

**STRATEGIC PLAN FOR THE  
PREVENTION AND CONTROL OF  
OVERWEIGHT AND OBESITY  
IN NEW ENGLAND**

Prepared for NECON

by

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*Integrated Recommendations and Action Items  
of the Strategic Plan  
and Woodstock Summit Conference*

## **Health Care Providers Strategic Plan Action Items**

1. Encourage routine measurement of patient BMI by all primary care providers to both adults and children, in conjunction with non-judgmental feedback to patients regarding healthy weight vs. their weight. Weights of both children and adults should be measured at all routine visits, and patients should be informed when their weight is not in a healthy range (for adults, BMI > 25) or when BMI is less than 25 but weight is increasing from visit to visit.
2. Monitor the consistency of BMI measuring and documentation in medical records among other indices of quality of care used by insurers and others such as state peer-review organizations.
3. Recognize and convey to patients the importance of lifelong approaches to weight control that are consistent with overall health promotion, rather than short-term diets that may fail to address salient aspects of nutritional health (e.g., abundant intake of fresh vegetables and fruit). Include education about physical activity in weight control counseling. Refer patients for whom weight control is critical, as well as people with many related questions, to a dietitian for case-specific counseling.
4. Encourage clinicians to cultivate an inter-generational, family-based approach to weight control emphasizing overall health. For example, convey to parents the importance of health-promoting practices for everyone in the home (e.g., healthful eating, regular physical activity, limiting TV viewing), and emphasize the importance of engaging children at a young age in healthful lifestyle practices conducive to weight control. Parents can be encouraged to set a good example for their children.
5. Encourage insurers to reimburse physicians, dietitians, nurses and other members of the health care team for time spent evaluating and counseling patients with regard to weight control as provided in #3 & 4 above. Provide special incentives for weight control and obesity prevention efforts by health care providers with respect to children.
6. Encourage all clinicians in New England to set a good example for patients by practicing healthful eating and regular physical activity so that recommendations are seen as realistic and achievable.
7. Prepare future providers for effective weight control counseling, including multi-cultural competency, by dedicating time in training curricula to this goal and offering practicing physicians opportunities for continuing medical education in this field.
8. Coordinate all of the departments of public health within New England using their existing Websites to collect, distribute and encourage weight control programs.

9. Create a regional clearing house, readily accessible to all providers, that will gather and distribute information about nutrition and weight control counseling, clinic-based resources and innovations.

### **Woodstock Summit Recommendations**

1. Make BMI measurement routine. (*Expansion of the original recommendation*)  
The consensus was that this would best be achieved by engaging nurses and office managers to record BMI along with other vital signs. In essence, the NECON focus should be to make BMI a vital sign for the region. NECON should develop a template vital-sign intake form and BMI tracking form for clinicians throughout the region to adopt. Making it web-based (see “Clearing House” below) would facilitate uptake by practice groups. For pediatric practices, the BMI should be recorded on forms that include the pediatric growth charts. General information on BMI and risk should be provided succinctly on the form.

NECON should identify nurses willing to champion this cause in each of the 6 states. There should be a parallel effort to get insurance companies to track BMI in charts as a quality control measure.

2. Encourage insurers to reimburse physicians, dietitians, nurses and other members of the health care team for time spent evaluating and counseling patients with regard to weight control (*Expansion of the original recommendation*)  
The following is proposed. NECON should use its contacts to invite a delegation of health care leaders from each state to a day-long workshop with representatives from the insurance industry. Ideally, private insurers and Medicare/Medicaid would be represented. NECON should propose a 2-5 year long regional pilot of reimbursement for weight control counseling. The insurers will pay for the counseling, but will also be able to track the quality of the counseling using mutually agreeable criteria. If the counseling fails to meet agreed-upon quality indicators, reimbursement may be denied. NECON should provide resources to hire a team of health care economists to analyze the pilot and make projections about the longer-term cost-effectiveness of reimbursement for weight control counseling.

