

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 12, 2003 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Mr. Norm Furse, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Mr. Rodrick L. Bremby,
Secretary of Health & Environment
Dr. James S. Marks, M.D., M.P.H., Director,
National Center for Chronic Disease Prevention and
Health Promotion, Centers for Disease Control and
Prevention

Others attending: See attached guest list

Presentation on "The Obesity Epidemic - Can Public Policy Play a Role?"

Upon calling the meeting to order, Chairperson recognized Mr. Rodrick L. Bremby, the new Secretary of Health and Environment and asked him to introduce the speaker for the above presentation.

Mr. Bremby introduced Dr. James S. Marks, M.D., M.P.H., Director, National Center for Chronic Disease Prevention and Health Promotion, CDC by providing a background of Dr. Marks responsibilities as overseer of all activities for numerous divisions (ex. Div. Of Adult Community Health, Cancer Prevention and Control, Diabetes, etc.) and stating that since 1996, Dr. Marks has worked as the Assistant Surgeon General of the United States. Mr. Bremby explained that Dr. Marks would be presenting an overview of obesity.

Dr. Marks provided information on the following:

- 1.) Chronic diseases and related risk factors showing the leading vs. the actual causes of death in the U.S.;
- 2.) Graphs showing statistics of life expectancy, actual and expected death rates;
- 3.) Statistics on cardiovascular disease deaths, cancer diagnoses, smokers, mortality and risk factors, death rates and annual percentage changes for both men, women, children and races;
- 4.) The Michigan Cancer Consortium;
- 5.) States that have shown dramatic declines in the above as a result of awareness;
- 6.) Obesity trends, diabetes, and promotions to reduce obesity; and
- 7.) Graphs showing the aging population, national health expenditures, and worker-to-retiree ratio dropping.

And lastly, Dr. Marks provided a booklet (Guide to Community Preventive Services) for an update on evidence-based strategies to improve health and maximize prevention investments. A copy of his presentation is (Attachment 1) attached hereto and incorporated into the Minutes by reference. A copy of the booklet and the Kansas Health Institute handouts can be found filed in Chairperson Wagle's office.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on February 12, 2003 in Room 231-N of the Capitol.

Page 2

The Chair thanked the conferees for their presentation then asked the Committee for questions or comments. Senators Brungardt, Wagle, Barnett, Steineger, Haley asked questions ranging from what studies have been done on compulsive eaters, why are Americans prone to eat in excess, what public policy makers can do - what are our targets, tax on junk food, encouraging industry to join in, has surgery for obesity been included in this study, to the "pouring" contract.

Adjournment

As it was going on 2:30 p.m., Senate session time, the Chair again thanked Dr. Marks for traveling to Kansas and sharing his information with the Committee. The meeting was adjourned

The next meeting is scheduled for February 13, 2003.

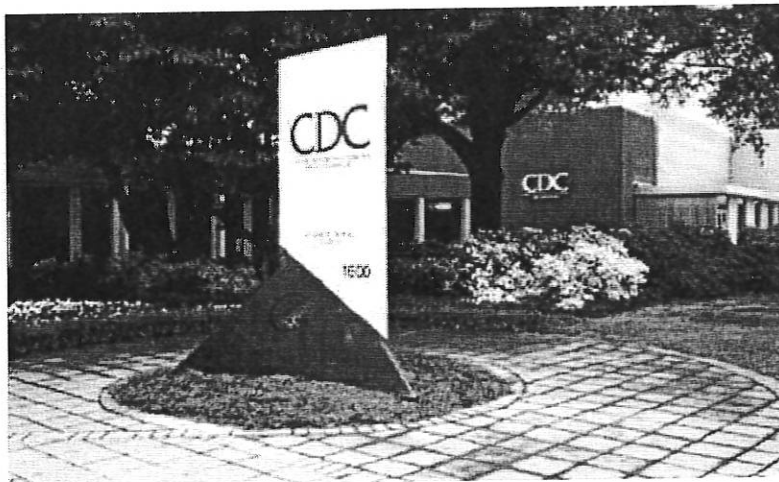
The Obesity Epidemic: Can Public Policy Play a Role?

Dr. Jim Marks, M.D., M.P.H

Director, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention



Centers for Disease Control and Prevention



Senate Public Health & Welfare Committee
Date: February 12, 2003
Attachment 1-1

- Why chronic disease
- Why prevention
- Why public health
- Why now
- What works—examples



Trends of Elvis Presley Impersonators

1977	37
1993	48,000
2010	2,500,000,000

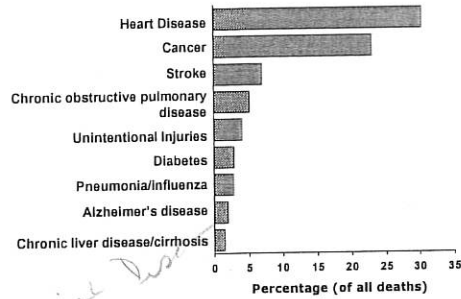


Source: Caen, H., San Francisco Chronicle; October 27, 1993



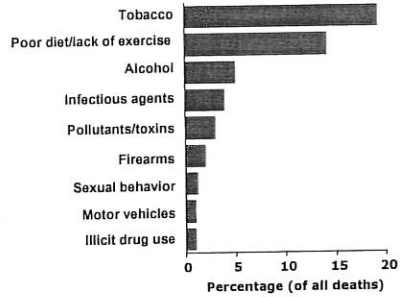
Chronic Diseases and Related Risk Factors United States

Leading Causes of Death, 1999*



*Chronic Diseases
70% of Deaths*

Actual Causes of Death, 1990†

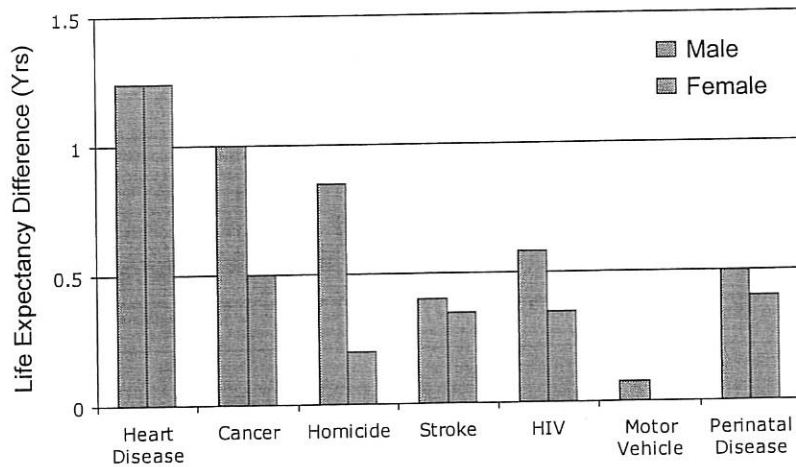


* National Vital Statistics Report; 47 (9) November 10, 1998

† McGinnis JM, Foegle WH. Actual causes of death in the United States. JAMA 1993; 270:2207-12



