

Working Together for a Fit CNY Proceedings

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Introduction: Thomas Dennison, Ph.D., Program in Health Services Management and Policy, Maxwell School, Syracuse University

Dr. Dennison welcomed everyone to the conference, gave a brief overview of the Commission for a Healthy Central New York, and introduced Dr. Cynthia Morrow, Commissioner, Onondaga County Department of Health.

Program Overview: Dr. Cynthia Morrow, M.D., Commissioner, Onondaga County Health Department

Dr. Morrow provided an “Overview of the National Obesity Epidemic” with a power point presentation and accompanying comments. The following is an overview of the content of her presentation.

The obesity problem is one of the greatest threats facing our country and the world today, a threat greater than any state or county health department can tackle alone. Obesity is defined as having a very high amount of body fat in relation to lean body mass – a Body Mass Index (BMI) of 30 or higher for adults.

The incidence of obesity has increased in a 20-year period in the 50 states, from 1985-2005. A significant health consequence that has arisen from increased obesity is diabetes. The increase in obesity affects children as well as adults, with children facing the following health consequences: glucose intolerance/diabetes, obesity persisting into adulthood, psychosocial distress, early physical maturation, high cholesterol, sleep disorders, and liver and bone problems.

Obesity/overweight is the result of an energy imbalance between calories being consumed and expended—too much food being consumed and too little physical activity. While obesity results from a combination of genetics, metabolic rates, behavior, environment, culture and socioeconomic status, prevention is aimed at behavior and environment.

Excess caloric input is most often caused by increased consumption of fast food, increased food additives, such as fructose, and soda consumption. Also contributing to the problem are trendy diets that produce short term, but rarely sustained weight loss, a food pyramid that encouraged ingestion of too many foods high in carbohydrates and animal fats, super-sized portion sizes that have created distorted eating, and the disintegration of the family meal.

Excess caloric input with decreased caloric output has increased the incidence of obesity. In our high-tech society, people engage in less physical activity. People spending more time watching television and working at the computer, and rely more on mechanized transportation as opposed to walking or bicycling, due to neighborhoods that require driving to get to stores and work. Decreased physical activity in schools is also a

problem, with fewer children participating in organized sports and physical activity programs outside of school.

This imbalance of excess caloric intake and decreased caloric output has caused the obesity epidemic. We need to work together to reverse these trends.

Morning Break Out Sessions

Clinical Management Approaches

The following are overviews of the presentations given in the clinical management approach breakout session.

Behavioral Approaches

Dr. Timothy Hayes, Clinical Psychologist

Dispelling Myths

Myth: Obese medical patients differ from non-obese medical patients.

They may have higher frequency of weight-related co-morbidities, but they are similar in other regards, despite medical providers biases.

Myth: Obese patients' with psychiatric co-morbidities are different than non-obese patients with the same types of co-morbidities.

The most common psychiatric diagnoses include anxiety, depression and personality disorders. Patients with these disorders are similar in regards to their psychiatric illness regardless of their weight.

Myth: Compulsive overeating can be helped by “just cutting back.”

Compulsive overeating is defined as eating when not hungry, though the “condition” is viewed when this occurs at an extreme. It is an eating disorder but unlike anorexia or bulimia, it tends to be minimized, attributed to lack of self control. Over-eaters anonymous addresses some of the issues of compulsive eating, but like other 12-step programs, clients many not always feel a fit, especially if their compulsion is less severe.

Myth: Patients often seek mental health providers for assistance with their weight issue.

Overweight patient have issues similar to healthy weight individuals. Overeating is more likely to be an ineffective coping strategy for their other issues.

Psychological considerations for patient seeking surgical intervention:

- Psychological evaluation of bariatric patients prior to surgery is required.
- Patients come with mind-set of pass/fail; the goal is re-oriented to identifying issues that help the surgical process succeed and connect patients with resources that aid in addressing the issues found.
- Psychologist addresses compulsive overeating and stress management.
- Most bariatric patients could benefit from counseling services well before they connect as pre-surgery screen.
- For 8-12 months post-op, the surgery limits compulsive over-eating. In 2-5 year time frame, the behaviors are likely to return, unless addressed, or patients may experience symptom substitution.
- Community therapists and gastric bypass support groups are available before and after surgical intervention for obesity.

Pharmacological Approaches

Andrea Manyon, M.D., Professor and Chair of Department of Family Medicine, Upstate Medical University

A person with a BMI greater than or equal to 30 is considered obese. If their BMI is between 25 and 29.9, they are overweight. It is especially important to address these problems in patients with co-morbidities.