Both NECON’s leverage, and exposure in the press, can/should be used to encourage insurance company participation. The insurance companies will be making a modest financial investment, as will NECON. This is a way to overcome the impasse that lack of reimbursement is a barrier to counseling, and lack of counseling is a barrier to generating the needed evidence that counseling should be reimbursed.

3. Prepare future providers for effective weight control counseling, including multi-cultural competency, by dedicating time in training curricula to this goal and offering practicing physicians opportunities for continuing medical education in this field (*Expansion of the original recommendation*)

Addressing #5 and #9 will help generate support for this action. NECON can also include curricula on its website for use by medical schools, other health care professional training programs, and medical residency programs.

4. Create a regional clearing house (*Expansion of the original recommendation*)  
NECON representatives should work with representatives in each health department to identify pertinent stake holders in each state. There should be a pyramidal approach, so that within each state, the information provided gets down to very small geographic areas. Funds will be needed for a dedicated team to construct the website, and input information from each site.

The URL should provide access to other web links, print materials, tracking forms for medical records, chat rooms for professional networking and troubleshooting, and calendars/inventories of events, programs, resources, and facilities at the local level. There should be materials suitable for use by professionals, and materials to which the professionals can refer their patients/clients.

NECON should raise the necessary funds to construct the site. Insurance companies, health departments, and/or clinical practice groups should assume financial responsibility for maintaining the site after its utility is demonstrated. To achieve this, the site should be evaluated during a pilot period. Information regarding the availability of the site can be conveyed to practitioners in each state via health departments and state medical societies.

### **Summary**

The following sequence is proposed. (1) Initiate development of the on-line clearinghouse; (2) use the clearinghouse as a basis for improving the quality of clinical counseling region-wide; (3) convene a meeting with insurers to pursue a pilot program of reimbursement for weight loss counseling; (4) once a commitment to the pilot program has been made, acquire the necessary resources to complete the on-line clearinghouse and hire the health care economics evaluation team; (5) rely on insurers, health departments, and state medical societies to promote the on-line clearinghouse; (6) use the on-line clearinghouse to convey messages about the content of counseling, and to provide tools/resources for tracking BMI; (7) convey messages to nurse managers about the availability of BMI tracking forms, and encourage their routine incorporation in medical records; (8) link reimbursement for counseling to basic quality-control indicators; (9) include teaching curricula among the clearinghouse resources; (10) notify medical and other health care professional schools and schools of public health (deans, and associate deans) of the initiative, and the availability of the clearinghouse, as a means of facilitating early uptake into teaching programs.

## **Schools**

### **Strategic Plan Action Items**

1. Mobilize commitment for a unified health promoting nutrition and physical education environment that encourages weight control.
2. Enforce requirements and commit adequate resources to nutrition and physical education programs for pre-school through grade 12. Upgrade school food service, limit availability of soda and junk food and increase opportunities for children, faculty and staff to be physically active.
3. Expand the health education curriculum to include weight control and incorporate related information and skills in core subjects. Teach children about nutrition, the importance of fruits and vegetables, how to read labels, plan and prepare meals and be a nutrition-conscious shopper and eater. Partner with farmers' market programs.
4. Expand the physical education curriculum and require certified physical education instructors. Teach children to play physically active games and lifetime sports, to walk or bicycle ride for short trips and to substitute these activities for TV and other electronic media. All students should have at least one opportunity for supervised physical activity every day and weekly time with a qualified instructor as follows:
  - A minimum of 150 minutes/week for grades K through 5 or 6
  - A minimum of 225 minutes/week for middle and secondary school students
5. Conduct annual evaluations using the CDC-DASH School Health Index. Identify strengths and weaknesses and prioritize changes.
6. Hold an annual meeting of regional Coordinated School Health Programs.
7. Provide students with safe ways to walk or bicycle to school.
8. Reach out to families. Communicate with parents about weight control, including early childhood years, and emphasize the importance of spending time with children around the dinner table, taking a walk or participating in a sport.
9. Partner with companies to make recreational facilities available to communities after school and on the weekends. Pay special attention to inner-city neighborhoods and at-risk children.
10. Support legislation to improve school food, nutrition and physical education, recreational facilities and before and after-school community programs.

