

Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Nutrition, Physical Activity, and Obesity Webinar, May 29, 2012, 12:00 p.m. ET

MODERATOR: Good afternoon, and thank you for registering to the webinar on the leading health indicators. You are now in a listen-only mode. Please use the Q&A feature on the right of your screen to submit any questions. You can also follow live tweets from Healthy People. The handle is @gohealthypeople, and we encourage you to tweet your questions live using the hashtag LHI. Your questions will be answered at the end of the webinar.

I would now like to introduce Carter Blakey, Deputy Director of the Office of Disease Prevention and Health Promotion at the Department of Health and Human Services. Please go ahead.

CARTER BLAKEY: Thank you, and good afternoon everyone, and welcome to the fifth installment of the monthly series Who's Leading the Leading Health Indicators. Each month this series will highlight an organization that is using evidence-based approaches to address one of the Healthy People 2020 leading health indicators or LHI topics. This series includes a monthly webinar, an email bulletin, and active conversations via Twitter and LinkedIn. During today's webinar you will hear from several distinguished speakers.

Assistant Secretary for Health, Howard Koh will introduce this month's LHI topic, nutrition, physical activity and obesity. You will also hear remarks from HHS Regional Director for Region VI, Marjorie McColl Petty. And from CATCH Texas, Deanna Hoelscher will discuss the coordinated approach to child health or CATCH, which is an evidence-based primary prevention intervention designed to instruct children, their schools and their families in healthy eating and physical activity.

Dr. Hoelscher will also talk about the success CATCH Texas has had implementing CATCH across the state. So what is Healthy People? For those of you who aren't familiar, for four decades now Healthy People has provided a comprehensive set of national 10-year objectives that has served as a framework for public health activities at all levels and across all sectors of the public health community. Often called a roadmap for nationwide health promotion and disease prevention efforts, Healthy People is about understanding where we are now and taking informed actions to get to where we want to go over a 10-year period.

Then the Leading Health Indicators, the focus of this series, represent critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illness. These indicators, or critical health issues, are linked to specific Healthy People 2020 objectives. They have been selected to communicate high priority health issues to the public along with actions that can be taken to address them with the overall goal of improving the health of the entire population.

There are 12 leading health indicator topics, and this month we are focusing on Nutrition, Physical Activity, and Obesity. For the complete list of the leading health indicators and to view our past

webinars, please visit <http://healthypeople.gov>. And with that, I'd like to turn the podium over to Dr. Koh.

DR. HOWARD KOH: Thank you so much, Carter. We're all so grateful for your leadership and passion in this area for so many years, so thank you for helping us kick off this webinar. Thank you everyone for attending the webinar and for your interest in Healthy People and the LHIs. So I'm delighted to just spend a couple minutes giving you an overview on this month's topic, Nutrition, Physical Activity, and Obesity.

The issues of overweight and obesity have tremendous impact, not just on our health, but also on our economic condition, so promoting physical activity and nutrition is absolutely critical to reducing the risk of overweight and obesity and reducing the risk of disease. Research has shown us that people who are overweight and obese have higher risks of certain conditions such as heart disease, type 2 diabetes and certain cancers, and you have probably heard the estimates that medical costs associated with obesity are around \$147 billion.

So we have been very active as a department and as an Office of Disease Prevention and Health Promotion to put forward guidelines for Americans to incorporate physical activity and dietary guidelines. The 2008 Physical Activity Guidelines for Americans put out by our Office of Disease Prevention and Health Promotion puts forward the benefits of physical activity and its related health benefits in areas such as lowering risk of early death, heart disease, stroke, type 2 diabetes and high blood pressure.

And the 2010 Dietary Guidelines for Americans that we unveiled in collaboration with the U.S. Department of Agriculture puts forward guidelines with respect to balancing calories with physical activity and encouraging Americans to consume healthier foods like fruits, vegetables and whole grains. The indicators for Nutrition, Physical Activity, and Obesity serve as a call to action for all of us, and there are four objectives that we are following closely.

