

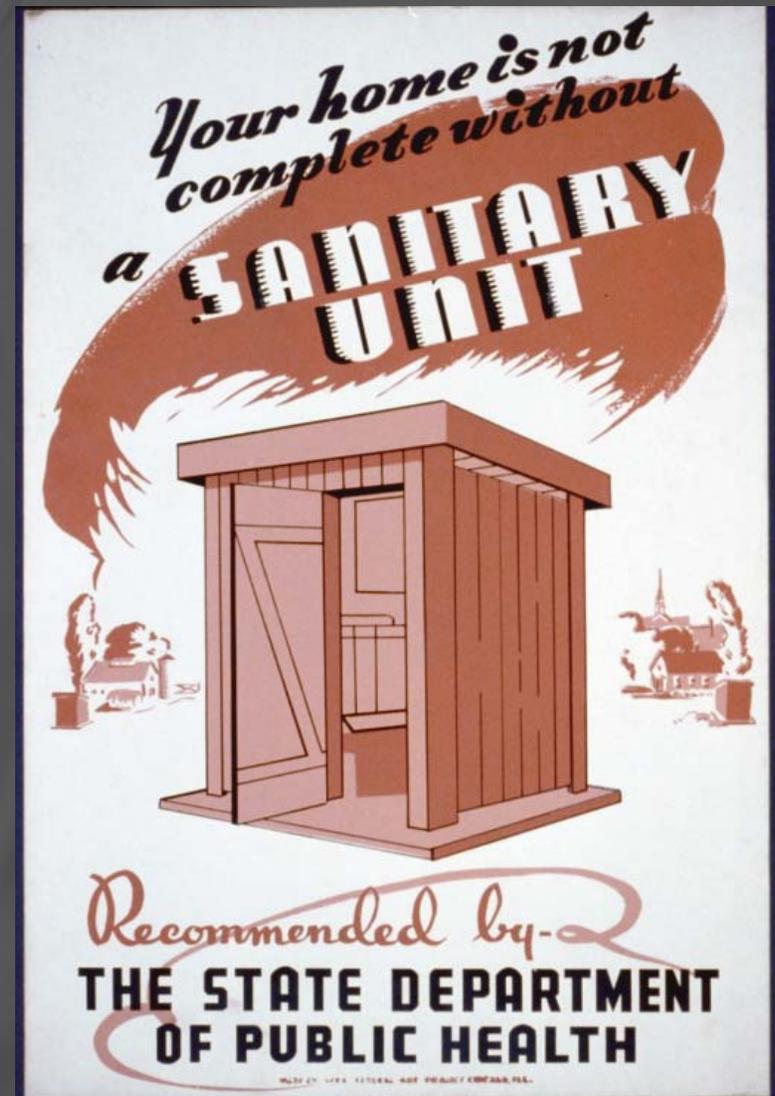
# A Vision of Health

Highlights from the 2010  
Legislative Agenda Division of  
Health, KDHE

Jason Eberhart-Phillips, MD, MPH  
Director of Health and  
State Health Officer

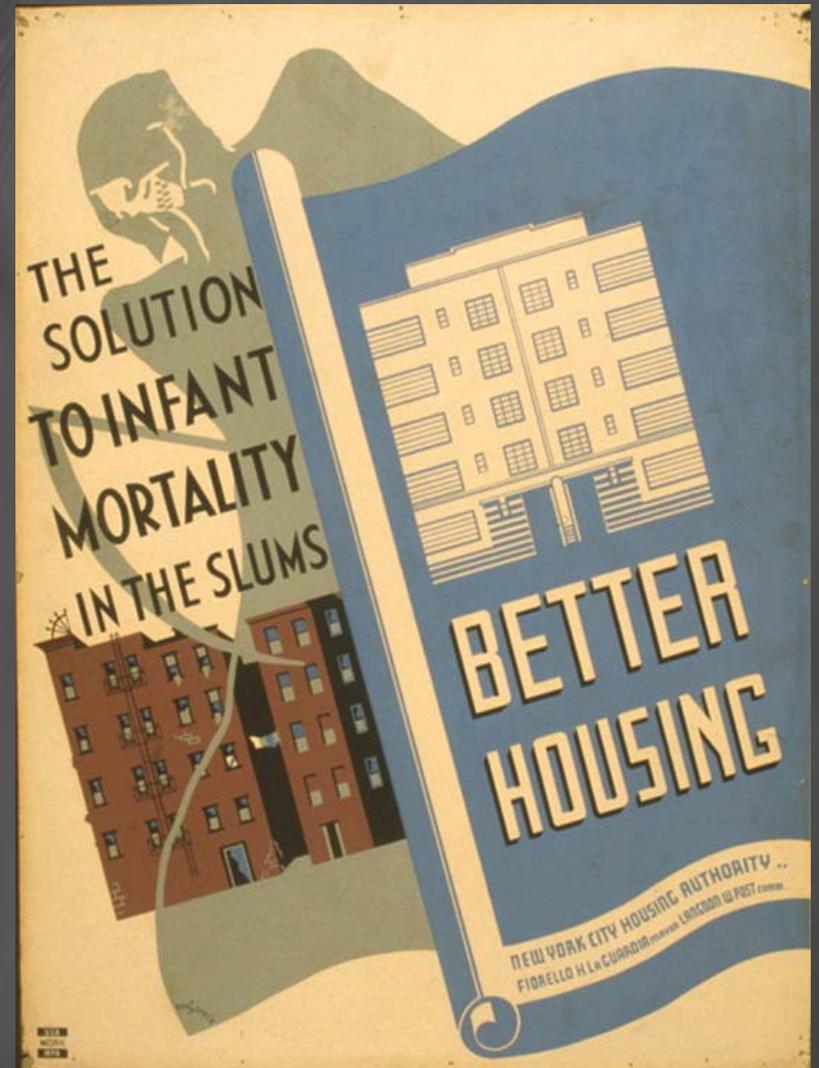
# What is Public Health?

- Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society
- Collective action for the common good

