fighting to get the handicapped parking lot there. And my son, we're not allowed to go to school, we are forced to go with a school bus to school because we were living just over half a mile from school and I think that we need to have not only the word obesity, not only the problem of obesity but we need to think about how to fix the problem and step by step. It's going to take a long time and I know that a four year mandate is not going to make it but if there's real commitment from some of the candidate to think a little bit beyond the next election and beyond the two next mandate this will be a big achievement and I think that we can try step by step to do that.

CHRISTINE FERGUSON: OK, so while you guys are writing your questions and sending them up, we're going to assume that it is now November 10th or 11th and you're sitting at home with the day off. You're reading the paper, you're having a cup of coffee and all of a sudden the phone rings and somebody on the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

other end says, hello. I'm calling for the President Elect and he would like to speak with you right now. Are you available? And of course you say yes, get on the phone, and the new President says to you, you know, either I, after being at that conference at GW that the Obesity Society and GW sponsored just was a convert. It made me realize how big this problem was and I just don't have enough of a good agenda. Or it's going to be Richardson saying, you know I was right. This was the right issue. Now I need help honing exactly what my proposals are going to be. So I want you to tell me in the next ten minutes because then I've got a meeting on North Korea, what the three most important things I could do on obesity would be so that I can put it in my Inaugural Address. So let's start with Louise.

LOUISE MILONE: [Laughter]. I get picked every time. Well the first thing I would have to say would be what both Andrew Stern and Anna Berger [misspelled?] have said and that I agree with, which is that the employer-based system in America is dead and we need to get the best minds that we can possibly get in a room to try to figure out what we do to replace it in a way that causes the least displacement and the least distress in the health care system. So that would be number one.

I think that number two, if I were looking at the obesity issue as such that I would probably say that the next

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

important thing we have to address is the issue of poverty and it goes to what you were talking about Doctor. It goes to the fact that as we drive around these neighborhoods and we walk around these neighborhoods we see that it is extremely difficult to live the kind of healthy lifestyle that you need to live in order to solve the problem or at least begin to deal with the problem in this country. We need to have more readily available food that is healthful for people. We need to have public transportation systems that move folks from place to place but permit them to walk and move around and get out of their cars. We need to encourage a healthier lifestyle in a whole lot of ways, and one of the ways that we have to do, that we can do that, is to address the issue of poverty and the people who are living in poverty and poverty neighborhoods.

And I guess maybe the next thing that I would say based on the folks that I deal with is we're looking a lot at the medical home model. At the concept of consistency of care, with a caregiver who knows you and your family and cares about what's happening to you, and provides that steady consistent care, and who would then not be the woman from CNN, would not be afraid to look at a patient because they have a relationship with that patient and say, "You have a weight problem." It's a part of a whole series of problems that you have. So those are my three things.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CHRISTINA FERGUSON: OK, Dr. Foster.

GARY FOSTER, PH.D.: I think the three things I would say is that we probably start out with the thing that we don't need. I don't think that the country needs more education about what to eat and what not to eat and what to move. People know the difference between a banana and a banana split. People know the difference between broccoli and a bacon cheeseburger. I think the difficulty is getting people to do that and to manipulate the environment in such a way, macro environment, microenvironment, to make that an easier choice to make.

So a couple ways maybe to do that are to go after schools. The data are not so supportive here but I think I would suggest manipulating, particularly on the nutrition intake side, in schools. It's an easy target in my opinion, meaning that it could be driven by policy. It is by policy now. It's the USDA who decides the foods that are served in a lot of schools and they're not so fantastic. So that would be one I think actionable item that, if you just do the math. Unless you believe there's some biological compensation that if you would feed a child 1,000 calories fewer, 100 calories fewer at lunch, or 10-percent fewer calories as fat which yielded you a deficit in calories, unless you believe there's some biological compensation that that kid was going to go home and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

eat that, plus more you would think it would have to work from an energy balance point of view, even if it's a trivial change in calories, same with beverages or foods.

The other thing that sort of piggybacking on the whole where obesity is and it's among people who are poorest and least educated that we have to do something about that from a policy perspective. I know less about how to do this but the end result would be that the foods that are better for you, either better nutritionally, but I would even take just less calorically dense. If we can't get less calories and more nutrition in the same food in the same subsidy, go for at least less calories. We seem to I think over worry about the perfect food. We're in the middle of an obesity epidemic. Fewer calories systemically is not a bad thing and I think we have to be less afraid of saying that.