**Worksites**  
**Strategic Plan Action Items**

1. Encourage employers to incorporate weight management into a comprehensive health and safety paradigm.
2. Offer all employees an incentive to participate in annual personal health risk assessments.
3. Encourage worksites to ensure that stairs are safe for regular use and provide all worksites with stair prompts that advise workers about the benefits of using the stairs instead of elevators.
4. Encourage employers to explore ways to increase intermodal commuting, such as installation of secure bicycle racks and showers for workers where appropriate.
5. Encourage employers to modify cafeteria menus and contracts with caterers and vending machine companies to increase availability of nutritious items, create a price structure that favors more nutritious, low-calorie foods and inform people about which foods are lower in calories and higher in nutrients.
6. Encourage employers with health plan contracts to require providers to monitor BMI and counsel all patients about weight, nutrition and exercise.
7. Explore mechanisms for helping smaller employers develop shared resources for physical activity and nutrition, such as conveniently located farmers' markets.
8. Encourage insurers to discount health insurance premiums for employers offering qualifying or certified health promotion programs and participating employees.

## **Food and the Social Environment Strategic Plan Action Items**

1. Require broadcasters to provide time for messages that encourage weight control through a healthy diet and physical activity (See Healthy Weight Control Guidelines.)
2. Regulate promotion and advertising of high-calorie, low-nutrient foods on TV shows commonly watched by children and require that print advertisements disclose caloric content of products.
3. Ban commercials for foods not consistent with healthy choices for weight control on school television programs, for example, Channel 1.
4. Declare an annual “No TV in New England” week, promote electronic television time monitors and organize a range of activities that engage families and communities.
5. Work with fast food franchisees, supermarkets and local restaurant owners to promote full disclosure of ingredients, calories and fat content, including saturated and trans fat, decrease serving sizes and increase fruit and vegetable items on menus.
6. Impose a tax on sweetened beverages and snack foods high in added sugar and other sweeteners or trans fat and dedicate revenue to healthy weight programs, social marketing and improved infrastructure for physical activity.
7. Improve primary care, recreational facilities, neighborhood safety, and housing for low-income people.
8. Increase access to low-calorie and nutritious fresh fruits and vegetables by developing supermarkets and farmers’ markets in poor neighborhoods. Build on the USDA farmers’ market nutrition model providing vouchers that enable low-income families and other at risk people to buy produce at farmers’ markets. Develop health promotional material and demonstrations to leverage the farmers’ market shopping experience.
9. Promote nutritional food and Healthy Weight Control Guidelines in government cafeterias and public buildings, the Armed Services, Veterans Administration programs, prisons, hospitals and medical centers.
10. Develop a network of trained counselors or coordinators available to work with schools, parents, healthcare providers, churches and community health centers. Political leaders and regional celebrities should serve as role models.

## **Woodstock Summit Recommendations**

1. Develop lists of healthy, low calorie items for different locales, such as vending machines, cafeterias, workplace meetings.
2. Create a “healthy weight” icon to appear on food containers, food labels, menus, vending machines, supermarket items, TV and print ads.
3. Simplify the nutrition-healthy weight message and use social marketing techniques to reach New England households, communities and worksites.
4. Monitor and encourage “best practices” in worksites, including
  - Food in vending machines, cafeterias and meetings
  - Encouragement to commute by bicycle or foot
  - Exercise incentives, such as “take the stairs” prompts, discretionary exercise time, reimbursement for health club membership, onsite exercise facilities, showers, bicycle racks
  - Preventive screening
  - Non-judgmental social marketing
5. Expand Fruit and Vegetable Programs, including community–school interface, state and federal programs, such as WIC.
6. Encourage and develop interagency collaboration and partnerships among government agencies, advocacy groups, professional societies, community groups, and employers.

