

Healthier Americans for a Healthier Economy

INTRODUCTION

Preventing disease is one of the most common sense ways to improve health in America. But it is also a major factor for improving the economy.

More than half of all Americans currently live with one or more chronic illness, including heart disease, stroke, diabetes and cancer.¹ High rates of these diseases, which in many cases are preventable, are among the biggest drivers of U.S. health care costs and they are harming worker productivity.

Employers around the country are searching for ways to support the health and wellness of their employees and their families while also struggling with high costs of benefits. For example, as Tom Mason, president of the Alliance for a Healthier Minnesota has said, “we’ve heard from employers around the state that their health care costs are unsustainable and they want to do something about it.”

Many employers are finding that workplace and community wellness programs offer a

win-win way to make a real difference. They can make sense for the health of employees and their families and for the employer’s bottom line.

This report features six examples of places around the country where employers are working with communities to provide common sense ways to make healthier choices easier for employees and their families.

These stories examine how different states, cities and towns have recognized that a community’s health affects its ability to attract and retain employers, and how many businesses and organizations understand the value of workplace and community wellness programs for improving productivity and reducing health spending.

HEALTH AND ECONOMY CASE STUDIES

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PREVENTING EPIDEMICS.
PROTECTING PEOPLE.



I. IN MINNESOTA, SHIP COMES IN, SAVING LIVES — AND MONEY

For years, Minnesota has been among the healthiest states in the country.² It has low rates of tobacco use, obesity and chronic disease, and high rates of physical activity. But in recent years, Minnesota has slipped. In annual rankings of state



health from the United Health Foundation and the American Public Health Association, Minnesota dropped from first in 2006 to sixth in 2010.³

And even though it remained near the top, the state still has millions of citizens with preventable diseases. More than 60 percent of Minnesota residents are either obese or overweight; 17 percent — almost a million people — use tobacco products.⁴ Obesity and tobacco use significantly increase the risk of chronic ailments such as heart disease, diabetes, cancer and asthma.

These conditions not only cause suffering; they are also expensive. Studies have shown that three-quarters of the money Americans spend on health care is devoted to dealing with largely preventable chronic diseases.⁵ In Minnesota alone, smoking kills more than 5,000 people a year, and leads to almost \$3 billion in excess medical costs annually. According to a study published this year, obesity costs the state \$2.8 billion a year;⁶ of that, \$515 million came from Medicare, while \$468 million came from Medicaid.⁷

In addition, experts say, high rates of preventable chronic disease can also harm the bottom line, increasing health care costs for businesses, and decreasing the possibility that new businesses will expand or relocate to a given area.

“Companies in Minnesota are now really thinking about how they can lower their health care costs,” said Sanne Magnan, MD, PhD, who from 2007 to 2010 was Minnesota’s health commissioner. “They are very interested in how to do that efficiently.”

The Goal: Improving Health on a Wide Scale

Four years ago, Minnesota started an ambitious attempt to reduce its burden of chronic disease by helping millions of residents lead healthier lives.⁸ Officials say the program, the Statewide Health Improvement Program, or SHIP, could save the state billions of dollars in healthcare expenses, and could help private business cut costs too.⁹

“This is aimed at keeping people from getting these chronic diseases,” said Minnesota state representative Thomas Huntley, who was one of the law’s architects. “If they don’t smoke, and they watch what they eat and stay active, people are less likely to get heart disease or diabetes in the first place.”

SHIP was passed with the backing of then-governor Tim Pawlenty, and got bipartisan support in the legislature. “Everyone recognized that you had to invest in helping the population get healthier,” said Magnan. “That had wide appeal.”

The idea behind SHIP is simple. In recent years, public health researchers have found that people are more likely to change unhealthy behavior — give up smoking, increase physical activity, or eat more healthily — when such choices are easy. But right now, most Minnesotans, and most Americans, live in an environment dominated by fast food restaurants, high-calorie, low-nutrition snack food, television and the automobile, an environment that strongly encourages obesity and its attendant ailments.¹⁰

Aiming for Long-Term Change

SHIP aims to turn this equation on its head. Through a variety of methods, the program is trying to modify the environment in which Minnesota residents live, so that it becomes much simpler to live in a healthy way. For instance, instead of funding a short-term program focused on weight loss, SHIP will help communities build new sidewalks and bike lanes, which will permanently increase the likelihood that all residents will walk and ride bicycles.

“We’re giving people more healthy food choices, more opportunities for physical activity, more opportunities to live in a smoke-free environment,” said epidemiologist Rachel Cohen, who is overseeing SHIP for the Minnesota Department of Health.

State officials say that over time, SHIP will save the state money. Julie Sonier, who until last year was Minnesota’s state health economist, estimated that if it receives funding through 2015, SHIP will help more than a quarter million Minnesotans stop smoking, and more than 460,000 residents lose enough weight to no longer be classified as obese or overweight. According to the estimates, these reductions will allow Minnesota to save almost \$2 billion in health care costs annually.

“There is a lot of potential with this,” said Sonier. “If you’re going to contain health care costs, it’s im-

portant to stop the rise of preventable chronic disease. The idea is to generate savings by reducing the number of people who have these conditions.”

In addition, SHIP is helping small businesses across the state set up wellness programs, which can also save money. Studies suggest that for every dollar a company spends on these programs, it can save between three and six dollars in health care costs.¹¹ Researchers have also found that employer wellness programs can cut costs related to sick leave, workers’ compensation and disability compensation by as much as 25 percent.¹²

Beyond SHIP, the state’s private sector is increasingly aware that improving employee health can be a good investment. Last year, the non-profit group Alliance for a Healthier Minnesota polled 400 Minnesota manufacturers. “Health care costs were the top concern,” said Tom Mason, the group’s president. “It wasn’t even close. Even in the midst of the recession, health care was seen as the top issue.”¹³

He said that for the first time, many of the companies are considering wellness programs as a way to lower costs. “This is a big trend,” said Mason. “My sense is that businesses are now really looking for ways to address spiraling health care costs.”

State Funding, Local Autonomy

But SHIP is much more comprehensive. The legislature provided the program with \$47 million over two years, through 2011. Per capita, the cost ends up being \$3.89 per person. “A Happy Meal costs more than that,” said Cara McNulty, a health policy expert who until earlier this year oversaw SHIP for the state health department.

The money is divided between 87 counties and nine tribal governments, with each region getting a base amount, as well as additional funding based on population.¹⁴ SHIP gives each region leeway to choose measures that will help local residents. Counties and tribal areas pick from a menu of 33 programs created by the state department of health, with input from the U.S. Centers for Disease Control and Prevention (CDC) and other experts.

“The idea is that individual counties and communities can do their own thing, with oversight from the state,” said Huntley.

The options include Complete Streets initiatives to build more sidewalks and bike lanes; efforts to improve the nutrition of school meals; “Walking School Bus” programs that encourage kids to walk to school; farm-to-school initiatives that supply local food to students; and cessation programs that make it easy for citizens to stop using tobacco. Each county or region must choose at least one tobacco program and one obesity program.

Each of the 98 zones has created a health council made up of local health, school and government officials, as well as business leaders. With help from experts at the state department of health, the councils set up and manage local SHIP efforts.

Corner Stores and Complete Streets

Some communities have focused on policy change. In Minneapolis, SHIP staff helped implement a law requiring convenience stores to carry a minimum quantity of healthy foods, including at least five varieties of fresh fruit or vegetables. The goal: to increase the availability of nutritious food in areas that lack full-service grocery stores. In these neighborhoods, which are known as “food deserts,” residents often end up doing much of their food shopping at corner stores. Also with the help of SHIP staff, the town of Eyota passed a Complete Streets law.^{15, 16}

Other regions have emphasized increasing consumption of healthy food. In the northeast part of the state, a group of Ojibwe Native American communities created or expanded 13 community gardens and started 482 backyard gardens. Using vegetables they’ve grown in the gardens, several of these communities created farm-to-school programs. In addition, the group has started four new farmers’ markets.¹⁷

Many counties and tribal areas have targeted childhood obesity and teen and young adult smoking. Last year, a survey of Minnesota students found that just one in five sixth-graders ate the recommended five daily servings of fruits and vegetables.¹⁸ Studies have shown that child-

hood and adolescence are crucial windows for introducing healthy behavior: it is much easier to prevent obesity than it is to help those who are already obese lose weight. Similarly, it is easier to prevent tobacco addiction than it is to persuade smokers to quit.

St. Paul passed a law prohibiting candy cigarettes and lighters that look like toys. Dakota County, a rural area south of Minneapolis, used SHIP funding to set up a “Safe Routes to School” program: all of Dakota County’s 10 schools have developed routes that will allow more students to safely walk or bike to school. One school has its buses drop kids a half-mile from the campus, and students walk the rest of the way.¹⁹

In its first year, SHIP helped nearly 350 Minnesota child care centers improve nutritional value of the food they offer, and teach children about what to eat, and what to avoid. These centers take care of almost 8,000 young children. With help from SHIP, more than 300 child care centers set up exercise programs for their kids.²⁰

In addition, SHIP has helped many schools set up farm-to-school programs. More than 130 Minnesota schools now have such efforts, enabling nearly 70,000 students to eat healthier food.²¹

Helping Business Help Employees

SHIP also works with local businesses to develop worker wellness programs. It offers advice, and sometimes gives grants to employers who want to start a program. Across the state, businesses have taken a range of steps. Some have reduced the amount of junk food in vending machines or improved the nutritional value of cafeteria food; others have built onsite gyms, paid for gym memberships, or otherwise encouraged workers to get more exercise. Some companies have offered incentives to employees who take smoking cessation classes, or who quit smoking, while others have prohibited smoking on company property.²²

Huntley said that many counties have focused on helping small businesses set up employee programs. “Nationally, big companies are already into wellness programs, because they see that it saves them money,” said Huntley, the state representative. “But most small businesses don’t have the infrastructure to set up those kinds of programs. They need help.”

