Chair’s Report
Barry A. Franklin, PhD

I am truly honored to serve as the incoming Chair of the Council on Nutrition, Physical Activity, and Metabolism (NPAM). This is a unique opportunity to work with an esteemed group of American Heart Association (AHA) multidisciplinary professionals and staff to further our formidable mission. I would be remiss, however, if I did not acknowledge the outstanding leadership and organizational wizardry that Dr. Barbara Howard demonstrated as our Chair over the past couple of years.

Under Dr. Howard’s exemplary leadership, NPAM has had a phenomenal recent history! Our Council’s successes have included continued membership growth; an enhanced Web site and revitalized Council brochure; a favorable budget; the co-sponsoring of numerous conferences; a major increase in attendance at Scientific Sessions by Council members; co-sponsorship of another highly successful NPAM/EPI Spring Conference; and the primary or secondary sponsorship of 17 scientific statements (2006–07) through writing groups peppered with NPAM members. Our membership has been well represented in AHA awards and named lectures, and our innovative and timely proposals for Scientific Sessions have been embraced by the Program Committee. Moreover, a former Chair of our Physical Activity Committee, Dr. Steven Blair, has been selected as the recipient of the prestigious 2008 Population Research Prize of the AHA. We’re on a roll!

Without question, this is an exciting time for the members of our Council. A recent landmark report concluded that although the burden of coronary heart disease in the United States remains enormous, the age-adjusted death rate fell by more than 40 percent between 1980 and 2000. This decline was attributed to evidence-based medical therapies and decreases in major risk factors. These findings and other recent reports highlight the value of aggressive risk factor reduction via lifestyle modification (e.g., cardioprotective dietary practices, regular physical activity) and complementary pharmacotherapies, if appropriate, in the prevention of initial and recurrent cardiovascular events. It’s also gratifying to see current AHA Cause Initiatives (e.g., Go Red For Women, Power To End Stroke, Alliance for a Healthier Generation, and Start!) intertwined with our NPAM Mission Statement.

Our goals for the future include: development of relationships and collaborations with other Councils and IWGs; associations with other organizations with similar interests; development of our own spring meeting; continued membership growth; expanded advocacy initiatives; increased involvement and participation by our Council members on scientific statements and annual programming; and greater media coverage of cardioprotective lifestyle issues. Moreover, we plan to broaden the charter and mission of the Council to include behavioral science.

We look forward to seeing you at the upcoming AHA Scientific Sessions in New Orleans and hope that you will plan to attend the NPAM Lecture, featuring a presentation by Dr. Robert Eckel entitled “Tissue-Specific Regulation of Lipoprotein Lipase and Energy Balance: The Story Gets Even More Interesting,” the NPAM Annual Business Meeting, Tuesday, Nov. 11, from 12:15 pm to 1:15 pm, and the Annual Reception and Dinner with the Council on Epidemiology and Prevention, on Tuesday, Nov. 11, from 6:30 pm to 9:30 pm in the Ernest N. Morial Convention Center.

Finally, please mark your calendars for our 2009 Spring Conference, March 10–12, 2009, at the Innisbrook Resort and Golf Club/Palm Harbor, Fla.
Obesity and some forms of diabetes, cancer and cardiovascular disease have one thing in common: Their onset is often related to unhealthful choices of lifestyle and diet. There is an upside to this, because it means that we have major opportunities to prevent disease by creating a society where the healthy choice is also the easy choice. To bring this about, we need to seize every opportunity to promote good health. We cannot combat the obesity epidemic through healthcare legislation alone. We must examine every pending bill to identify opportunities to create societal defaults that encourage healthier behaviors.

A case in point is the recently passed Food, Conservation and Energy Act of 2008, commonly known as the farm bill. Most people associate farm bills only with assistance to farmers. But, as chairman of the Senate Committee on Agriculture, Nutrition and Forestry, I worked diligently with the public health community, including the American Heart Association, to ensure that the new farm bill would also improve the health and nutrition of millions of Americans.

Most importantly, the new legislation takes several steps that make it easier for low-income families to purchase healthier foods — which often cost more than foods loaded with calories, sodium and fat, but few nutrients. The new farm bill not only increases benefits for participants in the federal food stamp program, renamed the Supplemental Nutrition Assistance Program (SNAP), but also creates or expands several other initiatives to build health into the fabric of our communities.

Given its size, the SNAP Program is the logical place to test incentives for healthier eating. The new farm bill includes $20 million for a pilot program that will allow the U.S. Department of Agriculture to evaluate whether providing SNAP participants with financial incentives to purchase healthier foods will achieve this result. Under this pilot, a SNAP participant that spends $25 on healthful foods and $35 dollars on other groceries during a visit to a supermarket will receive additional benefits based upon the $25 purchase of healthful foods. Other provisions in the bill focus on the lack of access by low-income families to healthy foods, especially in poor, inner-city neighborhoods. To address this challenge, the farm bill includes $35 million to create or expand farmers’ markets. In addition, thanks to the leadership of Sen. Sherrod Brown (D-OH), the bill creates the Healthy Urban Food Enterprise Development Center, which will provide technical assistance to individuals who wish to bring healthy, local foods into underserved communities.

Because the foundation of lifelong health is laid in childhood, the farm bill dramatically expands an existing program that provides free fresh fruit and vegetable snacks during the school day to low-income elementary children. Funding will increase to $150 million annually by 2012, and for the first time, every state will have schools participating in the program. By 2012, the program could reach as many as 3 million children.

An example of promoting a healthier food supply is the bill’s new incentive program to accelerate the shift from trans fat to healthier oils in the domestic food supply. As more states and jurisdictions go trans-fat free, it’s important that we have an available and affordable supply of healthy, trans-fat free oils.

The bill also gives a boost to human nutrition research through a strategic reorganization of competitive research funding at the Department of Agriculture that will better coordinate and leverage research dollars. And the farm bill reaffirms the importance of the National Health and Nutrition Examination Survey (NHANES) by calling on the Secretary of Agriculture and the Secretary of Health and Human Services to continue to collect and analyze continuous data relating to diet, health and physical activity.

For years, I have worked to help America become a genuine wellness society focused on fitness, good nutrition and disease prevention. The new farm bill includes an array of initiatives that will help us move toward that goal. I am grateful to the expertize of groups like yours as we work to pursue our mutual goal of a healthy, productive America.