Patients must be encouraged to pursue health habits that include: portion control, healthy food choices, and exercise. The emphasis should not be on controlling patient behavior, but coaching them. When identifying physical activity regimens, lifestyle, budget, and safety factors should be considered. Set a goal of about 10% weight reduction for the first six months and see the patient once a month to address weight loss, health status, and co-morbidity issues.

The FDA has specific criteria for the evaluation of anti-obesity drugs. The placebo group subtracted weight loss must be greater than 5% and more patients in the treatment group must lose at least 5% of body weight vs. placebo. Further outcomes, such as sustained weight loss, improvement in intermediary outcomes (blood sugar, cholesterol levels, blood pressure), and positive impact of health-related quality of life must be considered too, however, when evaluating drugs.

There are multiple obesity drug categories. Drugs that reduce appetite and food intake should be taken in the short term to jump start weight loss. Phentermine and sibutramine are commonly used. Drugs that alter metabolism often produce significant GI side effects such as gas, bloating, fecal incontinence, and abdominal cramping because they limit and inhibit the absorption of certain nutrients. There are also drugs that increase energy expenditures.

Surgical Approaches

Paul Cunningham, M.D. Professor and Chair of Department of Surgery, Upstate Medical University.

Obesity is rising nationally. Currently 61% of adults and 15% of children are overweight or obese. In Onondaga County, 56% of adults (18-44 year olds) are overweight or obese. Significant health risks of morbid obesity include a 6-12 fold increase in mortality, increased heart disease risk, and increased cancer risk. Ultimately, cause of obesity is energy intake exceeding energy expenditure; it's not "glandular!"

Non-operative treatments for obesity such as drugs have potentially fatal cardiac valvular sequelae. Dietary weight loss often causes depression, anxiety, irritability, weakness, and preoccupation with food. Optimally, temporary weight fluctuations should be avoided. Optimal treatment for morbid obesity should be improvement in health achieved by durable weight loss that reduces life threatening risk factors and improves functioning.

The most common forms of obesity surgery are the adjustable gastric banding and the Roux-en-Y gastric bypass (which can be done laparoscopically in some patients). The mechanism by which these surgeries cause weight loss is by restricting the size of the stomach and creating a malabsorptive state; they may also have some undefined hormonal influence affecting weight loss.

Up to 10% or more patients risk post-op morbidity (wound infections, scarring, ulcers, phlebitis). Serious complications include GI leaks and significant blood clots.

Expected outcomes include a weight loss of 50-70% of excess body weight at 5 years. Studies also support outcomes of improved heart function, mobility and stamina, and emotional health. Fourteen-year follow-ups show maintenance of more than 50% weight loss.

Surgery is not for every obese person, however. Selection criteria should be strict. Patients should have a BMI greater than 40 or greater than 35 with a co-morbid condition, they must have tried and failed other forms of medical management such as behavior changes, diet, exercise, or weight loss medications, and their obesity must not be due to another medical condition (i.e. low thyroid, Cushings, severe depression)

Screening and support at the Upstate Bariatric Center includes a psychological screening, support group meetings with patients who are pre- and post-op, and meetings with a registered dietician. Before surgery, patients must show an ability to stick to a "gastric diet" and lose weight prior to surgery – patients who are gaining weight will not be a candidate. Patients must also be screened for other health issues which need correction before obesity surgery.

Pediatric Approaches

Dr. Denise Woddall-Ruff, Assistant Professor, & Director of Children's Center for Nutrition and Exercise, Department of Pediatrics, Upstate Medical University

New terminology is now used to help children get over the stigma of being obese or overweight. Children who were called obese are now called overweight. One in 7 children from 6 to 19 years of age with a BMI in the 95th percentile for their age and sex are considered overweight. Children who were considered overweight are now at risk for being overweight. One in 3 children with a BMI in the 85-95th percentile are considered at risk for being overweight.

In order to address the obesity problem in children, weight and healthy lifestyles must be addressed at well visits. It should be made clear that diets don't work. Instead of focusing on behavioral changes, children should try to build healthy habits.

