

The Obesity Epidemic: Global Trends, Implications, and Solutions

Opening Remarks

**Eric M. Bost, Under Secretary, Food, Nutrition, and Consumer Services,
U.S. Department of Agriculture, Washington, DC**

Good afternoon and welcome to one of our last sessions of the day. We are very excited about having this distinguished panel of international guests here today to talk about activities and initiatives in their respective countries.

The issue of sound nutrition and moving toward a healthy lifestyle and issues of obesity are not unique in the United States, but several countries around the world are also having some of those same challenges that we are facing. I have had the opportunity and the pleasure of visiting all of the countries represented and spending time with my colleagues. They are all very smart, bright, and distinguished and are major leaders in their field. I think that you will truly find them interesting and also enjoyable in terms of the remarks that they are going to make.

This is a tremendous panel of people in this field, and I think that you will truly enjoy what they have to say.

Promoting Healthy Diets and Lifestyles in Germany

**Helmut Heseke, PhD, Professor, Faculty of Natural Sciences, Department of
Nutrition and Consumer Education, University Paderborn, Germany**

Dear Under Secretary Bost and dear ladies and gentlemen: First of all, I have to thank you for your kind invitation to participate in this interesting and stimulating conference. It is a great honor for me to be here today and to talk to you about what is going on in Germany.

Similar to what you find in the US and most parts of Europe, nutritious foods are available for everybody at any time and people prefer a sedentary lifestyle. We have successfully defeated under-nutrition, but more and more people suffer from over-nutrition. Meanwhile, we observe an epidemic prevalence and high incidence of both overweight and obesity. Men with normal body weight are a minority from their 40's and women from their 50's in Germany, and in large parts of Europe (with a high risk of developing Type 2 diabetes mellitus, coronary heart disease (CHD), cancer, etc.). This results in high health insurance and Medicare costs and a reduction in national opportunities in global economic competition. Also, the problem of obesity also increases in childhood and youth (the rate of overweight increases by 1 percent every 3rd year!). In specific risk groups (people from lower social classes, immigrants, etc.), cumulating problems arise.

The main causes of overweight and obesity are relatively clear:

- ◆ An imbalance of energy intake and energy needs.
- ◆ Reduced physical activities during work and leisure time.
- ◆ The bane of genes: during evolution gene selection was driven by the necessity to survive hunger, but not overfeeding. Therefore, obesity is the normal result in times with food excess and lack of energy expenditure, if we do not control it.
- ◆ Today's food, with high energy density and a reduced potential for a satisfying satiety, leads to low gastric extension.
- ◆ The availability of cheap and delicious foods everywhere.

Additionally, our consumers have less and less knowledge about food composition and a decreased competence to prepare delicious dishes from basic foods and to transfer nutritional guidelines into practice. I fear that more than 20 percent of German men are not able to prepare a sunny-side-up egg very well.

Of course, in Germany, the aggressive marketing and advertising of food has changed our eating habits, especially those of our kids. Maybe some of you know the “Hastings Report” from Great Britain, analyzing the effect of food promotion on children’s diets and eating behavior. A German analysis—the SOFIA Report—found similar results and I heard that you are working on a report for the United States, too.

In supporting families and children, there is a remarkable difference between Germany and the U.S. In contrast to your Federal programs providing aid money indirectly to families (e.g., through the National School Lunch Program), we prefer to transfer money directly to the families in the form of a family allowance: every month the government pays 154 € (~\$180) per child for the first three children and 179 € (~\$210) for four and more children. The parents can buy food, clothes, toys etc. from this money. Theoretically, they could also buy alcoholic beverages and cigarettes; but, of course, responsible people don’t do this.

Today, nutritional and health guidelines are more and more evidence-based. Therefore, the well-known argument of some opponents of nutritional guidelines, i.e., “your recommendation is not science-based” loses its supposed effect on consumer decisions. It has been argued that powerful players—not only in the food marketplace—meanwhile have developed a new strategy: the strategy of inconsistency. Apparent inconsistency or contrariness strongly prevents consumers from changing their unfavourable eating habits. You have probably observed corresponding actions and are aware of this problem from your own experience. Inaccurate information all over the world has the potential of being placed on page #1 of newspapers and magazines—the dream of every journalist.

