

## **White Paper – Action on Obesity**

Written after the AOO Summit, June 9 & 10, 2005, hosted at Mayo Clinic

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September 7, 2005

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## Executive Summary

In October of 2003, the chairman of the Mayo Clinic Board of Governors, Rochester, delivered a keynote to the Association for the Advancement of Applied Sport Psychology (AAASP) that focused on the “bright side and the dark side of medicine.” After stating that the darkest side of medicine pertained to metabolic syndrome and specifically, the obesity epidemic, Dr. Hugh Smith challenged AAASP members to respond to the epidemic! In response to his challenge, in January 2004, a grassroots Action on Obesity (AOO) task force was formed, the hub of which is at Mayo Clinic Rochester. The AOO taskforce has encouraged and coordinated numerous activities at different levels of intervention, to address the epidemic.

The costs of the obesity epidemic and associated health problems have been well-documented. Health Affairs reported in 2005 on “The Rising Prevalence of Treated Disease: Effects on Private Health Insurance Spending.” Factors underlying the growth in healthcare spending were examined. A rise in total disease prevalence (diagnosed and undiagnosed) is associated with changing population risk factors, particularly obesity. In adults (ages 20-74), obesity doubled—from 14.5% (1976-1980) to 30.4% in 2000. Diabetes prevalence, clinically linked to obesity, increased 53% in the same period. In 1987, obese adults with private health insurance spent \$272 more per person than normal-weight adults, and in 2002, health costs among obese adults averaged \$1,244 more per person than for normal-weight adults; a 12% increase, of 36-billion dollars of private spending. Many Hispanic and African Americans, for socio-economic reasons, are at added risk for obesity. These Americans often do not have health insurance and are not accounted for in this recent publication.

Action taken on the obesity epidemic, by the AOO task force since January, 2004 includes:

- Formation of four Action on Obesity committees that correspond to a level of intervention model adopted by the AOO task force (page 6).
- Formation of working relationships between Mayo Clinic, Olmsted County Public Health Department, Rochester Public Schools, Rochester Parks and Recreation Department, IBM, American Heart Association, etc.
- Hosting the first Action on Obesity Summit in 2004
- Submission of both an Internal and External version of a White Paper, 2004, to the Mayo Clinic Administration Committee which recommended:
  - Formation of a Health Promotion Initiative at Mayo.
  - Formation of a Nutrition Committee at Mayo.
  - Formation of an active group to change “culture” on physical activity at Mayo.
  - A customized America on the Move at Mayo program.
  - Formation of an [actiononobesity.org](http://actiononobesity.org) website launched September, 2004.
  - Support for the AOO Summit, 2005, to be hosted June 9 and 10, 2005.
- The Administrative Committee approved a \$14,000 expenditure to customize America on the Move at Mayo. Since September of 2004, approximately 4,045 employees signed on and the 2,035 who have logged steps have taken 651,193,492 steps or 325,596 miles.
  - The Administration Committee approved all recommendations.
- Members of the AOO task force published an article on Action on Obesity in the Mayo Clinic Proceedings, in April, 2005.
- Ongoing teleconferences addressed “action on obesity” at four levels of intervention (worksites, healthcare, schools, communities, state, national, and media) have been held.
  - Delegates on teleconference committees represent many of the 57 organizations represented at AOO Summits, 2004, and 2005.



## Introduction and Background

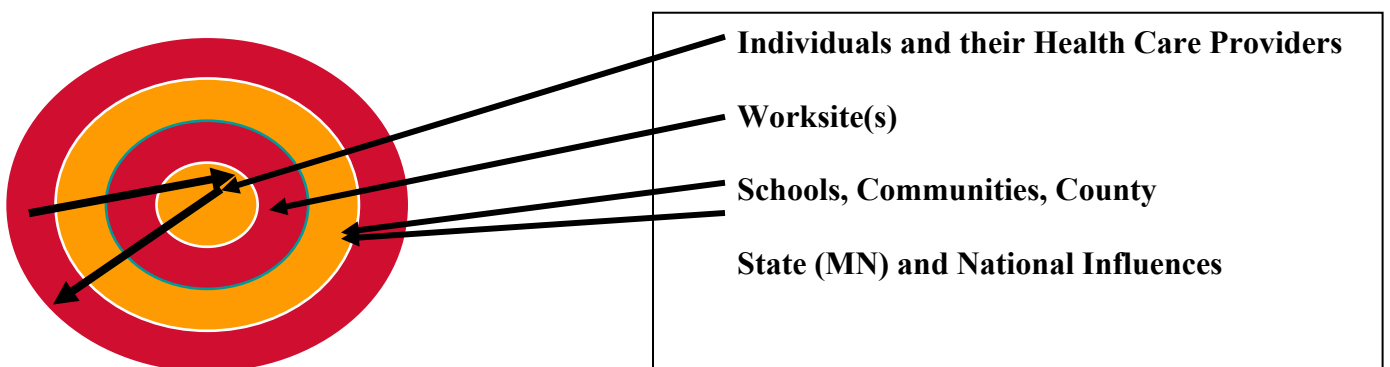
The causes of obesity are multiple, interactional, and complex. Responsibility for obesity is divided into behaviors characterized as individual and those attributed to the environment. Dr. Kelly Brownell, a Yale Obesity Center scientist and author of Food Fight, believes individuals are responsible for 40% of obesity and the environment is responsible for 60%. A genetic predisposition, cultural beliefs, motivation, and nutritional and exercise habits are “individual” factors that contribute to obesity. Cheap and calorie dense food, the marketing of super-sized portions, changes in our built environment (i.e. fewer sidewalks, car dependence, school busing), television, videogames, and dependence on computers are environmental factors, that may be barriers to a healthy lifestyle.

The obesity epidemic affects all ages, cultures and both genders. In some states, over 64% of Americans are overweight and more than 30% are obese. The prevalence of extreme obesity (body mass index of  $> 40 \text{ kg/m}^2$ ) has almost tripled in the past ten years.

Healthcare costs for diabetes, coronary artery disease, osteoarthritis, and depression, parallel the increase in body mass index (BMI). Direct costs are estimated at \$54 billion per year, and the indirect costs of obesity may be \$177 billion.

To address Action on Obesity, in January 2004, our AOO task force adopted a bidirectional level of intervention model. (See Figure 1)

**Figure 1- A Bidirectional Model to Decrease Obesity by Promoting Physical Activity and Healthy Nutrition (adapted for implementation by the Action on Obesity Task Force)**



## **Progress since Mayo Clinic Administration Committee Approved Recommendations in AOO White Paper, 2004**

### **Comment**

The following Health Promotion Initiative description is in part a response to action taken following the presentation of the White Paper to the Committee in 2004.

