CONQUERING OBESITY: THE U.S. APPROACH TO COMBATING THIS NATIONAL HEALTH CRISIS

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RIGHTS AND WELLNESS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

SECOND SESSION

SEPTEMBER 15, 2004

Serial No. 108–268

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpo.gov/congress/house
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

98–212 PDF WASHINGTON : 2005

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

CONTENTS

CONQUERING OBESITY: THE U.S. APPROACH TO COMBATING THIS NATIONAL HEALTH CRISIS

WEDNESDAY, SEPTEMBER 15, 2004

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN RIGHTS AND WELLNESS,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:10 p.m., in room 2154, Rayburn House Office Building, Hon. Dan Burton (chairman of the subcommittee) presiding.

Present: Representatives Burton, Watson, and Waxman.

Staff present: Mark Walker, chief of staff; Mindi Walker, Brian Fauls, and Dan Getz, professional staff members; Nick Mutton, press secretary; Danielle Perraut, clerk; Kristin Amerling, minority deputy chief counsel; Karen Lightfoot, minority senior policy advisor and communications director; Anna Laitin, minority communications and policy assistant; Josh Sharfstein and Richard Butcher, minority professional staff members; Earley Green, minority chief clerk; and Cecelia Morton, minority office manager.

Mr. BURTON. Good morning. A quorum being present, the Subcommittee on Human Rights and Wellness will come to order.

I ask unanimous consent that all Members' and witnesses' written and opening statements be included in the record. Without objection, so ordered.

I ask unanimous consent that all articles, exhibits, and extraneous or tabular material referred to be included in the record. Without objection, so ordered.

In the event that other Members from Congress attend the hearings today, I ask unanimous consent that they may be permitted to serve as a member of the subcommittee for today's hearing only. Without objection, so ordered.

The reason we are convening today is because we are going to talk about a subject that is very, very important not only to the people of this country, but to the Government of the United States. Obesity is an ever-increasing concern of everybody. We just found out recently, when we started looking into this, that 31 percent of adults over the age of 20 in the United States are considered obese. That is almost one out of three. In addition, the data that we found also shows that 65 percent, almost two out of three people in this country, are overweight.

Now, why is that important? The reason it is important is because of the tremendous costs and burdens that it puts on the

health care system. Right now, 129.6 million adults who are currently living here in the United States have an unhealthy weight level, and that is an increase of 54.9 percent, almost 55 percent in the last decade alone. So we are eating ourselves into the grave. That is a terrible thing to say, but it is the truth.

The health concerns related to overweight and obesity: high blood pressure, high cholesterol levels, diabetes, heart disease, increased probability of having a stroke and certain types of cancer such as breast, colon, and prostate cancer, not to mention, as I said, premature death.

Now the Federal Government is classifying obesity not just a behavioral problem, but a disease as well, and HHS is conducting in-depth research into the underlying causation of obesity, not discounting a genetic or predetermined basis for the disease.

A study of the national costs attributed to both overweight and obesity-related services specify that medical expenses accounted for 9.1 percent of the total U.S. medical expenditures in 1998, and that reached a total dollar amount of roughly almost $79 billion. So we are not talking about chump change here. That would equate today, in 2003 or 2004 dollars to almost $95 billion. And approximately half of those costs were compensated for by funds allocated to Medicare and Medicaid. So the Government and the taxpayers have a vested interest in finding solutions to this problem.

Now, this is very interesting. In Indiana, my home State, according to information released by the Behavioral Risk Factors Surveillance System at CDC, over $1.6 billion is spent annually by the taxpayers of Indiana due to health implications linked directly to obesity. Now, for my colleague from California, Mr. Waxman, it is $7.7 billion, which is over 10 percent of the total obesity costs in the United States. So we have a problem in Indiana; you have a bigger problem in California.

Fortunately, the Federal Government and private organizations have created several programs to combat and bring awareness to obesity. The Division of Nutrition and Physical Activity at the CDC has developed and designed a program to help States improve their efforts to present obesity by promoting good nutrition and more physical activity.

Currently, 20 States are involved in that program, but we need to be more involved. And the people of this country need to be aware that obesity is not only a burden to them, but a burden to everybody, their neighbors and every taxpayer across this country. And physical activity is really important to good diet.

We need to also be talking to our fast food restaurants and the people who package foods and put them in the supermarkets, to make sure that they create food stuffs that we can consume that are nutritious and taste good, but aren't going to kill us. And that is one of the reasons why we are having this hearing today.

To speak on these and other initiatives to prevent and combat obesity, we will hear today testimony from Dr. Ed Thompson, Chief of Public Health Practice at CDC. And as the Federal agency charged with ensuring the safe production of food and the management of Federal food assistance programs, the U.S. Department of Agriculture is also concerned, and they have one of their representatives here. We have the pleasure of receiving testimony from Eric

Bost, the Under Secretary for Food, Nutrition, and Consumer Services at USDA. And he is going to be testifying about the current USDA outreach programs.

As I said before, it is imperative that the Government of the United States work with the private sector to find solutions to this problem. I don't mean to be facetious, but it is growing at a very rapid rate, and we have to do something about it.

[The prepared statement of Hon. Dan Burton follows:]

Opening Statement
Chairman Dan Burton
Subcommittee on Human Rights & Wellness
"Conquering Obesity:
The U.S. Approach to Combat this National Health Crisis"
September 15, 2004

The Subcommittee is convening today to discuss an ever-increasing health care concern in the United States: obesity. This disease has become one of the most prevalent chronic health crises in the United States, and the problem has only continued to grow exponentially over the last several decades.

Obesity is a complex and multilateral chronic disease that develops from an interaction of genotype and the environment. While the current understanding of how and why obesity develops is incomplete at this time, it is assumed to involve the integration of social, behavioral, cultural, physiological, metabolic, and genetic factors.

Obesity is defined as an excessively high amount of body fat in relation to lean body mass. In the United States, this is categorized as having a Body Mass Index of 30 or greater. The Body Mass Index, or BMI, is a mathematical formula in which an individual's body weight in kilograms is divided by the square of their height in meters.

According to the National Health and Nutrition Examination Survey conducted in 1999 by the Department of Health and Human Services (HHS), it is estimated that 31% percent of adults over the age of 20 in the United States are obese. In addition, data also showed that over 65% of adults in the United States were considered to be overweight, which is considered having a BMI of more than 25, or worse. According to the most

recent figures from the Centers for Disease Control (CDC), this constitutes an estimated 129.6 million adults who are currently living at unhealthy weight levels in the United States – increasing over 54.9 percent in the last decade.

This is not only a phenomenon effecting adults, but also our Nation's children. As the survey also indicated that roughly 15% of children and adolescents are now regarded as overweight or obese. Levels of childhood overweight have nearly tripled since 1970. Left unabated, the escalating rates of obesity in the U.S. population will place a severe burden on America's healthcare system.

The National Institutes of Health (NIH) *"Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults"*, states that all adults aged eighteen or older who have a BMI of 25 or greater are considered at risk for premature death and disability as a consequence of their fat to lean muscle mass ratio.

Some of the many other health concerns related to obesity are: high blood pressure, high cholesterol levels, diabetes, heart disease, increased probability of having a stroke, and even certain types of cancer such as breast, colon, and prostate cancers, establishing a great need for research and prevention strategies to curb this health epidemic.

Presently, the United States Department of Health and Human Services, under the guidance of Secretary Tommy Thompson, has begun to deal with this national health

crisis head on. Not only is the Federal Government now classifying obesity as a disease rather than a behavioral problem, but HHS is also conducting in-depth research into the underlying causation of obesity - not discounting a genetic or predetermined basis for the disease.

Currently, the Federal Government has invested over $400 million in Fiscal Year 2004 on obesity research, and is projected to support further scientific research by increasing appropriations by over 10% in Fiscal Year 2005 to $440.3 million – all in an effort to better understand this disease.

Not only are there detrimental health impacts associated with obesity, but also great economic consequences on the United States taxpayer and our health care system overall as well.

A study of the national costs attributed to both overweight and obesity related services specify that medical expenses accounted for 9.1% of the total U.S. medical expenditures in 1998 – that reached a total dollar amount of roughly $78.5 billion at that time, which would equate to over $92.6 billion in 2002 dollars. Approximately half of these costs were compensated for by funds allocated to Medicare and Medicaid services.

Medical costs associated with obesity may involve both direct costs, which include the preventative, diagnostic, and treatment services related to the disease, as well as indirect costs, which consist of morbidity and mortality costs. Morbidity costs are defined as the value of income lost from decreased productivity, restricted activity,

absenteeism, and bed delays. Mortality costs are the value of future income lost by premature death.

Obesity cannot be ignored. This is especially apparent in my home state of Indiana. According to information released by the Behavioral Risk Factors Surveillance System at CDC, over $1.6 billion is spent annually by the hardworking taxpayers of Indiana due to the health implications linked directly to obesity. Even more harrowing, in California - the home of my esteemed colleague and Ranking Member Congresswoman Diane Watson - approximately $7.7 billion dollars are spent annually – over 10% of the total expenses in the United States!

Fortunately, the Federal Government and private organizations have created several programs to combat and bring awareness to obesity. The Division of Nutrition and Physical Activity at the CDC has developed a program designed to help states improve their efforts to prevent obesity by promoting good nutrition and more physical activity.

Currently, 20 states are enrolled in the FY 2004 activities of this program, which include providing state residents with the knowledge and skills they need to develop stronger intentions about weight loss and greater self-efficacy. These initiatives also address the need for supportive environments that further allow for healthy eating and more physical activity to be incorporated into people's lives. To speak on these and other CDC initiatives to prevent and combat obesity, the Subcommittee will hear testimony from Dr. Ed Thompson, Chief of Public Health Practice at CDC.

Complimenting the Federal government work on obesity, there are many organizations that are working diligently to identify the cause of obesity and strive to put a stop to these skyrocketing rates. To explain their work on the subject, the Subcommittee will be hearing testimony from Morgan Downey, the Executive Director of the American Obesity Association; Dr. Daniel Spratt, Director of Reproductive Endocrinology at the Maine Medical Center and Representative of the Endocrine Society; as well as Dr. Thomas Wadden, Vice-President of the North American Association for the Study of Obesity.

As the Federal Agency charged with ensuring the safe production of food and the management of the Federal food assistance programs, the United States Department of Agriculture (USDA) is particularly concerned with the alarming rates of obesity in the United States. The Subcommittee has the distinct pleasure of receiving testimony today from the Honorable Eric Bost, the Under Secretary for Food, Nutrition, and Consumer Services at the USDA. Under Secretary Bost will be testifying about the current USDA outreach programs to further curb the incidences of obesity in our country.

In addition to all of their current activities, I am delighted to report that the Department of Agriculture will also be hosting a National Obesity Prevention Conference in late October to focus on learning from past and current research, and the need for further scientific research to avert future trends of this disease.

The food industry has been put under fire for producing the food products that individuals consume in mass quantities, and thus leading to obesity. While the safety and nutritional contents are ensured and disclosed by these manufacturers, many individual companies and trade associations have gone the extra mile in providing initiatives geared on proper nutrition for the public to help do their part in fighting the obesity war.

To better explain these community-based programs, Alison Kretser, the Director of Scientific Nutrition Policy with the Grocery Manufacturers of America and Hunt Shipman, the Executive Vice-President of Governmental Affairs and Communications with the National Food Processors Association will be sharing testimony on their work on this most important issue.

It is imperative for the health and financial well-being of Americans that we find an effective weigh to reign-in this healthcare epidemic. Our National health agencies and non-governmental organizations are doing their part to find means of comprehending the basis of this disease, and combat the current and future implications of obesity.

I would like to thank all of our witnesses for being with us today, and I look forward to hearing their testimony.

Mr. BURTON. With that, I would like to yield to a gentleman that really does watch his weight, and I go down to the gym and I will see him on the workout equipment, working for hours at a time; and his heart beat, I think, is three beats per minute, so I know he is in good health, Henry Waxman, the ranking member of the committee.

Mr. WAXMAN. Thank you, Mr. Chairman, for your kind words and for holding this hearing.

Rising rates of obesity in the United States represent a public health crisis. Obesity causes heart disease and diabetes, it is associated with premature death, and it is responsible for billions of dollars in health care costs.

The burden of obesity will affect every corner of our society, but it will not be spread equally. Obesity harms the poor more than the well-off, threatens certain racial and ethnic groups more than others, and in any given area can be concentrated among those who have fewer opportunities to exercise and less access to nutritious food. It is a special responsibility of Government to address disparities in health, and today I would like to focus on Government's efforts to address especially high rates of obesity among the disadvantaged communities in our society.

We all know that the Food Stamp Program prevents malnutrition and hunger for millions of Americans each year. Food stamps also play an important role in promoting good nutrition. Each year the Federal Government sends more than $150 million to the States to provide nutritional education and services that help to address obesity. In my home State of California, these funds support more than 190 programs in 4,000 low-income schools and communities.

This spring the U.S. Department of Agriculture proposed major changes in nutrition education funded through the Food Stamp Program. Instead of encouraging community-wide education in schools, churches, and other settings, USDA is now asking that programs narrowly target women who are food stamp participants and applicants. I also understand that USDA is discouraging programs from focusing on the nutritional needs of particular high-risk groups such as obese of individuals with Type 2 diabetes.

California is objecting to USDA's proposal. According to the State's leading public health officials, the planned changes will reduce the number of Californians served by more than 80 percent, will eliminate programs in churches and community centers across the State, and will lead to a loss of as much as $80 million in Federal funding. California's leading public health official has stated that USDA's new strategy would support "inefficient approaches." He also told USDA that, if enacted, the proposal would devastate the State's successful efforts to provide nutrition education to poor and minority communities.

I am pleased that Under Secretary Bost is here today to discuss these issues with the committee. It is my hope that we can have a productive conversation about how to resolve these serious concerns about USDA's proposals.

I would also like to thank all of the witnesses for coming, and I look forward to their testimony.

Thank you, Mr. Chairman.

Mr. BURTON. Thank you, Congressman Waxman.

We will now hear from the Under Secretary for Food, Nutrition, and Consumer Services at the USDA, the Honorable Eric Bost; and also the Honorable Ed Thompson, M.D., M.P.H. He is the Chief of Public Health Practice Centers for CDC, U.S. Department of Health and Human Services.

As is our custom, would you please rise so you can be sworn in? [Witnesses sworn.]

Mr. BURTON. We will start with Under Secretary Bost. And what I would like, because we have another meeting at 4, I would like to try to hold the opening statements, if possible to 5 minutes. Thank you very much.

STATEMENTS OF ERIC BOST, UNDER SECRETARY FOR FOOD, NUTRITION, AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE; AND ED THOMPSON, M.D., M.P.H., CHIEF, PUBLIC HEALTH PRACTICE, CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. BOST. Good afternoon, Mr. Chairman and Congressman Waxman. It is indeed a real pleasure for me to be here. For the record, I am Eric Bost, Under Secretary for Food, Nutrition, and Consumer Services at U.S. Department of Agriculture. I am here today to speak about our efforts to combat the national obesity crisis.

We currently administer 15 nutrition programs, serving one out of every five Americans, including the Food Stamp Program, the National School Lunch Program, Breakfast Program, and WIC—Women, Infants and Children. We are also responsible for food guidance, currently the Food Guide Pyramid and, in cooperation with our colleagues at Health and Human Services, the Dietary Guidelines for Americans.

I have two main points in my testimony that I would like to share with you. One, as the chairman noted, we have a serious obesity epidemic that is currently existing in this country in both adults as well as children, and we have several initiatives to combat it, but it is real important to know that we cannot do it alone.

Just a couple of statistics. Over 400,000 deaths a year related to poor diet and physical activity; it is, right now, the second leading cause of preventable death, after smoking, and soon will surpass deaths from smoking; diabetes has increased by 49 percent in the last 10 years; one in three persons born in 2000 will develop diabetes if there is no change in the current health habits; alarming trends among children in the past 20 years, the percentage of children who are overweight has doubled and the percentage of adolescents who are overweight has more than tripled. Most importantly, this may be the first generation of children not to live as long as their parents as a direct result of this issue.

You talked about the costs. I do want to note one thing: $117 billion a year in 2000 in direct and indirect costs; also, obesity as it relates to the individual.

If you are overweight, it will probably take 3 years off of your life. Obese persons will probably take 7 years off of their life. And if you are obese and smoke, you are shortening your life by prob-

ably 13 years. Why? The immediate reasons appear to be somewhat simple. We eat too much, we eat too many of the wrong things, and we get too little physical activity. It seems very simple, but in terms of addressing it, it is really not because of a couple of things. One, we have some of the best food in the entire world: the widest variety, the highest quality, the most safe and most affordable food anywhere. Also, as Americans, we love a good deal. Super-sizing is just a few cents more; all-you-can-eat buffets. And, last but not least, one of the struggles that we are having is it has to be rooted in a behavior change and, as Americans, we hate to have someone tell us what to do.

Children are a very special challenge for us. Kids' choices are shaped by their surroundings: at home, in school, and in the wider community. Also, television and computers draw children away from sports and physical activity. In terms of some of our efforts to address this issue at USDA, which we believe is very important, first of all, there is a conference that Health and Human Services will participate with us next month to talk about the leading research regarding what we can do to address this issue. As part of our nutrition promotion and education, as a part of our WIC Program, we are currently reviewing the WIC food package. Also, we have a breastfeeding promotion, and breastfeeding is directly related to children that are healthy and, for whatever reason, don't tend to be as obese when they grow up.

Also, we have programs that are focusing on school-aged children: our HealthierUS Initiative, in coordination with Health and Human Services and also the Department of Education; our Eat Smart. Play Hard. Campaign which is in school; also, Changing the Scene, which is a nutrition education in the school; also, our Team Nutrition Program; Fruits and Vegetables Galore; Making it Happen; and also one of the things that we are starting is HealthierUS Challenge, where we will identify schools that have done an outstanding job in terms of providing healthier alternatives to children in schools.

Across all of our populations, we have a 5 A Day Program, in partnership with the National Cancer Institute and CDC; and our Food Stamp Nutrition Education Program that Congressman Waxman made note of. We are currently in a review of the Food Guide Pyramid or Food Guide Guidance, and also the development and review of the Dietary Guidelines.

Just recently, June 30th of this year, the President signed the Child Nutrition bill, which was just reauthorized. Right now almost 29 million children are served in the National School Lunch Program and reauthorization in terms of working with Congress, we were able to ensure that children have improved access to school meals for eligible children by requiring direct certification through the Food Stamp Program, streamlining the process so that all children in households can apply at one time, and making certification valid for the entire year. Also, the act provides funding to work with schools to establish their own health, nutrition education, and physical activity goals and initiatives, and also it extends and expands the Fresh Fruit and Vegetables pilots that distributed free fruits and vegetables to schools to encourage health alternatives to

non-nutritious foods and snacks in eight schools and on three Indian reservations.

Why are schools so important and why are our programs so critical? The research indicates that kids who eat school lunch eat nearly twice as many vegetables. Kids who eat school breakfast eat twice as many servings of fruit. In terms of the food that is provided in the National School Lunch Program, the total fat has been reduced from 38 percent to 34 percent over the last several years.

In conclusion, Government, we believe, has a critical role to play in addressing the obesity issue in this country and in promoting and moving Americans toward a healthier lifestyle, and I think that is the issue for me that I really want to stress. It is not only obesity that we are talking about, it is the issue of ensuring that people make wise and informed decisions about what they eat, how much they eat, some level of physical activity.

It is also important, I believe, to realize too that we cannot do this by ourselves. We need the partnership with media, researchers, industry, teachers, administrators, and especially with parents in terms of being role models for their children. And last but not least, we need individuals to accept some level of personal responsibility to make healthy choices. Regardless of the information that we provide, regardless of the changes that we make, it still comes down to a person and a parent making an informed decision and choice for their children, and I think that is very important.

Thank you very much. I would be happy to answer any questions that you may have.

[The prepared statement of Mr. Bost follows:]

UNITED STATES DEPARTMENT OF AGRICULTURE
Testimony of Eric M. Bost
Under Secretary, Food, Nutrition and Consumer Services
Before the House Committee on Government Reform
Subcommittee on Human Rights and Wellness
September 15, 2004

Thank you, Mr. Chairman. I am Eric M. Bost, Under Secretary for Food, Nutrition, and Consumer Services (FNCS) at the U.S. Department of Agriculture (USDA). I am pleased to be here today to speak about the USDA's efforts to combat the national obesity health crisis by encouraging Americans to make healthy choices at home and at school.

My agency administers 15 nutrition assistance programs including the Food Stamp Program, the National School Lunch and Breakfast Programs, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). We also develop food guidance information, most recently in the form of the Food Guide Pyramid and, in cooperation with the Department of Health and Human Services, the Dietary Guidelines for Americans. One of our primary jobs is to communicate the information in these guidelines to the general public.

It is important to underscore the fact that these 15 nutrition assistance programs are not welfare programs – they are indeed nutrition assistance which combines both access to healthy food along with nutrition education and instruction on maintaining a healthy lifestyle. While many of these programs do have income-based criteria for participation, many others are available to all participants, such all students in the National School Lunch Program.

At USDA, we have made health and fitness – especially for children – a major priority, and we know our work is cut out for us.

In my statement today, I will outline two main points: First, the statistics show that there is an epidemic of obesity in America. Second, USDA has a range of initiatives underway to combat it.

Mr. Chairman, we all know that America is experiencing an epidemic of obesity and overweight in adults as well as children. Statistics on the obesity epidemic are staggering.

Over 400,000 deaths a year are related to poor diet and physical inactivity; poor diet and inactivity are the second leading cause of preventable death after smoking. As a matter of fact, deaths from obesity are soon expected to surpass deaths from smoking.

About 60 million American adults are obese; and, if this trend continues, this number will rise to 69 million by 2010; 64% of adults aged 20-74 are either overweight or obese. Overweight, obesity and physical inactivity are major risk factors for chronic diseases such as diabetes, cardiovascular disease and cancer.

Diabetes has increased by 49% in the past 10 years, reflecting strong correlation with obesity; 18 million people have diabetes, and it is increasingly diagnosed in children and adolescents; 1 in 3 persons born in 2000 will develop diabetes if there is no change in current health habits. Between 1971 and 2000, women's daily intake of calories rose by 22%, while men increased their daily intake by 7%.

Recent trends among children are alarming: In the past 20 years, the percentage of children who are overweight has doubled and the percentage of adolescents who are overweight has more than tripled. If we do not stem this tide, many children in this generation of children will not outlive their parents.

Even media coverage of the obesity epidemic has increased from 593 stories per year in 2000 to 4,560 stories annually in 2003.

The costs to the nation due to obesity are enormous. Every one of us pays for obesity in higher taxes and higher insurance costs, and those are substantial dollars:

- Obesity cost the United States $117 billion per year in 2000 in direct and indirect costs.
- Recent estimates have put direct medical costs at $92.6 billion or 9.1% of US health expenditures, including $127 million in annual hospital costs for obesity-related disorders in children and adolescents
- There has been a 37% increase in annual per capita Medicare spending attributed to obesity; in 2003, the public paid about $39 billion -- or about $175 per taxpayer -- through Medicare and Medicaid programs for obesity-linked illnesses.

