

## What's *Really* Killing You (And Can You Prevent It?)

A Hollywood, Health & Society Writers Briefing in  
Partnership with the Writers Guild of America, west

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Writers Guild of America, west



**HOLLYWOOD, HEALTH & SOCIETY**  
PARTNERING ENTERTAINMENT, EDUCATION AND THE CDC

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The Norman Lear

**CENTERTAINMENT**

Exploring Implications of the Convergence of Entertainment, Commerce, and Society

## What's *Really* Killing You (And Can You Prevent It?)

This writers briefing, convened by the Writers Guild of America, west and the USC Annenberg Norman Lear Center's Hollywood, Health & Society project, brought together a panel of health experts to discuss real threats to the health of Americans, steps to take to prevent them and the role of the entertainment industry.

### Writers Guild of America, west

The WGAw, led by Victoria Riskin, represents writers in the motion picture, broadcast, cable and new technologies industries. The Writers Guild of America is the sole collective bargaining representative for writers in the motion picture, broadcast, cable, interactive and new media industries. It has numerous affiliation agreements with other U.S. and international writing organizations and is in the forefront of the debates concerning economic and creative rights for writers. Visit the Web site at [www.wga.org](http://www.wga.org).

### Hollywood, Health & Society

Hollywood, Health & Society is a project at the Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines. Funded by the [Centers for Disease Control and Prevention](http://www.cdc.gov) (CDC), the project recognizes the profound impact that entertainment media have on individual behavior. The Lear Center helps the CDC supply writers and producers of all types of entertainment content with accurate health information through individual briefings, special seminars and expert consultation. Visit the Web site at [www.entertainment.usc/hhs](http://www.entertainment.usc/hhs).

### The Norman Lear Center

The Norman Lear Center is a multidisciplinary research center that explores the implications of the convergence of entertainment, commerce and society. From its base in the USC Annenberg School for Communication, the Lear Center builds bridges between faculty who study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; fellows, conferences, events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field. For more information, please visit [www.learcenter.org](http://www.learcenter.org).

**The Writers Guild**  
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**Dr. Neal Baer:** Thanks for coming tonight. It's my pleasure to introduce Judith Light, who is a phenomenal actor, and I should know because she's appeared on my show, *Law & Order: Special Victims Unit*, as a very tough ADA and has really been involved in very many difficult ethical dilemmas. But she doesn't just play them, and she plays them quite well. She plays ethical dilemmas beautifully in the play, *Wit*, which actually I saw and she was brilliant in. And as Ryan White's mother in one of the first movies about HIV and AIDS, about a young boy who was a hemophiliac who contracted AIDS from the blood that was given to him for his hemophilia. She has been on *One Life to Live*, *Who's the Boss*, of course, and in terms of ethical dilemmas, she knows ethics quite well because in the Hollywood community, she is one of the most well-known actors who gives her time and energy to very important causes, particularly HIV and AIDS, and she's been an advisor to the CDC, so she acts as an actor but also as a citizen in bringing these important issues to the public. So it's my pleasure to introduce the wonderful Judith Light.

**Judith Light:** Thank you. Thank you, Neal. That was very lovely. It's very generous, and I'm very honored to be here this evening and to be a new member of the Advisory Board of Hollywood, Health & Society. And this is a program that brings two things that are very close to my heart together, and that's entertainment and health.

As an actress, I have always believed that television can be a powerful medium. It entertains and inspires, it amuses, but it also informs. And television can inform people about issues that have a powerful effect on their own health and the health of their families and their friends.

Tonight's panel will address the true killer diseases, those that unfortunately most of us have had some experience with in our lives—cancer, heart disease, diabetes and stroke. These are among some of the worst plagues of our day. And while we generally consider them to be diseases that affect older people, they are increasingly afflicting our youth.

I don't know if you know this, but until recently, Type 2 diabetes was referred to as adult onset diabetes, but many children are getting the disease, and so many that that term no longer applies. Obesity, high blood pressure, high cholesterol and heart disease are also on the rise among children and teens.

Now, this panel will help to explain why these diseases disable and kill so many millions of people, young and old, in America and across the world. They will help to clarify some of the mixed messages we receive about these conditions: How much do genetics play a role? How much is it lifestyle? To what extent are these diseases related to what or how much

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we eat or drink or whether we smoke? Or is the real problem that we are increasingly inactive—driving to work, taking an elevator to our office, sitting at a desk all day? Do we live in a sedentary, fast-food world where despite all good intentions, it is nearly impossible to stay healthy, particularly if you don't have the luxuries of money or time?

In addition to addressing why, these wonderful experts who've joined us tonight will also discuss what we can do to help address these important public health problems. By *we*, I mean we as individuals responsible for our own health, we as parents, we as health-givers, we as caregivers, we as community members and we as people involved in an industry that creates what millions of Americans watch and learn on television every day.

We can all do something. You've already done something by coming here this evening. I do hope that you will take some of these ideas with you when you leave, and I hope these ideas will find their way into your storytelling. Thank you very, very much for being here.

I'm sorry, but I have to leave early, but I feel very comfortable leaving early because I am leaving you in the hands of Neal Baer, who is a wonderful moderator. So have a good evening, and thank you again for coming.

### **Baer:**

So on the way here tonight, we were shooting a scene, six judges playing poker, and our ADA had to get an exhumation order. And one of the producers called and said, "Oh, could they please smoke cigars, at least two of them?" And I said, "No, they cannot." And they said, "Buddy, you know, that's poker." And I said, "No." I said, "I'll look like an idiot in front of all of my physician friends. They cannot smoke cigars, not on my show." So, you are sending a health message, and it comes through in various ways every day, and it happened to come through this way for me.

Now, as writers, we make choices every day, as I just said, in terms of the kind of message that we portray on television. And chronic diseases, including heart disease, cancer, diabetes and stroke account for 70 percent of the deaths every year in the U.S., so it's something that all of us can relate to in some way or the other.

So we're very lucky tonight to have this panel of people who will talk about their areas of expertise, and we'll have them speak fairly briefly and then we'll ask some questions and then also open it up to you to please ask questions and think in terms of the stories that you as writers would like to tell.

I'll introduce each panelist, and then they'll speak briefly, and then I'll move to the next one and introduce them in order as they're sitting.

To my left is Diana Bonta, who's an RN and has a doctorate in public health. And you've probably been watching everything that everyone's been eating, right? I'm always nervous when I—even though I'm a pediatrician, I'm always nervous to be around these experts in nutrition and things because I always feel like they're looking at what we eat, but that's good. She is a recognized leader with over 20 years of successful business development and strategic marketing experience in the public health sector and the first Latino director of the California Department of Health Services until 2004, and she's concerned about many topics, including smoking, tobacco use, nutrition. And she will be speaking about those issues right now. Thank you.

**Dr. Diana Bonta:** Great. Thank you, Neal.

I'll put a disclaimer to all of that, which is how do we have populations that are healthier? And that's really what public health should be all about. If you're going to wait for government to assume all of that responsibility, you'll wait forever because there's no way possible that government can really step in into all of these facets. And the public is not going to believe government in getting on the bully pulpit about all of these issues, so we have to find other ways to approach it.

That doesn't mean that the California Department of Health Services isn't a resource for you as writers and producers. I brought lots of publications, whether it's on breast and cervical cancer or it's on asthma or it's on hepatitis C. Go on to our Web site, [www.dhs.ca.gov](http://www.dhs.ca.gov), and those reports are there and you can download them.

But I think what I want to say this evening is we really need a better strategy to get across healthy behavior, and that's part of what I'm looking for from this partnership with Hollywood, Health & Society, to really open doors with you so that we can be here as experts, not just today but on an ongoing basis, to really talk about how you can involve some of this material into scripts, into ideas, into concepts that you as the creative force can put out in front of people.