So we have to be, the policy would be to make foods that are better for you more accessible, proximally, geographically. The issues that were brought up earlier about supermarkets, but also that when you went to a supermarket, that you could get foods that were palatable, that were health for you and ways to incentivize that. Again not my area of expertise about how to accomplish that, but I think that would be the target outcome.

CHRISTINE FERGUSON: Ron.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

RONALD FINCH, ED.D.: I have already mentioned a couple and schools I think were on my agenda as well. I would implement evidence-based preventive services across the board, and Medicare and Medicaid and encourage all plans to implement preventive services, and then I'd go after the schools' nutrition programs and the vending machines that are in the school systems. And then I would work with communities to define what healthy communities are and promote healthy communities.

CHRISTINE FERGUSON: OK, Julie?

JULIE SANDERSON-AUSTIN, R.N.: The first thing I think I would say to the new President is I applaud your dedication now but please don't lose sight of it as things get tough because I do believe that health issues, health care issues seem to take a back seat no matter who is in office when we have other priorities such as war.

Second thing is that I agree with Dr. Foster when he says that we don't have time for clinical trials, controlled clinical trials, to see what effective treatment is and I would urge the new President to allocate more research funding toward what I would call closing the inferential information gap between what we know works in clinical trials and what really works in real live cohorts of people that aren't quite so restrictive as a clinical trial cohort would be.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And the third thing, I can't disagree. I'm not for government mandates but please get all of the junk food out of schools, please.

CHRISTINE FERGUSON: Alright? Eric.

ERIC RAVUSSIN, PH.D.: First of all I'm not very good at passing a message to people and with Morgan Downey we wrote to President Bush in December I guess, early December to ask him to put a note about obesity in his State of the Union Address didn't work. But anyway here I would start to, I mean ask the President to elect not aidzar [misspelled?], but a group of four or five people from different agencies in our age, USDA, CDC of course and a group of people who are going to think seriously what can be done, what cannot be done. Because we heard this morning if you want to subsidize some areas you never know what is healthy and so on. And this would be my first attack, I mean saying I'm serious about obesity. We need a group of people who are going to think about the problem.

The second and I cannot deny what I heard this morning. I think universal health insurance or coverage is absolutely necessary. I mean, there are people who should see a doctor when they are three years old, five years old and they don't go and see the doctor because the mother cannot afford the 50 bucks to see the doctor. And I would strongly try to have a universal coverage.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And last I would do like Bill Richardson to have some, how did he call that, executive order, to ban junk food in the school, to put back physical activity in the school, and this I know one thing, that this is not education but the taste of activity and exercise. You don't get it when you are 30 years old. You get it when you are five, six, seven, because you go camping with your parents and this kind of things. And I would do an executive order to ban all the junk food in schools and to reinitiate physical education and physical activity with showers with, that you can get the pleasure. It's not getting for one hour and going sweating in your classroom which is going to do it. This would be my three things.

CHRISTINE FERGUSON: Alright. OK, so questions from the audience? There's a mic right here so that if you have any questions just come right up to the mic or we may have burned you out today. [Laughter]

MALE SPEAKER: Hi. I have a question for Ms. Milone. Is this working?

LOUISE MILONE: Yes, it is. It's fine.

MALE SPEAKER: It is? Okay. I know you work mostly with issues of health care access generally but I wonder in your conversations with working poor people if you have had a chance to ask them what would help them the most in terms of, because the obesity problem.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

LOUISE MILONE: Now it is.

MALE SPEAKER: Does it disproportionately affect poor people. What one thing would help them the most? Is it making food more affordable or is it making it more proximate, making it more accessible? Is it more education about nutrition? Is it more open spaces for physical activity? Is it some combination of those things? Is there one that is the most salient to the people that you?