In Olmsted County, in the southern part of the state, Mark!t, a small marketing company, used

SHIP funds to help pay for a dietician to help employees eat healthier. SHIP helped Eastwood Bank, a locally-owned institution just down the street, set up an employee fitness program. Hy-Vee, a regional grocery chain, used a SHIP grant to start smoking cessation classes at its Olmsted County store. So far, six workers have quit smoking. With help from state health department workers, the store set a no-smoking policy that got rid of almost all smoking during work hours.²³

This summer, the state legislature voted to extend SHIP through 2013. But it provided less money — \$15 million — than it did for the first two years.^{24, 25} Mangan and others argue that SHIP needs continued support; they say that while it is already showing results, real changes will only show up after five or even 10 years. And they argue that because the program focuses on systemic change rather than quick results, the eventual improvements will be sustainable.

“With a problem as big as this,” Mangan said, “we need to have patience. We’ll see health improvements, and savings, but it will take time.”

TARGET: AIMING HIGH TO IMPROVE EMPLOYEE HEALTH — AND CUT HEALTH CARE COSTS

With 355,000 employees, Target, which operates 1,755 stores in 49 states, has the population of a large city.²⁶ The company provides health insurance to nearly a quarter of a million people.²⁷ This cost is rising rapidly, as it is throughout the private sector.²⁸

In an attempt to control that expense — and to help its employees and their families improve their health — the Minneapolis-based company is rolling out an ambitious wellness program.²⁹ The effort is modeled in part on SHIP, Minnesota’s statewide prevention program.³⁰

The company hired one of the architects of SHIP, Cara McNulty, to develop and oversee its initiative. Both programs share the same basic goals: increasing physical activity, improving eating habits and reducing tobacco use.

In a bid to change its culture, Target has designated 2,000 workers across the country as “Wellness Champions,” who encourage colleagues to get more exercise and eat right.³¹ The company gives information on healthy living to the Champions, who share it with other workers and encourage them to change their behavior. And the company has increased the number of healthy foods available in store vending machines.

Target is considering a range of other steps. Among them:

- Subsidizing healthy food in company cafeterias and encouraging workers to offer healthier snacks and drinks during meetings.
- Giving employees free or subsidized access to gyms, either on site or nearby.
- Providing individualized cessation programs to help some of the 35,000 or so Target workers who smoke.
- Offering discounts on insurance to employees and family members who take steps to improve their health.
- Sending sick workers for treatment in regions of the country that have a particular expertise in a given illness. The goal: to improve quality of care and reduce unnecessary treatment.

The company is also discussing ways to attack childhood obesity among workers’ children, as well as in the communities where it operates.

McNulty said that the program could yield multiple benefits: not only lowering health care costs and improving health, but also improving employee productivity.

2. TEXAS RECOGNIZES THE COSTS OF EXCESS WEIGHT, AND TRIES TO DO SOMETHING ABOUT IT

Texas has a reputation as a pro-business state. It has a long history of embracing and encouraging entrepreneurs, from wildcat oil prospectors to cutting-edge energy companies, and it regularly tops state rankings for its educated workforce, low taxes and relative lack of regulation.

But in one key way, businesses in Texas are at a disadvantage. A report published earlier this year by the state comptroller found that obesity cost Texas businesses an extra \$9.5 billion in 2009: more than \$4 billion for health care, \$5 billion for lost productivity and absenteeism and \$321 million for disability.^{32, 33} The analysis estimated that if current trends continue, the cost could more than triple by 2030.³⁴

“Those are shocking numbers,” said Susan Combs, the state comptroller.

Obesity is a serious problem for Texas. Nearly 30 percent of the state’s residents — more than eight million people — are obese, while another 37 percent are overweight.³⁵ Over the past 20 years, these rates have increased dramatically; in 1990, just over 12 percent of residents were obese.³⁶ Overall, Texas is the 12th most obese state in the country, according to a report released earlier this year by the Trust for America’s Health.³⁷

Of course, Texas is not the only state where obesity hinders economic development. But for almost a decade, Combs has focused on the economic costs of the obesity crisis. As a result, more information exists about Texas’ situation than for most states. First as agriculture commissioner and then as comptroller, she has worked to alert Texans to the health and economic risks of obesity.

In addition, Combs has focused on raising awareness in the private sector. “This is a huge issue for the financial security of our state,” she said. “We know we have to get business involved. I don’t know any other way to do it.”

Combs is not the only one worried about obesity’s effect on the state’s economy. “If obesity continues to rise, we will have a workforce that will not be as attractive as it could be to companies thinking of expanding or moving to Texas,” said Eduardo Sanchez, a former state health commissioner who is now the Chief Medical Officer for Blue Cross Blue Shield of Texas, as well as a member of the TFAH board of directors. “Obese workers tend to have lower productivity because they have chronic disease, and they tend to lose time to disability. These are things that companies think about.”

The situation could get much worse. A 2009 report by the state demographer estimated that if current trends continue, 15 million Texas adults will be obese by 2040 — three times as many as now.³⁸

“Future levels of obesity will be intolerable unless we make some changes,” said demographer Karl Eschbach, who wrote the report. “If you look at this from a financial point of view, it’s scary.” Eschbach, who is now a professor at the University of Texas at Galveston, pointed especially to the growing cost of type 2 diabetes, a disease closely linked to obesity.



Based on the possible projections, “you’re looking at the state of Texas going from 10 percent of adults with diabetes to 25 percent with diabetes,” he said. “Diabetes is a very expensive disease.”

As more in both the public and private sector have recognized the financial and medical costs of obesity, the state has become a leader in the fight to improve health. The state government, as well as

some cities, counties and businesses, has taken steps to help residents, students and workers increase their physical activity and eat more wisely.

“Texas has been on the cutting edge in fighting obesity,” said Carrie Kroll, chairwoman of the Partnership for a Healthy Texas, a coalition of more than 20 health and medical organizations trying to reduce the state’s obesity rates.

Toward Healthier Communities: San Antonio

Many Texas cities and towns are working to help residents improve nutrition and increase activity. Last year, San Antonio embarked on an ambitious anti-obesity program, paid for by a \$15.6 million federal grant.³⁹

The program is funding the creation of three new farmers’ markets around the city, and has started an effort to encourage people to choose healthy food when eating out. Health department dietitians have analyzed the menus of more than 100 local restaurants and identified the healthiest items, which receive stickers that say “¡Por Vida!” Some local fast food restaurants have even joined the program: for instance, at McDonalds, oatmeal and yogurt received the health department’s approval.⁴⁰

In addition, San Antonio has bought 150 bikes, which can be used for a few hours at a time by any city resident who registers online and pays a \$10 yearly fee. So far, the bikes, which are stored at 14 kiosks around the city, are averaging 100 checkouts a day. And the city is crafting Complete Streets regulations, which would require any new projects to include consideration of walkers and bicyclists.⁴¹

The program has installed playgrounds and exercise equipment in 26 parks around the city, as well as outside several city libraries. To encourage activity, the parks department is offering free exercise classes in various parks: yoga, tai chi, as well as more intensive “boot camp” sessions. Since last year, more than 4,000 people have taken the classes.⁴²

The initiative has also focused on childhood obesity, which is a major problem for San Antonio: nearly one in three of the city’s public school students have an unhealthy weight.⁴³

Combs and others emphasize that childhood obesity is also an economic problem. “The cost of childhood obesity is not as well appreciated by policymakers, and by the private sector, as it ought to be,” said Sanchez.

A national study published last year found that for one large corporation, average health insurance costs for an obese child were more than \$1,200 higher than for a healthy-weight child. For a child with type 2 diabetes, costs were more than \$9,000 higher annually.⁴⁴ And of course, obese children are more likely to become obese adults, who spend an average of more than \$1,400 extra on health care annually compared to healthy-weight adults.⁴⁵

To help its children lose weight and stay healthy, San Antonio is installing salad bars in 100 schools, and it has bought exercise equipment for 365 schools, which together serve 275,000 students. The material includes hundreds of balance balls, hula hoops and jump ropes, as well as thousands of orange plastic cones for relay races and obstacle courses.⁴⁶

Some evidence indicates that in San Antonio (as in most places), those with lower incomes tend to have higher obesity rates.⁴⁷ To help deal with this, the health department will give away 1,000 bikes to lower-income residents. The bikes are free, but recipients must first show their commitment by taking classes on bike safety and bike maintenance. The city has also built five walking trails in public housing projects around the city.⁴⁸

To publicize all of this work, San Antonio will soon roll out an integrated media campaign, whose slogan is “Find Your Balance.” It will include TV, radio and print ads, a website and social media.⁴⁹

San Antonio is not the only place in the state trying to lose weight. Over the past decade, El Paso has undertaken several anti-obesity efforts, much of it funded by the Paso Del Norte Foundation, a local non-profit group.^{50,51} The group is funding a community walking program, cooking classes and food labeling in supermarkets and restaurants, so shoppers and diners can more easily identify healthy and unhealthy foods.

Employers: Helping Workers Get Healthy, Lowering Insurance Costs

Across the state, businesses are also realizing how obesity can significantly increase health care costs and reduce productivity. Some are attacking the problem by setting up wellness programs that help workers better control their weight. “Corporations are starting to realize that this is costing them a lot of money,” said University of Texas epidemiologist Steve Kelder, who has studied the state’s obesity problem for more than a decade.