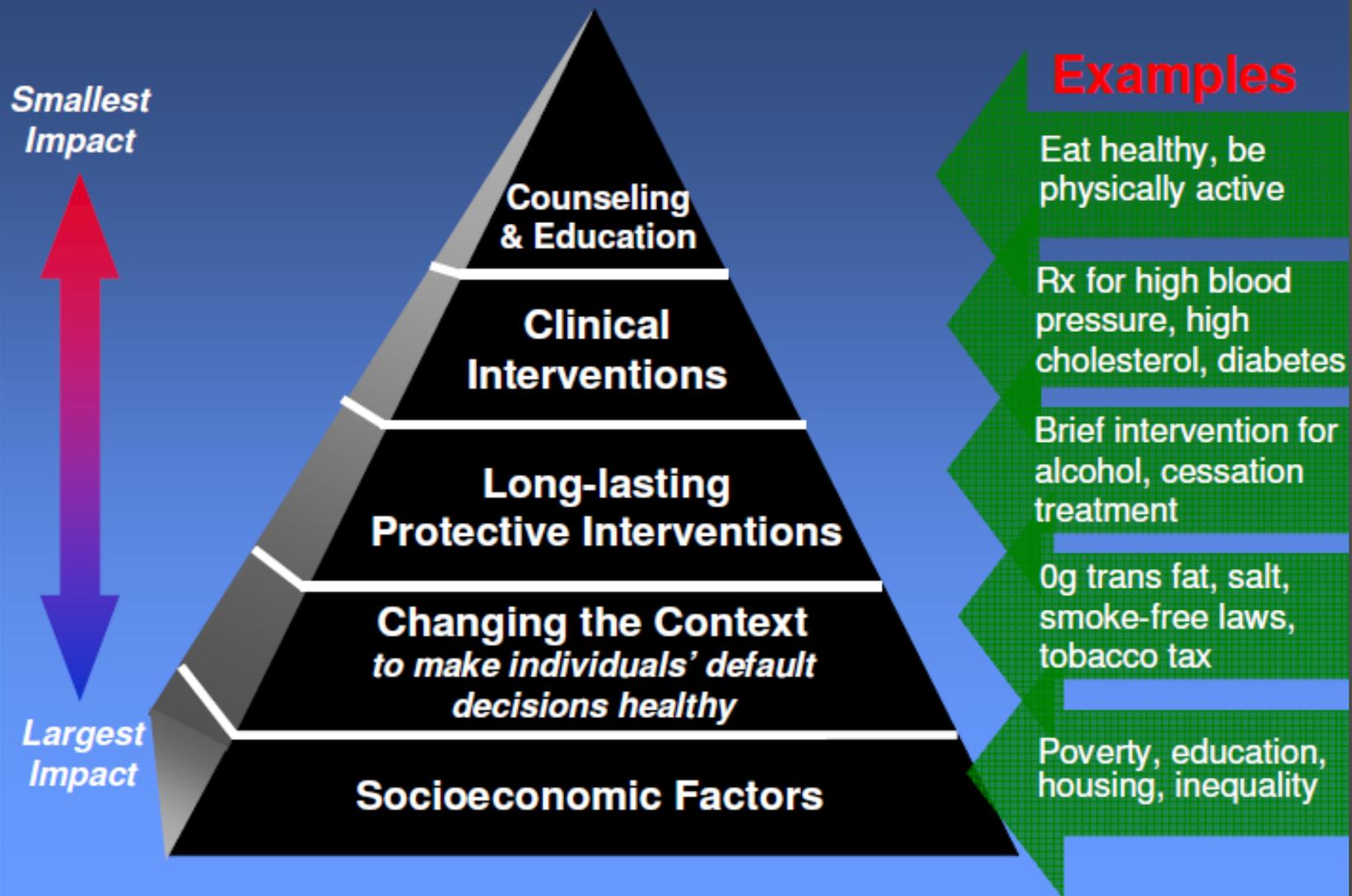


# It's Forward-Looking

- It is about changing the conditions at the root of most diseases
- Public health aims to create environments where all people can enjoy optimal health
  - Physical environments
  - Social environments
- 'Upstream' thinking



# Factors That Affect Health



# Our Top 2 Health Challenges

- Tobacco
  - Kills at least 3,900 Kansans each year
  - Costs KS \$927M/yr (direct medical costs)
- Obesity
  - Rapidly becoming the leading cause of chronic illness/death
  - Accounts for >10% of all KS Medicaid costs