This situation leads to new challenges in implementing our government’s nutrition and food policies to promote sustainable healthy diets and lifestyles. We have already started some programs and campaigns in Germany to prevent obesity, and our Under Secretary of

State Mr. Berninger is very much engaged in this problem. The first measure is to clarify the causes of obesity and identify the factors which are significantly involved in the genesis of overweight and obesity in children and youth. Therefore, we are conducting the new National Nutrition Survey and the Child and Youth Health and Nutrition Survey--my working group is involved in both ongoing studies.

The second measure is to develop more nationwide actions, like you do in your country. We still don't have general acceptance that overweight is a relevant and significant social health problem which affects the society as a whole and is an increasing problem in our population. We are still at a point at which many in the population do not think that overweight is a significant problem. Therefore, a new platform was founded, called "Platform Food and Exercise," or PEB, and it aims to prevent obesity among children and youth, to establish a network of relevant actors, to coordinate the required measures, and to achieve significant prevention of overweight and obesity. The founding members of this platform, which is very new in our country, include the German Government represented by the Federal Ministry of Food, Agriculture and Consumer Protection; food industry, represented by the Germany Federation of Food Law and Food Science; Central Marketing Society of the Agriculture Marketing Board; Medicare and health insurance companies; Federal Parents Councils; the German Society for Pediatrics; labor union for food and restaurants; and the German Sports Association.

Other measures are being developed concerning kindergarten, children's day-care centers, and schools. We also have measures for parents and families. For example, we have "SLIM KIDS on tour," a musical for children addressing overweight. For children in day-care centers, we have "FIT KID - Healthy Eating Action." This program includes a nationwide advisory service, educational programs for educational staff and multipliers, taste and smell tests, parents' meetings including nutrition education, and, of course, a lot of internet-based information, too.

Then, we have a touring exhibition on food consumption called "Look What You are Buying." We have a concerted action project involving public libraries which is very interesting and includes a lot of books and media collections about slim kids, better diet, and more exercise. We have restaurant action project called "Healthy Meals for Kids."

We have an action project called "School + Food Means = Grade A" and another touring exhibition called "Enjoy the Pleasure of Wholesome Diet" to increase meal quality in schools. In other action projects, kids prepare nonalcoholic drinks in a do-it-yourself bar. You know that, in Germany, teens are allowed to drink alcohol, and we still have a lot of problems in this field. Up to now, we had only a few all-day schools in Germany. Most of our children only have lessons at school until 1:00 p.m. and then they go home.

In my working group, we have developed REVIS--a reform and innovation of nutrition and consumer education in schools. In REVIS, we have developed new educational goals, taking into account actual nutrition problems. Competencies to be achieved in the field of nutrition

and consumer education were defined and a new curriculum, standards, and an educational portfolio for teachers were developed, which can be used in all types of German schools.

At this time, a large national competition is being announced, called “Better Diet, More Exercise.” Our ministry is going to spend €15 million, about \$20 million, to develop a foundation of sustainable local and regular networks to prevent overweight and obesity in early childhood. More than 450 groups have written proposals. At the moment, these proposals are being evaluated and the best 25 to 30 networks will be funded for a couple of years, starting in 2006.

Now, I would like to talk about the organization I’m representing here - the Germany Society of Nutrition - and the actions we are involved in. Ten rules for a healthy diet were derived and graphical media were developed from our German *Dietary Reference Intakes*. During the last year, we developed a new food pyramid for Germany in an interdisciplinary process and under the management of the Germany Society of Nutrition. Several working groups were established from the fields of nutritional science; clinical, medical and food science; information management; media production; nutrition consulting; and nutrition politics.

The result is a real 3-dimensional food pyramid with four sides and a nutrition circle as the basis. The sides represent foods of plant origin, foods of animal origin, beverages, and oils and fats. The 3-D-pyramid can be opened to form a Nutrition Compass, which can be printed in books. The quantitative measures for food of the nutrition circle were calculated from the German DRIs.

