Working Toward Engaging Local Businesses in Community Obesity Solutions: A Preliminary Account from the Field

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Childhood obesity continues to be a serious public health concern in the United States. About 12.7 million children and adolescents aged 2–19 years, or 17 percent of the population, have obesity (CDC, 2016). In addition to genetic and behavioral factors, the environments where children live, learn, and play impact their health and well-being. A lack of access to affordable, healthy foods; the absence of physical activity in schools and childcare centers; and a shortage of safe community spaces such as parks, sidewalks, and bike paths also contribute to obesity levels (Karnik and Kanekar, 2012). While reversing and overcoming childhood obesity will be challenging, stakeholders from all sectors of society, including government, nonprofit organizations, business and industry, health care groups, and community members, need to create opportunities to identify and spearhead solutions.

The 2015–2020 Dietary Guidelines for Americans recognized the need for solutions and issued a call to action for all segments of society to “help change social norms and values and ultimately support a new prevention and healthy lifestyle paradigm that will benefit the U.S. population today as well as future generations” (Dietary Guidelines Advisory Committee, 2015).

Because the repercussions of obesity impact all of society, solutions-oriented engagement is critical not only for general population health, but for the health of the economy. Adult obesity takes a heavy toll on both individual and workforce health, as U.S. workers who have overweight or obesity miss an average of 450 million more work days per year compared with healthy workers of normal weight (Cleveland Clinic, 2014). In addition, adult obesity costs approximately $190 billion per year in medical expenses (Cleveland Clinic, 2014). Investing in childhood obesity solutions—whether through education, research, or greater community involvement—can support a healthier workforce and provide improved societal benefits for all.

The Roundtable on Obesity Solutions and its CEO Innovation Collaborative

Recognizing the need to take urgent collective action, the Institute of Medicine [2] launched the Roundtable on Obesity Solutions in 2014 [3]. The goals of this roundtable are to engage leadership from multiple sectors to solve the obesity crisis; to provide a trusted venue for transdisciplinary exploration of what is known, what needs to be known, what is ongoing, and what needs to be done to eliminate the adverse health effects of obesity; and to respond to changes in national health policy issues and directions and new developments in the field as they emerge. The roundtable currently has 44 members representing 12 different sectors and includes four innovation collaboratives (ICs) with targeted and complementary agendas. Innovation collaboratives are ad hoc activities associated with roundtables and forums, and they generally focus on developing and supporting on-the-ground solutions.

Among the roundtable’s four ICs is the CEO IC, established by a subgroup of interested roundtable members with the goal of galvanizing private sector
engagement in simple, scalable, and sustainable community efforts to prevent childhood obesity. This IC includes individuals and representatives from varied private organizations and was originally co-chaired by Paul Bakus, Nestlé USA and Nico Pronk, HealthPartners, Inc. [4]. CEO IC members are committed to catalyzing local business involvement in positive efforts to achieve healthy weight among children in the communities they serve. CEO IC members are currently working with stakeholders in Greater Cleveland, learning about and cataloging Cleveland's many obesity-prevention activities and players and providing advice and encouragement on the development and implementation of a community-based initiative which includes local business community members. CEO IC members take advantage of the relevant knowledge and experience of Roundtable on Obesity Solutions members and of the members of the three other roundtable ICs (on early care and education, physical activity, and community-integrated health care) to help to enrich and inform Cleveland’s efforts.

Roundtable National Workshop Highlights Potential Contributions of Local Businesses

Inspired by the CEO IC’s efforts, the Roundtable on Obesity Solutions convened a workshop on April 12, 2016, designed to address the role of the business sector in obesity solutions [5]. Important observations shared by workshop speakers and attendees included the ways to best leverage the knowledge and resources of the business sector to contribute to effective, long-term community public health improvements and social change. Individual suggestions included: the need for action by business leaders; the potential for business to be a role model; the importance of incorporating health, well-being, and equity into all policies; the necessity for ethical business behavior with a focus on transparency, accountability, and responsibility; and the value of being willing to take decisive action in partnership with others in the community. The workshop provided both critical overarching concepts and useful ideas for specific activities at the local level. (A brief summary of the workshop is available online [6].)