Number of Years Difference in Life Expectancy Between Blacks and Whites, by Cause of Death and Sex — United States, 1998

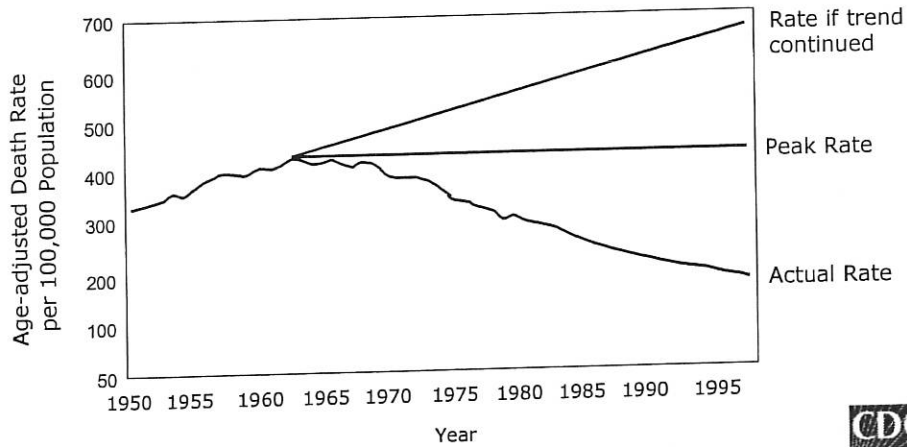


Adapted from: MMWR 2001;50:780-783



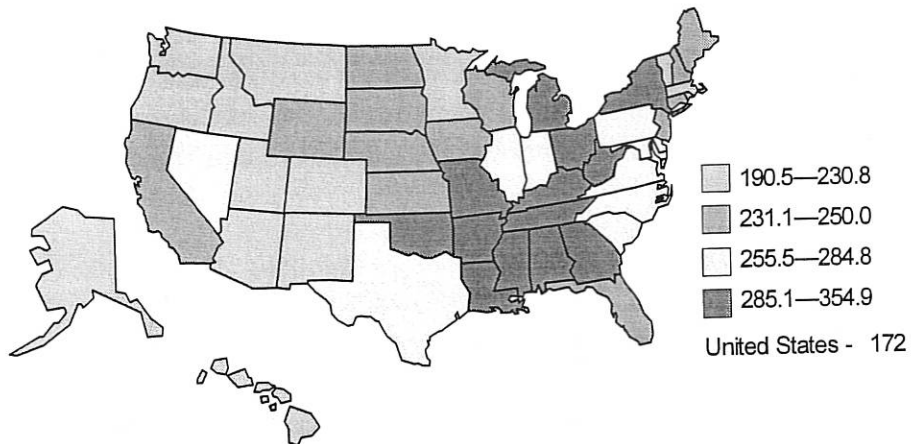
Actual and Expected Death Rates for Coronary Heart Disease, 1950-1998

CHD accounted for 460,000 deaths in 1998. It would have accounted for 1,144,000 if the rate had remained at its 1963 peak.



Total Cardiovascular Disease Deaths, 1999

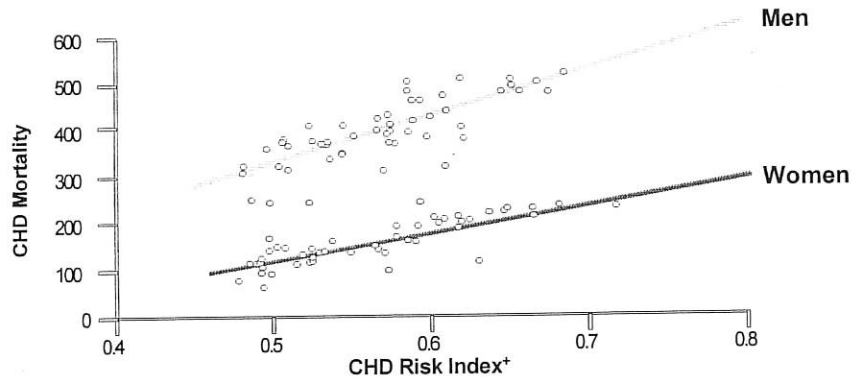
Age-adjusted death rates per 100,000 population



Source: National Vital Statistics System, National Center for Health Statistics, CDC



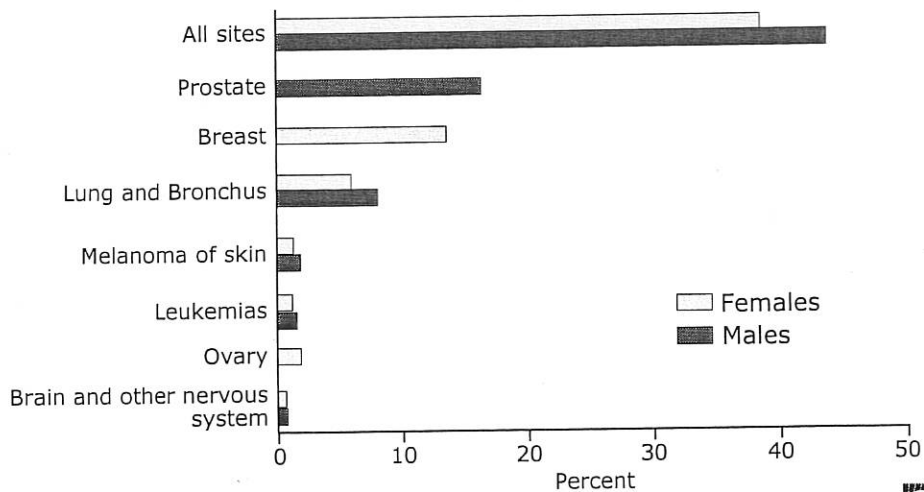
The Relationship Between CHD Mortality* and CHD Risk Factors in 49 States, 1991



*CHD Mortality = Mortality from coronary heart disease, aged 45-74
 +CHD Risk Index = Effect of 7 risk factors combined (smoking, overweight, physical inactivity, high blood pressure, high cholesterol, diabetes, alcohol abstinence)
 Mortality data and CHD risk factors prevalence were age-adjusted to the 1990 US population aged 45-74
 Regression formulas are: CHD (men) = -155 + 955 (CHD index)
 CHD (women) = -153 + 528 (CHD index)



Lifetime Risk of Being Diagnosed with Cancer



Source: SEER Cancer Statistics Review, 1973-1998 (NCI 2001)



Death Rate and Average Annual Percentage Change
3 Leading Cancers in Men, 1990-1998*

	Age-adjusted Rate**		Average Annual
	1990	1998	% Change
Lung	75.2	65.4	-1.8
Prostate	26.4	21.5	-2.6
Colorectal	23.4	19.6	-2.1

