



American Society for Nutrition  
*Excellence in Nutrition Research and Practice*  
www.nutrition.org

March 26, 2010

Director, Office of Executive Secretariat  
U.S. Department of Agriculture  
1400 Independence Ave., SW  
Room 116-A Whitten Building  
Washington, DC 20250

Dear Sir/Madam:

The American Society for Nutrition (ASN) applauds President Obama, the First Lady and the Administration for their commitment to addressing childhood obesity, and we appreciate this opportunity to provide input to the President's Task Force on Childhood Obesity.

ASN is the professional scientific society dedicated to bringing together the world's top researchers, clinical nutritionists and industry to advance our knowledge and application of nutrition to promote human and animal health. Our focus ranges from the most critical details of research to very broad societal applications. Many of the nation's leading obesity experts and top researchers are members of our Society, and within ASN there is an Obesity Research Interest Section. Moreover, we publish cutting edge research related to obesity in our peer-reviewed scientific journals—The American Journal of Clinical Nutrition and the Journal of Nutrition. As you consider the need for additional expertise on nutrition science as it relates to child health and overweight and obesity, we offer our Society as a resource to identify such experts.

#### **General Comments**

At long last, obesity, especially childhood obesity, has taken a prominent position in the national public health dialogue, and nutrition is recognized as a means to prevent, manage and treat obesity in health-promotion and risk-reduction initiatives across the life cycle. However, despite growing national awareness of nutrition's vital role in preventing, delaying onset of, and managing overweight and obesity and its debilitating side effects and co-morbidities, federal funds dedicated to this effort have been woefully inadequate. The government certainly cannot do this alone, but any comprehensive strategy to address childhood obesity requires the commitment of additional resources to fund effective education, public health intervention, and social change programs.

These resources should primarily be focused on prevention. This is our best hope of stemming the tide against overweight and obesity, as reversal of the condition is much more difficult and costly. It also is important to consider ways to improve the health and nutritional status of people who are already overweight or obese. Doing so can mitigate chronic diseases such as diabetes and hypertension, from which many overweight and obese individuals suffer. Focusing resources on those populations who are at greatest risk and suffer from health disparities, including racial and ethnic minorities, also will have a high impact. These populations display higher rates of obesity and other chronic diseases; and they often have reduced access to healthy food, physical activity resources and health care, among other public health and social services. A 2008 report issued by

Trust for America's Health showed that an investment of simply \$10 per person annually in community-based disease prevention programs to increase physical activity, improve nutrition and prevent smoking could save the U.S. \$16 billion in annual medical costs within five years.<sup>1</sup> We recognize these are challenging economic times, but we are already paying the price for an overfed and undernourished population through higher health care costs which drive up the cost of health insurance.

## **Matters To Be Considered**

ASN acknowledges the four objectives on which that the Presidential Memo directed the Task Force to focus.

- Ensuring access to healthy, affordable food
- Increasing physical activity in schools
- Providing healthier foods in schools
- Empowering parents with information and tools to make good choices for themselves and their families

1. *For each of the four objectives described above, what key topics should be addressed in the report?*

For “empowering parents with information and tools to make good choices for themselves and their families and tailor the choices to their economic situation and food availability,” consider the following key topics:

- Training pediatricians and family physicians to counsel families on this topic and make referrals to registered dietitians where appropriate.
- Developing policies to discuss prevention strategies with families and institutionalizing them within health professional organizations.
- Ensuring educational materials are culturally, ethnically and economically appropriate; written at the correct literacy level, provide realistic recommendations match reality; and acknowledge the digital divide by being made available in multiple formats. It is important to counsel people of low socio-economic status with poor access on how to best optimize intake within financial constraints.

For “ensuring access to healthy, affordable food,” consider the following key topics:

- Access to supermarkets and market conditions that contribute to differences in food availability.
- Whether the local community has access to the food grown in its area. For example, there are areas in the country, such as the central valley in Louisiana, where the food grown is not made available to the area residents.
- The difference in the cost of food between large supermarkets and smaller, convenience stores. As noted in the USDA Economic Research Service's report, *Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences*, a key concern for people with limited access to supermarkets who rely on smaller stores is that they have fewer healthy options, and what they do have access to is more costly.<sup>2</sup>
- Local transportation infrastructure and the local food distribution system.

---

<sup>1</sup> Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. 2008

<sup>2</sup> USDA Economic Research Service. Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. Report to Congress, June 2009.

For “providing healthier food in schools,” consider the following key topics:

- Impact of the federal fresh fruit and vegetable program that most recently was expanded in the 2008 Farm Bill to all 50 states.
  - Requiring foods marketed to children age eight years and older to meet a single, science-based nutrition standard that is consistent with the recommendations in the U.S. Dietary Guidelines and the 2007 IOM report Nutrition Standards for Foods in Schools.<sup>3</sup>
2. *For each of the four objectives, what are the most important actions that Federal, State and local governments can take?*

For “empowering parents with information and tools to make good choices for themselves and their families,” consider the following actions:

- Utilize to the extent possible the Head Start and WIC programs, public schools and other institutions with distribution capabilities and the ability to reach people where they are.