First, adults who meet current federal physical activity guidelines, the ones that we just mentioned that were put forward in 2008; second, the percentage of adults who are obese defined as a body mass index over 30; third, children and adolescents who are considered obese who are in the 95th percentile of weight and above; and fourth, total vegetable intake for persons aged two years and older.

So let's look closer at the obesity trends, particularly in adults and children over the next couple slides. On this slide you see the prevalence in obesity among children and adolescents; that's defined as people ages 2- 19 and adults; that's defined as people aged 20 and above, by sex in this country from 1988 up through 2010. The top two lines have to do with obesity rates in adult women and men.

The women are in the top line, the blue line, and men are in the orange line, and you can see from 1999 where the adult obesity prevalence was about 30 percent to 2009-2010, just a decade later, the obesity rates have risen to close to 36 percent. That's a 17 percent increase in just a decade. Similarly, you see

increases for boys and girls. Those are the lower two lines from roughly an obesity rate of about 14 percent in 1999 to close to 17 percent by 2009-2010. That's a 22 percent increase.

Of interest, the rate and rise has been significant for boys and men, but not as striking as for women. Just last month, we had a Weight of the Nation Conference here in D.C. sponsored by the CDC and it was announced there that it's projected that the number of Americans who will be obese by 2030 will rise to 42 percent, so these are stunning numbers that show the gravity of the epidemic that the country is facing.

On the next slide we see child and adolescent obesity in 2009-2010. The total is the top line. Currently it's about 17 percent as I mentioned, and we want to get it down to closer to 15 percent. That's the Healthy People target noted in the black vertical line. And then we see disparities by race and also by family income. First, the middle set of bars by race, we see that the Black non-Hispanic childhood and adolescent obesity rates are the highest of any racial ethnic group, more than one and a half times what you see with White non-Hispanics.

And then in the lower set of bars, you'll see that obesity is directly linked to family income, that families with income under 100 percent federal poverty level have the highest rates of obesity compared to those with much higher incomes. So these disparities by race and income are very striking for kids and adolescents as summarized on this slide. So the way to go forward to address this has got to be a broad public health approach, and that's summarized on the next slide.

We need environmental factors, access to safe places to exercise and affordable healthy food. We need to address these factors where people live, learn, work and play, the so called social determinants approach. These are the underlying themes of the First Lady's *Let's Move!* initiative as well, and we are very delighted that the program CATCH has been highlighted today and we'll be hearing more from Dr. Hoelscher in just a second.

And then the final slide that I'm presenting just gives a summary of federal actions with respect to nutrition, physical activity and obesity. The *Let's Move!* initiative pioneered by the First Lady has really catalyzed and galvanized the country. We're very proud to be a part of that. The National Prevention Strategy was unveiled last year as required by the Affordable Care Act has involved some 17 federal agencies across government. I already mentioned the 2010 Dietary Guidelines for Americans and the 2008 Physical Activity Guidelines for Americans.

And then we also have a revitalized President's Council on Fitness, Sports and Nutrition that is putting forth a series of PALA challenges, that's Presidential Active Lifestyle Award challenges. In 2010 we put forward the challenge of whether a million people could sign up and follow the physical activity guidelines for six weeks, going on <http://fitness.gov> to make public your commitment, and we were thrilled when 1.7 million people actually signed up and implemented this challenge.

That was well exceeding our goal. So we now have a PALA+ challenge that incorporates objectives for physical fitness and nutrition, and these are just some of the ways that we are as a department working

to get the message out about these key issues. So at this point, I'm very pleased to turn it over to our Region VI Regional Director, Marjorie Petty.

MARJORIE MCCOLL PETTY: Thanks to all of you for joining us. Texas and the nation is faced with an epidemic of obesity. In my Region VI states, which are Arkansas, Louisiana, Oklahoma, New Mexico and Texas, the state obesity rates for all age groups are all near about 30 percent. As we all know, children who are overweight are more likely to develop diabetes and other chronic disease risk factors. So the inactivity and poor diet that causes at least 300,000 deaths a year in the U.S. also, as Dr. Koh mentioned, is related to diseases that cost the U.S. economy more than \$147 billion every year.