### **I. Activities within Mayo**

#### **A. Health Promotion Initiative at Mayo – Dr. Donald Hensrud**

Action on Obesity has helped foster many important health promotion initiatives. Following the AOO Summit, 2004, a White Paper presented to the Administrative Committee of the Board, recommended that a Health Promotion Initiative be established to help coordinate health promotion activities at Mayo (including the AOO taskforce). The Board approved formation of two institutional committees: the Health Promotion Committee (HPC), reports to the Clinical Practice Committee, and the Nutrition Committee, reports to the HPC.

The HPC meets regularly, has developed its structure and function and coordinates activities at Mayo, involved in health promotion that previously operated in ‘silos’. The following is a summary of HPC activities.

### **Charge**

HPC is directing the development, coordination, and outcome assessment of health promotion (HP) activities and programs at Mayo Clinic Rochester. This includes activities for employees, patients and partners in community programs.

- **Development** includes initiating and/or providing endorsement or support for new HP activities and programs.
- **Coordination** includes cataloguing existing HP programs at Mayo and facilitates sharing of information, efficient use of resources, and helps reduce redundancies among programs.
- **Outcome assessment** includes encouraging programs to establish metrics for assessing outcomes such as improved education, behavior change and improvement in intermediate markers (e.g., increased physical activity, improved nutrition, serum lipid levels, weight, etc.), cost vs. benefit, and return on investment.

### **Strategic Plan Principles**

The HPC shall collaborate with other areas at Mayo Clinic Rochester and within the community to;

1. Offer state-of-the-art, evidence-based HP activities and programs for employees and patients.
2. Document improved outcome from HP activities and programs.
3. Demonstrate favorable return on investment (using economic metrics) from HP activities and programs.

4. Ensure HP activities and programs meet Mayo’s financial and strategic objectives.
5. Attract and retain employee participation in HP activities and programs.
6. Encourage research and education activities related to HP and disease prevention.
7. Work with community representatives to support HP activities in our community.
8. Collaborate within Mayo to reduce duplication in the creation, implementation and promotion of wellness activities and programs.
9. Reinforce the model of population healthcare management, that includes:
  - Preventive Care
  - Self Care
  - Primary Care
  - Specialty Care

### **Guiding Principles for Institution Wide Events/Activities**

The HPC is responsible for developing new HP programs and to coordinate existing programs. HPC will focus on coordinating institution-wide programs and activities yet not impede smaller groups from creating their own programs.

To encourage efficient use of resources and package HP activities under a single brand, the HPC will review programs and communication requests from Mayo areas and apply “guiding principles” to determine how to prioritize. These guiding principles will be applied to HP activity requests:

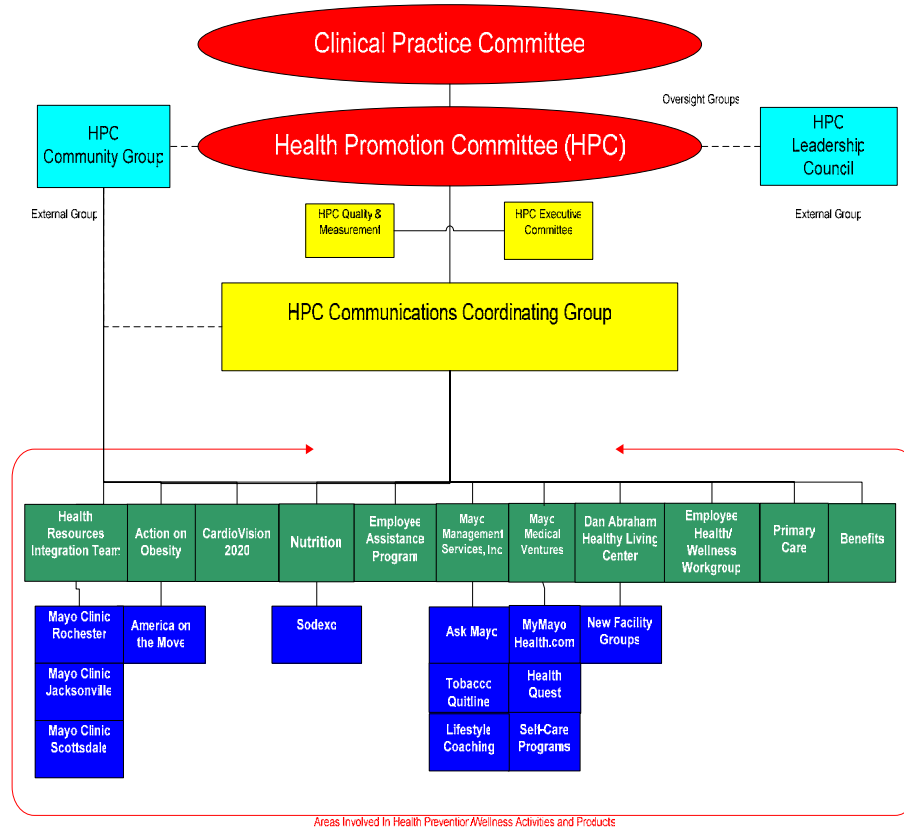
- Is the program/activity targeted at an audience larger than one work unit or department/division?
- Is there an “owner” or “proponent” identified for the program/activity?
- Is the proponent seeking funding or simply endorsement?
- If funding is requested, is there an itemized budget?
- If endorsement is requested, are there expenses being funded by other sources?
- What is the duration (weeks/months) of the proposed program/activity?
- Is the proposed program/activity focused on employees?
- Are there similar programs/activities in existence? Is there overlap with other programs?
- Are there outcomes identified to assess the success of the program/activity?
- What are the consequences if endorsement or funding is denied?
- Is the program applicable to other employers/organizations outside of Mayo?
- Is the program/activity appropriate for Mayo patients?
- Is there a request for communications to support the program/activity?

### **Coordinating Efforts**

HPC and the HPC Communications Coordinating Group will work to better coordinate health and wellness activities across Mayo. Small work-teams will be established for areas that require significant operational planning and/or coordination of communication efforts to ensure efficient use of resources. This does not require a reporting structure other than HPC reporting directly to CPC. Figure 2 illustrates the format of the HPC.

