



CAPITOL POLICY INSTITUTE

Center on Healthcare Policy

November 17, 2003

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, rm. 1061
Rockville, MD 20852

Re: [Docket No. 2003N-0338] Obesity

On behalf of the *Center on Healthcare Policy* of the Capitol Policy Institute, we appreciate the opportunity to submit the following comments for the record on the above Docket.

THE CAPITOL POLICY INSTITUTE—CENTER ON HEALTHCARE POLICY

The Capitol Policy Institute is an independent, non-partisan, policy research and education organization headquartered in Washington, DC. The Capitol Policy Institute believes that new realities in today's business marketplace require corporations, industries and policymakers to engage a broad range of stakeholders in developing responsible business practices and public policies. The Institute's mission is twofold: (1) To foster greater public communication among policymakers, business leaders, and diverse interest groups on national and global policy issues, particularly those facing the business sector, and (2) To expand the public policy debate to encourage and include diverse views, voices and perspectives.

The *Center on Healthcare Policy (CHP)* is a major initiative of the Capitol Policy Institute. Its mission is (1) to examine key issues in healthcare policy; (2) to encourage an inclusive dialogue on healthcare policy among policymakers, healthcare professionals and providers, and patients, and (3) to provide an independent forum in which the issues can be debated. *CHP* seeks to fulfill this mission by conducting focused research on important and topical issues, particularly those that are under legislative or regulatory consideration. Research studies, reports, and policy recommendations conducted by the Center's medical and public health experts will be made available to policymakers and key stakeholders.

CULTURAL FACTORS IN OBESITY: THE NEED FOR SENSITIVE FDA POLICY CHANGE

The prevalence of obesity in minority populations can be as much as three times higher than that of whites, and is higher among women than men. African Americans and Hispanics have a particularly high prevalence rate of obesity, as do Pacific Islanders, Native Americans, Alaska Natives, and Native Hawaiians. Center on Healthcare Policy of The Capitol Policy Institute recognizes a growing public health concern, namely the relationship between obesity and poverty.

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Poor and disadvantaged people in the United States are more likely to be seriously and unhealthily overweight than people from more affluent communities. The gap between rich and poor in the U.S. is expanding at an alarming rate, and so are waistlines. Of greatest concern is the impact of socioeconomic discrepancy on differential health outcomes. Increasingly, the diseases associated with obesity, such as diabetes and hypertension, are concentrated in economically distressed populations, particularly, in their youth. As a result, the prospects of long-term good health for members of the poor are grim. For these reasons, it is imperative that the FDA should rethink its approach to the fundamental problems of obesity as they relate to public policy.

Many of the reasons for the high rates of obesity among ethnic minority populations are undisputed. They include inappropriate dietary practices, sedentary lifestyles, psychosocial stress, the aesthetic acceptance of excess weight, reduction of school-based physical activity programs, availability of "fast" and sugar-based junk foods, biological dispositions, and other socioeconomic factors. Unfortunately, efforts to implement group-specific approaches to weight management have only recently emerged and can be complicated by socio-cultural and contextual influences.

The FDA should pay special attention to obesity as it occurs in and affects ethnic minorities (that is, black Americans, Hispanics, Asian and Pacific Islander Americans, American Indians and Alaska Natives, and Native Hawaiians) in the United States. In most of these groups, the prevalence of obesity is substantially higher than in whites, especially among women. Poverty and lower educational attainment, which are associated with higher than average rates of female obesity (independent of ethnicity), affect proportionately more persons in these minority populations than in white populations. Diabetes mellitus and certain other obesity-related conditions occur to a markedly greater than average extent in many minority populations. A high-risk body fat distribution (upper body or central obesity) occurs to a greater extent in some minority populations than in whites. Because of situational and cultural factors, effective obesity prevention and treatment approaches may need to be defined on an ethnicity-specific basis. Increased attention to obesity as it occurs in and affects diverse ethnic groups can help to address critical minority health issues. Such efforts can also broaden and enrich aspects of obesity research for which models based on white populations are inappropriate or inadequate.

According to a recent *Washington Post* article, legislatures in at least 25 states are currently debating more than 140 bills aimed at curbing obesity. Laws under consideration in several states would restrict the sale of soda and candy in public schools, require fast-food chains to post fat and sugar content directly on all menu boards, and even attempt to tax the fat away. Although more regulation on obesity policy is expected to increase, the FDA should be sensitive to the cultural and racial implications of both state and federal policy.

THE NEED FOR RESEARCH AND REGULATORY CHANGE

There are many policy questions that need to be answered regarding obesity policy. For example, do minorities and vulnerable populations feel the need for food labeling policy change? Are they disproportionately impacted by certain kinds of food policies? Have minority stakeholders and influentials been actively involved in the development of food policy at the federal level. These questions establish the need for research and regulatory change in the following two discussion questions that are raised for consideration of the FDA Obesity Working Group.

#4 Are there changes needed to food labeling that could result in the development of healthier, lower calorie foods by industry and the selection of healthier, lower calorie foods by consumers?

1. The FDA should research and examine whether food labels are culturally sensitive to minorities and vulnerable populations and determine culturally creative changes to overall food labeling.
2. The FDA should create mechanisms to evaluate the impact of culturally insensitive food labeling in states with large minority populations.
3. The FDA should make major conceptual and visual/graphic culturally appropriate changes to food labeling as we know it.

#6 Based on the scientific evidence available today, what are the most important things that FDA could do that would make a significant difference in efforts to address the problem of overweight and obesity?

1. The FDA should educate and inform U.S. policy makers and public health influentials on the adverse public health implications of obesity in minority and vulnerable populations.
2. The FDA should conduct outreach to significant minority stakeholders in the obesity policy debate.
3. The FDA should seek to increase the level of federal support for improved research and education on obesity among minority and vulnerable populations.
4. The FDA should guide low income and minority communities in understanding and implementing best practices and healthy lifestyles to combat obesity.
5. The FDA should promote the value of personal responsibility as one factor in preventing and reducing obesity among minorities and vulnerable populations, with particular attention to research addressing multicultural differences.

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In summary, obesity is a major public health problem affecting all Americans. Obesity particularly affects minorities and vulnerable populations disproportionately. Without targeted and concerted attention from the FDA, this public health problem will only get worse. *The Center on Healthcare Policy* at the Capitol Policy Institute is committed to supporting any of the FDA programs that seek to address this critical public health problem.

Sincerely,

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