In Region VI, we have been working locally with mayors and communities who are looking to improve the health of their communities. Three of these entities, including some of the tribal governments that we work with in this region, have received the Communities Putting Prevention to Work grantees from CDC. The Jemez Pueblo in New Mexico is focused on physical activity and healthy choices for their constituency.

The Cherokee Nation in Oklahoma has focused on media strategies to promote healthy food and beverage choices. And one of the entities in Texas and San Antonio was highlighted by the Restaurant Association voluntarily changing their menus to be more healthy for their community. Another example of some of the great leadership in our communities includes Mayor Cluck of Arlington - that's in Texas - who provides students with pedometers each summer and he challenges them to track their physical activity.

When they return to school in the fall, the kids with the most recorded steps are recognized for their efforts. They have also improved the menus in the schools to healthier choices and they are a *Let's Move!* city. In Little Rock, Arkansas the mayor hosted the First Healthy Food and Active Living Summit that's working to address food deserts, improve access to full grocery stores in the underserved neighborhoods and to eliminate health disparities among other things.

It was my pleasure to host Secretary Sebelius and she joined me for that event in Little Rock. And also, the city of Brownsville who is a *Let's Move!* city created walking paths that have revitalized parts of their city. They engaged the community in the Biggest Loser competition, which was fun for the community and created an award winning farmer's market which promotes fresh produce with the use and engagement of local farmers and the use of SNAP, the Supplemental Nutrition Assistance Program funds.

Eighty percent of Brownsville is either overweight or obese. The Brownsville school district has been engaged with CATCH, which is the program that we're going to hear about in a few minutes. The science of CATCH is demonstrating that behaviors such as physical inactivity and eating foods in high fat can be challenged and changed.

So it's my pleasure right now to introduce to you Dr. Deanna Hoelscher who's the professor at the University of Texas School of Public Health and the Director of the Michael and Susan Dell Center for

Healthy Living who will speak in more detail about the CATCH program. CATCH stands for Coordinated Approach to Child Health and it is a coordinated school program that builds an alliance of parents, teachers, child nutrition experts, school staff and community partners to teach children and their families how to be healthy for a lifetime.

So we're pleased to have Dr. Deanna Hoelscher in Texas to help lead this program. Dr. Hoelscher?

DR. DEANNA HOELSCHER: Good afternoon, and thank you for that nice introduction. I am pleased to be participating in this wonderful webinar series. Today I would like to talk to you about a program on which I have worked during the past 20 years, the Coordinated Approach to Child Health or CATCH. CATCH is modeled after the CDC's coordinated school health model, which seeks to promote physical activity and healthy food choices through a coordinated effort in which a child is surrounded by consistent healthy messages at school and at home.

CATCH includes separate programs for classroom teachers, child nutrition service employees, P.E. teachers, school administrators and families as seen in this slide. CATCH is coordinated by a program champion at each school who organizes a CATCH committee along with representatives from the other school components to implement the program along with support from district level administration. Classroom curriculum components include behaviorally based curricula for each grade level from Jump into Health for kindergartners to Breaking Through Barriers for fifth grade students.

Materials supporting the other components include activity boxes for the P.E. teachers, nutritional guidebooks for the cafeteria and take home family activities, as well as family fun nights or health fairs that bring the families to the schools to celebrate healthy living. CATCH began as the Child and Adolescent Trial for Cardiovascular Health, which was a research study funded by the National Heart, Lung and Blood Institute of the National Institutes of Health or NIH.

CATCH was designed to extend the research of the 1980s in cardiovascular disease prevention in youth. The CATCH research project was unique in several ways. First, it used a rigorous research design involving a large number of schools, 96 schools across the four sites you see on the map on the slide. Secondly, the intervention included actions at multiple levels and components over three years involving three separate grade levels.

