Weight of the Nation:
CDC's Inaugural Conference on Obesity Prevention and Control
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KEYNOTE ADDRESS

President Bill Clinton

We are here to talk about childhood obesity and it's become an obsession of mine, but I want to say that, in general, it is a public health issue that cannot be dealt with entirely within the confines of a medical office, and you don't want it to be -- to get to the point where all cases are dealt with within the confines of a hospital or a pharmaceutical response. And it seems to me that in that way that childhood obesity problem is a microcosm of the whole thing we need to be thinking about here with healthcare reform. Except that all these debates about what change will save what money have an eerily familiar ring, and actually always give aid and comfort to the forces of the status quo who are spending more money doing this than any system in history, or non-system. So, it's -- the truth is, we have to change the delivery system of a lot of things in the America from energy to education to health care. This is a delivery system issue. And cultural issues really require us to go back and have a broader definition of delivery. So, that's why you're all here. Really you are a part of -- with this childhood obesity initiative, America's attempt to re-imagine how we take on our challenges in an interdependent world where we are all crashing up against one another, divorce is not an option. We can't get away from one another. There are lots of wonderful things about it, but it is entirely too unstable to unequal and, because of climate change, completely sustainable. In a world like that, you have to build new and interesting partnerships to build up the positive forces and reduce the negative forces of interdependence. You need -- that is the context in which we confront this childhood obesity issue. And we were talking on the way out -- I mean, before I came out here. Ireland has a national campaign against it. The UK has a national campaign against it. India has a national campaign against it. How could they possibly need it? They have, I think, the world's most interesting diet because they are chunking it rapidly in favor of Western fast foods, particularly in urban areas where people are too busy to prepare all that lovely food at home, and they have limited amounts of disposable income.

The other night I went to the annual fundraiser of the New York City Food Bank, and it's wonderful. They are terrific. And they were honoring my friend Jon Bon Jovi, who is a very good citizen, always does stuff for us up there. So, I went by and tried to support them because the Food Bank has lost quite a lot of money, as you might imagine, because of the collapse of so many Wall Street institutions and financial efforts. And they feed a huge number of people, our food bank does, every year. So, they were saying, you know, we might have a million more people in New York City this year who are short of food because of this economic collapse. And the ultimate irony of that struck me because we also have more people who are at risk of childhood obesity in New York City. How can that be? Because of the way instability and inequality play out in modern society. The children most at risk of being hungry are just on the other side of a knife-edge of those most at risk of obesity. The people most at risk of obesity are those who are the non-rich in a rich society, who have enough opportunity and a churning rapidly changing society to get from rural areas to cities or to get from maybe one neighborhood to another but can just barely pay their bills and they have kids and they are busy and they think they don't have time to prepare food, and they spend a limited income they have on high bulk, low nutrition food. Now, there are all kinds of other reasons for it, but the big numbers are coming out of these huge social changes. I say that because I am very grateful that you have recognized the Alliance for a Healthier Generation today. I am grateful to the Heart Association for giving me the chance to start it with them. I am profoundly grateful to the people who are running the program, including Ginny Ehrlich, our executive director. You will hear from her later in this -- in your meeting here,

and Jessica Donze Black, who directs our Healthy Schools Program. And I am really grateful to the Robert Wood Johnson Foundation, because they fund the Healthy Schools Programs without which we wouldn't be here. But it's really important to see the social and economic context of this, because if we want to change this, we have to change what goes on at home and in the community and in the neighborhood and in the schools. If we want to change it, we have to give people rational information and understand that both the economic and the psychological pressures that have made this perhaps the number one public health problem in the country. Certainly put the younger generation at risk of being the first in the history of our country to have a shorter life span than their parents. I used to regularly say that we had a young nine-year-old diagnosed with type-two diabetes a couple of years ago in Harlem. And yesterday I ran into a young woman who had worked in Hillary's campaign, who is at Georgetown Medical School, who told me that she had just seen a nine-year-old girl in Washington D. C. with type-2 diabetes. We have now been told that we can no longer refer to it as adult onset diabetes. So, that's the setting for all this: High stakes, deep causes, but I think a lot of reason to hope. Next week we are going to have our annual program recognizing the schools in our Alliance that we believe are doing the best. Jessica will talk more about that and I am sure Ginny will. But we are now working in more than 5,000 schools. We support them in various ways and they are reaching more than 2.7 million children. And every year we have a meeting and recognize the ones we believe have done particularly outstanding work. We will have 114 from around the country. But we actually try to keep score on all of them to see if we can both measure the results they are achieving and tie them as specifically as possible to the things they are doing.