* Adapted from MMWR 2002; 51: 49 -63
** Per 100,000 1970 standard population



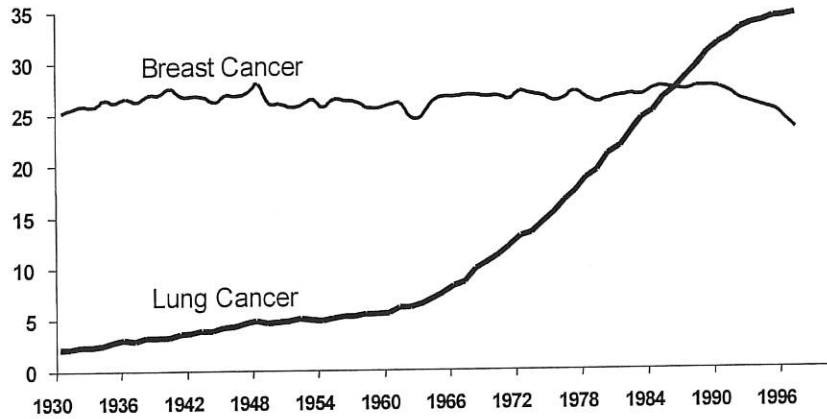
Death Rate and Average Annual Percentage Change
3 Leading Cancers in Women, 1990-1998*

	Age-adjusted Rate**		Average Annual
	1990	1998	% Change
Lung	31.6	34.6	+1.1
Breast	27.4	22.7	-2.3
Colorectal	15.6	13.7	-1.7

* Adapted from MMWR 2002; 51: 49 -63
** Per 100,000 1970 standard population



Age-adjusted Death Rates for Lung Cancer and Breast Cancer Among Women, United States, 1930-1997

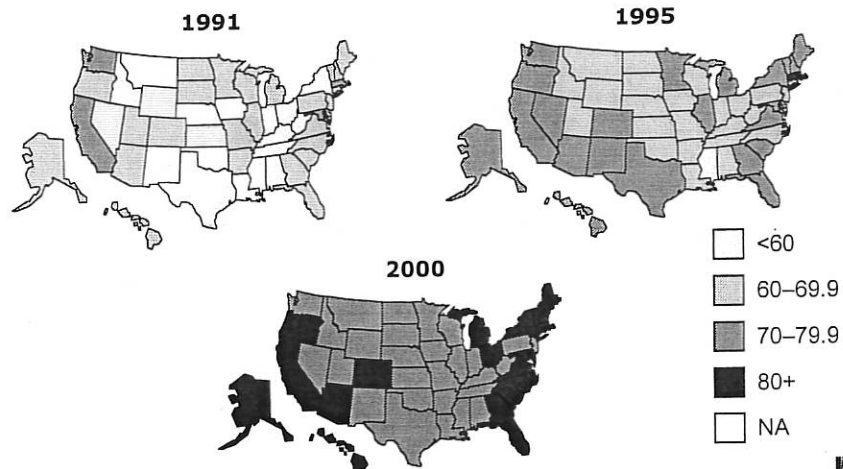


Note: Death rates are age-adjusted to the 1970 population.

Sources: Parker et al. 1996; National Center for Health Statistics 1999; Ries et al. 2000; American Cancer Society, unpublished data.



Percentage of Women 50 Years of Age or Older Who Reported Having Had a Mammogram Within the Past 2 Years, United States



Source: Behavioral Risk Factor Surveillance System



Female Breast Cancer Cases Diagnosed at Early Stage Michigan, 1985-1987

- Percentage
of Cases
- < 39.1
 - 39.1-48.1
 - 48.2-55.9
 - 56 & over

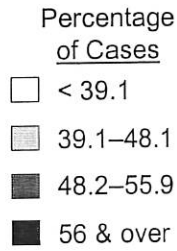


Female Breast Cancer Cases Diagnosed at Early Stage Michigan, 1995-1997

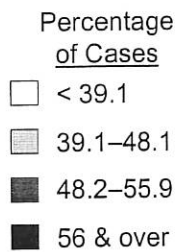
- Percentage
of Cases
- < 39.1
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Colorectal Cancer Cases Diagnosed at Early Stage Michigan, 1985-1987



Colorectal Cancer Cases Diagnosed at Early Stage Michigan, 1995-1997

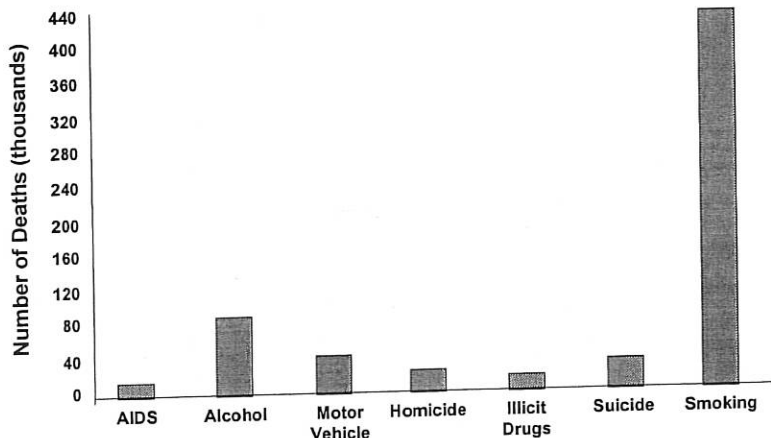


Michigan Cancer Consortium Initiative

- **Breast Cancer:** Increasing Rates of Screening and Use of Preventive Services
- **Cervical Cancer:** Increasing Rates of Screening and Follow-up
- **Colorectal Cancer:** Increasing Rates of Screening and Follow-up
- **Tobacco:** Reducing Smoking Prevalence and Consumption Among Adults and Youth
- **Prostate Cancer:** Increasing Public Awareness of Treatment Options, Side Effects and Quality-of-Life Issues
- **Clinical Cancer Research:** Increasing the Number and Diversity of Participants
- **Statewide Clinical and Cost Database:** Establishing a Database for Breast, Cervical, Colorectal, Lung, and Prostate Cancers
- **End-of-Life Care:** Increasing the Timeliness of Referrals for Cancer Patients
- **Standardized Lexicons and Reporting Formats for Cancer:** Developing Them and Promoting Their Use



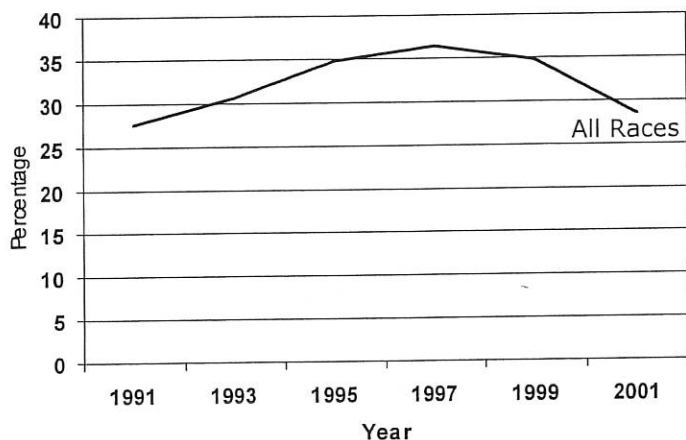
Annual Deaths from Smoking Compared with Selected Other Causes in the United States