LOUISE MILONE: I think the primary, I think the first and most primary issue for the folks that I talk to all the time is being able to get access to health care so that they have a physician who they know and they can talk to. In terms of food being more affordable, I think it's a different problem when you're in these neighborhoods. There's very affordable food in those neighborhoods. It's just all bad. I mean when I met with these 30 workers I was at a picnic with them and it was a potluck picnic and there were beans with I'm sure it was some kind of corn syrup in them, baked beans, and ribs and fried chicken and cookies and soda, right? And it wasn't that these folks don't know about nutrition. There is not a Whole Foods down the street and if there was a Whole Foods down the street or any place that had fresh fruits and vegetables and, they couldn't afford it anyway. So affordability is a huge, huge issue, which is why I'm saying that it isn't that you can

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

go in and let's take the broccoli down from \$1.20 a pound or whatever it is now to 60 cents a pound. I mean that's not what we're talking about. We're talking about people who literally bring home \$720 dollars a month and so what was it that the gentleman this morning said? For \$1 you can get 2400 calories in white pasta? So there's an educational piece to it but what do you do for \$3 a day which is what you get on food stamps. But there's also another piece to it is what do you do to bring people up to a point where they don't have to try to figure out what you get for \$3 a day. And you know as an organization that represents a huge number of these low wage workers, that's what we live for is to try to get people to a point where they have a living wage.

So I think it's more than just is the food not affordable and let's just have cheaper broccoli. I mean, that's not the answer to the question. There's a holistic situation that people deal with when they live in poverty and I think we have to address all of it because is there time to go exercise? Well if you're working three jobs to put any kind of food on the table and keep a roof over your head, the last thing you're thinking about is gee, can I do my three mile jog this morning? I mean that's just not, that's not where peoples' headset is and I think unless we deal with that holistic issue we're just not, we're never going to actually

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

make a dent in the problem. I don't know if that answered your question.

MALE SPEAKER: Yes, it does. Thank you.

CHRISTINE FERGUSON: I was interested Ron, one of the things that you talked about was the fact that for businesses that self insure and that are large Fortune 500 businesses, the recognition of the need to address this problem because of the impact on the workforce and their thinking about productivity and long-term longevity of their employees that you may be actually treating the interventions and treatment of obesity and overweight differently than say a small business going out and trying to buy a health plan which has the exclusions that Louise was talking about that most health plans have in terms of treatment.

Did that sort of difference in how a business looks at their employees or is able to look at their employees because of the nature of the business really makes a huge difference and none of you in fact mentioned those exclusions of treatment or recommending to the governor or to the new President that he look at insuring that treatment or obesity services from lifestyle and behavioral all the way through to surgery with something he should be thinking about in terms of government programs as well as employee programs and then possibly looking at private sector so I was curious about that.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

RONALD FINCH, ED.D.: When I recommended that we implement evidence-based preventive services. The U.S. preventive service task force actually has a whole set of recommendations around screening and counseling relative to obesity. We're recommending that our members and other employers as well implement and pay for those preventive services to. Our recommendations include the CPT codes and payment levels around doing the counseling, paying for the medication when the medication is necessary, paying for the surgery when it's actually necessary, and paying for it at 100-percent. We're also recommending to employers that all vending machines have healthy foods in them. That the company cafeterias have healthy foods in them and move away, so we have a whole series of recommendations all the way from special health and productivity programs that deal with obesity or being overweight all the way through the health plan.

CHRISTINE FERGUSON: So this may be one of those examples where we really do want government to be run like a business but it needs to be a Fortune 500 business. [Laughter]

LOUISE MILONE: I will say Christine that that is what we're trying to model. I mean as you and I know we've, we're very grateful to the assistance that Christine Ferguson and her staff have been giving us in trying to do this and that's exactly what we want to try to model.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CHRISTINE FERGUSON: Question.

MALE SPEAKER: Hi there, just some comments and then a question for the panel to consider. One of the things I've been a little concerned about from many of the comments here today is something that Dr. Finch just mentioned, and that's the whole business of evidence-based medicine and there has been, I mean it makes sense that if you took the food out of the vending machine, the bad food out, that it would be good and if you mandated that the kids have physical therapy and, not physical therapy but physical education in the schools and so forth, but many of that has happened in a number of places and that has been studied, and it's not working.

