



POLICY BRIEF

The Massachusetts Health Policy Forum

Mass in Motion:

Addressing Overweight and Obesity in the Commonwealth

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Findings from the forum on the Mass in Motion initiative, sponsored by the Massachusetts Health Policy Forum and Harvard Pilgrim Health Care Foundation, January 2009.



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Introduction

In June 2008, Massachusetts Public Health Commissioner John Auerbach pledged that within a year the Commonwealth would have a plan in place to reverse the steady increase overweight and obesity among the state's residents. Commissioner Auerbach beat his goal, announcing the Patrick Administration's ambitious initiative *Mass in Motion* on January 8, 2009. Earlier this year, the Massachusetts Health Policy Forum and the Harvard Pilgrim Health Care Foundation convened a group of stakeholders to hear more details about this plan and react to it. This Policy Brief outlines the major facets of Mass in Motion with insight from the forum and updated information. Since the forum, the Massachusetts Public Health Council passed regulations mandating BMI reporting in public schools statewide. The Council also passed regulations to require restaurant chains with more than 20 outlets to post calories on menus and menu boards.

The Chairman of the Massachusetts Health Policy Forum Board, Phil Johnston, praised the Massachusetts Department of Public Health (MDPH)'s aggressive timeline and efforts in focusing attention on overweight and obesity. Karen Voci, Executive Director of the Harvard

The Issue Brief for this Forum is on the MHPF website at www.masshealthpolicyforum.brandeis.edu



Commissioner John Auerbach:
“This is the right time – we can make a difference. It will require a major mobilization of people around the state, but we have the chance to make a significant impact and we can make a difference in the health and lives of residents of our state”

Pilgrim Health Care Foundation, commended the administration and MDPH for launching this major new initiative in such difficult economic times. She also emphasized the central role of communities in fighting obesity and the importance of addressing these issues in the schools.

The Problem of Overweight and Obesity

Overweight and obesity is an epidemic in Massachusetts and throughout the nation. More than half of adults and nearly one third of middle and high school adults in the Commonwealth suffer from overweight or obesity.¹ The obesity epidemic disproportionately affects Black and Hispanic residents.¹ The health consequences are severe. Obesity increases the risk of coronary heart disease, type 2 diabetes, some cancers, hypertension, stroke, and sleep apnea, among other conditions² as well as increasing stigma and socio-psychological problems.³ Costs to Massachusetts associated with obesity are approximately 5 percent of health care expenditures.³

Mass in Motion

The Department of Public Health released a comprehensive assessment of overweight and obesity in the Commonwealth in January 2009, entitled *Mass in Motion: A Call to Action*. The report is available at the Massachusetts Health Policy Forum website at http://masshealthpolicyforum.brandeis.edu/forums/Documents/MiMReport_BW.pdf. Mass in Motion has eight core components:

1. Require menus to include calories in fast food chain restaurants at the point of purchase.
2. Mandate collection of students' Body Mass Index (BMI) in grades 1, 4, 7, and 10 and confidential reporting of the results to parents.
3. Support legislation banning trans fats and promoting nutrition and physical fitness in schools.

4. Launch a statewide public information campaign.
5. Support workplace wellness initiatives.
6. Create a public-private partnership to support healthy cities and towns.
7. Create an interactive wellness website to provide comprehensive information on wellness.
8. Issue an executive order requiring state food purchasing contracts to follow healthful standards.



Menu Labeling

The Mass in Motion campaign would require menu labeling in chain restaurants. The Public Health Council passed regulations requiring restaurants with 20 or more outlets to post caloric information on menus and menu boards. This regulation is scheduled to take effect on November 1, 2010. California has a similar law but unlike Massachusetts excluded drive through windows which account for 65% of fast food sales. New York City's implementation of similar menu labeling regulations quickly yielded changes in consumer awareness, purchasing choices, and vendor menu offerings.

Maura Kennelly, Special Assistant for the New York City Department of Health and Mental Hygiene, reported on New York City's requirement that chain restaurants to list caloric content along with prices on their menus. The New York State Restaurant Association as well as the National Restaurant Association attempted legal action to prevent the regulation, but ultimately the city prevailed. The National Restaurant Association's concerns focused on the need for national menu labeling standards, not limited to calories. While there are potential concerns about national chains having to meet diverse state and local requirements, New York City's regulations allows restaurants to include other nutrition information in addition to calories.

The menu labeling regulation went into effect in July 2008, and to date there have not been compliance problems. The New York City Department of Health and Mental Hygiene has worked closely with restaurants

Primary Objectives of Mass in Motion:

- Make the promotion of wellness and the prevention of overweight and obesity a top public health priority.
- Create conditions that encourage, nurture and promote wellness – with particular focus on the importance of healthy eating and physical activity.

to provide feedback on planned menu boards for adherence to menu labeling requirements. Ms. Kennelly presented initial findings from evaluation of the regulation.

