The Role of Business in Multisector Obesity Solutions: Working Together for Positive Change: Workshop in Brief

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"One unique role of business in society is that it has the ability to increase wealth and improve the prosperity of people."
— Adam Smith, 1776

On April 12, 2016, the Roundtable on Obesity Solutions convened a 1-day workshop in Washington, DC, to examine the role of the business sector in obesity solutions. The goal of the workshop was threefold: (1) explore why companies should be involved in obesity solutions and how to encourage them to do so; (2) identify reasons why businesses might be interested in being involved in obesity solutions; (3) identify ways in which business can be engaged in obesity solutions. Nico Pronk, vice president for health management and chief science officer at Health Partners Inc., started the workshop. Quoting Adam Smith (see above), he stated that the purpose of business is not only to earn profits but also to improve the prosperity of people. Referring to statistics showing the rapid growth in obesity prevalence among U.S. workers, from 15 to 30 percent over the past three decades, Pronk listed several ways that obesity in the workforce impacts both companies and individuals. He emphasized the bidirectional connection between healthy companies and thriving communities and put obesity into the context of the social determinants of health model, which predicts that only 20 percent of an individual's health is related to what happens in the doctor's office and the remainder to social and economic factors, behaviors, and the physical environment. Pronk then called for a systematic portfolio of solutions.[1] He noted that different businesses view their relationships with communities in different ways, for example, with some meeting only minimum regulatory standards for worker safety whereas others are strategically generating both health and business value.[2] He raised four questions for workshop participants to consider: (1) How can business be engaged? (2) How does business relate to other sectors in ways that may align efforts? (3) What are examples of partnerships between businesses and other community stakeholders? (4) What are opportunities and barriers to engaging business?

This Workshop in Brief highlights key points made during the presentations and discussions and is not intended to provide a comprehensive summary of information shared during the workshop. The information and suggestions for future action summarized here reflect the knowledge and opinions of individual workshop participants and should not be construed as consensus.

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[1] Pronk, N. P., and K. M. V. Narayan. 2016. The application of systems science to addressing obesity at the workplace. *Journal of Occupational and Environmental Medicine* 58(2):123–125.

[2] Pronk, N. P., C. Baase, J. Noyce, and D. E. Stevens. 2015. Corporate America and community health: Exploring the business case for investment. *Journal of Occupational and Environmental Medicine* 57(5):493–500.

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ENGAGING WITH COMMUNITIES FOR OBESITY PREVENTION: BUSINESS AND PUBLIC HEALTH PERSPECTIVES

The business community has shown a huge growth in interest in population health over the past several years, Session 1 moderator Lisel Loy, vice president of programs and director of the Prevention Initiative at the Bipartisan Policy Center, observed, but the field is still new. Session 1 panelists provided varying perspectives on how businesses are beginning to approach the challenge of obesity.

"If you are going to motivate the business community to become engaged in this issue, you have to become more granular," Ralph Schulz of the Nashville Area Chamber of Commerce said. He argued that objective information is key to engaging business leaders in efforts to improve the health of the workforce. Business leaders want to know that if they take steps to address low productivity from absenteeism or presenteeism (i.e., reduced productivity because of coming to work sick), they will be able to measure their success, or return on investment. To stimulate discussion in the business community around this issue, the Nashville Area Chamber of Commerce commissioned FTI Consulting to study the health of Nashville's 1.9 million people and to compare the city's health and health delivery services to those of similar areas (e.g., Austin, Texas, and Charlotte, North Carolina).[3] The FTI data have helped the city to identify not just priority problems but also assets in the community that could be used to address these problems, and they have provided the city with the type of objective information needed to convince business leaders to become involved in altering Nashville's health culture. As a result of these efforts, according to Schulz, several Nashville organizations are now participating in community health pilot projects. In addition, the data are being used to support policy work at both the state and city levels and city efforts to encourage physical activity.

Alex Chan of the Clinton Foundation's Clinton Health Matters Initiative emphasized the role of collectively "moving the needle forward" to improve employee health by engaging small- to medium-size employers in particular. The initiative's focus on small and mid-size enterprises resulted from the convergence of two of their programming efforts. The first is their community health transformation program, which currently operates in six communities across the United States. On the basis of what Chan referred to as "the collective impact model," the initiative serves as a neutral convener for all stakeholders in health, that is, not just hospitals, insurers, and governments but also employers of all sizes, educators, youth-serving organizations, and other organizations. As the backbone organization for this effort, the initiative is helping communities to identify data, prioritize needs, and develop strategic plans for aligning local stakeholder efforts so that all stakeholders are working toward a shared health goal. Much of this work is being driven by small to mid-size employers, Chan said, which have been involved in the program in all six communities since the beginning.