In the three years we've been working with schools, more than three quarters of the schools that have participated in our healthy school program seem to be making quite good progress. And they seem to be successful, interestingly enough, in involving large numbers of parents. Some of you may have seen we did a little program with Rachael Ray. I'll say more about that in a minute. But we had recognized two mothers, one from North Carolina and one from Indiana who had basically gone out and literally in one and two and $5 contributions raised enough money to provide exercise opportunities and recreational facilities at their schools. So, we have got -- We are beginning to try to change the culture here. And I think the healthy schools program has made a big difference, but we don't want to be naive about this. California was one of our best opportunities because Arnold Schwarzenegger thought this was a good idea and agreed to work with me on it in a bipartisan fashion; and back when they had money - they started actually hiring physical education teachers again and actually paying for equipment to be put in the schools. And I went to California, and I saw things in ordinary public schools and lower income areas that I have not seen in decades. So, I don't think we can - you know, we have to acknowledge there have been some consequences because of the economic downturn. But I do believe it's important to say that for me, at least, the Healthy Schools Program has been a great success because you get both the particular benefits of whatever the particular things they are doing and change in the cultural attitude. Students going home and getting their parents involved. Parents getting interested in saying, oh, finally they are trying to do something to help me raise my children better, intergenerational efforts to eat better and to exercise more. This school program has made a big difference. And, again, I want to say that none of it would be possible without the Robert Wood Johnson Foundation and some other individual donors and foundation help we get around the country in local settings, and that we hope to expand rather dramatically.

I want to talk, if I might, just a little bit more about the Alliance for a Healthier Generation and the other things that we do. According to the figures released by the CDC today, obesity costs the country an estimated $147 billion a year in direct health care costs. I personally believe that's quite conservative. That's direct, not indirect. Most of our analyses, when I was president, indicated that the Medicaid program alone had over 20% percent of its costs generated by diabetes and its consequences. Now, that included type-1 and type-2, but increasingly as a public health matter, type two is our problem for the reasons you know and that's what you can control. So, I think the $147 billion is a terrific number. They are having this huge

debate in congress right now. And with people that don't really understand that we spend over 16% percent of our income on healthcare, none of our competitors spend more than 11. Switzerland spends 12 because they have a very old population, very dispersed and a lot of rural, highly mountainous communities. Canada is at 11. France and Germany are at about ten. Both their systems are regularly rated better than ours in terms of health outcomes. And the only one under ten is the UK because most of -- because the employees all work for the government in the UK. So, those of you who get government salaries, understand that they hold the costs down.

Even there in the last few years because of the effort to genuinely modernize the UK system, they are up to over 9% percent of GDP now. So, we know that it takes 10 percent of your gross domestic product to run a first-class health system in a rich country in good times with the kind of challenges that we all face. And we know all of our competitors have been able to do it for between ten and 11% percent, and we have to spend 16 and a half to leave over $50 million people uninsured. Lots of other people are under-insured and get health outcomes that are worse. And every time somebody comes along, like the President is trying do now and fix it, all the naysayers say, oh, this is only going to make it worse and more expensive as if they are totally blameless for this wonderful, beautiful Mona Lisa system we have now. It's unbelievable -- but to be fair to them in the green eyeshade world of Washington D. C., we, you know, strain at a lot of gnats while we are swallowing camels. I mean, that's what happens here because people don't understand the -- the impact of certain assumptions, and one of them is this: I say that because the difference in what we spend and Canada does is about $800 billion a year in today's dollars, or well over four times what it would cost to provide health insurance to every man, woman and child in America without insurance. And McKenzie and Company, if you are interested, did two studies on this, one in rather detail and one updated, I think, last year, which actually break down where the cost differentials are and what the likely consequences on quality. But it really doesn't go to the heart of cultural behavioral systems that produce problems like the childhood obesity problem. If you just look at this, $147 billion is roughly 20% percent of the differential. And if we could get rid of it, it's more than we would need to cover everybody. This is something you should all think about. The most important thing is to save these kids' lives and give them a future. But it is important to see it in the context of this debate that is unfolding in Washington. Now, then there's a new debate here trying to bat away every change. For a long time, I thought we were making progress in this healthcare year because the administration was making a really strong case that we had to fund more primary and preventative care and we had to set up basic care networks and try to stop bad things from happening in the first place. So, the people with interest in status quo all of a sudden they started producing articles that say, you know, this might not really save us very much money because we are going to be spending primary and preventive care on people who wouldn't have gotten sick anyway. And then people who are at real risk, their primary prevention, that will cost a lot of money, and you are going to spend primary and preventive care on a hundred percent of the people to keep only ten percent of them from getting really, really sick. This might not be -- oh, it may be a nice thing to do, but we may not make money on it. Give me a break.