Let me just end by saying that there is a great opportunity for us in the California Department of Health Services to fund some projects, and one of the ones I think that was extremely good—it was featured in the *Los Angeles Times*—was one in which schoolchildren had exposure to fruits and vegetables because of the fact that the department funded for excess supplies of fruit and produce to go to the schools. The original intent was thought to have more of these healthy items for children to eat. But the teachers were also given curricula in ideas and concepts so that they could incorporate this into every facet of the learning experience. So you can count asparagus. You can talk about what it—the history of some of our

crops here in California—and you can incorporate just almost every facet into this learning experience. We need to think more creatively this way.

Thank you.

**Baer:** Thanks. Let me ask you one—I'll ask each of the panelists a question before we move on about their area of expertise. And so for Dr. Bonta, I want to ask her to speak briefly about chronic disease and issues of access in terms of people of color. Is this really a problem, and how could writers address this issue?

**Bonta:** I think it's a tremendous problem. We continue to see cancer, heart disease and stroke as the leading causes of death in the United States and California as well. We've made significant strides, I think, particularly in the area with tobacco use. Certainly, we are the leaders here in California of decreasing the consumption of tobacco products. You know, my favorite thing is when you're on an airline and sometimes the flight attendant will say, "We're going to be landing in California. Remember, it's the California smoke-free zone." And it truly is, but that came about with a tremendous amount of community intervention, and just the fact, Neal, that you did think about not including that scene with the cigar smoking, we've come a long way. It will take that kind of leadership.

Disproportionately, people of color are facing these issues, and they're facing the issues because frequently they do not have the healthcare providers, so they're not having entry into the healthcare system, where some of these health messages can be imparted together with them. Certainly, many times there is a family history of heart disease, stroke, cancer, and so the prevention kinds of activities and their basic kinds of information—I know you'll be hearing more from some of the panel members about that—they mean a tremendous difference for an individual, certainly in their longevity and certainly in the quality of life.

So as a Latino myself, I've seen this in terms of my own family members in which so many of them really didn't understand until too late in their lives that they could've had a difference in their quality of life, particularly in their older years, if they had, in fact, known about some of the things that they could've done in eating healthier diets and certainly in exercising, just the kinds of things that all of us have been preached to, but it hasn't really had an impact. So we're looking for ways in which to communicate that in a much more forceful manner.

**Baer:** So one last quick question. As a writer, what health topic do you think is most important to you to get out to the public?

**Bonta:** God, there are so many. I think I've started to see a lot of programming that has been dealing with women's healthcare issues, but I think that there are still a lot of opportunities that we can present information in that area, so I would like to see more emphasis on that, whether it's on breast and cervical cancer, certainly the prevention aspects, the early diagnosis and treatment.

I have had more time now. I've been catching up and you realize that you postpone things. You become too busy. I think some of those messages, whether it's on the daytime soap operas, dramas, comedies, that it can be incorporated, and so I'd like to see that, particularly because women frequently are the gatekeepers and the entry for family members, and particularly, in communities of color, where what they say and the scheduling that they do for their children and their spouses and others in their lives can make a significant difference. So I would put that as one of my first priorities.

**Baer:** Our next panelist is Dr. Francine Kaufman, who is the past president of the American Diabetes Association and professor of pediatrics at USC and since 1998 has been the head of the Center for Diabetes, Endocrinology and Metabolism at Children's Hospital, Los Angeles, and I bet the only panelist here tonight whom I've called at three in the morning. And why is that? Because when I was a resident, I would have to call her when she was the attending, and I was admitting children who were in ketoacidosis who were very sick, and I have to say if my child, my 13-year-old, had Type 2 or Type 1 diabetes, I would want Fran Kaufman to take care of my child. That's how much I think of her. She is an excellent doctor, and she has traveled around the world, gives a great lecture about diabetes in Mongolia, too. So I wanted to introduce you to Francine Kaufman.

**Dr. Francine Kaufman:** Thank you, Neal. I'm so mad at you for those three o'clock phone calls!

It's really an honor to be here, and I think, from my perspective, I'm, at some level, the grunt on the ground. I am the person in a room with a child and their family informing them of a disastrous illness, trying to figure out a way to care for them through that disastrous illness and to try to help them get back to health, both as the individual child and, of course, what that means in the context of their family and their community.

To me, the biggest health crisis right now is the explosion of childhood obesity and the consequences of that phenomenon. We've seen a three-fold increase in overweight children, and we're not just talking about a little bit overweight. I just finished clinic this afternoon, and we see 300-400-pound adolescents who are having trouble sleeping because they don't breathe, they have high blood pressure, they have cholesterol levels

that are the 400s and they have diabetes. They have adult diabetes that used to never occur in children, and we've had to rename it Type 2 diabetes. When we find one of these children, they're often sick for quite some time because it is not still in our consciousness and the consciousness of the people and their environment, their parents, sometimes even their pediatricians, that these adult problems are beginning in children because of being unfit, because of being sedentary, not having opportunities or partaking inadequate physical activity and because of what they eat.

There's a tendency—and it's a very scary tendency—to blame the victim, to say that this is a child who somehow has made these choices. And let me beg to tell you that these are not the fault of these children. There's the tremendous force of their genes. One day, we will unfold these genes, we will understand these genes, these genes will be at the essence of who and what we are as human beings. The genes have evolved over the preceding three million years, and for 40,000 years, we've taken this human being, and we've made progress as a species on this planet so that we have now an adequate food supply or at least calorie supply, for the most part, and the ability to do almost no physical activity. And these children do almost no physical activity at all. They spend their day on Game Boys,—I'm sure this is the wrong thing to say—watching television, playing computer games and not thinking about the consequences of this. And we have put these children in an environment.

The children I care for at Children's Hospital in Hollywood, where we take from all over the Southern California basin—I can guarantee we take care of the poorest children in this city and state, and we take care of the richest children in the city and state, and those who are impoverished live in neighborhoods where they don't have the ability to make the right choices. And if you could unfold that—when I look at my poorer patients and say these patients don't have a place to play and their schools don't have physical activity and their families don't have money to buy appropriate food items and their neighborhoods don't sell those items and their mothers are out working two jobs and it comes home. We have a program going on my center where we take from the rich and we give to the poor, and we have some of these families help sponsor some of the more indigent families in giving them supplies and access and gym memberships and bikes and everything else.

Let me just tell you one story I think that illustrates what I face and what children across this country and families across this country are facing and what a lot of people don't know about. A couple months ago, I had a patient who was diagnosed with diabetes. She was 17 years old, weighed 280 pounds, went to a high school where there was no physical activity that she could have and lived in a neighborhood where her mother bought her groceries at the convenience store. So when she went through the

liquor and the pork rinds, there were maybe one or two fruits and vegetables worth buying. And she developed diabetes. She came in really quite sick because nobody thought about it. She was having the typical symptoms—waking up at night, urinating, losing weight—that was the good news, losing weight—and not feeling well, and she got sick enough that she was almost in a coma. And these children with this Type 2 diabetes actually turn out to be much sicker than adults. Grandma had diabetes, grandpa had diabetes, the aunts and uncles had diabetes and nobody made the diagnosis. The clinic that she waited forever in line for didn't make the diagnosis until she got too sick because she came to our ER—and Neal knows it, it's a mess to go down there—and a lot of hoopla later, we recovered her.

We put her in the hospital. We taught the family what needed to be done, how they needed to change their lives. And the wonderful grandma, who had a horrible experience with her own diabetes in the healthcare system for so long, kept saying, "Don't listen to them. You know, those doctors. They want to give you all these pills and shots. They don't know what they're talking about."