The second relevant programming effort is the initiative's focus on employee health and efforts to support workplace interventions on the basis of the social determinants of health model. In 2012 research conducted by the initiative, two-thirds of small and mid-size employers expressed interest in workplace wellness, but only 20 percent reported actually having workplace wellness programs in place. Interestingly, Chan noted, small businesses, that is, businesses with 2 to 15 employees, viewed themselves as being more equipped than small to mid-size businesses to provide workplace wellness programs. The Clinton Health Matters Initiative has developed a framework of best practices that employers can use to help access and provide wellness resources for their employees.

The shared focus in these two Clinton Foundation programs on small- and medium-sized businesses, Chan continued, has led the initiative to begin to bridge efforts at both the community and workplace levels by identifying local small to mid-sized business owners in each community, convening them, helping them to collectively prioritize their needs, and connecting them to local and national resources.

In the third and final presentation of Session 1, Derek Yach of The Vitality Institute echoed Pronk's opening remarks about the shared multisector responsibility for obesity. The reality, though, Yach observed, is that true partnership between the food industry and government remains "elusive," partly because many risk factors for chronic disease arise from the same multinational companies that influence public policy through corporate lobbying. Yach viewed this roundtable meeting as an opportunity to try to find common ground, as opposed to focusing on the gap. He began by asking, what is industry actually doing? The question is not, what are their intentions and promises? Instead, the question is, what is the reality of the situation? One of the biggest efforts undertaken thus far by the food industry to address obesity was a pledge among 16 major food companies to join forces and cut 1.5 trillion calories from the U.S. diet. In fact, they achieved a 6.4 trillion calorie reduction. An independent assessment of this undertaking by a

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[3] FTI Consulting. 2015. *Assessment of Nashville region health, cost, access, and quality: Results of a pilot study.* www.nashvillechamber.com/docs/default-source/research-center-studies/healthcare-pilot-study-2015.pdf?sfvrsn=2 (accessed May 17, 2016).

Robert Wood Johnson Foundation–funded group of researchers[4] was not "entirely positive," Yach said, concluding that substantial work remained. But the very large-scale investment required for this effort, which included, for example, reformulating foods and beverages to reduce sugar content and introducing smaller portion sizes, represents a shift "in where we need to go," he added. Moreover, according to Yach, there is good empirical evidence showing that companies that invest in healthier foods earn healthier profits—so much so that financial analysts are beginning to examine obesogenic profiles of companies and identify companies where future profits lie on the basis of those profiles. People used to make decisions about which food service company to patronize (e.g., McDonald's versus Chipotle) on the basis of taste, convenience, and price. Today, consumers are making decisions on the basis of the healthfulness of the food and the sustainability of the supply.

In addition to efforts by the food industry, Yach highlighted the role of adjacent company activities in tackling obesity, such as the UK retailer Tesco's ban of sweets from all of its store checkouts. This move was made not only for health reasons but also because automated counters are the future of retail. There is not going to be space for sweets. Yach challenged other retailers to do the same, early on, and send a signal to consumers that they are serious about health.

For every industry action, Yach continued, there is an opportunity for government to push the process even further. He called for both the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) to invest more in nutrition science and food-based solutions to health. He also called for a shift in agricultural subsidies from grains, which mainly keep livestock prices low, to fruit and vegetable production.

In the moderated discussion following Yach's presentation, Loy posed a single question to each speaker. First, she asked Schulz whether businesses in Nashville were making investments on the basis of the community-level health data collected as part of the chamber's collaboration with FTI Consulting or whether a data gap still needed to be filled. Schulz clarified that the findings of the FTI study provide businesses with credible "granular" data about the greater community from which businesses draw their workforces, including how well Nashville is performing relative to similar cities with respect to health and assets available to address problem areas. Using those data as a starting point, businesses need to "reach deeper" into their own workforces to better understand how to ensure long-term return on investments in employee health.