Fig. 1: The German 3-D-Food Pyramid



On the four sides of the 3-D food pyramid, we have qualitative information about the food groups because we think that our consumers need more information about the foods they prefer. The eating habits of our German population were also taken into consideration. Energy and nutrient density, fat quality, and other nutritional, physiological, and preventive aspects were important factors for the nutrition profiling.

On the bottom of the plant food side, we have different vegetables, foods, salads, and juices. The pyramid also shows beans and nuts, whole-grain products and potatoes, other grain products, and, at the top, we have sugar, cakes, sweets and potato products, rich in fat.

Fig. 2: Foods from plant origin

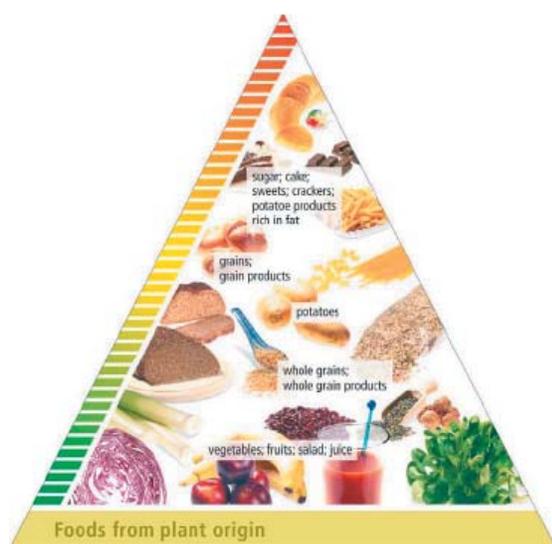
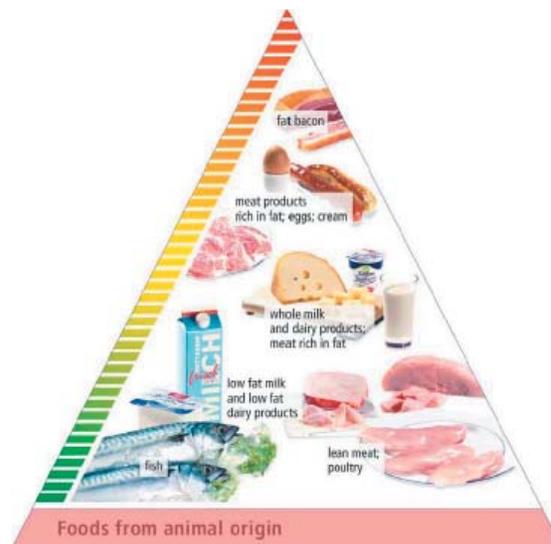


Fig. 3: Foods from animal origin



On the side with foods of predominantly animal origin, energy density was one of the physiological aspects, too. We looked into nutrition density, fat quality, and preventive aspects. At the base of this side, there are fish, lean meat, and poultry. On the next levels, low-fat milk, low-fat dairy products, whole milk, and dairy products richer in fat are shown, whereas meat products rich in fat and bacon are placed in the small top.

On the side with oils and fats, we looked into fat composition (e.g. n6/n3-fatty acid ratio) and vitamin E content. We recommend choosing canola oil or walnut oil instead of wheat germ or corn oil. At the top, we have palm oil, coconut fat, and butter.

On the fourth side, we have the beverages. Again, we looked into energy content, essential nutrients, and secondary plant substances. The energy content should be less than 7 percent. We looked into stimulating substances and sweeteners. We recommend to drink carbonated or noncarbonated water or unsweetened fruit teas or herb teas. On the next level we placed green and black tea, coffee, fruit punches, and calorie-free soft drinks. At the top, we have energy-dense soft drinks and energy drinks.

This 3-D food pyramid is developed for multipliers, especially for educational purposes and for young consumers interested in multimedia. It is interesting to use in animated multimedia projections. You can click on it and get more information.

Thank you.

