

Approved: \_\_\_\_\_

Date

Jan 31, 2000

## MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 24, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Judy Showalter, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department  
Dr. William G. Wolff, Kansas Legislative Research Department  
Norman Furse, Revisor of Statute's Office  
June Evans, Secretary

Conferees appearing before the committee: Marcia L. McCoy, RN, MSN, Coordinator, Mid America Heart Institute, St Lukes, Shawnee Mission  
Dr. William Murphy, American Heart Institute  
Sally Finney, Executive Director, Kansas Public Health Association, Inc.  
Joseph Donnell, Professor, Kansas University

Others attending: See Attached Sheet

The Chairperson announced there would be tour by the Kansas Department On Aging on Tuesday, January 25. The members are to meet at the South door at 1:30.

Representative Toelkes moved Representative Storm seconded introduction of a bill to enable pharmacists to give immunizations to adults. The motion carried.

Representative Morrison moved and Representative Gerringger seconded introduction of a bill for registration of occupational therapists. The motioned carried.

The Chairperson opened the hearing on **SCR 1612 - Department of Health and Environment to study effects of obesity and to make recommendations for improvement.**

Marcia L. McCoy, RN, MSN, coordinator, Mid America Heart Institute, St Lukes, Shawnee Mission, presented a slide presentation on heart disease in women. This is not a gender disease. Heart disease is often misdiagnosed in women. 44% of women's deaths are from some sort of cardiovascular illness. Cardiovascular disease is the leading cause of death of women over the age of 35. One in two women will die from some type of cardiovascular disease and 1 in 27 from breast cancer. Cardiovascular disease needs to be brought to the forefront like breast disease, smoking, etc. from the media. Women are not aware cardiovascular disease is so prevalent. Heart disease is hereditary and affects the young as well as older women. Obesity is one of the risk factors of heart disease (See Attachment 1).

Dr. William Murphy, American Heart Association Public Advocacy Committee, Wichita, testified extensive clinical and statistical studies have identified several risk factors that increase the risk of heart attack and stroke.

As of June 1, 1998, obesity as well as diabetes was added to the list of contributing risk factors for cardiovascular disease. Some of the reasons for this higher risk are known but others are not. For example, obesity raises blood cholesterol and triglyceride levels, lowers HDL (good cholesterol linked with lower risk), raises blood pressure, can induce diabetes. In some people, diabetes has a strong adverse effect on these risk factors. In them the resulting danger of heart attack is especially high. Research has shown that modest weight reduction - 5-10% of body weight - can reduce high blood pressure and total cholesterol. Modest achievable weight loss can also help control diabetes.

Obesity creates an enormous psychological burden. In fact, in terms of suffering, this burden may be the

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on January 24, 2000.

greatest adverse effect of obesity. At present time, the strongest evidence that obesity has an adverse effect on physical health comes from population-based prevalence (cross-sectional) and cohort (follow-up) studies.

In a National Institutes of Health study there is evidence that an increasing number of children and adolescents are overweight. An article from the Journal of American Medical Association shows the findings of a study relating to aorta and coronary artery disease in 15 year old children. Even though all overweight children will not necessarily become overweight adults, the increasing prevalence of obesity in childhood is likely to be reflected in increasing obesity in adult years. This is a serious concern and needs to be addressed sooner than later as later may cost Kansans their lives (See Attachment 2)

Sally Finney, Executive Director, Kansas Public Health Association, Inc., testified as a proponent to **SCR 1612** stating obesity is a major health problem in the United States. It is a risk factor for several of our most serious medical conditions, including diabetes, heart disease and stroke. Obesity is a disease that, at best, leaves its victims with emotional and physical scars. A study done in 1998 and published in the Journal of Science found that 54% of the adult population is overweight up from 33% on a similar study that was conducted 20 years earlier. This is also a pediatric epidemic. 1 in 4 children in this country now suffers from being overweight or obese. This condition often starts in childhood. At worst, it leads to disability and death. Passage of this bill would send a message to the Kansas Department of health and Environment and to the public health community that you recognize the importance of dealing with this serious public health issue and see if there is a problem (See Attachment 3).

Joseph Donnelly, Professor, Kansas University, Department of Health and Exercise Sciences and direct the weight management programs, stated he had received 3 grants to study the prevention and treatment of obesity in children and adults since approximately 1984. There are now 35% of people obese and it is predicted that by 2015 50% will be obese. Already about 80% Type II diabetes is considered to be associated with obesity. There are medical complications, social and psychological consequences including job discrimination, withholding scholarships, entrance to college, job promotion and decrease rate of marriage. Obesity is a chronic disease and requires chronic treatment. There are emerging effective chronic treatments which include physical activity, behavior and lifestyle issues, and new medication which holds promise, not only for weight loss but in particular with the prevention of weight regain which everyone knows is common to subsequent weight loss. Because of the magnitude of this disease, the most prevalent disease I know of, because it is treatable and need public health effort to prevent and treat obesity which is at an epidemic proportion and would ask the Department of Public Health to lead this response.