For instance, the regional supermarket chain HEB, which is based in San Antonio, has also developed a successful wellness program.⁵² “We wanted to reduce health care costs and get people to take more responsibility for their health,” said Kate Rogers, who oversees the company’s program. More than 700 workers serve as “wellness champions,” encouraging colleagues to join and answering their questions. Over the past eight years, the program has helped HEB keep health care cost increases at less than half of the national average.^{53,54}

Last year, the company inaugurated its “Slim-down Showdown”: 15 employees, one from each region, competed to see who could lose the most weight. The winner received \$10,000. Rogers said the contest helped energize other employees who want to improve their health. In

addition, each of the 15 regions sponsors at least one 5k community race.⁵⁵

HEB is also encouraging kids to be more active. It will award 12 schools \$15,000 each to improve their health and nutrition education programs. The contest is open to any school in Texas within 60 miles of an HEB store.^{56,57}

Some towns and cities in the state are also trying to cut costs through wellness programs. Hurst, a suburb of Fort Worth, developed a comprehensive wellness program for employees, retirees and their families.⁵⁸ Started six years ago, it encourages participation with bonuses, gifts and extra vacation time. For the last two years, the program has had a weight loss contest, and more than a third of all city workers have taken part. Due largely to the wellness program, the city’s health insurance premiums have risen little over the past five years, much less than would be expected. And between 2007 and 2009, absenteeism among Hurst workers fell by nearly 40 percent.⁵⁹

The city also offers a less extensive web-based wellness program to all of its 36,000 residents. That program, Healthy Hurst, helps participants with exercise plans, nutrition information, food logs and a program to track progress.⁶⁰

Health in Schools: Investing in the State’s Future

Across the state, childhood obesity is a major problem: one in five Texas children is obese, higher than the national average.⁶¹

Over the past decade, the state government has made several moves to reduce the problem. In 2001, it required all elementary schools to provide 135 minutes of physical education per week.⁶² A large percentage of schools, especially elementary schools, have adopted these guidelines.⁶³

Two years ago, the legislature passed regulations requiring schools to devote at least half of every PE class to physical activity.⁶⁴ Previously many schools used PE as study hall or supervised free time.

In 2003, the state department of agriculture limited access to unhealthy competitive foods — products sold at on campus that are not part of the school meal program.⁶⁵ Texas was one of the first states to regulate competitive foods.⁶⁶

Many state elementary and middle schools have also adopted the Coordinated Approach To Child Health (CATCH), a program to help students control weight and improve health.⁶⁷ CATCH includes a range of features, such as classroom education about nutrition and physi-

cal activity, training for teachers and expert advice for cafeteria workers on how to make school food healthier. The program was developed two decades ago by researchers at four universities, including the University of Texas Health Science Center at Houston. Studies have shown that CATCH can reduce the fat content of school lunches, increase physical activity during PE classes and improve students’ eating and exercise habits.⁶⁸

An independent study of CATCH in the El Paso school district found a seven percent decrease in obesity rates among fourth graders.⁶⁹ “There were dramatic reductions in rates of obesity and overweight,” said Kelder, one of the study’s authors. “This is a good example of what a community can do.”

CATCH has been implemented in schools across the country, but it has been used most widely in Texas.⁷⁰ Kelder, who is one of the program’s original developers, estimates that half of the state’s elementary schools have received CATCH training, as have 30 to 40 percent of middle schools.⁷¹

Research suggests that CATCH is a good investment. A 2007 study found that the program was the most cost-effective way to prevent obesity among youth. According to the study, the program costs \$900 for every healthy year it adds to an obese child's life. This is far below the cut-off point of \$30,000 a year that the study used to determine cost-effectiveness.⁷²

In 2007, Texas instituted a comprehensive evaluation of students' physical fitness levels. Known as the Fitnessgram, the analysis consists of six tests, which measure body composition, aerobic capacity, strength, endurance and flexibility.⁷³ During the 2009-2010 school year, the state tested nearly three million students. Only 31 percent of third-grade boys and 37 percent of third-grade girls could pass all of the tests. For older students, the results got progressively worse. For seventh-graders, 28 percent of girls and 21 percent of boys passed every test. Less than ten percent of high school seniors of either gender passed.

But the situation may be improving. In 2007, at Combs' urging, the legislature created Texas Fitness Now, which provides state middle schools with grants to improve physical and nutrition education programs.⁷⁴ So far the state education agency has given \$27 million to more than 2,100 schools.

Most schools have used the grants to train teachers and buy physical education equipment. An evaluation of the program found that participating schools significantly improved the percentage of students who passed their Fitnessgram tests.

Researchers have correlated the Fitnessgram results with other data from school districts, and found links between physical fitness and improved academic performance, school attendance and good behavior.^{75, 76}

Combs has more plans for the Fitnessgram data. Her office is now integrating the results with information about communities' obesity rates along with the number of parks and grocery stores. She plans to share the results with communities so that officials, parents and others will have a better sense of how these environmental factors may affect health and weight.

Combs and other experts realize that Texas faces years of hard work. The obesity crisis has many causes, and reversing it will not be easy. The state faces significant obstacles, including potential state and local budget cuts.

"This is a 20- to 30-year process," said Kelder, the University of Texas epidemiologist. "We can't expect dramatic results quickly."

USAA TAKES WELLNESS TO THE NEXT LEVEL

Peter Wald is willing to try almost anything to help his company's workers get healthy. As the director of USAA's wellness program, he has instituted discounted salads, bonuses for going to the gym, even mileage signs in long hallways.⁷⁷

His work seems to be paying off. Since starting the program in 2002, the San Antonio-based financial services company has reined in health costs.⁷⁸ And 85 percent of the company's 22,000 workers have joined.⁷⁹

The company's program has three goals: to improve health, lower company health costs and improve productivity. Reducing and controlling obesity is a key focus. USAA researchers found that obesity is behind a significant amount of the company's health care spending. "Health care is always a big chunk of your labor costs," Wald said. "With obesity, health care costs have the potential to really go up."

USAA offers employees a variety of inducements to get healthy:

- Employees pay \$300 a year to use company fitness centers, which are in almost every company building. But workers who go once a week for a year get 25 percent off; those who go twice a week get half off; those who go three or more times a week get 75 percent off.
- USAA has built running and walking trails and paths at many of its campuses, and painted mileage markers in company hallways to encourage indoor walking. In company cafeterias, healthy food is at eye level, while food that's bad for

you is lower down — the opposite approach taken by many supermarkets. Healthy items have a prominent green tag.

- In 2008, the program added weight loss and other health incentives; employees who meet requirements can earn up to \$550 a year. USAA also offers lower health insurance premiums for improving health; single workers can save up to \$300, while those with dependents can save as much as \$950.
- In company cafeterias, pricing encourages workers to buy healthy food, water costs \$1.25, while soda is \$1.50; a turkey burger costs slightly less than a beef burger; and a veggie burger costs less than a turkey burger. "We keep track of consumption," Wald said. "It works."

The incentives have contributed to increased weight loss, improved health measurements and decreased costs. In 2009, the company's average employee BMI fell for the first time in five years. Over the past five years, its health insurance costs rose just two percent a year, far below the national average.⁸⁰

In recent years, USAA's annual health care costs have increased by just two percent a year, a quarter of the national average. On top of that, the average employee BMI has gone down slightly for two years in a row.^{81, 82, 83}

"It's much cheaper to keep people healthy than it is to take care of them when they're sick," said Wald. "The way for us to control costs is to keep people healthy. We're doing a full court press."

3. NASHVILLE'S NEW TUNE: INVESTING IN HEALTH

Nashville is known as the home of country music. But these days, the industry that really makes the city move is health care. More than 20 large health care companies are based there, including the Hospital Corporation of America (HCA), one of the country's largest hospital chains. Health care revenues account for more than \$29 billion a year, a fifth of the city's total economy.⁸⁴

But when it comes to its own health, Nashville is a beat behind. Nearly 28 percent of its adults are obese, and another 36 percent are overweight.⁸⁵

This disconnect has alarmed city officials, health advocates and business leaders — not only because obesity and its related ills are consigning tens of thousands of the city's citizens to unnecessary illness or disability. They also realize that poor health is expensive, and can harm economic development, both in the short and long term.

"If your company has a lot of people with chronic disease, you're spending a lot of money," said William Paul, the city's health commissioner. "If you can prevent those diseases from happening, you can save a significant amount."

Encouraging Exercise and Better Nutrition

City officials are focusing on changing systemic policies rather than just introducing specific, time-limited programs. For instance, instead of starting an exercise program that will end when funding runs out, the city passed a Complete Streets law, which encourages street improvement projects to include sidewalks and bike lanes.⁸⁶ The goal is to change the overall environment in which people live, work and play, making it easier to exercise and eat healthy foods.⁸⁷

This year, Nashville also allocated \$30 million for parks and greenways, a 30 percent increase from the year before. Nashville is planning to build 25 miles of new walking trails, and has allotted \$3 million for 19 miles of new bike paths and \$12.5 million to build or improve 19 miles of sidewalks.⁸⁸

In addition, the city helped set up 80 urban vegetable gardens around the city, to encourage both exercise — gardening burns calories — and healthy eating. Many of the gardens pair teens with senior citizens as a way to create social bonds that might not occur otherwise.⁸⁹

The health department also bought 126 bikes, which will be stored around the city on racks near bike paths and greenways. The bikes can be used by any city resident for a few hours at a time, at no

At the same time, he said, a healthy population can be a major draw for companies looking to relocate or expand. "Nashville wants to attract new business," said Paul. "If we're known as a healthy city, that becomes a positive thing for economic development. If we're known as a city that thinks about the health of our workforce, that will be a big plus for companies."

To improve Nashville's long-term prognosis, the city government, along with businesses and non-profit groups, have undertaken an ambitious effort to increase residents' physical activity and improve their eating habits. Combining money from the city budget with more than \$7 million in federal funds, Nashville is adding sidewalks and bike lanes, making healthy food more widely available and encouraging citizens to get more active.

While the central goal is improving Nashville's health, saving money is also crucial, said Alisa Haushalter, a nurse with the health department who is project director for the program. "Everything we do takes economic impact into account," she said. "It's the old adage, an ounce of prevention is worth a pound of cure."

cost. To ensure that the bikes are not stolen, those who want to use them must first register online. In addition, the parks department is improving signs and markings along many city trails and bike paths.

This summer, to make sure that residents know about this work, and to encourage them to change how they live, the city rolled out "Nashvitality," a media campaign with radio and TV ads, as well as a web site.

In addition, the health department is working to improve food in neighborhoods that have little access to healthy food. In these areas, many residents end up shopping at convenience stores, which typically sell few nutritious products. In partnership with Community Food Advocates, another local non-profit, Nashville is helping 29 of these stores improve what they offer. The city provides coolers to each store and offers advice on how to choose, stock and market fresh fruits and vegetables, as well as other items such as whole wheat bread.⁹⁰

"Before, all you could buy in these stores was chips, candy and beer," said David Campbell, one of the project's coordinators at the city health department. "There was hardly any fresh fruit or vegetables."

