American Dietetic Association
Your link to nutrition and health.℠

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September 29, 2003

Food and Drug Administration
Department of Health and Human Services
Attn: FDA-305
Docket# 2003N-0338
5630 Fishers Lane
Room 1061
Rockville, MD 20852

Dear Sir or Madam:

The American Dietetic Association (ADA) represents nearly 70,000 food and nutrition professionals serving the public through the promotion of optimal nutrition, health and well being. ADA appreciates this opportunity to respond to questions posed by the Secretary's Roundtable on Obesity/Nutrition and complement input provided by Susan Cummings, RD, an ADA representative at the Department of Health and Human Services' (HHS) July 30 discussion.

General Comments

ADA is the nation's largest association of food and nutrition professionals, guided by a reliance on sound science and evidence-based practice. ADA members' unique education, supervised practical experience, national registration examination and mandated continuing professional education equip them to collaboratively identify, prevent and treat obesity and its health consequences at all stages of the life span and in a myriad of educational, community, medical, commercial and research environments. Dietetics professionals translate complex nutrition principles into a vast array of healthful and appealing food options for millions of Americans daily. At nearly every level where professionals and institutions attempt to deal with the health and social consequences of obesity, dietetics professionals work both individually and as part of teams to find individual and national solutions to the problem.

ADA applauds HHS leaders for continuing the national dialogue on obesity. The long term consequences of this alarming and growing epidemic requires action now to turn the tide of the trends, help individuals who have become overweight or obese manage their conditions to achieve better health, and actually prevent overweight and obesity among children, adolescents and adults.

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Lifestyles that support and sustain the maintenance of a healthy weight, for both individuals and the population as a whole, are a major focus of ADA and its members. Data from the Centers for Disease Control and Prevention (CDC) show that in the last 20 years, obesity rates have increased, and more than 60 percent of American adults are classified as overweight or obese. Perhaps more troubling is that rates have doubled in children and tripled in adolescents since 1980. The rapid rise in the prevalence of overweight and obesity among all segments of the U.S. population is of grave concern, as the health and quality of life of those afflicted plummets and health care costs and societal burdens continue to soar.

Any meaningful attempts to address the obesity epidemic must take into account the complex and pervasive nature of the problem. In the enclosed ADA White Paper, five key premises for addressing obesity are identified:

- Obesity is a complex, multifactorial chronic disease state involving interactions between genetic, physiological, psychological, metabolic and environmental influences.
- Both obesity/overweight prevention and treatment strategies are needed. Nutrition education for children and parents is the best long-term strategy for prevention and treatment of obesity.
- Prevention and treatment of obesity/overweight must be addressed in a multidisciplinary team approach.
- The nature and depth of work required to effectively intervene on an individual or community basis will require resources beyond those routinely provided today for promoting healthy lifestyles.
- Public and private initiatives are needed to combat factors that contribute to the increase in obesity.

With these guiding statements in mind, several strategies should be considered as means to address obesity.

Allocation of Resources
Critical to the issue of obesity is the allocation of adequate resources. Unless the U.S. government and private sector entities find ways to pay for research, education, intervention and health care related to overweight and obesity, the outcomes will be predictable—we will not make the necessary progress to have a healthy population in the coming years. Obesity-related conditions will continue to consume a large proportion of dollars spent on health care.

Funding for basic, translational and outcomes research is essential.

Resources must be committed to learn more about obesity as a highly complex disease/condition, its etiology, and outcomes associated with weight management. Advancements in the fields of biology, genomics, psychology, pharmacology and nutrition as well as an understanding of environmental factors, including economics, can lay the groundwork for improved responses. Clinically useful outcome measures should be developed to evaluate interventions. To achieve appropriate goals, research is needed to support evidence-based practice and exploration of economic incentives, as well as research for quality improvement initiatives for successful prevention and

treatment of obesity. Greater funding should be directed to these and other facets of obesity in both public and private research.

Another strategy that will require continued and additional resources involves the identification of at-risk populations and definition of factors contributing to the increased prevalence of overweight and obesity. One method for accomplishing this is nutrition monitoring, which is the tracking and benchmarking of what a population eats. Through nutrition monitoring, data are collected that are vital to the documentation of changes and in the development and implementation of successful health and nutrition interventions. Funding for nutrition monitoring through studies like the National Health and Nutrition Examination Surveys has not kept pace with rising costs and inflation. The data gleaned from this important program not only helps create and enhance nutrition education and marketing campaigns, but also is used to formulate nutrition labeling policies. ADA supports full funding of these critical population-based studies.

Designate obesity as a disease by federal agencies and insurers
ADA urges that obesity be designated as a disease. This is a critical first step to reverse this national epidemic. The designation would lead to system changes for reimbursement and include sanctioned insurance coverage for obesity treatment. This means that **all** categories of obesity defined under the ICD-9 codes-- not just surgical intervention for the morbidly obese—but nutrition diagnoses, medical nutrition therapy and other interventions would be covered.

Under the current health care reimbursement system, even the most conscientious doctors calculate how they might screen and appropriately refer for overweight/obesity in time frames of 90 seconds or less to avoid spending time on a procedure that is not reimbursable. Furthermore, most people afflicted by these conditions will never be referred to a nutrition or other health care professional for a targeted intervention. Appropriate recognition and subsequent reimbursement could profoundly affect this process.

Create and support nutrition education programs
Culturally appropriate, non-stigmatizing, and sensitive approaches are needed, with the ability to gain access to programs and facilities through numerous venues. Creative nutrition education programming should be included in elementary and secondary schools' curricula, corporate wellness, community and other programs appealing to a broad range of individual interests.

Promote healthy weight in children
ADA urges HHS to develop a comprehensive strategy for reducing the number of overweight children, with particular emphasis on family and community-based interventions that promote healthful eating practices and daily physical activity. As effective programs and programmatic elements are identified, family, school and community-based physical activity and nutrition education efforts should be implemented and expanded.

Research has shown that nutrition education early in life can positively affect the choices people make with respect to diet and healthy lifestyle practices as they grow older. One example of an existing nutrition education program for children is Team Nutrition. This program and its outcomes can be enhanced by the addition of a state-level infrastructure and networking component to coordinate nutrition education activities across child

nutrition programs and conduct evaluations to determine effectiveness and enhance program operations. ADA is asking Congress to increase funding for Team Nutrition by $50 million annually to fund the infrastructure component. HHS should support efforts to expand and improve this program in the upcoming reauthorization of the Child Nutrition Act.

Conclusion
No strategy to address obesity will be effective without adequate funding. Public and private institutions both must assess needs and direct resources appropriately. However, only the federal government has the public mandate and resources to carry out research on human nutrition needs, motivators, and biological, epidemiological, social and environmental factors on a scale necessary to make a difference in this tremendous problem.

Surgeon General Carmona, to an audience of ADA members in March 2003, referred to obesity as "the terror within." Already, the total annual cost of obesity in the U.S. is estimated to be $117 billion and growing. Yet, the IMPACT legislation currently under consideration in Congress authorizes a mere $60 million in funding to state and local entities. Even if this legislation passes both chambers and is signed into law, the appropriation of adequate funds is not guaranteed. Resources deployed to address obesity must be allocated on a level more closely aligned with the scope and impact of the problem.

ADA looks forward to a continuing dialogue with HHS, Congress and other federal agencies on overweight and obesity, and we hope these comments are useful as the agency moves forward with the development of strategies to address this important public health issue.

Sincerely,

Marianne Smith Edge, MS, RD, LD, FADA
President