The Healthy Lifestyle Family Program at Upstate Medical University is a comprehensive weight management program for children that emphasize family-centered care and gradual behavioral changes. Patients are children ranging from 2 to 18 who have a BMI greater than the 95th percentile. The program includes a medical evaluation consisting of a 60 to 90 minute appointment with a doctor, a comprehensive history, physical and lab work to identify risks and co-morbidities, and appropriate referrals. Group sessions are conducted four times every other week for about 2 hours. There is a follow-up 4 to 6 weeks after completing the program.

Children should receive nutrition education -- label reading, healthy choices, portion size, taste testing. They should be taught about self-esteem, emotional eating, how to set goals and limits, and how to curb hunger. They should learn about various ways to stay physically active.

Existing community partnerships to tackle obesity in children include Jump Start at the downtown YMCA. Jumpstart is a fitness program for kids who are patients of the Healthy Lifestyle Program and/or the SUNY Pediatric center. There is also a program called Fit Families – a series of 8 weekly educational sessions on nutrition, activity, and its effects on health done by SUNY Pediatric residents.

Population Approaches

The following are overviews of the presentations given in the population approach breakout session.

Schools

Presented by Kay Sterns Breuning, Ph.D., Chair, Department of Nutrition and Hospitality Management, Syracuse University.

Dr. Breuning presented an American Dietetic Association undertaking of a systematic, evidence-based analysis of the literature on pediatric overweight intervention programs:

These studies included some measure of weight or adiposity (excessive fat) as an outcome, were primary or secondary prevention programs, and included interventions in three categories: individual or family based, school based, or community based. Each report was given a quality rating based upon the study design, sponsorship and generalizability. School based programs in this analysis included CATCH (Child and Adolescent Trail for Cardiovascular Health), SPaRK (Sports, Play, and Recreation for Kids), Know Your Body, and Planet Health.

Based upon this analysis, fair evidence was found to support the use of a multi-component, school-based, primary prevention program to effect weight changes in elementary and second school students. This evidence supports including behavioral and nutritional counseling, physical activity education, physical activity environment changes (such as increasing physical activity opportunities at school, more time spent in physical activity, and restructuring PE classes to provide more activity time), parental/family involvement, and decrease of sedentary behaviors (time in front of the screen), in the school based programs. The programs should be implemented at the elementary and secondary school levels.

Limited evidence was found to support interventions aimed at media influence or changing the food environment in school-based programs, or in individual vs. multi-component interventions, to effect weight change, although interventions aimed at media influence, particularly awareness of weight-related media messages, and limiting TV time that also limits exposure to commercial advertising, appeared promising and need more research.

No evidence was found to support decreasing sedentary behaviors other than TV/video, who the best personnel were to deliver the school-based prevention programs, or the length of the intervention.

In summary, of the large number of school based primary prevention programs that have been conducted, about one half with strong designs showed positive impact on some measure of adiposity, more in secondary than in elementary school and many of the school-based interventions have effectively changed behaviors that would likely have positive health benefits beyond weight. Although there was little difference in results between primary vs. secondary prevention trials, primary prevention studies are recommended because of the increasing rates of overweight, stigmatization of participants in secondary prevention programs, and the primary prevent approach benefits all children. And finally, it is necessary but not sufficient for schools to play a role in preventing or slowing youth overweight.

Workplace

Presented by Kathy Garofalo, Nurse Practitioner, Health Services Manager, WelchAllyn.

Ms. Garaofalo presented to show the increase in obesity among US adults, and listed the health risks, including hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gall bladder disease, Osteoarthritis, sleep apnea and respiratory problems, and some cancers, such as endometrial, breast and colon.

WelchAllyn employs a Health Risk Assessment, a tool used to assess individual and aggregate risks in health related areas that include biometric and behavioral data to generate a score, which is compared to average risk. Although the risk score for WelchAllyn employees was considerably lower than the average US population, obesity and lack of physical activity are the biggest risk factors. These health risks have a negative impact on productivity and increase employee health costs. They can lead to increased absenteeism and disability. They can also lead to presenteeism -- when an employee is present but not performing at their best due to illness, distraction, personal problems or other concerns and is considered “work impaired.”

To decrease health risk (and increase productivity and decrease the cost of health care) for employees, employers can implement changes that support healthy weight management and increase fitness and physical activity. Ideas of supporting healthy weight management include partnering with the cafeteria and machine vendors to offer healthy choices that look and taste good, labeling, education, counseling and offering Weight Watcher groups at work.

Amenities to increase fitness and physical activity can include fitness centers on site, reimbursement of costs of joining an off-site fitness center, provision of safe walking areas, building fitness activities into events, sponsoring walks or runs, and getting management to “walk the talk.”