And finally, CATCH was one of the first studies to focus on children from ethnically diverse communities in California, Minnesota, Texas and Louisiana. The NIH research funds for development and testing of CATCH were leveraged into a robust evidence-based program that has been translated from the bench to the trench. CATCH outcomes and implementation efforts have been continually evaluated and improved since its inception.

This slide provides an overview of some of the major outcomes of the CATCH main trial and a few follow up studies. During the main trial, we found that the CATCH program resulted in reductions in total fat and saturated fat content of school lunches, increased moderate to vigorous physical activity in the students during P.E. classes and improvements in self-reported eating and physical activity behaviors of

the students. A follow up study showed that these results were maintained through eighth grade without further intervention efforts.

A later replication study in El Paso, Texas at the University of Texas El Paso found that a reduction in child obesity and overweight prevalence in a mostly Hispanic and low income population as a result of CATCH implementation. Building on these outcomes was research demonstrating the cost effectiveness of CATCH, with one study reporting CATCH to be the most cost effective way to prevent obesity in youth.

Finally, recent data from our studies indicate that implementing CATCH with 60 minutes a day of physical activity in children can result in significantly higher academic scores on the Stanford Math Assessment. I would like to take a little time now to discuss the impact of CATCH in Texas where obesity rates in school aged children are higher than currently found in the United States as you can see in this graphic. Data from the School Physical Activity and Nutrition or SPAN study, a surveillance study documenting child obesity rates in Texas at the state and regional level is presented on this slide.

When these data were shared with the state, they became the catalyst for marking child and adolescent obesity as an immediate priority for intervention for state leaders. CATCH and SPAN evidence helped Texas Senator Jane Nelson and Comptroller Susan Combs, our Texas patron saints, establish child and adolescent obesity as a priority that needs to be addressed using evidence-based programs.

As an example, in 2007, Comptroller Combs provided funding for implementation of Senate Bill 42 which mandated coordinated health programs in middle schools. Comptroller Combs' funding enabled low income middle schools to purchase P.E. and nutrition materials and equipment. Since Texas Senate Bill 19 was passed in 2001, CATCH and SPAN data have been instrumental in providing evidence and support for school health policy in the state along with other stakeholders such as the Partnership for a Healthy Texas.

CATCH has been widely evaluated in Texas. In the early 2000s, the El Paso area of Texas participated in an eight year CATCH initiative, which was funded and implemented by the Paso del Norte Health Foundation. The efforts of the El Paso initiative included community-based and led interventions, legislation through Senate Bills 19 and 1357, policy implementation of the Texas Public School Nutrition Policy which regulated food served in schools and regional media campaigns, which provided messages that reinforced the school health efforts which were ongoing.

These efforts culminated in a 7 percentage point decrease in obesity for fourth grade children. This effort is noteworthy in that the area in which this decrease occurred is a big area. For example, Public Health Regions IX and X, the areas that are highlighted on the map, alone are equivalent in population size to South Dakota and Wyoming combined. Based on the success of El Paso, the Michael and Susan Dell Foundation funded a CATCH initiative in low income Travis County elementary schools to continue evaluation and improvement of CATCH.

In this study, we found an 8 percent reduction in overweight and obesity in fourth grade children. Results from Travis County supported previous findings reinforcing that we need to coordinate our efforts with the community and that the impact of the effort is strongest in schools that implement the program more fully. I would now like to take the opportunity to highlight the tremendous work being done on the ground in a single school, TA Brown Elementary School in the Austin Independent School District.

TA Brown is among the top five performing CATCH schools in the district and has taken a broad implementation approach, which includes an increase in teacher led structured activity break periods, an increase in the number of student and teacher CATCH lessons, increases in communication with the parents about health and an increase in school cafeteria promotional activities and healthy meal practices.

Supporting the success at TA Brown is an exceptional staff which includes one person from each grade level, an incredibly supportive administrator and Judy Howard, the P.E. teacher who is pictured on this slide. Ms. Howard leads the CATCH Committee and guides the implementation of CATCH along with a very supportive and involved principal. The committee is further strengthened by a robust CATCH plan with other classroom teachers being held accountable by CATCH Champion and Committee and activities that coordinate across the different components.