And, the costs of obesity to the individual are deadly. In terms of quality of life, obesity can have a similar impact to aging as much as 20 years. Overweight persons live an average of 3 years less; obese persons live an average 7 years less; obese smokers an average of 13 years less. The psychological effects of obesity include stress, depression and anxiety.

About 30% of women and 25% of men get little or no exercise in their daily lives. Yet research indicates that a healthy diet coupled with moderate exercise lowers the risk of developing a number of serious chronic conditions such as Type II diabetes, stroke, hypertension, colon cancer, and coronary heart disease by 30-50% and also lowers the risk of premature death.

Obesity is one health issue that affects every single one of us – through our families, our friends, our communities, our workplaces, and even our taxes. It causes more health problems than smoking, heavy drinking, or even poverty.

The immediate reasons for overweight and obesity are clear and uncomplicated: too many of us eat too much, eat too much of the wrong things, and get too little physical activity.

But these seemingly simple facts are influenced by our environment, our economy, and the way we were raised. To me, some of the most important factors that shape America's eating behaviors, and the challenge of changing them, are:

- **We have some of the best food** – the widest variety, the highest quality and safety, and most affordable – available anywhere in the world.
- **We love a good deal:** increasing the size for just a few cents more, "all you can eat" buffets. And good deals on plenty of food – more than we need – are all around us.
- **And we hate to have someone tell us what to do.**

We can't force people to change, or regulate away their opportunities. We must motivate them to make better choices themselves, with strong, consistent educational messages and changes in the environment that facilitate healthy eating and more physical activity.

Children are a special challenge. They are subject to innumerable influences in their environment as they learn and grow into adulthood. As they develop preferences and practices that will last a lifetime, their choices are shaped by their surroundings—at home, in school, and in their wider community:

- Many students, enticed by high calorie low nutrient foods, do not choose healthy meals where they are available.
- Improved school meals are undermined by food sales outside of the Federal program that feature high-calorie low nutrient foods and beverages items, and intense advertising efforts for those items.
- Television and computer screens draw children away from sports and physical activity.
- Schools often lack the time and resources to provide strong nutrition education and physical education programs.

All of these factors contribute to the increasing numbers of overweight and out of shape children.

So, what are we doing about this at USDA? We are committed to working to reduce obesity by adopting the Healthy People 2010 performance measures. However, determining causes and solutions can sometimes be elusive. This is why next month, USDA is sponsoring a National Obesity Prevention Conference in Bethesda, Maryland. In addition, as part of our responsibilities at FNCS, we focus on getting benefits to children and low-income people that contribute to a healthy diet, with skills and motivation to encourage healthy eating and increased physical activity. Some of the initiatives we have underway are:

1) The HealthierUS Initiative:

HealthierUS is a Presidential health and fitness initiative that promotes increased physical activity, the consumption of nutritious foods, regular preventative health screenings and

the avoidance of any risky behaviors, especially involving alcohol, tobacco and illegal drugs. This initiative brings together many impressive Federal agency health promotion activities.

For example, the Healthier Children and Youths Initiative builds on the HealthierUS Initiative and is a joint USDA, HHS and the Department of Education effort to encourag all children and youths to adopt healthy eating and physical activity behaviors.

2) The Eat Smart. Play Hard.™ Campaign:
This cross-program initiative uses a spokescharacter, Power Panther™, as the primary communication tool to deliver nutrition and physical activity messages to children and their caregivers. Eat Smart, Play Hard focuses on the importance of breakfast, balancing food intake and exercise, snacks, and physical activity.

All 50 States have requested and used the Eat Smart. Play Hard.™ educational materials such as parent brochures, kids' activity sheets, and posters ---over 19 million materials requested. New materials are available, including screen savers, sticker sheets, songs, table tents and window clings. Also, Spanish-language posters, brochures, bookmarks and kids' activity sheets are available.

3) Changing the Scene: Improving the School Nutrition Environment

Changing the Scene is a specially designed kit used to help communities make changes t promote a healthy school environment. FNS is collaborating with the Centers for Diseas Control and Prevention (CDC) to develop implementation materials to help schools to offer nutritious choices. The National Dairy council is helping schools nationwide implement *Changing the Scene* to improve the school nutrition environment, and over 30,000 action kits have been ordered by school administrators, parents, teachers, food service and health professionals.

To complement this effort, the Secretary will roll-out the Department's HealthierUS School Challenge, during National School Lunch Week (October 11-15) to encourage schools to take a leadership role in helping students learn to make healthy eating and active lifestyle choices. Those schools who accept the challenge will be locally and nationally recognized by USDA as being certified as a Silver or Gold Team Nutrition School, based on school meal and other food and beverage sales on the school campus.

4) The 5 A Day Program.

USDA, DHHS and the National 5 A Day Partnership have signed a Memorandum of Understanding to plan and support the delivery of messages to the general public and target populations to encourage all Americans to eat 5 to 9 servings of fruits and vegetables a day.

USDA has developed and distributed "Fruits and Vegetables Galore – Helping Kids Eat More", a technical assistance publication encouraging schools to serve more fruits and

vegetables in the school meals programs and to encourage students to increase their consumption of fruits and vegetables.

5) FIT WIC Demonstration Grants.

These three-year grants helped to identify ways that WIC policies, practices and operations might be changed to help address childhood obesity. Participating states (California, Kentucky, Vermont, Virginia and the Inter Tribal Council of Arizona) considered the impact of issues such as staff training, case management, food policies, nutrition education, promotion of physical activity and other areas on the program's effectiveness in addressing childhood obesity. A final report is expected to be released later this year.

FNS has distributed the Fit WIC implementation manual to State WIC agencies across the country. The manual includes guidance that can be used by WIC agencies to plan, develop and implement effective interventions to prevent childhood obesity.

6) Work on revising the Dietary Guidelines for Americans is underway:

The *Dietary Guidelines for Americans* are published jointly by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (DHHS).

Updates of the *Dietary Guidelines for Americans* occur every 5 years to assure the public that they are receiving the latest, most scientifically sound nutrition advice available.

Last year, USDA and DHHS convened a Dietary Guidelines Advisory Committee (DGAC) comprised of 13 nationally-recognized, independent experts in the fields of nutrition and health to review the latest scientific and medical research, and to recommend to Secretary Veneman and Secretary Thompson any scientifically-based revisions to the *Dietary Guidelines for Americans* that they believe are necessary.

The report was submitted to Secretary Veneman and DHHS Secretary Thompson in August, and is open for public comment until September 27, 2004. All public comments will be carefully reviewed and considered. The result will be the eventual review and joint publication of the 2005 *Dietary Guidelines for Americans*, 6th Edition.

We are also updating our food guidance information. The technical reassessment of the proposed new food guidance has been transparent and scientifically-based. The information has been shared with the public and the DGAC. The daily food intake patterns (recommendations on what and how much to eat) were updated to assure that the science base is up-to-date and were posted on September 11, 2003 in the *Federal Register* for public review and comment.

These new food intake patterns form the basis for USDA's new food guidance. They have been updated to meet the new energy requirements and other nutritional standards, and to reflect present food consumption patterns and nutrient content of foods.

To ensure USDA's new food guidance is in harmony with the recommendations of the DGAC, the food intake patterns will be finalized now that the DGAC has completed its work. The technical work on the revision of the new Food Guidance System was shared with the DGAC.

Comments were also solicited on the Food Guide Graphic Presentation through a *Federal Register* notice published on July 13, 2004. Comments were accepted through August 27, 2004 from the public. Our biggest challenge will be determining the best way to effectively communicate the nutrition recommendations.

7) Food Stamp Nutrition Education is vital.

States have the option of providing nutrition education to food stamp recipients as a part of their program operations and USDA reimburses fifty percent of the allowable administrative costs for these activities. The purpose of the Food Stamp Nutrition Education is to increase the likelihood that all food stamp recipients make healthy food choices within their limited budget, and choose active lifestyles consistent with the Dietary Guidelines for Americans and the Food Guide Pyramid. The **Food Stamp Nutrition Education (FSNE) Framework** is a component of our efforts to strengthen nutrition education in the Food Stamp Program. The goal of refining our FSNE policy framework is to better delineate the guiding principles and outcomes for nutrition education for the target audiences that we serve, as well as to clarify the roles and responsibilities of federal, State, and local levels that are involved in FSNE. A public comment period on the Framework was completed on July 27, 2004. FNS will use the input received to further refine the Framework in the coming months.

Not only have we made administrative improvements but we worked on improving the existing laws during this year's reauthorization of the Child Nutrition and WIC Programs:

The Administration worked closely with Congress during the last two years to make improvements to our Child Nutrition and WIC Programs.

The President recently signed a bill reauthorizing those programs (the Child Nutrition and WIC Reauthorization Act, P.L. 108-265), and I would like to tell you a little bit about how this will contribute significantly to our fight to improve the health of America's children.

Almost 29 million children are served by the National School Lunch Program each school day. More than half of those children get those meals either free or at a reduced price. Many of those low-income children come from families who are most likely eligible to participate in other nutrition assistance programs, especially food stamps, so

we wanted to find some way to ensure that all eligible children were served by the School Meals programs.

The newly reauthorized programs now improve access to school meals for those children by requiring direct certification through the Food Stamp Program, streamlining the process so that all children in a household can apply at one time, and making that certification valid for an entire school year.

We have also made runaway, homeless, and migrant children automatically eligible for meals.

And active duty military housing allowances will no longer be counted in the determination of eligibility.

These changes not only simplify the process for parents and their children – they streamline the process for schools and administrators, allowing them to spend more time working toward providing the best meals and the healthiest choices for our children.

The Child Nutrition and WIC Reauthorization Act authorized funding to work with schools to establish their own health, nutrition education, and physical activity goals and initiatives.

With reauthorization, the Fresh Fruit and Vegetable Pilots were extended and expanded. This program allows for the free distribution of fruits and vegetables at schools to encourage healthy alternatives to non-nutritious foods and snacks. Four more states and two tribes were authorized in addition to the four pilot states and Tribal organization already participating.

Mr. Chairman, in addition to our reauthorization work and our initiatives for combating obesity, I am also pleased to report that school meals have improved. And we know that our School Meals Programs make a difference.

Results from the second School Nutrition Dietary Assessment Study indicate that in school meals served during School Year 1998/1999, the percent of calories from total fat and saturated fat were significantly lower than the levels found in the first dietary assessment conducted in 1991/1992. The total fat has been reduced from 38%-34% over that period.

This improvement in content has not come at the expense of participation. In each of the past two school years, participation in our programs has increased, and the increase in participation has been greater than the increase in additional students that have enrolled in school.

School meals have also been strengthened by the continuing improvement in the commodities that USDA donates to the schools and other institutions.

Conclusion

In conclusion, we believe the government has a critical role in addressing the obesity issue in this country, and in promoting and moving Americans toward a healthier lifestyle. I have outlined many of the steps that USDA is taking to improve our programs and to encourage a healthier lifestyle. For us, that is the big picture, a healthier lifestyle. But we are not the only player when it comes to addressing this issue. We cannot do it by ourselves. We need the media. We need the industry. We need teachers, administrators. We need parents. All of us have a critical role to play in terms of addressing this issue of moving Americans toward a healthier lifestyle. Furthermore, each of us needs to accept our own personal responsibility to make healthy choices. I would be happy to answer any questions at this time.

Mr. BURTON. Thank you, Mr. Secretary.

Dr. Thompson.

Dr. THOMPSON. Mr. Chairman, members of the committee and committee staff, I thank you for the opportunity to participate in today's hearing. I am Dr. Ed Thompson, Chief of Public Health Practice at the Centers for Disease Control and Prevention, an agency of the Department of Health and Human Services. Today I will present an overview of the overweight epidemic in our Nation and identify a number of Department of Health and Human Services initiatives and programs designed to combat these epidemics in poor nutrition, physical activity, and obesity.

If you look at the chart to my left and to your right, you see maps showing the percentage of the population of each State in 1994, 1999, and 2003 who were obese as measured by our behavioral risk factor surveillance system. Nearly two-thirds of adults in this country are overweight or obese, with nearly 30 percent overall being obese, as you have correctly noted, Mr. Chairman.

What you see there in lighter blue, that is 10 to 14 percent of the population being obese; not overweight, but obese. And the lighter blue which appears in 1994 disappears after 2001. The darker blue is 15 to 19 percent. Beginning in 1997 you see some red, and on that chart there you see it in 2003; it appears first several years before. That means that 20 percent of the adults in that State, one out of every five, are obese.

Finally, in 2003 we have had to introduce a new color, and that is gold. In 1999 it appears in many States. I am sorry, the gold is 20 percent are obese; the red is the new color introduced in 2003, and that represents 25 percent or more of the population. One out of every four adults in those States is obese, and in 2003, as you can see, five States had one in four adults who were obese.

Overweight and obesity and associated risk factors of poor diet, physical activity, and other contributing factors contribute to chronic conditions such as heart disease, stroke, diabetes, and certain cancers. A recent study estimates that 4,000 adult deaths each year in the United States are associated with poor diet and physical inactivity. That is as many Americans as died in all of World War II.

We have already begun to see the impact of the obesity epidemic on the health of young people. Type 2 diabetes, strongly associated with obesity, was virtually unknown in children and adults 10 years ago. Today it accounts for almost 50 percent of new cases of diabetes among youth in some communities.

A CDC report predicts that one in every three Americans born in 2000, that is, the children now entering kindergarten, will develop diabetes during his or her lifetime. Successfully combating the overweight epidemic in our Nation requires the involvement of many sectors and levels of society. Although national initiatives can play an important role, they are not sufficient by themselves; community-based initiatives are critical for reaching Americans where they live, work, go to school, and play. State level programs are critical for supporting and disseminating community-based activities.

DHHS is implementing a comprehensive approach to reach the American people through these various levels. CDC uses multiple

approaches to address obesity and its risk factors, including funding State health departments, school-based programs, a national media campaign, and community-based programs. The Steps to a HealthierUS cooperative agreement program is designed to promote programs that reduce the burden of chronic disease and address the associated risk factors.

Steps targets diabetes, overweight, obesity, and asthma, and addresses the associated risk factors of physical inactivity, poor nutrition, and tobacco use. CDC funds 28 State Health Departments to prevent and reduce obesity, and we fund 23 State Departments of Education to implement coordinated school health programs to help ensure that students receive instruction on nutrition, physical activity, and tobacco use prevention.

CDC's youth media campaign, called "VERB. It's what you do," is the largest national multicultural campaign designed to increase levels of physical activity among youth. After 1 year, the impact has been demonstrated by substantial improvements, including the average 9 to 10-year-old American child in the Nation, after the campaign, who was exposed to the VERB campaign, engaged in 34 percent more sessions of free time physical activity when compared with children who were unaware of the VERB campaign.

Two recent major initiatives tied to obesity within the Department of Health and Human Services are the Food and Drug Administration's Obesity Working Group, which will advise the agency on innovative ways to deal with the increase in obesity and identify ways to help consumers lead healthier lives, and the National Institutes of Health development of an Obesity Research Task Force to develop a strategic plan for obesity research.

In October DHHS and USDA will host a national obesity prevention conference. The conference's objective is to learn from past and current research, identifying steps we can take to prevent further increases in the prevalence and severity of obesity.

We are learning a great deal about effective strategies for promoting physical activity and healthy eating. We know that no one strategy alone will be sufficient. Our chances of success will be greatest if we use multiple strategies to address numerous factors that contribute to caloric imbalance. DHHS is helping lead the national effort to combat the epidemic of overweight and obesity through a comprehensive, multifaceted, multilevel approach. We are committed to doing all we can to help our Nation enjoy good health now and for a lifetime.

We thank you for your interest and for the opportunity to share information about these strategies with you, and we will be happy to answer your questions at the appropriate time.

[The prepared statement of Dr. Thompson follows:]

Testimony
Before the Subcommittee on Human Rights and Wellness
Committee on Government Reform
United States House of Representatives

Conquering Obesity: The U.S. Approach to Combating this National Health Crisis

Statement of
Ed Thompson, M.D., M.P.H.
Chief, Public Health Practice
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

CDC
SAFER · HEALTHIER · PEOPLE™

For Release on Delivery
Expected at 2:00PM
Wednesday, September 15, 2004

Introduction

Mr. Chairman, Members of the Committee, thank you for the opportunity to participate in today's hearing. I am Dr. Ed Thompson, Chief of Public Health Practice at the Centers for Disease Control and Prevention (CDC). Today, I will present an overview of the overweight epidemic in our nation; describe the scientific information available on effective interventions to prevent overweight among various populations; and identify a number of Department of Health and Human Services (DHHS) initiatives and programs designed to combat this epidemic.

Overview of Obesity Epidemic in U.S.

In the United States, obesity has risen at an epidemic rate during the past 20 years. Nearly two-thirds of adults in the United States are overweight, and 30 percent are obese according to the National Center for Health Statistics 1999-2002 National Health and Nutrition Examination Survey (NHANES). Particularly disturbing are the dramatic increases in the prevalence of overweight children and adolescents of both sexes, with approximately 15.8 percent of children aged 6 to 11 years and 16.1 percent of adolescents aged 12 to 19 years considered overweight. The prevalence of overweight and obesity varies by gender, age, socioeconomic status, and race and ethnicity.

The prevalence of overweight and obesity varies by gender, age, socioeconomic status, and race and ethnicity.

While the increases in overweight among children and adolescents cut across all regions of the Nation, ages, and racial and ethnic groups, the prevalence of overweight is growing at a much faster rate among certain populations. A higher percent of African-American and Mexican-American youth are overweight when compared to white youth, and this disparity has grown dramatically over the past two decades. Additionally, an economic disparity in the prevalence of overweight is seen among white adolescents: those from lower income families have a greater prevalence of overweight compared with white adolescents from higher income families.

Overweight and obesity are associated with increased morbidity and mortality. Overweight and obesity are considered risk factors for other chronic conditions such as diabetes and certain cancers, including cancers of the breast, colon, kidney, esophagus and endometrium. An estimated 400,000 adult deaths each year in the U.S. are associated with obesity. Total costs (medical costs and days lost from work because of illness, disability or premature death) from obesity in 2000 were estimated to be $117 billion.

The primary concern of overweight and obesity is one of health and not appearance. We have already begun to see the impact of the obesity epidemic on the health of young people. While most of the death and disease associated with overweight and obesity occurs in adults, overweight children often develop risk factors for diseases such as type 2 diabetes, high blood pressure, and elevated cholesterol levels. Sixty percent of

overweight children have at least one risk factor for cardiovascular disease, in addition to overweight, and 25 percent have two or more. Type 2 diabetes, which is strongly associated with obesity, was virtually unknown in children and adolescents 10 years ago; today, it accounts for almost 50 percent of new cases of diabetes among youth in some communities. A CDC report predicted that one in three Americans born in 2000 will develop diabetes during his or her lifetime. Childhood overweight is also associated with discrimination, poor self-esteem, and depression.

Furthermore, overweight adolescents have a 70 percent chance of becoming overweight or obese adults. This increases to 80 percent if one or both parents are overweight or obese. Adults who are overweight or obese are at increased risk for premature death, heart disease, type 2 diabetes, certain types of cancer, breathing problems, arthritis, and psychological problems, such as depression. One final concern is that childhood overweight that persists into adulthood is typically more severe than overweight or obesity that develops during adulthood.

Overweight and obesity represent a major long-term public health crisis. If it is not reversed, the gains in life expectancy and quality of life seen in recent decades will erode, and more health-related costs will burden the Nation.

Government's Role in Combating the Obesity Epidemic

Eating a healthy diet and increasing physical activity reduces weight which is shown to reduce the risk for many chronic diseases. Often small changes – such as physical

activity for 30 minutes a day or consuming 100 fewer calories a day – can result in large health benefits. Individuals must have the right information to empower their lifestyle choices. The government can support individual action by doing the following:

- Providing leadership;
- Establishing a framework for understanding issues related to overweight and obesity;
- Coalescing and coordinating efforts to address the issues;
- Developing clear, coherent and effective health messages to ensure that consumers have accurate and adequate information to make informed decisions about improving their health;
- Identifying and addressing research gaps;
- Bringing diverse stakeholders together to address the epidemic (e.g., food industry, consumer organizations and the medical community);
- Coordinating private/public campaigns;
- Providing training and education materials to address the epidemic; and,
- Working to improve the health-promoting nature of the environments in which individuals make their decisions

Secretary Tommy Thompson has made addressing the problems of overweight and obesity a top priority. Current initiatives include programs in education, communication and outreach, intervention, diet and nutrition, physical activity and fitness, disease surveillance, research, clinical preventive services and therapeutics, and policy and web-based tools. These programs target a variety of populations

including infants and breastfeeding mothers, children and adolescents, women, minorities, the elderly, the disabled, rural, and the general population.

DHHS has adopted a comprehensive, multi-component approach to address the complex epidemic of overweight among children and adolescents. DHHS strategies include:

- Providing strong, national leadership;
- Developing and delivering clear, coherent, and effective health messages to ensure that consumers have accurate and adequate information to make informed decisions about improving their health;
- Monitoring the problem and programs to address the problem so that we can better understand its causes, consequences, and how it changes over time;
- Identifying and addressing research gaps;
- Synthesizing research findings to identify effective policies and programs;
- Developing and disseminating tools to help schools and community-based organizations implement effective policies and programs; and
- Helping national, state, and local agencies and organizations implement effective programs.

Steps Initiative

In June 2002, President Bush launched the *HealthierUS* initiative designed to help Americans, especially children, live longer, better, and healthier lives. The President's

HealthierUS initiative helps Americans take the initiative to improve personal health and fitness and encourages all Americans to:

- Be physically active every day;
- Eat a nutritious diet;
- Get preventive screenings; and
- Make healthy choices concerning alcohol, tobacco, drugs and safety.

In 2003, Secretary Thompson further advanced the President's initiative by introducing *Steps to a HealthierUS (Steps)*. At the heart of this program lies both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease. The *Steps* initiative envisions a healthy, strong, U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate.

The *Steps* Cooperative Agreement Program is part of this initiative. This program aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, obesity, and asthma and addressing three related risk factors – physical inactivity, poor nutrition, and tobacco use. In FY 2003, $15 million was provided to 23 communities to support innovative community-based programs that are proven effective in preventing and controlling chronic diseases. In FY 2004, $44 million will be used to increase funding to existing Steps communities, fund new communities,

and fund one or two national organizations to enhance the capacity of *Steps* communities.

As part of the *Steps* initiative, DHHS also recently released a report titled *Prevention: A Blueprint for Action*, which outlines simple steps that individuals and interested groups can take to promote healthy lifestyles and encourage healthy behavior. efforts to promote health and prevent disorders such as obesity rests, in large part, on developing effective messages tailored to different individuals and groups. An example of this is the CDC's youth media campaign demonstration, "*VERB. It's what you do.*" *VERB's* goal has been to promote social norms that support physical activity and portray fitness as fun and healthy. CDC has enlisted partner organizations in the campaign, such as 4-H, Boys and Girls Clubs and the National Hockey League to brand the *VERB* message and make it appealing to its pre-teen audience. *VERB* also reaches out to parents and other adults influential to young people, encouraging them to support and participate in physical activity with pre-teens.

