Approved:_	January 22, 2004
	Date

MINUTES OF THE JOINT MEETING OF THE SENATE PUBLIC HEALTH AND WELFARE AND THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEES

The meeting was called to order by Chairperson Susan Wagle and Chairman Jim Morrison at 11:45 a.m. on January 20, 2004 in Room 313-S of the Capitol.

All members were present.

Committee staff present:

Dr. William Wolff, Legislative Research Department Emalene Correll, Legislative Research Department Renae Jefferies, Office of Revisor of Statutes Gary Deeter, Secretary

Conferees appearing before the committee:

Dr. William Dietz, Director, Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention

Dr. William Dietz, Director, Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention, provided information to the joint committee during the lunch hour. Lunch was provided and the meeting was sponsored by the Kansas Health Foundation.

Dr. Dietz presented material showing that the epidemic of obesity is one of greatest causes of chronic disease. He defined obesity as a person with a body-mass index equal to or greater than 30; he stated that 30% of Americans fall under this definition, noting that if those defined as overweight (BMI between 25 and 30) are included, 60% of Americans would fall into these categories. He presented material showing that type II diabetes, cancer, and many other diseases can be directly attributed to obesity at a cost of \$117 billion annually and costing Kansans \$.5 billion each year. (Attachment 1)

Dr. Dietz traced the growing problem of obesity to increased consumption of fast foods, fewer family meals, increased consumption of soft drinks, larger portion sizes in restaurants, and increased inactivity. He said that lifestyle changes such as better nutrition and increased physical activity are the real solutions, noting that drugs are a costly and much less effective alternative. He said that medicine is not aligned for behavioral change, the present system being a disease-care system, not a health-care system.

He offered several strategies for behavioral change in children:

- promote breastfeeding;
- reduce television viewing;
- increase physical activity.

Other strategies for the general population include:

- reducing soft drink consumption;
- reducing portion sizes;
- school-based programs;

CONTINUATION SHEET

MINUTES OF THE JOINT MEETING OF THE SENATE PUBLIC HEALTH AND WELFARE AND THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEES at 11:45 a.m. on January 20, 2004 in Room 313-S of the Capitol.

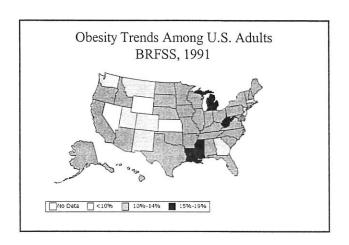
- corporate leadership in the workplace
- media attention; and
- urban and community designs that promote physical activity.

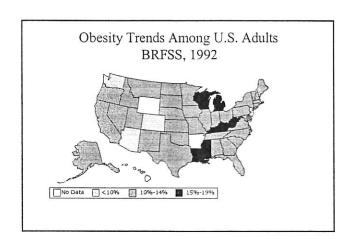
Answering questions, Dr. Dietz encouraged legislators to develop policies that promote a healthy lifestyle.

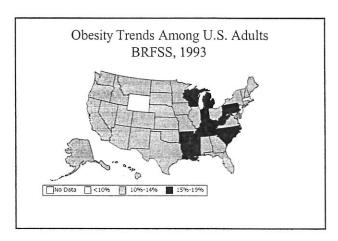
The joint meeting adjourned at 1:12 p.m.

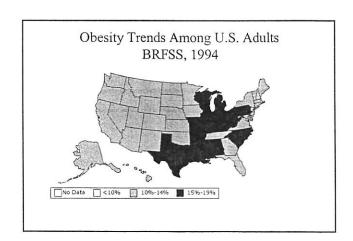
The Epidemic of Obesity; a Model for the Challenges of Chronic Disease Prevention and Control

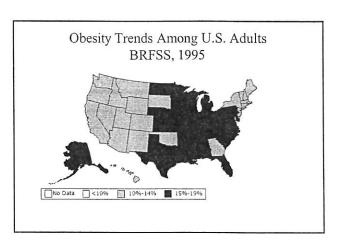
William H. Dietz, M.D, PhD
Director, Division of Nutrition and Physical Activity
Centers for Disease Control and Prevention