Exploring Obesity Prevention Opportunities in Greater Cleveland

Over the past year, members of the CEO IC have been exploring community-level opportunities in Ohio, focusing on the Greater Cleveland area, which includes Cuyahoga County. The Health Policy Institute of Ohio reports that Ohioans are less healthy than people in most other states and that they face challenges related to food access and food insecurity, social and economic prosperity, the availability of built environments that support physical activity and safe areas to walk and play, and behavioral health. This is despite the fact that Ohio spends more money on health care than most states (Health Policy Institute of Ohio, 2016). There is both public health need and promise in Greater Cleveland.

Greater Cleveland actually has a robust public health infrastructure already in place. Members of the CEO IC conducted an inventory of existing programs, meeting with and listening to 70 individuals and 30 organizations. The area is home to nationally and internationally recognized health care systems and possesses strong political will to solve public health problems. However, even with the depth of commitment and community engagement, current initiatives appear to lack the connective tissue to join stakeholders together in achieving greater impact. Furthermore, certain sectors of society, including the business community, are not yet optimally engaged. In addition to conducting the inventory of existing health programs in Greater Cleveland, the CEO IC members began talking with businesses and employers about childhood obesity as a workforce issue, and a small group of business leaders was convened with the goal of stimulating their engagement in Greater Cleveland’s communities to promote the health and wellness of future generations.

Stakeholder Convenings Highlight Potential Roles for Cleveland Businesses

The U.S. Chamber of Commerce Foundation hosted a forum in Cleveland in April 2016 as part of its national Health Means Business campaign. The forum was successful in getting business leaders to engage with community stakeholders in discussions centered on the intersection of business and health. The ultimate goal of the campaign is to promote improved health by expanding economic opportunity and leveraging the influence of local, regional, and state-level businesses to empower individuals and communities through improvements in education, employment, and income.

In June, following the Chamber of Commerce meeting, Nestlé convened a complementary initiative to
address community health needs and opportunities relevant to healthy weight. The *Together, We Can Unite for Healthier Kids Stakeholder Convening* brought business leaders from the Greater Cleveland area together with nearly 60 thought leaders in a multi-sector dialogue on how all segments of society can work together to accelerate progress in advancing child and family health. Nestlé's convening was held in alignment with the objectives of the April Roundtable on Obesity Solutions workshop and the Health Means Business regional forum, and it took place at Nestlé's research and development center in Solon, Ohio. It featured national and local representatives from government; academia; medical, nutrition, and health professional organizations; business and industry; nonprofit organizations; and other sectors. This meeting also served as an extension of the vision and work of CEO IC members. The meeting had three goals:

1. **To inspire leaders in the private sector to care about and invest in the health of the communities they call home.**

2. **To learn how the private sector, along with government, academia, health providers, philanthropies, and other community partners, can unite to effectively build and sustain a culture of health that supports and improves the health and well-being of our children.**

3. **Engage local Cleveland-area and national leaders in discussions that can inform the mission and direction of Cleveland's healthy weight efforts.**

James Marks, the executive vice president of the Robert Wood Johnson Foundation (RWJF), told the meeting that truly achieving a culture of health will require a multi-sector approach that engages local community members, businesses, and non-traditional allies in a dynamic and integrated way. He said that there is a need to act with urgency to address childhood obesity and that interventions should consider the physical, emotional, and cultural needs of society.

The meeting featured 19 other speakers who shared their unique insights and experiences during four moderated topic-specific discussions. The discussions touched upon topics such as: (1) the existing science related to the health and well-being of children and the challenges and opportunities for intervention; (2) local and national examples of successful community engagement and how stakeholders can build upon what has been learned from these examples; (3) the characteristics of effective public-private partnerships; and (4) current child-health-focused programming in Greater Cleveland and the opportunities for accelerating this work. Six working groups reflected upon speaker remarks and presented actionable recommendations to the full group.

Throughout the event, all attendees were encouraged to compose and post statements describing how they, as stakeholders, will take action to advance child and family health in Greater Cleveland and nationwide. Ultimately, 32 such commitments were posted, which were diverse in nature and included pledges to partner with local research centers to gather data and develop stronger evaluation measures to monitor progress; to leverage local relationships with primary care and hospital systems, as well as corporate partners; to engage businesses to play a larger role in impacting social determinants of health (e.g., livable wages, affordable child care); and to provide better nutrition and stronger policies targeted at low-income or food-insecure populations (see Figure 1).