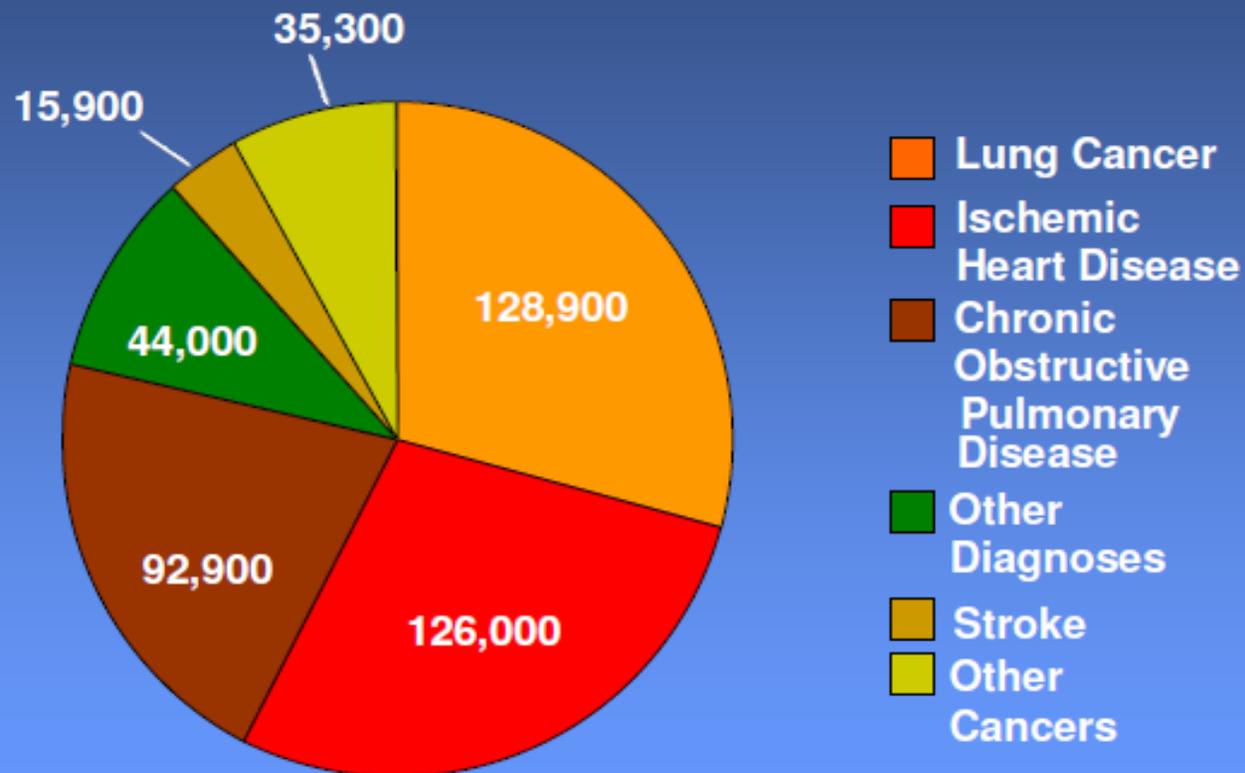
# The Human Toll of Tobacco

- Linked to 25 major diseases, including
  - Cancer: Lung, throat, mouth, bladder, cervix
  - Chronic obstructive pulmonary diseases (COPD)
  - Cardiovascular disease: heart disease, stroke, congestive heart failure, aortic aneurysm
  - Peptic ulcer disease, decreased wound healing
  - Lower fertility, poor pregnancy outcomes, SIDS
- Ultimately, half of all smokers will die early due to tobacco-related causes
  - An average of 15 years of life lost per smoker



# It's 9/11 Every Year x 200

**About 443,000 U.S. Deaths Attributable  
Each Year to Cigarette Smoking**  
*The majority are from heart disease and stroke*