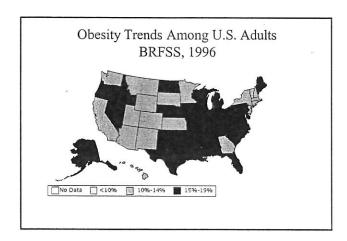


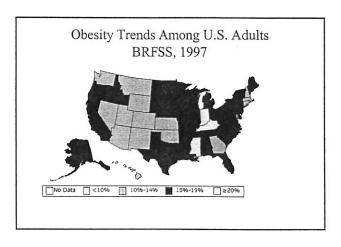


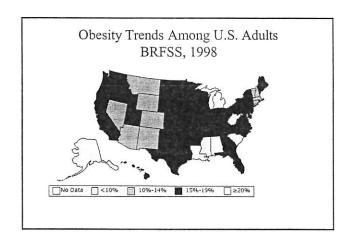


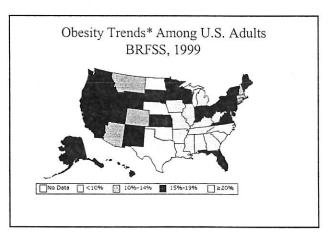
www.cdc.gov/nccdphp/dnpa

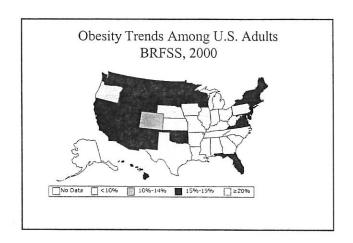
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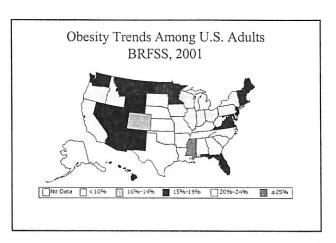


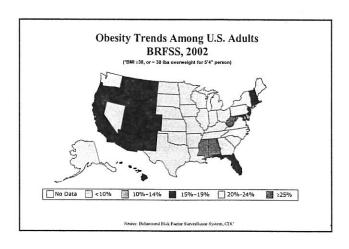


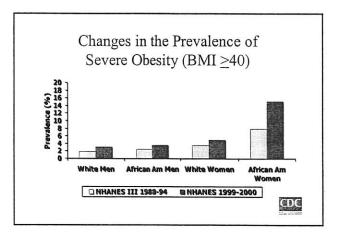










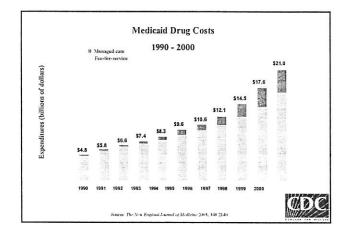


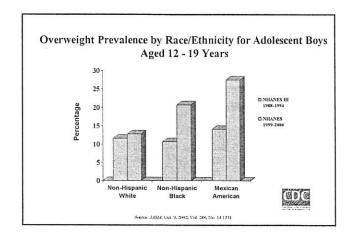
Consequences of Adult Obesity

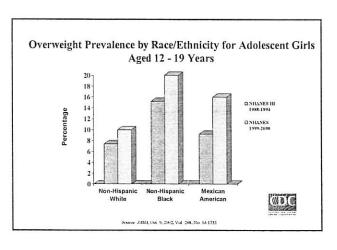
- Psychosocial
- Cardiovascular
 - Hyperlipidemia
 - Diabetes mellitus
 - Hypertension
 - Respiratory
 - Cardiac
- Medical
 - Polycystic ovary disease
 - Gall bladder disease

 - Osteoarthritis
 - Cancer
- · Pregnancy and the postpartum
- Mortality









Consequences of Childhood and Adolescent Obesity

Common

Uncommon

- Growth
- · Hypertension
- Psychosocial
- · Sleep apnea
- Hyperlipidemia
- · Hepatic steatosis
- Pseudotumor
- PCOD
- Abnormal glucose
- · Cholelithiasis
- metabolism
- Orthopedic
- Persistence into adulthood

Impact of Childhood Overweight $(BMI \ge 95^{th} \text{ percentile})$ on Adult Obesity $(BMI \ge 30)$

- · 25% obese adults were overweight children
- · 4.9 BMI unit difference in severity
- Onset ≤ 8y more severely obese as adults (BMI = 41.7 vs 34.0)
- · CVD risk factors reflect adult BMI

Freedman et al, Pediatrics 2001; 108: 712

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Factors Related to the Onset of Obesity

- · Altered dietary intake
- · Decreased physical activity
- · Increased inactivity



Shifts in Food Practices in the **United States**

- · Fast food consumption
- Reduced frequency of family meals
- · Restrained eating, meal skipping
- · Consumption of soft drinks-increased from 27 to 44 gal/y from 1972-1992
- · 30,000 products in supermarkets
- · Increased portion size





Factors Related to the Onset of Obesity

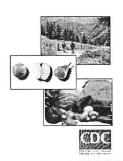
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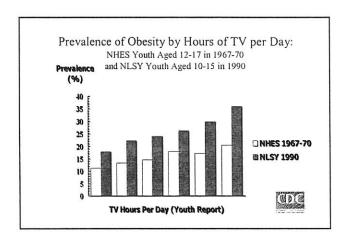


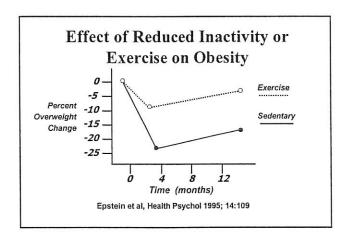


Behavior Change Strategies

- · Promote breastfeeding
- Reduce television viewing in children and adolescents
- · Increase physical activity







