IOM report measures the war on childhood obesity

A new Institute of Medicine (IOM) report gauging progress in the fight against childhood obesity found broad pluses and minuses: Health officials are aware of the problem and have begun to mobilize resources, but there’s still a long way to go, and we’ve even lost some effective programs.

Progress in Preventing Childhood Obesity: How Do We Measure Up? was released September 13 and sponsored by the Robert Wood Johnson Foundation. The report is a follow-up to Preventing Childhood Obesity: Health in the Balance.

The report notes that government, industry, communities, schools, and families have developed many initiatives to respond to childhood obesity, but those efforts remain fragmented and most lack evaluation, making it difficult to identify effective interventions. National leadership on this public health issue is also absent, the report says.

“The good news is that Americans have begun to recognize that childhood obesity is a serious public health problem, and initiatives to address it are under way,” said committee chair Jeffrey Koplan, vice president for academic health affairs at Emory University in Atlanta and former director of the CDC, in a September 13 release. “With that awareness and mobilization of efforts, we can make huge strides in beginning to halt and reverse the childhood obesity trend—if we have strong leadership, effective policies and programs that we know work, and sufficient resources.”

According to the report, the U.S. childhood obesity rate increased from 16% in 2002 to 17.1% in 2004, and will rise to 20% by 2010 if the current trajectory continues. Among the positives found by the committee are the following:

• Many states and school districts are undertaking efforts to improve the nutritional quality of the foods and beverages available in schools.
• A joint initiative by industry, foundations, and government called the Alliance for a Healthier Generation has established guidelines to limit children’s portion sizes and calories from sweetened beverages during the school day.
• Some sectors of industry (e.g., food, beverage, restaurant, food retail, leisure and recreation, physical activity, and entertainment) have shown constructive responses to the childhood obesity problem. For example, the report said, physical gaming, which encourages children to jump, dance, and sing, is becoming increasingly available in arcades and play centers nationwide.
• Some progress also is being made in the area of marketing to children and youth, and an industry group is currently reviewing the guidelines of the Children’s Advertising Review Unit.

The committee’s recommendations to reduce childhood obesity focus on four key steps: increased and sustained leadership and commitment, broader implementation and evaluation of policies and programs, improved monitoring and surveillance of progress, and wider dissemination of promising practices.

For more about the report, see “IOM report—bugle in the battle of the bulge?” on p. 2, or visit www.iom.edu/?id=37007.E1

Beef dish bowls over Japanese fans

A September 18 Reuters story reported that hundreds of people waited in line at a central Tokyo restaurant for a dish that they’ve missed for more than two years: a “beef bowl” made with U.S. meat. The meal consists of steamed rice topped with thinly sliced beef and onions cooked in soy sauce. Apparently, some people even camped out overnight at a branch of fast-food chain Yoshinoya. The chain resumed sales of its specialty after the Japanese government lifted its ban of U.S. beef in July. Reuters reported that “hardcore fans” shunned the beef bowl when it was made with Australian beef. Why? The meat was too lean.
**Dietary supplement news**

**CBO tallies cost of federal diet supplement bill**


Enacting the bill would increase federal revenues by $5 million over the 2008–2016 period, primarily because violations of new requirements specified under the bill could result in the imposition of criminal fines, the CBO said. The study assumed that the bill would be enacted near the start of fiscal year 2007 and that the amounts necessary to implement the bill would be appropriated for each year.

The bill would require the FDA to establish systems for collecting data about serious adverse reactions that people experience while using certain nonprescription drugs and dietary supplements. Manufacturers, packers, or distributors of such products would have to submit reports to the FDA about serious adverse events based on specific information that they receive from the public.

The bill amends Chapter VII of the Federal Food, Drug, and Cosmetic Act to set up two new parallel, mandatory reporting systems—one for nonprescription drugs, and the other for dietary supplements.

The bill was introduced by Hatch in June, and was placed on the Senate Legislative Calendar September 5.

The CBO said the bill would preempt state laws that require systems for reporting adverse reactions to nonprescription drugs or dietary supplements.

The office estimated that it would not affect the budgets of state, local, or tribal governments; although it would limit the application of state law, it would impose no duty on states that would result in additional spending.

Based on data provided by the FDA, the CBO said it expects that the total annual cost to industry to implement those mandates would be less than $2 million.

It’s estimated that up to 150 million Americans take dietary supplements regularly to maintain or improve their healthy lifestyles, according to a Senate description of the bill.

These products (e.g., vitamins, minerals, herbs and other botanicals, amino acids, or other dietary substances used to supplement the diet) are regulated under the Dietary Supplement Health and Education Act of 1994, which set up the regulatory framework governing how these products are sold in the United States.