## **Built Environment Strategic Plan Action Items**

1. Assign high priority to funding of sidewalks, safe traffic intersections, bike paths, walking trails and infrastructure enabling intermodal transportation. Take maximum advantage of ISTEA funds. Explore all funding options.
2. Increase access, repair and improve existing facilities. Design and construct new facilities with access by foot, bicycles and public transportation, including outdoor play spaces for young children, with amenities such as restrooms and drinking fountains, and athletic fields for adolescents.
3. Hire city, town and district bicycle and pedestrian coordinators
4. Equip all public buildings with motivational “point of decision” prompts at elevators and escalators in the vicinity of stairs. Assure stairs are accessible, well-lit and in good repair. Encourage employers and private building owners to do the same.
6. Provide incentives for private investment in amenities conducive to physical activity, such as bicycle parking, showers and changing rooms and underground or multilevel parking that preserves open space for recreation.
7. Encourage mixed-use zoning with homes situated within walking and bicycle riding distance of attractive, walker-friendly commercial areas.
8. Partner with private sector, public health agencies and planners to improve economically distressed urban communities.

## **Woodstock Summit Recommendations**

1. That the mission statements for all transportation related governmental agencies (national, state and local) include a statement that they will promote and/or enhance non-motorized transportation/health and that all transportation projects will have a health impact assessment conducted prior to embarking on the project.  
Transportation planning has to start from the premise that the ultimate goal is the overall well-being of people, not just their movement from one place to another. And to the extent that people moving is the issue, transportation planning should be responsible for affirmatively facilitating non-motorized methods as much as, if not more than cars.
2. That all state transportation agencies will have the state public health agency represented on their boards and advisory groups.  
Incorporating representatives from the agency officially responsible for safeguarding public health will provide a built-in voice for these issues.

3. That all transportation projects will include routine accommodations for non-motorized modes.  
Since transportation projects have such a huge effect on people's ability to get around using non-motorized modes, it is important that all street building or repair efforts include a commitment to "complete the street" by including facilities for pedestrians, "slow wheels," as well as "vehicular bicyclists."
4. That there will be a requirement that all municipalities that get state transportation funds must have a pedestrian/bicycle citizens' advisory committee.  
Providing a structure that aggregates and legitimizes bike/ped citizen advocacy at the local level will create a constituency for long-term improvement in the way policy-makers deal with non-motorized transportation planning.
5. That the six New England states will implement a regional campaign to promote stair-climbing in public buildings and other facilities and that the NECON logo will be used to identify that this is a regional effort.  
This can be started as a volunteer effort organized through existing agencies and groups.

## **Mass Media Strategic Plan Action Items**

1. Pool state resources to develop and launch a large-scale regional media campaign to convey information on the importance of weight control, to promote Healthy Weight Control Guidelines and to disseminate motivating messages.
2. Use mass media to advocate for changes in the built environment, such as Safe Routes to School, bicycle and walking paths with increased access for residents of low-income neighborhoods, smart growth planning and walkable cities.
3. Use mass media to advocate for a tax on soda with revenue dedicated to prevention and control of obesity through social marketing (see # 1 above) and changes in the built environment.
4. Create and pilot test a Healthy Weight Pledge to serve food meeting Guidelines for Healthy Weight Control, limit TV and support increased opportunities for physical activity.
5. Reinforce the regional campaign with community and workplace initiatives. Public officials, community leaders, celebrities and CEO's should announce their support for #1-4 above.
6. Target multi-ethnic populations with messages in English, Spanish, and Asian languages.

## **Woodstock Summit Recommendations**

1. Pool state resources to develop and launch a large-scale regional media campaign to convey information on the importance of weight control, to promote Health Weight Control Guidelines and to disseminate motivating messages. *(Expansion of the original recommendation)*

There are pros and cons to having the lead in this effort taken by state agencies or healthcare organizations (perhaps in a coalition with volunteer organizations); Perhaps the New England Governors' Conference could provide guidance around this.

  - Consider changing pledge name to "Healthy Eating and Active Living Pledge," "Healthy Eating and Activity Pledge," or "Healthy Lifestyle Pledge."
  - Consider changing name of "Healthy Weight Guidelines" to "Healthy Eating Guidelines" or "Healthy Lifestyle Guidelines."
  - Specific suggestions for message development process.
    - Use focus groups and surveys to understand the thinking of a diverse group of consumers (diverse in ethnicity, literacy and SES) and test message effectiveness.