Loy asked Chan to comment on two challenges facing small and mid-sized businesses: (1) cost and (2) what she called "bandwidth," that is, that people are "maxed out" and unable to do any more than what they are already doing. Regarding cost, she asked Chan what no-cost and low-cost solutions the Clinton Health Matters Initiative is promoting. Putting policies into place that help a business build a culture of health does have an impact, Chan replied, so the initiative is doing a lot of work in that area. This can be something as simple as creating a mission statement that integrates health and productivity. In addition, the initiative provides support and guidance for several low-cost or no-cost physical activity interventions, such as instituting walking meetings and painting staircases in colors that prompt people to use them instead of hopping onto an elevator. With regard to bandwidth, this is where the Clinton Foundation can really bring value to an organization, Chan observed. For example, it provides templates for businesses to use in presentations to their employee populations and it connects organizations in communities with each other so that they can share resources.

Last, Loy asked Yach where he thinks the field is moving. Given the changes already under way, such as the reformulations and sweets being removed from checkout aisles, is there any particular type of activity or alignment he foresees as holding particular promise for the future? For Yach, there is a lesson to be learned from the environmental movement, which has succeeded not only in gaining visibility but also in eliciting serious corporate engagement. The profitability of clean energy companies is "soaring," he said, and financial reports in the corporate world no longer focus just on financials. They also include what is called ESG reporting, or environmental, social, and governance reporting. In his view, health similarly needs to be integrated into the financial reports of all companies. While this is particularly true of companies contributing either positively or negatively to the underlying drivers of obesity, in Yach's opinion all companies should be reporting on the health status of their employees, given that it is probably a major driver of productivity.

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[4] Ng, S. W., M. M. Slining, and B. M. Popkin. 2014. The Healthy Weight Commitment Foundation pledge: Calories sold from U.S. consumer packaged goods, 2007–2012. *American Journal of Preventive Medicine* 7(4):508–519.

HOW ARE BUSINESSES ENGAGING WITH COMMUNITIES?

In Session 2, moderated by Monica Baskin, professor at the University of Alabama at Birmingham, speakers continued to explore how different types of businesses are engaging with communities to promote health (see Figure 1).

First, taking what he called an "upstream" social determinants of health perspective, David Zuckerman of the Democracy Collaborative emphasized the increasing problems of income inequality in the United States, racial disparities in wealth, and the way social and economic factors that are critical to health are concentrated in place. For example, in Cleveland's Hough neighborhood, a predominately African American neighborhood that has suffered tremendous disinvestments over the decades following the 1968 race riots, the average life expectancy is 64 years, compared to the average life expectancy of 88 years in the nearby predominately white, upper-middle-class Lyndhurst neighborhood. The Democracy Collaborative, Zuckerman explained, seeks ways to drive investments back into places such as the Hough neighborhood, where upstream social determinants need to be addressed. The Collaborative's focus is on nonprofit and public institutions, such as hospitals, universities, and utilities. These large employers are often overlooked, Zuckerman remarked. Yet, they are anchor institutions with important assets to be leveraged for community wealth building. Using examples from Toledo, Cleveland, and elsewhere, Zuckerman described how various nonprofit and public institutions are "going upstream" to tackle underlying drivers of obesity and other health problems in their communities. In Toledo, a ProMedica community health needs assessment initially identified obesity as an important problem that needed to be addressed and later, on digging deeper, identified hunger to be a significant problem as well. In response, ProMedica invested in its own subsidiary grocery store, Market on the Green. In addition to providing food, the store offers dental services, financial and literacy programs, job training, and other services. This is not charity, Zuckerman said. Rather, it is a long-term approach to reinvesting in the community and ProMedica's recognition that they are going to be in that same place for a long time to come. In Cleveland, as part of a broader revitalization effort led by anchor institutions in the greater University Circle area, the Evergreen Cooperative Initiative is leveraging local hospital and university procurement to build a network of "green," employee-owned businesses that supply goods and services to the institutions. Of note, Zuckerman remarked, this work in Cleveland represents the first time these institutions, all within one square mile of each other, have collaborated.

"Zip code tends to be a more accurate predictor of our health status than our genetic code," Elizabeth Sobel Blum of the Federal Reserve Bank of Dallas stated, carrying forward the theme that place matters. She used New Orleans to illustrate, as Zuckerman had with Cleveland, the wide range of life expectancies across different neighborhoods, in this case from 55 to 80 years. Then she asked, "So who's in the zip code business?" While the community and economic development industry traditionally has not included the public health and health care industries, this is changing, she said. In fact, the latter are very much involved in today's conversation. Sobel Blum put forth eight recommendations for employers who want to improve employee health. Most important, she said, is to put your story into a "healthy communities" context and "talk about why zip code matters." Emphasize the inextricable link between income, education, and health and how one cannot be addressed without addressing the others. Talk about the value of your work in healthy communities. Second, she recommended reaching out to "unusual suspects" in healthy communities, for example, experts in employment, financial capacity, the built environment, and transportation.