Campaign strategies include multimedia advertising and marketing promotions using television, radio, print, and Web sites; contests and community events; and partnerships with youth organizations, schools, national professional associations, and entertainment media that are popular with youth. Reported awareness of VERB is high at 74 percent, with 90 percent of these youth understanding the campaign's messages. After one year, campaign impact has been demonstrated by reports of increased free-time physical activity among several important population subgroups,

including the nation's 10 million pre-teen girls, 8.6 million 9-10 year olds, and 6 million tweens from low- to moderate-income households. For example, after one year of the campaign, the average 9-10 year old in the nation engaged in 34 percent more sessions of free-time physical activity when compared to children who were unaware of VERB.

Other important programs that communicate nutrition and physical activity messages to the American public are the National Cancer Institute's 5-A-Day for Better Health Program and the President's Council on Physical Fitness and Sports. The 5-A-Day program seeks to increase to five or more the number of daily servings Americans eat of fruits and vegetables. In addition to its widely known slogan, the 5-A-Day program reaches many individuals through health care provider networks, the internet, and print media. It also has sponsored the development and evaluation of a number of school-based interventions to promote fruit and vegetable consumption among children and adolescents.

The President's Council on Physical Fitness and Sports promotes physical activity for all ages, backgrounds and abilities with information and publications (www.fitness.gov) and physical activity/fitness motivational awards programs (www.presidentschallenge.org). The Council advises the President and the DHHS Secretary about issues related to physical activity, fitness, and sports, and recommends programs to promote regular physical activity for the health of the nation.

Human health and disease are also influenced by factors in the overall environment. At a time when obesity is rising among children, designing and implementing environmental design solutions might help with this health challenge. Research increasingly suggests that children benefit from the opportunity to play outdoors. Planning parks near residential areas with playgrounds and sports facilities and safe routes leading to and from them can be an invaluable part of a community design strategy that is healthy and nurturing for children.

NIH and CDC have recently released a Request for Applications (RFA) on "Obesity and the Built Environment." This initiative will support studies in two specific areas related to the built environment and obesity:

- Understanding the role of the built environment in causing/exacerbating obesity and related co-morbidities; and,
- Developing, implementing, and evaluating prevention / intervention strategies that influence parameters of the built environment in order to reduce the prevalence of overweight, obesity and co-morbidities.

CDC Surveillance Efforts

CDC's surveillance efforts through the National Health and Nutrition Examination Survey (NHANES) have offered unparalleled scientific contribution to public health by producing the principal source of clinical data for the Nation with detailed interviews and physical examinations. The detailed interview includes demographic, socio-economic, dietary, and health-related questions. The examination component consists

of medical and dental exams, physiological measurements and laboratory tests administered by highly trained medical personnel

The Behavioral Risk Factor Surveillance System (BRFSS) is our nation's premier system for measuring and tracking state-level data on critical health problems and a wide variety of health-related behaviors in the U.S. The data underpin many public health policy and program decisions in states and for the nation. The BRFSS is a cross-sectional telephone survey conducted by state health departments, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. CDC provides technical assistance to participating states and territories. For 20 years, this unique state-based system (the largest telephone-based surveillance system in the world) has provided flexible, timely, and ongoing data collection that can be tailored to meet individual state needs.

Addressing the increasing demand for local health information, CDC analyzed 2002 BRFSS data for metropolitan and micropolitan statistical areas (MMSAs). "SMART BRFSS" yielded prevalence estimates for 98 MMSAs, as well as many counties within those areas. This allows us to find out a wide range of information on different chronic diseases. For example, obesity prevalence ranges from 12.8 percent in the Bethesda-Frederick-Gaithersburg, Maryland MMSA to 29.4 percent in the Charleston, West Virginia MMSA.

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. Such behaviors include inadequate physical activity. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are

conducted every two years, usually during the spring semester. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States.

CDC uses the data gathered from these surveillance systems to gain critical insight into identifying the obesity burden. In 2002, three states had obesity prevalence rates of 25 percent or more and all but 15 states had obesity prevalence rates of 20 percent or greater. In the state of Utah, 59.5 percent of high schools students attended a physical education class one or more days in a regular school week in 2003. In most states, less than half of high school students receive at least one day of physical education.

CDC's National Nutrition and Physical Activity Program to Prevent Obesity

With 2004 funding, CDC supports obesity prevention programs in 28 states. Of these, 23 states will be funded at the capacity-building level to hire staff with expertise in public health nutrition and physical activity, build broad based coalitions, develop state plans, identify community resources and gaps, implement small-scale interventions, and work to raise public health awareness of changes needed to help state residents achieve and maintain a healthy weight. The other five states are funded at the basic-implementation level to put their state plans into action, conduct and evaluate nutrition and physical activity interventions, train health care and public health professionals, provide grants to communities, make environmental changes, and strengthen obesity prevention programs in community settings. CDC also provides funding to 23 states for the implementation of school-based policies and programs to help young people

avoid behaviors that increase their risk for obesity specifically unhealthy eating and inadequate physical activity.

Additionally, CDC is developing a mechanism to quickly deploy staff into communities, worksites and schools to facilitate evaluation of promising strategies aimed at improving nutrition, increasing physical activity, and preventing obesity. Each team will collect baseline data, and provide evaluation consultation and technical assistance, identify methodological gaps, and provide recommendations to improve the quality of program evaluation.

Other DHHS Efforts

Working groups within DHHS have recently evaluated current programs and activities, made recommendations to better coordinate these efforts, and identified areas of opportunity for new initiatives. Two recent major initiatives tied to obesity are the Food and Drug Administration's (FDA) Obesity Working Group, which will advise the Agency on innovative ways to deal with the increase in obesity and identify ways to help consumers lead healthier lives through better nutrition, and the National Institute of Health's (NIH) development of an Obesity Research Task Force, to develop a strategic plan for obesity research.

This past year the FDA made a major change in the nutrition label on foods to include a separate listing of trans fatty acids. This was the first significant change in the Nutrition Facts panel since it was established in 1993.

The FDA has also undertaken a broad effort to crack down on misleading information and/or unsafe dietary supplements, and has proposed new regulations to establish good manufacturing practice requirements for dietary supplements. FDA has focused its enforcement efforts over the past year to ensure consumers are not being harmed as a result of claims that overstate the effectiveness of dietary supplement products. The Agency took steps to remove dietary supplements containing ephedrine alkaloids from the market. These products were extensively promoted for aiding weight control and boosting sports performance and energy. The totality of the available data showed little evidence of benefit from dietary supplements containing ephedrine alkaloids except for modest, short-term weight loss insufficient to improve health, while confirming that ephedrine alkaloids raise blood pressure and otherwise stress the circulatory system. These effects are linked to significant adverse health outcomes, including heart attack and stroke. In March of this year, the Agency announced various efforts to crack down on products containing androstenedione, or "andro." This class of products poses substantial safety risks to all Americans, particularly our nation's youth and athletes.

One of the key messages of this effort is that there are no safe quick fixes when it comes to losing weight and improving athletic performance, and it is only through proper diet, nutrition and exercise that we can improve our physical performance and, more importantly, maintain and improve our health.

Also, in the school setting, the Health Resources and Services Administration's (HRSA) Healthy Schools, Healthy Communities program promotes and establishes

comprehensive school-based health centers to improve the health of at-risk school aged children. Services provided by the centers include nutrition education and counseling, support groups for overweight children, dietary surveillance, and nutrition screening.

National Dietary Guidelines

DHHS is collaborating with the U.S. Department of Agriculture (USDA) to review the Dietary Guidelines that were published in 2000 and to draft new 2005 Dietary Guidelines for Americans. In light of the growing number of overweight and obese Americans, a major focus of the new guidelines will be providing guidance to the public on maintaining a healthy weight and creating lifestyles that balance the number of calories eaten with the number of calories expended. These guidelines must: (1) contain nutritional and dietary information and guidelines for the general public, (2) be based on the preponderance of scientific and medical knowledge current at the time of publication, and (3) be promoted by each Federal Agency involved in a Federal food, nutrition, or health program.

NIH's Obesity Research Task Force

Through its research mission, NIH is seeking to capitalize on recent scientific discoveries to further understand the forces contributing to obesity and develop strategies for prevention and treatment. The increase in obesity over the past 30 years has been fueled by complex interplay of environmental, social, economic, and behavioral factors, acting on a background of genetic susceptibility. As a result, NIH

supports a broad spectrum of obesity-related research, including molecular, genetic, behavioral, environmental, clinical, and epidemiologic studies.

As the problems of overweight and obesity have grown the need for new action and research has become more evident. In response, NIH assembled a Task Force to identify areas for new research across its many institutes, and in August 2004 released the Strategic Plan for NIH Obesity Research (http://www.obesityresearch.nih.gov/About/strategic-plan.htm). This report identifies key areas for research, goals for research and strategies for achieving the goals.

The report highlights areas of research to better understand, prevent, and treat obesity. The strategic plan's goals, and strategies for achieving them, are organized into chapters organized around the following four themes:

- Research towards preventing and treating obesity through lifestyle modification;
- Research towards preventing and treating obesity through pharmacologic, surgical, or other medical approaches;
- Research towards breaking the link between obesity and its associated health conditions; and,
- Cross-cutting research topics, including health disparities, technology, fostering of interdisciplinary research teams, investigator training, translational research and education/outreach efforts.

The planning process was informed by input from external experts through meetings and workshops, through circulation of a draft of the Strategic Plan, and through

posting of a draft of the Strategic Plan on the Internet for a public comment period prior to publication of a final version. The National Institute of Diabetes and Digestive and Kidney Disease's (NIDDK) Clinical Obesity Research Panel (CORP) is an important advisory group that provides expert input on obesity to the NIH. This group is composed of leading external obesity researchers and clinicians. Further, NIH's National Advisory Councils, which are groups of prominent external scientific experts and lay leaders, review and discuss strategies, in the form of initiatives, which are designed to achieve the goals of the Strategic Plan.

Tools to help schools and community-based organizations

In addition, DHHS agencies are developing important new tools, to be released in the coming months that will help schools promote healthy eating and physical activity.

- Making It Happen – School Nutrition Success Stories, a joint product of HHS, USDA, and ED tells the stories of 32 schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages offered and sold on school campuses. The most consistent theme emerging from these case studies is that students will buy and consume healthful foods and beverages—and schools can make money from healthful options.
- The Health Education Curriculum Analysis Tool is a user-friendly checklist designed by CDC to help schools select or develop curricula based on the

extent to which they have characteristics that research has identified as being critical for leading to positive effects on youth health behaviors. The companion Physical Education Curriculum Analysis Tool will help school districts develop state-of-the-art physical education curriculum based on insights gained from research and best practice.

- Media Smart Youth: Food, Fitness, and Fun is a curriculum with supporting materials developed by the National Institute of Child Health and Human Development for youth ages 11-13 years old. It is designed to create awareness of the role that media play in shaping values concerning physical activity and nutrition, while building skills to encourage critical thinking, healthy lifestyle choices, and informed decision making, now and in their future.

Programs to help older citizens

The Administration on Aging's (AoA) National Policy and Resource Center on Nutrition, Physical Activity and Aging was created for the purpose of increasing and improving food and nutrition services to older Americans through their caregivers at home, with community-based service providers, and in long-term care systems. The Center focuses on linking proper nutrition and physical activity as key themes in the healthy aging process. One strategy for making this link has been the development and publication of a community guide entitled, "*You Can! Steps to Healthier Aging*", that details a 12-week program to help older Americans "eat better" and "move more." The Center is awarding 10 mini-grants to local communities to implement the *You Can!* Program in 2004.

AoA provides funding to states to implement health promotion and disease prevention activities. Educational information is disseminated through Senior Centers, congregate meal sites, and home-delivered meal programs. Health screening and risk assessment activities including hypertension, glaucoma, hearing, nutrition screening, cholesterol, vision, diabetes, bone density, and others are also provided. Physical activity and fitness programs are provided along with education about the prevention and reduction of alcohol, substance abuse, and smoking. Further, this AoA program emphasizes the importance of appropriately managing medications.

Conclusion

Successfully combating the overweight epidemic in our nation will require the involvement of many sectors and levels of society. Although national initiatives can play an important role, they are not sufficient by themselves. Community-based initiatives are critical for reaching Americans where they live, work, go to school, and play. State-level programs are critical for supporting and disseminating community-based activities. DHHS is implementing a comprehensive approach to reach the American people through these various levels.

There is a great deal more that we need to learn about intervention strategies to prevent overweight among children and adolescents. Key research questions that need to be addressed include:

- Which are the most important behaviors to target to influence overweight and obesity?

- Which mediating variables should be targeted to influence obesity-related behaviors?
- Which are the types of interventions that have the greatest impact on the most critical mediating variables and behaviors?
- How do we translate efficacy study findings into real-world policies and programs?
- How do we effectively and efficiently disseminate effective policies and programs?
- Do the effects of overweight and obesity prevention policies and programs last over time?

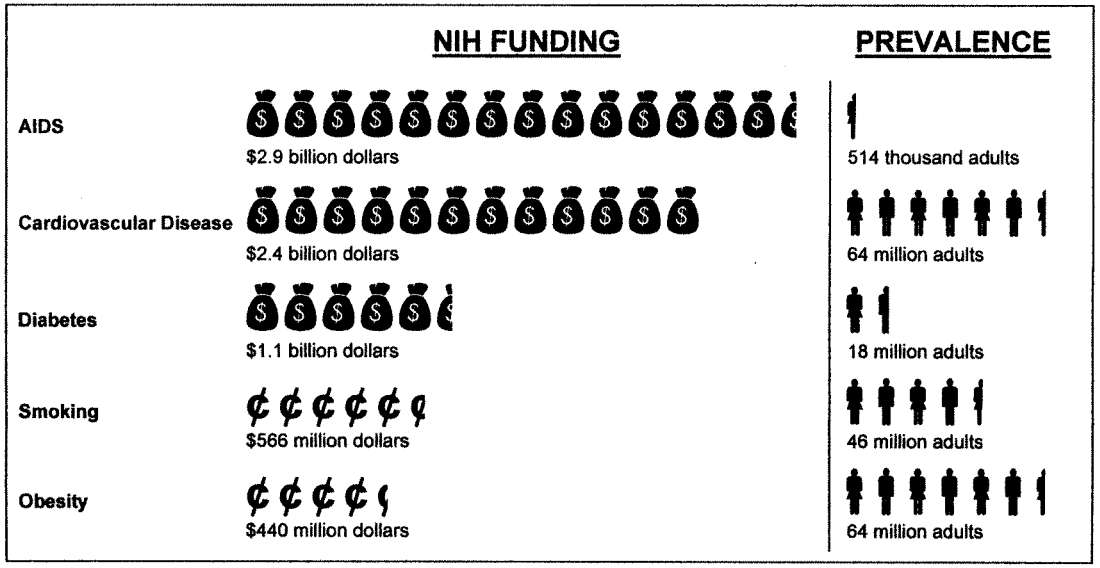
DHHS agencies will lead the Nation in conducting the research necessary to answer these questions. In October, DHHS and USDA will host the National Obesity Prevention Conference addressing this important public health concern. The objective of the conference is to learn from past and current research identifying steps we can take to prevent further increase in the prevalence and severity of obesity, and to lead to behavioral changes for a healthier U.S.

We are learning a great deal about effective strategies for promoting physical activity and healthy eating. We know that no one strategy alone will be sufficient. Our chances for success will be greatest if we use multiple strategies to address numerous factors that contribute to caloric imbalance and if we involve various sectors of society at the community, state, and national levels. DHHS is leading the national effort to combat the overweight epidemic in our nation through a comprehensive, multi-faceted,

multi-level approach. We are committed to doing all that we can to help our nation enjoy good health now and for a lifetime.

I thank you for your interest and the opportunity to share information about strategies to combat the overweight epidemic and would be happy to answer your questions.

Funding and Disease Prevalence Comparisons in the U.S.

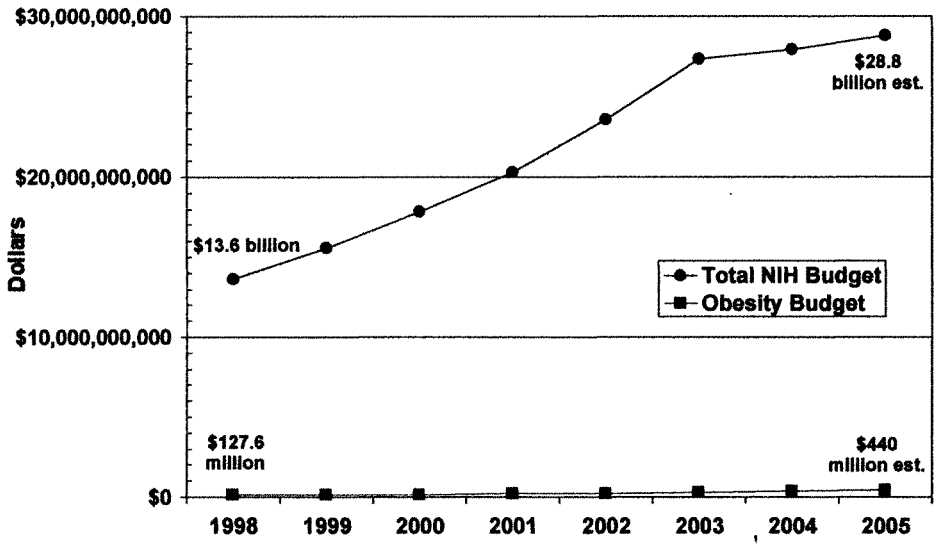


= $200 million dollars / ¢ = $100 million dollars / = 10 million adults

Source: NIH Estimates of Funding for Various Diseases, Conditions, Research Areas. HIV AIDS Surveillance Report, Vol. 14, 2002, Table 12. Estimated Number of Adults / Adolescents Living with HIV Infection or AIDS. American Heart Association's "Heart Disease & Stroke Statistics - 2004 Update." American Diabetes Association Online. Diabetes Statistics (www.diabetes.org/diabetes-statistics.jsp) CDC Tobacco Information & Prevention Source, "Cigarette Smoking Among Adults – United States, 2002" U.S. Census 2003 National Population Estimates, Adults Age 20 and older.

AMERICAN OBESITY ASSOCIATION

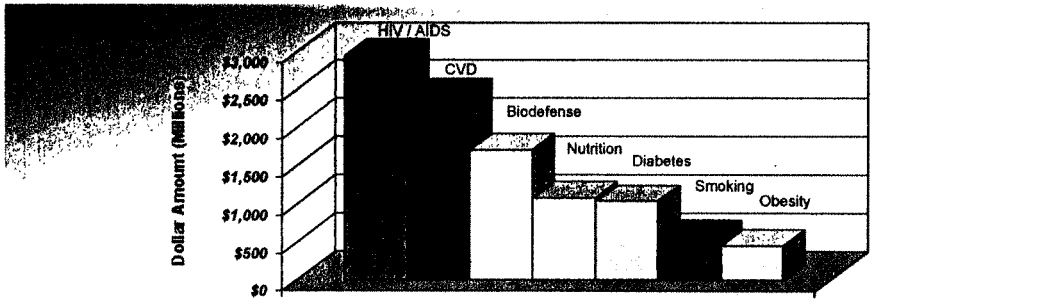
Budget Comparison: Total National Institutes of Health (NIH) Appropriations and Obesity



Source: NIH Estimates of Funding for Various Diseases, Conditions, Research Areas (www.nih.gov/news/fundingresearchareas.htm)
NIH Summary of the FY 2005 President's Budget (www.nih.gov/news/budget/FY2005presbudget.pdf)

AOA AMERICAN OBESITY ASSOCIATION

National Institutes of Health (NIH) Budget - 2005 Estimate



■ HIV / AIDS	$2,930.0
■ Cardiovascular (CVD)	$2,414.0
▫ Biodefense	$1,694.0
▫ Nutrition	$1,077.0
▫ Diabetes	$1,024.0
■ Smoking	$566.0
▫ Obesity	$440.0

Source: NIH Estimates of Funding for Various Diseases, Conditions, Research Areas (www.nih.gov/...

AMERICAN OBESITY ASSOCIATION

Mr. BURTON. Thank you very much, doctor.

We have been joined by the ranking member of the subcommittee, Ms. Watson.

Did you have an opening you would like to make, Ms. Watson?

Ms. WATSON. Yes. Thank you so much, Mr. Chairman. I especially want to commend you because of your strong leadership on the issue of America's health and well being time and time again.

The prevalence of obesity in the United States in both adults and children is increasing at an alarming rate. Currently, about 127 million Americans are labeled overweight and about 60 million of the population is considered obese. On top of that, about 9 million individuals are considered extremely obese. In addition, a 2004 study released by the Department of Health and Human Services Centers for Disease Control and Prevention shows that deaths due to poor diet and physical inactivity rose by an astounding 33 percent over the past decade. Several experts speculate that obesity may soon overtake tobacco as the leading preventable cause of death.

Mr. Chairman, I must emphasize again that obesity in the United States has reach epidemic proportions. The CDC has ranked obesity as the No. 1 health threat facing America. In a larger perspective, obesity is global, not just a problem of the United States. Recent estimates are that about 300 million worldwide are affected by obesity. Up to 20 percent of men and 25 percent of women in European countries are considered obese. According to the National Institutes of Health, overweight refers to increased body weight that is at least 10 percent over a recommended weight relative to the individual.

These recommended weight standards are generated based on a sampling of the U.S. population or by body mass index [BMI], a calculation that assesses weight relative to height. The NIH states that all adults age 18 or older who have a BMI of 25 or greater are considered at risk for premature death and disability as a consequence of their fat to lien muscle mass ratio. Obese is commonly referred to as any individual with a BMI greater than 30.

Mr. Chairman, there are two specific concerns that I would like to highlight, in addition to those that our witnesses will provide today. The areas are health and financial concerns regarding obesity. First the health concerns. To name a few, overweight and obese people are at an increased risk of developing any of the following: cardiovascular disease, diabetes, stroke, hypertension, angina, gout, fatty liver disease, sleep apnea, fertility complications, psychological disorders, cancer of the kidney, breast, colon cancer, rectum cancer, esophagus, prostate cancer, and gallbladder.

Americans with low income levels and minorities are disadvantaged in gaining treatment due to the disparities in our health care system. More attention must be directed into prevention and awareness of obesity long before related illnesses and diseases attach.

In addition to the health impact of obesity, there are also great economic consequences on the U.S. health care system. Direct medical costs include preventative, diagnostic, and treatment services relative to obesity. Indirect costs relate to morbidity and mortality costs. There is an opportunity to reduce costs because obesity is a

preventative condition. Socioeconomically, lower income groups and minorities tend to be more obese.

Another economic situation that should be brought to the subcommittee's attention may have serious consequences in my State of California. In May, USDA proposed major changes to nutrition education funded through the Food Stamp Program. This program provides major funding to State public health efforts to combat obesity. The proposed changes would dramatically restrict what States can do with the money, forcing them to abandon community-wide efforts to do targeted counseling to women with children who are on food stamps.

On July 27, 2004, California strongly objected to the proposed changes. The chief public health officer wrote: "For USDA to reserve directions contradicts all that we know about effective strategies." California said the new proposal would result in fewer low-income people being served and undermine hunger prevention.