Built Environments

Presented by Jeff Olson, Co-Director Initiative for a Healthy Infrastructure, State University of New York

There are fundamental problems in our communities that lead to health problems. Children don't walk or bike to school, most car trips are for two miles or less, Syracuse walk and bike data is declining, more than 20% of NYS fatalities are the result of pedestrian and bike collisions with motorized vehicles. These factors contribute to obesity, which costs the state more than \$3 billion.

Examples of programs and smart growth are everywhere, including the millennium trails, smart growth cities, and creation of sustainable metropolitan areas. Getting people out of vehicles and on to their feet and bikes improves the quality of life. It can increase socialization and the ability to experience and appreciate the beauty of places.

Connecting public works and public health is the key relationship. Denver, Colorado is a good example of such a partnership. In Denver, the mayor created an initiative that

promoted urban redevelopment, brownfields infill, areas of walking and biking to destinations of choice, planting trees, and high quality construction.

It is possible to create a healthy transportation pyramid to parallel the food pyramid. At the base would be walking and biking, followed by public transportation, then automobile transportation and planes at the top. To support more walking and biking, streets need to be healthy and include sidewalks, crossings, signals, street trees, bike lanes, paved shoulders, ADA access, traffic calming devices, and traffic reduction techniques.

Tools are available to increase healthier transportation that include: walk and bike audits, the RW Johnson Foundation Active Living Program, the Pedestrian Safety Roadshow. NYBC.net, Quality Communities, the Health Heart Program, Bicycle Friendly Communities, Safe Routes websites, and The Presidents Council. Syracuse could address this problem by developing solutions at the scale of the problem, promoting physical activity, prioritizing the MPO Bike/Pedestrian Plan, building the “Loop the Lake” and Creekwalk Trails, and creating safe routes to school.

On an individual level, people can get involved in a local project, walk every day, ride bikes, make workplaces accessible, choose where they live and work, take a public works official to lunch, and drive the speed limit.

Keynote Address: Walter Willett, M.D., Frederick John Stare Professor of Epidemiology and Nutrition, Department of Nutrition and Epidemiology, Harvard School of Public Health, and Professor of Medicine, Harvard Medical School

“Eat, Drink and Be Healthy” and “Eat, Drink and Weigh Less” are two books of Dr. Willett’s that contain information in the presentation.

Dr. Willett’s presentation, “The Search for Optimal Diets: A Progress Report,” was a power point presentation and accompanying commentary. Dr. Willett began with an overview of early research that compared heart disease and cancer rates with red meat consumption and led to the original food pyramid, with its carbohydrate base; lumping of red meat with poultry, nuts and dried beans; and advice to eat fat sparingly. The food industry responded by replacing fats with sugar. In the late 1980s, concern with low fat/high carbohydrate diets led to a closer look at the Mediterranean diet, but research showed that this diet did not produce the positive health outcomes that were expected. There are many pathways from diet to disease, such as CHD and cancer and it is important not to get misled at one pathway.

Some research has shown that when fats were separated by type, health outcomes were significantly different, particularly in terms of trans fats vs. Omega 3 fatty acids. A number of studies link trans fatty acids to negative health outcomes and to body conditions that are likely to lead to negative health outcomes. As a result of the trans fatty acid research results, Dr. Willett is involved with the NYC initiative to ban trans fat

in restaurants within this municipality. Like assuring clean water, trans fat is a public health issue that should be addressed.

The food pyramid that has been used for years is not conducive to a healthier diet, and a new healthy eating pyramid whose base is exercise and weight control could be developed; followed by whole grains and plant oils; then fruits and vegetables (with the exception of potatoes); then nuts and legumes; fish, poultry and eggs; with dairy near the top, and the top being red meat, white rice, bread, and pasta, potatoes, and sweets, which should be eaten sparingly.

When questioned regarding dairy, especially milk, Dr. Willett advised that adults drank too much milk and relied on it to provide the calcium needed to prevent fractures, but observational studies from around the world do not support this premise. He felt exercise was more conducive to the prevention of fractures: put down the glass of milk and take the cow for a walk! He did talk about studies of the positive effects of vitamin D, but cautioned that sunlight is a better source than milk, because calcium intake suppresses vitamin D.

When asked about using BMI as a measure of obesity, Dr. Willett suggesting using a combination of the following factors: 1) BMI, 2) weight change after 20, and 3) waist change after 20.