Sources: (AIDS) HIV/AIDS Surveillance Report, 1998; (Alcohol) McGinnis MJ, Foege WH. Review: Actual Causes of Death in the United States. JAMA 1993; 270:2207-12; (Motor vehicle) National Highway Transportation Safety Administration, 1998; (Homicide, Suicide) NCHS, vital statistics, 1997; (Drug Induced) NCHS, vital statistics, 1996; (Smoking) SAMMEC, 1995



Percentage of High School Youth Who are Current Cigarette Smokers, YRBSS



Source: Adapted for MMWR 2002;51:409—412.
Current Use = self reported use at least 1 of past 30 days.



Arizona

- Adult smoking declined by 21% from 1996 to 1999
- Reductions for males, females, young adults, and Hispanics



Changes in Youth Cigarette Use and Intentions Following Implementation of a Tobacco Control Program

Findings From the Florida Youth Tobacco Survey, 1998-2000

Ursula E. Bauer, PhD; Temmie M. Johnson, MPH; Richard S. Hopkins, MD, MSPH; Robert G. Brooks, MD

Context Many states are developing tobacco use prevention and reduction programs, and current data on tobacco use behaviors and how these change over time in response to program activities are needed for program design, implementation, and evaluation.

Objectives To assess changes in youth cigarette use and intentions following implementation of the Florida Pilot Program on Tobacco Control.

Design, Setting, and Participants Self-administered survey conducted prior to program implementation (1998), and 1 and 2 years (1999, 2000) later among a sample of Florida public middle school and high school students who were classified as never users, experimenters, current users, and former users of cigarettes based on survey responses.

Over the two-year period between the first and third surveys, current cigarette use declined by 40% among middle school students and by 18% among high school students.



California

- Adult prevalence declined at twice the US rate
- Youth smoking down by 43% from 1995 to 1999
- 33,000 fewer deaths
- \$8 billion saved
- Decreased lung cancer in women



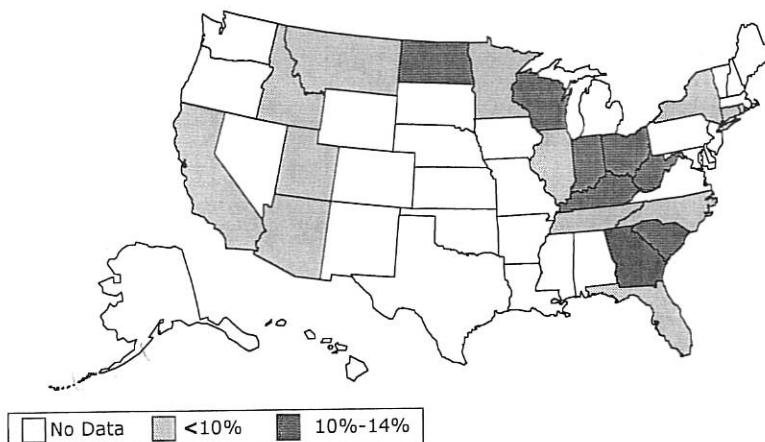
Best Practices for Comprehensive Tobacco Control Programs

- School Programs
- Enforcement
- Statewide Programs
- Counter-Marketing
- Cessation Programs
- Community Programs
- Programs to Reduce Tobacco-Related Diseases
- Surveillance and Evaluation
- Administration and Management



Obesity Trends* Among U.S. Adults BRFSS, 1985

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

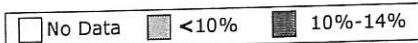
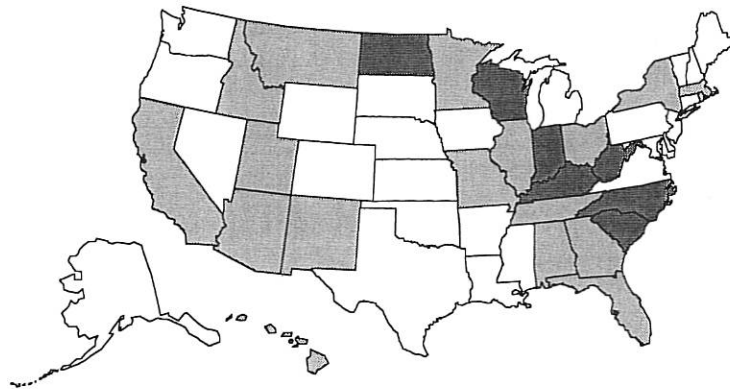


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1986

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

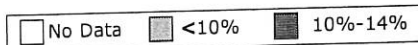
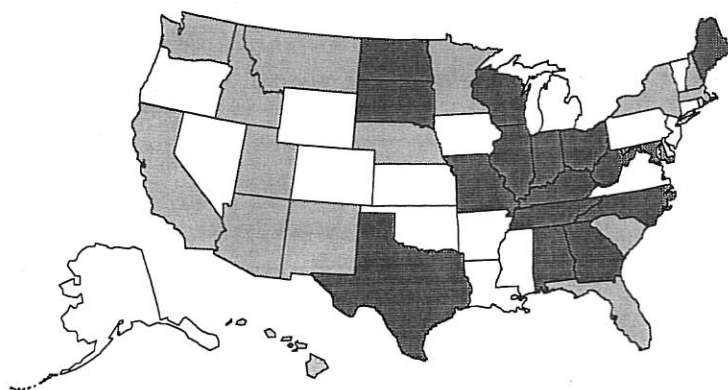


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1987

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

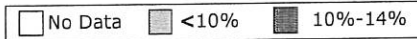
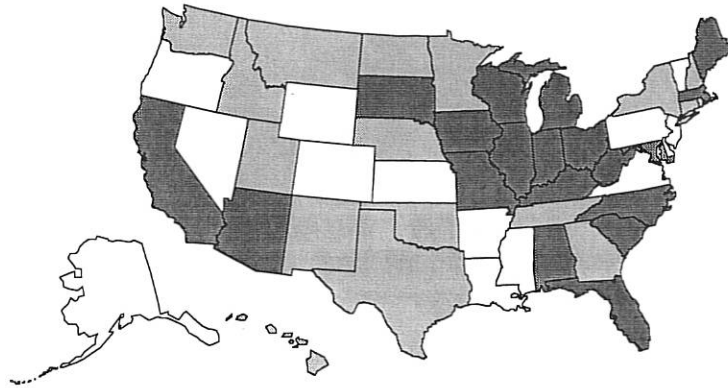