FIGURE 1 Several workshop speakers emphasized the links among employee productivity, company profitability, and community health and discussed ways that employers are engaging in communitywide efforts to improve health.

SOURCE: Elizabeth Sobel Blum, Roundtable on Obesity Solutions Workshop, Washington, DC, April 12, 2016. Reprinted with permission from iStock.com/Sigal Suhler Moran.

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Among other actions, she suggested inviting them to participate in community collaborations and, most important, consider bringing to these collaborations not just your community relations leader but also top staff from government relations, market research, marketing, human resources, and other divisions. To help businesses identify who to reach out to, Sobel Blum put together a community checklist with an appendix of national and regional organizations that are experts in each of the 16 checklist components.[5] For example, the Corporation for Enterprise Development is a national leader in asset building with expertise in three components of the checklist: building financial capacity, the built environment, and entrepreneurship. Sobel Blum's other recommendations for employer action were to advance health-promoting laws and policies, address racial inequalities, engage community entities and residents, promote a culture of health in your communities or markets, and define success as learning not only what works but also what does not work.

According to Ron Gifford, chief executive officer of Jump IN for Healthy Kids, Jump IN is a multisector initiative to reduce childhood obesity in the Indianapolis metropolitan area that not only engages the business community but was actually initiated by chief executive officers (CEOs). The business community took note when the first American Fitness Index, published in 2008, ranked Indianapolis 34th among 50 of the largest U.S. metropolitan areas, generating general discussion about the health of the community and its ability to compete for jobs against such cities as Austin and Nashville. By 2011, that ranking had fallen to 45th, prompting a serious sense of urgency. A core group convened in 2012, led by the CEOs of the city's large companies, health care systems, and civic organizations, and continued to meet over the course of the next year. They decided to focus their efforts on child obesity for various reasons and, by 2015, had engaged more than 85 businesses and civic organizations in several task forces to understand strategies already being implemented in the community, identify gaps and barriers, study best practices from around the country, and develop and prioritize a comprehensive set of interventions around nutrition and physical activity. They also vetted their strategies with the CDC. During this process, they established a long-term goal of a 12 percent reduction in child obesity prevalence over 10 years (see Figure 2).

In the fall of 2015, Jump IN started initiating its finalized strategies, the first being to create healthy environments in settings that most directly influence children's behavior (e.g., schools, child care providers, and youth-serving organizations such as the Boy Scouts and Girl Scouts). This strategy includes providing children with healthy meals and snacks, ensuring that they are physically active while under care, and serving 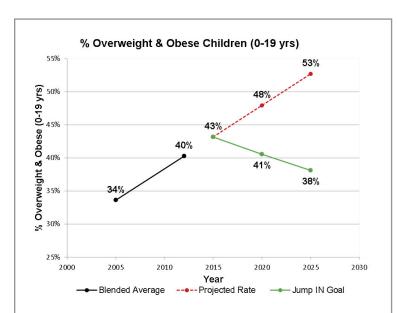as good role models. A second strategy is to target geographic areas where infrastructure issues need to be addressed (e.g., where safe places for children to play need to be created) and to serve as a resource to help local leadership create solutions. Their third and final strategy is to change social norms around nutrition and physical activity through public awareness and policy work. In addition to these three general strategies, Jump IN has also been working with employers to create workplace environments that make it easier for employees to engage in healthy behaviors (e.g., by providing healthy vending) and to reinforce those behaviors at home (e.g., through articles in company newsletters). Jump IN is also helping employers with their healthy behavior–related philanthropy and volunteerism, for example through its work with Lilly to provide FitnessGram licenses to all public schools at

FIGURE 2 The goal of Jump IN for Healthy Kids is to reduce child obesity in the Indianapolis metropolitan region by 12 percent. Reaching this goal would mean 83,500 more children at a healthy weight.

SOURCE: Ron Gifford, Roundtable on Obesity Solutions Workshop, Washington, DC, April 12, 2016. Reprinted with permission.