We finally convinced everybody. She bought into what needed to be done. They changed what they could do, and she wanted to have an exercise program. Well, we were afraid to give her an exercise program in the neighborhood in which she lived. We got her some bus passes so she could go up to Griffith Park and walk around there, and one day, she didn't want to take that bus. She just wanted to walk right where she lived. It was still daylight, and she was the product of a drive-by shooting. Brought to my center in a coma. We recovered her. We had to take out part of her bowel. And this is the kind of thing where we do the best we can.

This is not the choice of many, many, many people who live in Los Angeles and across this country to live this way. They are forced to live this way and we, I think, need to reveal that when we make these messages about "join a gym and eat right," that there's a segment of the population for which that is not a possibility. And I think that would be the most important thing because that would, I think, incentivize people with the opportunity to make the right choices, to hopefully feel guilty if they don't, and to fundamentally start to change the way we live our lives in this country so that good, nutritious food is available for everybody and that's a priority, and activity and good lifestyle habits are available for everybody, and that's a priority.

Thank you.

**Baer:**

Thank you very much. As a writer, I can already think of storylines to do based on what you just said. Let me just ask you one quick question, which

would be if you had to, say, advise someone running for president, say like Kerry, what would you say is an important policy that should be instated? What kind of advice would you give to a presidential candidate running that maybe the general audience wouldn't know?

**Kaufman:** Well, beyond the obvious of universal access to healthcare, some revamping of the healthcare system because it is near collapse. You can come to a place like mine and maybe go to any place else you want to try to find your own doctor on a good day, and we are, I think, pretty near collapse in being able to take care of the American population the way we have it organized. I don't know the answers, Neal, other than I think it's a pretty grave situation.

I think we have the opportunity. There is certainly a political will around at least improving the environment for children. I don't think people argue that children have made these choices voluntarily and that they are responsible for their healthcare woes.

So what do we do with that? We do that in certainly getting a better program for pregnant women and infants, through daycare, responsible daycare, daycare in which healthy lifestyles are promoted and taught, through school, where I actually happen to be the study chair for a seven-state NIH study, where we're going to fundamentally look to change 100 schools in middle school compared to a control school to see if we can change the physical activity program, the health programs, change some of the social norms in that school so it is the right thing to have a bottle of water and not a soda and it's the right thing to eat on the national school lunch line the appropriate thing rather than go to the snack line and get the Snickers bars, and maybe change the amount of time in which children have to eat and all the other issues.

I would start there. I would ask responsible people in environments and with the access and through the Academy of Pediatrics and through the American Diabetes Association, for healthcare providers, for nutritionists and for anybody interested to get involved with a local school. Whether your kids are there or not, you go, and you can make a significant difference.

And we have in L.A. County—you've seen we've banned sodas; we've got some other big issues. My colleague down at the end is in large part responsible. Diana's been, in large part, responsible for having a political will to make a difference in schools. So maybe if you want to show that there's changing environment around school, that families can support this, and that there are positive steps being made, maybe that would help incentivize other areas in which things don't have as much movement.

**Baer:**

Thank you very much. Moving on to Dr. Kelly Brownell, who is the professor and chair of psychology at Yale University, where he's also professor of epidemiology and public health and the director of the Yale Center for Eating and Weight Disorders. He is the author of *Food Fight: The Inside Story of the Food Industry; America's Obesity Crisis and What We Can Do About It*, written in 2003. He will speak to us about what we can and can't do about these issues.

**Dr. Kelly Brownell:** Thank you very much. It's a pleasure to be here, and I'm delighted all of you are interested in the topic and I think you'll find a lot of links between what Francine just said and what I'll have to say, too.

I'd like to talk about the national obesity crisis and who's responsible for it. Today, when people talk about the obesity crisis, there are a lot of different contributing factors, physical inactivity and diet at the broadest level, but then what drives the declining physical activity and the poor diet in the United States? Very interesting.

I've been saying for about 15 years now that Americans are exposed to a toxic food environment, and toxic is a strong word, but I think it's quite defensible given how sick the population has become. It's especially toxic for children.

It's very interesting to look at the responsible parties for this, and when one does that, the food industry, of course, comes to mind, and I'd like to talk about the food industry for a moment, certainly not the only contributor to the problem. There are many—declining physical activities in schools would just be one example. There are many contributors, and the food industry is not the only one, but certainly they are one.

At this moment in history, we are writing the country's policy in how to interact with the food industry around the obesity crisis. The food industry wants to be involved. They use language of collaboration, involvement of stakeholders and the like in order to be involved in decisions that are being made today on national nutrition policy. One could say that this makes perfect sense. After all, who knows more about food? Or one could say this is akin to inviting the tobacco companies to Washington to decide how to deal with cigarette policy.

So we have to ask ourselves as a nation, "Can the food industry be trusted?" It's quite interesting when one looks at parallels between the tobacco history and the food history. A very interesting book to read by David Kessler is called *A Question of Intent*. David was the commissioner of the Food and Drug Administration and was very serious about taking on the tobacco industry and talked about the strategies the tobacco industry used in fighting off public health advocates trying to do something about

tobacco. And he said the industry had a playbook or a script, and every lawyer, every public relations person, every scientist paid by the industry and, of course, every industry person themselves, followed the script to the word.

Does the food industry have a script? They do—has five essential components. First is the focus on individual responsibility. And like Dr. Kaufman said, this is not an issue of personal responsibility. The personal responsibility has essentially been overwhelmed by this toxic environment. The industry says things like, "Nobody is to blame. This is a blame game. Pointing fingers doesn't make any sense." And, essentially, that argues for the status quo, and it is blaming the victim.

Second is freedom in choice. The industry says we provide choices for people. This is all part of freedom that's inherent in American values, and if people abuse our products, it's not our fault.

Third is they either buy off or attack their critics. Now, there are a number of scientists in my field who are getting paid heavy amounts by the food industry and then basically say nice things about them in the press, and then when that doesn't work, they attack the critics by calling them the food police, food fascists or the like.

I got an interesting letter, anonymous letter, the other day that said, "Mind your own damned business. You can't tell us what to eat. A pox on your house." I don't know how many of you had a pox on your house, but...

Number four is to focus the attention on physical activity. If I today decided I was going to study physical activity rather than food, the food industry would be lined up at my door writing checks for my research because, of course, nothing would please them more than to blame physical activity rather than food. In fact, both are important.

And, finally, is the age-old doctrine espoused by the food industry and part of the nutrition establishment that there are no good and no bad foods. This has some utility when you're talking about individual counseling with people, but to declare that all foods are not either good or bad means all foods are the same, and broccoli is the same as hot dogs, and oranges are the same as pork chops and let us do our business as usual.

In fact, the food industry has to sell calories. In order to sustain the food industry with the number of calories it produces per day, people have to overeat, and declining weight in the population means people will be consuming fewer calories and that means less money for the food industry, plain and simple. They can say that they can retool to offer healthy foods,

and to some extent, they can, but they're still in a big bind because they have to sell fewer calories.

So with this script then, can we trust the food industry and should they be invited in the national nutrition policy? I'll give you several anecdotes that make me wonder about that.

There's very clear evidence showing that soft drinks are linked to increasing prevalence in childhood obesity. Best study on this was done by researchers at the Harvard Medical School, who conveyed in their paper very conclusively that the more soft drinks kids are drinking, the more likely they are to be overweight. If you go to the National Soft Drink Association Web site today, it will say that soft drinks do not cause pediatric obesity, do not replace other nutrients in the diet and do not cause tooth decay, contrary to both common sense and science, so, in essence, they're lying. You could say that this is an honest dispute about the science, or you can say they're a bunch of lying scoundrels and you can obviously see which side I'm on.