And I can see who the baseball manager is sending up to bat and what they are trying to do to get them to strike out, and I don't like it. Because it really matters what happens here. It matters whether we save this generation of kids. It matters whether we save our country's health system. And because I believe we can't make an affordable universal health plan without a thicker, more effective public health program that includes more and more people who have some means and in effect pay membership fees the way you join certain health plans today. I want this to work. But let's go back to the primary prevention thing because that's where a lot of you come in. Last year, the Trust for America's Health said that if we invested $10 a person a year, a whopping sum, on community-based programs with proven results to increase physical activity, improve nutrition and prevent smoking, we could save the country more than $16 billion per year. That is a return of five-point -- $5.60 on every dollar spent avoiding future heart attacks, strokes,

diabetes and some kinds of cancers and just general debility. So, sounds like a pretty good deal to me. When all these people get sick, we are going to pay for it, aren't we? So, it's not true that all prevention winds up costing you more money. This prevention will save more than five times what it costs. I think it's important that all of you know this. We are all going to talk later about what you should do, but you need to go back into the field armed with this. I am -- You know, we have all these assumptions, but the biggest one you've got to fight among the citizenry at large is, okay, we spend more than anybody else does on health care but we are a rich country and we must have the best health care system in the world. Okay. Some people don't have healthcare, that's too bad, but that must be because nobody has to wait for all the wonderful things that they get under our system which is better than anybody else's in the world. And it's almost impossible to break these things down. It's really important that you have simple things like this you can say to explain to people why you've got to do this stuff in the schools, why you've got to do the stuff in the community, why you've got to do all these things, and why your government should give us healthcare reform. I think it's really, really important. Let me just say just a couple of more words about what we do. Most of the time I was in politics, I was in the kind of debates I see going on in Washington today where the CBO says, well, this is, you know, way more expensive than you thought and a lot of these things aren't going to produce the savings you think, and all that. And where government with the people pushing for reform then could fall into the trap of saying, well, since the things we really need to do are to change the delivery system, but we can't get any credit for that, let's just say we are going to cut Medicare and Medicaid which will drive more good health care providers up the wall and make fewer people want to be in primary and preventive care and get us right back in the soup again. And this is something we all need to be thinking about. So -- but let me say, most of the debates in Washington -- you see it now in the healthcare debate; we saw it in the stimulus debate earlier -- they debate two questions, don't they, people in politics: What are you going to do, and how much money are you going to spend on it? There is relatively little time spent on the third question, which I take it is why Dr. Frieden was asked to assume his current position and why the rest of us who know about his work in New York were thrilled when he agreed to do it. Because he answered the third question: However much money you've got to spend on whatever it is you're going to do, how do you propose to turn your good intentions into positive changes? The "how" question in the end matters more than the "how much" question, not because money doesn't matter, but because if you answer the "how" question, you can get more money for what you are trying to do.

If you answer the "how" question in demonstrable ways, you are more likely at least to get adequate levels of investment. And yet when most of the word wars that go back and forth in Washington are about how and how much, or what and how much, but how do you propose to turn your good intentions into positive changes that matter. That's what our Healthy Schools Program does. And we have done some other things I would really like to talk about because, again I will say, I do not believe there's a chance that we can solve this problem unless we do it in the homes, the schools, the restaurants, the doctors' offices, the communities. This is a social issue. We are trying to turn the Titanic around before it hits the iceberg, and it is very much worth the effort. So, let me just say a few words about the other things that we have tried to do.

First, we do try to go into all these places. The thing that sometimes is the most fun for me is we have an advisory board of 25 absolutely terrific young people who tell us whether these programs are going to have any impact at all on their generation. And it is true that sometimes we find that, what we are absolutely sure they will respond to, they don't. And sometimes they respond to things we don't think they will because all people, when they get older, are guilty of underestimating both the intelligence of the young and whether they are paying attention or not to things that affect their own lives. So, these young people have really done a great job for us. And we now have a "by kids for kids" movement that started with our partnership with Nickelodeon and just stayed on. We now have 1.3 million of them who have personally enrolled with our effort to say they will eat better, exercise more, and attempt to pursued their peers to do