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**Child obesity news**

**IOM report—bugle in the battle of the bulge?**

Nutrition proponents and activists seized on the new Institute of Medicine (IOM) report about the battle against childhood obesity as a call to arms for national leadership. The report, issued September 13 (see the related story on p. 1), made four broad recommendations—one being “increased and sustained leadership and commitment.”

“Reiterating a recommendation set forth in the IOM’s 2005 report *Preventing Childhood Obesity: Health in the Balance*, the committee urged the president to request that the secretary of [HHS] convene a high-level task force involving the secretaries or senior officials from relevant federal government departments and agencies; no progress on this recommendation has been made so far,” a September 13 IOM news release said.

Margo Wootan, nutrition policy director at the Center for Science in the Public Interest, called for “bold national policies” to fight childhood obesity. “The Institute of Medicine progress report on childhood obesity should end the politicians’ hand wringing, and spur strong and swift action,” she said in a September 13 release. “Members of Congress, for instance, should show political courage by standing up to Coke, Pepsi, and snack food makers, and get soda and junk food out of schools. Senators [Tom Harkin (D-IA) and Lisa Murkowski (R-AK)] have legislation—the Child Nutrition Promotion and School Lunch Protection Act—that would give the U.S. Department of Agriculture the authority to do that.”

Harkin said in a release the same day that the IOM report clearly shows that reversing childhood obesity rates is not a national priority. “To be effective, this effort needs leadership from the White House [and] Congress and a coordinated response from all levels of government,” he said. “Unfortunately, when it comes to promoting nutrition and physical activity to our kids, we’re not only stuck in neutral, we’re asleep at the wheel.”
A new CDC study of the Mississippi Fresh Fruit and Vegetable Pilot Program found promising results and that the program might be an effective part of a comprehensive approach for improving student diets.

The program was designed to increase student access to fresh fruit and vegetables and increase the degree of student preference for—and consumption of—these foods. The report, Evaluation of a Fruit and Vegetable Distribution Program—Mississippi, 2004-05 School Year, was released September 8.

Although diets high in fruit and vegetables are associated with decreased risk for many chronic diseases, consumption of fruit and vegetables among children is below recommended levels. Programs such as this could change that, the CDC study suggests.

“This study provides initial confirmation of the anecdotal reports I’ve been hearing for years—that students are enthusiastic about the program and want to make healthy choices,” said Senator Tom Harkin (D-IA) in a September 7 press release. “The conventional wisdom—that kids are only interested in junk food—is just wrong.

“Of course, this is just one study and further review of the Fruit and Vegetable Program in different geographical areas and with different student populations is important for Congress to stay informed and knowledgeable about the impact of the program. But this first-blush evaluation of the program is a positive step that supports recent congressional action to expand the program around the country,” he said.

The Fruit and Vegetable Program was created by Harkin as a pilot program in the 2002 farm bill and was made permanent in the 2004 Nutrition Reauthorization bill. It is active in 14 states and on three Indian reservations.

The 25 Mississippi schools selected to participate in the program distributed fresh fruit and vegetables free of charge during the school day and provided nutrition education activities to promote and support consumption of fruit and vegetables.

The five evaluation schools were selected on the basis of grade levels served, geographic area, urbanicity, and racial composition, but were not intended to be representative of students in the pilot program or of students in the entire state.

According to the report, the program might have
- increased the variety of fruit and vegetables tried by students from all three grades sampled (fifth, eighth, and 10th)
- increased the degree of preference for fruit among eighth- and 10th-grade students
- promoted positive attitudes toward eating fruit among eighth-grade students
- increased consumption of fruit—but not vegetables—among eighth- and 10th-grade students
- decreased preference for fruits and vegetables, the belief that they could eat more vegetables, and the willingness to try new fruits and vegetables among fifth-grade students

This program appeared to be more successful with eighth- and 10th-grade students than with fifth-grade students, whose reported willingness to try new fruits and vegetables and degree of preference for fruits and vegetables decreased, the CDC said.

“The findings among fifth-grade students are consistent with results of research on food preferences across the lifespan, which indicates that younger children tend to prefer sweeter, more energy-dense foods [i.e., foods with high calorie content by weight, such as butter] rather than energy-dilute foods [i.e., foods with low calorie content by weight, such as vegetables or plain popcorn], but that these preferences begin to change at puberty,” the CDC wrote.

These results are also consistent with research that indicates that younger children dislike an increasing number of foods as they taste new foods, the CDC noted.