Figure 2 – Health Promotion at Mayo (HPI) Coordinating Activities

*Health Promotion at Mayo - Coordinating Activities*



Areas Involved In Health Prevention/Wellness Activities and Products

**Health Promotion Committee Members:**

- Donald Hensrud, MD, MPH., Chair
- Lisa Klesges, Ph.D.
- Edward Laskowski, MD
- M. Molly McMahon, MD
- Sidna Scheitel, MD, MPH
- Aynsley Smith, Ph.D.
- Randal Thomas, MD
- Sharon Tucker, D.N.Sc.
- Beth Warren
- Mary Wellik, MPH
- James Yolch, Secretary
- David Agerter, MD
- Matthew Clark, Ph.D.
- Lisa Clarke
- Chris Gade
- Philip Hagen, MD, MPH

**Health Promotion Communication Coordinating Group Members:**

- James Yolch, Chair,
- Sara Lee, Secretary
- Allison Allen, Asst. Secretary
- Betty Kolb
- Beth Warren
- Ronaele Hoffman
- Jim Purvis
- Mike Casey
- Eric Cleveland
- Susan Schwartz
- Mark Rieder
- Jennifer Nelson

**Health Promotion Quality & Measurement Group Members:**

- Lisa Klesges, Ph.D., Chair
- James Yolch, Secretary
- Philip Hagen, MD, MPH
- Randal Thomas, MD
- Timothy Beebe, Ph.D.
- Mark VanderWeg, Ph.D.
- James Nasessens
- Susan Schwartz

## **Communications Plan/Key Messages**

The HPC Communications Coordinating Group established the following objectives and key messages for the HPC in response to disseminating programming efforts and direction. The Committee was charged with reviewing and revising the following content.

### **HPC Communication Objectives and Strategies**

- Coordinate wellness resources at Mayo Clinic Rochester
- Educate employees on how health promotion (HP) programs and lifestyle choices can lead to longer and more functional lives
- Involve 100% of employees in at least one HP plan/activity/program
- Communicate HP activities to employees in different ways to reach the different audiences
- Eliminate confusion and redundancy among the different HP resources
- Leverage HP programs across all areas
- Promote resources available to employees for health promotion
- Motivate employees to take action to improve their health
- Implement personal accountability tools into all programs
- Reinforce Mayo Clinic’s employee healthcare model: Prevention, self-care, primary care, specialty care and emergency care only when absolutely necessary

### **Audiences**

- Mayo Employees, Mayo Patients, Mayo Providers, and Community.

### **HPC Key Messages**

- A number of HP resources are available at no cost or little cost to Mayo Clinic employees to help achieve optimal quality of life.
- A healthy lifestyle can improve overall wellness and reduce the onset of chronic diseases leading to a longer and healthier life.

### **HPC Health Objectives:**

#### **I. Encourage employees to achieve and maintain a healthy weight**

- Mayo Clinic is joining a national effort to address the obesity epidemic.
- Certain medical conditions can be prevented by weight reduction.
- Weight maintenance involves lifestyle change.

#### **II. Promote opportunities to increase physical activity**

- Increased physical activity assists with weight loss as muscle burns more calories than fat.
- Daily physical activity reduces health risks and improves the quality of life.

#### **III. Educate employees about important nutrition and healthy food choices**

- *A health promoting diet helps maintain a healthy weight.*
- *Nutritious foods can help prevent many diseases.*
- Mayo cafeterias offer a wide variety of healthy food choices.

**IV. Direct employees to resources to manage behavioral health issues**

- Employee Assistance Program serves employees, their families and Mayo to enhance employee and organizational productivity and individual quality of life.
- EAP provides quality education, consultation, training and problem resolution services.

**V. Promote resources to help employees make healthy lifestyle choices such as being tobacco-free and reduce risks of inappropriate use of alcohol and controlled substances**

- The Mayo Clinic Tobacco Quit-line offers private and effective phone-based tobacco cessation counseling with professional counselors.
- The Mayo medical plans cover the cost of medications and nicotine replacement products when prescribed by a personal physician.

**VI. Promote awareness of preventive screenings and disease management strategies to detect early on-set of medical conditions**

- To be determined

A slogan, or brand identifying HP activities at Mayo has been developed and a logo is being created by Illustration & Design. An area of interest to the HPC is being developed – linking the Foundation Benefits Plan to HP activities. The Health Plan Site Advisory and Implementation Team (HPSAIT) is looking at this and representatives from the HPC will serve on that committee. The HPC is a Mayo Rochester committee. How health promotion activities will be coordinated across the Foundation has yet to be determined. There is no budget for HP activities and the HPC has no budget. Currently, it is up to local initiatives to develop and implement HP programs, and often outcomes are not determined. **If an effective and coordinated approach to HP activities at Mayo is to be developed, and if it will be integrated into the benefits plan, consideration should be given to allocating resources including a budget for directing this effort (i.e., developing, implementing, and determining outcome of health promotion activities).** This could be done through the HPC, and should be coordinated across the Foundation.

The HPC has integrated with the community in collaboration with AOO and CardioVision 2020. In the fall of 2004, Mayo participated in a community forum that highlighted the obesity epidemic and sought to organize community involvement. A Community Health Promotion Committee has been formed that includes individuals from Mayo who sit on the HPC, AOO, and Cardiovision 2020 who will help link these efforts into the Rochester community.

In recognition of what Mayo has done in health promotion, the National Business Group on Health recognized Mayo Clinic at the Gold level under the Best Employers for Healthy Lifestyles Award Program.

**B. Nutrition at Mayo –**

**Nutrition Committee**

M. Molly McMahon, M.D. (Chair)  
James D. Purl  
Anne W. Purrington  
Lenae M. Barkey, (Secretary)

Jennifer K. Nelson, R.D.  
Arleen M. Derynck  
Donald D. Hensrud, MD  
Allison S. Allen

Following presentation of the White Paper to the Administrative Committee in September, 2004, the Nutrition Committee was formed and is chaired by Dr. M. Molly McMahon and Mr. J.D. Purl (Sodexo). The charge is to assess food choices and work with Food Service providers to promote healthy nutrition choices for Mayo employees on the campus and to enhance the understanding of healthy nutrition choices among Mayo employees. The committee developed wellness criteria for foods served on campus. Items meeting the wellness criteria will be marked to make selection easier. Nutrition changes on campus include increased selection of fruits, vegetables, whole wheat grain products, and improved selections of healthy box lunches with calorie and fat content clearly marked. Educational materials in the cafeterias and express food sites provide information about healthy nutrition and also about the number of calories expended with seasonal physical activities. An express food site is located conveniently outside of Geffen Auditorium so employees can select healthy foods prior to attending noontime lectures. At selected sites, staff can request a cash register receipt that provides nutrient analysis for food purchased. New express food sites will pilot innovative and healthy food items. The committee is making ordering of healthy, catered meals on the web easier. Cafeteria menus have been modified to reflect a wellness selection at every service point. Service points would be entrée line, grill, pizza, etc. Our Mayo employee recognition events offer more wellness items as alternatives to the cookies and ice cream, offered in the past. Events as the Benefit Fair, United Way, and Heritage Days now offer fresh fruit and/nutrigrain bars as alternatives.