So I think we need to be really careful on what we're recommending to presidential candidates from more of the same. I mean we've just seen this article in the New York Times Magazine about epidemiological studies and basically you conclude you can't trust any of them because in studies things are different. But I think spending very large amounts of money for the look ahead trial or the DPP or the whatever can demonstrate that for example losing weight is good for you. And if you spend \$600 million you can prevent 75-percent of diabetes but we don't have \$600 million to spend on 2,000 people indefinitely or 4,000 people, whatever it was.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So I think the question becomes what are the practical things? What are the really policy things that a government can do that will make a difference? Not that we'll get some more votes or that we'll feel good about it, but that we really feel will do some difference, and it seems to me that here are three points.

The first thing I would do is go after the USDA policy of subsidizing sugar and potatoes and especially corn. We're polluting the Chesapeake Bay and raising the price of milk and everything else because we're raising corn. All of the farmers are raising corn instead of other stuff, so let's stop subsidizing that and start subsidizing broccoli. And I think if broccoli did cost 60 cents a pound, that's a pretty.

LOUISE MILONE: It would help.

MALE SPEAKER: It would help a whole lot and so I think that's one policy sort of thing we can do. I think, as Dr. Finch says, getting some evidence-based medicine, not just Tommy Thompson's great and I thought he did a wonderful job but he spent \$100 million on trying to do some community programs and there's something like 47 studies that show that almost all of them showed a community based programs don't work. There's also about 40 studies that show that childhood education in the schools for nutrition accomplishes kids who understand what they're supposed to eat. They don't eat it, but they

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

understand what they're supposed to eat. That's not what we're trying to do. So I think evidence-based medicine on these things.

So I'm sort of challenging a whole lot of what everybody has said here today because I haven't heard some things that are really useful, except for a few things.

CHRISTINE FERGUSON: Okay, any other questions? Does anybody, would anybody like to respond?

GARY FOSTER, PH.D.: Yes, I'll respond. I think those are good points. I think it's attention between being scientific about this and doing one RCT after another and saying do we have an effect or not. There are a lot of school-based studies that don't show effectiveness. There are three or four in the last couple years who do simple things like manipulate beverages in the UK and get a whopping effect after nine months. There's always, the study's not perfect etcetera, but I think my position at this point is that we can't wait for randomized trials. You know the data better than anyone in terms of the rates of childhood obesity tripling over the last 20 years and all the data you saw done on adults today.

And let's go with some as you say practical things and some common sense things. I'm afraid that if we wait for really empirically drive treatments, especially on the prevention side, we're probably decades away.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

On the treatment side, you could look at things like Weight Watchers, which to me seems like a very reasonable approach. You could look at medications that have been improved Rx or over the counter, pharmacotherapies for obesity and say they have empirical data. Then people would argue, "Well what's a two kilo weight loss two years later." So that's what I worry a little bit about the empirical stuff. There could be data but is it two kilos, three kilos, four kilos, so I guess I'm sympathetic to the, we'd like more data and I'm also sympathetic to the practical stuff and I guess where I would net out is the practical stuff would be do reasonable treatments that are going to reasonable alter energy balance with the assistance of pharmacotherapy if indicated, with the assistance of surgery if indicated. That's probably the safest for people who already suffer from the condition. And on the prevention side I guess I'm a little more willing to be less hard and fast with the data because I think you're right. There aren't many good pieces of data.

LOUISE MILONE: I think the other thing for my population too is if we can redefine success for that population as that five to 10-percent weight loss, that then it becomes something that's realistic that people can deal with.

CHRISTINE FERGUSON: Yes, and I would just, the other point that I would make about some of the questions regarding

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the research is that the one thing that I hear over and over again from people is that is it the research is based on sort of single bullet approaches. There are very few multi-faceted studies that show that if you do these three things combined then you get better outcomes, that kind of thing. It's the way our whole research system is set up in a way that really discourages that kind of approach, and yet we know as we've talked about, we know that there isn't one thing that's causing obesity. It's the built environment. It's the food. It's personal responsibility. It's not having the right treatment at the right time. There's a whole series of things so to imagine that there's one approach that some how going to be that single bullet is just a huge mistake.