Nutrition Problems and the Measures for Improving Nutrition in China

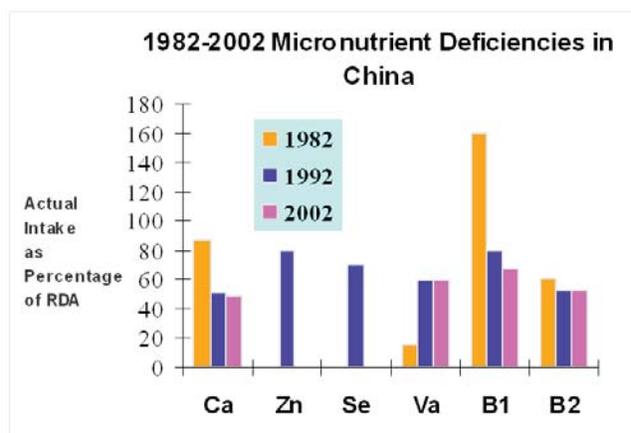
Yu Xiaodong, Director, Center for Public Nutrition and Development of China, Beijing, China (Interpreted by Sarah Crawford)

Good afternoon, ladies and gentlemen. Please forgive me for speaking in Chinese this afternoon. I'm afraid that you wouldn't understand if I spoke in English, so it will go easier if I speak in Chinese, and Sarah will act as my translator.

I would like to thank Mr. Bost, my friend, for inviting me today and giving me this opportunity to speak to you about the situation in China. I am impressed that this meeting is about nutrition education, because I think this is a very important part of the work to be done in nutrition.

I am also very impressed by the fact that there are 1,000 people attending this meeting over the past 3 days. In China, there are only 2,000 nutritionists total. That means that at your meeting this week you have had half the total number of nutritionists in China. In China, we say that nutritionists are even more valuable than Pandas. I think that if we were able to have this many people in China working for nutrition, we would have a lot more success and more efforts toward improving nutrition.

I would first like to introduce the National Nutrition Survey--conducted in 2002, with 250,000 people participating--which found that the problem of malnutrition is prevalent in China. In this chart, that describes the 2002 survey and our findings, pink is for the year 2002. You can see that all of the vitamins and minerals, calcium, zinc, vitamins A, B1 and B2 are below the RDA level of 100.



In China, the problem of insufficient calcium intake is prevalent. Vitamin A deficiency is fairly high, with 580 million people being borderline deficient. So our situation in China is very different from the situation in the U.S. because, while we do have obesity, we also have under-nutrition. Both forms of malnutrition are present in China. In China, the problems of under-nutrition are very severe in the countryside. There, 74 to 150 million people have low body weight and about 14 million children under age 5 are stunted. One of the more frightening statistics from China is that 200 million are anemic.



- ◆ **Calcium intake is insufficient;**
- ◆ **580m people are borderline deficient in Vitamin A;**
- ◆ **2 mil people are iodine deficient;**
- ◆ **160m people's intake of protein is deficient**



- ◆ **74-115m people low body weight (rural);**
- ◆ **Stunting in children under 5: 14m people (rural);**
- ◆ **200m people anemic (urban and rural)**

Now I will talk about over-nutrition and obesity. In China, fat intake in the cities is already past 35 percent of total energy; in the countryside it is over 28 percent. Both of these figures are above the RDA. This demonstrates that the amount of energy coming from meat and oils–fat consumption–has increased, and that, among urban residents, the amount of energy that comes from cereals has decreased. It is only at about 47 percent, which is much lower than the amount recommended by the World Health Organization.

China is in a nutrition epidemic; here are some statistics that show this epidemic: 200 million are overweight in China; more than 60 million are considered obese; 160 million people have a high level of blood lipids; 400 million people have high blood sugar; and 160 million have hypertension. These numbers are all very, very large.



- ◆ 200m people overweight;
- ◆ Over 60m obese;
- ◆ 160m people have high level blood lipids;
- ◆ 40m people have high blood sugar;
- ◆ 160m people have hypertension

Among students in China, about 30 to 35 percent of the impoverished, especially in rural areas, have deficiencies and low body weight. About 10 percent of men and 12 percent of women have slow body development in impoverished districts and the rate of anemia is 20 to 30 percent. Over the past 20 years, we have seen a great increase in the rates of obesity, particularly in the large cities. In large cities such as Beijing and Shanghai, the current rate of obesity is 16 to 20 percent, and these numbers double approximately every 5 years. So, the speed of increase in these rates is very, very fast.