Nashville's mayor, Karl Dean, has taken a leading role in improving the city's health. Earlier this year, he started "Walk 100 Miles with the Mayor," a program that challenged residents to walk that distance over the course of several months.⁹¹ This spring and summer, he took part in 28 public walks around the city, all between two and 10 miles. So far, more than 4,000 resi-

Businesses on Board

Nashville is also focusing on the workplace. Health department officials, along with the Chamber of Commerce, are talking to 10 of the city's largest companies and institutions, including Vanderbilt University and HCA, which together employ tens of thousands of residents, about how to encourage physical activity and smarter eating.⁹³

Among the options being discussed: increasing nutritious options in vending machines; requiring water and healthy food at meetings; subsidizing gym memberships and mass transit passes; allowing employees to exercise during work time; and installing bike racks on company grounds.

Vanderbilt has already developed an extensive wellness program for the 43,000 participants in its health plan (25,000 employees and 18,000 family members). Seven years ago, the institution created "Go For The Gold," a program that pays people up to \$360 a year if they provide information about their health and lifestyle and receive instruction in how to get healthier. Almost 90 percent of those in the school's health plan participated in at least part of the program.⁹⁴ In 2008, the program received the prestigious C. Everett Koop National Health Award.⁹⁵

The university is also revamping its cafeterias, subsidizing some nutritious foods and prominently displaying healthier choices. In one building, they replaced a McDonalds with an Au Bon Pain.⁹⁶

Vanderbilt has also developed a pilot program designed to help those most at risk. It started 30 employees, all recently diagnosed with diabetes, on an intensive exercise and nutrition program. All participants improved their cholesterol and blood sugar measurements, and nearly a quarter were able to stop taking all their medications. "We've seen dramatic changes," said Dexter Shurney,

MD, who helps direct Vanderbilt's wellness program. "We're pretty excited about this."⁹⁷

"This is a difficult problem, but obesity comes down to issues we can control — what we eat and how much we exercise," Dean said. He takes the message personally: he lifts weights almost every other day, and does cardiovascular exercise several times a week.

He is now working to expand the program. "The question," he said, "is how to scale this up for 43,000 people. But if we can get more of our population to do these intensive lifestyle programs, we can see substantial savings."

HCA is also trying to cut costs by improving workers' health. This year, the company, which insures 148,000 employees and 72,000 dependents around the country, began offering a \$250 health care spending credit to those who complete an online health survey and assessment. So far 65 percent of workers have taken part. About 15,000 were found to have increased risk of a chronic disease; they were advised to see a doctor and to visit a company website with disease information.⁹⁸

The company is also testing a pilot program for people with pre-diabetes or diabetes. Once a month, about 350 workers receive individual coaching from a certified diabetes educator on how to reduce risks through exercise, healthy eating and medication. HCA researchers found that compared to a control group, those who were coached had a nearly 50 percent drop in emergency room visits, and a five percent drop in overall health care costs. None of the pre-diabetics who were coached became fully diabetic, and 57 percent stopped being pre-diabetic altogether.⁹⁹

Yonnie Chesley, who is in charge of HCA's wellness efforts, said the pilot program will soon expand to 1,000 people. If that proves successful, the initiative will go company-wide next year; overall, the company has about 17,000 pre-diabetic or diabetic employees.

Improving Children's Lives — and Saving Money

The city is also investing in ways to improve the health of the city's future workforce, with efforts aimed at children and schools.

Improving the health of Nashville's children will do more than reduce costs in decades to come; it will also help cut current costs. Childhood obesity is expensive: a recent study calculated that in the United States, each obese child costs the health care system nearly \$300 a year more than a healthy weight child.¹⁰⁰ The researchers calculated that reducing the rate of childhood obesity by just one percentage point would save at least \$1.4 billion annually.¹⁰¹

And because obese adults tend to use even more health care resources, helping obese children lose weight before they grow up will eventually save even more money. "Helping them learn healthy habits will really help down the road," said Haushalter, the city's obesity program director. "It's a long-term economic solution."

Last year, the Nashville school district lowered sugar levels in flavored milk, a reduction of 22 calories per carton. Because of the change, Nashville's 77,000 public school students will ingest 50,000 fewer pounds of sugar a year. In conjunction with a local non-profit, the district is also working to improve the nutrition of products sold in school vending machines.¹⁰²

More than 40 schools have set up vegetable gardens, which are tended primarily by students.

This summer, 20 of the district's cafeteria managers, who together are responsible for food at more than 140 schools, received training on improving nutrition. Many of these schools are adding salad bars, and most are increasing the number of dishes that are prepared from scratch or with fresh fruits and vegetables.¹⁰³

Other changes are on the way too. "Nashville is like most places," said Campbell. "The food you eat in a school is generally not very healthy — tater tots, hot dogs, french fries. We want to move to salads, fresh fruit and vegetables."

In addition, the city is targeting children who aren't yet old enough for school. The health department is working with eight Head Start programs, which together have nearly 2,000 students, to incorporate physical activity into learning and teach children about good nutrition.¹⁰⁴

Paul, the health commissioner, is confident that the combination of Nashvitality and private sector efforts will yield results. "If we can have even a small effect on health care costs," he said, "it's going to be a big payoff, for a relatively small investment."

Haushalter agrees, but preaches patience. "We are in an epidemic that has occurred over several decades," she said. "We have to be very diligent. This will take many years to change."



4. TAKING STEPS TO TACKLE OBESITY AND SMOKING IN INDIANA

Indiana faces serious health challenges. Almost two-thirds of the state's population is either overweight or obese.¹⁰⁵ Nearly 10 percent of the state's 6.4 million people have diabetes, double the rate 20 years ago.¹⁰⁶ More than a quarter get little or no exercise and just one in five eats enough fruits and vegetables.¹⁰⁷ And, more than a quarter of the state's adults smoke, the second-highest rate in the country.¹⁰⁸

Obesity, tobacco, and unhealthy lifestyle choices all contribute to higher rates of chronic illness, including heart disease, hypertension, diabetes and cancer.¹⁰⁹ The result: hundreds of thousands of Hoosiers don't live as long as they should, experience a lower quality of life, and spend billions extra on health care.

According to a study published earlier this year, obesity alone costs the state more than \$3.5 billion a year in health care and lost productivity.¹¹⁰ "We are spending an enormous amount on obesity-related disease," said Marcie Memmer, director of the Indiana State Department of Health's Division of Nutrition and Physical Activity.

The private sector also recognizes that the state's health holds back economic development. "When you look at the drawbacks to Indiana, health is at the top of the list," said Chuck Gillespie, director

of the Wellness Council of Indiana, a private group affiliated with the state chamber of commerce, which helps companies set up or improve wellness programs. "I'm concerned that companies may think twice about relocating here."

Over the past six years, the state's public and private sectors, led by Governor Mitch Daniels, have worked hard to increase physical activity, improve smoking cessation and decrease tobacco use. In 2005, the state rolled out INShape Indiana, an effort to help residents get healthier; in 2007, with the governor's support, the state legislature passed a significant tax on cigarettes; and earlier this year, the state released an ambitious ten-year plan to reduce obesity and boost residents' overall health.^{111, 112, 113}

"Adopting a healthy lifestyle is good for you and good for Indiana," the governor has said. "Too many Hoosiers are losing years because they do not embrace healthy habits. And, health care costs in Indiana are among the highest in the country. Our rising cost of health insurance coverage, combined with lost productivity due to illness, has made Indiana a less desirable place to do business."¹¹⁴

Daniels himself is a fitness buff: almost every day, he runs, swims, works out in the gym, or golfs (he usually walks all 18 holes).¹¹⁵ His wife Cheri walks 10 miles nearly every day.¹¹⁶

Information to Help Hoosiers Help Themselves

The core of INShape Indiana is a website, which serves as a clearinghouse of information for Hoosiers who want to lose weight, quit smoking or otherwise improve their health.

The site includes advice and recommendations on a range of health-related topics. It features information on how to incorporate walking into daily life (walk at work, use a pedometer, wear shoes with proper support), as well as maps of appealing walks all over the state. It also gives advice on how to reach CDC's recommended 150 minutes of exercise per week (do small amounts of exercise several times a day).

The site is divided into three sections: "Eat Better," "Move More" and "Avoid Tobacco." Each section offers information on how to be healthier, as well as practical hints about how to reach your specific goals. For example, the section on diet counsels residents to do most of their shopping in the perimeters of the grocery store, which generally includes fresh and frozen fruits and vegetables, dairy, eggs, meat, chicken and seafood. (The central aisles of most supermar-

kets tend to have more processed foods, such as potato chips, cookies and sodas.) The section also has a list of more than 100 healthy recipes, including vegetable pasta with tomatoes and green beans with roasted red peppers.

In addition, the site has a link to a list of every farmers' market in the state, and a downloadable nutrition log to help users keep track of what they eat.

In the tobacco section, residents can find out how to join a cessation program, and how, if they still smoke, to minimize exposure of family and friends to second-hand smoke. In the Community Corner section, the site lists health-related resources — trails, gardens, nutrition education centers, YMCAs, and so on — in each of the state's 92 counties.

For inspiration and guidance, the site also offers stories from people who have improved their health in one way or another. Among those featured is Allison Fore, of Indianapolis, Indiana. In 2009, after hearing the governor's wife speak about INShape Indiana at the state fair, Fore, who is 49, began visiting the site regularly and going on some

of the walks listed there. Over the past two years, she has lost more than 40 pounds. This spring, she completed a 13-mile race, her longest so far. She visits the site about twice a week for events and tips. “I like reading the stories about other people,” she said. “So many of us share the same problems. It gives you a sense of community.”¹¹⁷

Businesses and community groups around the state have also leaned on INShape Indiana for weight loss guidance. The Northwest Indiana Community Action Corporation adapted INShape’s “10 in 10 Challenge” — an approach that encourages people to lose 10 pounds over 10 weeks — for use with senior citizens. Participants learned how to exercise at home and eat smaller portions; some lowered their cholesterol and reduced their consumption of sugar.¹¹⁸

Earlier this year, the site went through an extensive redesign to make it easier to use. In addition, INShape Indiana has increased its use of social media, and now regularly posts health information to Twitter and Facebook.