McDonald's has made several announcements lately. They're going to scale back super-sizing, and announced yesterday McDonald's Happy Meal for adults that has a pedometer and salads and the like. These are good and, I think, should be celebrated. But several years ago, McDonald's got a lot of public relations mileage out of announcing they were going to change the cooking oil that they used to fry their fried foods. They've since reneged on that and are still using trans-fatty-acid-laden oils to cook their foods. So can you trust them? Well, yes and no. They're sort of on both sides of the fence.

Another interesting anecdote about this was about the Olive Garden restaurant became concerned that people were asking for water too much and were not ordering beverages they had to pay for, so they went into a program with Coca-Cola called "H2-No." The wait staff were trained to encourage people to buy pay beverages and the number of people who bought pay beverages went way up. The program worked. Well, these pay beverages, except for the diet sodas, tend to have calories. So in essence, these two parts of the food industry conspired to get people to not drink water at the restaurant. Example after example of this sort of thing.

Another very interesting example of whether the industry can be trusted is how they deal with food advertising directed at children. The average American child sees 10,000 food advertisements just on television per year, and if you compare what that would mean if you're a parent, and let's say you're a parent and you ate every meal of the year with your child, you can deliver your most persuasive message as a parent, you do that every meal of the year, that's 1,000 exposures for you, 10,000 for them. And as a parent, who don't you have? You don't have Sponge Bob, do you? You

don't have Winnie the Pooh. You don't have all the Disney characters. You don't have animation. You don't have music. You don't have Shaquille O'Neal because Burger King has him. You don't have Beyonce Knowles because Pepsi has her. And the list goes on and on. So it's not much of a fair contest, and it's easy to see how our kids are being poisoned by the unhealthy foods that they have access to.

So what does the industry say about this? They say we're doing self-regulation. They have a group, internal group, that's supposed to screen these advertisements that, as far as I can tell, is completely ineffective. You just have to watch children's television and see what the ads are proposing and you get a sense of what's going on.

Another clear example of this is the industry's claim that all the food advertising only persuades kids to buy one brand over another and doesn't really affect their overall consumption of sugar-coated cereals, of soft drinks, of candy, of fast foods and the like. Again, this defies both science and common sense.

And the final example here is when sugarcoated cereals are sold on television and they're called, "Part of this nutritious breakfast." I was on a panel the other day with a spokesperson from the Grocery Manufacturers of America and he said, "This is something very good the industry is doing because we're trying to convince kids that they need to have the juice and the milk and the other things as part of the breakfast." Well, two scientists who flanked this person on the panel said, "Well, I'm sorry, except the science shows that kids code this message to mean that that cereal is good for them," so this is having a paradoxically negative effect. So I asked the grocery manufacturer's person, "Are you going to stop citing this as an example of something beneficial you're doing for children?" And he said, "Well, I'll have to read the papers and we'll see." Well, we will. We will see.

One final point I'd like to make is it's very interesting to see whether the victories against obesity will come from the top down or emanate from the bottom up. There's very little happening in Washington now to help deal with the obesity issue, and one of the reasons is that government policy is completely indistinguishable from that of the food industry. If I read quotes to you from our Surgeon General, from Tommy Thompson, the Secretary of Health and Human Services and then I showed you on the other side of the page quotes from leaders in the food industry, there is absolutely no difference. Individual responsibility. Exercise is the key. Freedom and choice are the key issues. The script is being read by both parties. In contrast, what is happening that's quite exciting are grassroots victories. Los Angeles getting rid of the soft drink was a grassroots victory of monumental magnitude, and these things can become contagious and spread to other

parts of the country. These are very exciting. State legislators wanting to require calorie labeling on restaurant menus would be another example of grassroots things that we hope can become contagious.

I think this is a series of victories that will be won from the bottom up, and it will get to the point, as happened with tobacco, that the federal government can no longer ignore public pressure to take on the food industry, corral them and get them to get to serve healthy products and stop marketing the unhealthy products in such an overwhelming way. We cannot let the food industry do a few superficial things, like, say, McDonald's says they're going to stop super-sizing, meaning they go from seven to six ounces with their French fries—the original was 2.5 ounces—and then to let them use that to buy immunity from criticism for the hundreds of millions of dollars they're using to promote the unhealthy products.

So I think if we are going to trust the food industry, they have to prove it. Some of the biggest food companies are owned by tobacco. They share public relations firms, law firms and the like, and so they have to prove to us that they can be trustworthy and I don't think yet they have. So they need to be removed from the decision-making table until they begin behaving better.

I will stop there. Thank you very much.

**Baer:** Thank you. I'll ask you one quick question because you raise this conundrum for writers who—unless you write for pay cable—write for programs with advertisements, as you said, that are counter to what one is writing. It kind of reminds me of when I was at Children's Hospital and there was a McDonald's there. It's just one of those conundrums of life. So how do you think TV writers can they address this? How can they address this issue when advertisers are paying for what they do? I don't think that we have to worry about being censored per se, but can you say very briefly, how you think writers should address this issue of obesity and the food industry?

**Brownell:** Well, two ideas. One is that I think if the writers and the people producing the shows can work with their sponsors to promote healthier products, then I think something positive can be done.

For example, Nickelodeon is now putting pressure on some of their sponsors to offer up more healthy products with their advertising on the shows. I think that's quite a healthy move, and if this can happen more, that would be good. And to the extent writers can help lobby for that kind of thing, it would be great, especially in children's television.

And then the other thing, as I said, one thing that's very exciting are these grassroots victories, and I could easily see making heroes of parents, local parents, who work with the PTAs to help get rid of the soft drinks in the schools, for example, work with schools to provide more physical education in the schools. These would be examples. Those are the heroes in the fight against obesity, and there are everyday moms and dads who are working to protect their children from toxic influences, and I think there could be some very persuasive stories crafted around this theme that could then make these victories contagious in a positive way.

**Baer:** You'll have to tell David Kelly for *Boston Public*, and it certainly would be an interesting debate on a show like that or any number of sitcoms that one could work in that fairly simple idea that has a lot of controversy around it.

**Brownell:** Think for a moment of the kind of child that Francine was talking about having Type 2 diabetes. You could easily see a parent rising above this, going to the school and saying, "I need a healthy environment for my child."

**Baer:** That's even beyond almost any sitcom you could think of. So I think that's a really good point. Thank you.

Our next panelist is Dr. Lorelei DiSogra, who is the director of National Five-a-Day For Better Health program at the National Cancer Institute, which, she will explain to us, has very important repercussions for television and its influence on children and what they're doing, so I'm going to ask her to please talk about what this National Five-a-Day Program for Better Health is.

**Dr. Lorelei DiSogra:** Thanks very much, and it's really an honor and pleasure to be with you, and it's a great set-up to have Kelly go first, so thanks, Kelly.

I love the title for tonight because we really played off of that title, "What's Really Killing You," and what I can tell you is what's really killing you. One of the things that's really killing you, and killing most of America, is the foods that people are eating. They're eating too much food, too many calories, too much fat, too much sugar. Kelly talked about this. Fat and sugar, Kelly didn't mention, they're very, very cheap, and that's one of the reasons why food is so cheap in this country and why people are over-indulging in being able to buy so much food at a very low cost. What people are not eating enough of—if you look in the middle of your tables, you'll get a clue—are fruits and vegetables. Most Americans eat less than half of the amount of fruits and vegetables that they need for good health, and if anything, I can tell you about research—as we do we do more and more research on all the chronic diseases—cancer, heart disease, high

blood pressure, stroke, diabetes, obesity—it becomes clearer and clearer to us that Americans even need to eat more fruits and vegetables than what current dietary guidelines even recommend. So eating a diet rich in fruits and vegetables will help us reduce our risk of all of the chronic diseases, many kinds of cancers, high blood pressure, heart disease, stroke, diabetes and help us control our weight.