For example, the CATCH Committee was very active in sponsoring weekly Fresh Fruit Fridays which were so successful that children got upset and called their parents if they forgot to bring fruit to school for snack that day. One mother told us that she had to start buying fruits and vegetables mid-week because her children ate all she had bought that weekend. Through all these efforts, TA Brown was able to decrease the rate of overweight and obesity from 60 percent to 40 percent in four years and has recently received an H-E-B Healthy Campus Award as a result of these efforts.

The success seen at TA Brown can be replicated at other schools and in other settings. We have expanded and developed other CATCH programs such as the CATCH Early Childhood Program which focuses on preschool children and their families through daycare settings, the CATCH Middle School Program, which includes a social marketing component and is currently being evaluated and CATCH Kids Club, which is an after school program that has been used extensively in YMCA programs across the United States.

And if we could advance the slide just a little bit to see. Thank you. Through our CATCH experiences, we have learned much about what it takes to implement child obesity prevention programs. We know that it truly takes a community to make a difference using a holistic approach which engages both individuals and environments through policies, systems and practice to make a change. While it does take a community, it is also necessary to have strong and dedicated leadership.

CATCH success in Texas was built on the efforts of both program champions, our boots on the ground, and patron saints from above. Finally, implementing child obesity programs like this require new directions and partnerships to facilitate the holistic approach I just mentioned. Our future efforts

include our recently awarded Texas Childhood Obesity Research Demonstration Grant or CORD in which we are working across sectors/silos, including coordinating with health care to make an impact on low income children.

Next slide. After stressing the importance of partnership, collaborations and leadership, I cannot neglect to acknowledge the many people and organizations who have made our efforts to fight obesity in Texas possible. These are a few of the many, many individuals and organizations who have contributed to the development, funding and evaluation of CATCH through the years.

Finally, here's my contact information should anyone have additional questions after the webinar. I thank you again for the opportunity to participate in this series, and I look forward to discussing some of the interesting questions from the audience. Thank you.

CARTER BLAKEY: And thank you Dr. Koh, Ms. Petty and Dr. Hoelscher for those wonderful presentations. I think you've given us a lot to think about, and I'd now like to invite participants who have not already done so to send their questions through the WebEx Q&A feature or via Twitter using the hashtag LHI. Meanwhile, you'll be prompted to fill out a survey about your experience with this webinar. We encourage you to complete the survey so that we can improve our future efforts in this series.

And anyway, and thank you in advance for your feedback. Some of you were very busy during the webinar. We already have a pile of questions here for folks to answer. So I'm going to send the first one toward Dr. Hoelscher. The question is do you customize the CATCH program for communities with different demographics or is the CATCH program a one size fits all? And if you do customize, how do you determine which program works for certain populations?

DR. DEANNA HOELSCHER: First of all I'd like to let you know that I have two other people joining me to answer questions, Dr. Steve Kelder and Peter Cribb, and so I'll start out on this one and then I'll hand it over to Dr. Kelder. But when we developed CATCH, CATCH was developed for the school setting, so within the school setting there's a lot of room to customize it for the population. For example, in Brownsville and El Paso we have the Mighty Amigos, so that is one way that they have adapted the CATCH characters to the specific population. Steve, would you like to expand on that?

DR. STEVE KELDER: ...We hope that each school district will customize it on their own because they know best what their target population is, and so we provide activities across many, many different cultural scenarios and tastes and values.

CARTER BLAKEY: Great, thank you. And here's another one for CATCH. This actually came in over Twitter. It's the first time we've tried this so I'm glad it's working. How has standardized testing impacted implementation of CATCH? In other words, have principals at schools been receptive to the CATCH program?

DR. DEANNA HOELSCHER: Dr. Kelder, do you want to answer that one?