**C. Physical Activity at Mayo – Ms. Beth Warren**

In September 2004, Mayo signed onto America on the Move to encourage all MMC (Rochester) staff to become more active. Through a donation from McDonalds of 27,000 pedometers, Mayo was able to provide employees with pedometers. Patients and visitors now have access to pedometers which can be checked out during their visits at our Mayo Clinic information desks. The city of Rochester and our colleagues in design at Mayo created walking trail maps that contain distances and steps to various locations across the MMC campus. In addition, fold-out maps will be available for distribution at these locations. We are creating inviting, accessible stairways and walkways within our buildings. The Wayfinding Team is creating stairwell markers and investigating the use of music and art in the walkways and stairways.

An example: music, an array of Inspirational Posters and improved lighting generally encourage use of stairways and stairwells to increase energy expenditure.



The Employee Wellness Workgroup is hosting “Walking Wednesdays Bingo.” Participants receive bingo cards that encourage physical activity and the group hosts walks and provides participants with water stops.

The Dan Abraham Healthy Living Center expansion was approved in 2004. Through a generous donation from the Dan Abraham Family, a new building will be constructed and the spectrum of services currently offered will be expanded. The vision of the new facility is to provide the most comprehensive wellness services to its patrons.

Mayo Medical Ventures (MMV) released Fitness for EveryBody. This is a 6-week online behavior change program, designed for the person who wants to start exercising, but doesn't know how to get started. Users provide a few key pieces of information about themselves, and receive a tailored exercise schedule that slowly and safely increases their activity level over six weeks. Users choose their favorite aerobic activities. The program features an easy-to-use tracking tool and is packed with helpful information. Another product from MMV is Walk to Wellness. Walk to Wellness is a 28-day health promotion campaign designed to be offered to an entire organization at one time. The goal is to attract a large percentage of the population to raise awareness and get people moving.

#### **D. America on the Move in Family Medicine - Mark Rieder and Maik Shutze**

The Department of Family Medicine put together an initiative to roll out America on the Move to all employees in our department. The impetus behind “Mayo Family Clinics on the Move” was the need for us, as primary care providers, to model self-care for our patients and to take an active, visible role in reducing calories and adding steps to our lifestyles.

Our energetic roll out initiative included a healthy lunch, prizes and a PowerPoint presentation at our five Mayo Family Clinics. The presentation included a video of the benefits of exercise to currently active department members and a personalized message from AOM founder Dr. James Hill.

Attendance at the sessions was strong, with approximately two thirds of the department attending. Following that, approximately one third of the department signed on to America on the Move. However, ongoing participation in the program has weakened as summer progressed. Entering of steps is disappointing, although we continue to feel the Department is “on the move”.

The department was pleased with the initial reaction and response but overwhelmed by the effort needed to maintain enthusiasm and the operational barriers to record AOM steps on a regular basis. (MR)

Overall, enrollment in AOM at Mayo slowed down recently and Mayo's contract with AOM will expire in September, 2005. There has been discussion with Dr. James Hill about Rochester being a city affiliate with AOM. Dr. Hill described a proposal that would have Rochester as a designated city that could expand the walking program into the community (i.e., churches, schools, businesses), and put AOM into practice throughout the community. Such examples would be to have area businesses give incentives to customers who are wearing pedometers. There are currently 4,040 Mayo employees registered on AOM at Mayo. (MS)

## II. Within Community

### A. Community

#### **(a) Mary Wellik, Director Olmsted County Public Health Services Implementing the Community Model**

Olmsted County and Mayo Clinic have been implementing the Community-based Prevention Model of obesity reduction over the past year. This has involved formation and linkage of the Mayo HPC with a Community Health Promotion Committee (CHPC) through a defined structure and strategies for action. Each of these groups have a similar mission: to reduce overweight and increase physical activity within a specific target group. For Mayo the primary target is employees, for the County the primary target is residents. The linkage of the two committees provides the opportunity to pilot and evaluate strategies within Mayo, and replicate them in other businesses and the schools in the County. The Public Health Director and a Mayo representative participate on both committees to provide continuity and communication.

#### New Partners

The second year of implementing the community model of obesity prevention has led to involve active new partners; youth-based services, community recreational programs, and others. The challenge has been creating synergy between organizations that do not typically partner with each other. In addition, a community consortium of organizations provides a forum for coordination of activities. The operational level of involvement will be more effective if the policy makers in the community establish a joint commitment to the CHPC mission.

Broader participation signals more stabilization of commitment by new and established partners. Participants have indicated a willingness to risk new involvement because of demonstrated commitment by others.

#### Refine, Reach out, Take action, Re-evaluate.

The community intervention model is based on the involvement of multiple partners, many of whom do not typically work together on joint initiatives. In a maturing initiative, four elements are basic to continued progress.

REFINE – develop plans and improve ongoing strategies by follow-up to evaluation done within your organization, and by other partners.

REACH OUT – engage new partners by focusing on commonly valued outcomes and determining meaningful incentives for their participation.

TAKE ACTION – most organizations expect action that leads to return on investment. Always have strategies in place that show action is being taken.

RE-EVALUATE – establish a regular mechanism to evaluate progress and provide the results to all partners. Enable the successes and failures of all partners to inform and drive future decisions and commitment.

#### **(b) Judy Voss, Olmsted County Public Health Services**

Olmsted County Public Health Services completes a community health assessment and plan every 4 years as has been required by statute in Minnesota. Obesity was identified as an emerging community health priority during the 2003 assessment and was addressed in the 2004-2009 plan. This process involves comparing local, state and national data with maximum community input in identifying strategies to address the prioritized community health problems. The importance of this plan is evidenced by the community partnership with public and private entities to address this issue on a community basis. The Steps to a Healthier US Grant is an important method in achieving the goals of the plan. Olmsted County Public Health Services has other programs to

address obesity and related health concerns. Eliminating Health Disparities Initiative, is a grant from MN Department of Health which focuses on decreasing cardiovascular disease and diabetes in the African American and Hispanic populations. Strategies include physical activity and nutrition education and partnerships with the local schools, faith-based communities and the Boys and Girls Club. The Olmsted County Coordinated School Health Council is a collaborative of school representatives and other community partners interested in the health of school age youth and their potential for success when schools and public health partner on projects. This group has focused on physical activity, nutrition, school vending policies, and mental health issues.