It's a particularly serious issue with children, as Kelly and Francine have already talked about, and I'll come back to kids a little bit later in the food environment and some of the things that we're working on to try to change that food environment.

In communities of color, we have very serious problems with health disparities, and so rates of these chronic diseases are even higher, especially in the African-American community, but we find this in all communities of color around the United States.

You know, Kelly talked about good foods, bad foods and food critics and all that, and I can tell you one thing, it's that fruits and vegetables are the good foods. All right? And I can also tell you that fruits and vegetables and this message to eat more fruits and vegetables has critics out there as well. And so the more emphasis we all begin to put on fruits and vegetables, whether it's trying to tell the story through communications and the kinds of work we'd like to do with you or the policy changes or the environmental changes we'd like to see made, we have critics on the other side that say fruits and vegetables are getting too much attention because there's a balance that plays out here. And Kelly can talk more about that if you have questions.

The good news is that there's something that we can do about all this, and the good news is that if you eat a diet that's rich in fruits and vegetables, you can improve your health.

One of the best examples I like to use of the kind of immediate benefits is there was a large study done—I work for the National Cancer Institute—we're linking fruits and vegetable consumption to all diseases and health outcomes in general.

A study done a couple years ago on hypertension called DASH (Dietary Approaches to Stopping Hypertension), done with a very large sample of people in the United States, some of which have high normal levels of blood pressure and high blood pressure, and what they found is that if you change your diet and eat a diet that's very rich in fruits and vegetables, you can bring your blood pressure down in 30 days.

Now, the current estimates in this country are that 90 percent of all adults could develop high blood pressure sometime during their lifetime. Basically, we've got 25 percent of the population of adults who are hypertensive; another 25 percent are right on the borderline. So you have 50 percent that are right there. And so that is one of the clearest examples we have of changing your diet and getting an immediate health benefit to the point where many of these people don't need to go on medications. You toss in physical activity, and the benefit equation even gets stronger.

The World Health Organization estimates that 2.7 million lives could be saved every single year if people ate more fruits and vegetables and improved their diet. One-third of all cancer deaths are linked to poor dietary habits—too much fat, too many calories, not enough fruits and vegetables, not enough fiber.

I have advice for the next president, and I try to give advice the political appointees I work with right now. Not sure if they always like my advice. But what we're working on in terms of some of the environmental changes with kids, which are really important right now—the advice I give to anybody in an important position in government and anybody running for office would be to clean up the food in schools. And from my vantage point, I can tell you that I would like to see that schools have fruits and vegetables available for kids as snacks. We had an opportunity. One congressman was very enlightened two years ago and put \$6 million into the 2002 farm bill that funded a program in four states—this was last school year—that provided money, basically \$97 per student per school year, not much, that allowed the schools to go out and buy fruits and vegetables and provide them to kids free throughout the day. And you take one of these tables, just a fold-up table, and you think about a school putting this table in a strategically central location in a school and having fruits and vegetables available on it throughout the day that kids can just pick up and eat.

And I can tell you that my colleagues at the United States Department of Agriculture went out and made slides of this right away, and they would call me up on the phone in Washington, and they'd say, "Lorelai, you won't believe it. They actually ate the baby carrots or they ate the raw cauliflower or the raw broccoli." They were in shock that kids were actually eating fruits and vegetables.

And what we found following these 107 schools in four states and the Zuni Reservation in New Mexico was in these schools that provided fruits and vegetables for snacks throughout the day, the kids ate three and four servings more per day. And we finally then, through one very quick environmental change, were able to move these kids closer to the

consumption of what they should be eating for fruits and vegetables every day.

The other thing we found was that kids didn't spend very much money in the vending machines, and they didn't ask for the Coke machines to be turned on. And that brought the attention right away to the vendors of the soda machines and the sales guys who were managing those, and they would immediately call up the principal and say, "How come sales are down in our machines?" And the principals would say, "It's because of the fruit and vegetable snack program." So that was an unintended benefit that we got out of this program besides getting consumption up above one serving a day.

Another thing I would tell the president is to get salad bars into schools, and, again, this is something that started here in California and it's a study we talk about all over the world. Started here in Santa Monica. If you put a salad bar into a school, kids will eat between one and two servings more of fruits and vegetables a day.

Change what's in those vending machines is another thing that I would say, to try to clean up the environment, the food environment that kids are exposed to today, and to get more fruits and vegetables, make them more readily available.

We have lots of other ideas. I can tell you not everybody is in favor of the kinds of things that I've mentioned to you, but the health community is in favor of this, and it's really the only strategy we can employ if we're really concerned about turning around childhood obesity.

Similarly, we have to be very much concerned about the levels of chronic disease in this country because that's what's killing very young adults, as well as middle-aged adults, and in the communities of color, this is a very serious problem. So I would say that freedom of choice is really important as long as that freedom of choice can be freedom to choose from a wider variety of healthy fruits and vegetables.

Thanks.

**Baer:**

Thank you. So you spoke quite eloquently about changing norms—salad bars in schools, for instance. There are many shows that depict schools, and I can't think of any that have shown that, so certainly it's a norm like designated driver, which the networks have certainly been able to enforce, or wearing seatbelts. You can't show people on television driving in cars without wearing seatbelts. So is there any one thing, one norm, that you would want changed or that you would want the networks in terms of

wearing seatbelts or not showing smoking or designated driver, what would yours be?

**DiSogra:** I guess mine would be showing people eating fruits and vegetables and having fruits and vegetables around in various sets. If all the characters are eating fruits and vegetables, not eating other things or talking about the benefits that they're getting from eating a diet rich in fruits and vegetables—and I'm not talking about just the disease benefits, but the benefits that people tell us about are going to help them lose weight, that they feel better, that they have more energy. And so if the characters could talk about those immediate benefits they get from eating a healthier diet and eating more fruits and vegetables, that would take us a long way towards getting where we need to be. Thanks.

**Baer:** Thank you. So I guess it would help if we could also come up with some very pithy phrase like "designated driver" that would encourage eating fruits and vegetables...

**DiSogra:** We'll work on it, Neal.

**Brownell:** "Binging on broccoli."

**Baer:** "Binging on broccoli" is good.

Our next panelist is Dr. Susan Finn, who serves as chair of the American Council for Fitness and Nutrition, a group of food, beverage and consumer product companies and not-for-profit organizations as well, and she's the past president of the American Dietetic Association, which has over 70,000 members. And she's going to speak to us about fitness and nutrition and how we as writers can present this in a way that perhaps we haven't thought about.

And what's been good tonight so far for me is I really don't think that when I write characters eating a donut, I don't think about it. It just seems like a simple kind of event that one does, and it's given me pause that he should be, I guess, eating a carrot or a piece of broccoli. But that would be kind of fun to do that. So, Dr. Finn...

**Dr. Susan Finn:** Thank you. Thank you very much, Neal.

It is a pleasure to be here. I come from Columbus, Ohio. It's still cold there. But I am delighted to be here and to share my views, my personal views as a dietician as well as an individual that represents the views of the food and beverage industry. And contrary to what you may be thinking, Kelly and I are actually pretty good friends. We've worked together for a zillion

years, and we have much in common and agree with many of the same points but maybe have a little different slant on them.

I am a dietician that has spent many years working in the field, more than I care to tell you about, but I've also spent most of those years working as an insider in the industry, not the food and beverage industry, specifically, but in the healthcare industry related to nutritional products and medical nutritional products.

About a year ago, I decided I wanted to do something different, and I joined as chair of the American Council of Fitness and Nutrition because I believed that there were some things there that I could do to make a difference understanding business and understanding the nutrition field. And I can tell you that the industry, the food and beverage industry with which I work, the major players in the field, are committed to solving this problem. They do know there's a real problem, and they do know that they play a key role in it.