Over the past six years, INShape Indiana has also rolled out several marketing campaigns to spread the word about its web site and the importance of being healthy. A survey last year found that almost 60 percent of state residents were aware of the program. Since 2005, 86,000 state residents have asked to receive INShape Indiana’s regular emails. More than 50,000 are currently signed up.

In 2007, INShape Indiana started the “10 in 10 Challenge,” encouraging people to lose 10 pounds in 10 weeks. The campaign included an extensive media campaign, and more than 40,000 people signed up. That same year, INShape Indiana won an “Innovation in Prevention” award from the U.S. Department of Health and Human Services.¹¹⁹

An Ambitious Plan to Improve Health

Following up on the progress of the INShape Indiana efforts, in January 2011, the state health department announced a comprehensive 10-year plan to reduce obesity, as well as increase physical activity and access to healthy food. “We’ve been encouraging Hoosiers to eat better and move more since launching INShape Indiana nearly six years ago,” Gov. Daniels has said.¹²⁵ “Since then, I’ve heard many individual success stories, but we can’t truly solve this issue without affecting change on a much broader scale. We’re taking the next step with this plan.”

The plan calls for systemic changes at both the state and local level, and offers a list of goals, including:¹²⁶

INShape Indiana also works in the non-virtual world. It helps the Indiana Department of Natural Resources promote its improved network of trails. Along with the state Chamber of Commerce and the Wellness Council of Indiana, INShape Indiana puts on an annual conference on private sector wellness programs.¹²⁰

Gillespie, director of the Wellness Council of Indiana, said the state’s program encourages businesses to do more for workers’ health. “When the governor lives it, breathes it and supports it,” he said, “it makes it very hard for corporate leaders to ignore it.”

He said Indiana businesses are starting to understand the importance of encouraging employees to be healthy. His group has 70 members; he expects that to double or triple over the next two years. “CEOs are saying ‘What can we do to lower health care costs?’” Gillespie said. “The conversation is starting to move toward prevention.”

The state has also focused on reducing tobacco use. In 2006, Daniels eliminated smoking at the state government complex.¹²¹ In 2007, the state raised the tax on a pack of cigarettes by 44.5 cents — a move supported by Daniels. “The biggest impact of a higher price is on dissuading young people or nonsmokers from taking it up in the first place,” the governor has said.¹²²

According to the state health department, in the year after the increase went into effect, consumption of tobacco products dropped by almost 20 percent, a decrease of 81 million packs.¹²³

Earlier this year, a bill to ban workplace smoking was defeated in the state senate. A study by the American Cancer Society found that the ban would have saved the state \$84 million in health care costs.¹²⁴

- Reduce the state’s obesity rate from 30 percent to 25 percent by 2020;
- Create a system to measure students’ body mass index in at least three different grades by 2013;
- By 2020, increase the state’s trail mileage by one-fifth; and
- By 2020, decrease the number of adults who drink one or more cans of sugar-sweetened beverage a day, from 69 percent to 59 percent.

The state has already started several obesity-related projects. The health department is training public health workers from around the state to better

advocate for policies that can reduce obesity — for example, laws that require new road construction to include sidewalks, trails and bike lanes. The department has started a pilot program, working with more than 30 small businesses to create work environments that encourage healthy eating and physical activity. State health workers evaluate the companies and offer ideas: adding a refrigerator in the break room so employees can bring lunch, adding healthy snacks and water to vending machines or installing bike racks and showers to make it easier for employees to bike to work.¹²⁷

The department is now developing a free online toolkit so that other Indiana businesses can make the same changes.

And, to improve the health of Indiana students, the department is undertaking a similar project with 25 state school districts.¹²⁸ Memmer said the department will eventually create another online toolkit aimed at schools.

“I feel optimistic,” said Memmer. “This plan provides a roadmap for what we need to do. We now have a very aggressive population-based public health approach to obesity.”

5. SAN DIEGO: BUILDING AN ENVIRONMENT THAT ENCOURAGES HEALTH

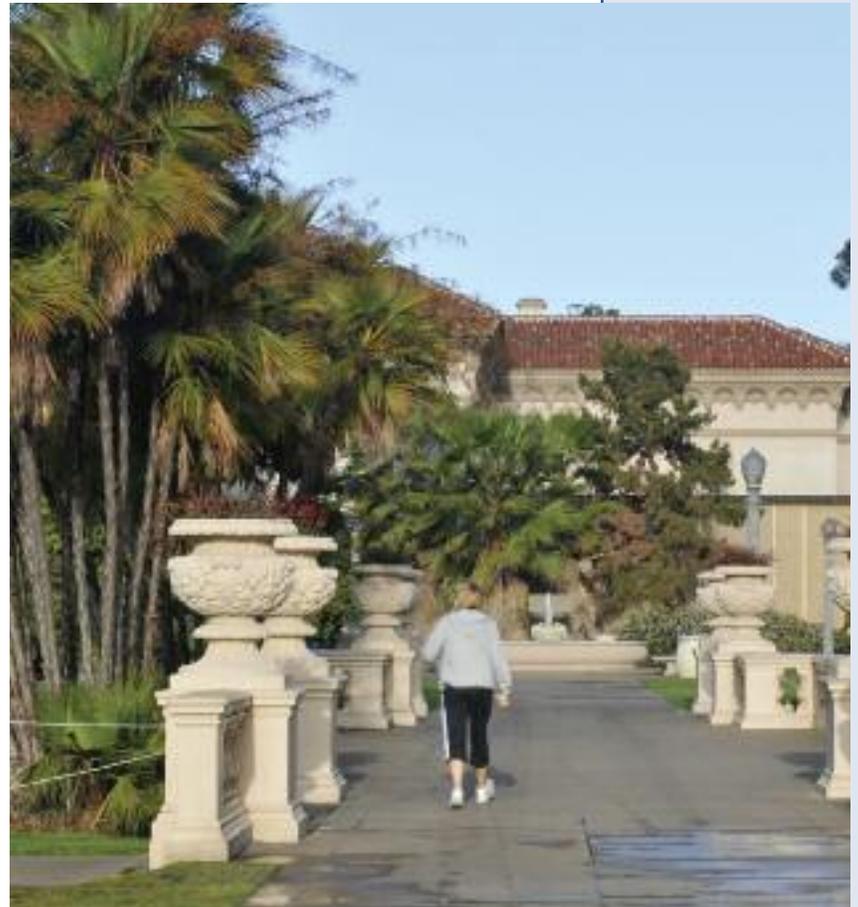
San Diego County has a reputation as a sand-and-sun sort of place, peopled by slim surfers catching waves and trim Navy sailors walking the beach. But the county is much more diverse than that. It encompasses more than 4,000 square miles, stretching from the Pacific to the fertile avocado and strawberry farms further inland. It has a population of more than three million, spread over 18 cities, suburbs and unincorporated rural areas.^{129, 130}

And, like the rest of the country, San Diego County has its share of fast food restaurants, televisions, Xboxes and cars — and its share of excess weight. More than 21 percent of the area’s population is obese and another 37 percent are overweight.¹³¹

Increasingly, public officials in the county, as well as business leaders, are realizing that this problem is more than a health issue. County supervisor Ron Roberts has been concerned about the issue for a decade. He worries that chronic illnesses such as diabetes will slow economic development. “Looking ahead to our future workforce, these people’s performance will be severely hampered,” he said. “You end up paying for that. It is almost like a monster movie. There’s something lurking out there.”

Research backs up Roberts’ concern. A study released two years ago by the California Center for Public Health Advocacy calculated that obesity and physical inactivity cost San Diego County more than \$3 billion a year in health care expenses and lost productivity.¹³²

“Obesity is a massive drain on our country’s economic productivity,” said Dr. Harold Goldstein, executive director of the group. “We need to recognize that it is not only a huge health risk, but a huge fiscal risk too.”¹³³



California state officials have also recognized the issue. “The economic cost to California of adults who are obese, overweight and physically inactive is equivalent to more than a third of the state’s total budget,” California State Controller John Chiang has said. “Think of the programs we could protect, the children we could educate and the families we could help if we could recapture those dollars by investing in prevention.”¹³⁴

An Ambitious Effort to Make Healthy Living Easier



Over the past five years, San Diego County has begun a major effort to reduce and prevent obesity. Last year, the county began a \$16 million project to develop policies that encourage exercise and better eating. The project, known as “Healthy Works,” is part of the county’s 10-year strategic plan for improving residents overall health and reducing rates of chronic disease.¹³⁵ The plan lays out a broad strategy to reduce cardiovascular disease, cancer, type 2 diabetes and respiratory conditions. Because excess weight contributes to many of these problems, the plan emphasizes the need to reduce obesity.

Healthy Works, which is overseen by the county health department, focuses on making long-term environmental and policy changes to encourage physical activity and healthy eating.¹³⁶ For example, county health officials are working with the regional planning agency on its 40-year transportation plan to ensure that the plan includes bike trails, walking paths and other means that promote physical activity.¹³⁷

As part of the initiative, the health department has focused on increasing the number of community produce gardens. These gardens increase fruit and vegetable consumption, and also help the gardeners burn calories. The department has also created five regional garden training centers to teach garden managers, school staff and volunteers about the best ways to set up a garden and grow produce. In addition, the department is working with the county government to remove barriers that have blocked people from starting gardens. For example, until recently, groups that wanted to start a garden were required to pay a \$40,000 startup fee.^{138, 139}

In addition, Healthy Works is trying to make local fruits and vegetables more accessible to members of the community. San Diego has more than 6,000 farms, more than any other county in the country. They grow a variety of fruits and vegetables, including broccoli, avocados, strawberries and oranges. But very little of this produce goes directly to San Diego stores or tables. Instead, it is trucked to processing centers 120 miles north in Los Angeles. (Some then travels south again, and ends up in San Diego stores – but it is more expensive and not as fresh.)^{140, 141}

To increase the local availability of this produce, Healthy Works is examining several alternatives: creating a processing center in the county; starting farmers’ markets to sell produce bought directly from county farmers; and linking county farmers to schools and other institutions that want fresh, lower-cost produce.^{142, 143}

Healthy Works is also setting up a system that allows residents who receive food stamps to redeem them at some of the county’s 50 farmers’ markets. Those who enroll receive \$20 in matching funds, allowing them to buy more fresh produce.^{144, 145}

And, to counteract the effects of billion-dollar marketing campaigns for unhealthy foods and sedentary activities such as video games, the county is rolling out its own TV, radio and web campaign, encouraging residents to be more active and to eat more fresh local produce.^{146, 147}

Other groups are joining in too. The San Diego Childhood Obesity Initiative, a non-profit collaboration of several local organizations, is re-vamping four corner stores by providing them with coolers and refrigeration units so they can store and sell fresh fruits and vegetables. In exchange, the stores, which are in neighborhoods that have little access to fresh fruit and vegetables, must promise to continue selling produce after they receive the equipment.¹⁴⁸

The Private Sector Responds

Area companies are also realizing that improving workers' health can reduce costs.