DR. STEVE KELDER: Sure, you know, standardized testing makes it more challenging to implement programs like CATCH to a certain extent, but usually that falls into place at the classroom curriculum. Most schools in the U.S. have a P.E. program, physical education. Most schools have a food service, so those components of CATCH usually take off and take route easily. However, you know, finding classroom time for the implementation of the classroom curriculum by teacher sometimes is challenging, so we've done a variety of things likely have a kick off week at the beginning of the school year or at various times throughout the year.

So those are the main ways we do it, but, you know, mostly schools are beginning to recognize that the relationship that was outlined in the I believe it was 2010 CDC report that relates physical activity and physical fitness to academic achievement, when superintendents and school personnel and principals read that and understand it they're more like to implement a program like CATCH.

CARTER BLAKEY: Great, thank you. And here's a question for Dr. Koh. Dr. Koh, on one of your slides you listed several administration or Department of Health and Human Services that are targeting obesity and overweight and nutrition and physical activity. Can you explain how these tie in? For example, what is the Affordable Care Act doing to help combat obesity?

DR. HOWARD KOH: Okay, we've had so much transformation under this administration's leadership on areas of prevention and public health in general and obesity in particular. We have on the prevention front a National Prevention Strategy that I mentioned, a new National Prevention Council, a dedicated prevention fund. Obesity related issues, physical activity and nutrition issues are all tied into those efforts.

On an individual level, health plans are asked to cover screening for body mass index without adding cost to the beneficiary, so that's a big advance because we don't want cost to be a barrier. We have the tremendous leadership of the First Lady as I mentioned, and we have a coordinating meeting every month across the department that I chair that helps on *Let's Move!* initiatives and coordinates with the White House. I was delighted to see that the CATCH themes actually align with the *Let's Move!* themes very, very nicely.

And then we have as I mentioned not only the dietary guidelines and the physical activity guidelines that are constantly re-updated, but the President's council that's really putting forward the message on physical activity has really been revitalized under this administration as well.

CARTER BLAKEY: Great, thank you very much. Now for Dr. Hoelscher. Can you talk about the importance of evaluation of your programs that aim to change health behaviors? I think that's one of the biggest challenges we face is evaluating changes in health behavior, so can you tell us a little bit about what you've done and the importance of it?

DR. DEANNA HOELSCHER: Yes. I think evaluation is always important for programs like this to demonstrate impact for funders and for other stakeholders in the community. So we've done evaluation in many different ways; from the original randomized control trial in which we collected

blood for cholesterol levels and did heights and weights, and blood pressure to the way that we normally evaluate now. So usually what we do when we're in schools, we have a series of questionnaires that we can ask students about their dietary habits.

And then we usually do measure their height and weight as part of that as well. We also have some parent surveys that we've used at times. These parent surveys will ask about access to healthy foods at home and how safe the parents perceive their environment to be. We also have a series of measures that are done at the school level, and often that's not done, but we found it's extremely helpful. We have a series of tools that schools can use.

One is a questionnaire that says how do we know it's working, so it's a list of criteria that you can evaluate how well the program is being evaluated or how well the program is being implemented in the school level.

CARTER BLAKEY: Great, thank you. And here's another question for you. Can you provide more details on how you bring the appropriate stakeholders together to work toward reinforcing each other's messages and combating obesity?

DR. DEANNA HOELSCHER: I think I'd like to direct that question to Peter Cribb. Peter, would you like to answer that one?

PETER CRIBB: Yes, I might just defer to Steve for this one.

DR. STEVE KELDER: Sure, what we do is during training we ask ... when we conduct trainings at schools or school districts we will ask for a member at the school campus from the school's administration, a lead classroom teacher, the physical education teacher and usually the food service director of the campus. If we're training a school district, we'll ask for each of those people from all the schools that we're training as well as district personnel. So what we do is we offer what we call a CATCH coordination kit.

Deanna mentioned that, but when you train all those different individuals that have supervisory responsibility for classroom, P.E. and food service, we break it into six week objective cycles, so during training they plan together on how they're going to implement the various components of CATCH and we find that, you know, the training part and having those different people with different responsibility makes all the difference.