Now, they also know, as my fellow panelists all up here know, that it is very complicated. We probably make it way more complicated than it needs to be, but it is complicated. It is about food. It's about the way we live our lives. It's our attitudes and our values and our communities and all the things that were spoken about earlier. It is about all those things, but it is also about the food we eat.

To this end, the food and beverage industry, if you've been looking at the advertisements and looking looking at what's happening on the grocery store shelves, you will see much more attention and some re-engineering, if you will, of many of some of your favorite foods as well.

What has the industry done? Where is it going? Well, there have been some major changes in calories, in fat, in sodium. Now, that doesn't mean you can eat everything you want and in huge quantity, but those things have come down significantly.

Now, some of these changes in some of our products have been small because you know what happens if you make big changes? People don't eat them. The product still has to taste good. And so it is that blend of both taste and getting people used to different amounts of sodium, different amounts of fat, different amounts of sugar. Some of my colleagues in the field say, "When we make a reformulation of one of our products, we don't really talk about it." And it's not because it's insignificant. They don't talk about it because they're afraid people will find some reason that they don't like the taste of it. And what we need to do is get people gradually used to different kinds of foods and different kinds of tastes.

They've removed the trans-fats from many of the snack items. One company in particular, Pepsi-Cola, has removed 55 million pounds of trans-fats from their products. They did it very responsibly. Others are looking at it and have that in their plans.

Portion size—I hear that a lot when I talk to my colleagues in the food and beverage business. They're looking at putting their creativity to how to design boxes of cereal that put out one serving size as opposed to a bowl, which may be three serving sizes? I've watched my husband pour in the morning. "That's not one serving; that's three." They're looking at creative ways of individual packaging and making sure that people understand what a serving size is, and so we desperately need to readjust our views toward serving size.

They're also very committed. We currently have a study in the field looking right now at what they're doing for their three million employees that work for the food and beverage industries, and there are three million people that work in those kinds of settings. And they are very interested in what they can do to take a strong leadership role in kind of walking the walk with wellness programs for all the obvious reasons that we've talked about.

So individually, the companies are doing a great deal, and they're only just begun, so stay tuned.

There are also beliefs that this issue is so complicated that one industry can't fix it. It's got to be a collaborative effort of a variety of industries working together collectively. And so they have done a number of things. One of the things they did was to form the organization that I represent, which is a not-for-profit, which is dedicated to a bigger view. It isn't about specifically looking at every little packet and every little morsel of food, but it is about looking at what we can do, what can the food and beverage industry do, as an industry to help participate in the solution because it is about food, but it's not only about food.

So there are a few things that we are doing right now collectively. Number one is we are looking at how do people read labels and how do they make decisions about foods. What would be useful to people? How can we better guide people? The industry says, "Look, we need to help people moderate their food intake"—and they specifically have gone on record of saying that, moderate their food intake—"in line with their activity level."

Now, you've got to have a good package that gives people some guidance and some direction, and they are looking at that right now in the process of a very large research study, looking at what we can do to help people make better choices, what makes sense for people.

Second of all, policies. When you begin to look at a variety of policies, whether it's local or whether it's national or global, we find some areas where we really can support some positive policies. There's legislation, for example, introduced by Senator Frist, bipartisan, to get physical activity back into our communities and back into our schools. We think it's deplorable it's not there.

Nutrition education isn't either, by the way. When we took home economics out, we took nutrition out as well. The Society for Nutrition Education recommends 50 hours a year integrated somehow with the classroom, and we are woefully inadequate in that. And in physical education activity, it's just as bad. We are not physically active. We've emphasized academics, and we've taken physical activity out. We need to get physical activity and nutrition education back in.

In the Council and collectively, we are supporting those policies, such as the impact legislation to get physical activity back into our schools. PEP grants, grants given to communities, much of the focus is on underserved populations, getting grants into communities to get them to have the resources to develop educational programs and activity programs in the community.

And, lastly, I wanted to say a word about advertising because you can't represent the views of industry without mentioning advertising, and Kelly is quite right, the hot button is children. That is where the sensitivity is.

There is an organization to which collectively the industry has given hands off money that is called CARU, the Children's Advertising Review Unit. It is out of the U.S. Chamber of Commerce. It is operated independently. It has support from a variety of different not-for-profits as well as industries. To really review all ads that go to children under 12, they look at every single ad, not just food, but toys and a variety of things, and they look at that in light of is it accurate and not so much that as is it depicting appropriate activity? Is it particularly appropriate in light of the obesity initiative today? And that organization is very successful in really looking at and going back to the company if, in fact, something wasn't appropriate and calling attention to it. And, again, it is self-regulation.

Those are three things that the industry is doing collectively and three things as well they are doing individually to help develop better products and successful products and help people make better choices. You see, I think when it gets down to it, we have to look at how people live their lives.

We are in a fast-paced society. What do we have, a repertoire of 10 recipes and can't be more than 20 minutes to get a meal on a table and 75 percent of meals are eaten at home, but a good portion of them are brought into the home, having been prepared. We are in a fast-paced society. We multi-task. We have stresses and strains. We don't sleep. We have many fears. We are in a society where there is a great deal of pull on us. We have to come up with solutions that are realistic and positive, I believe. I believe we have to emphasize smart choices, and I do believe we have to emphasize certainly fruits and vegetables, as Lorelei said, and we have to emphasize physical activity. We have to get physical activity in our schools. It's not the cure-all either, but all together, it can make a big difference.

See, I believe what Secretary Thompson says. I think he has used the bully pulpit in a wonderful way to communicate what people need to do. He believes it. He lives it. He walks the talk, and he speaks very clearly to people about what needs to be done. He says you really need to make it doable, you need to make it realistic, you make to make it fun and you need to make steps that people can do and use every day.

I believe that is the answer ultimately long-term to building healthier lives for children and adults, as well. Thank you very much.

**Baer:** Thanks. Now, you get the hard question.

**Finn:** I know!

**Baer:** There is a grassroots movement, and it is here in California, and I imagine it will be on TV in sitcoms or dramas about soft drinks being banned from schools, and there is a lot of research about this in terms of children making choices versus their parents making choices for them. Since you represent the industry, what's their take on this?

**Finn:** Now, what's the question?

**Baer:** What's their take on this grassroots movement? Would they be upset if television takes part in pushing for soft drinks to be banned from public schools?

**Finn:** I'm going to tell you how I feel and how I think in general the industry feels. First of all, there's not a dietician or a nutritionist, a professional across the board, that would want to see kids sit and drink soft drinks all day. I mean it's just absolutely inappropriate. And I think the first thing is that schools are doing this. They're doing it all over the country. They're taking a look at what they're offering. They're taking a look at what they're offering in vending. They're trying to make a determination

whether they want them in or they want them out, and that is absolutely a local decision to do just that.

The food industry, particularly the beverage companies, have responded by saying, "We are not going to put our products in schools," and there's some that have done that. Or, "We're going to develop specific products that meet those needs," and some have done that. Or, "We're going to have a combination of things that allows children to select a certain number of waters and juices and things that meet the requirements, fruits and vegetables, as well as some of the other things and allow children to make choices." And I think that the primary focus is to teach children.

See, I don't think you can restrict kids. I think as soon as you begin to do that, and if you look at the data—children will want those things. I think you have to teach them. And you know who the biggest teacher is? It's not the schools. It's the parents. It is the parents. And if you look at the newest survey done by the American Dietetic Association, it will show you, in particular, it is women, it is mothers. And those are the role models that children follow.

So I think the answer—long answer to your question, Neal, is that I think those policies are going on. You see them all the time. Every community I'm in, I'm seeing somebody making a difference in the way vending is done.