And so I think that that issue in terms of the research and in terms of what we need to be recommending about how we should be approaching this has to be much more practical and much more suited to this issue of obesity which is based on a whole series of things, so I think that that's an excellent point. And I think the point that Louise just made, and I don't want to sound like a broken record, but it's true. A five to seven-percent weight loss can lead to huge health improvement and if our key goal is to improve health and improve quality of life then maybe that's the success measure that we should be using, at least to start with and then use

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that more as an incremental piece in terms of what our outcomes are. And maybe insurance companies and others would be more willing to look at interventions if you're measuring off of that kind of an impact.

So I really think that there are some things here that are fundamental about what our expectations are, in terms of what research has the capability of telling us around this issue, what we have in terms of research and also what we're looking at in terms of outcomes and I think that those are good, those are excellent points that you've raised, and that's why we are entering into this partnership with everybody to try to figure out the answers to some of those questions.

MALE SPEAKER: [inaudible 1:45:30]

CHRISTINE FERGUSON: Yes.

MALE SPEAKER: I didn't actually say what I was meaning. We're spending a lot of money on things that are not as effective. We really need to find out about what are [inaudible][1:45:44].

CHRISTINE FERGUSON: Right.

MALE SPEAKER: We need the basic research of obesity, like we've got in all the other diseases.

CHRISTINE FERGUSON: Right.

MALE SPEAKER: We don't have that now. All the candidates ought to be talking about tripling, quadrupling the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

amount of money, ten times the amount of money on basic research about what obesity is and what causes that.

CHRISTINE FERGUSON: And I think that that's the beauty of this forum was to see whether or not we could get people from these campaigns to be willing to talk about something that really people view, a lot of people view as personal responsibility only and for which there's a huge stigma attached. And so the governor coming out and talking about being willing to aggressively attack that, that's a big step in overcoming some of that stigma and all of the people who were here representing the campaigns, the same thing. It's a question of gradually overcoming the stigma that prevents people from being willing to talk about this and to engage in the kind of research that may be more practical. So I totally destroyed my role as a moderator here. [Interposing]
[Laughter]

DR. IRIS MAVEN HERNANDEZ: Actually really wasn't kind of a question but more of a comment. My name is Dr. Iris Maven Hernandez [misspelled?], and I'm with the Agency for Healthcare Research and Quality and I want to work with the U.S. Preventive Services Task Force so quite familiar with evidence-based medicine and certainly working with the task force, we know about the quandary of dealing with if you don't have enough research, what do you do now, and I'm a pediatrician. I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

deal with childhood obesity as a particular research interest and I would like to say too that in thinking about the research agenda and making sure, you should encourage innovation but make sure that people are keeping track of their outcomes and evaluations because that's part of the problem.

Some of the literature, they really don't have outcomes and it's, when you're in the office you have only 15 minutes and it's nice to know what you tell a patient works, particularly if you're getting billed or not billed or reimbursed. So those are really valid issues and particularly when it comes to insurance and billing for what works, what doesn't work, and also just comment about one particular way of dealing with obesity versus multi-factorial when it comes to interventions, sometimes it's very hard to tease out what works when you have several interventions going on at one time and so that adds to kind of the mix of this difficult problem, but anyway.

JULIE SANDERSON-AUSTIN, R.N.: Christine, could I respond just to that point. I think we have a huge opportunity in the research field and in health care in particular today because we now are gathering huge amounts of data through electronic medical records that are longitudinal patient-based longitudinal records of what happens to people over time. We may not have time to do the basic research that you're talking

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

about on what's effective and what isn't with, in this standard clinical trial mode, but we certainly do have and will have increasingly an opportunity to have health services researchers and clinical researchers start looking at this treasure trove of data that we're accumulating now. And not only looking at it and analyzing it for comparisons on outcomes as you said just now, but also for, I would promote having the databases open for multiple researchers, so that we take care of whatever bias there might be when a product is involved or one particular academic institution is involved. I don't think we should ignore the opportunity that we have to really do some wonderful research with this new data that we're amassing.

JESSICA DONZY-BLACK: Hi. I'm Jessica Donzy-Black from the Campaign to End Obesity, and first I want to thank.

CHRISTINE FERGUSON: Thank you, so nice to meet you finally.

