



The Mount Sinai Medical Center
The Mount Sinai Hospital
Mount Sinai School of Medicine

One Gustave L. Levy Place
New York, NY 10029-6574

05 09 '03 10:21 AM

20 November 2003

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

Re: 2003N-0338

Enclosed are my written comments for the FDA Obesity Meeting that took place on 23 October 2003.

As requested, I have enclosed two copies of my comments. I have also enclosed a diskette with this info using Microsoft Word 97 and which may make it easier for you to post.

Laurie Tansman, MS, RD, CDN
Nutrition Coordinator
Department of Clinical Nutrition

2003N-0338

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2003N-0338

Public Meeting on Obesity

Suggestions for Solving the Fastest Growing Public Health Problem
23 October 2003

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Laurie Tansman, MS, RD, CDN
Department of Clinical Nutrition
The Mount Sinai Hospital
New York, NY

Let me preface my comments by saying that these are based upon my scope of experience in the in- and outpatient hospital environment, private practice and the community.

I am addressing four of the six posed questions. As best as possible, I will try to focus my comments on the FDA and what they can do.

Question #1: What is the available evidence on the effectiveness of various education campaigns to reduce obesity?

- The continued spiraling obesity epidemic bespeaks of the lack of effectiveness. We would not be assembled here today if these campaigns were so effective.

But before addressing the effectiveness of the various education campaigns, I must ask:

- What education campaigns???

As we have heard this morning, there is an abundance of information and programs available.. But is this reaching the average American??? - Especially those who do not have Internet access???

While there are a lot of programs, there is no single unified national education campaign, as there is for example, to promote fruit and vegetable consumption via 5-A-Day (now known as 5 to 9-A-Day.)

What we do have is.....

- A wealth of article in print media and an endless number of diet books being published
- TV news reports and special programs
- TV commercials advertising Weight Watchers, Jenny Craig, LA Weight Loss Centers, etc.
- TV infomercials
- A glutony of information on the Internet -- some of which is very reliable and helpful, if you know how to access it
- Work site wellness programs at many medium to large-sized businesses
- A small, but growing number of health insurance providers encouraging wellness activities and weight control with awarded incentives as well as dietitians at the other end of the phone to provide individualized weight loss counseling as addressed in an article, "Winning by Losing" appearing in the Wall Street Journal on October 21st.

What we don't have is.....

- Massive public advertising/education campaigns. (e.g. billboards on highways, placards on buses, public service announcements on radio and television) The closest we have to this concept is the Youth Media Campaign – VERB – launched by the CDC in June, 2002 to encourage physical activity amongst 9 – 13 year olds.
- Insurance reimbursement for the prevention and treatment of overweight/obesity as provided by Registered Dietitians (the nutrition experts) or for participation in a recognized and reliable weight control program such as Weight Watchers. As stated in the article previously referred to from the Wall Street Journal, "While the insurance industry is becoming more active, many companies often pay little

or nothing for weight-control practices.” If we are going to get serious about addressing the girth of this nation, then this must change – insurance reimbursement is a MUST!

A final thought before moving on.....

- In the process of adapting educational strategies that are ethnic specific, we should not let cultural sensitivities to differences in the definition of ideal body weight dilute/interfere with the message.

In fact, in communities where the definition of an ideal body weight/healthy body weight is more than it should be, the authors of “Differences in Body Shape Representations among Young Adults from a Biracial (Black-White) Semirural Community” appearing in the current issue of the American Journal of Epidemiology recommend that future research should focus on helping such communities “gain an understanding of healthy body shapes and the risks associated with accepting a heavier body image.”

And, in the current issue of Prevention magazine (November, 2003), there is an outstanding article that is featured on the cover about how to “fat-proof” your child. Within the article, two moms and three or four different children are pictured – they are all white. That bothered me because this is a concern that should be directed to all parents of all colors

Questions #4/6: Are there changes needed to food labeling that could result in the development of healthier, lower calorie foods by consumers?/ 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?

- The establishment of a national public and private partnership between the government (FDA and WIN) and the food/diet/exercise industry akin to the 5-A-Day program that will support massive public education.