Evaluation of the regulation's effectiveness indicates success. During the first three to four months, awareness of caloric information increased significantly, from 23 percent of chain restaurant customers seeing calorie information before the regulation to 60 percent after it went into effect.⁴ Although

the proportion of people saying the information influenced their purchases remained at 25 percent, the number of people seeing the information increased, suggesting that 139,000 more people use the information in deciding what to order.⁴ Additionally, the percentage of chain restaurant customers reporting that they always consider calories when purchasing food rose from 29 percent to 36 percent and 40 percent of consumers reported that seeing calorie information affected their purchasing choices.⁴ New York officials concluded that this suggests efforts to increase awareness about calories, such as public information campaigns, will increase the number of people considering calorie information in food purchase decisions.⁴ The New York City health department expects that the labeling regulation will induce restaurants to modify their menu offerings to make it easier for consumers to purchase lower calorie options. Anecdotal evidence shows this has occurred. According to Ms. Kennelly, Così restaurants reported changing ingredients in one of their sandwiches to reduce the number of calories it contains.

⁴ Baseline analysis of awareness studied restaurant chains that posted calorie information prior to the regulation, such as Starbucks and Subway.

Body Mass Index Reporting

The Massachusetts Public Health Council approved statewide regulations requiring BMI reporting for students on April 8, 2009. Schools already weigh children, and the proposed BMI reporting will require using this information to report BMI percentiles to families along with explanatory information. Parents will have the option of opting out of having their children weighed at school. The regulation has also been proposed and is undergoing public comment. If passed by the Public Health Committee, it will become law. BMI reporting has drawn criticism as potentially stigmatizing to children, invasive, and possibly harmful if information is not clearly communicated to parents in a way that can generate positive action. The Department of Public Health will be working with primary health care providers and school health staff to develop appropriate language to use in materials explaining the child's BMI results that will be sent home to parents. Evidence for including this provision comes largely from the experience in Arkansas. Arkansas, a leader in efforts to reduce childhood obesity, started collecting and reporting BMI data in 2004.⁵ Arkansas officials reported that this was a turning point in their efforts and mobilized parents to take action. State Representative Peter Koutoujian, House Chair of the Committee on Financial Services and former House Chair of the Committee on Public Health, emphasized the need to focus on programs that have demonstrated efficacy and cited the value of learning from other states, such as Arkansas, on this issue.

Child overweight and obesity trends have leveled off in Arkansas since initiating a comprehensive school-based intervention.⁶ No adverse consequences, such as increased teasing or unhealthy dieting behaviors, have been seen since BMI reporting began.⁷ Studies also show increased parental awareness of the childhood health of overweight and obesity as well as the long term health implications as overweight and obese chil-



Dr. Carole Allen:
“Not a day goes by that I don't encounter this first hand – that a child comes in for a checkup or sick visit with a BMI over the 95th percentile.”

dren become adults.⁷ Parents have also reported efforts to limit family consumption of junk food at home and limiting screen time to promote physical activity.⁷ The way the data is collected and communicated to parents is important. Student privacy should be assured in order to avoid stigma and anxiety about the results. Parents should receive clear guidance about how to act on reports about their children's health. Arkansas has conducted detailed annual evaluations of the childhood obesity initiative that have informed policymakers in refining their efforts.

The Boston schools also offer lessons for the state in implementing BMI testing. In 2006, the district reported BMI information to families with children in grades 1, 4, 7, and 10. Boston Public Schools Wellness Coordinator Jill Carter reported that the district did not receive any negative feedback from the project.

Dr. Carole Allen, pediatrician and president of the Massachusetts Chapter of the American Academy of Pediatrics, expressed enthusiasm about partnering with MDPH and schools through Mass in Motion. Dr. Allen emphasized the important but challenging issue of communicating with families about children's BMI because of stigma associated with overweight and obesity. The Chapter is a willing partner in helping MDPH develop culturally- and age-appropriate materials.

Supporting Legislation

Mass in Motion calls for banning artificial trans fats in restaurants and promoting healthful food and banning junk food in schools. A number of legislative initiatives are focused on efforts to reduce the availability and attractiveness high fat, high sugar, high calorie foods and promote wellness. A few proposals to watch include:

- Rep. Peter Koutoujian's school nutrition bill. Among other things this legislation would eliminate the sale of foods with minimal nutritional value in schools.
- Rep. Linda D'Arcena Forry's legislation establishing a Massachusetts food policy council. This bill would develop guidelines and recommendations to ensure the availability of healthy foods in underserved areas.
- Rep. Brownsberger's act to establish a wellness trust fund. This legislation would remove the sales tax exemption to minimally nutritious foods and dedicate the revenue to public health and wellness programs.