I have heard many of my American friends over the past few days tell me that they don't believe Chinese people are fat. So, I would like to show you this picture. We took this picture when we were doing research at a McDonald's in China. If you take a look at this girl--this is a high school student--I think you will realize that, yes, there are fat people in China.

I want to explain that the problems of nutrition are related to economic development in China. In areas where there has been a lot of economic development, we have the problems of overweight and obesity. But in the areas where there has been very little economic development, we still have problems of under-nutrition.

A big part of the explanation is education. It is very important to educate people on nutrition, and in China many people do not have basic nutrition knowledge. Many people say that since China is a socialist country, we should have more healthy habits in life. In fact, we do not. For example, Chinese people love fried foods. Most of our foods are stir-fried. So, we use a lot of oil in our cuisine.

Right now, Chinese people generally don't like to exercise anymore. They like to come home and watch TV or turn on the computer, and they like to sit in front of the TV, watch their TV show, and eat dinner or maybe a snack. Another big problem that we have in China is processed foods. As you know, foods are developed according to taste and in China they like fatty foods a lot more--which has led to increased problems of obesity and overweight.

Now we will talk about how to solve the problems of nutrition in China. The most important thing would be to have the government responsible for nutrition, designate a department that is responsible, and strengthen government interventions in nutrition. As of next year, nutrition improvement will become part of the national government policy in China, which will mean that we will get a lot more government support in terms of improving nutrition.



5. Measures

- ◆ **Demonstrate government responsibility, strengthen government intervention, such as laws and regulations (fortified flour, Nutritionist law, Student nutrition regulations, etc.)**
- ◆ **Vigorously carry out food fortification (flour, cooking oil, rice, salt, soy sauce)**
- ◆ **Promote school lunches, school milk, soy milk (soy juice)**

- ◆ **Strengthen education and publicity to the public, Advocate a healthy lifestyle, development a system of nutrition appraisal, consultation and instruction**
- ◆ **Link nutritional improvement with poverty alleviation, link nutrition with overall health**
- ◆ **Adjust planting and cultivation; promote the transformation of the food industry**

Another very important aspect is laws and regulations. We have passed many regulations and are preparing many more—for example, a regulation on fortified flour and regulations on infant and children’s foods. Another important part of improving food nutrition in China is food fortification. We currently are running programs in flour fortification, rice fortification, cooking oil fortification, and salt fortification. The third point is to promote school lunches, school milk, and soy milk. I have learned a lot at this meeting that will be helpful toward this goal.

The next three points demonstrate our plans for the future. The first point is to strengthen education and publicity to the public, advocate a healthy lifestyle, and develop a system of nutrition appraisal, consultation, and instruction. If we only work to advocate, but we don’t have a system in place to evaluate what we do, we will never be able to change everyone’s health. The next point is to link nutritional improvement with poverty alleviation, and to link nutrition to the overall health of the people. The last point is to adjust planting and cultivation and to promote the transformation of the food industry.

In terms of the methods that we will use, we have already discussed our promotion of food fortification, but at the same time we will also advocate a balanced diet. For us, the most important populations—our target audiences in China—would be the poor, infants, children, and students. In terms of city and wealthier rural areas, we will do publicity and education—this will be our most important work. But in impoverished regions, we will also link this with government subsidies.



6. Methods

- ◆ **Promote food fortification, at the same time promote an appropriate diet**
- ◆ **Emphasis nutrition improvement among the poor, infants, children, and students**
- ◆ **City and wealthy villages---Publicity and education most important; Impoverished regions---Education and publicity with government sponsorship**

I would now like to introduce our experience in improving nutrition in China. The first point is that nutritional improvement must be systematic and involve several aspects, and the most important is close cooperation. At a meeting in Manila, the Philippines, in 2000, the nutrition experts there all told us that when doing nutrition improvement programs, it is very important to have both the cooperation of the government and industry working together to improve nutrition.