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1988

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

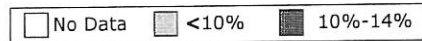
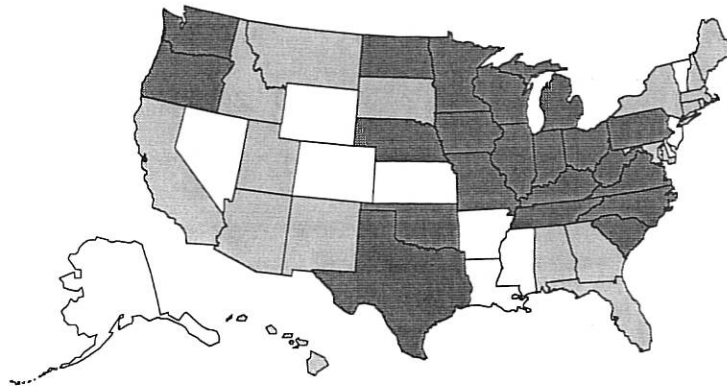


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1989

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

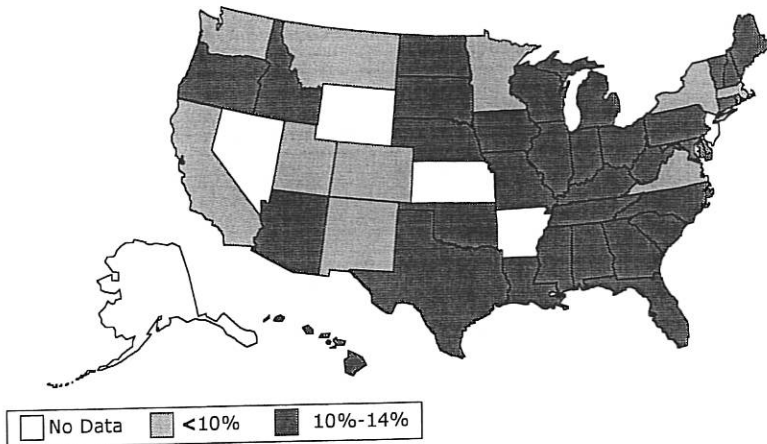


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1990

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

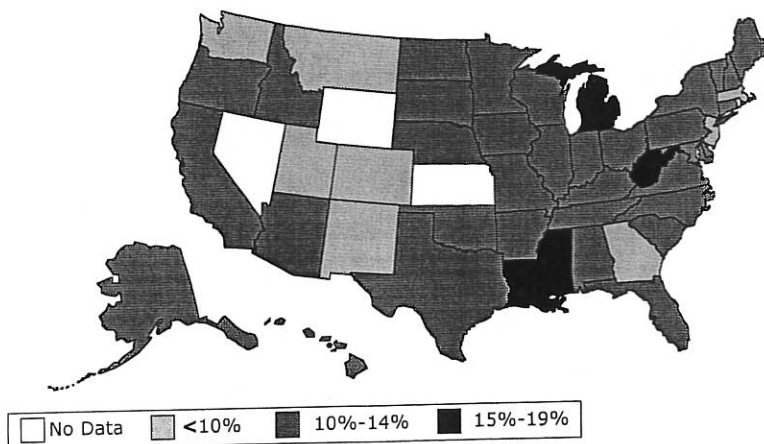


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

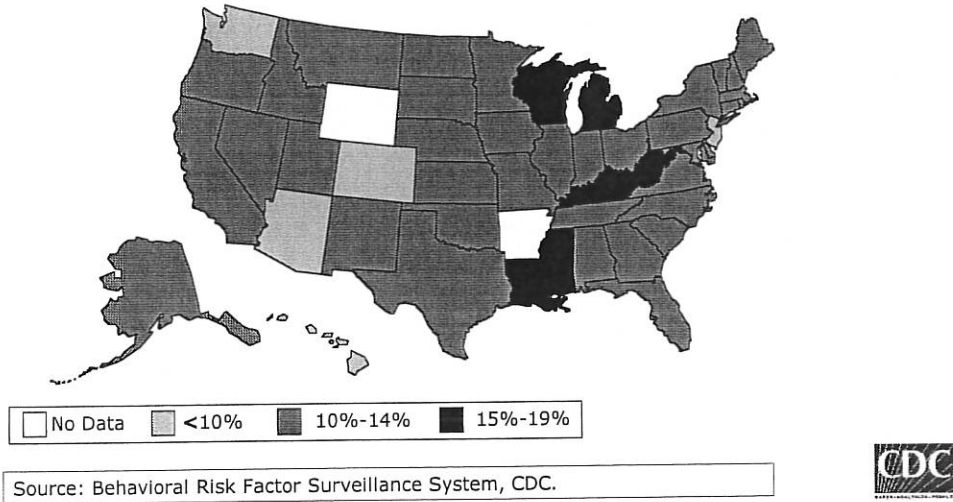


Source: Behavioral Risk Factor Surveillance System, CDC.



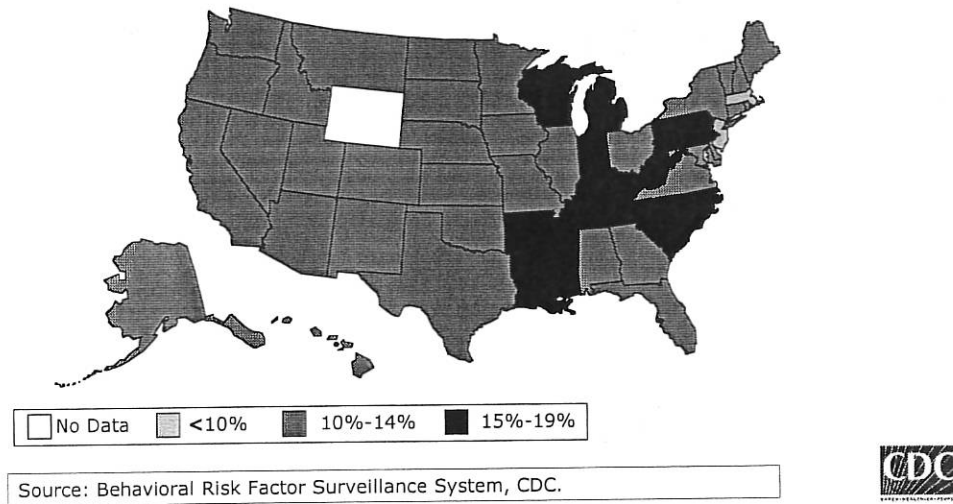
Obesity Trends* Among U.S. Adults BRFSS, 1992

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)