The 5-A-Day program is such a success that you cannot go wrong in borrowing from their concept. This collaboration would be especially conducive to getting things accomplished, especially when it comes to recommended changes in nutrition information on packaged foods.

And, speaking of which.....

- There needs to be a “warning” on packaged foods. For example, the warning could remind people who are overweight/obese to limit their portion to the serving size listed on the packaged.

This recommended concept would be akin to what appears on cigarette packages, containers of alcoholic beverages as well as on packages of food items containing aspartame, which is a caution to those who have phenylketonuria. In the Myrtle Beach Sun News on October 18th, there was an article reviewing a nutrition conference which took place the previous day in South Carolina and which included a reference to the fact that warnings – presumably on packaged foods – might help people make better choices about nutrition. The warning that was quoted in the article was:

“Caution: To work off the calories in this hamburger, you’ll have to walk six miles.”

I thought this was fabulous.

- The FDA could be instrumental in addressing reliability in food label information.

More often than not, especially in single serving size packages, it has been my experience that what is on the label is often less than what is in the package. For example, a single serving package of a granola bar might indicate that there are 180 calories in the 85 gram portion size. Yet, when you weigh the bar, its actual weight may be 100 grams. Thus, the calorie content is actually 212 calories. That is an 18% difference!

Question #2: What are the top priorities for nutrition research to reduce overweight in children?

- How to engage parents to be role models for their children.

There is a poem entitled *Children Live What They Learn*. When it comes to addressing the many environmental factors that influence a child's eating and exercise habits, none has a greater influence than the parent(s)/guardian responsible for the daily care of that child.

Based upon my scope of experience, the majority of parents are more than willing to purchase/prepare whatever food their child needs or to enroll their child in a recommended exercise program to help that child control their weight. But, when I even hint to the parent(s)/guardian that they need to modify their dietary and exercise habits so as to serve as a role model of change, come up against a brick wall. This is the most frustrating experience that I have when trying to help children.

Statistics show that the primary caregiver has the greatest influence on a child. A parent cannot stuff their face with danish for breakfast while instructing their child to eat the oatmeal. You cannot say "Don't do as I do but do as I say." This just does not work.

In the article that I previously referred to from Prevention magazine, the subtitle to the article says it perfectly, "There's a secret weapon to help keep your kids slim in a supersize world: YOU."

So, what can the FDA do in collaboration with the food industry to encourage parents to be role models? Again, messages on packaged foods. For example, a message on a box of cereal about the importance of everyone in the family having a well-balanced breakfast in the morning along with what compromises such a meal.

BUDGET CATEGORY	YEAR 01				YEAR 02				TOTALS
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
	1/6/03 - 4/6/2003	4/6/03 - 7/6/2003	7/6/03 - 10/6/2003	10/6/03 - 1/6/2004	1/6/04 - 4/6/2004	4/6/04 - 7/6/2004	7/6/04 - 10/6/2004	10/6/04 - 1/6/2005	
A. Personnel	\$11,025.00	11,025.00	13,025.00	14,025.00	15,415.75	15,415.75	13,415.75	13,415.75	\$106,763.00
B. Fringe Benefits	\$ 2,847.42	2,047.42	3,347.42	3,347.41	3,447.86	3,447.86	3,447.86	3,447.85	25,381.10
C. Travel	\$ 361.25	385.25	385.25	409.25	415.25	421.25	397.25	377.25	3,152.00
D. Equipment	\$113.64	208.57	- 0 -	2,760.79	- 0 -	- 0 -	- 0 -	- 0 -	3,083.00
E. Supplies	\$ 2,348.90	517.50	517.50	1,657.50	1,667.50	517.50	517.50	345.00	8,088.90
F. Construction	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
G. Consultants/Contracts	- 0 -	\$ 1,480.00	2,430.00	2,430.00	2,430.00	2,430.00	2,430.00	1,620.00	15,250.00
H. Other	- 0 -	\$ 436.03	320.00	2,566.47	3,322.50	- 0 -	- 0 -	- 0 -	6,645.00
									\$168,363.00

Note: The projected quarterly cash flow does not include the additional expenditures which will be made from the interest earned from the interest-bearing account.

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