If this framework becomes effective in 2006, few of today's in-kind contributions would continue to qualify for Federal financing participation. California would lose most, if not all, of its more than $80 million in Federal matching funds. Financially, the $21.3 billion spent in 2000 on health care and lost productivity attributable to physical inactivity, obesity, and overweight, and the $1.7 billion attributable to obesity in the Medi-Cal program would continue to rise unchecked. Rather than being a partner with States, this framework would abandon them, abdicating USDA's responsibility for good nutrition, nutrition education of low-income Americans, and helping to reverse the Nation's obesity epidemic.

So, Mr. Chairman, I look forward to the continuing testimony of today's witnesses and the positive solutions that our witnesses can provide.

I yield back the balance of my time. Thank you.

Mr. BURTON. Thank you. It is nice to have you with us, as usual. You look like a fashion plate that just stepped out of one of the magazines.

Did I understand you to say that there were 400,000 deaths that could be prevented a year if we watched our weight? Is that correct?

Mr. BOST. Yes.

Mr. BURTON. 400,00 a year.

Mr. BOST. That is correct.

Mr. BURTON. I hope everybody who is paying attention to this will listen; 400,000.

Mr. BOST. And increasing all the time.

Mr. BURTON. Yes. And you said it is $117 billion in direct or indirect costs?

Mr. BOST. That is correct. That is based on 2000 figures that we got from CDC.

Mr. BURTON. That is based on 2000 figures.

Mr. BOST. Yes.

Mr. BURTON. So it is probably higher now.

Mr. BOST. Well, the most recent figures, if you extrapolate, would indicate it is up to $123 billion.

Mr. BURTON. $123 billion.

Mr. BOST. Yes. That is correct.

Mr. BURTON. And a lot of that is paid through Medicare and Medicaid.

Mr. BOST. Yes.

Mr. BURTON. So the taxpayers are funding a lot of that.

Mr. BOST. Yes.

Mr. BURTON. I am reiterating this because I think it is very significant. You said children born today, one out of three will get diabetes?

Mr. BOST. That is correct. If they keep eating like they are eating, that is correct.

Mr. BURTON. And that is preventable if they had a balanced diet and watched their caloric intake and the fat intake.

Mr. BOST. That is correct, along with some level of physical activity.

Mr. BURTON. Right. You said something about sleep apnea. Which one of you said that?

Ms. WATSON. I did.

Mr. BURTON. You did.

Mr. BOST. Congresswoman Watson said something about sleep apnea.

Mr. BURTON. As one of the causes. Well, the reason that rang a bell with me is I have to tell you a story, and this will be humorous, but it is true. When I was a boy, we lived across the street from the schoolyard, and we didn't have much money, so mom fixed foods that were quick and fast. She was a waitress and she would come and fix dinner; a lot of them have a lot of caloric problems and fat problems.

And my brother, who is 7 years my junior, I would say at dinner, I am finished, can I go play basketball across the street. And she would say, you eat like a bird; you are going to die. And then she would say, OK, go ahead and play. And then as I walked out the door, she would say, look at your little brother. He was in a highchair and she was shoveling food into him, saying, he is a good eater; he is going to be real healthy.

Well, the reason I bring that up is because it is like a record playing in people's head. And my brother today has a very serious weight problem that he has to fight all the time, as well as ancillary problems including sleep apnea. And the reason I say that, because if anybody is paying attention besides the people in this room, what parents teach their kids in their formative years or very early years does stay with them for a lifetime, and if you force-feed a child like my mom did—and she was well intentioned, a wonderful lady—then what you are doing is creating that record in their brain that is going to be playing over and over again that they are going to be using throughout their life, and it is going to cause them to eat more than they should.

Now, that may seem like a very simple thing to state, but I am absolutely convinced that is why my brother has had this weight problem throughout his life. And I think that is why I didn't, because I was fortunate enough to be a little older and be able to run across the street without eating all that food and play in the schoolyard. So I just thought I would throw that out as an object lesson.

I don't have a lot of questions, but I think it is extremely important, and I guess I would suggest this as a charge to the health agencies, that the education of the American people need to be increased through public service announcements, through all kinds of ways that you can think of. We need to be telling parents don't feed your kids too much. When they are ready to quit eating, let them quit eating, like they should have done with my brother. And, also, teach them, like you said, that vegetables and fruits are not something that you should just have as an ancillary part of the meal, because they don't have a lot of calories and they won't put on a lot of weight.

So I really appreciate your being here today. You guys have a big job on your hands, especially when you look at the growth in obesity in this country, but I do appreciate your hard work.

With that, I will yield to my colleague, Mr. Waxman.

Mr. WAXMAN. Thank you, Mr. Chairman.

Public health experts believe that social marketing campaigns are a critical part of the efforts to reduce obesity. These campaigns aim to change community norms about nutrition and food. Yet USDA's proposal withdraws support from virtually all social marketing efforts in favor of one-on-one counseling sessions. California's leading public health official in the Schwarzenegger administration has said that this proposal would lead to the adoption of ineffective approaches.

Mr. Bost, do you disagree with public health experts who say it is important to address obesity at a community level?

Mr. BOST. Well, Mr. Waxman, let me put my response in terms of your question in some framework in terms of this issue of the Food Stamp Nutrition Education Program, because I had the opportunity last week of going to California and meeting with the leadership there about this specific issue.

In May we issued a draft framework so that we could start a dialog and seek public comment on what we believe we could do with the States and our partners to improve the Food Stamp Nutrition Education Program. We were looking at several things: one, how to organize it more effectively and more efficiently to maximize the outreach efforts and the impact it may have on low-income people; and, also, how could it be better coordinated, more effectively coordinated with all of the other efforts that we were attempting to implement.

In addition to that, and with that in mind, this was not, and I repeat, not an effort about reducing funding or nutrition education, or reducing access to the Food Stamp Program, or rejecting social marketing or eliminating school-based efforts. For whatever reason, many of the folks in California took it to mean that, but it wasn't that at all.

In addition to that, we had received over 1,000 comments. The vast majority came from California, and they repeated many of the things that you did say. However, we did have some States who did not necessarily agree with the position that California took. The point that we are interested in making is that we have X amount of dollars to reach a targeted group of people, those who participate in the Food Stamp Program, and we sent the draft framework out to receive input how could we more efficiently and effectively ad-

dress this specific target population. It was by no means to eliminate any of the things that you noted in your comments, not at all.

Mr. WAXMAN. Since you sent it out and you are getting comments, does that mean that you are open to hearing the criticisms that we are hearing overwhelmingly from Californians, democrat and republican people, in the administration in Sacramento?

Mr. BOST. Absolutely. That is why I went to California, to meet with the leadership to talk about it, because so many of the comments did come from California. And the thing that I would also like to leave you with is that no final decision has been made, and I left it with the folks in California to discuss it.

Mr. WAXMAN. Well, I am happy to hear that. Let me just ask you some of the underlying philosophy that public health experts are raising as you consider your proposal. Health experts have argued that it is better to try to change the culture of a community, how they look at nutrition, than just one-on-one counseling. As I understand it, it is hard to convince an individual to buck what the rest of the community is doing, it is a difficult message to sell, and they believe the most effective approach is to change the norm and improve the health of the whole community. Do you see that as a reasonable approach?

Mr. BOST. Oh, absolutely. However, with food stamp nutrition education money, the money is specifically designated to address those people who participate in the Food Stamp Program. So for us to say or for me to say that I am going to use that money and that we may, just by happenstance, address people who participate in the program, but I am going to get everybody else, I can't do that. Congress says I can't do that. The statute is very clear about how I can use that money. What we were interested in doing was to talk with the States about we can more efficiently and effectively address that, and do it without adversely affecting what California is doing.

Mr. WAXMAN. Well, that is the key, because California is trying to take a much more broad approach than going specifically to individuals, because the public health experts there believe that is the only way you are going to really be effective, and we want a program that is effective. USDA's proposal prioritizes nutrition education for women with children. California is concerned this priority would jeopardize funding for many specific educational programs, including those geared to children in the LA unified school district and those geared to diabetics.

Does the USDA believe that a one-size-fits-all approach is better than strategies designed at the community level?

Mr. BOST. No, absolutely; and the framework didn't say that. In addition to that, when we looked at the approximately 24——

Mr. WAXMAN. Well, I am not arguing about what the framework says, but these are the questions that are being raised as to whether it fits in with that framework, and I suppose you are going to evaluate it. Given the scientific evidence about escalating rates of obesity in children, shouldn't USDA be prioritizing children as well?

Mr. BOST. Well, we have, because if you look at the number of people who participate in the national Food Stamp Program, of the 24 million, over 50 percent are children.

Mr. WAXMAN. Given the tight link between obesity and Type 2 diabetes, is there anything wrong with States trying to reach out to diabetics for nutrition education?

Mr. BOST. No, not at all.

Mr. WAXMAN. California has said it would lose up to $80 million in Federal funding because of the limitations on nutrition education that they thought USDA is proposing. Yet these limitations do not appear to be well justified. I think what we are asking on a bipartisan basis in the congressional delegation, what the people in California on a bipartisan basis are also asking, is that you take a look at this, because they feel that what is being suggested would undermine California's efforts through these revisions. So I want to give you that message; you got it in California. And as you look at the revisions, please keep it in mind. Is that fair?

Mr. BOST. Absolutely. And we will do so and we have done so.

Mr. WAXMAN. Good.

Could I just continue with one last question?

Mr. BURTON. Sure.

Mr. WAXMAN. The new USDA guidance states that food stamp nutrition education funds may not be used to convey negative written, visual, or verbal expressions about any specific food, beverage, or commodity. USDA staff has the right to review educational campaigns to make sure that there is no "belittlement or deregation" of such items. Can either of you explain the origin of this policy? What scientific evidence supports this policy and how many educational campaigns have been rejected because they belittled specific foods or beverages?

Mr. BOST. One, that preceded me, and the only one that I can think of was one that was using the money to talk about soft drinks in a specific State. But it is also in statute. And I think you read exactly from statute.

Mr. WAXMAN. And the statute says that you cannot belittle——

Mr. BOST. If it is, it is very close.

Mr. WAXMAN [continuing]. Or have deregation of a food product?

Mr. BOST. If it is not, it is very close to that, if memory serves me correct.

Mr. WAXMAN. Well, I would like to——

Ms. WATSON. Can you yield?

Mr. WAXMAN. Sure.

Ms. WATSON. On that very specific point, if we have a particular cola drink that we know has caffeine in it, if that is pointed out as a risk, is that considered—I don't know the definitions of belittling.

What was the other word?

Mr. WAXMAN. Deregation.

Ms. WATSON. Deregation. I don't know what the definitions are. Is there a definition in the statute?

Mr. BOST. Congresswoman Watson, I don't know, I will have to look at it and see. I think the issue is about being able to target a particular food or food group. I think that is what the issue is, especially with public funds.

Mr. WAXMAN. Well, let me ask you this, if you can get us for the record a full explanation of how this provision was developed. If it is our fault, let us know. And then a correspondence with the food

industry and all examples of State educational programs that were rejected by USDA staff based on this definition. So that will allow us to know how big a problem this is in the States' efforts to deal with it.

Thank you, Mr. Chairman.

Mr. BURTON. Let me, before I yield to Ms. Watson, just say that I am one of the biggest free enterprise advocates that there is in the Congress, I am sure, but if we are taking exception and we are making exceptions to certain companies or certain industries because we are afraid it will hurt their sales, while at the same time it is hurting the American people by creating more obesity and more health problems, then we have our horses going backward here.

The fact of the matter is if there is something that is causing a health problem, and it is in legislation that we can't say anything about it because we might hurt in some way that industry, then we need to re-evaluate that. I don't want to hurt any industry because, as I said, I believe in free enterprise, but, at the same time, if caffeine or if too much sugar or too much fat in a product is going to be detrimental to the American public and the taxpayers and the health of this Nation, then we have to re-evaluate and start telling people, hey, if it is this kind of a sandwich or this kind of a cola that is causing a problem, then we have to have it changed. And we need to attack that problem, because the growth of this problem is unbelievable.

Ms. Watson.

Ms. WATSON. I want to follow kind of in that train as well. As a teacher and school psychologist and a member of the school board, first thing I did is go into our kitchens and find out what we were preparing for our youngsters to eat. We might have found a product that we felt was detrimental to their health. In describing the detriment, you have to describe the product and what is in the product.

So what I would like to see is some definition of what you mean by belittling or degrading. We need to have a definition, because I am reminded of a bill—you know, California is unique, we do it first—and we had a bill that would tax junk food. It sunsetted because we could not decide what junk food really was. You know, is caramel popcorn junk food or is there a nutritional value?

So I don't know how we would really make this work if we didn't have some definitions or some standards when we point out the problems with a particular food. So can you respond to that?

Mr. BOST. Yes. But, Congresswoman Watson, in terms of the very specific example that you gave in terms of schools, the foods that are reimbursable have to meet the dietary guidelines, and other foods that are served that are a la carte are determined by the schools. So the schools themselves can make a determination of what they believe is appropriate or not appropriate, and would not necessarily fall in our purview. But, like I said, for those foods that are reimbursable on the national school lunch program, they have to meet certain guidelines. So the very specific example that you gave me is not applicable in this specific instance.

Ms. WATSON. But maybe you can clear it up for me. If the schools determine, can they also point out a product that would be injuri-

ous to someone's health? Would that fall under your reference to belittling?

Mr. BOST. No. It is left to the discretion of the school. There are two forms of food that are served in schools: one, a la carte, that the school decides to serve, actually, maybe three, those that are in the vending machines, and foods that are reimbursable by us. There are three categories of foods. Those foods that are reimbursable have to meet certain guidelines that we spell out; the other two are left entirely at the discretion of the schools.

Ms. WATSON. Well, the reimbursable foods, can a school district say these foods, and particularly some of them, are detrimental, and would that be considered belittling?

Mr. BOST. Well, that is difficult for me to answer because since I have been Under Secretary I don't think that has ever occurred.

Ms. WATSON. I said we do it first in California.

Mr. BOST. Well, no. The school has the discretion whether they want to serve it or not. They don't have to say it is detrimental. If it is a reimbursable food, then they have the choice of whether they are interested in serving it or not. So they don't have to say it is detrimental, because they can choose not to serve it. They can do what they want.

Ms. WATSON. OK, would you write me a letter as to what the standards for belittling or detrimental, whatever the other was?

Mr. BOST. Yes, we will.

Ms. WATSON. So I will have a clear understanding. Thank you very much.

Mr. BOST. You are quite welcome.

Mr. BURTON. Before we let you go, it seems to me that maybe your agencies could recommend to the Congress, after doing a little bit of research, what we could do to better define what is a food with too much fat, too much sugar, or too much something else in it. No, I am serious. I am serious, because we are not just talking about school foods here. You look at the huge increase in the amount of obesity among adults and huge increase in the amount of people who are overweight that are not considered obese among adults, and you consider the health risk factors connected with that, and we really need to do a better job of educating in addition to just the schools in this country.

I mean, I am not going to name products here because I will be shot before I get out of the building, but the fact of the matter is you go into a supermarket and you look at packages of various products that you want to take home and eat while you are watching a football game, and the fat content is huge. But the people don't think about that because they haven't been educated about that. And I think that we ought to be educating them about that, and we need to have some kind of a definition here in the Congress so that we can set the proper parameters on how your agencies can illuminate the issue for the American people. Right now it seems to me like you have all kinds of restrictions on you, and we need to lift those restrictions so we can better educate the American people.

Mr. BOST. Well, Mr. Chairman, to some extent we are in the process of doing that. We are currently reviewing the dietary guidelines for American, both USDA and Health and Human Services,

and also the Food Guide Pyramid is currently under review. So to some extent we are in the process of doing that.

Mr. BURTON. Well, manufacturers of these various products, it seems to me, also ought to get the message, and maybe if we eliminated some of the barriers that you have to deal with legislatively, you could probably talk to them in a little stronger way. Not that I like to see Government sticking its nose into the private sector, but when you start talking about these astronomical health care costs related to obesity, you realize that something has to be done, especially when you are talking about one out of every three kids born today are going to have diabetes if we don't do something.

I just got back from Guam and Saipan not too long ago, and they don't have enough dialysis machines to take care of the population over there, American citizens who are dying from diabetes. We don't need to have one out of three kids growing up in the next 25 years that have diabetes; we won't have enough money to buy dialysis machines and keep them alive. So anything you can recommend that we can do legislatively to help and to educate the American people, I am sure Representative Watson and Waxman and myself would be happy to do.

Ms. WATSON. Mr. Chairman, Representative Waxman wanted to submit these two letters for the record.

Mr. BURTON. Sure. Without objection, so ordered.

Thank you, gentlemen. We will go to our next panel now.

Our next panel consists of Ms. Alison Kretser, the director of scientific nutrition policy at the Grocery Manufacturers of America; Mr. Hunt Shipman, executive vice president, government affairs and communications for the National Food Processors Association; Mr. Morgan Downey, executive director of American Obesity Association; Dr. Daniel Spratt, director of reproductive endocrinology, Maine Medical Center, Endocrine Society of America; and Dr. Thomas Wadden, vice president of North American Association for the Study of Obesity.

Would you please stand so you can be sworn?

[Witnesses sworn.]

Mr. BURTON. Let me just say it is 5 after 3, and I think many of my colleagues have left because we have adjourned for the week because of the religious holidays. I will probably be the only one here for this panel, but I can assure you the rest of the committee will be getting this information. The reason I bring that up is we have another meeting that I have to go to at 4, so I would like for you to limit your comments, if you would, to 5 minutes so we can get to the questions.

Ms. Kretser.

STATEMENTS OF ALISON KRETSER, DIRECTOR OF SCIENTIFIC NUTRITION POLICY, GROCERY MANUFACTURERS OF AMERICA; HUNT SHIPMAN, EXECUTIVE VICE PRESIDENT, GOVERNMENT AFFAIRS AND COMMUNICATIONS, NATIONAL FOOD PROCESSORS ASSOCIATION; MORGAN DOWNEY, EXECUTIVE DIRECTOR, AMERICAN OBESITY ASSOCIATION; DR. DANIEL SPRATT, DIRECTOR, REPRODUCTIVE ENDOCRINOLOGY, MAINE MEDICAL CENTER, ENDOCRINE SOCIETY OF AMERICA; AND DR. THOMAS WADDEN, VICE PRESIDENT, NORTH AMERICAN ASSOCIATION FOR THE STUDY OF OBESITY

Ms. KRETSER. Thank you for the opportunity to discuss the efforts of the food and beverage industry to help combat obesity in America. My name is Alison Kretser. I am a registered dietician and I am the director of scientific and nutrition policy for the Grocery Manufacturers of America.

As the leading voice of the food and beverage industry in the obesity and nutrition debate GMA has established a long-term commitment to arrest and reverse obesity in America, and to provide consumers with the information and resources they need to establish healthy dietary habits for life.

As the companies that make the foods Americans choose every day, GMA member companies recognize their role in not only offering choices that meet consumer demand for taste, quality, and convenience, but also, just as importantly, health.

On GMA's commitment I can assure you that I am speaking for the leadership of the industry. The CEOs on the GMA board have adopted a global strategy on food and health that states our resolve in no uncertain terms. As you know, we are supporting the efforts that Congress has undertaken to combat obesity. GMA was an original and enthusiastic supporter of Congressmen Wamp and Udall's Congressional Fitness Caucus. We also support passage of the Improved Nutrition and Physical Activity Act [IMPACT], introduced by Congresswoman Mary Bono.

We applaud Congress for its initiatives, but there is a great deal more that everyone, including the food industry, can do. We recognize that food is the energy input side of the healthy weight equation, and numerous efforts are underway to help consumers better understand how they can balance what they eat with what they do. For example, companies are formulating products to meet the health demands of consumers. Efforts include: reformulating products to reduce calories, fat, and sugars; introducing new products with increased fiber and whole grains; and offering new choices for smaller product serving sizes.

However, one of our challenges is to provide and promote products that make eating not only healthy, but enjoyable. Having introduced numerous healthy products that do not pass the consumer taste test, we know that people will not buy foods they do not enjoy. In the coming months consumers will see many more of these products that meet their demand for both health and taste.

Just as importantly, GMA has provided USDA and HHS with numerous recommendations on how to make the dietary guidelines for Americans and the Food Guide Pyramid relevant and useful for all consumers, while also incorporating the latest science. Specifi-

cally, we have urged USDA to retain the shape of the Pyramid, a well-recognized brand among consumers. However, to increase its utility, we have recommended that USDA link both the size and number of servings to the Nutrition Facts panel, which is based on a 2,000 calorie diet. While a single image of the Pyramid cannot educate consumers about all aspects of the Government's dietary recommendations, it can, when used on food labels and elsewhere, serve as a reminder of what a healthy diet looks like.

However, the Nutrition Facts panel is not always a well understood tool among consumers. For that reason, GMA and its member companies are funding research regarding consumer perception about calories and serving sizes on the Nutrition Facts panel. The goal is not just to educate consumers, but to improve the labels to meet their needs.

In addition to offering new products and improved nutrition information, GMA and many of our member companies founded the American Council for Fitness and Nutrition to promote the critical balance between nutrition and physical activity for a healthy lifestyle. Now representing 91 companies and organizations, the Council's work is guided by an advisory board of 27 experts in the fields of nutrition, physical activity, and behavior change.

This year the Council launched two pilot programs targeting the specific needs of the Hispanic and African-American populations, which are disproportionately impacted by obesity and related diseases. One of this subcommittee's members, Congressman Cummings, was at the launch of the Council's Summer Fun Food and Fitness Program in Baltimore and is familiar with its goals and the children's achievements. Both programs incorporated healthy eating and cooking segments, and an emphasis on making physical activity a daily habit.

In conclusion, with the intense public focus on obesity, healthy, and nutrition, we have an unprecedented opportunity to combat obesity and to improve public health. Through improved nutrition information and product innovation, we can give consumers the tools they need to build healthy diets and to maintain a healthy weight. Thank you.

[The prepared statement of Ms. Kretser follows:]

GROCERY MANUFACTURERS OF AMERICA
MAKERS OF THE WORLD'S FAVORITE BRANDS OF FOOD, BEVERAGES, AND CONSUMER PRODUCTS

Testimony of
Alison Kretser, MS, RD
Director, Scientific and Regulatory Policy
Grocery Manufacturers of America

Before the
House Government Reform Subcommittee on Human Rights and Wellness

September 15, 2004

Good afternoon and thank you for the opportunity to discuss the efforts of the food and beverage industry to help combat obesity in America. My name is Alison Kretser. I'm a registered dietitian and the director of scientific and nutrition policy for the Grocery Manufacturers of America (GMA).

As the leading voice of the food and beverage industry in the obesity and nutrition debate, GMA has established a long-term commitment to arrest and reverse obesity in America, and to provide consumers with the information and resources they need to establish healthy dietary habits for life. As the companies that make the food Americans choose everyday, GMA member companies recognize their role in not only developing foods that meet consumers' demands for taste, quality and convenience but also – just as importantly – health.

Today's consumer is more informed and more aware of how food can play a positive role to improve their health. However, consumers also face a deafening cacophony of nutrition information that is often confusing and conflicting.

GMA has engaged in a number of activities with the goal of providing consumers with positive messages and clear information about how to achieve and maintain a healthy weight. Below I will outline some of these initiatives.