Behavior Change Strategies Promote breastfeeding Reduce television viewing in children and adolescents Increase physical activity

Role of Physical Activity in Weight Control

- Dose to prevent obesity unknown
- Dose to maintain weight after loss

 1 hr/d
- · Relatively modest impact on weight loss
- · Reduces obesity associated comorbidities



Effective Interventions to Promote Physical Activity

- Informational
 - Community-wide education
 - Point of decision prompts
- · Behavioral and social
 - School-based PE
 - Non-family social support
 - Individually adapted behavior change
- · Environmental and policy
 - Enhanced access with outreach
 - Urban design and land use



Promising Strategies

- · Reduce soft drink consumption
- · Reduce portion size
- Increase fruit and vegetable consumption





Soft Drink Calories among Soft Drink Consumers

<u>Age</u>	Boys	<u>Girls</u>	% Increase*
6-11y	8.5%	8.6%	41%
11-13y	10.9%	10.1%	30%
14-17y	12.3%	13.4%	12%

*Increases between 1977-78 and 1994-98. From French et al, JADA 2003;103:1326.

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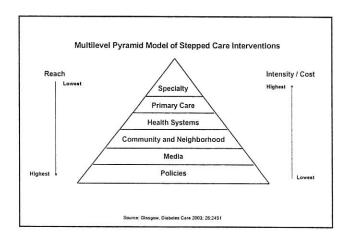


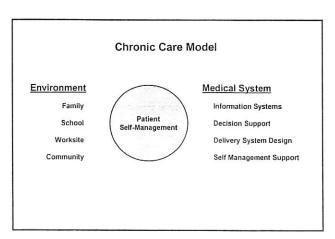


Intervention Sites to Prevent or Treat Obesity

- · Medical Settings
- School
- · Work Site
- Community

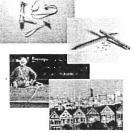






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School-based Approaches to Treat or Prevent Obesity

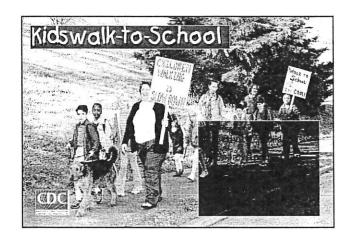
- · Physical education classes
- · Walk to school programs
- · Media curricula and TV turnoffs
- · Competitive foods and pouring contracts
- · Comprehensive school-based interventions











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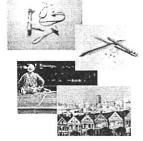






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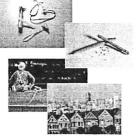
Worksite Strategies to Improve Physical Activity

- Leadership and supportive culture
- · Access to facilities
- · Incentives (discounted premiums)
- · Time provided for physical activity
- · Accessible public transportation
- · Sidewalks and trails



Intervention Sites to Prevent or Treat Obesity

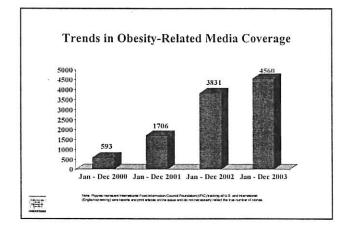
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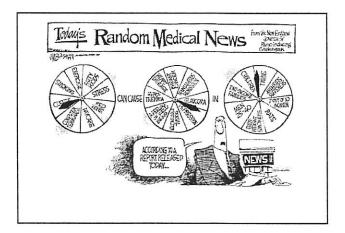


Community-based Approaches

- Communications
- · Community programs
- · Environmental change
 - Sidewalks and bicycle trails
 - Parks and recreational facilities
 - Neighborhood safety
 - Building design
 - Urban planning





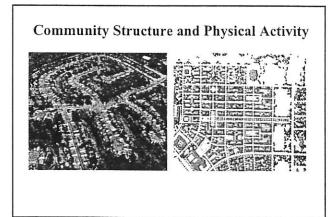


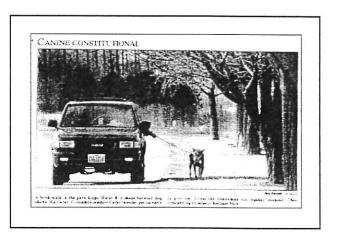


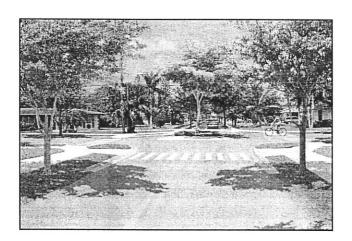
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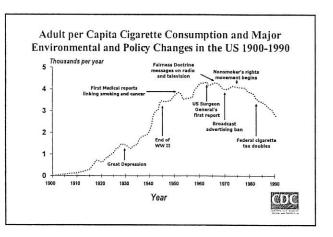
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Division of Nutrition and Physical Activity Website

www.cdc.gov/nccdphp/dnpa