the same thing. I mentioned Rachael Ray earlier. She has been one of our partners. And the way she fits into this that's so important is she tries to show very busy parents with limited amounts of money and time how they can use whatever money and time they do have to actually prepare more nutritious foods. And we worked this with her, and I don't have any data to know, but I know that the show is highly rated and a lot of people watch the shows in particular where we recognize what the mothers and the schools were doing in Carolina and Indiana, as I mentioned earlier, and other things. We made agreements with the beverage industry and the snack food industry to reduce the caloric content of the products they sell in school vending machines. You know, I really learned a lot about this when I got into this. I went to a really big high school at least by Arkansas standards. I had about 325 people in my senator class. And we had one vending machine in the whole school that sold a few soft drinks. And I had to learn all about the rise of the vending machines and the economics of the schools and how it funded what and all that. But I can only tell you that the agreements we have reached have been pretty impressive. We have got about three quarters of our schools now have observed the one with beverages, and it's led to a 58 percent reduction in the caloric content in total of the beverages that go into schools -- in these schools. That's a pretty good reduction.

And snack foods, it's about 41 percent less but still not insubstantial. And we just made an agreement with a school food provider, so that serves 6,000 schools with meals, to join us in the beverage and the snack food agreement. We also have finally made a real important break-through that deals directly with this healthcare reform issue. So, I want you-all to think about this when I describe it, if you don't know about it, and ask yourself whether it would be a good or a bad thing if this were part of healthcare reform. Would it save money or not? These are the vexing questions that the congressional budget office has to come to terms with in the face of all the people who like it the way it is who will say, oh, if you do that, it really won't save you money. You tell me what you think. This past February, the Alliance for a Healthier Generation announced our Alliance Healthcare Initiative, a collaborative effort with national medical associations, leading insurers, and employers to offer comprehensive health benefits to children and families for prevention assessment and treatment of childhood obesity. It's the first time these groups have ever joined together to have preventive care available on a broad scale and commit to actual benchmarks on utilization. That's a fancy way of saying they promised to enroll more people every year until we get a bunch of people in this deal. And to systematically, while we are doing this, add to the science base on the impact and return on investment; that is, I don't mean anything that I have said so far to be at all frivolous about the challenge that our congressional budget office faces in coming to grips with health care and trying to cost it out. But just to say that the defenders of the existing system almost always have the short end of the stick if experience is any guide. It would be hard to spend more money and do less with it than we do. So -- but I recognize that if you are sitting in that budget office, you've got to project to the future. So, we are trying to really add to the science here on this little piece of prevention. Now, all the insurer and the employer signers of this agreement, which are pretty impressive, they include insurers like Aetna, WellPoint, Blue Cross Blue Shield of North Carolina, and Blue Cross Blue Shield of Massachusetts, and companies like -- our first big company was PepsiCo. But we have Owens Corning, Lockheed Martin, Paychecks, the Houston Independent School districts, Nationwide Children's Hospital. And here's what they have all agreed to do. They have agreed to offer four visits with a primary care practitioner a year with four visits to a dietician a year for children of covered parents ages three to 18. This is just part of the normal benefit portfolio for children and youth. They have committed to a set of goals around the number of beneficiaries they would hope would use the benefits. We now have just almost a million kids being covered by this already, just in the last five months. And within the next couple of years, we are trying to get up to 6.2 million which is what we think is the number necessary to cover 25 percent of all the overweight kids in the country in the age group. So, I am not sure we can get there. It depends -- but we are working at it. And it's really impressive. So, the first thing I want to do is to thank the insurers and the employers who are a part

of this as well as the American Academy of Pediatrics and the American Dietetic Association who has signed on to support this. This is really, really important.

The final thing I would like to say is that all of you can do something about this. I mean, that's why we are here, right? And do I want you to lobby for healthcare reform? Of course, I do. Do I want you to say in the end primary and preventive actions will make us a healthier country and lower the costs of healthcare whether by the mathematical rules now operative you can't prove it or not, and don't strain at a gnat and swallow a camel? Of course, I do. But keep in mind most of us don't have a vote in Congress or even at our local legislature. So all we can do is lobby. But we should spend most of our time actually answering the "how" question as we can. I've got a big climate change project, and I went all the way to Sweden the other day to give a speech, this big European group. And all these -- Tony Blair was there, and the great canyon Nobel Prize Winner Wangari Maathai, who is a great friend of Hillary's and mine, was there. And they were giving these passionate speeches about what should be in the new climate change agreement that will be considered in Copenhagen. And unfortunately, as the total anti-climaxed, they asked me to close the meeting because I said: Look, I love what they said. I love them. I love what they said. I agree with everything they said. I have nothing to add to it. I came all the way over here to tell you that, unless you're going to Copenhagen and you have a role there or you have a vote in your local legislative body, you should stop coming to these meetings and go home and do something. Do something. We are going to be tested by whether we do things that change people's lives.