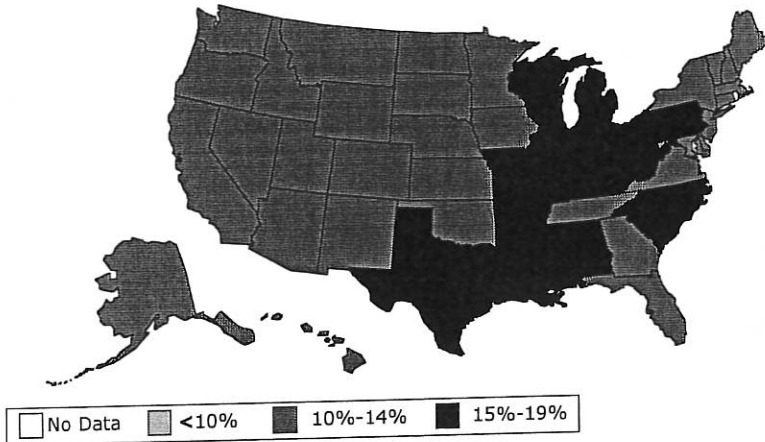
Obesity Trends* Among U.S. Adults BRFSS, 1993

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)



Obesity Trends* Among U.S. Adults BRFSS, 1994

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

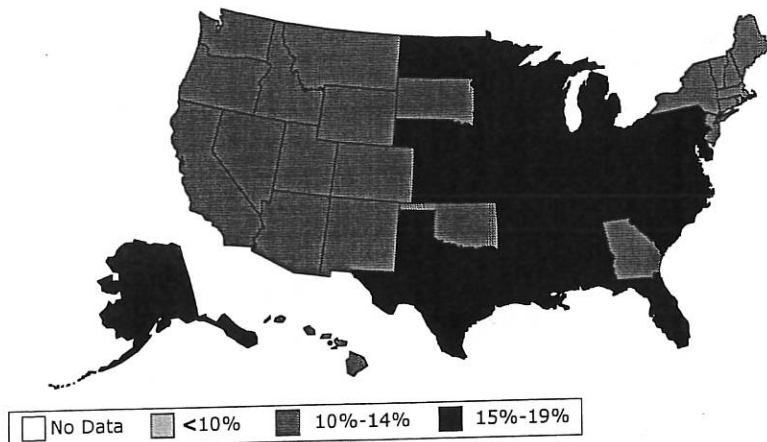


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)



Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1996

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

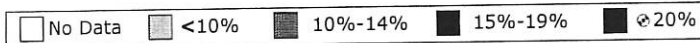
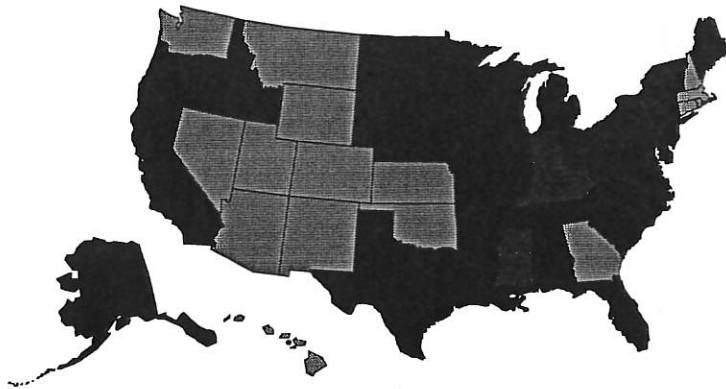


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1997

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

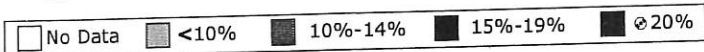
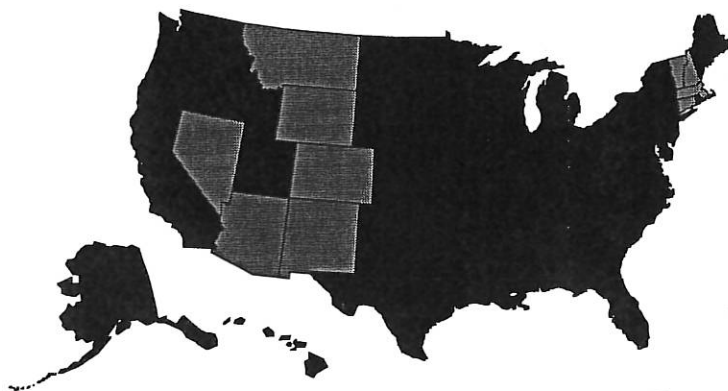


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1998

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

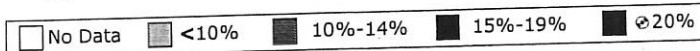


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 1999

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

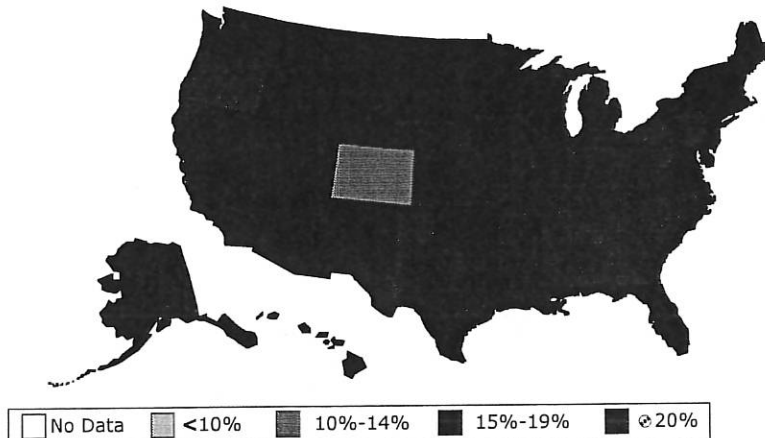


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 2000

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)