In 2003, the San Diego County Regional Airport Authority, which oversees the San Diego International airport, launched a wellness program for its 360 employees. The Authority built an onsite 24-hour gym (airport employees work three shifts), and added incentives, such as gift certificates and extra days off, for workers who exercise. "People say it's changed their lives," said Marci Fredericksen, who directs the Authority's wellness program. "You can see people shedding pounds."¹⁴⁹

From 2008 to 2009, the percentage of employees with a normal BMI increased by five percent. By 2010, 10 percent of workers had reduced their BMI. The Authority calculates that the program likely saved \$1 million in health insurance costs between 2009 and this year.¹⁵⁰

Software maker Intuit has also developed a vigorous wellness program. The company has about 1,400 employees in the San Diego area (its headquarters are in Mountain View, California, near San Jose).¹⁵¹

Part of the motivation is economic, says Intuit's Sarah Lecuna, who helps run the program. "We're looking to lower health care costs," she said. "If we take preventive measures up front, we hope to see cost reductions in the future."

The program, which is available to all of Intuit's 7,200 American workers, offers a range of ap-

proaches to encourage healthy living. The company offers a free screening program that checks cholesterol levels, blood pressure, triglycerides and blood sugar. Employees who take part receive a \$650 reduction in their health insurance premiums; 93 percent of all Intuit workers take part. The screening is also open to spouses and domestic partners.¹⁵²

Lecuna sees this group as a crucial part of the wellness program. "If you don't have a support system at home, this doesn't go very far," she said. "It's got to be a lifestyle change."

In addition, workers who pledge to stay tobacco-free for the year receive another \$650 discount on premiums. In addition, Intuit provides employees with free pedometers. Depending on the number of steps they take, participants are eligible for up to \$300 in cash and prizes. Intuit cafeterias offer a range of healthy choices at significant discounts, and the company also offers free exercise classes, in San Diego and at several other locations.¹⁵³

Lecuna said that because the screening program has been so successful, Intuit's health insurance costs have gone up slightly, because so many people see doctors after getting screened. However, she expects that over the long term, the program will lower health costs.¹⁵⁴

"Down the road," she said, "we expect we won't be paying as many huge claims, because people are taking better care of themselves."

Targeting Childhood Obesity

The county is also focusing on childhood obesity, which is a costly problem. According to research published this year in *Academic Pediatrics*, the average obese child costs the health care system nearly \$300 a year more than a healthy-weight child.¹⁵⁵ Reducing the childhood obesity rate by just a single percentage point would save at least \$1.4 billion a year.¹⁵⁶ In addition, obese children have a significantly higher risk of growing up to be obese, and obese adults spend, on average, \$1,400 more per year on health care than healthy-weight adults.¹⁵⁷

As part of Healthy Works, the county is awarding \$50,000 grants to five county schools to develop Safe Routes to School programs, which encourage children to walk or bike to school. Research shows that few contemporary students expend calories getting to and from school. In 2001, one in ten students walked or biked to

school; by comparison, in 1969, the rate was four times higher.¹⁵⁸ The county is also giving out several smaller grants to educate parents, students and teachers on walking and bicycle safety.^{159, 160}

The school district is also changing its approach to food. It published new guidelines that encourage administrators, teachers and parents to have healthy food at school events and meetings. And it is expanding its breakfast program, offering it to more students and making the food healthier. Previously, only 25 to 30 percent of eligible students ate breakfast at school and only three percent of eligible students participated in the summer breakfast program.^{161, 162}

Roberts, the county supervisor, is optimistic about his community's prospects. "We're moving in an aggressive way," he said. "I think it's going to bring positive results. We still have a long way to go. But we're going in the right direction."

6. HERNANDO: A SMALL MISSISSIPPI TOWN BUCKS A STATEWIDE TREND

Between 2000 and 2010, average health insurance premiums for the private sector more than doubled.¹⁶³ Across the country, thousands of companies, and tens of millions of employees, face higher health costs every year.

Hernando, Mississippi, is an exception. This year, the town of 14,000 has lowered its health insurance costs by 15 percent — without reducing benefits. The savings come to \$130,000.

“For us, that’s a lot of money,” said Hernando Mayor Chip Johnson.

Over the past five years, Hernando has developed a comprehensive wellness program for its 115 workers. Employees receive free screenings

for hypertension, diabetes, and other chronic ailments. They can get free help to quit using tobacco. They are encouraged to exercise regularly. Johnson thinks the wellness program likely played a large role in the rate reduction.

That’s not all. Hernando employees signed a pledge agreeing not to smoke at all during work hours, even on breaks. In exchange, the city’s insurance company lowered rates by another \$21,000. Johnson said the pledge is simply good business. “I saved our taxpayers \$21,000,” he said. “I can’t picture taxpayers wanting to pay that kind of money so our employees can smoke at work.” Johnson said that so far, three employees have stopped using tobacco as a result of the policy.¹⁶⁴

A Model For Active Living

The city is doing more than lowering its premiums. Over the past five years, Hernando has become a model for how a city can encourage residents and workers to improve their health — and improve economic prospects at the same time.

Leading this effort has been Mayor Johnson, an energetic Republican who owns a carpet cleaning business. Before becoming mayor, he wasn’t particularly interested in prevention or public health. But six years ago, just after being elected for the first time, he was asked to serve on a regional health group trying to reduce obesity. Soon after, he attended a conference on obesity in the South.

As he listened to speaker after speaker describe the medical, social and economic damage wrought by the region’s weight problem, Johnson realized that obesity, and the chronic diseases linked to it, were major obstacles to the state’s health and prosperity. “That’s where I had my ‘aha’ moment,” he said.

Mississippi is among the least healthy states in the country. It has the highest obesity rate in the country; more than a third of its adults are obese, as are more than 20 percent of its children. It has the highest rates of hypertension, and of physical inactivity among adults. Almost 12 percent of the state’s adults have diabetes, the third highest rate in the country.¹⁶⁵

In 2008, the state spent more than a billion dollars on obesity-related health care. By 2018, those costs could quadruple, according to a recent report.¹⁶⁶ “That would bankrupt the state. We need to deal with this. It’s a dollars and cents issue,” Johnson said. “Our state’s health is holding us back economically.”

“People don’t think of the economic impact of obesity and other chronic diseases,” said Mississippi State University researcher Judith Phillips, who has examined the economic and medical costs of obesity in the state. “But it’s a serious issue.”¹⁶⁷

In some ways, Hernando is not a typical Mississippi town. Over the past 20 years, it has increasingly become a bedroom community of Memphis, 20 miles to the north. As a result, Hernando has a relatively affluent, professional population, and, as a result, has more social and economic resources to support the creation of bike paths and playgrounds.

Even so, Hernando remains a thoroughly Southern place, and even if its obesity rates aren’t as high as some other Mississippi communities, it still has its fair share of fast food, Southern cooking, and sedentary living. The town doesn’t keep its own statistics on obesity, but it is part of Desoto County, where a third of adults are obese.

Exercise Without Planning

Johnson and other city officials have focused much of their work on making it easier for residents to be active within the context of everyday routines. Although the mayor himself often gets up at 4 a.m. to exercise, he realizes that this approach doesn't work for everyone. Many experts argue that if people are to burn adequate calories, they must get activity by walking or biking to and from work, or around their neighborhoods.

Hernando began by introducing a design standard requiring sidewalks for all new, and some existing, commercial and residential developments. Research has shown that sidewalks can increase walking by giving pedestrians safe, clearly-marked space to stroll.¹⁶⁸ The city repaired crumbling downtown sidewalks, and the design standard resulted in miles of new sidewalks in suburban developments that previously had none.

With encouragement from Johnson, the city also passed a Complete Streets law, which requires new road construction to include consideration of pedestrians and bicyclists. And the city is building almost a mile of sidewalks connecting a lower-income neighborhood to a nearby elementary school, so students can walk to the school more easily.

Since 2008, Hernando has striped bike lanes on several main streets and added new walking trails in existing parks. "The city has done a lot,"

said Bo McNich, a Hernando resident and bicyclist who helps manage the city's bicycle club. "Anything to do with bicycling, they highly encourage. There's been a big improvement since Chip has been mayor." The mayor himself takes advantage of the new sidewalks and bike lanes: he often walks to work from his downtown home, and bikes around town.

In 2006, Johnson convinced city officials to create a parks department — Hernando didn't have one. The new agency has revamped all seven of the town's parks, adding modern playgrounds to several. KaBoom, a national non-profit group that works to increase children's playtime, has recognized Hernando as one of the country's most "Playful" cities, for improving its parks and playgrounds.

Three years ago, the city started a weekly farmers' market, which offers fresh fruits, vegetables, and meats raised by approximately 65 farmers and vendors from North Mississippi. From March to November, about 400 people visit the market every weekend. This spring, to encourage lower-income families to participate, the market began accepting food stamps. The city started a community garden, which is cultivated by a range of community organizations, including churches and youth groups. Much of this produce ends up in the kitchens of Hernando's lower-income residents.