**Convening Generates Important Themes and Points of Discussion**

The response of the attendees at the *Together, We Can Unite for Healthier Kids Stakeholder Convening* demonstrated that local and national leaders are motivated, committed, and ready to tackle the challenge of addressing childhood obesity. The key themes and relationships that emerged from the stakeholder dialogue form a foundation on which Greater Cleveland’s efforts can build and activate solutions. The overarching themes that emerged from the gathering included the following (not necessarily in order of importance):

1. **The time to act is now.** We are faced with great challenges and great opportunities. Current public health concerns, including childhood obesity, require immediate action. Strategies should be evidence-based to the extent possible, but not inhibited by a lack of certainty. One participant stated, “We can't be afraid to fail fast, and fail forward.”

2. **Building a culture of health takes a village.** All sectors of society, including private businesses, need to engage and contribute resources to successfully reverse the current trends in childhood obesity and improve child wellness. The public health and private sectors must work together to
establish and execute a shared, integrated vision. Health improvements propel economic development.

3. **Transformational partnerships are imperative.** Partnerships need to move from the transactional to the transformational. Guiding principles should include transparency, commitment, diversity, and ultimately trust.

4. **Success depends on community engagement.** Community members are the lynchpin for an effective public health intervention. Securing local buy-in and voices to champion initiatives ensures that the interventions are relevant and likely to be effective and sustainable. Health is nurtured, protected, and preserved in communities. Community initiatives are participatory: “Nothing for us, without us.”

5. **Health is food-plus.** Health goes beyond not being sick or injured—it is part of the larger concept of well-being as the bedrock that supports a fulfilling life. In part, health and well-being mean living, learning, and working in environments with access to healthy foods and physical activity, but they also encompass having a supportive and functional family to help build sustainable habits and incorporating cultural and emotional needs. Efforts to embrace a culture of health must fit within this deeper context of a healthy nation, community, and family.

6. **Children are the future.** Children are the most vulnerable population, and research shows that building healthy eating and lifestyle habits early in life is essential to maintaining health through adulthood. Real opportunities exist in schools and childcare centers and with parents and caregivers to help empower the next generation and support a healthier future workforce.

7. **Place matters.** Where a community is located in relation to healthy eating and living opportunities represents a powerful influence in determining quality of life. Interventions should consider and be relevant for community members of varying socioeconomic status.

8. **Greater Cleveland is poised to lead.** Stakeholders are already beginning to galvanize multi-sector engagement in Greater Cleveland, but more work is needed to better understand where existing efforts can be combined and amplified in pursuit of a common, unified goal and shared vision.

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**Figure 1 |** Stakeholder commitments posted at the meeting.

SOURCE: Paul Bakus.
Future Opportunities for Continued Progress in Greater Cleveland

The convening was successful in gathering thought leaders and helping to integrate the work of multiple stakeholders. To continue and act on the progress made during this event, a number of next steps are being considered by the conveners and CEO IC members:

1. Implementing the commitments and suggestions made during the event.
2. Galvanizing local businesses in Greater Cleveland and establishing a framework for multi-sector community health improvement engagement that can be replicated in other cities.
3. Identifying research opportunities to fill gaps in the current understanding of what works.
4. Continuing this dialogue with stakeholders through future meetings with a focus on activities with the greatest promise.

The meeting of stakeholders generated local, multi-stakeholder, cross-sector insights into what is needed to engage business and industry into important community health issues and to identify specific opportunities that may be prioritized for action in the Cleveland area. Furthermore, lessons learned may be appropriate to consider for other communities throughout the country. The dissemination of the ideas and opportunities that developed from the Cleveland convening will likely serve other cross-sector, community-oriented health improvement efforts. The authors plan to continue recording the progress of this long-term effort and sharing it with others.

Notes

1. The authors are members of the CEO Innovation Collaborative, an ad hoc activity associated with the Roundtable on Obesity Solutions of the National Academies of Sciences, Engineering, and Medicine.
2. In 2015 the Institute of Medicine became the National Academy of Medicine. The Roundtable on Obesity Solutions now resides within the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (the National Academies).

References


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