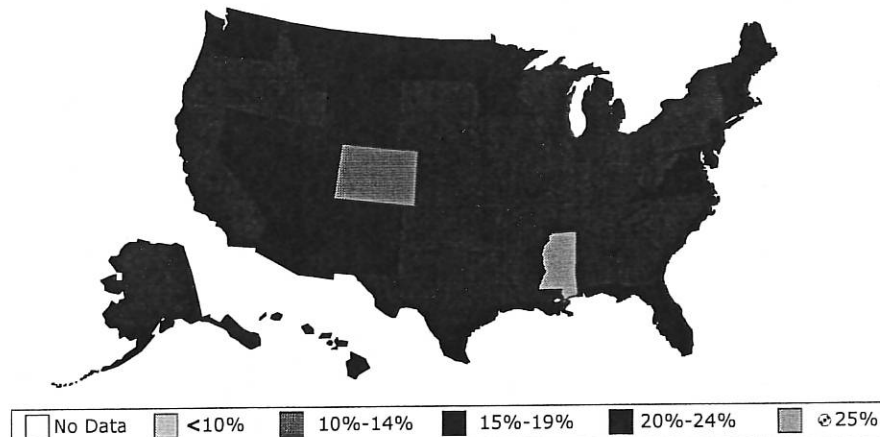


Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults BRFSS, 2001

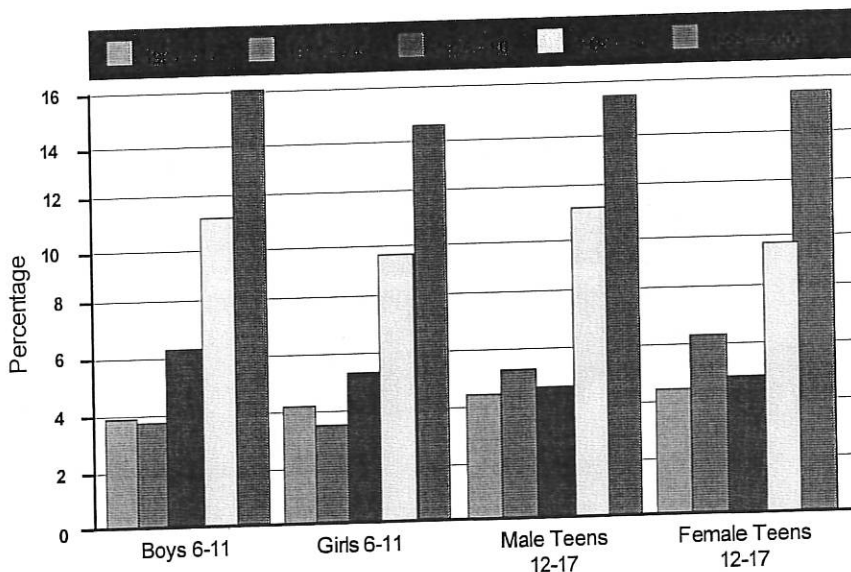
(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)



Source: Behavioral Risk Factor Surveillance System, CDC.



Percentage of Overweight Children and Teens



Source: Ogden CL, et al. Prevalence and trends in overweight among US children and adolescents, 1999—2000. JAMA 288:1728-32, 2002.

Newsweek

TAX CUT SMACKDOWN
SAINTLY POPES
BEHIND CHINA

DIABETES

It Strikes 16 Million Americans
Are You at Risk?

Computer drawing of a human insulin molecule

SOCIETY

An American Epidemic

Diabetes

The silent killer: Scientific research shows a 'persistent explosion' of cases—especially among those in their prime
BY JERRY ADLER AND CLAUDIA KALB

SOPHOMORE FLORENZA WAS HAPPENING TO WILANDA BENTLEY's eyes. They were being pinched: the single caregiver of the seven children had been woken and were looking toward the two symptoms: one was a tear, appearing vertically across her field of vision; the other was a cloud that covered her eyes like a light veil. They looked like tears, but they were gasping.

Chicago's oldest student, Bentley, who wants her law firm when she graduates, began four years ago, was a chronic smoker. Yet she's had to stop working. After her diagnosis, she has undergone radiation to her eye, but she still is completely near-sighted. A few weeks ago, overlooking one night in a hotel bedroom, she walked into a door, walking off a passageway of pain and sorrow.

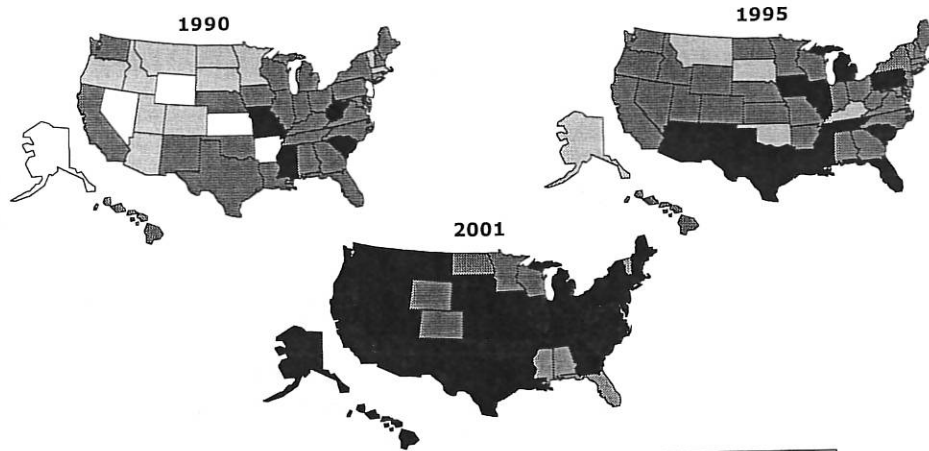
Insulin protein, by an artist, © 2000 CDC

Heredity
16.5 million Americans have diabetes, but only 5.5 million know they have it. CDC is launching a new campaign to help people learn more about the disease and its prevention.

Diabetes
A chronic disease that affects the way the body uses blood sugar. It can lead to complications like heart disease, kidney failure, and blindness.

Wilanda Bentley
A single caregiver of seven children, Bentley was diagnosed with diabetes four years ago. She is shown here with her daughter, Florenza.

**Diabetes Trends* Among Adults in the U.S.,
(*Includes Gestational Diabetes)
BRFSS 1990, 1995 and 2001**



Source: Mokdad et al., Diabetes Care 2000;23:1278-83; J Am Med Assoc 2001;286:10.

Forty percent of people with access to trails report using them
Walking trails improve community fitness

BUILDING community walking trails can lead to more exercise among residents and reach people who may otherwise be inactive, a study found. Researchers examining the effect of walking trails in rural Missouri counties found that half of users surveyed said they had increased their walking since the trails were improved or built. Walkers with a high school education or less were more than twice as likely to have increased their walking since they began using the trails, which were enhanced as part of a community-based health intervention.

*Walking trails may be beneficial in promoting physical activity among segments of the population



The addition of walking trails can promote physical activity, especially among women, a study found.

can Journal of Preventive Medicine, focused on 12 southeastern Missouri

located primarily in residential parks. Among people who had access to the

The addition of walking trails can promote physical activity, especially among women.



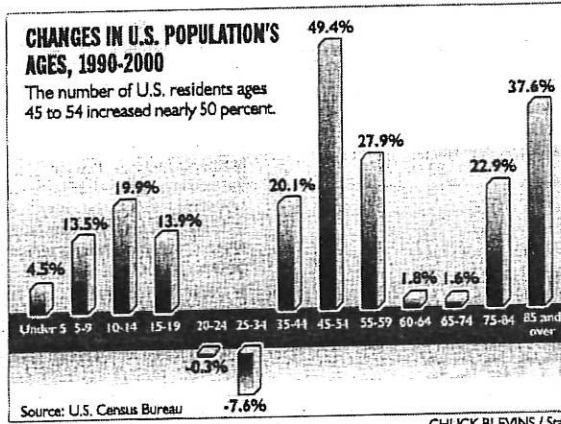
Social Security, Medicare systems facing possible crisis as baby boomers grow old

By CHERYL SEGAL
csegal@ajc.com

Washington — Efforts to revamp Social Security and Medicare are coming none too soon, new census data made clear today.