7. Experience

- ◆ **Nutritional improvement must be systematic, involves several aspects, close coordination is essential**
- ◆ **Legislation and the government play a key role (law, guarantee funding, public service announcements, etc)**
- ◆ **In the short-term, there will be no obvious effectiveness, must begin with children, and carry out long-term knowledge and behavior education, only then can we influence a generation**

Another important aspect is legislation and the fact that the government plays a key role in terms of laws, guaranteeing funding, and providing public service announcements. In the beginning, when you start a program of nutrition improvement, there will be no obvious improvements initially. This is because we must start with children when they are young and carry out long-term knowledge and behavior change education. Only then can we influence an entire generation.

We hope that in the future we will be able to learn from all of our colleagues and friends from around the world who have worked in nutrition and can help us to improve nutrition in China.

From Global Strategy to Local Implementation

Dorit Nitzan Kaluski, MD, MPH, RD, Director, Food and Nutrition Administration, Ministry of Health, Israel

Israel is a relatively small country with a population of 7 million. Israel has very good indicators of health with long life expectancy at birth and very low infant mortality rate. However, we do need a national strategy because cardiovascular diseases are the leading cause of death and, in women under 75, it is cancer. Hypertension is prevalent in Israel, with about 10 percent of the adult population diagnosed with this disease. Diabetes affects 6 percent of the adult population and 20 percent in those older than 65 years. Nutrition is an important determinant to all of these diseases, and more.

More than half of the Israeli population is overweight or obese. Obesity rates, just as we heard before, increase with age, and more remarkably in women. Fourteen percent of women older than 45 are diagnosed with osteoporosis, and a third of those with osteoporosis in Israel are men. We know that adequate nutrition is actually a cornerstone in osteoporosis prevention, another good reason why we need a strategy.

Under-nutrition and iron, vitamin B12, folate, vitamin D, and calcium deficiency are prevalent in the country. Obesity and micronutrient deficiencies are on the same plate in Israel. This is not surprising since high consumption of “empty calories” (unfortified wheat and dairy products) in Israel is a cause of overweight and obesity and micronutrient deficiencies on the other hand. If we look at the obesity rates, we can see that Israeli men are more overweight, while women are more obese, and that is something we have to tackle. We know that obesity, as in many other developed countries, increases with lower socioeconomic status. Also, the Arab population is more obese than the Jewish population in the country.

We have just concluded our First National Health and Nutrition Survey in 6th- to 12th-grade children, and found out that the percentage of children with an underweight Body Mass Index (BMI) for age under the fifth percentile was 4.1 percent. Children with an at risk BMI for age (BMI between 85th and up to the 95th percentile) is 12.8 percent. Considering the normal distribution characteristics, the expected rate is 11 percent. The obesity rate (BMI for age equal to or above the 95th percentile) is 5.6 percent, with an expected rate of 6 percent. So actually, the BMI distribution of our adolescents is very close to the reference curve.

When we compare our data with that of some European countries, we see that Israel is doing quite well. Sweden, France, Belgium, and many other countries in Europe have higher adolescent obesity compared to us. If we compare Israeli data with United States data, we see that in Israel the risk is 12.8 percent, while in the USA, the rate is 30.4 percent. The total overweight and obesity rate in the United States is 46 percent, while in Israel it is 18.5 percent. Hence, we are “lagging behind” and, in this respect, we want to keep it that way.

As I already mentioned, the two faces of food and nutrition insecurity in Israel are obesity and micronutrient deficiencies. Both are associated with poverty, gender, age, origin, religion, education, occupation, and social position. Israel is so varied in such a small population. This is not new. U2 said, in “God: Part 2,” for those of you who know how to sing it, “The rich stay healthy, the sick stay poor.” That actually is working out here as well.