[5] The 16 components are access to healthy food; access to medical care; aesthetics (landscaping, art, and culture); air, soil, and water quality; building financial capacity; built environment; early childhood development; education; employment; entrepreneurship; personal/public safety; physical activity; public transportation; senior needs (accommodation, care, and services); social networks/social environment; and social services.

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no cost and to train employees to serve as volunteer FitnessGram instructors and assessors in the schools.[6]

While many speakers highlighted the need to address social and infrastructure challenges facing many U.S. neighborhoods as a first step toward improving community and employee health, Atif Bostic, executive director of UpLift Solutions, described in detail how UpLift Solutions is doing just that by using the supermarket as the organization, or entity, to deliver not just healthy foods but also health and other services. UpLift focuses on supermarkets, Bostic explained, not only because they are high-traffic environments, with large supermarkets drawing 50,000 shoppers per week, but because they sell a product, food, that makes them relevant to efforts to promote healthy eating and reduce obesity and other nutrition-related diseases. UpLift places particular emphasis on building supermarket environments that respect the communities where they are located by selling culturally appropriate products and engaging local farmers and entrepreneurs. For example, in a supermarket located in a predominately African American neighborhood, UpLift helped the store operator to shift its sales of prepared chicken from fried to a healthier fire-grilled meat by creating a food theater for cooking the chicken and piping smells from the theater through the store. The same store also invited a young entrepreneur, Andre Andrews, who had been selling water ice (a sweet frozen treat) from a vending cart in front of the store, to start selling ice cream inside the store; moreover, they invested in Andrews's development of an ice cream line with a range of culturally relevant ice cream flavors, from strawberry shortcake to banana pudding. It was a win-win situation for both the store and the ice cream entrepreneur, Bostic observed. With respect to supermarkets providing access to health care and other services, Bostic mentioned UpLift's work with federally qualified health care centers to provide blended urgent primary care and nutrition education to Medicaid and uninsured individuals, efforts to provide financial services, and its support for employment of formerly incarcerated individuals. All these activities not only benefit local communities but also drive additional revenue for supermarkets (e.g., by selling more products and by charging rent).

"So all this sounds well and good, right? It sounds like [all grocery store operators] should be doing this," Bostic concluded. But they are not. The reason they are not, according to Bostic, is that supermarkets have a high failure rate. The grocery business has a very thin margin of only 1 percent in middle-income neighborhoods, with groceries in food deserts actually experiencing 4 percent losses on average. Solving this problem, he said, requires engaging more local entrepreneurs and leveraging smart public incentives (i.e., one-time government incentives).

The final speaker of this panel, Paul Bakus of Nestlé, spoke about work conducted by the Roundtable on Obesity Solutions' CEO Innovation Collaborative (IC) in Cleveland to foster health-promoting behaviors and Nestlé's role in this effort. After deciding to focus on Cleveland for a variety of reasons, including an invitation from the National League of Cities to connect with Cleveland business leaders, a group of the CEO IC went on a "listening tour" of Cleveland, where they met with 70 individuals from more than 30 organizations to learn about existing efforts to improve community health, such as the Healthy Cleveland Initiative. One of the most significant observations made during this tour, Bakus said, was that hospitals were engaged but that many other businesses were not. The roundtable's CEO IC viewed this as an opportunity. In April 2016, just 1 week before this roundtable workshop, the CEO IC was invited to participate in a Health Means Business forum in Cleveland hosted by the U.S. Chamber of Commerce and Robert Wood Johnson Foundation. "It was quite remarkable," Bakus said, with 250 individuals from businesses, local government, and other organizations engaging in a dialogue about the role of business in community health. Nestlé, which has had a strong presence in Cleveland for more than 90 years, was asked to talk about what it is doing to improve the health of its employees. Bakus mentioned Nestlé's parental leave policy for both men and women, including adoptive parents (i.e., allowing employees up to 26 weeks off, 14 of which are paid); their creation of a learning coalition with four other companies; and ways that Nestlé invests in community health.

The moderated discussion following Bakus's presentation revolved around two topics. First, Baskin asked the panelists to elaborate on some of the ways their organizations are in particular engaging low-income and racial and ethnic minority communities, given the typically higher rates of obesity in these communities. Several speakers responded, with a common theme among responses being that the organizations doing work in these communities view themselves not as decision makers but rather as resources to help community leaders decide how they want to address issues. For example, Bostic explained that any time UpLift wants to initiate a project, it first convenes a meeting with community leaders to initiate a conversation about community needs and possible interventions. This work eventually leads to the development of a plan and the culmination of a larger town meeting that everyone in the community is invited to attend and where feedback is provided. The plan is not finalized until after that town meeting and receipt of all feedback.