GMA's Commitment to Solutions that Work
On our commitment, I can assure you that I am speaking for the leadership of the grocery manufacturing industry. The CEOs on the GMA Board have adopted a global strategy on food and health that states our resolve in no uncertain terms:

> "The food and beverage industry is committed to helping arrest and reverse the growth of obesity around the world. Achieving this goal will require multiple strategies, the integrated efforts of many sectors and long-term resolve. We are committed to doing our part and will support others in doing theirs."

As you know, we have already supported the efforts that Congress has undertaken. GMA was an original and enthusiastic supporter of the Congressional Fitness Caucus, chaired by Reps. Zach

Wamp (R-Tenn.) and Mark Udall (D-Colo.). The bi-partisan caucus was created to boost understanding of physical activity's benefits for good health. So far the Caucus counts only members of the House on its roll. We encourage the members of this Committee to join the Caucus or start a similar caucus in the Senate.

We also worked with the Senate to help pass the "Improved Nutrition and Physical Activity Act," or "IMPACT Act," sponsored by Senate Majority Leader Frist (R-Tenn.) and Senators Bingaman (D-N.M.) and Dodd (D-Conn.). Companion legislation in the House is sponsored by Cong. Mary Bono and co-sponsored by 80 congressmen. The IMPACT bill provides much needed funding to develop innovative programs at the community level aimed at helping individuals eat right and become more active and ultimately to improve the overall health of our nation. The Senate passed the bill just last December. We are now encouraging Members of the House of Representatives to do the same and look forward to working with them to achieve final passage of this important legislation.

We applaud Congress for its initiatives in the form of IMPACT and the Congressional Fitness Caucus. But these are just two of many strategies that GMA believes the country should consider. There is a great deal more that we can do. And there is an important role for everyone – manufacturers, employers, educators, nutrition and health experts, public health officials, parents and, of course, children. GMA is working and will continue to work long and hard with every sector of society to battle obesity.

GMA Is Doing Its Part

The food and beverage industry can make a significant contribution by intensifying our efforts to provide a wide range of nutritious product choices and marketing these choices in ways that promote healthy lifestyles. We are committed to using our scientific knowledge and technological expertise to continue to research, develop and offer, in all distribution channels, a range of food products to meet many consumer needs, including nutrition, taste, convenience and value.

Maintaining a healthy weight and achieving optimal health and wellness throughout life requires a balance of healthy eating and physical activity, tailored to meet each individual's needs, preferences and lifestyle. Balancing calorie intake and energy output is essential to maintain a healthy body weight. We recognize that "food" is the "energy input" side of the healthy weight equation and will work with other stakeholders to promote improved understanding of nutrition. Our communications take many forms:

- We communicate clearly in labeling, packaging and advertising to enable consumers to make informed choices that best meet their lifestyle needs and physical activity levels.
- We employ a variety of communication tools, including nutrition labeling, in-store communications, customer care line and web-site information.
- We advertise responsibly, and will continue to take into account the special needs of children. We will encourage effective voluntary, national self-regulatory mechanisms promoting responsible advertising and marketing.

- We work with partners, including retailers, government and health professionals to extend the healthy lifestyle message.

- We support efforts to increase physical activity, and to enhance nutrition education through partnerships with other stakeholders including public health authorities, healthcare, educational, government and others.

As we intensify our efforts to communicate the benefits of healthy lifestyles, let us not lose sight of a very simple but essential truth – food is not just the source of the energy we need to live; it is one of the things that brings joy to our lives. Remember the first bites we persuaded our babies to eat, the birthday cakes our children shared with their excited friends, the trick-or-treat bags they brought home on Halloween, the Thanksgiving dinners, the summer picnics, or just one of those many meals that brought the family together for a little while. These are things people have been enjoying for centuries. GMA member companies want to make sure our consumers continue to enjoy them, and we will strive to provide and promote the foods and beverages that make eating not only healthy, but enjoyable.

Revising the Dietary Guidelines and the Food Guide Pyramid
As the Departments of Agriculture and Health and Human Services (USDA and HHS) revise the Dietary Guidelines for American and the Food Guide Pyramid, we have an unprecedented opportunity to explain to Americans how they can take simple but effective steps to improve their diets and health.

In comments submitted over the past year, GMA has emphasized the need to provide Americans with dietary guidance that incorporates the best science but that is also realistic and achievable. We must take into account the fact that time-pressed consumers need nutrition information that they can use easily when buying foods and preparing meals. That means creating information tools that are relevant to all segments of the American population.

To accomplish this goal, we need to apply marketing expertise to promote healthier eating by describing the features of the guidelines (e.g., serving size, number of servings, food groups) and emphasizing the benefits (e.g., better health, weight management). Core messages must recognize and build on the factors consumers apply in choosing foods and a diet – taste, convenience, cost, relevance, and cultural characteristics – in order for the guidance to be actionable.

GMA suggests that HHS and USDA make it easier for consumers to follow the revised nutrition guidelines by prioritizing the changes consumers can make to their diets for maximum health gains. In addition, HHS and USDA must set achievable dietary goals for healthy Americans that take into account the diversity of American socio-economic and cultural circumstances. It is critical to the success of the revised Dietary Guidelines and the Food Guide Pyramid that individuals experience the reward of success relatively early in the process and build from there with additional improvement in their dietary habits.

GMA Testimony
Sept. 15, 2004

GMA also advocated for USDA to retain the current shape of the Food Guide Pyramid. As an image and as a brand, the Pyramid is well recognized among consumers. What is less understood by consumers is the science and the dietary recommendations that give the Pyramid its shape. To better utilize the Food Guide Pyramid as a communications tool, GMA has recommended that the USDA create a standardized Pyramid by matching the serving size recommendations – both the size of the serving as well as the number of servings – inside the Pyramid to the Nutrition Facts box, which is based on a 2,000 calorie diet. A standardized Food Guide Pyramid would reinforce the USDA's basic nutrition messages while allowing consumers to customize their diets based on their personal nutrition goals and food preferences.

By creating a standardized Food Guide Pyramid in tandem with the Nutrition Facts box, USDA would give consumers clear and consistent dietary advice. The standardized Pyramid could appear on educational posters, food labels and other places where only one graphic is appropriate. While just one image of the Food Guide Pyramid cannot educate consumers about all aspects of the USDA's dietary recommendations, it can – when used on food labels and elsewhere – serve as a reminder of what a healthy diet looks like.

Improving Nutrition and the Food Supply
The food and beverage industry acknowledges the role it plays in providing consumers with the many foods and beverages they enjoy everyday, and is committed to doing its part to help consumers to better understand how they must balance what they eat with what they do.

Around the country, companies are:

- Reformulating products to reduce calories, fat and sugars;
- Reformulating products to increase fiber and whole grains, and add vitamins and minerals;
- Offering new choices for smaller product serving sizes;
- Reducing and eliminating the amount of trans fats in products; and,
- Promoting nutrition education and physical activity, particularly in schools and local communities.

In recent months, the industry has made great strides in many of these areas. For example, companies such as Campbell Soup Company, The Coca-Cola Company, ConAgra Foods, Inc., General Mills, Inc., H.J. Heinz, Kellogg Company, Kraft Foods, Inc., Mott's, PepsiCo and others have introduced products with improved nutritional profiles. These include new milk-based drinks for students, reduced calorie juices, reduced or trans fat-free snacks and entrees, new choices for smaller product servings – to name just a few.

Numerous other industry efforts are underway that you will never read about in the newspaper or even notice in the grocery store. They include reviewing and adjusting the nutritional profile of many categories of products without changing the taste of consumers' favorite brands. These are the types of "small steps" that HHS Secretary Tommy Thompson is encouraging, and that we believe will result in a giant leap forward in the fight against obesity.

GMA Testimony
Sept. 15, 2004

Responsible Advertising and Marketing Practices
Food advertising will play an important role in the battle against obesity. GMA members are constantly researching and developing new ways to improve nutrition without sacrificing the enjoyment of eating – again, the success of a healthy diet depends on the satisfaction that the food delivers. The examples described in Appendix B are just a few of the thousands of products that provide options for consumers looking for ways to incorporate variety, balance and moderation in their diets. And you are going to see many more – if we can tell our consumers about them.

Informing consumers about products and services available to them is essential if they are to enjoy the benefits of the options that food companies provide. Educating consumers, especially parents and their children, how to meet their individual needs, tastes and preferences through the proper balance of activity and nutrition empowers consumers to maintain a healthy weight. Advertising is an important means of communicating that information and a critical element of the competition that drives innovation.

Every advertiser knows that effective advertising depends on consumers' trust and respect. Accordingly, the members of GMA have a longstanding commitment to responsible advertising and marketing practices. The food industry is continuing to ensure that its communications with consumers accurately portray the products, their intended uses and the benefits they deliver.

The industry is continuing to ensure that its advertising and marketing practices do not encourage overeating or inappropriate consumption of foods. In addition, the industry is seeking ways to utilize its marketing capabilities to communicate healthy lifestyle messages to consumers through multiple media (from labeling to advertising to websites) and many channels (from retail customers to workplace environments).

The self-regulatory system managed by the National Advertising Review Council (NARC) deserves much of the credit for the truthful and responsible advertising that consumers see today. In the food sector, voluntary compliance with the decisions of the National Advertising Division (NAD) and the Children's Advertising Review Unit (CARU) ensures that advertising meets the highest standards of truth and accuracy. Moreover, adherence to CARU's Self-Regulatory Guidelines of Children's Advertising has fostered advertising that promotes balanced diets and healthy life styles. No wonder that Federal Trade Commission officials have praised NAD and CARU as the best system they have seen.

Despite these successes, the public is largely unaware of CARU's positive impact on children's advertising and NAD's influence on advertising to general audiences. The effectiveness of self-regulation derives from stakeholders' appreciation of its role and advertisers' participation in its procedures. To this end, GMA has sent a formal request to NARC asking that it embark on a campaign to raise the visibility of its role and to expand its monitoring of food and beverage advertising through the NAD and CARU. More specifically, we urged CARU to publish a white paper explaining its principles, guidelines and decisions applicable to food advertising. The final white paper was published by CARU in June of this year.

GMA Testimony
Sept. 15, 2004

GMA has also urged all of its members to support CARU, and to adhere to CARU's "Self-Regulatory Guidelines for Children's Advertising," several of which apply directly to diet, health and nutrition.

Additionally, following the March 2nd testimonies of GMA's President & CEO C. Manly Molpus and Association of National Advertisers (ANA) President & CEO Bob Liodice before the Senate Commerce Committee, GMA and ANA commissioned Nielsen Media Research to quantify the number of food advertisements children have viewed during the time period of 1993-2003. The research was submitted to Senator Gordon Smith (R)-OR) who placed it in the Congressional Record

According to the Nielsen data, food advertisers are, in fact, spending less in real dollars on TV advertising and kids are seeing fewer commercials for products to consume and for places to eat. Real expenditures (measured in 1993 dollars for consistency) on food and restaurant advertising on all television have fallen in the last decade. In 1994, expenditures reached $5.92 billion in 1994 and dropped to $4.98 billion in 2003. Over the last four years (2000-2003), annual expenditures have averaged $4.92 billion per year. Despite the assertion of some critics, advertising expenditures cannot explain the obesity trends in the United States.

Improving Food Labels
Last year, FDA announced two significant changes in food and beverage labeling: mandatory quantitative labeling of trans fat and voluntary qualified health claims. GMA is fully supportive of these initiatives as they have already begun to spur additional competition among food companies to develop more and better foods to meet consumer demand for nutritious foods and beverages. In addition to providing specific comments to FDA, GMA is conducting consumer research regarding consumer perceptions of calories and serving sizes, which should provide valuable assistance in developing labels that consumers can comprehend.
We also support FDA's other efforts to improve nutrition labeling, including setting regulatory standards for low-carbohydrate nutrient content claims.

Food Label Consumer Research – As with other aspects of the label, calorie and serving size information within the Nutrition Facts panel must be conveyed to consumers in a way that is meaningful and relevant. In order to address emerging questions about perceptions of the Nutrition Facts box, calories and servings sizes, GMA is conducting consumer research that will explore several points, including:

- How consumers use the food label to obtain calorie information.
- How to more effectively communicate calories in single serving packages.
- How calorie labeling might impact consumer behavior.

Nutrient Content Claims – For years, our member companies have quietly and consistently reduced the level of calories and certain nutrients in brand-name products. For examples, this includes finding ways to make incremental, continued reductions of sodium, fats and sugars in foods. GMA believes that these incremental changes, when adopted broadly, will have a significant impact on consumer health and has encouraged FDA to examine this issue.

GMA Testimony
Sept. 15, 2004

Identifying Trans Fats – In the case of trans fatty acids, GMA supports FDA's decision to require quantitative labeling of trans fat as a separate line within the Nutrition Facts box. We believe this regulation provides consumers with concise information about the content of trans fat in their foods, and will allow them to make informed choices about which products to purchase based on their own preferences and health needs.

Carbohydrate Nutrient Content Claims – GMA has petitioned the FDA to set regulations for a full-range of nutrient content claims that will allow food companies to make accurate statements about carbohydrate content. Rather than focusing on only one type of claim, GMA has recommended that the FDA establish federal standards for "carbohydrate-free," "low carbohydrate," "good source of carbohydrate" and "excellent source of carbohydrate." By requesting labeling standards for the entire range of nutrient content claims, we hope to establish a level playing field to communicate with consumers about the amount of carbohydrates in certain foods and beverages.

As detailed in the National Academy of Sciences' Macronutrients Report, carbohydrates are a key component of good nutrition. In fact, the NAS recommends that carbohydrates contribute 45 percent to 65 percent of total caloric intake for healthy Americans. It is therefore important to establish accurate and consistent nutrient content claims for a range of products that not only meet the needs of dieters following a low-carb regimen, but also fit the diets of consumers looking for good sources of nutrient-rich carbohydrates.

These claims are, in effect, flags to alert consumers about the particular characteristics of a product. As with other nutrient content claims such as "low fat" and "excellent source of fiber," carbohydrate labeling claims are meant to help consumers identify products that suit their individual needs and preferences.

Carbohydrate labeling claims will also make in-store comparisons between products easier by providing consumers with science-based information about carbohydrate content. By setting rational definitions, we will be able to guarantee that all consumers have consistent information about carbohydrate content for a wide range of foods.

Qualified Health Claims -- GMA strongly supports FDA's pre-market notification system for proposed qualified health claims submitted by food companies and others. As longtime supporters of qualified health claims for foods, GMA firmly believes this system will allow the food industry to get the newest health information on to the food label and into the hands of consumers – empowering them to make in-store comparisons. More importantly, the ability to use qualified health claims (e.g.; "Scientific evidence suggests but does not prove that eating 1.5 ounces per day of most nuts, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease.") will provide food manufacturers with yet another incentive to develop and market new nutritious products.

In each of these initiatives, GMA's recommendations are based on a fundamental objective – empower consumers to make smart choices by providing clear, accurate information about nutrition. The ultimate decision-makers in the battle against obesity are the consumers themselves. They have heard the news about obesity and its consequences, and they want to do

something about it. We believe their interest in nutrition is keen, and that they will look for additional information about it. We all can help in getting that information to them.

American Council for Fitness and Nutrition

As a founding member of the American Council for Fitness and Nutrition (ACFN), GMA is one of 91 companies and organizations that are working towards comprehensive and achievable solutions to the nation's obesity epidemic. Launched in January 2002, ACFN is a nonprofit organization dedicated to improving the health of all Americans, especially children, by encouraging a health balance between nutrition and fitness. ACFN is led by Dr. Susan Finn, a past president of the American Dietetic Association, and is guided by an Advisory Board of 27 experts in the fields of nutrition, physical activity and behavior change.

Since its launch, ACFN has played an important role in raising awareness about the critical need for energy balance – that is, calories consumed must equal calories burned – if Americans are to maintain a healthy weight. ACFN works directly with policy makers at every level of the government and with community leaders to encourage the development comprehensive solutions to the obesity epidemic.

For example, this summer ACFN launched two pilot programs targeting the specific needs of the Hispanic and African-American populations, which are disproportionately impacted by obesity and related diseases.

In partnership with the National Supermarket Association, which comprises nearly 400 independently-owned, Hispanic grocery stores, ACFN hosted *Salud: Un Ingriedente Para La Familia*. This educational festival provided residents of Corona, Queens, N.Y. with information about ways to address the growing overweight and obesity problem. It featured healthy cooking segments and physical activity demonstrations. Additionally, Dr. Finn and ACFN Advisory Board member Cecilia Pozo Fileti, both widely published health and nutrition experts, provided expert advice and to answer questions.

Additionally, ACFN unveiled a new nutrition education and physical activity initiative designed to empower Baltimore youth to make more informed healthy lifestyle choices. Emphasizing the importance of regular physical activity and balanced nutrition, *Summer Fun, Food & Fitness* is an eight-week summer program developed by ACFN in partnership with the Boys and Girls Club of Central Maryland and the Baltimore International College School of Culinary Arts. The program featured weekly interactive cooking segments and nutrition tips to help children and families incorporate healthy eating into their daily lives. With a trip to the NFL's Baltimore Ravens Training Camp and an event paying homage to the Summer Olympics, *Summer Fun, Food & Fitness* also encouraged children to become more physically active by demonstrating that fitness is fun and achievable both in school and at home. The program was complemented by a nutrition and health curriculum using Kidnetic.com, an online education tool for children, families and schools.

ACFN will maintain the success and momentum of these programs by developing and distributing Resource Kits that will allow other organizations to replicate these programs in their communities.

Conclusion

Consumers today are clamoring for information about how they can improve their health and lifestyles through the foods they eat and the activities in which they participate. It will be up to the collective efforts of the government, industry and other stakeholders to ensure consumers receive information that will be understandable and achievable on leading healthful lives.

GMA and its member companies are committed to working with government and other stakeholders to help Americans lead healthy and active lives by giving them the information they need to create a healthy diet and to balance what they eat with what they do.

We look forward to working with this Committee, and I am happy to answer any questions you may have.

Mr. BURTON. Thank you.

Mr. Shipman.

Mr. SHIPMAN. Thank you, Mr. Chairman. I am Hunt Shipman, executive vice president of government affairs and communications for the National Food Processors Association located here in Washington.

NFPA is the voice of the $500 billion food processing industry, and our three scientific centers, our scientists, and professional staff represent food industry interests on government and regulatory affairs and provide research, technical services, education, communications, and crisis management support for our U.S. and international members.

Obesity is a multi-faceted issue and requires a multi-disciplined approach. I would like to briefly discuss efforts now underway that we believe can be successful in helping to combat obesity.

The food industry has a long history of providing consumers with safe, affordable, and nutritious foods that meet their expectations for taste, value, and convenience. Innovation and reformulation are key tenets for our industry. Food companies have responded to consumer demand by creating a variety of reduced, low and non-fat food products, reduced and low-calorie foods, and foods modified for specific dietary and medical needs. Such foods help ensure that all consumers can find products they need to create their own healthful diet.

An important fact to remember is that the greatest source of nutrition information for most consumers is the Nutrition Facts panel found on the foods they purchase every day. The Nutrition Facts panel was developed and designed to help make consumers aware of the various nutritional components in food, and it also can be an excellent weight management tool.

NFPA is now preparing a consumer-friendly brochure on following food labels for healthy weight management, featuring easy-to-understand information on food labels and how labels can help them attain or maintain a healthy weight by making wise food choices. This consumer information will be on NFPA's Web site, where it can be downloaded by consumers and health experts, or anyone who communicates to consumers about how to better understand food labels.

Because of the importance of physical activity in combating obesity, the food industry sponsors a number of programs designed to encourage children's physical activity and nutrition education, such as the University of North Carolina's Get Kids in Action program and Triple Play, the Boys and Girls Club of America's new health and wellness initiative, to promote healthy lifestyles.

As Ms. Kretser noted, the food industry has also endorsed legislation designed to provide more Government support for school physical activity programs, such as the Impact bill. We believe that Federal support for in-school physical activity programs is important to the success of such efforts. And the food industry has actively participated in numerous conferences and other public events to discuss various approaches to combating obesity.

As I noted at the beginning of our remarks, obesity is a multi-faceted issue, and no one approach or activity will solve this situation. Clearly, labeling alone will not bring about the behavioral

changes needed to reduce obesity in this country. We need to ensure that the information we provide to consumers is linked to both motivational and actionable education messages so that consumers will use nutrition information to create healthful diets. Such messages need to be thoroughly researched and consumer-tested.

In 2004, both USDA and HHS have been active participants in the process of reviewing the Dietary Guidelines for Americans, as well as the Food Guide Pyramid. Revised versions of both the Dietary Guidelines and the Pyramid are scheduled to be released in early 2005. Throughout the review process for the Dietary Guidelines and Pyramid, NFPA has strongly advocated that these nutrition education tools must be easily understood and must trigger the behavioral change by the public. Attention to positive dietary guidance messages, coupled with consumer research to evaluate their effectiveness in motivating behavioral change is essential. federally funded biomedical and behavioral research related to health promotion and disease prevention is also needed.

Food companies succeed by meeting consumer demand, and clearly the consumer demand for both a wide variety of food products to meet varying dietary needs and the demand for more information on how to attain or maintain a healthy wealth is strong. Labeling flexibility will help to create incentives for products designed to meet consumers' needs and demands. Government's role should be to ensure that labeling and claims that can help consumers to better understand the role that various foods can play in healthful diets is both truthful and non-misleading.

In closing, stakeholders, including the food industry, Government, and the medical and public health communities will have to work together. Without cooperative efforts, we will make no progress in this issue. Dedicated collaboration, energy, and resources will make a difference in the classroom, on the playground, in the home, and throughout our Nation.

Thank you for the opportunity to appear before the committee.

[The prepared statement of Mr. Shipman follows:]

Remarks by
Hunt Shipman
Executive Vice President, Government Affairs and Communications
National Food Processors Association
Washington, DC
Before the
Subcommittee on Human Rights and Wellness
Committee on Government Reform
U.S. House of Representatives
On
"Conquering Obesity: The U.S. Approach to Combating this National Health Crisis"
Wednesday, September 15, 2004

Good afternoon. I am Hunt Shipman, Executive Vice President of Government Affairs and Communications for the National Food Processors Association, based in Washington, D.C.

NFPA is the voice of the $500 billion food processing industry, and our three scientific centers, our scientists, and professional staff represent food industry interests on government and regulatory affairs and provide research, technical services, education, communications, and crisis management support for the association's U.S. and international members.

Obesity is a multi-faceted issue, requiring a multi-disciplined approach. In the time that I have today, I would like to briefly address efforts now underway that we believe can be successful in helping to combat obesity.

The food industry has a long history of providing consumers with safe, affordable, and nutritious foods that meet their expectations for taste, value, and convenience. Innovation and reformulation are key tenets for our industry.

Food companies have responded to consumer demand by creating a variety of reduced-, low-, and non-fat food products, reduced- and low-calorie foods, and foods modified for specific dietary and medical needs. Such foods help ensure that all consumers can find the products they need to create healthful diets.

An important fact to remember is that the greatest source of nutrition information for most consumers is the Nutrition Facts panel found on the foods they purchase, every day.

