

UNITED STATES DEPARTMENT OF AGRICULTURE
Testimony of Eric M. Bost
Under Secretary, Food, Nutrition and Consumer Services
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Subcommittee on Human Rights and Wellness
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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 encourage 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 to promote a healthy school environment. FNS is collaborating with the Centers for Disease 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.