The Chairperson closed the hearing on **SCR 1612**.

The Chairperson announced the Mental Health Community Development Disability Organizations subcommittee would meet immediately following this meeting

The meeting adjourned at 2:25 p.m. and the next meeting will be January 25.

HEALTH AND HUMAN SERVICES

DATE January 24, 2000

NAME	REPRESENTING
Bob Curtis	Miami County Mental Health Center
Sally Finney	Kansas Public Health Association
Carolyn M. Lindberg	KSNA
Larrie Ann Lower	KATP
David Wiebe	Jo. Co. Mental Health Center
GREG VALENTINE	SHAWNEE COMMUNITY MENTAL HEALTH CTR.
Ellen Piekalkiewicz	ASSOC. OF CMHCs
Lynn Turbin	Wyandot Mental Health Center
Kurt Maragos	Franklin Co. Mental Health
Dorrie Wiederhult	Franklin Co. M.H.C.
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Katie Shea Schatte	American Heart Association Greater K.C. Division
Kevin Barone	Heinlein Child
Joe Donnelly	Univ Kansas
Marina McCoy	American Heart Association
William E. Murphy	American Heart Association
Tom Bell	KS Hosp. Assn
Chip Wheelan	Assoc of Osteopathic Med.
BRAD SWOOT	HLR
Mark Mlynarczyk	HLR
Rebecca Rice	KCA & KANA
Mary Ellen Pontee	Via Christi
Bob Williams	KS Pharmacists Assoc.
Paul M. Klotz	ASSOC OF CMHCs KS, Inc.
Deb Williams	KDHE - BHP

## *The Hearts of Women*

Coronary artery disease (CAD) has long been thought of as only a man's disease. Women are not viewed as being at risk, yet national statistics support that approximately 500,000 women die from heart disease annually. Women demonstrate many unique characteristics of this disease process from cardiovascular physiology and clinical presentation, to diagnosis. When 40% of all coronary events in women are fatal, and 63% of all sudden deaths in women occur in those without prior history of CAD, early detection, education, and prevention are critical in addressing the magnitude of this "Silent Epidemic" in women.

### *Facts about Women & Heart Disease*

- ♥ CAD is the #1 cause of death of American women over the age of 40.
- ♥ Women falsely perceive their risk of cancer to be greater than heart disease or stroke.
- ♥ *What women perceive as serious health threats:*
  - 46% Breast Cancer
  - 16% Unspecific Cancer
  - 4% AIDS
  - 4% Heart Disease
  - 3% Uterine/Ovarian Cancer
- ♥ *What women actually die from:*
  - 36% Heart Disease
  - 8% Stroke
  - 5% Lung Cancer
  - 4% Breast Cancer
  - 3% Unspecific Cancer
  - 2% Uterine/Ovarian Cancer
  - 1% AIDS
- ♥ Women have smaller hearts and smaller coronary vessel size as compared to men.
- ♥ Women show signs/symptoms of heart disease approximately 10 years later than men do.
- ♥ A woman's vulnerability for cardiovascular disease increases as estrogen levels decrease, making menopause a risk factor for **all** women.
- ♥ Women may demonstrate 'atypical' and unique characteristics of heart disease; ones without clear signs and symptoms.
- ♥ Often times the 'atypical' clinical symptoms of heart disease demonstrated by women may not be viewed as serious, or related to the heart by some health professionals.
- ♥ The standard exercise treadmill test is less accurate in diagnosing heart disease in women.
- ♥ Studies support that the use of hormone replacement therapy in postmenopausal women has been found to provide primary prevention of heart disease.
- ♥ 1 in 9 women between 45-64 years of age have some form of cardiovascular disease.
- ♥ Over a lifetime, 1 in 2 women will die of some form of cardiovascular disease.
- ♥ 44% of women will die as a result of their first heart attack as compared to 27% men.