I would also add that you could take all the vending machines out of schools, and I'm not sure you'd touch the obesity issue at all. You look at the state of West Virginia. They've had the most restrictive vending machine policies in the state of West Virginia for 20 years, and they have the heaviest kids. Now, I'm not throwing a cause-and-effect there. I'm just saying you can take them out, but you have to do a whole lot more than that.

**Baer:** Is that true, Kelly? Is it true that it wouldn't address the obesity issue? Is it true, Francine, that taking away soft drinks...

**Brownell:** Well, anybody with an IQ over 80 realizes that just removing soft drink machines from schools is not going to solve the obesity problem, so everybody agrees with that. Whether it would help solve the problem and be a very important symbolic gesture, as well as a very real gesture, I think makes all the sense in the world.

And the other thing that I find particularly difficult to accept is blaming the parents. Yes, parents have a big impact on what kids choose to eat, but what do the parents have to compete with? And we owe parents an environment where it's easy to raise healthy children, and now we have

exactly the opposite. So to provide this parent this environment that makes kids sick and then to blame the parents for creating the sick children I think is absolutely contraindicated, but it's exactly what the industry does. I mean, you're not saying that.

**Finn:** No.

**Brownell:** The industry does say it. You can find quote after quote from people in the industry that say this is a matter for parents to deal with.

**Finn:** No, I don't believe that either. I think it is all of our responsibility to deal with it, and everybody has to do their part or we will never solve it.

**Kaufman:** I don't think when we worked hard—and a number of us worked very hard in L.A. Unified to get this policy put through—that this was going to be the end-all. This is just the very first step. This is to start to model appropriate behavior, to give children the opportunity to make appropriate choices, to hopefully begin to educate around how to make those choices and the goal would be then to expand it.

I think we have to use school as our starting point, but before I forget, another important issue, and, Diana, we talked about this a fair amount over time, too, is all the other buildings we're in all day long. I don't know what the workplace for most of you is like, but I work in a hospital. I run an obesity clinic, and I had a child not too long ago, weighed almost 400 pounds, come up to my clinic with gummy worms hanging out of his mouth. I became appalled and started running around in a circle, and he looked at me and he said, "Well, boy, Dr. Kaufman, if you've got a problem with these gummy worms, why do you sell them in your hospital?" So there's a huge disconnect in what's going on in a number of places. So we have a display of junk food in my hospital. Neal knows we have a McDonald's, and we need to do, in at least the healthcare system, maybe public buildings, what we did for tobacco, which is until we do that, why would anybody start to believe us?

So, actually, there's another grassroots movement, and those of you who may write for doctor shows or something, you might want to put it in there. We're trying to take back that environment as well.

**Baer:** It'll be interesting to see how this will play out in the media in terms of drama and comedies and advertisers because certainly there's some real drama here.

Our last panelist, Dr. Toni Yancey is an associate professor in the Department of Health Services at the UCLA School of Public Health and her primary research interests are in chronic disease prevention and

interventions and adolescent health promotion. She's served as the director of Public Health for the City of Richmond, Virginia and director of Chronic Disease Prevention and Health Promotion for the Los Angeles County Department of Health Services. Thank you for being here.

**Dr. Antronette Yancey:** Delighted to be here. My colleagues have waxed quite eloquently on the topic of diet, and so what I'd like to do is actually complement that a bit. And as one whose focus has been particularly on physical activity, as well as obesity overall, I want to complement what particularly Kelly and Lorelai have been saying about diet by arguing that the same kind of corporate collusion and abdication of our responsibility to our children, if not to ourselves, basically abdicating that responsibility to oil companies, to tire companies, to auto manufacturers, to highway construction companies, has, in essence, created an environment that is hostile to movement. And it's gone so far that a lot of employers—and those of you that are interested in this subject, I've brought along some copies of a report that we did out of the California Department of Health Services—some employers actually discourage their employees from using the stairs at work because they're so fearful about liability claims. They actually lock the stairs, I mean to whatever extent they can get away with that with fire regulations, I don't know.

But the point is that movement is something that we used to have to do in such great quantity it probably was hazardous to our health just to maintain shelter and to escape predators and find food. And at this point in time, we don't have to do much, if anything, at all.

And right here in Los Angeles County, this huge county of 10 million people, the most ethnically diverse county in the country, 41 percent of the population doesn't even get 10 minutes of continuous physical activity in a week—not in a day, in a week. And here on the west side, the most affluent area of the county, that number is still about a third of the people not getting 10 minutes a week. So 10 minutes—I'm focusing on that because that's actually one-third of what we might call the RDA, the Recommended Daily Allowance, for activity. You know, we're supposed to get a half an hour a day, and according to the Institute of Medicine Report, an hour a day. Well, that's mostly because most of us, 64.5 percent of the country, is overweight and almost a third of us are, frankly, obese. Right here in L.A. County, we've experienced a 40 percent increase in obesity rates among African-Americans or Latinos just in the last five years.

So what we're trying to do in my role as sort of the doctor for the population, as opposed to the individual, and now in my academic role primarily, is to look at interventions at a systems level that can get people up and moving. And that means for kids we've got captive audiences in

schools, and for adults, we have captive audiences in workplaces, but also in a lot of other organizational settings.

And the point here is that we as adults have really become de-conditioned, especially women. It has not been considered feminine to sweat and get into all these kinds of sports and that sort of thing, and we, if we're going to get anywhere close to a half an hour a day, we're going to have to start people at a few minutes a day. We're going to have to start someplace, and we're going to have to re-integrate physical activity, which is a normal part of life, back into our lives and not treat it as something out there that employers can actually discourage people from doing.

So you've all had some healthy foods, and you even have some models of some healthy foods. What I'd like to do for just a few moments, if you'd bear with me, is to give you a little sample of what I'm talking about when I say we don't have to do something special, dress differently, put on sweats and all that to be active. We can integrate it right into our regular course of meetings and things that we do that are very sedentary.

And, Rich, if you would play a minute or two of this CD. And what I want everybody to do right now is just stand up. Okay.

**[CD:]** Okay, it's Concord's LA Lift-Off. Let's start our workout by marching in place.

**Yancey:** Now, that's my buddy back there. Maybe some of the comedy writers could pick up some good lines from this.

**[CD:]** On your shoulder, and I want you to push it up so that you are reaching up to the sky or the ceiling or whatever you have above you. Now, push it up. Let's go now. Let's count it up. And one and two and three and four and five and six and seven and eight and nine...

**Yancey:** See, I can see some of you all in the room actually have rhythm.

**[CD:]** ...And nine and eight and seven and six and five and four and three and two and one. Okay, keep marching in place now. We're going to switch to a triceps extension. Keep marching.

**Yancey:** You know those flapping arms?

**[CD:]** Okay, what I want you to do now, I want your upper arms parallel with the ground, level to the floor of the ground. I want you to bend slightly from the hip.

**Yancey:** Straighten those arms out. Straighten them out. You're not moving your upper arms, just your lower arm.

**[CD:]** And kick it back and back, back and back. We count it down now, and kick and nine, eight, and seven, six, and five, and four, three, two, one. Count it up. And one, two, and three, four, five, six, and seven, eight, nine, ten. Okay, let's switch, okay.

**Yancey:** All right. You've had your taste. Now, what you've just experienced, we call it an LA Lift-Off. That means lift those buns off the couches and chairs. And the point here is that we need to think about strategies where we as a society make time available for physical activity. We need to do it on the clock, as opposed to pushing it off and asking people to do it in their non-existent leisure time because most of us have very little of that.

Also, just wanted to make the point that unlike hunger—if we make fruits and vegetables available, people are going to eat because they're going to eat something, okay? So you can make these substitutions, but in terms of physical activity, there's not really that inherent drive, at least not in adulthood. So we really have to make it easier to do it than not to do it.