Health — An Unrecognized Engine of Growth

Johnson sees healthy living as a mechanism to increase private investment. The city is now marketing itself as a site for corporate headquarters. The city's efforts to improve health play a key role in that campaign, Johnson said.

"We want to recruit corporations to Hernando," he said. "They're not stupid. When they make their decisions, they look at health care costs." In addition, he notes that in addition to helping people burn calories, new sidewalks and greenways also raise property values.

Over the past six years, Johnson himself has become a poster boy for active living. He regularly talks to public officials around the state and the country about Hernando's efforts. His message is simple: Get started now, with the resources you have.

"We are doing the best we can without a lot of money," he said. "I tell people to go out and do something, and do it now." And he points out that for enterprising towns and counties, help is available: Hernando has worked with and received funding from a range of private groups, as well as state and federal agencies. Shelly Johnstone, Hernando's director of community development, said that over the past six years, the city has received more than \$800,000 from various sources for programs that encourage activity and healthy eating.¹⁶⁹

Some local companies have also joined in. Williams, Pitts & Beard, a local accounting firm with 18 employees, has held two weight-loss contests for employees over the past three years. This year, one employee lost 25 pounds.¹⁷⁰

Johnson realizes that his policies and programs won't reach everyone. "Your personal health is a personal choice," he said. "My job is to create an atmosphere and an opportunity for good health. If you want to take advantage of it, that's great. If you want to stay home on your couch, go ahead."

But many residents have bought in. At Oak Hill Baptist Church in Hernando, Rev. Michael Minor persuaded his flock to start a walking club, and to measure a walking track in the church parking lot.¹⁷¹

With support from groups including the Robert Wood Johnson Foundation's faith initiative, Rev. Minor started Healthy Congregations, which helps local churches set up programs to help members lose weight and improve their health. So far, more than 60 churches in North Mississippi have joined. He is also working with the National Baptist Convention to install "health ambassadors" in the group's nearly 10,000 churches around the nation by September 2012.¹⁷²

"If we can do this in Mississippi," said Minor, "then we can do it anywhere."



Endnotes

- 1 DeVol R and Bedroussian A, et al. *An Unhealthy America: The Economic Burden of Chronic Disease*. Santa Monica, CA: Milken Institute, October 2007. <http://www.milkeninstitute.org/publications/publications.taf?function=detail&ID=38801020&cat=ResRep>. (accessed October 10, 2007).
- 2 The American Public Health Association, Partnership for Prevention, and United Health Foundation. "America's Health Rankings." 2010. <http://www.americashealthrankings.org/yearcompare/2009/2010/MN.aspx> (accessed July 2011)
- 3 Ibid.
- 4 U.S. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Prevalence and Trends Data*. <http://apps.nccd.cdc.gov/brfss/> (accessed July 2011).
- 5 U.S. Centers for Disease Control and Prevention. *Chronic Diseases: The Power to Prevent, the Call to Control, 2009*. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm> (accessed July 2011).
- 6 Trogdon JG, Finkelstein EA, Feagan CW, et al. State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity*, 16. doi: 10.1038/oby.2011.169, 2011. (published online ahead of print)
- 7 Ibid.
- 8 Minnesota Department of Health. "Statewide Health Improvement Program Progress Brief: Results from the First Year." 2011. <http://www.health.state.mn.us/healthreform/ship/about/shipbriefmarch2011.pdf> (accessed July 2011)
- 9 Ibid.
- 10 *F as in Fat: How Obesity Threatens America's Future 2011*. Washington, D.C.: Trust for America's Health, 2011.
- 11 Goetzel RZ, Juday TR, Ozminkowski RJ. *What's the ROI? A Systematic Review of Return on Investment Studies of Corporate Health and Productivity Management Initiatives*. Association for Worksite Health Promotion's Worksite Health, 6: 12-21, 1999.
- 12 Chapman LS. Meta-Evaluation of Worksite Health Promotion Economic Return Studies: 2005 Update. *American Journal of Health Promotion*, 19(6): 1-11, 2005.
- 13 Mason T, Alliance for a Healthier Minnesota, personal communication, September 2011.
- 14 Minnesota Department of Health. "Minnesota Department of Health awards \$47 million in state grants to fight chronic disease." August 26, 2009. http://www.health.state.mn.us/healthreform/ship/SHIPLaunch_Aug2009.pdf (accessed July 2011)
- 15 Minnesota Department of Health. "Statewide Health Improvement Program Progress Brief: Results from the First Year, Grantee Fact Sheets." 2011. <http://www.health.state.mn.us/healthreform/ship/about/legislativereport.html> (accessed July 2011)
- 16 Cohen R, Minnesota Department of Health, personal communication, August 2011.
- 17 Minnesota Department of Health. "Statewide Health Improvement Program Progress Brief"
- 18 Ibid.
- 19 Ibid.
- 20 Ibid.
- 21 Ibid.
- 22 Ibid.
- 23 Ibid.
- 24 Cohen R, personal communication, August 2011.
- 25 Legislative Update. Minnesota Academy of Family Physicians website, <http://www.mafp.org/legupdate07252011.asp> (accessed August 2011).
- 26 Target Corporation Medical Affairs Department, "Target Fact Sheet," 2011
- 27 McNulty C, Target, personal communication, July 2011.
- 28 Kaiser Health Foundation. "Annual Employer Health Benefits Survey." 2010. <http://ehbs.kff.org/pdf/2010/8086.pdf> (accessed July 2011)
- 29 McNulty C, personal communication, July 2011.
- 30 Minnesota Department of Health. "Statewide Health Improvement Program Progress Brief"
- 31 McNulty C, personal communication, July 2011.
- 32 *Gaining Costs, Losing Time: The Obesity Crisis in Texas*. Austin, Texas: Texas Comptroller's Office, 2011. <http://www.window.state.tx.us/specialrpt/obesity-cost/index.php> (accessed July 2011)
- 33 Ibid.
- 34 Ibid.
- 35 *F as in Fat: How Obesity Threatens America's Future 2011*.
- 36 Ibid.
- 37 Ibid.
- 38 Findings about the Obesity Epidemic in Texas. Austin, Texas: Health Institute and Methodist Healthcare Ministries, 2009. http://www.healthpolicyinstitute.org/files/Key_findings_obesity_Eschbach.pdf (accessed July 2011).
- 39 City of San Antonio, Press Release. "City of San Antonio's Metro Health Department awarded \$15.6 million as Part of Recovery Act Prevention and Wellness Initiative." <http://www.sanantonio.gov/news/NewsReleases/nr2010metrohealthgrant.asp> (accessed July 2011).
- 40 Thompson M, San Antonio CPPW program manager, personal communication, July 2011.
- 41 Ibid.
- 42 Ibid.
- 43 Ibid.
- 44 Sepulveda M, Tait F, Zimmerman E, et al. Impact of Childhood Obesity on Employers. *Health Affairs*, 29(3): 513-521, 2010.
- 45 Finkelstein EA, Trogdon JG, Cohen JW, et al. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs*, 28(5): w822-831, 2009.
- 46 Thompson M, personal communication, July 2011.
- 47 Berlanga J. *The Prevalence Of Obesity In Children by Campus*. Analysis based on data from Fitnessgram, Texas Health Agency. San Antonio Metro Department of Health and Texas Education Agency, 2010.
- 48 Thompson M, personal communication, July 2011.
- 49 Ibid.
- 50 *Gaining Costs, Losing Time: The Obesity Crisis in Texas*.
- 51 Kelly M, Paso Del Norte Foundation, personal communication, July 2011.
- 52 *Gaining Costs, Losing Time: The Obesity Crisis in Texas*.
- 53 Ibid.
- 54 Rogers K, HEB, personal communication, July 2011.
- 55 Ibid.
- 56 Excellence in Education Awards. HEB website, <http://www.heb.com/sectionpage/about-us/community/excellence-in-education/26501118> (accessed July 2011).
- 57 Rogers K, personal communication, July 2011.