*Women are more likely to have a “silent” heart attack, one without clear signs or symptoms.*

*Typical Symptoms*

- ♥ *Crushing chest pain, radiates to neck/jaw, down arm (elephant or bricks sitting on chest)*
- ♥ *Sweating (without exertion or more than usual)*
- ♥ *Nausea*
- ♥ *Sudden rapid heartbeat*

*Atypical Symptoms*

- ♥ *Unexplained exhaustion, fatigue, weakness*
- ♥ *Unexplained shortness of breath*
- ♥ *Chest discomfort: Pressure, tingling, squeezing, full feeling*
- ♥ *Full feeling in neck, discomfort in jaw, ear, teeth with exertion*
- ♥ *Stomach distress (if you could just belch)*
- ♥ *Discomfort in upper shoulder blades in back*
- ♥ *Discomfort in one or both arms.*
- ♥ *Swelling of legs/ankles*
- ♥ *Nausea/dizziness*
- ♥ *Heart palpitations, cold sweat*

*Women's  
Cardiac Center*



American Heart Association of Kansas  
5375 S.W. 7th Street  
Topeka, KS 66606-2395  
Tel 785 272-7056  
Fax 785 272-2425  
<http://www.americanheart.org>

Heartland Affiliate  
Arkansas  
Iowa  
Kansas  
Missouri  
Nebraska  
Oklahoma

## TESTIMONY IN SUPPORT OF SENATE CONCURRENT RESOLUTION NO.1612

Chair and Members of the Committee, my name is Dr. William Murphy. I am a cardiovascular surgeon in Wichita and I am also chairman of the American Heart Association Public Advocacy Committee.

Extensive clinical and statistical studies have identified several risk factors that increase the risk of heart attack and stroke.

As of June 1, 1998 Obesity as well as Diabetes was added to the list of contributing risk factors for cardiovascular disease. Some of the reasons for this higher risk are known but others are not. For example, Obesity raises blood cholesterol and triglyceride levels, lowers HDL (good cholesterol linked with lower risk), raises blood pressure, can induce diabetes. In some people, diabetes has a strongly adverse effect on these risk factors. In them the resulting danger of heart attack is especially high. Research has shown that modest weight reduction – 5-10 percent of body weight – can reduce high blood pressure and total cholesterol. Modest achievable weight loss can also help control diabetes.

Clinical observations have long suggested a connection of obesity (particularly in its extreme forms) with a variety of illnesses. Obesity creates an enormous psychological burden. In fact, in terms of suffering, this burden may be the greatest adverse effect of obesity. At the present time, the strongest evidence that obesity has an adverse effect on physical health comes from population-based prevalence (cross-sectional) and cohort (follow-up) studies.

But even when there are no adverse effects on the known risk factors, obesity alone imparts an increase in risk. Obesity has many other harmful effects beyond those of the heart and blood vessel system.

In a National Institutes of Health study there is evidence that an increasing number of children and adolescents are overweight. Attached is an article from the Journal of American Medical Association that shows the findings of a study relating to aorta and coronary artery disease in 15-year-old children. Even though all overweight children will not necessarily become overweight adults, the increasing prevalence of obesity in childhood is likely to be reflected in increasing obesity in adult years. The high prevalence of obesity in our adult population and likelihood that the nation of the future will be even more obese demand a reassessment of the health implications of this condition.

Devastating statistics shows us that one in four people will suffer from cardiovascular disease. Unfortunately you and your family are not excluded from these statistics. This is a serious concern and needs to be addressed sooner than later as the later may cost Kansans their lives.

Health Human  
Services  
1-24-2000  
Atch #2

**KANSAS  
PUBLIC  
HEALTH  
ASSOCIATION, INC.**

**KANSAS PUBLIC HEALTH ASSOCIATION, INC.**

*AFFILIATED WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION*

**215 S.E. 8TH AVENUE**

**TOPEKA, KANSAS 66603-3906**

**PHONE: 785-233-3103 FAX: 785-233-3439**

**E-MAIL: kpha@networksplus.net**

Testimony presented by  
Sally Finney, M.Ed.  
Executive Director, KPHA

Chairman Boston, members of the committee, thank you for allowing me to appear before you today. I am representing the Kansas Public Health Association and am here to ask you to support Senate Concurrent Resolution 1612.

Obesity is a major health problem in the United States. It is a risk factor for several of our most serious medical conditions, including diabetes, heart disease, and stroke. Obesity is a disease that, at best, leaves its victims with emotional and physical scars. At worst, it leads to disability and death.

Despite a boom in exercise programs, diet pills, and low-fat foods, Americans are fatter than ever. A study published in the May 29, 1998 issue of the journal Science found that 54 percent of all U.S. adults are overweight — an increase of about 33 percent since 1978. This study also found that more than 25 percent of the nation's children are overweight or obese.

Your recommending SCR 1612 favorably for passage would send a message to the Kansas Department of Health and Environment and to the public health community that you recognize the importance of dealing with this serious public health issue. We ask your support for this resolution.

Health Human  
Services  
1-24-2000  
Atch # 3