For “ensuring access to healthy, affordable food,” consider the following actions:

- Provide incentives to supermarket chains to build new stores or improve existing stores in low-access areas.
- Provide support for community level interventions

For “providing healthier food in schools,” consider the following actions:

- Implement the recommendations outlined in a recent Institute of Medicine (IOM) report, *School Meals: Building Blocks for Healthy Children*.<sup>4</sup> ASN supports this report.
  - Adequately fund school meal programs, and train food service professionals in food preparation that emphasizes healthful options and greater use of fruits and vegetables, where possible.
  - Provide children with healthful meals through the school breakfast and school lunch programs, and should also have access to healthy options in vending machines. For many children, these may be the only healthy meals they receive all day.
3. *Which Federal government actions aimed at combating childhood obesity are especially in need of cross-agency coordination?*

A senior level position (e.g. Assistant Secretary or position in the White House Office of Science and Technology Policy) could be established that would serve as the federal government’s top coordinator of obesity related initiatives, and would be the liaison to the private sector and across government agencies. The “obesity czar” ideally would be a distinguished scientist in the field.

Research on nutrition as it relates to childhood obesity and the development of behavior change strategies is in need of inter-agency coordination because this work must take place in multiple departments (i.e. Dept of Health and Human Services and the Dept. of Agriculture) to cover the full spectrum from prevention to treatment. To date there has been little coordination across the agencies except in large centers like the USDA ARS Human Nutrition Research Centers, which leverage funds from multiple government agencies as well as private sources to conduct large scale trials, including those on obesity. The Department of Education should be involved as well so that research findings, once translated, can be integrated into the education system.

---

<sup>3</sup> Insert reference for IOM report here

<sup>4</sup> Institute of Medicine, 2010. *School Meals: Building Blocks for Healthy Children*. Washington, DC: The National Academies Press.

4. *For each of the four objectives, what are the most important actions that private, nonprofit and other nongovernmental actors can take?*
  - The nonprofit sector could be instrumental in initiating a major public-private campaign. A “small changes” platform could be the basis of such a campaign, consisting of educational and social marketing approaches. It also could include specific objectives and timelines from industries (food, restaurant, entertainment, etc.) agreeing on specific industry wide changes over designated periods of time that would help support and sustain the behavior change campaigns. The combination of promoting small behaviors changes coupled with specific environmental changes can be effective.
  - Private sector efforts, in partnership with the government, to gradually “ratchet down” some of the environmental factors that have contributed to excessive energy intake and declining rates of physical activity could be successful in reducing childhood obesity rates.
  - The food industry could develop healthier food products that still are perceived as “convenient”. For example, not only lower calorie foods, but also those with less fat and sodium, and that are more nutrient-dense. Government incentives might increase the effectiveness of this strategy.
  - The expansion of programs that link schools with the community to promote positive lifestyle changes such as healthier diets and increased physical activity.
  
10. *What are the key unanswered research questions that need to be answered with regard to solving childhood obesity and how should the federal government, academia, and other research organizations target their scarce resources on these areas of research?*
  - In addition to programs to affect behavior change, more research is needed on how these programs can be made more effective.
  - More research to understand the role of maternal nutrition on fetal programming and long-term risk of obesity in the child. Preventing our youngest generation from ever becoming overweight or obese will have a tremendous positive impact on future health care costs to our country.
  - Scaled-up community based programming and training at the community level to create change at the local level
  - More research to understand what diet composition promotes appropriate energy balance and nutrient-gene interactions that influence obesity and related diseases and conditions.

### **Investment in Nutrition Research**

In order to guide national, state and local programs and policies to address childhood obesity, we would recommend the following with respect to investing in nutrition and obesity-related research:

- Make funding the National Institutes of Health, which conducts and supports 90 percent (approximately \$1.4 billion) of federally-funded basic and clinical nutrition research and in FY 2009 committed over \$700 million to obesity research, a top national priority.

- Support the USDA Agricultural Research Service’s (ARS) Human Nutrition Research Centers program, which provides the infrastructure and generation of new knowledge that allow for rapid progress towards meeting national dietary needs and currently commits 30 percent of its funds to obesity-related projects.
- Grow funding for competitive research grant programs at USDA, the Agriculture and Food Research Initiative, which is housed under the newly- established National Institute of Food and Agriculture, to its fully authorized level of \$700 million before the next Farm Bill. The NIFA has made childhood obesity a top priority area.
- Support the National Center for Health Statistics and the ARS Food Surveys Group, which collects nutrition and health data that is essential for tracking the health and well being of the American population. Knowing both what Americans eat and how their diets directly affect their health provides essential information to guide policies on food safety, food labeling, food assistance, military rations and dietary guidance. It is because of this data collection that we can better define the national overweight and obese problem, and it is through continued collection of these data that we will know if we have made any progress toward mitigating the problem.

Americans at both ends of the life spectrum—from childhood to older adulthood—are especially at risk for poor nutrition. Greater investment in basic, translational and clinical nutrition research, nutrition monitoring systems, and nutrition assistance programs at the federal government level is essential if we are to address the many nutritional challenges we face as a nation. Chief among those is obesity, especially in childhood.

ASN would welcome the opportunity to discuss in further detail with you the positions stated above and other nutrition research-related issues. We look forward to the recommendations of the Task Force. You may contact Mary Lee Watts, ASN Director of Science and Public Affairs, at (301) 634-7112 or [mwatts@nutrition.org](mailto:mwatts@nutrition.org) with questions or requests for additional information.

Sincerely,

A handwritten signature in blue ink that reads "Robert M. Russell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Robert M. Russell, MD  
President