- Target messages to high-risk audiences.
  - Language of messages should reflect state population (in some states, French would be most useful) and varying literacy levels.
  - Ensure that messages are unified, even though tailored to specific audiences.
  - Use empowering messages, e.g., “You can make choices about food,,,”
  - Reinforce positive behavior rather than chastise negative behavior by emphasizing the benefits of healthy eating and active living and highlighting that physical activity and food can be fun.
  - Be mindful of disordered eating and poor body image issues, which disproportionately affect women.
  - Consider how the state-level campaigns will dovetail with Ad Council efforts.
2. Use mass media to advocate for changes in the built environment, such as Safe Routes to School, bicycle and walking paths with increased access for residents of low-income neighborhoods, smart growth planning and walkable cities. (*Expansion of the original recommendation*)
- Mass media is not the only communications vehicle—make sure to look beyond public service announcements and consider other communications media/approaches.
  - Emphasize activities with family.
  - Be mindful of ability impairment—suggest variety of activity alternatives (not just walking)
  - Since this action item requires advocacy, it must be part of a much broader effort.
3. Reinforce the regional campaign with community and workplace initiatives. Public officials, community leaders, celebrities, and CEOs should announce their support for above.
- Remember that healthy eating and activity campaigns differ from anti-tobacco messaging in many ways: (1) complexity of message; (2) tobacco companies were seen as ‘evil outsiders,’ while purveyors of sodas and other unhealthy foods/activities are often local residents.

**Economics**  
**Strategic Plan Action Items**

1. Fund programs in state and local departments of public health and education that increase the portion of the population that consumes a nutritionally appropriate diet, is engaged in daily physical activity and maintains a healthy weight.
2. Support state and federal legislation to improve nutrition and enhance opportunities for physical activity.
3. Support state and federal legislation to increase access to primary care, with particular attention to Medicaid-eligible and uninsured residents of New England.

**Woodstock Summit Recommendations**

1. Collaborate to support federal legislation to improve nutrition and enhance opportunities for physical activity. *(Expansion of the original recommendation)*  
State activity is significantly shaped by federal mandates and funding. Therefore, while independent state action is also needed, groups need to work together regionally to impact federal requirements and programs. This will require the strengthening, even the creation, of regional advocacy networks through which people can share successful models and experiences in shaping the policy context.

**Data for Action**  
**Strategic Plan Action Items**

1. Develop a biennial trends report of leading indicators related to obesity prevention and control, integrated with ongoing DHHS Region I health monitoring activities.
2. Provide funding for systematic collection and reporting of height and weight data.
3. Enable the use of surveillance data by identifying (1) what is available (2) what is accessible and (3) how to use surveillance data for different purposes.
4. Promote the use of consistent methods and comparable indicators across states and surveillance data systems/sources, in order to integrate information. The methods and indicators should be complemented with periodic assessment of validity of self-report measures.
5. Present data in a simple, timely and useful manner for immediate program purposes, including process implementation data.
6. Provide training and support in using data for a range of local practitioners on the front lines of obesity prevention and control. Work through existing agencies to provide training and development for school nurses, nutritionists, physicians and teachers.
7. Urge HMOs to adapt their data systems for surveillance of obesity and related risk factors and outcomes in a way that is compatible with other widely-used systems and is shared with public health administrators.

**Woodstock Summit Recommendations**

1. Enable the use of surveillance data by identifying (a) what is available, (b) what is accessible, and (c) how to use surveillance data for different purposes. Promote the use of consistent methods and comparable indicators across states and surveillance data systems/sources, in order to integrate information. The methods and indicators should be complemented with periodic assessment of validity of self-report measures.  
*(Expansion of the original recommendation)*  
A key foundation for regional implementation would be a resource bank containing survey tools, descriptions of consistent and comparable methodologies for data collection, standards for indicators, outcome and impact data.