JESSICA DONZY-BLACK: Thanks. Christine and I talk, but we haven't actually seen each other. So first I want to thank Christine and Morgan for this outstanding program and bringing this whole conversation to light which I think is critical, and then I have a question for Dr. Finch. Our organization is really focused on bringing together as many as broad a range of entities who are interested in this as possible and driving policy change, so bringing that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

information to those policy makers on the executive and the legislative level here in Washington in order to really see real changes. Many of you have suggested and we've taken copious notes so we can bring that to people. But specifically my question for Dr. Finch is that many of these issues are on the legislative agenda today. We don't necessarily need to wait for someone new to be elected. We have no child left behind being reauthorized. We have the farm bill being reauthorized that incorporates subsidy issues, that incorporates issues regarding school lunches as USDA has authority over those so we can do something on the farm bill if we were to choose. We could choose to highlight and to raise the prevalence of physical education and health education and whatever form evidence bears out to be meaningful in no child left behind.

My question is has this issue risen to the level of importance among the companies you work with that they would be interested in putting a stake in the ground on some of this and actually talking to their legislators, to their elected officials or is it still sort of in this academic format where we all agree it's a problem. We all say, gosh, we wish it could change but we don't really want to go so far as to demand something on these issues.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

RONALD FINCH, ED.D.: Did I pay you to ask that question?

JESSICA DONZY-BLACK: You did not but have at it.

RONALD FINCH, ED.D.: At the business group, we established an institute on the cost and health affects of obesity in 2003. The institute has its own board. It's made up by member companies and we attempt to influence not only national legislation in this area but we also attempt to influence local practices, especially around the school systems. We are not a lobbying organization but we do get asked a lot from a lot of different agencies within the government to comment on different issues such as the treasury department or some congressional committees will ask us to comment on a particular bill.

We have on October the ninth a special meeting of our board of directors to look at our policy issues for the upcoming election. Obesity and all health care is of importance to the business group. Keeping employers and employees and their beneficiaries is paramount to the success of businesses.

This even extends to our concerns about children and adolescents. Here for example, I just brought it along. We have a tool kit for employers on child and adolescent obesity and what employers can do to deal with that particular, with

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

children. So yes, we do. Where'd you go? [Laughter] We do have policy positions and this is high priority.

FEMALE SPEAKER: Yes, absolutely.

FEMALE SPEAKER: I'm the lady from CNN. I was a child of the 60s, and I remember the smoking campaigns that were on television and I was obviously, because I'm in it I was obsessed with television, and I agree with Gary. I think that a lot of people do know, I mean I think most people know the difference between a banana and a banana split but I don't think they really understand everything that we've talked about today. I don't think they get it that obesity can cause heart disease. They're worried more that obesity doesn't make them look good in a size three dress. I mean that's even with Kirstie Alley and Valerie Bertinelli.

So the media's very powerful. I truly believe it's a very powerful medium. Why not just do a campaign much like California did a campaign. It was called First Five, and they did a campaign with children and it showed a little, a beautiful child coming up to it's parent and saying, mommy, can I have some heart disease? Mommy, can I have some diabetes? Meaning the point being is that if you give your children a lot of junk food that's eventually what's going to happen to them. And I don't think a lot of people really, I mean I think they get it but they don't get it. I don't think they care and I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

think that we. No, I really don't think that they care a lot of times, because if they cared they would at least make an attempt to try to stop. I know it's not always easy but I don't think we get it and I talk to people every day on this obesity issue and I don't think that we get it and if we catch just forcing it. I mean we're a pop culture. We could use the media to really educate people but what exactly, what obesity really does to you and to your family as opposed to the difference between a banana and a banana split.

CHRISTINE FERGUSON: And for those who didn't get it, she does a weekly, weekly?

FEMALE SPEAKER: Yes, weekly.

CHRISTINE FERGUSON: Weekly program.

FEMALE SPEAKER: May I plug my show? [Laughter]

CHRISTINE FERGUSON: Please plug your show because we are all plugging ourselves to tell you that we have stories for you.

FEMALE SPEAKER: Yes, oh no, and that's why I'm here.

CHRISTINE FERGUSON: We will help you fill that time every week.

FEMALE SPEAKER: Fit Nation. It's Dr. Sanjay Gupta's pet project. It's very important to him and he understands the impact of obesity on this country so every Friday morning and every Saturday and Sunday morning.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CHRISTINE FERGUSON: But we may be calling you to get some advice about how to make sure we do get this issue [interposing].