And some of you will have noticed when I stood up that I have a pedometer on. You know, just imagine if we can make it sexy to wear pedometers! You know, if pedometers became like there's a Timex variety and a Rolex variety and everybody's talking about them. We create buzz. That's how the designated driver thing worked. You all were an extremely important part of creating a social interaction around drinking and driving. That's made a huge difference. When I was in medical school 25 years ago, "one for the road" was a regular occurrence. Now we wouldn't think about it. So a lot of cultural norms have really changed dramatically. And I'm going to just wrap my five minutes up because I do a lot of sort of on-the-ground work in communities, a lot of community-based research and so I hear a lot from people, regular folks that are trying to make these kinds of changes in their daily lives.

And I also do a little spoken word. I write a little poetry. So I tend to be a little more eloquent myself on these kinds of issues by doing it in poetry form. So this is one of my poems that was commissioned by the *American Journal of Preventive Medicine*, and it appeared in the October 2003 issue. And I think it's in your packet. It's called "Ain't Like There's Hunger."

"Sweet tooth, salt tooth, chocolate tooth, Jones and some fries  
Triple-deck Mac, Coke 'n pork rind.  
But no walkin' to, swimmin' to, stretchin' to, dancin' to, weight liftin' to  
After all, ain't like there's hunger.  
Mind-numbin' early gig. Second gig even worse.

## What's *Really* Killing You (And Can You Prevent It?)

Kids in between gotta be fed, read to, homework checked, ears inspected.  
 Dark park? Cold out? After all, ain't like there's hunger.  
 Sittin' all day tryin' to look nice.  
 Do costin' 30, 40 dollars a week.  
 Heels and huggin' skirts, and this 40 extra pounds I'm carryin' around.

Stairs are a joke. Walkin' at lunch, humidity wrecked my hair.  
 After all, it ain't like there's hunger.  
 TV and radio ads  
 For the Mickey D's, KFCs, Taco Bells, Krispy Kremes and Winchell's.  
 Seeing me, my kinda folks, hearin' me, my kinda folks.  
 Golden arches right around the corner, open late, open early, open 24/7.  
 And then there's hunger.  
 CEOs makin' all this money, makin' us fat and old and sick and dead.  
 Fat bankrolls, phat -- P-H-A-T -- money.  
 Blood money's what it really is.  
 Expandin' bottom lines, expandin' our behinds and waistlines 'cause after  
 All, it ain't like there's real hunger.

So being a nation of couch potatoes or mashed potatoes.  
 Is really that bad?  
 Why don't they make it easy?  
 Perk me up since I'm usually down where I work on the company's clock.  
 Yeah, how about a little recess like when we were kids in school?  
 I might take the stroll on the Intercom or find some jammin' tunes for my  
 Little group packin' some extra pounds.  
 Been a while since we got down.  
 Shiftin' and movin' and swingin' and groovin'.  
 Get that natural high flowin'.  
 Now, that might make me hungry for more."

Thank you.

**Baer:**

Thank you. Well, we'll have to get your CD for all the writers on my show who sit around all day and eat bad food, but we have tried to cut it down.

I think we have a few minutes. Before we can take a few questions, I want to ask you to please fill out the evaluation form that's in these folders because that's important to the people at Hollywood, Health & Society. And then you may take the assorted fruit and the models with you, courtesy of Lorelai.

Are there any questions for the panelists? Yes?

**Audience Member #1:** Don't forget I'm just a doctor—by saying that if we can invigorate people and if we, particularly around children who have a lot of influence

on what's bought in their family and how much money is spent and on what, to start to make healthy choices. We've done a lot of work in schools where we've brought baked chips, soy chips, fruits and vegetables, a number of better items. We've marketed around them, and they're not going to pick them up, something they don't know, but there's an opportunity for some social marketing, some changing social norms, from changing who's the cool guy to this new cool image. And then the kids, they like it. I mean the best example in L.A. is Venice High School. It started with a self-motivated group of students led by an incredible educator inside that school who brought them healthy vending and they marketed that stuff. Those kids are buying good choices, they're making good choices and they're spending money. It's just they're spending money on something different. You know, there's going to be money spent in continuing to feed these kids. It's just a question of whether they're going to have the opportunity to make good choices or not. So I think if we can make the groundswell and I think there's already been some movement of adults wanting better choices in some of the fast food restaurants and now I think that's going to drive the profit margins.

**Baer:** Susan?

**Finn:** Yeah, I think that's a very good question. Actually, and I agree, we're seeing that as well, the healthy blend of healthy foods with choices, and children will buy those things and want those things. So that's very good. But interesting, when you look at the growth and the market growth, better-for-you products, what we might call products that were designed with health in mind as they designed them or revamped them, they're growing at a rate of about 20 percent per year. There's an incentive to develop those kinds of programs, and the key is they've got to be tasty, they've got to be good and people have to buy them or they aren't on the shelf very long. But there is a huge growth in that category, as there is an evolution, and they describe it not as a revolution but an evolution in wellness, just slowly more of us becoming aware of wellness, and with that, the growth of these products. So I think it's a wonderful example, where both business and the environment meet.

**Audience Member #2:** I find myself really torn on this issue because as a public health policymaker, I think it's great when I hear people talking about obesity, "Let's start walking. Let's do have healthier food choices." And then I find myself really pissed at the health policy person that there's no money to really have communities really integrate this and do this. I'm talking about some poor woman out there on the WIC program who doesn't know how to make a healthy meal, and we're not going to put the resources in there to say, "You know, there are choices besides that macaroni." She grew up with macaroni, with cupcakes in the morning for breakfast because Mom had to leave real early to get that public transportation to get to that job.

And so there wasn't time for oatmeal or for fruits and vegetables. It just was not a reality.

So I have to say, in all honesty, I find myself really pissed off at times that we like to speak to these issues, but we don't really practice them in a very practical way. And I say that you need to change public policy, for instance. In that same program that I mentioned, the WIC program, you'll see all around Los Angeles farmers' markets. These are great because it brings people from the community out there to see that, hey, they can buy the freshest produce out there. It brings it into low-income communities, as opposed to having to go to a convenience store or someplace else.

Why don't we have public policy that integrates for women that need the assistance for their anemic children, for themselves that are pregnant or lactating, that you would include vegetables as a subsidized product in there that they can purchase? We don't have that policy. California has tried over various years to influence the federal government to do that, and it has not come about.

So I just want to be honest in that answer that I don't think we're all there yet. I think we have a wonderful opportunity, though, to look at sometimes the hypocrisy of it and write it into your stories about what could make a true difference.

**Baer:** Dr. Yancey?

**Yancey:** I think that it is a key question, and I think one of the things and one of the reasons probably most of us are here is that there's a lot of grassroots change that can occur not even just on a person-by-person basis but on a group-by-group basis as a function of what people see in your shows. When people see in your shows that somebody goes to their PTA meeting and says, "We should have exercise breaks as a part of this meeting. Kids should have physical education. We want to see something changed with the vending machines. Why don't you serve something different in the cafeterias?" If people see that kind of leadership, but also if they see the subtle things, if they see the guy who's overweight coming in with a little sweat on him from having done that three-mile walk, or if they see somebody with a pedometer, if they see some of these things, then they get the sense because they believe the television universe is the real world. They start to make changes themselves. They start to talk to their own friends.

And this grassroots piece is a key piece of making the kinds of sweeping changes that we've made, say, in tobacco control because in Europe, they have better regulations top-down than we do, but they never had this grassroots thing of people going to the school boards and the city council

and making these changes on a community-by-community and neighborhood-by-neighborhood basis.

**Baer:**

Thank you all for inspiring us. From a pedometer to soft drinks in the school, there's certainly a lot to write about that we don't think about. Thank you so much.