More information on these initiatives can be found at the following links: <http://www.mass.gov/legis/bills/house/185/ht02pdf/ht02147.pdf> and <http://www.mass.gov/legis/bills/house/185/ht04pdf/ht04376.pdf>.

Information Campaign and Wellness Website

Mass in Motion seeks to raise consciousness and promote awareness of the overweight and obesity problem through advertising on busses and trains, billboards, and on posters. Spokespeople will reflect the diverse population of the Commonwealth, including Governor Deval Patrick. The campaign will showcase activities around the state, such as state and local healthy food and exercise programs.

The wellness website, <http://www.mass.gov/massinmotion/>, includes links to local resources and interactive tools to help individuals set and achieve wellness goals. A calendar, with events added by individuals, will help people identify activities in their communities. A blog is generating active debate about the Mass in Motion initiative and wellness topics.



Representative Peter Koutoujian: “Mass in Motion is an opportunity to hone in on the obesity epidemic by building on success and including new partnerships to move forward.”

Workplace Wellness

Mass in Motion will expand the MDPH Worksite Wellness Initiative to new sites. Workplaces are a key site to emphasize wellness because people spend a significant amount of time at work. Mass in Motion will help employers consider what wellness efforts can take place in the workplace. Information on the MDPH Worksite Wellness Initiative can be found at:

http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Consumer&L2=Prevention+and+Wellness&L3=Healthy+Living&L4=At+Work&sid=Eeohhs2&b=terminalcontent&f=dph_mass_in_motion_work&csid=Eeohhs2

A MDPH survey of hundreds employers' efforts found that employers want to be doing more to promote wellness because it promotes less absenteeism and lower cost health insurance premiums; however, employers are often uncertain what can be done. Based on the success of MDPH's pilot Worksite Wellness Initiative, Mass in Motion will facilitate expansion to new sites by posting the curriculum on the website and making toolkits and technical assistance available to employers who want to develop their own programs. Representative Koutoujian, who held legislative hearings on this issue, suggested that businesses will benefit from higher productivity, fewer sick days, and lower health insurance premiums expected to result from fighting obesity.

Public/Private Partnership Supporting Communities

A unique partnership of five foundations, hospitals, and an insurer will work with MDPH to provide funding to communities that want to develop comprehensive and innovative plans to encourage healthy eating and physical activity. The funding partners are Blue Cross/Blue Shield of Massachusetts, Blue Cross/Blue Shield of Massachusetts Foundation, Boston Foundation, Harvard Pilgrim Health Care Foundation,

MetroWest Community Health Care Foundation, and Tufts Health Plan Foundation.

Mass in Motion intends to offer ten grants of up to \$60,000 each to communities to work across sectors, involving schools, planning and recreation departments, and businesses, including restaurants and grocery stores, to make healthy choices the default behavior among their residents. Communities that have successfully mobilized to promote wellness, including Boston, Cambridge, Fall River, Fitchburg, Holyoke, Somerville, and Springfield are models for other communities.

Conclusions

The problem of overweight and obesity has been well documented, but there is no silver bullet to solve the problem. The Massachusetts Health Policy Forum on this topic demonstrated wide consensus that simply telling people to diet and exercise does not work. The conclusion was that this problem needs to be addressed on multiple fronts to change what one speaker characterized as a “toxic environment.” Our second forum on the issue, cosponsored by the Harvard Pilgrim Health Care Foundation, focused on overweight and obesity among children, documenting a dangerous trend. We also identified a range of successful strategies in communities, neighborhood and schools. This third forum was an opportunity for public and stakeholder reaction to the MDPH proposed Mass in Motion initiative.

Success requires change at numerous levels – state law, cities and towns, schools, workplaces, families and individuals. Far too often, the default options are unhealthy. The quickest and cheapest food is unhealthy. It is hard to get caloric and nutritional information about the food we eat and feed to our children. Taking the car is easy while biking or walking in many communities is difficult. We spend too much time at the computer and in front of the television.



The Massachusetts Health Policy Forum

The environment we have created is not without its costs in poor health, more chronic diseases and a generation who may not live as long as their parents. Efforts even more intensive than those used to reduce smoking need to be employed. Action at multiple levels needs to be persistent and coordinated. This will be an exceedingly difficult task with tight budgets and as other priorities vie for public, media and political attention. Nevertheless, the downside of not acting has serious public health consequences. The research supports the multi-level approach taken by MDPH. Data will be necessary to evaluate progress on Mass in Motion activities and best practices will need to be highlighted and replicated.

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