**(c) Brooke Werneburg, Olmsted County Public Health**

In October 2004, Olmsted County Public Health Services-Rochester in partnership with Minneapolis, St. Paul and Willmar received competitive grant funding from the CDC for a Steps to a Healthier US initiative. The goal of Steps to a Healthier Rochester is to reduce the burden of obesity, diabetes and asthma. Its focus is on improved nutrition and increased physical activity while reducing tobacco use and exposure.

To provide guidance for this five-year program, a Steps community consortium was formed, including traditional and non-traditional partners. Approximately 30 organizations are represented ranging from youth organizations to the farmers' market to give direction from multiple viewpoints. The Step activities are guided by a community specific action plan, based on the grant objectives to address all levels of change from individual knowledge and awareness to population-based changes in policy and environment.

Since the inception of the Steps initiative, over 100 classroom presentations have been conducted in Rochester public and non-public schools, and community youth groups on various aspects of making healthy food choices. Working with the Coordinated School Health Council, Steps is leading the 3<sup>rd</sup> annual Walk to School Day, to increase the number of children who are physically active. Eighteen schools have participated reaching over 10,000 students county-wide. This program reaches parents, community members and school staff to raise awareness on the importance of exercise for our youth.

Steps staff have designed A Fit WIC physical activity kit for Olmsted County WIC program participants. All WIC families of 3 and 4 year-olds will receive materials and tips for structured and unstructured play activities. Early exposure to physical activity will build value and positive behavior changes towards physically active lifestyles in young children. A program evaluation survey for the Fit WIC program has been piloted to track levels of behavior change for the families. Over the next four years, 2,000 families will be reached.

Steps staff work with the Farmer's Market to promote fresh fruits and vegetables. WIC families receive produce vouchers for purchase of fruits and vegetables at the Rochester Downtown Farmers' Market so that routine purchases of healthy foods develop into lasting behavior change. Steps funds aid in support for weekend promotions and funfests at the Farmer's Market. A permanent sign to increase the visibility of the market is in the plan.

Working with multiple partners, Steps has supported events such as a Fitness Forum designed to educate and screen the mentally-ill population for risk factors relating to asthma, diabetes and obesity. Over 80 community members participated in this community health fair. Steps to a Healthier Rochester supports physical activity campaigns such as: America on the Move, and 30 A Day - Move Your Feet to a Healthy Beat offered by CardioVision 2020. It has provided coaching and leadership support for the Heart of Summer Walking Program in partnership with

the Dan Abraham Healthy Living Center, Mayo Clinic’s Office of Women’s Health and Guidant Heart Health. Valuable components of the initiative are the collective work of partners, working toward the same goal to increase physical activity and good nutrition.

A DVD is being produced by the City of Rochester Visual Arts Department to show families in the city fun options and opportunities for physical activity within the community.

**(d) Ms. Jo Anne Judge-Dietz, Olmsted Public Health**

October 5 is Walk to School Day. The AOO task force should encourage children in their own families and neighborhoods to participate. Public school student nutrition services will have an extra focus on healthy choices in school cafeterias this year, and will be discussing this in the upcoming weeks.

**(e) Harriet Hodgson-Community Educator**

The “Food Label Detectives” (educational material for middle-school children) has been translated into Spanish. Versions of an activity supplement in Spanish will soon be developed, and possibly incorporated with the food pyramid described in the Mayo Clinic Cookbook.

**(f) Ms. Lori Shaw-IBM**

An internal fitness program at IBM encourages employees to commit to a certain activity level, log in their progress on a computer program, and provides physical activity incentives to employees who meet their requirements in the program. Employees participate in the program for 10 of 12 weeks, and the computer program tracks their progress and determines when incentives have been met.

**(g) April Sutor - United Way**

There is an upcoming pilot with the Boys and Girls Club, Girl Scouts, and YMCA to engage children in a six-month program focusing on the “body, mind, and soul.” This program provides incentives for children who earn points if they are active for 30 minutes, three to five times week. The kickoff for the event will be New Year’s Eve at the YMCA and is aimed at 10-13 year-old children. It is an all-night event. The goal is to reach children, not involved in athletics at their schools, and will focus on minority and low-income children. The program culminates next summer at RochesterFest, with children invited to march in the RochesterFest Parade.

**(h) Ron Bastian – Park and Recreation**

Rochester continues to make its facilities available for physical activity programs, and is working with the Rochester Visitor magazine to have the city’s bicycle trails published as an ongoing feature. Future direction for the Park and Recreation Department include expansion of the Rochester Volleyball Center and having city staff involved in the AOM program. At the Park and Recreation Department, donuts are no longer allowed. There was a salsa-making contest, and different departments within the City of Rochester have competitions incorporating physical activity.