The findings in the report were subject to at least three limitations, the CDC said. First, because of the design and limited sample size for the dietary recall interviews, the study results do not indicate whether the findings are attributable to the program alone or might have been influenced by seasonality and other unknown trends.

Second, the intervention itself was modest in intensity, because the only required element was the distribution of fresh fruits and vegetables free of charge to students. Although schools did augment the distribution with various nutrition education activities, the intensity of these activities varied from school to school, the CDC said.

Finally, this was a new program for Mississippi schools, many of which experienced startup and implementation challenges that might have affected the overall effect of the program.

Visit http://tinyurl.com/foosce to read the CDC report.
Report finds that food programs are a net, springboard

Editor’s note: This article was excerpted from the September USDA report Food Assistance: How Strong Is the Safety Net? Visit http://tinyurl.com/r6cph to read the report.

Created during the Great Depression but growing to maturity during the 1960s, 1970s, and 1980s, food assistance programs have provided a safety net to help U.S. households purchase sufficient food. Safety nets are created for moral, economic, and political reasons. For economists, a safety net is a policy that ensures a minimum income, consumption, or wage level. Safety nets can be viewed as social insurance to help people through livelihood shocks and stresses (e.g., those caused by illness, unemployment, or job displacement).

One reason why food assistance programs originally were created was to increase food access and reduce food insecurity. During the past few decades, food assistance programs—particularly the school meals programs and WIC—have also been promoted as a nutrition safety net offering access to essential nutrients and minerals.

In fiscal year (FY) 2005, federal funding for food assistance and nutrition programs was nearly $1 billion, comprising 55% of the USDA’s budget. Farmers, food companies, and program participants have benefited from the increased food spending and improved food security. Evidence of improved nutrition for program participants is more difficult to demonstrate.

Food assistance increases food expenditures
U.S. agriculture and nutrition policy includes various farm, food assistance, and nutrition programs that support an abundant food supply and affordable prices. The core food assistance programs—managed and funded by the USDA—include the Food Stamp Program (FSP), the school meals programs, WIC, and commodity distribution programs.

These programs serve one in every five Americans at some point during the year. The federal government partners with state, local, public, and private agencies to administer—and, in some cases, contribute funding for—its food assistance efforts. Each program has its own objectives, eligibility criteria, benefit structure, and legislative oversight.

The FSP is the foundation of the food assistance safety net. It provides benefits to qualifying families and supports markets for agricultural products. With program costs of $31 billion in FY 2005, it is the country’s largest food assistance program.

Using normal retail marketing channels, the FSP provides qualified low-income households with increased purchasing power to acquire food. It offers the only form of assistance available nationwide to most households only on the basis of financial need—irrespective of family type, age, or disability. For many low-income households, the program is an important source of purchasing power. For a typical low-income family with children, food stamps provide about 25% of the family’s total purchasing power.

The FSP increases household food expenditures. Not only does the program increase food expenditures beyond what households would spend without the program, households spend more on food than they would if the same amount of benefit were given as cash.

A dollar of food stamp benefit is estimated to increase food spending by $0.17–$0.47 versus $0.05–$0.10 from each dollar of cash assistance. Although the food stamps themselves must...
be spent on food, a dollar of food stamps does not lead to a dollar in additional food spending, because cash previously spent on food can be used for rent, clothing, and other non-food expenses.

**Reduces food insecurity**

Do food assistance programs reduce the probability that vulnerable households experience food insecurity? That is, do the programs lessen the likelihood that poor families have insufficient food for an active, healthy life for all household members? This question was recently answered by George Borjas of Harvard University in Cambridge, MA, through Economic Research Service (ERS)-supported research.

Borjas took advantage of a “natural experiment” when federal welfare reform legislation limited the eligibility of immigrant households to receive assistance, while some states chose to continue offering state-funded assistance to immigrant households. Borjas exploited these changes in eligibility rules to examine the link between food insecurity and public assistance.

Borjas’ research indicates that a 10% cut in the share of the population that receives public assistance increases the share of food-insecure households by about 5%. Borjas’ research supports the hypothesis that food assistance programs are an important determinant of providing households with a minimal level of food sufficiency.

**Raises incomes**

Food assistance programs reduce overall economic vulnerability, not just food insecurity, particularly during downturns in the business cycle. Individuals with longer-term needs resulting from chronic illness, disability, or old age also rely on these assistance programs.

Food assistance programs that target those who may be temporarily affected when events take an unfavorable turn can be viewed as income insurance to help people through temporary livelihood shocks (e.g., those caused by illness or unemployment).