The Nutrition Facts panel was developed and designed to help make consumers aware of the various nutritional components in foods. It also can be an excellent weight management tool.

NFPA is now preparing a consumer-friendly brochure on "following food labels for healthy weight management," featuring easy-to-understand information on food labels, and how labels can help them to attain or maintain a healthy weight by making wise food choices.

This consumer information will be available on NFPA's website, where it can be downloaded by consumers, health experts and anyone who communicates to consumers about how to better understand food labels.

Because of the importance of physical activity in combating obesity, the food industry sponsors a number of programs designed to encourage children's physical activity and nutrition education, such as the University of North Carolina's "Get Kids in Action" program, and "Triple Play," the Boys and Girls Club of America's new health and wellness initiative, to promote healthy lifestyles.

The food industry also has endorsed legislation designed to provide more government support for school physical activity programs, such as the "Impact" bill introduced in the Senate last year. We believe that federal support for in-school physical activity programs is important to the success of such efforts.

And the food industry has actively participated in numerous conferences and other public events to discuss various approaches to combating obesity.

As I noted at the beginning of my remarks, obesity is a multi-faceted issue – and no one approach or activity will solve this situation.

Clearly, labeling alone cannot bring about the behavioral changes needed to reduce obesity in this country.

We need to ensure that the information we provide to consumers is linked to both motivational and actionable education messages, so that consumers will use nutrition information to create healthful diets. Such messages need to be thoroughly researched and consumer-tested.

In 2004, both USDA and HHS have been active participants in the process of reviewing the Dietary Guidelines for Americans, as well as the Food Guide Pyramid. Revised versions of both the Dietary Guidelines and the Pyramid are scheduled to be released in early 2005.

Throughout the review process for the Dietary Guidelines and the Pyramid, NFPA has strongly advocated that these nutrition education tools must be easily understood and must trigger behavioral change by the public.

Attention to positive dietary guidance messages, coupled with consumer research to evaluate their effectiveness in motivating behavioral change, is essential. Federally funded biomedical and behavioral research related to health promotion and disease prevention also is needed.

Food companies succeed by meeting consumer demand – and clearly the consumer demand for both a wide variety of food products to meet varying dietary needs and the demand for more information on how to attain or maintain a healthy weight is strong.

Labeling flexibility will help to create incentives for products designed to meet consumers' needs and demands. Government's role should be to ensure that labeling and claims that can help consumers to better understand the role that various foods can play in healthful diets is both truthful and non-misleading.

In closing: Stakeholders – including the food industry, government, and the medical and public health communities – will have to work together. Without such cooperative efforts, we will make no progress on this issue. Dedicated collaboration, energy, and resources will make a difference in the classroom, on the playground, in the home, and throughout our nation as a whole.

Thank you for the opportunity to speak today on this important issue.

###

Mr. BURTON. Thank you, Mr. Shipman.

Mr. Downey.

Mr. DOWNEY. Thank you, Mr. Chairman, and I want to thank you for convening this hearing. I hope it is the first of several on this topic, because it is very complicated and complex.

I also would like to take this opportunity to applaud the work of Secretary of Health and Human Services, Tommy Thompson, over his tenure. He has taken on obesity as a major issue. He has led the components of HHS to develop comprehensive and sound plans for attacking this problem. We also hail his decision in July for Medicare to recognize that obesity is a disease and to open the door to developing appropriate treatment strategies for treating it.

In the opinion of the American Obesity Association, obesity is the most fatal, chronic, prevalent disease of the 21st century. No other human condition combines obesity's prevalence and prejudice, sickness and stigma, death and discrimination. We believe that the full weight of the Federal Government's capacities be brought to bear on the problems of obesity in the same way we have tackled other challenging health problems like cancer, heart disease, smoking, teen pregnancy, HIV-AIDS, and bioterrorism. All such efforts have involved a commitment of leadership, time, and resources across a spectrum of activities, including education, research, prevention, treatment, consumer protection, and discrimination.

I would like to briefly touch on each of these areas and what the Federal Government may be doing.

On the educational front, although we have had a spate of information and features on obesity, it is still largely misunderstood in many corners, and this is true in the policy area as well. One of the things that we have overlooked, as you saw earlier the slides from the CDC, is that while the population has doubled over 30 years who had a BMI of 30, the population with a BMI of 40, morbidly obese, has tripled during that period of time, and the population with a BMI of 50 has increased some 400 percent.

The problems of obesity—mortality, morbidity, sickness, health care costs, health care utilization—scale up, so those increasing levels of severe morbid obesity, where people are 100 pounds or more overweight, is really where a large part of the problem is. We have tended to think of this as a statistically small part of the population. It is not. If all of the persons in the United States with morbid obesity live together, it would basically be the 12th largest State in the country, roughly the size of Illinois. It would encompass, as my crude estimates take it, 29 congressional districts. The population with morbid obesity, just morbid obesity alone, is over two and a half times the size of our entire Alzheimer's population. This population receives nothing in the way of research or many of the programs and policies that have been discussed to attack their problems at that level.

We have important educational messages that we think need to be brought out. Obesity is not a behavior; obesity is excess adipose tissue. It is a disease because it meets every rationale definition of disease. It is a chronic, fatal, relapsing disease that is at least as complicated to treat as heart disease or cancer. It is a problem that is largely going to be solved by more research. And while diet and exercise are intrinsic to discussions of obesity prevention and treat-

ment, much more is needed as the long-term effects of these interventions are poor.

Obesity is a global problem arising from a combination of genetic, environmental, and behavioral factors. We don't know how to effectively prevent and treat obesity over the long term, with the exception of bariatric surgery for persons with morbid obesity. If we do not drastically and quickly expand the research base of obesity, new treatments and new prevention strategies are likely to fail, and it will sink the entire U.S. health care system, which simply cannot absorb millions of new cases of diabetes, heart disease, stroke, and the other conditions you have mentioned. Simplistic assertions that obesity is easily prevented or easily remedied do a disservice to persons with obesity and inhibit the discovery of effective solutions.

We believe that one of the areas that is most important to address is this area of research. I have provided the committee with three graphs I will briefly describe. One depicts the growth in the NIH budget since 1998, roughly doubling from $13.6 billion to $28.8. And yet you will see although there has been a dollar increase in the obesity budget it has basically been a straight line as the funding has increased so dramatically.

Second, the obesity budget at NIH is far behind that of the conditions caused by obesity, such as diabetes, cardiovascular disease and, in comparison to some areas like HIV-AIDS and smoking, receive a very small portion of the funding.

And, finally, we have a graph here depicting the prevalence of various conditions and comparing that to NIH levels of funding. It is hard for us to imagine how we are going to get out of the problem with this insufficient attention to our research base to give us the information to get there.

So for that reason, as well as some others, we are calling on Congress to look at establishing a National Institute of Obesity research at NIH which would focus and concentrate attention on the various problems such as basic research, epidemiology, genetics, neuroscience, prevention, therapeutic development, economics, health policy, etc.

Mr. Chairman, I have more to say, but I see my time is out. I would be glad to address some areas if you would like me to.

[The prepared statement of Mr. Downey follows:]

STATEMENT OF THE AMERICAN OBESITY ASSOCIATION BEFORE
COMMITTEE ON GOVERNMENT REFORM
HOUSE OF REPRESENTATIVES
MORGAN DOWNEY, EXECUTIVE DIRECTOR
WASHINGTON, D.C.
September 15, 2004

The American Obesity Association (AOA) is pleased to have this opportunity to address the Committee on Government Reform on the urgent national and international crisis of obesity. AOA is a non-profit tax-exempt educational and advocacy organization. Our financial support comes from both professional and lay members of AOA as well as many companies in the weight management field.

At the outset, we would like to commend the Secretary of Health and Human Services, Tommy Thompson, for his outstanding attention to obesity and his leadership in the development of plans by the National Institutes of Health, the Food and Drug Administration and the Centers for Medicare and Medicaid Services to tackle the obesity epidemic. Secretary Thompson's decision in July to remove language from the Medicare Coverage Policy Manual that obesity is not a disease is opening the door to expanding reasonable and appropriate services to persons with obesity. This decision is based on sound science and careful deliberation by the Centers for Medicare and Medicaid Services since 1999 and we applaud the Secretary's leadership.

Obesity is the most prevalent, fatal, chronic disease of the 21st Century. No other human condition combines obesity's prevalence and prejudice, sickness and stigma, death and discrimination.

The World Health Organization (WHO) has identified obesity as one of the ten leading health risks in the world today; one of the top five in the developed world. WHO reports that over one billion people are overweight in the world out of a population of 6 billion and that 300 million persons (5%) are clinically obese. WHO projects 3 million deaths annually worldwide from obesity rising to 5 million by 2020.

In the United States, 65% of adult Americans are overweight and 31% or 61 million persons are obese. Fourteen percent of American children and adolescents are obese. According to the CDC, obesity is unique in that it is a chronic disease that is increasing at rates previously only seen with infectious diseases.

Obesity is a leading cause of mortality, morbidity, disability, and discrimination in health care, education, and employment. According to a recent RAND study, the health

consequences of obesity are as significant or greater than smoking, problem alcohol consumption and poverty. The consequences of obesity include various cancers, heart disease, stroke, type 2 diabetes, osteoarthritis, sleep apnea, and problem pregnancies and childbirth among others. However, the consequences of obesity are even greater. It is becoming more and more clear that our health care system is going to be under enormous stress to deal with the millions of emerging cases of long term chronic diseases, now starting at younger and younger ages. This flood of new, expensive conditions will surely tax our health insurance system and our disability system.

AOA believes that it is critical that the full weight of the federal government's capacities be brought to bear on the problem of obesity in the same way that we have tackled other challenging health problems like cancer, heart disease, smoking, teen pregnancy, HIV/AIDs and bioterrorism. All such efforts have involved a commitment of leadership, time and resources across a spectrum of activities involving education, research, prevention, treatment, consumer protection and discrimination. I would like to touch briefly on how the federal government is doing and should do in each of these areas.

EDUCATION

While we are in a virtual flood of stories about obesity, there are glaring gaps in the public's understanding of the problem. For example, few people understand the Body Mass Index (BMI) including health professionals. As this is the common scientific language for discussing obesity, the effective discussion starts from a great disadvantage.

All too often, discussions about obesity seem to focus on normal weight persons at risk for becoming obese or persons with just borderline obesity. The population which is overweight has not changed all that much over the last 30 years. The population which is considered obese and especially the population with morbid obesity (approximately 100 pounds or more over ideal weight) is where the greatest growth is occurring. While the population with a BMI over 30 has doubled in the last twenty years, the population with a BMI of over 40 has tripled and the population with a BMI of over 50 has increased 400%. Obesity-driven mortality, morbidity, health care costs and health care utilization are largely driven by persons with morbid obesity. This population is hardly insignificant. Some 10 million Americans have morbid obesity. If all persons with morbid obesity resided in one state, that state would be the 12th largest state in the country about the size of Illinois. This population is roughly equivalent to the population of 29 Congressional Districts. The morbidly obese population is approximately 2.5 times the size to the total population with Alzheimer's disease. Not only do health professionals and the public fail to recognize this, policy makers have directed scant attention to this population.

The core educational messages we need to make and are not making are:

A. Obesity is not a behavior; obesity is excess adipose tissue.
B. Obesity is a disease because it meets any rational definition of "disease".
C. Obesity is a fatal, chronic, relapsing disease that is at least as complicated to treat as heart disease or cancer.
D. Obesity is a problem that will largely be solved by more research.

E. While diet and exercise are intrinsic to discussions of obesity prevention and treatment, more is needed as their long-term results are poor.
F. Obesity is a global problem arising from a combination of genetic, environmental and behavioral factors.
G. We do not know now how to prevent and effectively treat obesity over the long-term, with the exception of bariatric surgery for persons with morbid obesity.
H. If we do not drastically and quickly expand the research base of obesity and develop new treatments, the entire health care system in the United States is at risk.
I. Simplistic assertions that obesity is easily prevented or easily remedied do a disservice to persons with obesity and inhibit discovery of effective solutions.

The level of physician and other health professional knowledge of obesity and its treatment is tragically low. DHHS should use its health education resources to encourage education in medical schools and other health professional schools about obesity and its treatment. We propose that Congress require DHHS set aside funds to develop faculty programs for obesity education and research in medical schools, similar to the programs for primary care medicine and women's health that have insured that specialists in these areas are in most of the medical schools in the country.

Schools have abdicated their responsibility to provide students at all levels with skills to understand their body weight and caloric requirements. In addition, schools have drastically curtailed physical activity for their students while providing greater access to vending machines and bringing in fast food franchisees to provide food services. DHHS should initiate an aggressive program with the Department of Education to amend federal and state education laws to require the provision of age-appropriate obesity, nutritional information and portion size information. In addition, there is an assumption that the No Child Left Behind Act passed by Congress has so reinforced the importance of academic achievement in the Nation's schools that recess, time for lunch and physical activity have suffered. Congress should launch investigation into whether our desire for greater school performance is having a negative effect of our children's health.

Several surveys, including one conducted by AOA, indicate that parents have little understanding of the importance of their children's weight as well as family strategies to manage weight effectively. AOA recommends that Congress require DHHS and the Department of Education undertake a campaign focused on parents of elementary school children, in particular, to allow them to assess their child's weight status and to consider appropriate strategies for weight management.

Even the most motivated person, seeking to manage their weight will be confused by the information on food labels, the Food Pyramid and the Dietary Guidelines. The Nutritional Label has become as complicated as the package insert on FDA approved drugs. Greater and greater levels of information may be useful to some but they are of little value if too complicated for consumers to understand. The FDA should require a large label on the front of each package of food giving the package's total calories. Consumers seeking to

control their weight will have clear information and can make allocations according to their own usage or portions. This would stop the gaming of calorie information by food companies who are now allowed to report their own calorie per portion information. Restaurant chains should also be required to post calorie information on their menus.

RESEARCH

Body fat is now known to be regulated by several hormones and neuropeptides, including leptin and ghrelin. Food products such as glucose, amino acids and fatty acids affect the production of the hormones insulin, growth hormone, insulin-like growth factor and leptin which act on specific receptors in the hypothalamus and other areas of the brain to regulate feeding behavior and energy metabolism. The next stages of the human genome program hold the promise to integrate the molecular understanding of normal body weight regulation with abnormal body weight regulation. Fresh insights on the significant racial and ethnic disparities in obesity and its comorbid conditions are foreseen. With such information, more precise and informed prevention strategies, behavioral interventions, pharmacology, and surgical interventions can be developed and tested. Such prevention and treatment strategies will give rise to questions of economic efficiency and legislative and regulatory approaches. The current lack of attention in medical training and health professional disciplines on obesity can be directly and immediately approached through programs to develop obesity researchers and health education campaigns. Research needs to also be greatly expanded on a global scale. Obesity is rising in virtually every country of the world except for sub-Sahara Africa. There are significant differences in these cultures and their differing rates provide a natural laboratory to understand the interaction of various causal factors.

For AOA, research on obesity is the sine qua non of developing effective interventions. In the last five years, obesity funding at the National Institutes of Health has increased significantly. However, it started at a very low level and is just now receiving something approaching appropriate levels. NIH recently completed the development of a comprehensive research plan which we applaud. However, there is no commitment of funds for continuing focus on obesity and organizationally, the obesity program remains in the basement of the National Institute on Diabetes and Digestive and Kidney Diseases (NIDDK). Obesity funding is still far less than the conditions caused by obesity. For FY 2004, obesity research is expected to total $400 million while heart disease will receive $2.5 billion and diabetes research $1 billion. We mentioned above that the morbidly obese population is 2.5 times the size of the Alzheimer's population. Yet, there is little research on the morbidly obese population while Alzheimer's research in FY 2004 is $680 million, nearly 50% more than the total obesity research budget. Until such discrepancies are addressed, we are unlikely to develop the necessary tools to effectively stem and reverse the direction of the obesity epidemic.

Therefore, we propose that Congress create a new National Institute of Obesity be established at the National Institutes of Health. We see it has having seven components or divisions:

1. Basic research on adipose tissue
2. Epidemiology and Population Studies.
3. Genetics, Metabolism and Disease Development;
4. Neuroscience and Behavioral Research;
5. Prevention, Therapeutic Development and Clinical Trials,
6. Economics and Health Policy, and,
7. Training and Education.

PREVENTION

There is near universal agreement that prevention of obesity is a critical public health need. If one looked over the extent of prevention activities at the local and state level in the last two years, one would assume that we know how to prevent obesity. We do not. In fact, there have only been a dozen or so controlled prevention studies and most of these had disappointing results. Many of the prevention strategies being implemented are actually research questions, such as, does removing vending machines from schools affect weight among the students? Does the use of pedometers increase physical activity and reduce weight? We believe these prevention programs must continue and be expanded. However, there is little external, independent evaluation of these programs so that we can know what works and what does not.

Congress needs to be realistic about prevention. Congress encourages massive over-production of food. The federal government expends approximately $72 billion dollars a year on agricultural subsidies. This massive investment results in production of nearly twice the calories the U.S. population requires. This over production probably contributions to a reduction in the cost of foods to consumers, increases in portion sizes and massive marketing campaigns as companies strive for market share. In addition, the US Department of Agriculture and many states have programs to increase consumption of particular foods such as dairy, meat and corn produced in those states. The relevance of these programs to our Nation's health must be rethought. Through the Federal Communications Commission, the government is encouraging children viewing of television and increased television utilization by forcing communities to adopt high definition television systems (HDTV). Food companies are able to heavily advertise to children and consumers through the deductibility of advertising expenses on their corporate income taxes. Our commercial and industrial policies encourage information technology and the service economy which are much less labor intensive than our earlier industrial and agricultural basis. Our transportation policies encourage use of the private automobile and discourage means of transportation which might expend more calories.

Congress and other federal agencies need better information on the role of various policies on obesity. None of these policies were created with the intention of creating obesity. However, we can no longer afford to ignore the possible impact of these policies on creating the energy imbalance of our people. Congress must assess legislation's impact on the budget. It should have a similar process in place for impact of policies on obesity.

Prevention may also be accomplished by encouraging communities to think about and plan the physical environments to be more conducive to physical activity. The federal government makes a great investment in roads, highways, airports, mass transportation and urban planning. We propose that Congress instruct the Department of HHS work with the Department of Transportation and other federal agencies on a Human Physical Activity Impact Statement, modeled after the Environmental Impact Statement. For each federally supported program, analysis would be made whether the proposed project (like a highway without sidewalks) is likely to increase or decrease the net physical activity of the community it serves. If it were foreseen that the project is likely to result in a decrease in physical activity, remedial steps would be necessary to take the project to at least a neutral intervention in the human environment.

TREATMENT

Obesity is poorly treated in the medical community even though effective treatments are available including bariatric surgery, FDA approved medications, physician counseling, dietitian services and behavioral interventions. Coverage for these treatments is modest to poor in both governmental and non-governmental health insurance programs. Inexplicably, the very insurance programs that do not reimburse for weight maintenance do pay millions to treat the diseases caused by obesity such as diabetes and heart disease.

Today, we are seeing several private health insurance programs actually eliminate coverage for bariatric surgery for persons with morbid obesity. This is truly a national tragedy occurring at our doorsteps which will foresee ably result in hundreds if not thousands of preventable deaths of our mothers, fathers aunts, uncles, brothers and sisters. Bariatric surgery is the only effective treatment for persons with morbid obesity. In a recently published study using Canadian data, persons with morbid obesity who had surgery had a 90% better mortality rate than morbidly obese persons who did not have the surgery. The surgery has been shown effective in several long term studies to not only cause significant weight loss but also act as a virtual cure for many long term chronic conditions, such as type 2 diabetes, cardiovascular disease, endocrine, metabolic disorders, psychiatric and mental disorders. Bariatric surgery is one of the most powerful, life-saving, life-enhancing medical interventions in modern medicine with a similar safety profile to other major invasive surgeries. Yet insurers like Florida Blue Cross Blue Shield are dropping coverage in a callous strategy to improve profits on the gravestones of policyholders. Congress should immediately initiate an investigation into such practices and look at remedial legislation.

AOA was very pleased to see the former Commissioner of the Food and Drug Administration, Dr. Mark McCllean, announce in 2003 a commitment to revise its guidances for approval of new drugs for the treatment of obesity. For persons desiring to treat their overweight or obesity, pharmaceuticals, in conjunction with diet and exercise, offer the greatest likelihood for significant new developments.

In April 2003 and again in March 2004 AOA convened a meeting of some dozen pharmaceutical and biotech companies and the FDA officials to discuss problems with

the current FDA guidances. The consensus of the meeting was that not only are the current guidances out of date scientifically, they are inconsistent with guidances in other areas, such as type 2 diabetes, hypertension and hypercholestolemia, Also, there was consensus that in the past the attitude of the FDA has been to impose significant roadblocks to R&D companies invested in finding new therapies for obesity.

AOA has submitted a draft of a new guidance and recently participated in a meeting of the FDA Endocrinologic and Metabolic Advisory Committee to discuss proposed changes.

The Medicare drug benefit legislation passed by Congress excludes drugs for the treatment of obesity. The Medicare medical nutrition counseling benefit does not cover services for persons with obesity. The Medicaid program also largely excludes drugs and surgery for the treatment of obesity, as well as behavioral counseling, nutrition education and physician supervised weight loss programs. The Indian Health Service excludes surgery for the treatment of obesity

Congress should require DHHS to:

a. incorporate the NIH Guidelines for the Treatment of Obesity in its own programs such as Medicare, Medicaid and the Indian Health Service;
b. encourage health maintenance organizations and traditional insurers to cover obesity treatments recommended by the NIH;
c. amend the Medicare drug benefit to cover obesity drugs, and,
e. repeal the provision discouraging states to include drugs to treat obesity in the Medicaid program.

Both Medicare and Medicaid programs should commence demonstration projects to evaluate the effectiveness of various interventions in the elderly and Medicaid populations. These would include evaluations of surgery, drugs, lifestyle modification programs, and, nutrition counseling in individual and group settings.

The Centers for Medicare and Medicaid Services (CMS) needs to appreciate that the elderly obese Medicare population is increasing dramatically. In fact, the elderly-obese Medicare population is among the fastest growing segment of the obese population. Obesity related comorbidities account for fully five of the top ten reported health conditions of Medicare beneficiaries. The impact of obesity on the Medicare population will increase in the foreseeable future as both baby-boomers reach Medicare eligibility and the population of disabled persons with obesity increases. CMS should be encouraged to work with National Institutes of Health to address this growing problem.

Congress should also have DHHS launch a collaboration with the Department of Veteran's Affairs to promote treatment of this Nation's veterans with obesity, with the Office of Personnel Management concerning federal employees and with the Department of Defense concerning the problem of obesity in the military and among military families.

Consumer Protection

The continuing presence and aggressive advertising of weight control dietary supplements and other products is a major health care problem. We encourage greater efforts by the Federal Trade Commission and the Food and Drug Administration to police and regulate these products.

Discrimination

Obesity is the last bastion of socially acceptable discrimination. No better example exists than the elimination of coverage of bariatric surgery for morbid obesity referred to above. It is impossible to imagine that insurers would drop coverage of heart surgery, cancer care,or HIV/AIDs treatments which have the life-saving, life-enhancing qualities of bariatric surgery and get away with it. But because there is such little compassion for persons with obesity, insurers can discriminate in this way with impunity.