- 58 *Gaining Costs, Losing Time: The Obesity Crisis in Texas.*
59 Ibid.
- 60 *Healthy Hurst: A Community-wide Wellness Program.* Hurst website, <http://www.ci.hurst.tx.us/Departments/Recreation/HealthyHurst.htm> (accessed July 2011).
- 61 *Gaining Costs, Losing Time: The Obesity Crisis in Texas.*
- 62 Legislative Updates — School Health. Austin, Texas: Texas Education Agency. <http://www.dshs.state.tx.us/schoolhealth/legisup.shtm> (accessed July 2011)
- 63 Combs S, Texas State Comptroller, personal communication, July 2011.
- 64 *F as in Fat: How Obesity Threatens America's Future 2011.*
- 65 Beyer V, Texas Department of Agriculture, personal communication, August 2011.
- 66 *F as in Fat: How Obesity Threatens America's Future 2011.*
- 67 Catch Texas. Website, <http://www.sph.uth.tmc.edu/catch/> (accessed July 2011).
- 68 Ibid.
- 69 Hoelscher DM, Springer AE, Ranjit N, et al. Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. *Obesity*, 18(Suppl 1): S36-44, 2010.
- 70 Kelder S, University of Texas Houston Health Science Center, personal communication, July 2011.
- 71 Ibid.
- 72 Brown HS, Pérez A, Li YP, et al. The cost-effectiveness of a school-based overweight program. *International Journal of Behavior, Nutrition and Physical Activity*, 4:47, 2007.
- 73 Marchman S, Texas Education Agency communications office, personal communication, July 2011
- 74 Evaluation of the Texas Fitness Now Grant Program. Austin, Texas: Texas Education Agency, 2011. http://www.tea.state.tx.us/TFN_Comp_Rpt.pdf (accessed July 2011)
- 75 Welk GJ, Jackson AW, Morrow JR, et al. The association of health-related fitness with indicators of academic performance in Texas schools. *Research Quarterly for Exercise and Sport*, 81(3 Suppl): S16-23, 2010.
- 76 Greenleaf CA, Petrie TA, Martin SB. Psychosocial variables associated with body composition and cardiorespiratory fitness in middle school students. *Research Quarterly for Exercise and Sport*, 81(3 Suppl): S65-74, 2010.
- 77 Wald P, USAA, personal communication, July 2011.
- 78 Ibid.
- 79 Ibid.
- 80 *Gaining Costs, Losing Time: The Obesity Crisis in Texas.*
- 81 Ibid.
- 82 Wald P, personal communication, August 2011.
- 83 Ibid.
- 84 Britt R. "Southern-fried health care." *MarketWatch* July 27, 2010.
- 85 Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System (BRFSS), Selected Metropolitan/Micropolitan Area Risk Trends*, <http://apps.nccd.cdc.gov/BRFSS-SMART/MMSACTyRiskChart.asp?MMSA=57&yr=2009&qkey=4409&CityCode=132&cat=OB#OB> (accessed August 2011).
- 86 Nashvitality. Website, <http://www.nashvitality.org/active/building-active-places/complete-streets.aspx> (accessed July 2011).
- 87 Nashvitality. Website, <http://www.nashvitality.org/about/about-nashvitality.aspx> (accessed July 2011).
- 88 Johnson BD, Office of Mayor Dean, Press Secretary, personal communication, July 2011.
- 89 Campbell D, Nashville Metro Public Health Department, personal communication, July 2011.
- 90 Ibid.
- 91 DeVille N. "Mayor's walks inspire many." *The Tennessean* May 25, 2011.
- 92 Metropolitan Government of Nashville and Davidson County. "Mayor Announces New Healthy Living Initiative." Press Release, July 9, 2011. <https://secure.nashville.gov/mayor/news/2011/0709.asp> (accessed July 2011)
- 93 Campbell D, personal communication, July 2011.
- 94 Shurney D, Vanderbilt University, personal communication, July 2011.
- 95 C. Everett Koop National Health Awards. Website, http://www.sph.emory.edu/healthproject/past_winners/year/2008/vanderbilt/index.html (accessed July 2011).
- 96 Shurney D, personal communication, July 2011.
- 97 Ibid.
- 98 Chesley Y, HCA, personal communication, July 2011.
- 99 Ibid.
- 100 Ma S, Frick KD. A simulation of affordability and effectiveness of childhood obesity interventions. *Academic Pediatrics*, 11(4): 342-350, 2011.
- 101 Ibid.
- 102 Carr F, Nashville Metro Public Schools, Chief Operating Officer, personal communication, July 2011.
- 103 Ibid.
- 104 Campbell D, personal communication, July 2011.
- 105 *Behavioral Risk Factor Surveillance System (BRFSS)*, CDC, 2011.
- 106 Ibid.
- 107 Ibid.
- 108 U.S. Centers for Disease Control and Prevention. Smoking and Tobacco Use, State Highlights. 2010. http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/indiana/index.htm (accessed July 2011).
- 109 *Diabetes in Indiana: A Report on Diabetes Morbidity and Mortality. 2010.* Indianapolis, Indiana: Indiana State Department of Health. <http://www.in.gov/isdh/files/IndianaDiabetesBurdenReport2010.pdf> (accessed July 2011)
- 110 Trogdon et al, 1-7.
- 111 Berggoetz B. "Out of shape." *The Indianapolis Star* May 1, 2011
- 112 *2007 Annual Report.* 2007. Indianapolis, Indiana: Indiana Tobacco Prevention and Cessation. <http://www.in.gov/legislative/igareports/agency/reports/TPREV03.pdf> (accessed August 2011)
- 113 Indiana State Health Department, Press Release. "Indiana Takes Next Step In Tackling Obesity." http://www.in.gov/icw/files/PR_1.28.11.pdf (accessed August 2011).
- 114 "Gov. Daniels Asks Hoosiers To Get 'Inshape Indiana'." *US Fed News* July 13, 2005.
- 115 INShape Indiana. Website, <http://www.inshapeindiana.org/276.htm> (accessed July 2011).
- 116 McLain N. "Getting Stonegate students INShape." *Zionsville Times Sentinel* March 31, 2010, <http://times-sentinel.com/local/x1687694952/Getting-Stonegate-students-INShape> (accessed July 2011).
- 117 Fore A, personal communication, August 2011.
- 118 INShape Indiana. Website, <http://www.inshapeindiana.org/284.htm> (accessed August 2011).

- 119 U.S. Department of Health & Human Services, Press Release. "HHS Launches Childhood Overweight and Obesity Prevention Initiative." <http://www.hhs.gov/news/press/2007pres/11/pr20071127a.html> (accessed July 2011).
- 120 Whitt E, INShape Indiana, personal communication, August 2011.
- 121 Smith M. "State smoke-free movement has a foothold." *The Associated Press* July 9, 2007
- 122 Malik M. "Tax hike could be habit-breaking; Officials expect 23,000 Hoosiers to quit smoking, almost 40,000 youths not to start." *The Indianapolis Star* July 1, 2007
- 123 Rudavsky S. "Cigarette sales dive 17.8% after tax hike; Smokers paying 44 cents more per pack; cessation programs report booking up quickly." *The Indianapolis Star* June 3, 2008
- 124 *Saving Lives, Saving Money: A state-by-state report on the health and economic impact of comprehensive smoke-free laws*. Washington, D.C.: American Cancer Society, 2011. <http://www.acscan.org/pdf/tobacco/reports/acscan-smoke-free-laws-report.pdf> (accessed August 2011)
- 125 Indiana State Health Department, Press Release. "Indiana Takes Next Step In Tackling Obesity."
- 126 *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*. Indianapolis, Indiana: Indiana State Department of Health and the Indiana Healthy Weight Initiative Task Force, 2010. http://www.in.gov/icw/files/IN_State_Obesity_Plan_2010-2020.pdf (accessed August 2011)
- 127 Memmer M, Indiana State Department of Health, personal communication, August 2011.
- 128 Ibid.
- 129 U.S. Census Bureau, 2010. State and County QuickFacts. <http://quickfacts.census.gov/qfd/states/06/06073.html> (accessed August 2011)
- 130 Ibid.
- 131 Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System (BRFSS), Selected Metropolitan/Micropolitan Area Risk Trends, 2009*. <http://apps.nccd.cdc.gov/BRFSS-SMART/MM-SARiskChart.asp?yr=2009&MMSA=172&cat=OB&qkey=4409&grp=0>. (accessed August 2011)
- 132 *The Economic Costs of Overweight, Obesity and Physical Inactivity Among California Adults—2006*. California: California Center for Public Health Advocacy, 2009. <http://www.publichealthadvocacy.org/costofobesity.html> (accessed August 2011)
- 133 Goldstein H, California Center for Public Health Advocacy, personal communication, August 2011.
- 134 California Center for Public Health Advocacy, Press Release, July 9, 2009. "California's Cost of Obesity Climbs to \$41 Billion." http://www.publichealthadvocacy.org/_PDFs/Costofobesity_PressRelease_070909.pdf (accessed August 2011).
- 135 County of San Diego, Live Well, San Diego. Website, http://www.sdcounty.ca.gov/hhsa/programs/sd/health_strategy_agenda/index.html (accessed August 2011).
- 136 County of San Diego, Healthy Works. Website, http://www.sdcounty.ca.gov/hhsa/programs/phs/chronic_disease_health_disparities/CPW.html (accessed August 2011)
- 137 Yancey A, San Diego County Health and Human Services Agency, personal communication, July 2011.
- 138 County of San Diego, Healthy Works. Website.
- 139 Yancey A, personal communication, July 2011.
- 140 County of San Diego, Healthy Works. Website.
- 141 Yancey A, personal communication, July 2011.
- 142 County of San Diego, Healthy Works. Website.
- 143 Yancey A, personal communication, July 2011.
- 144 County of San Diego, Healthy Works. Website.
- 145 Yancey A, personal communication, July 2011.
- 146 County of San Diego, Healthy Works. Website.
- 147 Yancey A, personal communication, July 2011.
- 148 Moder C, San Diego County Childhood Obesity Initiative, personal communication, July 2011
- 149 Fredericksen M, San Diego County Regional Airport Authority, personal communication, August 2011
- 150 Ibid.
- 151 Lecuna S, Intuit, personal communication, September 2011.
- 152 Ibid.
- 153 Ibid.
- 154 Ibid.
- 155 Ma et al, 342-350.
- 156 Ibid.
- 157 Finkelstein et al, 822-831.
- 158 National Center for Safe Routes to School and Safe Routes to School National Partnership. "U.S. Travel Data Show Decline In Walking And Bicycling To School Has Stabilized." Press Release, April 8, 2010. <http://www.saferoutespartnership.org/media/file/NHTS-SRTS-Press-Release-04082010.pdf> (accessed August 2011).
- 159 County of San Diego, Healthy Works. Website.
- 160 Yancey A, personal communication, July 2011.
- 161 County of San Diego, Healthy Works. Website.
- 162 Yancey A, personal communication, July 2011.
- 163 Kaiser Family Foundation and Health Research and Educational Trust. *Employer Health Benefits 2009 Annual Survey*. September 2009.
- 164 Johnson C, personal communication, September 2011.
- 165 Trust for America's Health. *Key Health Data About Mississippi*. <http://healthyamericans.org/states/?stateid=MS> (accessed September 2011).
- 166 United Health Foundation and the American Public Health Association and Partnership for Prevention. *National and State Estimates of the Impact of Obesity on Direct Health Care Expenses*. <http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf> (accessed September 2011).
- 167 Phillips J, Stennis Institute, Mississippi State University, personal communication, September 2011.
- 168 Smith KR, Brown BB, Yamada I, et al. Walkability and body mass index density, design, and new diversity measures. *American Journal of Preventive Medicine*, 35(3): 237-44, 2008.
- 169 Johnstone S, Hernando City Government, personal communication, June 2011.
- 170 Beard B, Williams, Pitts & Beard, personal communication, September 2011.
- 171 Minor M, Oak Hill Baptist Church, personal communication, May 2011.
- 172 Robertson C. "Preaching a Healthy Diet in the Deep-Fried Delta." *The New York Times* August 21, 2011

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