The FSP is particularly helpful during economic downturns for households with stronger ties to the work force. The number of food stamps given to a household depends on the number of eligible people in a household and the household’s net income.

A four-person household with zero net income would receive the maximum food stamp benefit of $506 per month. If the family’s net income rose by $100 per month, its benefits would fall to $476.

During a recession—as wages stagnate, work hours decrease, and jobs are lost—food stamp benefits increase for current participants, and more households become eligible.

But how many people turn to the FSP in the event of a recession? ERS research suggests that the one-year effect of a rise in unemployment by 1% is about 700,000 additional food stamp recipients. Over five years, the 1% increase in unemployment leads to a total of 1.3 million additional recipients.

Several other studies indicate that food assistance programs—particularly the FSP—have significant positive effects on household income.

Although recent evidence suggests that the relationship between unemployment and food stamps is changing, historically, program effects have been counter-cyclical (i.e., more assistance is provided to households during a downturn in the economy and less during an economic expansion).

A report by the Congressional Budget Office indicates that of all the federally funded assistance programs for which participant eligibility depends on income and assets, only the FSP was responsive to changing economic conditions.

Food stamps succeed in raising participants’ incomes. Adding the dollar value of food stamp benefits to the income of food stamp recipients yields a significantly different poverty distribution. In 2004, adding food stamp benefits to income was sufficient to raise 9% of food stamp recipients out of poverty.

Food stamp benefits have an even greater effect on the poorest households, raising 17% of food stamp households above 50% of the poverty guideline.

In 2000, 8.8 million U.S. children received food stamps. To illustrate the efficacy of food stamps in helping households meet basic needs, ERS researchers added the value of food stamp benefits to household income and then measured the effect on child poverty rates. This “food stamp effect” reduced the number of children in poverty in 2000 by 4%, lifting about 500,000 children out of poverty.

Augmenting income with the value of food stamp benefits also has the effect of reducing the depth of child poverty by 20% or more, as measured by the reduction in the poverty gap, or reducing the amount of income needed to raise income to the poverty threshold.
McDonald’s Corp. is partnering with top biomedical scientists to fund research and programs aimed at preventing childhood obesity, Reuters reported on September 13. The company has been criticized for marketing junk food to children and adults alike, as well as for being slow to make nutrition-based changes to its menu (e.g., removing trans fats from its processes).

The fast-food company is donating $2 million to the La Jolla, CA–based Scripps Institute, the first time that it has ever directly funded scientific research, Reuters said. “Everything that we keep on seeing is the whole issue of childhood obesity, and the early onset of type 2 diabetes has grown exponentially,” McDonald’s President and Chief Operating Officer Ralph Alvarez told Reuters. “We felt we needed to get greater education in this area.”

Scripps’ Katja Van Herle, MD, said the institute approached the company about the partnership in part because it has been impressed by the changes that the company has made in recent years, Reuters reported. “It was a funny union,” she told Reuters. “This is a little bit strange, but let us help them roll out their story a little bit. They are very much in line with changing.”

Agriculture Secretary Mike Johanns on September 19 awarded $4 million in Team Nutrition Training Grants designed to help children develop better eating and physical activity habits to 14 states. “Improving the overall health and well-being of our children requires a team effort,” said Johanns in a September 19 release. “We are committed to improving school nutrition for all students. These grants will provide an additional resource to our partners to promote good nutrition and physical activity for children.”

Team Nutrition provides schools with nutrition education materials for children and parents, as well as technical assistance materials for school food service providers and communities to support healthy eating and physical activity.

The list of grantees includes Idaho ($197,630), Illinois ($200,000), Kentucky ($91,388), Maine ($176,693), Michigan ($200,000), Montana ($200,000), New York ($200,000), North Dakota ($199,702), Ohio ($198,615), Oregon ($60,897), South Carolina ($199,957), California ($600,000), Iowa ($600,000), and Pennsylvania ($599,403).

Visit http://tinyurl.com/rk5gj to read the release.

The FDA said at least three cases of botulism in Georgia are associated with pasteurized carrot juice that may have been improperly refrigerated.

On September 15, Georgia health authorities issued a press statement, the FDA said, which in part stated, “At this time we believe that these three cases are an isolated incident . . . During the investigation, other community members have been identified as having purchased and consumed the same product from the same vendor within the past three weeks.”

“These persons have not become ill or developed any symptoms. The fact that additional cases have not been identified suggests that the toxin was not present before the sale of the product,” the release stated.
“Because botulism is such a potentially serious illness, we want to remind consumers that it is critical to refrigerate carrot juice for safety. Consumers should not keep carrot juice unrefrigerated,” said Robert Brackett, PhD, director of the FDA’s Center for Food Safety and Applied Nutrition, in a September 17 release.