Persons with morbid obesity have life-threatening problems in accessing routine health care not to mention treatment for their obesity. There are no social services or care coordinators who assist them with finding appropriate care, such as ambulances, social work services, or accessible technology. DHHS should develop programs to train case workers, hospital discharge planners and other social support programs in assisting persons with obesity, especially morbid obesity.

In the United States, it is generally considered acceptable to discriminate against persons with obesity in education, employment and in health care. This discrimination, like all discrimination, causes enormous personal pain and the loss of valuable resources to the rest of society. Given that the morbidly obese population is at least 10 million, the prevalence of discrimination may equal that experienced by women, minorities and religious adherents, we urge Congress to undertake a systematic investigation of discrimination experienced by persons with obesity and subsequently to develop remedial legislation to offset such discrimination.

Conclusion

The Committee should ask, "Is the Federal Government organized to address the national and international crisis in obesity?" The answer is no. No one office is charged with monitoring the obesity epidemic, monitoring federal government's response and advising federal agencies and Congress on issues affecting obesity. We recommend that the Congress establish in the office of the Secretary of HHS an Office of Obesity Research, Prevention and Treatment and an outside, scientific advisory council. This office would be charged with coordinating HHS activities in relation to obesity and to work with other federal agencies and departments on issues affecting obesity. The Office should be charged with providing annual reports to Congress and the public on the progress in dealing with the obesity epidemic.

The effective response to the obesity epidemic will be costly. But our current inadequate response will have a much higher cost in lives, health, quality of life and costs.

Respectfully submitted,

Morgan Downey
Executive Director
American Obesity Association

Mr. BURTON. Thank you, Mr. Downey.

Dr. Spratt.

Dr. SPRATT. Thank you. Chairman Burton, I would like to begin by thanking you for the opportunity to testify here today. I am director of reproductive endocrinology and endocrine research at Maine Medical Center. In my clinical practice I deal every day with both adolescents and adults with obesity-related problems. I am here today as Chair of the Government Relations Committee for Endocrine Society.

The Endocrine Society is the world's largest and most active professional organization of endocrinologists, representing over 12,000 members worldwide. We are dedicated to quality research, patient care, and education.

I will be primarily addressing issues of research in obesity today. In the other presentations you have heard the magnitude of the obesity problem in the United States. Our Society has provided to your committee our Obesity Handbook that provides additional details. This Handbook is part of a major effort of the Endocrine Society that has been undertaken over the past 2 years to increase scientific and public awareness of the obesity crisis.

As you have noted and other panel members, the Federal Government has also set in motions efforts to begin to tackle the obesity problem. In addition to those measures noted before, NIH Director Dr. Zerhouni has created the NIH Obesity Research Task Force. Its strategic plan for obesity research, which was released in February of this year, calls for the NIH to undertake research exploring, preventing, and treating obesity through lifestyle modification, pharmacological, and surgical approaches, and research that further examines the link between obesity and its associated health conditions, such as metabolic syndrome.

Several important questions confront us. What is the cause of obesity? Is it genetic, cultural, environmental? Well, the truth is there may be no one cause of obesity, but, rather, a combination of many, with different combinations in different individuals. Why are more than 65 percent of Americans overweight or obese?

And even more alarming, why has childhood obesity tripled since 1970? Why are racial and ethnic minorities disproportionately affected by obesity and related ailments such as diabetes and cardiovascular disease? While we should not single out one cause or one issue for obesity, I have been asked today to update the committee on current research being conducted by those in the field of endocrinology.

What role can our Society play in helping you address these problems? Well, as you know, endocrinologists work with hormones and metabolism. Hormones are substances that are secreted by glands that regulate body functions. For instance, the thyroid gland secrets thyroid hormone, which regulates general body metabolism. Well, researchers have recently discovered that adipose, fat tissue, actively secretes hormones that influence many body functions, and that the adipose is in turn regulated by hormones from other glands.

As metabolic specialists, endocrinologists are actively engaged in the study, management, and treatment of obesity and related diseases. In both the clinical and basic research setting, we evaluate

the hormones that regulate appetite, metabolism, and energy balance. Endocrine researchers are attempting to determine the root causes of obesity and to find the most effective measure to prevent, as well as combat, this condition.

One recent endeavor resulted in the discovery of the hormone leptin by Jeff Friedman at the Rockefeller Institute, and this opened a whole new dimension in the field of obesity. Leptin is a hormone produced by fat cells that travels in the blood stream to the brain to influence appetite. It also influences body temperature, reproductive function, and the speed at which calories are burned.

This important discovery established the principle that fat cells can communicate with the brain and influence metabolic processes. Since this discovery, there have been many more discoveries demonstrating that other organs, like the pancreas and the GI tract, can produce substances that control appetite and metabolism.

It is also worth noting that breakthroughs in obesity research have resulted from what we call "broad-based" research. This is research that is conducted without a particular clinical goal established at the onset of the research. For example, scientists at Mass General Hospital have recently evaluated thousands of genes from the C. elegans worm. Among other discoveries, they found hundreds of promising genes that may help determine how fat is stored and used in a variety of animals, including us.

This new information can be used to find similar genes in humans and then assess their significance for the control of obesity. The decision to characterize this worm genome was not made with obesity in mind, but more for the general belief that deciphering this genome would have some payoff down the road. So we must continue to support broad-based research in science, as some of the most important breakthroughs have been serendipitous.

This basic information lays the foundation for clinical research. For instance, currently there are only two FDA approved drugs for long-term treatment of obesity, and neither is fully effective. Clinicians routinely prescribe medications to treat the complications of obesity that have been listed here, but we only have these two pharmaceutical options to treat obesity before it results in comorbidities. Better knowledge of the physiology and pathophysiology of obesity can lead to development of more effective drugs, as well as more effective nutritional, surgical, and other approaches. We, as doctors, and the American public as patients, need better medications based on the knowledge we will gain from basic and clinical research.

We believe, finally, that obesity research should be continued on three levels. First, basic research should continue to better understand the body's complex mechanisms of storing and utilizing energy. Second, transitional research should be moving these basic discoveries into trials of clinical treatments. Our evolving knowledge will provide numerous opportunities for better diagnostic, pharmaceutical, surgical, nutritional, and behavioral approaches.

Third, as these approaches are implemented, outcome or impact research should be designed and put in place to assess efficacy, as mentioned in part of the Impact bill. Finally, we should pay particular attention, as has been noted here, to the disproportionate

occurrence of obesity and its related health problems in our childhood and minority populations.

So I want to thank you for inviting me to testify here today, and thank your committee for furthering the public discourse on this growing problem of obesity.

[The prepared statement of Dr. Spratt follows:]

THE ENDOCRINE SOCIETY

8401 CONNECTICUT AVENUE, SUITE 900 + CHEVY CHASE, MARYLAND + 20815-5817 + TELEPHONE 301.941.0240 + FAX 301.941.0259 + www.endo-society.org

TESTIMONY

Presented by:
Daniel Spratt, M.D.

Director, Reproductive Endocrinology and Endocrine Research
Maine Medical Center, Portland, Maine
Associate Professor of Medicine, University of Vermont

Representing:
The Endocrine Society

Presented to:
House Government Reform Committee on September 15, 2004

Topic:
Conquering Obesity:
The U.S. Approach to Combating this National Health Crisis

The mission of The Endocrine Society is excellence in hormone research and care of patients with endocrine disease.

To achieve this mission, the Society will continue to be the prime advocate and integrative force for clinicians and investigators, and will maintain a leadership role in providing endocrine education and information to the diverse professional endocrine community, the broader medical community, policy-makers, patients, and the public.

Statement of Daniel Spratt, M.D.

Before the House Government Reform Subcommittee on
Human Rights and Wellness

September 15, 2004

Mr. Chairman and members of the subcommittee, I would like to thank you for the opportunity to testify before you today. I am Director of Reproductive Endocrinology as well as an Endocrine Researcher at Maine Medical Center. Every day in my clinical practice I treat both adolescents and adults with obesity related problems. I am here today as the Chairman of The Endocrine Society's Government Relations Committee. The Endocrine Society is the world's largest and most active professional organization of endocrinologists representing over 12,000 members worldwide.

I will be primarily addressing issues of research and obesity today. In other presentations today, you have heard the magnitude of the obesity problem in the United States. Our Society has provided the subcommittee with copies of our obesity guide, *The Endocrine Society Weighs In: A Handbook on Obesity in America*, which provides additional details. In this handbook you will find basic facts and statistics on obesity, the role of endocrinology, exciting new research findings and other resources for easy reference. In response to the alarming rise in obesity rates, The Endocrine Society has taken several important steps to increase scientific and public awareness of the obesity crisis. In June, the Society chose to focus our annual meeting on the topic of obesity. The meeting brought together 9,000 researchers and practicing physicians to share recent breakthroughs in obesity research and treatments for those suffering from obesity. In addition, we have taken steps to educate the press, Congress and the public about obesity.

The federal government has also set in motion efforts to begin to tackle the obesity problem. The CDC has identified obesity as the number two preventable cause of death among Americans, trailed only by tobacco use. Secretary Thompson has taken the first steps to classify obesity as a disease. NIH Director Dr. Zerhouni created the NIH Obesity Research Task Force. The Task Force's Strategic Plan for Obesity Research, released in February of this year, calls for NIH to undertake research exploring preventing and treating obesity through lifestyle modification, pharmacological and surgical approaches and research that further examines the link between obesity and its associated health conditions.

It is clear that we are struggling to identify the main cause of obesity. Is it genetic, is it cultural, is it environmental? The truth is there may be no one cause of obesity, but rather a combination of many with different combinations in different individuals. What we do know is that more than 64 percent of Americans are overweight or obese. Most alarming is that childhood obesity has tripled since 1970. In addition, there is now clear and compelling evidence that racial and ethic minorities, as well as those with lower socioeconomic status are disproportionately affected by obesity and related aliments such as diabetes. While we should not single out one cause of obesity I have been asked today to update the committee on current research being conducted by those in the field of endocrinology.

As metabolic specialists, endocrinologists are actively engaged in the study, management and treatment of obesity and related diseases. In both the clinical and basic research setting, they

evaluate the hormones that regulate appetite, metabolism and energy balance. Endocrine researchers are attempting to determine the root causes of obesity and define the most effective measures to prevent, as well as combat, the condition. Ongoing research is attempting to identify the mechanisms that impact appetite control, food preferences and glandular malfunctions. One such endeavor resulted in the discovery of the hormone Leptin by Jeff Friedman at the Rockefeller Institute that opened a whole new dimension to the field of obesity. Leptin is a substance produced by our fat cells that travels in the bloodstream to the brain where it is one of the controls on appetite. This terrific discovery established the principle that fat cells can communicate with the brain and influence metabolic processes. Since this discovery there have been many more discoveries demonstrating that other organs such as the pancreas, the GI tract, in addition to fat cells, can produce substances that control appetite and metabolism.

It is also worth noting that breakthroughs in obesity research have resulted from what we call "broad-based" research - research that is conducted without a particular goal established at the onset of the research. For example, scientists at Massachusetts General Hospital have scoured thousands of genes in the C. elegans worm and have come up with hundreds of promising candidates that may determine how fat is stored and used in a variety of animals. These genes can then be used as predictive tools for finding their human counterparts and then assessing their functional significance. The decision to characterize the worm genome was not made with obesity in mind, but more for the general belief that deciphering its genome would have some payoff down the road. We must continue to support broad-based research in all fields of science, as some of the most prolific breakthroughs in science have been serendipitous.

As you may know, there are currently only two FDA approved drugs for the long term treatment of obesity. Neither is fully effective. Clinicians routinely prescribe medication to treat the comorbidities of obesity such as hypertension, diabetes, cardiovascular disease, and reproductive disorders, but we have very few pharmaceutical options to treat obesity before it results in these comorbidities. We, as doctors, and the American population, as patients, need better medications based on the knowledge we will gain from our basic and clinical research.

We believe that obesity research should be continued at three levels. First, basic research should continue to better understand the body's complex mechanisms of storing and utilizing energy. Second, transitional research should move these basic discoveries into trials of clinical treatments. Our evolving knowledge will provide numerous opportunities for better diagnostic, pharmaceutical, surgical, nutritional, and behavioral approaches. Finally, as these approaches are implemented in the obese population, outcome or impact research should be designed and put in place to assess efficacy.

We are right at the threshold of understanding how our bodies control weight and how we might use this knowledge to cure obesity. It is imperative that we continue our public and private investment to translate these breakthroughs in basic and clinical research into treatments for those who suffer from obesity and its related aliments. Thank you for inviting me to testify today and I thank the committee for furthering the public discourse on the growing epidemic of obesity.

Mr. BURTON. Thank you, Dr. Spratt.

Dr. Wadden.

Mr. WADDEN. Mr. Chairman, Ms. Watson, thank you for the opportunity to testify on behalf of NAASO, the North American Association for the Study of Obesity. NAASO's members include more than 1,800 scientists, practitioners, and educators who are dedicated to improving the prevention and treatment of obesity in the lives of those affected by this condition.

I am Tom Wadden, the vice president of NAASO and professor of psychology at the University of Pennsylvania in Philadelphia.

We have heard today that the United States is experiencing an epidemic of obesity. What can we do to control this public health crisis that threatens the lives and well-being of so many of our citizens? NAASO offers three recommendations today: first, increase the availability of treatment for people who are already obese; second, substantially strengthen efforts to prevent the development of obesity, particularly in children; and, third, double NIH funding for obesity research from its current level of $400 million. Let me briefly discuss each of these.

In 2002, a landmark study supported by the NIH showed that a 15-pound weight loss reduced the odds of developing Type 2 diabetes by more than half in overweight persons who were at risk of developing this illness. To meet their treatment goals, study participants received frequent individual counseling from dieticians and other health professionals.

Remarkably, such treatment, though clearly effective, is not covered by most insurance plans today. Ironically, insurance companies pay to treat the complications of obesity, including high blood pressure, Type 2 diabetes, and heart disease, but they do not cover obesity itself. These serious medical problems could be prevented, or at least alleviated, if patients could obtain help in managing their weight.

NAASO believes that the treatment of obesity should be reimbursed when provided by appropriately trained health professionals. NAASO met this morning with officials from the Centers for Medicare and Medicaid Services. We strongly urge Congress to direct CMS, in collaboration with private insurers, to develop guidelines for covering weight management services, including diet and exercise counseling, medications, and surgical interventions. We also urge Congress to assist universities, as well as State Departments of Health, in training more health professionals to provide weight management services.

While we must treat obesity to prevent the development of health complications, our greater need is to prevent the development of obesity itself. As we have heard, America's children are of paramount concern. Fifteen percent of our youth are now overweight. An additional 15 percent are at risk of overweight; they are just a few pounds away. And we have heard about the explosion of Type 2 diabetes in pediatric clinics.

NAASO urges Congress to provide greater support for obesity prevention programs. The Centers for Disease Control and Prevention, as we heard from Dr. Thompson, are playing a crucial role through their Division of Nutrition and Physical Activity, which administers the State-based Nutrition and Physical Activity Program.

But only 28 States are currently supported by CDC, and of these only 5 are funded at an adequate level, the basic implementation level. Those States receive $750 million to $1.5 billion per year. The United States needs this program in all 50 States funded at adequate levels. NAASO urges Congress to strengthen support for this and other CDC initiatives, including its Division of Adolescent School Health and its VERB campaign that Dr. Thompson spoke of.

The solution to our Nation's obesity epidemic seems so simple: people need to eat less and exercise more. And yet the solution could not be more complex, because so many factors influence our daily eating and activity habits, as you have already told us, Congressman Burton. Children today see 10,000 food-related commercials on TV each year. Most are for sweet or fatty foods. How do these ads influence children's eating behavior and body weight at the age of 4 or 14 or later at 40? Think what your brother's weight would be today if he had seen 10,000 food ads per year.

How do TV and video games affect children's daily physical activity? We know it decreases it, but by how much? How does the design of a neighborhood, including the need to drive to school and to shopping centers, affect weight and well-being of children and their parents?

Answers to such questions are urgently needed in order to develop the most effective prevention programs. We cannot expect children to make better food and activity choices long-term until we create environments at home and at school that support better choices. Willpower is just not the answer for pediatric obesity.

This past August the NIH published its Strategic Plan for Obesity Research, as Dr. Thompson said. This document identifies short and long-term research goals to improve obesity prevention and treatment, and to advance understanding of the multiple causes of this condition. As we heard, this includes groundbreaking research in genetics and neuroendocrinology that is identifying basic biological mechanisms for controlling eating, energy expenditure, and body weight. This research will further prevention and treatment efforts.

NAASO urges Congress to double NIH's funding for obesity research from its current level of $400 million. Mr. Downey has told you how little support there is for obesity compared to other disorders. The NIH has a comprehensive program, but it will only succeed if sufficient resources are provided as have been provided in the fights against cancer, heart disease, and AIDS.

Funds invested in obesity research will yield multiple benefits: as we reduce the number of Americans who are overweight and obese, we will dramatically reduce the many complications, including Type 2 diabetes, heart disease, and several cancers; and as important, we will reduce the personal suffering of the millions of Americans affected by obesity.

Thank you for this opportunity to testify.

[The prepared statement of Mr. Wadden follows:]

TESTIMONY BEFORE THE
HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNEMENT REFORM
SUBCOMMITTEE ON HUMAN RIGHTS AND WELLNESS

September 15, 2004

By: Thomas Wadden, PhD

Vice-president

North American Association for the Study of Obesity (NAASO)

Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to testify before you on behalf of NAASO, the North American Association for the Study of Obesity. NAASO is the only member-based scientific society dedicated to the study of obesity. Its membership is comprised of the 1,800 leading scientists and clinicians in the field. I am Thomas Wadden, PhD, NAASO Vice-president and a Professor of Medicine at the University of Pennsylvania.

Obesity is both an obvious and an intractably complex problem. It is obvious in that we all understand obesity results from an energy surplus. It is intractably complex in that the surplus results from a multi-faceted, societal, biological and psychological overwhelming of our ability to regulate energy intake and expenditure. If the United States is to halt this epidemic we are going to have to:

- Invest in prevention programs in a variety of settings,
- Provide medical treatment to the 25% of Americans who already suffer from obesity, and
- Learn more about our own physiology and our interaction with our environment.

The prevalence of obesity has doubled in the past 10 years and continues to increase. The incidence is such that obesity can only be described as epidemic. Obesity could easily become the number one preventable cause of death in the coming years. Yet, one does not have to be a scientist to understand the basics of obesity prevention. Most Americans know what they need to do to lose weight but are unable to implement the lifestyle changes needed to lose weight permanently or prevent weight gain.

It is extremely important that Congress support prevention programs such as those reported by the Department of Health and Human Services. NAASO is particularly supportive of the CDC's Division of Nutrition and Physical Activity (DNPA) and the State-Based Nutrition and Physical Activity Program. This program aims to help states improve their efforts to prevent obesity by promoting good nutrition and more physical activity.

There are currently only 28 states funded under this program and of those only five are funded at the basic implementation level while the remaining are at the capacity-building level. The United States needs this program in all 50 states at the basic implementation level.

Children should be our top priority. Nearly one third of our children are now overweight or at risk of overweight and are, thus, subject to the health complications of obesity, including type 2 diabetes. CDC's Division of Adolescent and School Health (DASH) is working to prevent the most serious health risk behaviors among children, adolescents and young adults. Recent studies illustrate that school physical education programs increase physical activity and potentially reduce obesity or its complications. However, from 1991 to 1999, the number of students attending daily physical education class declined from 42% to 29%.

Children spend approximately 48% of their waking hours in school or engaged in school-related sedentary behaviors such as homework. Thus, school environments represent a major opportunity for the implementation of programs to improve physical activity and nutrition patterns. The CDC's Youth Media Campaign is exactly the type of program that can have an important positive effect in the promotion of healthy behaviors, especially physical activity, in middle-school-age children. Studies show that the VERB campaign has been an effective way to promote healthy behaviors at a reasonable cost and that it has been particularly effective with inner-city kids and girls – two populations at high risk.

But CDC cannot do this alone. Many states are going forward with innovative programs such as those in Arkansas. We need to provide grants to states to support health promotion programs in schools, pediatric practices, and community outreach programs. NAASO is developing a program with the Center for Health and Health Care in Schools to assist school based health personnel with interpreting, and communicating body mass indexes for children and their families in areas where this information is collected in schools. We hope to receive support for this program.

NAASO would also like to see more programs targeting adults at high-risk periods, such as pregnancy or smoking cessation. Effective prevention programs could significantly reduce the incidence of obesity.

The second component of any plan to halt this epidemic must include the treatment of those already afflicted. The dangers posed by this epidemic of obesity are well documented and it is logical to desire nothing short of a "cure." However, it does not make sense to deny access to the abilities we currently have in the absence of a cure. Our goal should be to improve the health of the patient and we know that a 5% to 10% reduction in body weight significantly reduces the risk of many co-morbidities. In order to do this, we need to provide access to treatment and to increase the number of qualified providers.

Science has shown with large-scale trials that the incidence of diabetes can be reduced with the proper medically supervised weight control programs. Despite these advances and our ability to help individuals, too many health plans do not cover the most basic forms of obesity treatment. It does not make sense for a health system to reimburse for the treatment of co-morbidities such as diabetes, heart disease and stroke while not covering the underlying disease – obesity.

NAASO believes that practitioners who have legitimate treatment programs with acceptable results deserve to be reimbursed for the efforts they put forth on their patients behalf. Providing reimbursement for these programs to qualified individuals will reduce the $70 billion in Medicare and Medicaid expenses currently attributed to obesity. NAASO has met with officials from the Centers for Medicare and Medicaid Services (CMS) this morning. We propose that guidelines be established for the reimbursement of proper medical treatment for individuals who have a body mass index of 35 or greater.

We also need to increase the number of these qualified care providers. Many of the advances we have made in our understanding and treatment of obesity result from Congress's decision to create Clinical Nutrition Research Centers and Obesity/Nutrition Research Units in a limited number Medical Hospitals throughout the United States. These centers have provided both a research base and the clinical training needed to address obesity. However, the number of these centers is woefully inadequate to address an epidemic of this size. Congress needs to increase the number of these centers and the number of primary care providers properly trained in the care of obese individuals.

It has become increasingly clear over the past decade that, at least on a population basis, the obesity epidemic is largely environmental in etiology. Still, the specific environmental factors are not obvious or easily reversible. Genetic causes of obesity have certainly failed to explain the epidemic. Despite vast expansion of our knowledge of the biology of food intake regulation with the identification of innumerable central and peripheral signals that regulate food intake, and the increase in our understanding of energy balance regulation, this knowledge has not translated into remediation of obesity.

We must pay particular attention to environmental factors, rather than looking solely at individuals to fight this battle. We need to understand how the design of our residential areas and workplaces contributes to obesity. Many Americans are doing what they can. Programs have been developed in schools and worksites throughout the United States. We need to know which programs work best in which settings.

When a school removes a vending machine or when a worksite program is developed, we need to be able to evaluate its effectiveness and we need to know exactly what works best in what setting. The Centers for Disease Control and Prevention (CDC) has requested resources that would allow such evaluations to take place and to develop better quality interventions in different settings. We support the CDC's efforts and ask that Congress provide more support for these programs.