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[6] Jump IN for Healthy Kids. 2015. *The Indiana FitnessGram Project toolkit*. http://www.jumpinforhealthykids.org/UserFiles//File/FITNESSGRAM/FG_toolkit1.5.pdf (accessed June 28, 2016).

The second main topic of discussion was prompted by Yach's question about what community-level interventions have really made a difference in lowering social and class inequalities and improving health over time and what empirical evidence exists showing that this is the case. He asked whether there were examples of infrastructure programs or employment programs that have been applied at the community level and improved health. For Sobel Blum, given that funding always runs out and programs always end, the question is, how do you create environments that provide everyone with the same opportunities? There is no perfect intervention, she continued. Rather than focusing on what intervention is best, she recommended taking a system-level, or place-level, approach and ensuring that the necessary social structure is in place so that "everyone has a chance." She mentioned the Build Healthy Places Network and What Works for America's Communities as two sources for examples of system-level interventions that are working. Zuckerman added that he did not think anyone had ever tried to measure the actual impact of a specific jobs program, for example, on healthy practices. Doing so and doing that over time would be "an incredibly difficult social experiment," he said. Viewing health as a part of community development is relatively new, he observed, and relationships between the community development industry and public health and the health care sector are still being built.

WHAT ARE THE OPPORTUNITIES FOR AND SYSTEMIC BARRIERS TO BUSINESS ENGAGEMENT IN COMMUNITIES?

All speakers participated in the final workshop, Session 3, which was moderated by Nico Pronk. Although the discussion touched on a range of issues, most of it revolved around three challenges: (1) measuring progress with respect to engaging business in multisector obesity solutions; (2) shifting the obesity crisis "paradigm"; and (3) building trust in businesses as multisector partners.

What Metrics Can Be Used to Measure Progress?

Pronk opened the final session by asking the speakers to imagine receiving a call from a CEO of a major company who says, "I'm going to give you $100 million to tackle this issue. But in order to give that to you, I want you to tell me what five metrics you would pick to tell us that we're going in the right direction." In other words, Pronk said, how do you show progress in the effort to bring business to the table?

On the basis of discussions that the roundtable's CEO IC has had in Cleveland, Bakus responded, companies want to know "what's in it for them," but they also have a willingness to do more in their communities. Thus, among the first metrics he would collect are not only internal metrics that demonstrate the impact on employees' health but also some external metrics to demonstrate that the work being done is having a positive impact on the community. Bostic emphasized the importance of equity and listed access to healthy food and access to health care as two external metrics he would examine. Zuckerman identified anchor institution engagement as another important metric. This metric, he explained, would capture internal organizational shifts that are helping to create a process for the organization to engage with its community "organically" and without assistance. Chan identified policy change as something to be examined. On the basis of his work in Nashville, Schulz remarked, he would first measure the alignment between priority chronic disease issues and deployed assets and then measure the improvement in health outcome over time (on the deployment of assets). In addition, like Bakus, he would collect organizational metrics such as presenteeism and absenteeism. Yach reiterated that he would like to see a doubling of the NIH budget for nutrition prevention science and a doubling of the CDC budget for community-based programs. In addition, he would like to see companies seriously address both physical activity and diet. He opined that most of this workshop discussion revolved around diet, but physical activity is what often triggers healthy eating.

Regardless of which metrics are chosen, Gifford said, he would request additional funding to ensure that data can be captured at a "granular" level to effectively evaluate the metrics. Sobel Blum stressed the importance of, first, including researchers at the beginning of the process so they can provide their methodological expertise (e.g., regarding whether a control group is needed) and, second, ensuring that collective agreement exists about what needs to be measured.

Does the Obesity Crisis Call for a Paradigm Shift?

Citing Thomas Kuhn's thinking about scientific revolutions, Pronk asked the panelists what kind of "alternative paradigm" would help to facilitate a societal shift toward reversing the negative impacts of obesity on businesses, communities, and individuals.