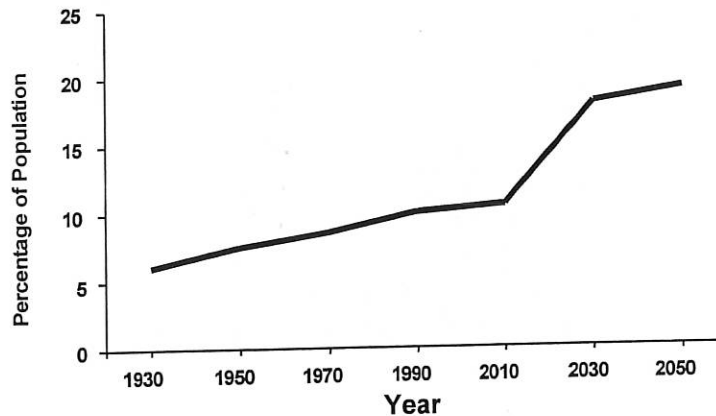
They show that within 10 years, America's middle-aged baby boomers will begin bearing down on retirement systems, health care and other services for senior citizens. Mass retirements could also cause a labor shortage, analysts say.

The number of Americans aged 45 to 54 grew by almost half over the past decade to just under 38 million, according to detailed numbers from the 2000 census. Those working will start retiring in 2011.



An Aging Population

Percentage of U.S. Population over Age 65

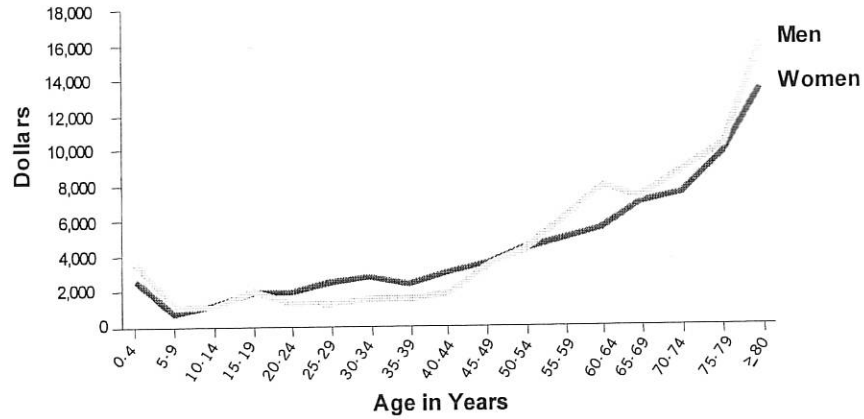


Source: From Baby Boom to Elder Boom: Providing Health Care for an Aging Population
Copyright 1996, Watson Wyatt Worldwide.

an Aging Population



Estimated Per Capita Health Expenditures by Age and Sex, 1995



Source: From Baby Boom to Elder Boom: Providing Health Care for an Aging Population
Copyright 1996, Watson Wyatt Worldwide.



Growth in National Health Expenditures 1980-2000

	1980	1993	1998	2000	2011*
Total NHE (B)	246	888	1,150	1,300	2,815
Nursing Home and Home Health Costs (B)	20	88	123	125	237
Per Capita Costs (\$)	1,067	3,371	4,177	4,637	9,216
% of GDP	8.8	13.4	13.1	13.2	17.0

Source: Levit et al. Health Affairs 2002;21:172-181.
*Projection from Heffler et al. Health Affairs 2002;21:207-218.

Predicted Likelihood of Developing Coronary Heart Disease, Stroke or Diabetes by Age 65

Men, Aged 50

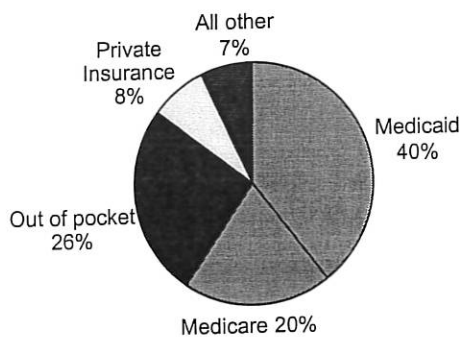
Non Smoker Normal Weight Active	Smoker Heavy Inactive	Ratio
11%	58%	5.5

Source: Jones et al., Arch Intern Medicine, 1998; Vol 2436

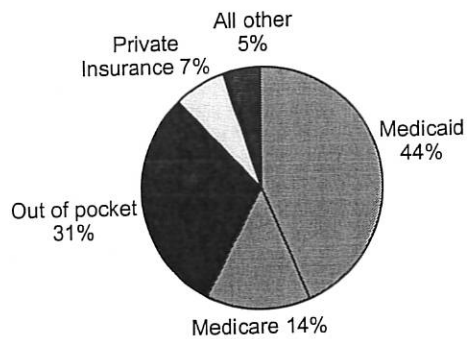


Long-Term Care Financing By Payer, 1998

Total Nursing Home and Home Care Expenditures (\$150 billion)



Nursing Home Expenditures (\$100 billion)

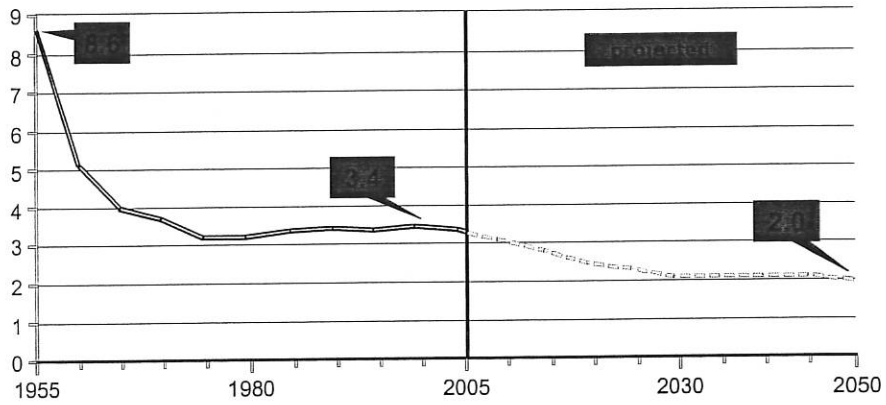


Sources: Health Care Financing Administration, Office of the Actuary (Feb 2000); and B. Burwell, "Medicaid Long-Term Care Expenditures in FY 1998" (Cambridge, Mass.: MEDSTAT Group, 1999).



Worker-to-Retiree Ratio Drops

Projected Number of Workers Paying into Social Security Fund Compared with Number of Retirees Withdrawing from the Fund



Source: Eugene Streuerle and Adam Carasso, Urban Institute.
Based on data from the 2001 Social Security Trustees Report.
USA Today, December 4, 2001



Lifestyle Changes that Promote Sedentary Behavior

CANINE CONSTITUTIONAL



A brisk walk in the park keeps Steve's dog happy between the... to give her 3-year-old Labrador the regular workout. They typically jog 20 miles a week.