Obese children face a dangerous spiral as excess body fat limits exercise tolerance and reduces physical activity, ultimately leading to Type 2 diabetes, and other serious chronic diseases and emotional problems. Programs to treat severe childhood obesity are uncommon. More studies that focus on effective therapy for childhood obesity are needed.

Additional research is needed to improve the treatment of obesity, to prevent the development of this condition, and to understand the link between obesity and health complications. The research needs to be broad and far-reaching including economic, social, behavioral, physiological and molecular/genetic approaches. Our studies must employ tools such as epidemiologic and population studies, human physiologic studies, clinical trials, studies of animal models and cellular systems using the most advanced techniques.

Despite the critical need to better understand this epidemic and even with the increase in research dollars over recent years, funding for obesity research is not commensurate with the scope of this public health crisis. Obesity is the number two preventable cause of death for Americans, yet the NIH does not allocate nearly enough of its total budget to obesity research. Research supported by the NIH has made a major impact on the health of the U.S. population, by focusing support to understand the basic biology of human diseases and the therapeutic approaches to treat and eliminate serious diseases. The time has come for the NIH to provide a major research focus on obesity. This effort must be carefully directed with the overall goal of prevention and treatment. But more resources need to be directed to this most important health issue. NAASO urges Congress to double the amount spent on obesity research.

Conclusion

In order to stem this epidemic the United States must focus more resources on the prevention, research, and treatment of overweight and obesity. Obesity is quickly becoming the leading health care problem in the United States. It is a complex disease that involves genetic, metabolic, behavioral, and environmental factors. The increased prevalence and causal relationship with serious medical complications have considerable health and economic consequences for our country.

Improving the access to medical treatment by reimbursing qualified programs and the quality of medical treatment by improving the training of medical professionals will enhance our ability to improve the lives of the 65% of American adults who are overweight or obese.

Increasing research for understanding, preventing and treating obesity will decrease the prevalence of costly obesity related diseases, such as diabetes, high blood pressure, and coronary heart disease, and ultimately result in considerable financial savings. Supporting prevention programs may reduce the number of Americans who suffer from obesity.

NAASO urges Congress to:

- Double NIH spending for the number two health problem in America - including increased funding for:
  - Research that will increase our understanding of the basic biology of obesity,
  - Translational research to enhance the application of successful strategies to control body weight,
  - Research directly addressing how environmental behavior, and lifestyle factors can be altered to prevent obesity, particularly in children.
- Support prevention programs such as those by the CDC including the Department of Nutrition and Physical Activity and the Division of Adolescent and School Health
- Increase and fully fund the number of Obesity/Nutrition Research Centers and Clinical Nutrition Research Units, which provide think tanks for collaborative interaction, a training ground for young investigators, and a resource for health education.
- Instruct CMS to establish criteria under which reimbursement for medical treatment of obesity will be provided.

Thank you for this opportunity to testify, Mr. Chairman. I am available to answer any questions.

Mr. BURTON. Well, thank you, doctors, ladies and gentlemen. We really appreciate the testimony. It was very enlightening, because I have always been of the opinion if you just ate less and exercise more, you would stay thin. But you have convinced me today that is not the only solution to the problem, although I think it is a big one.

You said labels help. I think it was you, Ms. Kretser, who said that, I believe. And I think they do, but most people, when they are going to the store to get something for a basketball or football game, where they kick their feet up and you see these advertisements on TV where some guy is overweight and he is sitting in a big chair popping all this stuff, they don't read those things.

Can't the food industry do something to educate the people through public service announcements in addition to those kinds of commercials? It just seems like to me, as the doctor just said, they see 10,000 food commercials per year, a child, and an awful lot of those are these junk food ads that lead to obesity. It seems to me, in addition to trying to find better foods with lower caloric intake and fat intake and so forth, that the food industry could, in their advertising or through public service announcements, educate the public as to what they should be eating. It would also help them in sales of the products that aren't so fattening.

Is there any thought about that?

Ms. KRETSER. In response to your question, food advertising has the potential and it will play an important role in the battle against obesity. And I can tell you there is a sea change in the type of advertising that is done in the food and beverage industry. They are looking at how, within advertising, we can communicate healthy lifestyles so that if a food such as advertising a cookie, you show a child coming in from outdoors, being physically active, and then having the correct amount of a snack. We are very committed to advertising responsibly and portraying the correct way to use a food, and how much and the amount of the food. And if it is a snack food, that it isn't portrayed as replacing an entire meal. That is inappropriate.

Mr. BURTON. Well, all I can say is that I have never seen a commercial for a junk food or a fast food that said don't eat too much of this, now. They never say that; they always say—and I don't want to get into specific products——

Ms. KRETSER. Well, we have in this country a self-regulatory mechanism that is under the National Advertising Review Unit that CARU, which is the Children's Advertising Review Unit that has a set of principles that all of our companies adhere to in adveritising to children, and they review commercials for children under the age of 12, and we have a very high compliance rate if in fact they have an issue with how a food is——

Mr. BURTON. Well, pardon my English, but it apparently ain't working, because you have one in three kids that are being born today that are going to be a diabetic if we don't change things, and kids are getting fatter all the time, and the message——

Ms. KRETSER. Well, I think you have heard today that it is not just one single issue, such as advertising. There are many multiple factors that have changed as far as our lifestyle. Within the last 10 years our lifestyle is very, very different.

Mr. BURTON. No, I understand that. I understand that. But that is one part of the solution, and that is to educate. You know, I watch television like everybody else, and I see beer and alcohol commercials where they say drink responsibly.

But with fast foods and things like that, I never hear them say eat responsibly. I am not saying that is the solution, it just seems to me that the industry, while developing foods that are better for us that still taste good, that they can also do something to talk about caloric intake and fat intake. We don't want to discuss this ad infinitum, but I just hope that maybe——

Ms. KRETSER. We do communicate. We have a great deal of information on nutrition on company Web sites, and I encourage you to look at major manufacturers' Web sites, all of the information that they have available for consumers.

Mr. BURTON. I would be happy to look at those Web sites, but that is not what I am talking about. We are talking about 10,000 commercials a child sees in a year, not their Web site. A lot of kids are very, very good with computers, but they don't rush to the computer to look at what kind of things they should eat; they see that coming into the television when they watch a movie or watch some kind of other thing.

Ms. KRETSER. I understand what you are saying, but I will say that parents are a tremendous role model, and Government, as far as schools as well, but parents, you teach how you eat. I have two children, and they have watched me for years.

Mr. BURTON. I want to ask some other questions. Let me just tell you we have latchkey kids now. More husbands and wives are working than ever before. When I was a boy, my mom worked and my stepfather worked, and my dad went to the slammer because he was a bad apple. But the fact of the matter is today probably 60, 70 percent of the families, both parents work, and the kids come home and they spend time watching television, and the parents don't have the opportunity, as they did in the past, to go into these things in detail.

I am a free enterprise advocate, as I said, and I don't like to mess around with the private sector. Let me just finish. I just think that the industry would be well served not only to come up with new products that taste good, that people can consume in a way that will be safer, but also so that they can help educate the kids, because the parents, in many cases, aren't there to do it.

I have a couple of other questions I would like to ask before my time runs out.

You said, Dr. Wadden, that we ought to double the amount for research for obesity from $400 million to $800 million a year. I don't disagree that is probably a good goal. We have severe budgetary constraints right now. Is there any other way, other than spending another $400 or doubling the amount of money being spent on research, to help solve these problems for things other than just advertising and caloric intake?

Mr. WADDEN. Well, I think that we are going to have more dialog between the private sector and industry, academia and Government and the public sector, because I do agree we are going to have to have multiple sources coming together to work on this problem. I think the NIH plays such an important role in terms of trying

to figure out what are the causes, where are the most productive avenues to intervene.

Your State is ahead on things. In Los Angeles you have decided to take sugared sodas out of vending machines, which I highly applaud. We would like to be able to say is that a good decision, does that in fact reduce obesity? So those are the kinds of grassroots movements that we could provide funding for from NIH to see if that is a good target. It is a better target to do what you are thinking about, going more after maybe television advertising aimed at children or at the food industry.

So we do need money for basic research at NIH that can address these issues, as well as the types of issues you raise, but the partnership has to be with industry, with State government, as well as the Federal Government doing its part.

Mr. BURTON. Let me just ask Dr. Spratt a question real quick. You said we need more research for drugs to help combat obesity. It seems like we have a pill for everything. And you may be correct, I don't know. Do we really need more prescription type drugs to deal with the obesity problem? Would our money be better spent in education and that sort of thing, rather than, after the fact, giving people pills to control their appetite?

Dr. SPRATT. Well, I personally agree with you, and I think our community would too, that the knowledge that we are gaining can lead to many approaches besides just some medicines that will help control obesity. However, for a subset of patients with morbid obesity, where nothing else is working, that is at great risk, these effective medicines are a great benefit in reducing the problems of diabetes and cardiovascular disease. So it is one part, I believe, of the solution, certainly not the whole solution.

Mr. BURTON. Ms. Watson, I will yield to you. I am sure my time has expired.

Ms. WATSON. These are issues that we have been dealing with for decades, and I am looking at the industries that produce these foods, fast foods in particular, and in certain areas in my district you can go into one block and you could find five or six fast foods, particularly fried chicken. We have new donut shops now, nothing but oil, dough, carbohydrates. And our kids whose parents are not in the home, homes most often are dysfunctional, will have breakfast in the morning, a donut and a Pepsi, a donut and a Coke. That is their breakfast. So what I see is a partnership.

At least we have labeling now, and in a lot of the restaurants they tell you what is in the food and how it is prepared somewhat. But they are, I think, attractive nuisances. What can we do to bring the food production industry, our educational services, our health services together on this and not appear too heavy-handed with it?

But we are going to have to do a better job somewhere along this way of educating people, and I don't think a pill is the answer, because naturally our body will digest and use the fats it needs and get rid of the others. But the problem is how do our children in today's world really know how to use that Pyramid. I remember, and I am talking about another life when I went to school, that it was emphasized; now we hardly mention it. So anyone want to speak to that?

Mr. DOWNEY. If I could. I think we have to take drug development as a serious tool here. We are accustomed to using this to control things like cholesterol, to control hypertension. And if we did have an array of several, five or six kinds of medications like we have for diabetes, hypertension and the like, we could get a lot of these problems under control and not have the higher expenses that come from leaving it untreated. So I look at this as just another chronic disease. Drug medications are a common way that we approach these.

And while the environmental activities, areas like you have touched on, are extremely interesting, we have around the world really kind of natural experiments going on, countries that are changing from one kind of lifestyle more to a western lifestyle; maybe they don't have television advertising, maybe they don't have vending machines. We really don't know what is happening there in terms of whether those are influencers, controllers on obesity or not.

Since you raised it, I will mention about the fast food franchises in particularly low-income minority areas. I don't have the figures in front of me, but I came across information a few years ago that for the Small Business Administration this is a major part of their whole economic development program in many minority areas. So the article I read indicated that this is what the SBA was largely doing with its minority economic development program, was supporting these franchises in these economically depressed communities that provided a lot of jobs and income.

So the issues become a lot tougher to tease out. And while we talk about food advertising, we also have a situation that Congress, as is true in virtually every western democracy, heavily subsidizes the agricultural industry. We produce twice as many calories per person per day as we need in this country. This creates great demands. We can increase portion sizes without really taking in the cost of food very much; it puts a premium on advertising and marketing to get market share, etc.

I know Dr. Wadden and I have talked about these a lot, and he is an expert in these. These are tradeoffs. These things were developed to create obesity, but our whole society is really geared to reducing physical activity. We have engineered physical activity out of our time. We are trying to increase production so American workers are now working longer, harder, more productively than ever before. We are using technology where we didn't just 5 or 10 years ago. And these are all creating this environment or lifestyle. It is very hard for an individual to change that; that is the environment that we are all in.

Ms. WATSON. Well, we sit here and we talk about the problem, and I kind of hear an acceptance of the problem. I am hoping from you to hear more about how we then resolve these problems for the future. The free market is going to continue to produce its goods as long as they are meeting a profit; however, we worry about the physical health of Americans and what we can do and what policies we can set, and I do hope that we can hear back from you as to how you can help us guide policy that would improve the health of Americans.

Mr. BURTON. Thank you, Ms. Watson.

Well, let me just say you have been a very interesting panel. I really appreciate the illumination of a lot of the issues that I wasn't familiar with. One thing that I noticed, Mr. Shipman, I didn't ask you a question, but you and the young lady next to you there, Ms. Kretser—is it Kreetser?

Ms. KRETSER. Kretser.

Mr. BURTON. Kretser. Excuse me, I am sorry.

I think one of you indicated that the Food Processors Association produces about $500 billion a year in product. So it is a very, very large industry in this country. I don't know how much of that they utilize for advertising or for public service announcements, but I would just like to suggest that maybe in the process of developing new and better foods that will help solve this problem, that they might be able to do some advertising which will help in that direction and use just a few of those dollars to educate the public so that we can maybe enlist their help to solve the problem. Government can't do it all.

Dr. Wadden asked for $400 million more. We have a huge budget deficit right now. We have a war we are fighting in Iraq. We have the war against terrorism. We have to increase our intelligence activities, the CIA and FBI, to protect the American people against an attack by terrorists.

So we don't have the luxury of being able to put an extra $400 million or $500 million here or $5 billion there, or whatever it happens to be. But the industry that produces these products, and does in a way contribute to the problem, could be a big help to us by educating the public through their advertising and through public services announcements, as well as coming up with new products that taste good.

I would love to sit down and watch a football game where I could eat to my heart's content and not get fat. Right now I can't do that. But if you guys come up with something, I will buy that product day and night.

With that, thank you very much for being here. We really, really appreciate it.

We stand adjourned. We will have another hearing on this in the future.

[Whereupon, at 3:55 p.m., the subcommittee was adjourned.]

[The prepared statement of Hon. Elijah E. Cummings and additional information submitted for the hearing record follow:]

Opening Statement of Congressman Elijah E. Cummings
House Government Reform
Subcommittee on Human Rights and Wellness Hearing
On
"Conquering Obesity The U.S. Approach to Combating this National Health Crisis"
September 15, 2004 at 2:00 p.m.
2154 Rayburn House Office Building

Thank you, Mr. Chairman, for conducting this hearing to examine the continuous increase of obesity in the United States, the health implications of this national epidemic, as well as the Federal Government's role in fighting it.

About 300 million people worldwide are affected by obesity. In America, according to 1999-2000 Centers for Disease Control (CDC) estimates, 64% of American adults, age 20 and over, are either overweight or obese, and 15% of children, age 6 to 19, are overweight. Individuals who suffer from obesity are more susceptible to health problems such as heart disease, stroke, diabetes, and even some cancers, just to name a few. In fact, the medical conditions associated with obesity are causing it to soon pass smoking as the leading cause of death among Americans. The Surgeon General estimates that 300,000 deaths a year may be attributable to obesity.

Maintaining good health should be our number one priority in life, because without good health, it is nearly impossible to realize dreams and reach the

goals one has set. As a society, we have been taking our health for granted for far too long. Because of our inactivity and poor food choices, we are now a nation of overweight and obese people.

The health impacts of obesity are putting an enormous burden on our health care system. It is estimated that the nation spends $75 billion per year on obesity-related health issues, with more than half paid by taxpayers through Medicaid and Medicare. By implementing more education initiatives, healthy living incentives, and preventative measures, the federal government can effectively help bring attention to obesity.

The factors contributing to America's obesity rate are varied and range from genetic, behavioral, to environmental. Yet, there is no doubt that overeating and inadequate physical activity are two major culprits of obesity. Whatever the case may be, the cause for government-wide initiatives encouraging healthier living is urgent. American youth, especially, deserve our attention to this matter, so that they develop healthy living models early in life. Young people spend far too much time in front of televisions and computers and not enough time excercising or playing outdoors. Regular exercise and healthy eating patterns are important for a fulfilling life, both physically and emotionally. Congress should take a serious look at America's obesity

problem and determine how we can work together with our health and nutritional experts to combat this epidemic.

I look forward to hearing from today's witnesses, and in particular, hearing more about the positive changes that can be made to combat obesity through programs such as the one currently operated by the Division of Nutrition and Physical Activity at the CDC, as well as any other initiatives and programs the federal government has put in place to combat the obesity epidemic.

Mr. Chairman, thank you again for holding this hearing.

United States Department of Agriculture

Office of the Secretary
Washington, D.C. 20250

October 5, 2004

The Honorable Dan Burton
Chairman
Committee on Government Reform
U.S. House of Representatives
2157 Rayburn House Office Building
Washington, D.C. 20515-1405

Dear Congressman Burton:

This letter is in response to the questions and issues raised at the September 15, 2004, hearing, titled: "Conquering Obesity: the U.S. Approach to Combating this National Health Crisis" hosted by the Subcommittee on Human Rights and Wellness. I appreciate this opportunity to further clarify issues pertaining to nutrition education in the Food Stamp Program (FSP). We call this aspect of the program "Food Stamp Nutrition Education" or FSNE.

As you may know, the Food and Nutrition Service (FNS) of the Department of Agriculture (USDA) has recently proposed a policy framework for FSNE, which has generated much comment and attention. Many comments were from the State of California, and many of these were not positive. Given the level of public interest in the topic, I personally have dedicated a significant amount of time to public discussion of this proposal. On August 31, 2004, I met with California officials, including Secretary Kimberly Belshé, to clarify the purpose and intent of the proposed framework. I believe this discussion was helpful to all parties. It is important to note that this proposal was intended to generate the kind of discussions we are now having. The hearing on September 15, 2004, raised additional questions about the framework, as well as other issues pertaining to FSNE, such as the current policy that prevents disparagement of any food, commodity, or beverage in the course of delivering FSNE.

Before I speak to these specific issues, I would like to first provide a bit of background on FSNE. As you know, States that participate in the FSP have the option to provide nutrition education. FNS encourages and supports States that wish to provide nutrition education to persons eligible for the FSP. To receive Federal funding for nutrition education, a State submits an annual nutrition education plan to FNS outlining proposed activities and the budget for the following year in accordance with 7 C.F.R. 272.2 (d) (2). USDA provides instructions about preparing acceptable education plans in an annual publication called "Food Stamp Nutrition Education Plan Guidance." Once FNS approves a State's plan, FNS will reimburse the State for 50 percent of its total allowable nutrition education expenditure.

For some time now, we have been concerned that the national FSNE is not as effective as it might be in providing quality nutrition services to those who are participating in the FSP, or are eligible to participate. The proposed FSNE framework is one of several actions we are taking to address these concerns. As discussed in the August 31, 2004, meeting with California officials, this document was posted on our web site to stimulate discussion on how current efforts could be improved to better support the FSP. At this time, no decisions have been reached about the final framework, including what might become requirements for participation in FSNE and what would be "good practice" recommendations. As drafted, the framework seeks to put more emphasis on food stamp participants, focus education on specific nutrition behavior, involve FSP administrators more in planning and oversight, and build a stronger collaboration with other FNS nutrition assistance programs. We see the need to meet all these important goals as a means to improving the effectiveness of the FSP as a public health intervention.

We agree that there are a number of issues raised in the framework, such as the emphasis on targeting women with children, which require further discussion. While women with children, and children respectively are critical audiences for FSP nutrition education, the proposed framework, if finalized as currently crafted, would not prevent States serving other segments of the FSP population, including elderly and male participants.

Although the proposed framework emphasizes the importance of nutrition education that teaches food stamp participants how to purchase a healthy diet with their benefits, it does not state that the food stamp office would be the only allowable venue for FSNE or that FSP caseworkers would be primary FSNE providers. This is a misunderstanding that I was happy to dispel in discussions with California staff in the August 31, 2004, meeting. However, it is important that the FSNE providers work with the food stamp office to ensure that FSNE highlights how to spend food stamp benefits on healthy choices, and that nutrition education messages are reinforced within the food stamp office. We will clarify this point in USDA's revised proposal.

FNS encourages States to adopt a multifaceted approach to help food stamp participants improve their eating and physical activity behaviors, including social marketing efforts. We recognize that interventions specifically aimed at FSP recipients may, at times, also reach other persons living in the same community. However, we are concerned that some State programs are not targeting the majority of their nutrition education activities to FSP participants or eligible populations. In some cases, the funds available for FSNE appear to be inappropriately supporting projects that are of little direct benefit to FSP participants.

We share your concerns regarding the future of FSNE and agree there is a wonderful opportunity to make a healthy difference in the lives of low-income Americans. As I have mentioned, my meeting with California health and social services officials, as well as others from the California nutrition community on August 31, 2004, clarified misconceptions about the intent and possible impact of the national FSNE framework, and answered specific questions and concerns expressed by California staff. We believe this open dialogue provided a positive foundation for future FSNE discussions.

The comment process on the proposed FSNE framework has provided a valuable opportunity for the public and our stakeholders to express their views and opinions, and offer suggestions. All comments received are being carefully considered at this time.

Another area of concern that was raised at the September 15, 2004, hearing pertained to our position on disparagement of specific foods, commodities, and beverages. Several issues arose, including the basis and rational for this policy, and whether any States had been denied projects on the basis of this policy.

Current FSNE Guidance contains this language:

> *States must ensure that all nutrition messages conveyed as a part of FSNE are consistent with the goal, focus, and core elements of FSNE as described on pages 12-13 of this Guidance. FSNE funds may not be used to convey negative written, visual, or verbal expressions about any specific foods, beverages, or commodities. This includes messages of belittlement or derogation of such items, as well as any suggestion that such foods, beverages, or commodities should never be consumed. FNS regional office staff may ask to review media messages and materials prior to their release, particularly when States are planning large media campaigns and productions.*

The current policy prohibiting disparagement is built upon the basic premise of the Dietary Guidelines for Americans (DGA) which are the foundation for nutrition education for all nutrition assistance programs including the FSP. The DGA conveys the importance of variety, balance, and moderation in the diet, and physical activity as a means to a healthy weight.

The disparagement policy was prompted by a social marketing advertising nutrition education campaign funded in part by FSNE. The policy is supported in Title 4, Sec. 4403(b)(2) which states that funds for nutrition education may not be spent on messages that disparage any agricultural commodity. The campaign which prompted this policy guidance in December of 2002 used the moniker "Cut the Crap" as its primary message and focused on promoting no consumption primarily of soft drinks. The promotion was done in a manner that might be considered disingenuous, misleading, and not scientifically based. Some would consider the message language to be offensive.

When FNS withholds approval because of potential disparagement, our regions work closely with States to develop approvable social marketing campaigns that convey messages that are consistent with the DGA and effectively target Food Stamp eligible populations. In the case of the "Cut the Crap" campaign, FNS worked with the State and later approved the campaign when the message was changed to "Cut the Calories."

Again, I appreciate this additional opportunity to address these issues. Please be assured that USDA will continue to work with our many partners, including the States, to ensure that nutrition education is meaningful for FSP participants so they have the information, knowledge, and support for healthy eating and active living.

A similar letter is being sent to Congresswoman Watson and Congressman Waxman.

Sincerely,

Eric M. Bost
Under Secretary
Food, Nutrition, and Consumer Services