Panel Discussion: Organizing for Action

- ***Resource Guide, presented by Martha Bonney, Center for Policy Research, Maxwell School, and Gerontology Center, Syracuse University***
Martha Bonney talked about the Fit CNY web site that was developed by the Maxwell School, that provides behavioral change suggestions but is not a medical guide. This site can be found at <http://fitcny.cp.maxwell.syr.edu>. Martha walked the audience through the site, pointing out navigation tools and content.
- ***Information Resources, presented by Jim Capodagli, Director, Health Information Center Library, SUNY Upstate Medical University***
Jim Capodagli provided information about the Health Information Center, an actual and virtual resource center that is open and accessible to the public.
- ***Information Resources, presented by Elyse Metz, Librarian, Onondaga County Public Library***
Elyse Metz discussed resources available at the Onondaga County Public Library, emphasizing that every branch is an access point to all resources in the system. The library has subscriptions to on-line data bases that library users can access with their cards and a pin number. She also mentioned that the libraries are always looking for speakers, so people should consider the libraries as great places to make presentations in the area of obesity.

- Model Neighborhood*, presented by Karen Kitney, Director, Onondaga County Planning Department, Onondaga County**

Karen Kitney discussed the relationship between model neighborhoods, those with sidewalks where one can walk from their homes to work and other places in the community. The county hired architect Andres Duany to look at neighborhoods and ask the questions: “Where can you walk? Where can you walk to?” Ways to revise building codes to develop and redevelop model neighborhoods in the county were suggested. She suggested that people should advocate for mixed-use, walkable neighborhood.
- Cognitive Behavioral Interventions*, presented by Lisa Kaufman, M.D., Director, Center for Health and Medicine, Mindful Eating Program, SUNY Upstate Medical University**

Dr. Lisa Kaufman presented information accompanied by a brochure regarding the Mindful Eating Program that she offers. The program is based upon the premise that meditation enables people to build awareness of the present moment, and as a result, they tend to choose healthy behaviors. She attempts to train people to eat mindfully. The ideal for this program are groups of 20-25 people attending weekly for at least 8 weeks that use meditation techniques to practice mindful eating—eating in the moment, with full body and mind awareness of the activity, and no multi-tasking. People learn to recognize hunger and fullness and cope with emotions and non-physical hunger. The program is looking for grant funding to be able to grow and reach out to lower income people in Syracuse. Being able to get insurance coverage for people to participate is also a goal.
- Media*, presented by Amber Smith, Health and Fitness Editor, Syracuse Post Standard**

Amber Smith discussed what the Post Standard is now doing to focus attention on health and fitness, including their Tuesday CNY section devoted to Health & Fitness. Obesity is popular now with the media because it impacts a lot of people, it is easy to find people to talk about it, and it is easy for the media to understand. However, she questioned if the media approach could be more meaningful and offered the following questions: is focusing on facts and not advice the best approach, is the media easily led astray by fads, does the media look broadly enough at related issues, is the media talking to the right experts and asking the right questions, and is the media reaching the right audience?

Afternoon Break Out Sessions:

A. Southwest Sub-Region

Theresa Lyczko of the Tompkins County Health Department convened this discussion group that included Tompkins, Cortland and Cayuga Counties.

1. In clinical areas this group discussed the psycho-social aspects of fitness; using pharmaceuticals to jump start weight loss; and bariatric surgery options.

Physicians should identify weight problems early and intervene with pediatric interventions including the entire family. Insurance coverage needs to be addressed. Some may need to acquire Medicaid coverage and most private plans do not cover a lot of the needed services.

2. In the population based areas the group discussed workplace programs including employer paid gym fees, offering facilities at work and preferential pricing for healthy foods at company cafeteria. There is return with increased productivity, decreased sick time and lower health insurance costs. They also discussed how community planners should facilitate walking and provide funding for safe routes to school.
3. Other ideas the group discussed included mindful eating, becoming more current on what eating habits we are promoting, focusing on research based results such as in the area of trans fats, stressing that physicians should make an effort to identify unhealthy weight gain early.
4. Action items suggested included encouraging kids to exercise in school or in after school programs. The group also encouraged monthly birthday celebrations in school as opposed to celebrations for individual birthdays.

B. Central Sub Region

Indu Gupta, M.D., Onondaga County Health Department, facilitated the discussion that focused on Oswego and Onondaga Counties. The discussion focused on current efforts and suggestions for new initiatives in neighborhoods, workplaces and schools in the areas of education, communication and action. It was suggested that someone establish a listserv so that the people at the conference and others involved in health and fitness could communicate with each other.

