

REMARKS
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Good afternoon. Commissioner Kypriano and Robert Madelin; thank you. You are an example of the close partnership, collaboration, and friendship that exists between the United States and the European Union. I'm delighted to have this opportunity to talk to you today, because I know we share the goal of helping the people we serve improve their health and well-being.

Over the course of decades, investment in research and technology has led to unprecedented improvements in the lives of people all over the world. Life expectancy in the United States and in many other countries is at an all time high. Advances in medical treatment and care have dramatically reduced infant and childhood mortality and deaths from infectious diseases, trauma, and other acute medical emergencies. As a result of medical progress, individuals with chronic diseases are enjoying longer, more independent lives. Yet despite these achievements, we've found that complex chronic health problems remain a persistent challenge. We believe the answer to this challenge is prevention—prevention is the key to a healthier future for all our peoples.

The case for prevention of chronic disease is compelling, and I'd like to share with you a bit about the problem in America, and what steps we are taking to encourage healthier behaviors.

Although Americans are living longer than previous generations, we are witnessing an unprecedented increase in the prevalence of chronic diseases. Today, chronic diseases cause 7 out of every 10 deaths each year. More than 125 million Americans live with chronic illness. And, chronic diseases are projected to increase over the coming years as our baby boomer generation retires.

Chronic diseases are also very expensive. Seventy-five percent of total health care costs are spent on chronic diseases and conditions such as cancer, heart disease and stroke, diabetes, asthma, and obesity, and the annual interconnected, direct and indirect costs of these diseases are staggering:

- Diabetes alone accounts for \$132 billion in health spending.
- The estimated costs attributed to obesity total \$117 billion.
- And the projected cost of cardiovascular disease in the United States is \$351 billion.

In 1960, about 45% of American adults were overweight or obese. That was bad enough. Now, almost two-thirds of all American adults are overweight or obese. And the prevalence of obesity has doubled over the past two decades, to 32%. Overweight and obesity increase our risk for developing many chronic diseases, such as heart disease, diabetes, hypertension, arthritis, and some types of cancer. These diseases can be deadly. They're certainly costly. They can reduce quality of life. And they're all largely preventable.

The change in our children's health is dramatic and very worrisome. In the 1960s, only about 4% of our children and adolescents were overweight. But that number has quadrupled to 17% today.

And we're seeing the consequences of overweight in children. Kids are developing diseases such as Type 2 diabetes and hypertension, which until recently were uncommon in childhood. As a result, our children are significantly increasing their chances of developing heart disease and other chronic diseases associated with obesity later in their lives, but at an earlier age than their parent's generation.

In addition, certain populations bear a greater burden for chronic diseases. The prevalence of diabetes is 70% higher among African Americans and nearly 100% higher among Hispanics than whites. African-American girls and Mexican-American boys are at especially high risk for being overweight or obese.

And as Dr. Hubbard indicated earlier, overweight and obesity are very important health problems in the U.S., as well as around the world. The good news is that all of us can reverse this trend. We can improve our quality of life.

Essentially, it boils down to one principle: energy in equals energy out. The choices we make every day about what to eat, what physical activity to engage in, and whether to avoid risky behaviors make a big difference in our health. It doesn't matter what fad diets you adopt or how much you reduce your caloric intake. If you aren't also exercising, you won't achieve a healthy weight. People who turn healthy choices into habits need less health care, are more productive, and live longer.

What steps ought we take to encourage people to choose healthier behaviors? Unfortunately, though the principles of the problem are simple—you can't lose weight if you aren't burning calories—the solutions are complex.

The causes of overweight and obesity are cultural and structural. For the first time in human history, the great health risk for many people is not starvation, but over-eating. We have mastered the cheap, mass production of food. This is a remarkable and important achievement. But it brings costs and risks, both in terms of quantity of consumption as well as of quality. As a result, average consumers need a greater understanding of nutrition than they did in the past.

And our economies have changed. In more families, both parents work all day, placing greater emphasis on fast, efficient dining options. And as others have noted, we used to be paid to exercise, in the field and in the factory. With our service economies, many of us are paid to sit on our backsides. Exercise for many of us can mean waking up at 5 A.M. to go to a gym that we have to pay \$100 a month to join. Of course, that's not the only opportunity to bring physical activity to our sedentary lives. And so, the challenges are immense. Fortunately, there are simple solutions.

In the U.S., all of our chronic disease initiatives are founded on prevention: it's more desirable to promote wellness and prevent disease than to have to treat it. Ideally, diseases are prevented

when possible, controlled when necessary, and treated when appropriate. So President Bush, Secretary Leavitt, and I appreciate the need for disease prevention and health promotion.

In fact, just last week, Secretary Leavitt announced several HHS Priorities for America's Health Care, including obesity prevention. Promoting a culture of wellness will deter or diminish debilitating and costly health events that are associated with overweight and obesity.

This comes on the heels of a report that HHS and the Federal Trade Commission released from a joint Food Marketing and Childhood Obesity Workshop that recommended concrete steps that industry can take to change their marketing and other practices to make progress against childhood obesity.

Fundamentally, our prevention efforts are based on the idea that markets should go before mandates. The workshop provided an opportunity for people in both the government and from the free market to come together to find ways to take tangible steps toward reducing obesity: For instance, the Grocery Manufacturers of America pledged to increase its involvement and support in children's health activities.

