

From: [Peter Katzmarzyk](#)
To: [Rhona Applebaum](#)
Cc: [Timothy Church](#)
Subject: Re: Does Being Overweight Really Reduce Mortality? - Tobias - 2013 - Obesity - Wiley Online Library
Date: Sunday, October 20, 2013 4:37:31 PM

Hi Rhona, we could certainly pull together a nice session. We will have all of data by then and working on the primary outcome papers. We had considered the venue, but recently I decided not to go given it is very expensive and we don't have any budget for this. Also, I did not see a call for symposia so I figured it was a long way to go to present a poster!

Just getting ready to take off for Helsinki so I need to sign off.

Peter

Sent from my iPhone
[REDACTED]

On Oct 20, 2013, at 3:46 PM, "Rhona Applebaum" <rapplebaum@coca-cola.com> wrote:

Absolutely!!

But Steve, et al-- Some ideas for the ICPAPH in Brazil. Working with Pedro Halal on our 'contribution'—and of course—as it must—all sessions must go through the Program Committee. So far, thinking of...

--"What exactly is the "root cause" of obesity?"—Session Leader Greg Hand (per his volunteering 😊) thinking Dr. Sharma—as well as Karim Khan—but Greg's on point.

--Also thinking of a pre-conf on Ex is Medicine (or during the ICPAPH) if there's the necessary time. Mike Pratt has volunteered as Session Leader. With the global mix—it's a great opportunity to drive awareness and hopefully support for more EIM in more countries. Currently up to 40—only 167 to go 😊.

--Do we want to address the issue (again—it's been 4 years) on the topic of Public/Private Partnerships? Last time was with Kelly Murmetts, et al in Toronto. It's the elephant in the room—always.

--Peter/Tim—Will there be more data to share by April 8-11 2014 for an ISCOLE session?

--Steve—to keep you screaming—as you stated earlier—the cont'd ignoring of PA, as in your point re this statement by Dr. Hu ...“Although total mortality is a straightforward endpoint, epidemiologic studies of body weight and mortality are particularly prone to two major sources of bias: reverse causation and confounding by smoking [3].“ Your point--Do you think another major source of bias in these studies is that most of them completely ignore physical activity, or if they mention it, use very flawed and inaccurate PA data? Why not a

session addressing this specific point(s)? You can even have Hu on the panel—and unlike what he did at ICN—the directive will be to stick to science and not veer off to policy actions.

--Others? Obviously the key to all of this continues to be individual behavior and motivation—Ideas?

--Lastly—based on the brilliance of the IOC Consensus Statement—any thoughts/ideas catalyzing around the 5 strategies that we can do a deeper dive on—focusing on PA and NCD prevention?

1. Focus on behavioural change as the core component of all clinical programs for the prevention and management of chronic disease.
2. Establish actual centres to design, implement, study, and improve preventive programs for chronic disease.
3. Use human-centered design in the creation of prevention programs with an inclination to action, rapid prototyping and multiple iterations (see below).
4. Extend the knowledge and skills of Sports and Exercise Medicine (SEM) professionals to build new programs for the prevention and treatment of chronic disease focused on physical activity, diet and lifestyle.
5. Mobilize resources and leverage networks to scale and distribute programs of prevention.

Any and all ideas welcome!!

Rhona

Rhona S. Applebaum, PhD | VP, Chief Science & Health Officer | The Coca-Cola Company

Email: rapplebaum@Coca-Cola.com

Twitter: [@RhonaA_CocaCola](https://twitter.com/RhonaA_CocaCola)

Office: 404-676-2177

Fax: 404-598-2177

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From: BLAIR, STEVEN [<mailto:SBLAIR@mailbox.sc.edu>]

Sent: Sunday, October 20, 2013 3:20 PM

To: Chip Lavie; HAND, GREG; Rhona Applebaum; dallison@uab.edu; mxp4@cdc.gov

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