Chan reiterated the relevance of the collective impact model, recognizing that the model is not a paradigm but rather a tool for use by organizations that are "embarking on a collective impact journey." The Clinton Foundation, he said, has certainly found the model to be useful in its community work. More generally, he called for a comprehensive, holistic approach that involves a broad spectrum of stakeholders and that is driven by those consumers most affected by poor health outcomes. For Gifford, one of the challenges with the obesity crisis is that it is not the result of a singular paradigm. For example, it is not just about food. It is also about how food is obtained, prepared, and consumed. Addressing the crisis, in his opinion, will require a series of paradigms working together. He agreed that the collective impact model has the potential to join separate efforts.

"This revolution needs a spark," Bakus said. He emphasized leadership and the willingness of leaders to admit that something needs to be changed and to agree to be part of that change. Zuckerman agreed that leadership is key, but stressed that it is not enough. Equally important, in his opinion, is that employees "down the chain" are empowered to translate advocated ideas into reality.

Yach questioned whether obesity was even the problem. If the problem instead is that the planet will not be able to feed itself sustainably in the next 50 to 100 years and that obesity is a subset of this larger issue, then, in his opinion, the nutrition movement needs to join forces with the environmental movement. Even within the group of speakers at this workshop, Yach observed varying ways that the core problem was being framed. Not all businesses care about obesity as a core issue. For many, obesity is a means to tackle the issues that they do care about, such as productivity.

How Can Trust Be Built?

"As the saying goes," Pronk said, "'trust takes years to build, seconds to break, and forever to repair.'" He asked the speakers what businesses should do and can do to build trust as they begin to engage in community health initiatives. On the basis of his work with Nestlé in Cleveland, Bakus identified transparency and vulnerability as important starting points. He encouraged businesses to invite criticism and conversation and to be willing to listen and change. Chan agreed and added that being open to following through on unexpected outcomes is also important, especially in places where companies have a history of coming and going.

Zuckerman commented on the importance of building relationships and aligning business interests with those of the community. He said that it is easy for one bad decision by a business to be viewed negatively and "wipe away" all the good work that the business has done in its community. It becomes much harder to "demonize" a business when those relationships and alignment are in place.

Yach echoed earlier workshop calls for more data. In his view, the challenge is not trust. Rather, it is verification. "Let's look at the data," he said. "Let's agree to independent metrics of what we're doing." The more data a business provides and the greater the level of independent verification, the more people will know that the business is doing what it says it is doing. The same is true with government, he added. Schulz agreed. Good objective data, he said, "causes everyone to want to sit around the table."

In addition to agreeing that data matter, Schulz opined that businesses need to show their commitment by investing both leadership and money in improving the well-being of their employees and the community. Bostic agreed that leadership is important and added that the leading needs to be done with integrity. Leaders need to recognize the impact of their decisions outside the room where they are making those decisions. In addition, he reiterated the importance of seeking feedback from the community that is being served.

An audience member asked whether data are enough to drive trust in communities that have not seen the type of success seen in, for example, Cleveland and Nashville. Several speakers agreed that trust requires more than data, but opinions varied regarding the different roles of data versus other factors. For example, Bostic opined that people act on emotion and that motivating people to do things requires looking at other factors besides data. Schulz stressed that although data may not be enough, they are a necessary starting point. Data, he said, are what "bring people to the table."

For Yach, this question about the value of data underscored the need for clarity around the purpose of business and the need for everyone involved in this discussion to be "on the same page" about its purpose. He explained that much of the distrust in business stems from a belief that the sole purpose of business is to maximize short-term returns. Yet, as Lynn Stout argued in *The Shareholder Value Myth*, over the past century the court has ruled in almost every case for companies who act in the long-term interest of their employees over short-term shareholder interest.[7]

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[7] Stout, L. 2012. *The shareholder value myth: How putting shareholders first harms investors, corporations, and the public*. San Francisco: Berrett-Koehler.

First among these cases was when Ford was sued for raising the wages of his workers on the grounds that those increased wages were taking money out of shareholders' pockets. The court ruled in favor of Ford. This legal argument, Yach continued, is being complemented today by an economic argument, that is, that investing in long-term returns is imperative to long-term survival.

CLOSING THOUGHTS

In closing, given that many of the issues addressed both during Session 3 and throughout the workshop were about long-term social changes (e.g., improving access to healthy foods and health care), Pronk asked speakers what recommendations they would make to employers and organizations to leverage their collective power and accelerate these changes. The responses from individual speakers included the following: step up and lead; be open to unanticipated partners; invest not just financially but also with resources, time, energy, and efforts; be a good role model; incorporate health and equity into all policies; be transparent, accountable, and responsible; and act together decisively. ◆◆◆

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