FEMALE SPEAKER: I'm there anytime.

CHRISTINE FERGUSON: Alright, thank you.

FEMALE SPEAKER: Hi. I've never done this before so I'm a little bit nervous but I actually work for Thomson Healthcare and for those who aren't familiar I work under Dr. Ron Getzel. And one of the things we do is we evaluate health promotion programs at employer work sites. We've worked with a lot of large companies like Johnson and Johnson and things like that so I just kind of wanted to stick up for researchers because it seems like we're getting slammed a lot for the work that we're doing and a lot of the things we are doing is working with claims analysts to look at over time our employees not only reducing their risk factors but are they reducing employer health promotion costs as well in terms of are the insurance costs less than the cost of implementing these health promotion programs.

So I just kind of wanted to stick up for researchers and say we are doing this research right now and it seems to be showing a lot of positive effects.

LOUISE MILONE: We'll stick up for you too.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CHRISTINE FERGUSON: Yes. We're not beating up on you. We're just saying we need to expand and change some of the methods maybe. So I just, we've actually come right up on three o'clock. And we want to make sure that we respect your time and your willingness to be here. I want to take a minute to thank all of our panelists for a very great panel and discussion. [Applause]. And I think we've definitely highlighted a number of challenges that we have in going forward but hopefully today has pulled things together a little bit and will help us get more of a laser point to what we hope this next administration will be about.

I want to thank, take a minute to just thank especially the Stop Obesity Alliance and all of the members of the Stop Obesity Alliance who agreed to cosponsor this with the Obesity Society in George Washington University and to those who served on the panel. Also to thank National Journal, this was a great, it was really helpful to have National Journal as one of the partners and Linda Douglas who just did a great job this morning trying to draw out everybody and get the most that we could from them. And Peter Orszag who started out the day with some really great information and gave you some insight into how CBO is looking at these issues which is going to be very important and to the extent that they are really aggressively looking at long term impact of obesity. That means at the end

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

of the day that when they're costing out a new benefit or a new program they're also going to be looking at the saving side which I think is much different than what has happened in the last 20 years so he's a change agent and he'll probably need some support at various times because it's somewhat controversial but really great work.

And Governor Richardson, it was great to have one of the candidates actually come. That was a tremendous testament I think to again, to the organizations putting this together. And then also to all of the campaigns that participated.

And we have so many staff that participated in putting this together. I don't know Morgan, if you're going to thank everybody. There's so many great people who did this and I can't tell you how hard it is to have campaigns to commit to anything with any degree of foresight so we had people we were working with who wanted to do press releases. I'm like you'll be lucky if we can do a press release the day before that actually gives who's going to be there because it's such a volatile time but everybody got here. We got great participation and it's just a testament to all the staff that worked on this, Anita and everybody. So Morgan.

MORGAN DOWNEY: I just want to thank you Christine for the relationship here and pulling this off. I do want to thank Anita Dunn [misspelled?] and her people. I think they're all

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

outside but she did just an enormous amount of work. There's a whole art form to getting campaigns to offer up their spokespeople and I don't know of any other area where we've had that policy people, six out of six of the major Democratic campaigns, three out of five of the major Republican campaigns come and address a single issue. So like with Gary, this gives me hope that this issue is breaking through at a Presidential level and that the odds are we're going to see some more aggressive, more comprehensive approaches from the eventual next President.

In terms of the Obesity Society for those who are interested, we have another very exciting meeting coming up in October in New Orleans. We'll have some 2,000 researchers and clinicians meeting for four days reviewing a lot of new scientific information and data around the obesity issues. Some 800 or so abstracts that, over 800 or so abstracts that will have presented. And we're hoping, we're starting now to strategize. We're looking at this type of form as a long term process here, at least for the next couple of years. This time next year the candidates, two or three eventual candidates will be vying for votes and we'll be looking at how to bring this type of forum at that level. And then the following year we'll have a new administration in place and we'll have new directors of NIH and some will be new directors at the major federal

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

agencies and so we're hoping to be able to carry this dialog forward as the political process evolves. But I can thank you all for your participation and your patience. This is a very exciting project to undertake. We look forward to working with you all as we tackle this challenge, so thank you very much.

[Applause]

[END RECORDING]