Inadequate refrigeration of carrot juice allows botulinum spores to multiply to the level at which they can cause illness, the FDA said. According to the agency, botulism is a rare but serious paralytic illness caused by botulinum toxin, a nerve poison that under certain conditions is produced by Clostridium botulinum, a bacterium commonly found in soil. Botulism can be fatal and is considered a medical emergency.

Visit http://tinyurl.com/rg354 to read the release.

The Association for Supervision and Curriculum Development said on September 1 that it will award 10 grants of $10,000 each to help schools and communities work together to create a healthy school environment.

The selected schools will demonstrate the capacity for best practice in leadership and instruction, support comprehensive health programs, and create strong collaborations with other community institutions, according to a September 1 release.

Grantees will assess the health-related aspects of the learning environment and use the results for school improvement and community engagement. They will participate in a study to identify the key indicators of success. School communities will receive technical assistance and become part of a Healthy School Communities network.

Grant applications are available online at www.ascd.org/healthyschoolcommunities and are due November 15.

There are about 2.5 million Hispanic Americans aged 20 or older who have diabetes in the United States, and there are three Prevention Research Centers (PRC) funded by the CDC working to reverse the trend and ultimately eliminate health problems such as diabetes and obesity that disproportionately affect Hispanic communities.

The centers are the University of Arizona’s Southwest Center for Community Health, the San Diego PRC, and the University of Illinois at Chicago PRC.

Current research evaluates family involvement, walking clubs, and other factors that foster physical activity, as well as teaching people to be health coaches, the CDC said in a September 18 release.

“‘The studies being done by our Prevention Research Centers involving Hispanic communities in Arizona, San Diego, and Chicago are looking for ways that people can help family members and friends stay healthy,’” said Janet Collins, PhD, director of the CDC’s National Center for Chronic Disease Prevention and Health Promotion. “‘If we hope to significantly reduce the number of people suffering from diabetes and obesity, we need family members and others to get involved.’”

Visit http://tinyurl.com/hostl to read the release.

State and federal agencies were scrambling to keep consumers informed in recent weeks after the outbreak of numerous cases of E. coli illness related to tainted spinach. The FDA advised consumers not to eat fresh spinach or products containing fresh spinach until further notice.

According to a September 19 press release, 131 cases of illness due to E. coli infection had been reported to the CDC—including 20 cases of hemolytic uremic syndrome (HUS), 66 hospitalizations, and one death—and illnesses continued to be reported. The FDA said E. coli O157:H7 causes diarrhea, often with bloody stools. Although most healthy adults recover completely within a week, some can develop HUS, a form of kidney failure. HUS is most likely to occur in young children and the elderly and can lead to serious kidney damage and even death, the FDA said. As of September 19, there were cases in 21 confirmed states: California, Connecticut, Idaho, Illinois, Indiana, Kentucky, Maine, Michigan, Minnesota, Nebraska, Nevada, New Mexico, New York, Ohio, Oregon, Pennsylvania, Utah, Virginia, Washington, Wisconsin, and Wyoming.

There were two recalls of spinach, as well. River Ranch of Salinas, CA, recalled packages of spring mix containing spinach that it had obtained from the company Natural Selections, the FDA said. The following brands were involved in the recall: Fresh N’ Easy Spring Mix and Hy-Vee Spring mix containing baby spinach, distributed to retailers in Texas, Iowa, and New Mexico.

Visit http://tinyurl.com/ehldm for more information.
Newspaper

Mapping an epidemic: Obesity expands U.S. waistlines

It’s no secret that Americans—along with the citizens of many other countries—are getting fatter. There’s a serious obesity problem for everyone from children up to adults.

The CDC provides a graphic, state-by-state view of how that epidemic is spreading in its September 15 Morbidity and Mortality Weekly Report.

In 2005, among the total U.S. adult population surveyed, 60.5% were overweight, 23.9% were obese, and 3% were extremely obese. The CDC report notes that the continued increase in obesity prevalence drives demand for more measures to educate and motivate people to make healthier choices and “establish social and physical environments that support those choices.”

“To reduce obesity in the United States, an effective public health response will require a robust combination of policies, programs, and supportive environments created through the combined activities of healthcare agencies, government, media, business and industry, communities, schools, families, and individuals,” the CDC report says.

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Percentage of adults aged 18 or older who were obese

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Obese = Body mass index of 30 or more

Source: CDC.