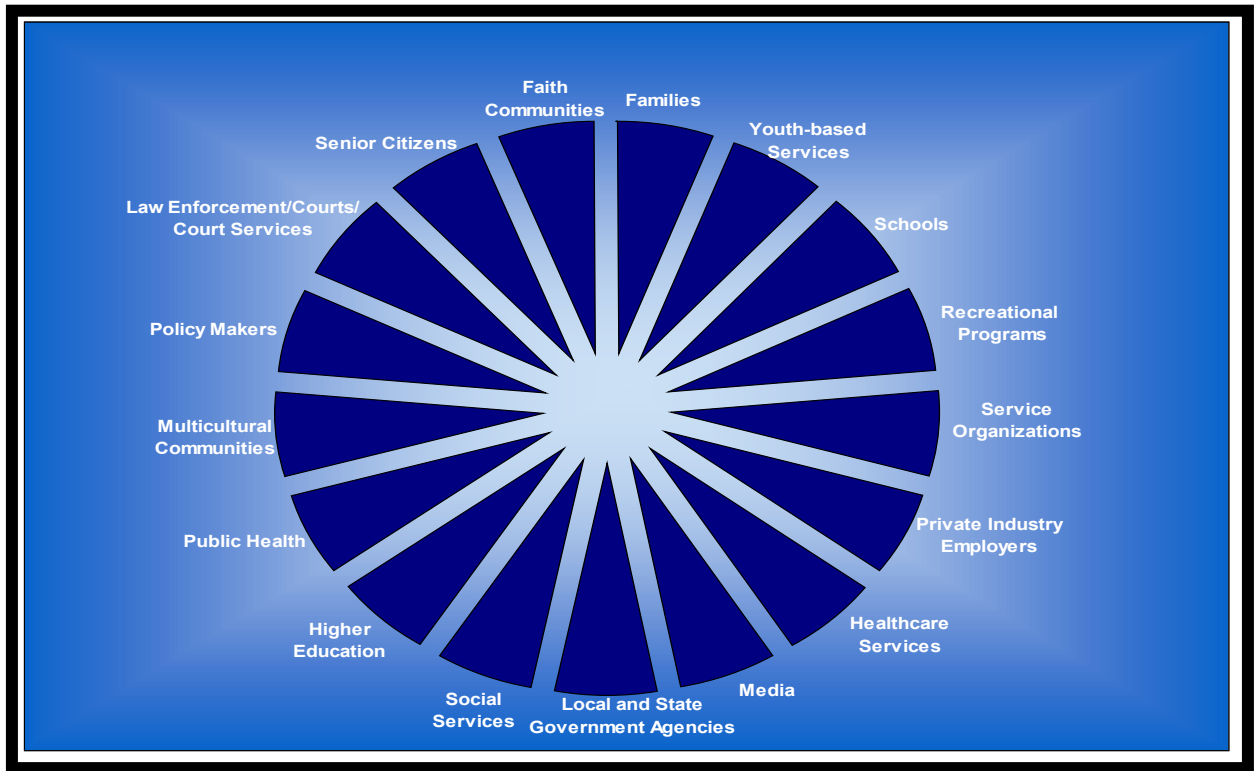
**B. Rochester Public Schools**

**Mr. Jerry Williams, Superintendent Rochester Public Schools**

In the Student Nutrition Services (SNS) part of the school district the following activities or changes have taken place:

1. Nutritional analysis is printed on all menus, information also soon to be available on our website.

2. There is a higher consumption of fruits and vegetables. Free additional fruit selections are offered for secondary students purchasing a reimbursable meal. Fun and new salads will be available this year, and in elementary schools a different fruit each month will be featured. There will be printed information about these fruits in monthly newsletters and on the menus sent home to parents. In integrating SNS into the classrooms this year, elementary teachers will receive copies of "Fun Facts about Fruits." Teachers will promote the various fruits in the classroom that the students will be able to eat in the cafeterias. Point of interest.....SNS spent \$35,000 more in fresh produce in SY04-05 compared to SY03-04, so our initiatives are working!!!!
3. A salad entree option in elementary schools will be a third menu choice. Elementary students this coming school year may select a hot entree, a cold sandwich or a boxed salad entree as menu choices. Previously, options were only the hot entree and a cold sandwich. Students will receive fruit, bread and milk with their salad entree.
4. Efforts will continue to streamline a la carte choices, available to secondary students, in regard to calories, fat and salt grams.
5. Free breakfast snacks will be provided to 10,000 children on the October 5th "Walk-To-School Day" through donations from our food service vendors.
6. The partnership with the Mayo Clinic Dietetic Internship Program to provide training opportunities for dietetic interns will be continued. Four students placed in our school SNS environment last year for three-week rotations, assisted us with menu planning, nutritional analysis, milk promotion, and classroom presentations for 4th and 8th grades. It was a successful partnership and SNS is excited about its continuation.
7. In physical education, recommendations of the Community Curriculum Advisory Committee are being imbedded into the program, when affordable. More energy utilization and fitness will be integrated into physical education. As part of this, Beth Kirkpatrick, a well-respected expert on K-12 physical education programs was invited to the Rochester District in June 2005 to provide guidance on incorporating heart monitors into physical education programs. Staff will develop a curriculum and seek grant funds to move in this direction.
8. An effort will be made to identify a school to pilot a project that has a significant focus on student exercise and nutrition. This program will involve staff, students, and parents and will be imbedded into most experiences that a student has daily in school. It will provide pre and post-test measurements as well as extensive partnership opportunities with other agencies in the community. It will literally be a building that besides focusing on the academic side of school will have a major emphasis on student fitness. Plans are in their infancy and much work needs to be done.



### **C Mayo and Community Outreach**

#### **Cardiovision 2020- Dr. Randal Thomas**

Cardiovision 2020, in partnership with the Boys and Girls Club of Rochester, Olmsted County Department of Health, and the Dan Abraham Healthy Living Center, carried out a physical activity campaign this past Spring (“Move Your Feet to a Healthy Beat: 30 a day”) to help promote regular physical activity for Olmsted County residents.

Participants were encouraged to form teams and work together to reach the goal of at least 30 minutes of physical activity on at least 5 days per week. Teams registered and tracked their progress on the CardioVision 2020 website ([cardiovision2020.org](http://cardiovision2020.org)).

One thousand and 33 individuals participated in the campaign, on 204 different teams. More than half of the teams (154) reached the goal of having an average of 30 minutes or more of exercise at least 5 days per week. Prizes were donated by community partners, including a free airline ticket to anywhere in the United States, and were awarded to participants who met the “30 a day” goal and whose names were drawn from a random drawing of eligible participants. The majority of participants were Mayo Clinic employees (73%), and a significant portion of participants reported also participating in American on the Move (28%).

The Action Group (Randal Thomas, Francisco Lopez-Jimenez, Steve DeBoer, Lee Aase, Peggy Menzel, and Martha Mangan) that oversees the activities of CardioVision 2020 is planning to continue partnering with community organizations to carry out healthy lifestyle campaigns

throughout the coming year. The Group will also continue working on plan to strengthen the resources and long-term viability of CardioVision 2020.

**D. Women and Obesity- Priscilla Flynn- Office of Women’s Health**

National data indicate that women are less active as they age, and heart disease is the leading killer of American women. In response, the Mayo Clinic Office of Women’s Health and the Women’s Heart Clinic partnered with the Guidant Heart of Summer project. Mayo Clinic’s Dan Abraham Healthy Living Center, the Rochester Family Y and the Olmsted County Public Health Department provided coaches to guide 45 women through 10-week “walk/run training” clinics during summer, 2005. Inactive women participants were motivated to lose weight, increase muscle strength, or ultimately participate in the August 20 Heart of Summer 5/10K in Minneapolis.

Previous “focus group” work with immigrant women indicated that they want exercise programs to increase their physical activity. While specific outreach to minority and immigrant communities through direct contact and community leaders was part of the recruitment process, no minority or immigrant women participated in these training clinics. This indicates that culturally-appropriate communication methods are required if minority communities are to be included in community-wide health promotions. A lack of child care, exercise apparel or walking shoes may be examples of barriers to inclusion.

**E. Reaching the Underserved**

**Jeanne Gunderson- PHN, MA. Minority Outreach Specialist; Office of Diversity, Mayo Clinic**

Outreach work by the Minority Outreach Specialist (MOS) Office of Diversity in Clinical Research, at Mayo Clinic, is based on public health practice experience working with multicultural communities.