And the board of the American Beverage Association adopted a new policy in which it would seek to:

- Provide only bottled water and 100% juice to students in elementary school,
- Provide nutritious or lower calorie beverages to students in middle school, and
- Ensure that no more than 50% of the vending selections for high school students would be soft drinks like Coke and Pepsi.

In another recent action, major makers of soft drinks, including Coca-Cola and PepsiCo, earlier this month voluntarily agreed to establish new guidelines limiting the portion sizes and calories available to children during the school day. For example, the guidelines will cap the number of calories available in beverages at 100 calories per container, except for certain milk and juices where the nutritional value warrants the higher number of calories. We expect the standards to cover 75% of the nation's schools by the 2008-09 school year, and 100% of the nation's schools the following year.

These are great examples of real change being effected through the invisible hand of the market instead of the heavy hand of a mandate. I believe this principle can—and should—be applied in other places to reduce childhood obesity.

Of course, for consumers to make rational decisions about anything, including their health habits, they need to have access to accurate, scientific information. That's why we work hard to make sure that all Americans have access to the latest in dietary and nutrition science.

Last year, for example, HHS and the United States Department of Agriculture jointly released the 6th edition of our *Dietary Guidelines for Americans*. This document provides science-based advice to promote health and to reduce risk for chronic diseases through diet and physical activity among healthy Americans over 2 years of age and represents the US federal nutrition policy. The Dietary Guidelines form the basis of all federal nutrition education materials and

programs. The Guidelines emphasize the importance of aiming for a healthy weight through attention to calories, portion sizes, added sugars, moderate fat intake and physical activity.

And in 2003, our Food and Drug Administration started a process to educate Americans on the additional health benefits of certain foods, such as how some foods, like fish, that are high in omega-3 fatty acids, can prevent heart disease; or how five to nine servings a day of fruits and vegetables can prevent some cancers and other diseases.

Another problem is that the way many of us live now encourages us to spend more time in the car or bus than on our feet. It's all too easy to put off exercise and to put on a few extra pounds. And in many communities, there aren't safe places to walk, cycle, or exercise.

In response to this, four years ago, President Bush began investing in some innovative programs under his new Steps to a Healthier U.S. initiative, when he urged Americans to take responsibility for their health and be physically active, eat a nutritious diet, get recommended preventive screens and decrease high-risk behaviors, such as smoking.

I believe that good health is not something that government ought or even can mandate. People must choose to adopt healthy behaviors on their own. Our role is to encourage them and to offer them the knowledge and tools to make those healthy choices easier. In responding to President Bush's call for a HealthierUS, we have undertaken numerous activities to encourage Americans to make healthy choices:

- Our Office of Disease Prevention and Health Promotion is partnering with the Boys & Girls Clubs of America on a 5-year program, called Triple Play, that is designed to promote healthy lifestyle choices, daily physical activity, and character development among young people.
- Our President's Council on Physical Fitness and Sports provides the President's Challenge Physical Activity and Fitness Awards Program which offers a variety of incentives to encourage individuals, ages 6 and older, to begin and continue daily exercise and activity to reach healthy levels of physical fitness. The Presidential Active Lifestyle Award rewards children for engaging in sustained physical activity for an hour on most days of the week over a 6-week period.
- Our Office of Minority Health has awarded approximately \$1.4 million to develop a coalition to reduce obesity among racial/ethnic minorities through an initiative called *Healthy Weight, Healthy Lifestyle*.
- We Can!, or Ways to Enhance Children's Activity and Nutrition, is an NIH program that offers tips and ideas for parents and caregivers to help children 8-13 years old stay at a healthy weight. It provides resources and community-based programs that focus on encouraging healthy eating, increasing physical activity, and reducing sedentary time.
- Our Centers for Disease Control and Prevention's State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases is designed to support states with developing and implementing science-based nutrition and physical activity interventions.
- Our Food and Drug Administration has initiated food labeling activities as part of its Calories Count initiative—one on the prominence of calories and the other relating to

serving sizes on food labels. FDA is also working on partnerships to help educate consumers about maintaining a healthy diet and weight.

- Our National Institute of Environmental Health Solutions is working with industry to encourage healthy built environments, such as buildings with friendly, centrally accessible stairs in addition to elevators.
- In 2004, HHS signed a memorandum of understanding with the Girl Scouts of America to educate girls about obesity, and we are working with them on other healthy living initiatives as well.
- Congress has required that schools that participate in federally funded school meal programs must implement wellness programs that address both nutrition and physical activity by the start of this coming school year.

This conference has highlighted the need for us to work together to develop research standards to measure the efficacy of interventions. Because impacts on obesity will take many years to bear fruit, we must search for surrogate endpoints from which we may evaluate our actions sooner.

And as we have seen during our meetings, the temptation is always there to focus disproportionately on the nutrition side of the regulation and not enough on the energy consumption or exercise side of the equation. We will still be overweight even if we all eat like rabbits or if all we do is sit behind our desks all day.

Chronic diseases are deadly, and preventing them among all our peoples is a huge challenge that we will continue to face. So we're working hard on spreading the messages of prevention and responsibility. We're working to have government, schools, employers, restaurants, industry, insurance companies, and the medical community come together to support better health for our citizens, our families, and our communities. Through conferences such as this, we can share what we have learned about encouraging healthy behaviors in our different countries, and help spread prevention. Thank you.