Now, I don't feel that way about you because we haven't been doing this like we have in climate change for over a decade now where we have got the broadly shared information base. And the person running the local building retrofit program in a town of 50,000 is libel to know as much as the chairman of a congressional committee about this now because we've been working on this a long time. We are just getting into this. So I do want you to keep sending people to meetings until we get more of a knowledge base, a shared-knowledge base.

But let's just think about the kind of things that still need to be done. We could better integrate obesity prevention with health and wellness in primary care by adding body mass index measurement to existing performance standards for well care visits by children. A couple of states have done that already. Why shouldn't we just do that as a matter of course? Why wouldn't we benefit from having more data on it? Why shouldn't obesity be recognized as a standalone condition to qualify for effective treatments for reimbursement more broadly, not just in the insurance plan that I mentioned but generally.

Why shouldn't we take this obesity problem as a warning that we need to do a better job in America of considering health in all facets of our life, that this is not just about going to the doctor's office, it's about whether you have sidewalks when there are new real estate developments. We need to -- we need to examine. This really is the number one public health problem. Then before we -- you know, we actually will start building houses again one day in America. And I think that I wish we had a national building code on clean energy, but I would also like to think that we need to consider the impact of new developments on the public health.

We need to consider the impact of new school buildings on the public health. So, we need to work this into every aspect so that it's not just educators and - it is community leaders, food and beverage people. I'll give you another example. Why shouldn't some of the stimulus money be given out to communities that have particular problems here? Why shouldn't some of the money for education be set aside for this in the cities that have big issues? Why shouldn't some of the stimulus money for capital projects like roads be spent on the development of city parks and tourisms or state parks and tourism divisions that will directly empower poor neighborhoods and poor groups to access exercise facilities to help to combat this? Why shouldn't this be part of the calculus as we go forward with capital investments and every state in the

country? I know it may be hard to believe now because we only get bad news about state budgets. But the truth is that the federal stimulus gave money that cut off -- that at least cut the crisis that states like my state, New York, faced by about 50 percent and made it go away and some states that weren't in such bad shape. So, if you've got this money and it helped you, why shouldn't some of that money have to be invested in -- in creating recreational opportunities for low income people and urban -- near urban areas who, otherwise, would not have it? What about rural areas? When there are poor rural areas where there is a lot of obesity, do we really know whether it is possible to organize any kind of affirmative health opportunities? Do they have access to the same level of health information as Dr. Frieden was providing in New York? Do they have access to the same kind of exercise opportunities? There are big opportunities, there's a big rural obesity problem in America, you know, that cuts right across racial lines. There have been a lot of genetic research that shows vulnerability to diabetes in particular has enormous racial disparities -- all right -- with specific islanders and Native Americans being the most vulnerable, African-America the next, the Hispanic Americans the next, the European-Americans the next. That is given a constant diet and constant level of activity.

But the vulnerability to obesity and its other consequences are quite broadly shared. And in rural areas encompass people of all racial and ethnic backgrounds who live there. Do we really understand how much harder it is for them to do some of this people than people in more densely populated areas and is there something we should do that's specifically in response to that? I think that these things are really important. I think that some of you can answer these "how" questions better than I can right now. But I spend my life trying to answer these questions around the world and dealing with the problems of AIDS and malaria. We provide the lowest cost, high quality medicine in the world. What we did was change the business model. The generic AIDS business was a low volume, high profit margin, uncertain payment business. It's now a high volume, low margin, absolutely certain payment business. And about two million people are staying alive now getting medicine off of these contracts. It was an answer to the "how" question. I think this is harder because it goes right to the core of everything from the way we organize society to the way people who are just over the knife edge of need, have to manage their own budgets to the incredible psychological pressures that are going on in people's lives to how our bodies react to the stuff we can afford to take off the shelves. So, we were all raised to believe in some way or another that an unexamined life is not worth living. It's time we have to examine all of our lives now. And we have to examine the lives of our friends and neighbors who are so busy trying to keep body and soul together, pay their bills, and take care of their kids that they do not have time to examine their lives and how they eat and purchase food and do things without some help. This is a deeply challenging and difficult thing, but it is, I believe, our number one public health problem and a test of whether we are really committed to go forward together and not allow America to continue to be divided by accident of birth and the economic polarization which has gripped our country for more than 30 years now. You can do this, but nobody can do it alone. Therefore, we all have to go home here thinking about all the "how" questions and how we can answer them. Thank you very much.