Latino Day, exemplifying the model of care, involved a Spanish Mass, Public Health, Education, private health, and community agencies to address community needs expressed by multicultural families. The intent was to empower families to attain basic human needs and services by using community resources. The Cambodian, Sudanese, African American and Somali communities in Olmsted County are now being introduced to the same model of care. Across cultures, this model provides support, education, screening, and referral, which assists in the provision of family care. Common need themes are such as language and literacy proficiency; trained interpreters and cultural advisors are needed to support the extended family.

Pictures, translated text, and models of the body are educational tools used by Public Health Nurses, Nursing Students, and physicians in outreach events. Outreach is important, as many families do not have health insurance or medical providers.

Multicultural families need thorough education and screening for obesity, diabetes, cardiovascular care, etc. The Community Clinical Research Advisory Council at Mayo Clinic emphasizes that multicultural communities be educated about health, family and self-care. They need assistance to learn to describe disease symptoms within a Western Medicine framework, while having healthcare providers honor indigenous ways of knowing.

The application of a cultural context is essential to primary, secondary or tertiary prevention strategies. Participant observation, interview, study of cultural artifacts, journaling, focus groups, and photo documentary work captures the essence of partnerships. Screenings, education, and referral have barely elicited behavior change or improved access to care. Providing the cultural context to symptoms, and integrating them into the care offered at the healthcare institution, has potential for impact.

A Mayo Clinic Community Clinical Research Advisory Council-MCCCRAC- (26 multiculturals) meets quarterly to address care of the underserved. Nutrition, family care, physical activity and weight loss are central themes, and elders, community leaders and cultural advisors are integral leaders in implementation of the work.

Basic outcomes are tracked at cultural events, orchestrated by the MCCCRAC.

- From March 28 2004, to July 16 2005, there have been 21 outreach events (Latino, Cambodian, African American, Somali/Sudanese, and one Native American)
- 3, 976 individuals attended the events, 2,589 participated, 836 were screened and/or received health education or community resource information
- 117 were referred with primary needs of hypertension, elevated blood sugars, and/or dental or vision needs (uninsured)
- 64 signed up to be participants in a clinical research study
- 349 individuals required the assistance of an interpreter. (Office for Diversity in Clinical Research provides a cultural advisor and lead medical interpreters at each event.)

#### **State and National Levels of Intervention**

##### **A. State – Jill Birnbaum, JD**

(i) Jill Birnbaum J.D. has worked for the Minnesota affiliate of the Minnesota Heart Association to promote awareness among legislators of the need for daily, quality physical education in the Minnesota schools, K-12. The MHA staff held several rallies to support bills before the House that mandate activity. MHA has demonstrated a concern (and subsequent action) that childhood obesity increases occur in a reciprocal relationship with decreased childhood activity. MHA has played an active role at both AOO Summits, by attending some regular AOO taskforce meetings, and by participating on AOO driven, and ACSM orchestrated teleconferences.

(ii) Governor Pawlenty planned to attend the AOO Summit, 2005, and host his radio show from the Hage Atrium at Mayo Clinic. Unfortunately, he was unable to come, due to the special legislative session. In his place, he sent Diane Mandernach, Minnesota Minister of Health and Social Services, who presented a 45-minute, talk at the Summit. Governor Pawlenty declared the week of June 5-11 as Action on Obesity Week, and a Proclamation signed by the Governor was read at the Summit. (Appendix)

##### **B. National – Mr. Matthew Sorenson**

The AOO task force consistently attempts to maintain awareness of obesity related news items. Internet searches are periodically conducted to stay abreast of mainstream news coverage, and allow the task force to be aware of what the general public is hearing about obesity. Many members of the committee subscribe to a listserv (IFIC OBESITY MEDIA DIALOGUE) which provides a daily e-mail of all obesity related press releases and media stories.

The AOO committee authored an article that was published in the April 2005 issue of the *Mayo Clinic Proceedings* entitled “Action of Obesity: Report of a Mayo Clinic National Summit.”(Appendix)

Mr. Jim Whitehead- Executive Director of the President of the American College of Sports Medicine (ACSM) has been coordinating National AOO Teleconferences over the past year. The teleconferences are designed to continue the progress made during the AOO Summits, and determine the launching point of the breakout groups for future Summits. Teleconferences include members of numerous national and regional organizations that met during the AOO Summits and have been interested in continuing a working relationship. There are four teleconference focus areas, 1) Individual and the Health Care Provider 2) Schools, Communities, Counties 3) Worksite Health Promotion and 4) State, National, Media, and Marketing. **Teleconferences are ready to resume next week.**

**C. Highlights of AOO Summit, 2005**

The second Action on Obesity Summit was attended by 170 individuals representing 57 organizations. A comparison in the evaluations from AOO Summit, 2004, to AOO Summit, 2005, shows improved ratings.

(i) Evaluations Post-Summit, 2004

2004 Overall Summit Evaluation (N = 95) 1 = Lowest, 5 = Highest	
Overall	4.23
Met Objective	4.15
Met Expectations	4.23
Model Meet Expectations	3.83

(ii) Evaluations Post-Summit, 2005

2005 Overall Summit Evaluation (N = 24) 1 = Lowest, 5 = Highest	
Overall	4.40
Met Objective	4.15
Met Expectations	4.35

**Suggestions for Next Year (Summit, 2006) Included a Research Section**

Dr. Sharon Tucker, Director for Nursing Research is co-chairing the AOO Summit Research Task Force with Dr. Lisa Klesges. They met and discussed the following proposals:

- We could put forward a competitive (or invitational) call for abstracts regarding research related to the obesity epidemic that could be presented in a succinct fashion at the 2006 Obesity Summit. This would require a plan for creating a call for abstracts and review process, along with a work group to execute the plan. This would also require some fiscal resources from a department and/or other agency.
- The second proposal was to develop a plan for measuring outcomes of the AOO National Coalition of Coalitions that is being formed. This plan would measure of what agencies are involved, who consistently represents the agency at meetings or other contact events, how frequent the meetings are, what initiatives come out of the coalition, any outcomes from these initiatives, etc.
- This could be very important support data for a Robert Wood Johnson Foundation Grant. This research initiative would require a work plan/proposal and a team to execute the proposal. Clearly, human and fiscal resources would be needed.