A Lancet editorial actually said that the catastrophic failure of public health is that people are getting fatter and less active and asked us, public health professionals, to do something about it. There are success stories around the globe which could serve as role models. The Finnish experience is indeed something to learn from. They conducted a sustained and comprehensive national campaign that led to a marked decrease in cardiovascular and noncommunicable diseases. The Finnish strategy is well documented and could provide us all with some ideas. The North Karelia Study, in Finland, has pulled the whole country upwards.

The World Health Organization in 2002 and 2003 started working on the global strategy on diet, physical activity, and health. As one of the countries that joined the effort, we decided to make Israel a pilot. It is a small country. So we can actually pulled ourselves together and moved forward for the global strategy. For those of you who are not familiar with it, the strategy gives a menu that offers tools to member States on “how to” lower the rates of obesity.

According to the strategy, multiple interventions on multiple levels are required. One big thing that we learned is that the sole message of “increase physical activity” is a message that the food industry loves to use over and over. If you increase your physical activity and do not consume a sensible nutritional diet, you may stay obese or at least have malnutrition. So, we wanted to make sure that when people are doing exercise, they will have the right tools to know what to eat before, after, and during, and also to eliminate micronutrient deficiencies.

We established a National Nutrition Council to fight obesity, and we looked at food and lifestyles and tried to see where and what settings we need to tackle when we work on it. The government has a subcommittee to set priorities for legislation. These committees work with the health system, food industry, schools, those who are involved in physical activity, and the government. We had people come from the media, advertising, and press, people who are working with groups with different levels of socioeconomic status, and people who are coming with different cultural values—because Israel is so diversified.

We made sure that we clarified the difference between adequate versus sensible nutrition, based on the perception that adequate nutrition is each person’s right, and thus, the state has to assure accessibility to adequate nutrition to all. On the other hand, sensible nutrition has to do with an individual’s decision and choice. We made it clear that you have to make sensible selections. We, as government, should assure adequate accessibility to healthy diet to everybody. However, we cannot force it. The individual’s selections could be improved by better education.

We looked at individual responsibility, family, and society and made sure that we work as government, industry, and NGOs on availability, accessibility, and adequacy. We also need to make sure that healthy choices would be the cheapest and easiest choices.

Just a little bit about nutrition in schools. School nutrition started in Jerusalem in 1923 and continued nationwide until 1974. In 1974, it was decided that the country was affluent enough to stop providing food for children. In my view, this was a big mistake, especially since it is very complicated to bring it back to life. Nutrition education courses were given by nutritionists trained in Europe and the U.S. The largest group that initiated the field of nutrition in Israel came from the U.S., and are acting still today.

Two Knesset laws were proposed in 2004 with the aim of reintroducing school feeding programs. One law was proposed by the Knesset member Ms. Ruchama Avrahan, called the “Feed the Poor” proposal, and the other one, the “Feed All” proposal, was proposed by Knesset members Ms. Yulie Tamir and Ms. Eti Luvni. The first one was the one that was ratified. Of course, I believe that this is a missed opportunity to offer adequate nutrition to all the children in the country. However, the School Feeding Program has been started, and thus concentrates on feeding children from a lower socioeconomic status only.

Also, I believe that food is not all. It is not enough to bring plates full of energy to the children. We wanted the right atmosphere, we wanted the culture, the quality, the safety, network comforts, support, equality, and education all together on the same plate, as well as nutritional status and meanings.

We asked a neutral party to develop a healthy and attractive alternative to food items in vending machines, cafeterias, etc., to have a closed campus policy for lunch time, and to have a green campus with eat-your-own-veggies on the campus as well. We also wanted to ensure physical activity during recess for children with disabilities. We call our plan “MEGA Plan.” Translated, it means “eat in moderation and be active.” That is the program and we go over and over it.

Thanks to Under Secretary Bost, who actually helped us in the program in Tel Aviv, we were able to continue that program and expand it countrywide. We now have seven big cities and 20 smaller ones and some villages trying to work on our program with some support from NGOs.

We are afraid that we are going to fail with the first law, because of the low cost and low quality of the meals provided. We are afraid that quantity over quality will be in command of the food feeding program. We are worried that food producers, teachers, students, and parents will make decisions that will bring inadequate nutrition with decreased food safety because of their lack of knowledge and nutrition illiteracy. The lack of professional control of the food that is brought to schools already has resulted in epidemics of food-borne diseases in some areas.