CARTER BLAKEY: Thank you, and kind of related to that, when you're pulling in your stakeholders, how many of them are participating in the program as well? Do you have teachers participating in weight management along with the students?

DR. STEVE KELDER: CATCH doesn't necessarily specifically have any weight management programs for teachers. However, we do things at different campuses like have a walking in the morning before school or active activity breaks during the classroom time, and so when teachers get involved in weight

management and healthy eating, of course the program works a whole lot better. For example, in Texas we have mandatory fitness testing of all public school children from grades 3 through 12.

And some schools have gone as far as so if their teachers take the fitness gram test and pass then they can wear a CATCH T-shirt or blue jeans on certain days, so, again, if teachers get excited and involved in fitness it rubs off on the kids and the families and we see stronger results.

DR. DEANNA HOELSCHER: We also have a wonderful story from one of the elementary schools here in Austin about one of the classroom teachers who became more involved in nutrition and physical activity while she was teaching CATCH and she ended up losing I think 20 or 25 pounds which is a great story. We have not followed that up with a systematic data collection, but it would be a very interesting study to do.

CARTER BLAKEY: Great, thank you. And Ms. Petty, we actually have a question here for you about further activities in Region VI. Can you tell us what some other activities you have ongoing in Region VI or is there a website where folks in the area can visit to learn more?

MARJORIE MCCOLL PETTY: They can always contact the regional director's office which is at marjorie.petty@hhs.gov, and we oftentimes are the conduit for grants that are available through the federal government. We also do outreach on a regular basis to partners in the communities and across the states for things like the *Let's Move!* to engage the cities, the mayors in involving their communities in competitive activities to improve health.

So there are ongoing activities at all times, but the best conduit is through my office or through the representative of Dr. Koh's office at the regional level who is the regional health administrator.

CARTER BLAKEY: Thank you, and then Dr. Koh, does the Department of Health and Human Services have toolkits or resources available that can be downloaded that can be used at, for example, health fairs?

DR. HOWARD KOH: I'm so glad you asked me that. There is a Be Active Your Way series. It's on <http://www.health.gov/paguidelines>. You can click on toolkit on the left bar and also event flyers. There's also <http://www.presidentschallenge.org> or <http://fitness.gov> and all of those links will get you to good information.

CARTER BLAKEY: Thank you. Those are wonderful resources. I think we have time for one more question, and Dr. Hoelscher, there has been on recent television series or also in the press emphasis that just preaching to children or adults on healthy habits has not worked and does not work. What are you proposing that's different than this?

DR. DEANNA HOELSCHER: I think the whole coordinated school health approach in which children are surrounded by healthy messages that are consistent and reinforced across different areas, so, for example, a child is taught about healthy eating in the classroom. They go into a cafeteria where healthy

foods are presented in a very attractive way. Their friends are eating healthy foods. They all think they taste good and that's the norms. That's how they eat.

Then they go into P.E. classes and they're active. Then they go home and their parents reinforce that so when they have little league they bring healthy snacks to the little league park. The parents talk about healthy messages when they go out to eat. They can find healthy eating options in a restaurant. That's what we're going to need to do to solve the obesity crisis in the U.S.

CARTER BLAKEY: Great. Thank you very much. I think we need to wrap up, and I'd like to thank all of our presenters. This has been a wonderful 45 minutes, and the webinar, just to remind you, is part of a series so we hope that you'll continue to join us. And Healthy People is looking for real stories from organizations that are working to make its goals a reality. If your organization is doing great work on specific leading health indicator topics, we want to hear about it, so please go to <http://www.healthypeople.gov> to submit your story.

You can follow us on Twitter or join the Healthy People 2020 group on LinkedIn to continue this conversation about the LHI topic on Physical Activity, Obesity, and Nutrition. With that, I'd like to say thank you to everyone, and we hope to be talking to you next month. Thank you.

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