## Summary

Regardless of how the future healthcare costs for our nation, state, county, communities, and worksites (Mayo Clinic) are presented, a common factor at the root of the most expensive disease entities is obesity. The obesity epidemic has precipitated, or is strongly correlated with, increased prevalence of Type II diabetes, coronary artery disease, osteoarthritis, depression, sleep apnea, certain malignancies and musculoskeletal disease. Despite the numerous accomplishments described in this “White Paper,” 2005, the efforts made by the AOO task force and the HPC are negligible relative to what needs to be done. Without further efforts the medical system will not be able to sustain a high level of health care for our citizens.

## Challenges Facing the AOO Taskforce

1) Establish that the Mayo AOO model, the AOO National Summits, the activity accomplished described in this White Paper, and AOO coalitions represent a “Best Practice” AOO model that should lead to:

(i) Declaration of Rochester as an “Action on Obesity Community” (integrating programs cited in White Paper such as AOO, CV2020, and AOM)

(ii) Replicate program of Dr. Joe Thompson (Arkansas) – measuring BMI in Rochester schools (Mayo families, children included) and sending parents letters outlining risks and corrective strategies. **Mr. Jerry Williams, Rochester Public Schools superintendent, is in agreement.**

(iii) Establish the Mayo AOO model as the framework for AMA, ACSM, AAAPHERD, ACC and other large, powerful organizations.

(iv) Applying for a Robert Wood Johnson Foundation grant to incorporate the AOO plan into Rochester.

(v) Commit to sending AOO delegates, as needed, to national obesity conferences and work sessions

(vi) Supporting AOO future Summit, 2006 (via HPI Leadership Council; Dan Abraham support; continuing education) Who funds? Event Planners?

(vii) Support for AOO coordinator (Mayo AOO and Community Outreach – CV2020) to be accommodated in offices in new DAHLC.

(viii) Support (in terms of a budget and non-physician coordinator for HPC)

(viii) Feedback on suggested proposals

To date, all that has been accomplished and discussed in this report is the result of work by a committed core of dedicated Mayo and Community AOO task force members. We have had encouragement and modest funding (partial support for the AOO Summit) from the Administrative Committee.

We are appreciative of institutional support but sustaining this effort will require visible senior leadership, a longer term budget, a more definitive infrastructure and access to non-financial resources (eg. impact data measurement and analysis) to measure outcomes and refine methods and models.

These expenses, we believe, are extremely modest in comparison with the annual medical costs Mayo pays for its employees and their families. Community benefits will accrue as well, thus improving Mayo’s environment.

## Objectives to be Met (by AOO Taskforce) by AOO Summit, 2006

(1) Stop Rochester (Mayo employees) from increasing their BMI (MN on schedule to be 26-27% of population clinically obese by 2006. Last measure, 25% of MN population was clinically obese).

(i) Regular, ongoing AOO meetings and events, CV2020, HPC @ Mayo, columns in TWAM, Post-Bulletin, nationally, television messages etc.

(ii) Set up Rochester schools to incorporate the Arkansas project (BMI and letters)

(iii) Establish AOO to become AOO “Coalition of Coalitions.” Begin to draw coalitions together; ensure less overlap

(iv) Incorporate the research/measurement of outcomes.

**Core of Robert Wood Johnson Foundation (RWJF) Grant Proposal for Best Practice Model**

	AOO (now)	AOO (needs to) with Grant support
National	AOO Summits (integration of 57 organizations)	AOO must draw more food, exercise and non-traditional industries for AOO Summit, 2006
Community	AOO – now works with Rochester Schools; Olmsted County Public Health; Park and Recreation Department; IBM, etc.	Needs to interface with Wells Fargo, Target, Wal-Mart (other large employers); alternative schools, RCTC, etc.
Worksite	Interfaces with Minority Outreach specialist at Mayo (re: underserved populations)	Must provide resources to all new citizens to Rochester regarding healthy nutrition and physical activity
Schools	1. Walk to School Day success 2. Jerry Williams, school superintendent, anxious to do a pilot one school initially to obtain BMI; send letters to parents, interview, and compare	Promote more often Obtain measures on remaining schools, businesses, etc., the following year
Worksite (activity)	Now AOM @ Mayo has 4,045 signed on, encouraged County, Public Health Department, etc. (seek renewal and a new promotion coordinate with CV 2020)	Solve problem related to reluctance to record (i.e. stimulate use of pedometers “fun fines of not wearing pedometers”)
Nutrition	Progressing Well	Reduce sales of best selling sandwich (educate)
Community/ Schools/National	Presently, Colorado average prevalence of obesity is 16%, Minnesota is 24%, Rochester maybe be higher than Minnesota average	Establish Rochester (which has world’s largest medical center) as community most committed to “walking the talk” becoming healthier

**Immediate Needs**

- 0.5-1.0 FTE assistant coordinator to perform following functions for AOO and CV 2020

Action on Obesity

- 1) To continue to prepare and mail agendas, do minutes, etc., for AOO taskforce meetings.
- 2) Serve as a liaison between all secretaries to committees reporting to HPC.
- 3) Work with AOO coordinator and AOO committee chairs on communication necessary to grow AOO and meet objectives in table above.
  - (i) Work on Robert Wood Johnson Foundation “Best Practice Model” grant.
  - (ii) Work on implementing program components into various levels of AOO model.
  - (iii) Supply Internal and External Communications with information on AOO activities (on a regular basis).
  - (iv) Work with CardioVision 2020 to facilitate implementation of their activities.
- 4) Serve as “Event Planner” for AOO Summit, 2006.
  - i) Maintain communication with
    - a) ACSM-RE: coordinating teleconferences on AOO
    - b) Dr. Susan Blumenthal, Dr. James Hill, RWJF, Dr. Robin Mackenhaupt
    - c) Multi-organizations involved – grow our list of food and exercise organizations
    - d) AMA, AOO etc..
- 5) Serve as data coordinator for assessing effectiveness of programs implemented.
- 6) Encourage and instruct AOO (student interns) on data entry, preliminary data analysis, etc.
- 7) Work closely with DAHLC on AOO-related programs that overlap with DAHLC activities

If you would like to attend the next AOO taskforce meeting, it is scheduled for Tuesday, September 20, 2005, from 7:00 to 8:00 a.m. in Siebens 04-02.

### **Conclusion**

Since Oct. 2004 AOO task force members have been meeting regularly at 7 am (volunteering their time) and accomplishing the tasks discussed to address the challenge of the obesity epidemic, without a formal budget, approved secretarial support, a coordinator, or administrative support. To meet the stated objectives and sustain our momentum, the task force asks for your approval of our recommendations.

The budget we will present when we meet with you will have estimates for the following items:

1. Support for an AOO coordinator,
2. Support for AOO Summit 2006,
3. A budget for HPC and
4. Support for research proposals to help strengthen RWJF proposal.