The loss of multicultural culinary habits could be a cause of chronic disease in Israel. We know that immigrants from Yemen who came to Israel 4 decades ago, as well as the new immigrants from Ethiopia, suffer today from a higher prevalence of cardiovascular diseases. The Bedouins, who are now flooded by globalization, also have the same problems. We have to keep these local or native culinary habits, and make it clear that these culinary habits will be reflected in the food provided in schools. We are afraid of the negative influence on the market economy.

Anna Frank said in her *Diary of a Young Girl*, “How wonderful it is that nobody need wait a single moment before starting to improve the world.” We are in the right moment to improve our nutritional status. I thank you very much for listening and good luck.

Closing Remarks

Roberto Salazar, Administrator, Food and Nutrition Service, U.S. Department of Agriculture, Alexandria, VA

It is fair to say that it has been an exciting 2-1/2 days. The Under Secretary and I are indeed very impressed and very happy about the exceptional representation at this conference today. The turnout has been great, including representation from all across this great country of ours and wonderful diversity.

Your professionalism, your dedication, your commitment, your enthusiasm is so evident, and we are so thankful for your participation.

On behalf of the Administration, on behalf of the Secretary of the Department of Agriculture, Mike Johanns, and Under Secretary Bost, I want to say thank you to all of those who worked so hard to make this conference a reality. I hope that you all agree that the result of those efforts, of all that hard work, has been a conference that has been both informative and enjoyable.

From start to finish, this conference has been a model of what true collaboration can and should be. This conference recognized and shared the progress that was made since our 2003 conference in supporting the President’s vision for a Nation where we all work together to promote healthier lifestyles.

Throughout the conference and especially at the sessions on the State Nutrition Action Plans, SNAP, you were able to work together to extend the President’s vision to your individual States through your SNAP. Now, at the close of the conference, we hope that you will continue working together and also with us, of course, to keep the momentum going and make tangible, meaningful progress.

Our challenge is to identify and focus our joint efforts on a few behaviors that are important or that have a common thread through all of the Food and Nutrition Service programs, and ultimately, to work collectively in planning, implementing, and developing science-based interventions to address them.

We have nutrition education resources that can be used to help make this vision a reality. The *Eat Smart. Play Hard.*[™] campaign, Team Nutrition, WIC Works, Food Stamp Nutrition Connection; all of these provide resources and guidance.

Our vision includes four major components:

- ◆ Implement more comprehensive, integrated, and sustainable cross-program nutrition education;
- ◆ Deliver consistent family-oriented nutrition messages across all Food and Nutrition Service programs;
- ◆ Expand our partnership and collaboration efforts with States and local community organizations; and
- ◆ Focus our key nutrition messages on key behaviors and across program meetings over the next few years.

I invite you to make plans to attend those meetings and make sure you get involved in the SNAP process. These meetings will build on the work of this conference and, ultimately, hopefully, help to create and sustain commitment for putting the SNAP into action.

I also want to challenge each of you, as individuals, to support the President's vision for a Healthier U.S. by being role models for healthy, active lifestyles. Show people how to make smart food choices and be physically active where you are, whether it is in a WIC clinic or in a classroom or at the local food stamp office and in your own workplaces. Modeling positive behavior is a very positive tool for getting children to make smart choices, and it also works for adults.

We know that there are going to be some bumps and some curves in the road and probably a few detours in our journey. But, I am very confident that the creative and dedicated professionals in this room, each and every one of you, are indeed truly the most qualified persons to make our vision a reality. Please join me in making America healthier, especially for the vulnerable populations that our programs reach and serve.

By continuing to work together, as you have this week, building on the ideas that have surfaced through the synergy of this conference, and maximizing the resources available to us I am confident that, together, we will succeed.

Ladies and gentlemen, on behalf of the President of the United States, George W. Bush, thank you for your commitment to a Healthier America.

God Bless you. Travel home safely.