The group recognized the need for collaboration between the medical community, media, politicians, leaders and the insurance companies —people in positions to move ideas into action.

It was also recognized that money is needed to move a lot of ideas forward, but that strategic partnering is an alternative. For example, one idea was for newspapers and grocery stores to partner. Newspapers could provide healthy meal suggestions, with recipes and the partnering grocery store could feature the ingredients in one location with suggestions for how much to purchase for different sized families. This could benefit the newspaper (sell more papers), the grocery store (sell more food), and individuals (facilitate buying and cooking healthier), but would not require an expenditure of funds to implement.

Specific ideas from the Oswego/Onondaga Group included:

1. There should be more workplace solutions
2. School based health centers bring information to children in schools.

3. Upstate Medical University has made pedometers available and established a walking program, encourages taking the stairs, offers pilates and yoga, and advocates for people to take advantage of the IHP track to walk.
4. America On the Move has a great web site of resources and ideas.
5. Syracuse (and Onondaga County) needs to be more pedestrian friendly.
6. Upstate's food service contractor now offers healthy food choices with nutrition contents in the cafeteria.
7. Need to get working on sidewalk issues—getting and maintaining them in neighborhoods.
8. We should create a listserv to keep in touch.
9. Public education regarding driving and pedestrians is desperately needed.
10. School districts should employ the “safe walks to school” program to assist kids within a ½ mile of school to walk. School lunches also need to be made healthier.
11. Oswego County HD suggested strategic partnering between newspaper and grocery store to get people to buy, cook and eat healthier.
12. Need to convince large companies that they would save money by having employee programs to promote fitness, health and weight loss.
13. Need to change cultural attitudes about rewarding kids with candy.
14. Need help and resources for child care providers—what and how to serve and why. Need to change behaviors before they become ingrained.
15. Bring insurance industry to the table. They should recognize the benefits of preventive health care through fitness and healthy weight control.
16. Onondaga County parks stress active recreation. They can be found at <http://www.ongov.net>.
17. The SMTC web site is <http://www.smtcmpo.org>.
18. Cornell Cooperative Extension nutrition programs make it easier for people to make healthier choices.
19. Is there one thing (or a few small things) that our community can move on. For example, in Philadelphia, everyone takes one small step. Need to get politicians and leaders behind this.
20. Encourage employers to offer health club memberships to employees in lieu of creating fitness centers at their workplaces.
21. Get everyone involved in FitCNY—use the FitCNY web site to make a community-wide effort, especially a listserv to stay in touch.

C. East Sub-Region

Eric Faisst of the Madison County Health Department convened this discussion group that included Madison, Oneida and Herkimer Counties. The points they covered include:

1. Continue the Commission's work and pursue a regional approach to promote health and fitness.
2. Increase education in healthy eating and physical activity in schools.

3. Engage in education outreach including maternal child health care, prenatal care and nutrition and support for breast feeding. It also should include early preschool education and Head Start.
4. Suggestions for worksites included emphasizing healthy eating and physical activity. Employees should get away from their desks and have walking meetings and walking breaks. Employers should provide ergonomics that promote physical fitness, provide healthier choices in vending machines and investigate the paybacks to work place health initiatives including reduced healthcare costs and sick time. It also may be that healthy habits developed at the work place would be transferred to the home.
5. Community related suggestions included making communities and neighborhoods more exercise friendly with sidewalks and streetlights. School athletic resources and identify other community resources should be available to the community.
6. Assist physicians by providing a community guide on preventive resources.
7. Link education to actual services but keep the information simple and make it appropriate for the lay person.
8. Encourage exercise by emphasizing group family activities, using the term physical activity rather than exercise.
9. Parental lifestyles often are a barrier. They have less time to be physically active and less time to prepare nutritious meals.
10. Media support can be helpful. The local media should promote health concerns, target messages to children (eg. in comic books) and provide truth ads (graphic depictions of health concerns such as trans fats).
11. Health Departments should be involved in community planning and serving on planning boards.

Closing Session—Report from Breakout Groups

John Epling, M.D., Professor, Department of Family Medicine, Upstate Medical University convened the session in which the reports from the break out groups were heard. He also stressed to the conference participants that if they had follow-up suggestions to get in touch with him at eplingj@upstate.edu.