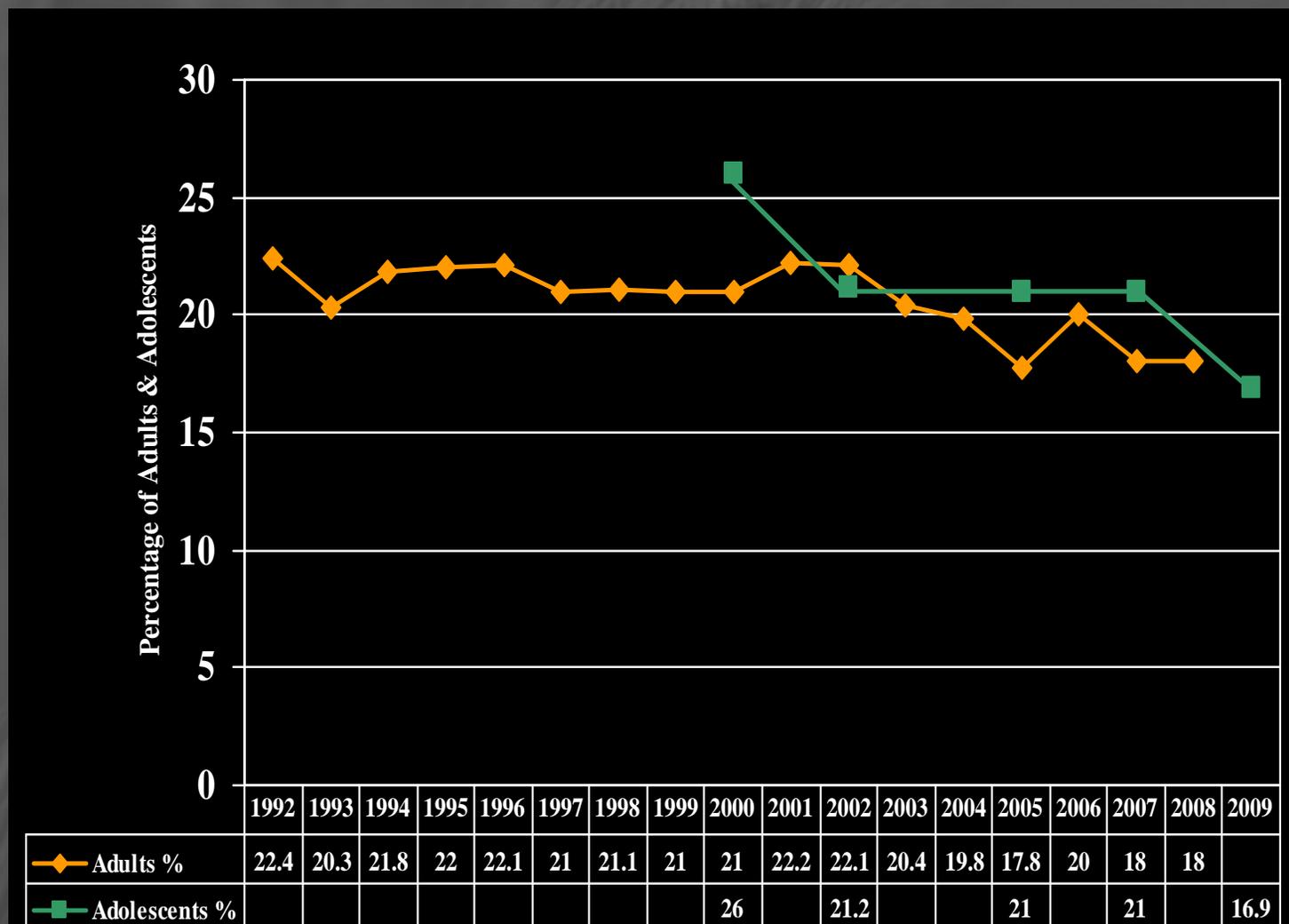


# The Economic Toll

- \$1.9 billion in KS/year
  - Half in medical costs
  - Half in productivity loss
  - \$2200/year per smoker
- Lifetime cost for a 24-year-old smoker:
  - Male: \$220,000
  - Female: \$106,000
  - Actual cost per pack of cigarettes sold: \$40



## Percentage of Kansas Adults (18 years & older) and Adolescents (grades 9-12) Who Currently Smoke Cigarettes

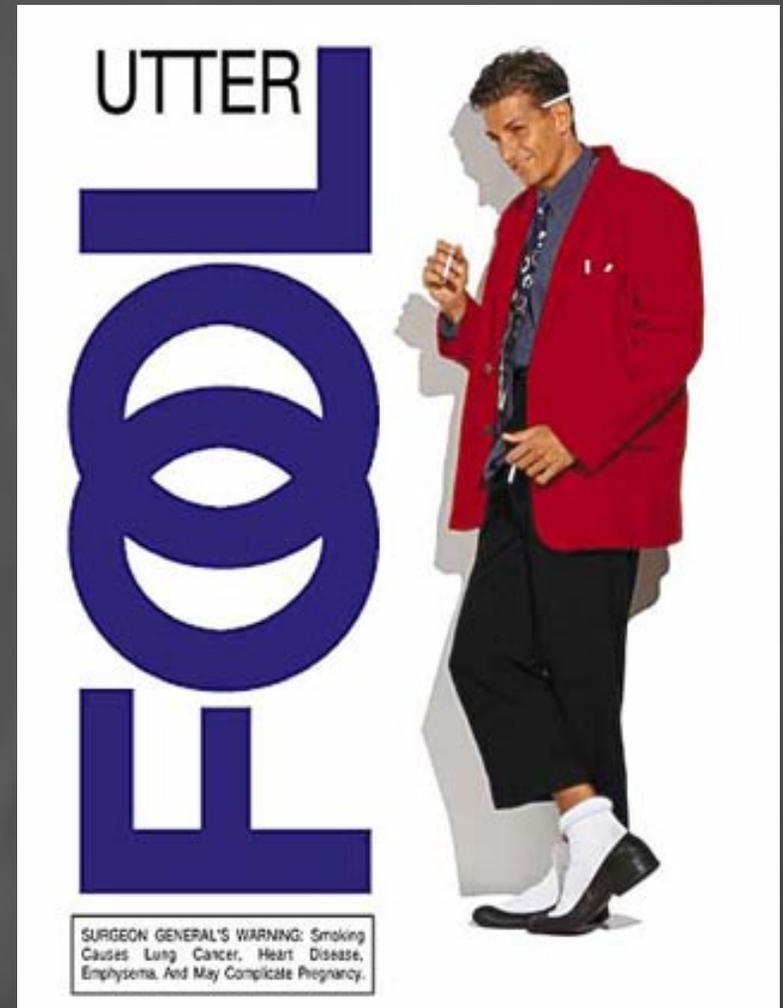


Adult Source: KDHE, Kansas Behavior Risk Factor Surveillance System 1992-2008. \*Adult defined as Kansans aged 18 and older

Adolescent Source: 2000 & 2002 KDHE, Youth Tobacco Survey Grades 9-12, 2005, 2007 & 2009 Kansas Coordinated School Health, Youth Risk Behavior Survey Grades 9-12. \*Adolescent defined as those in grades 9-12

# Changing the Context: Tobacco

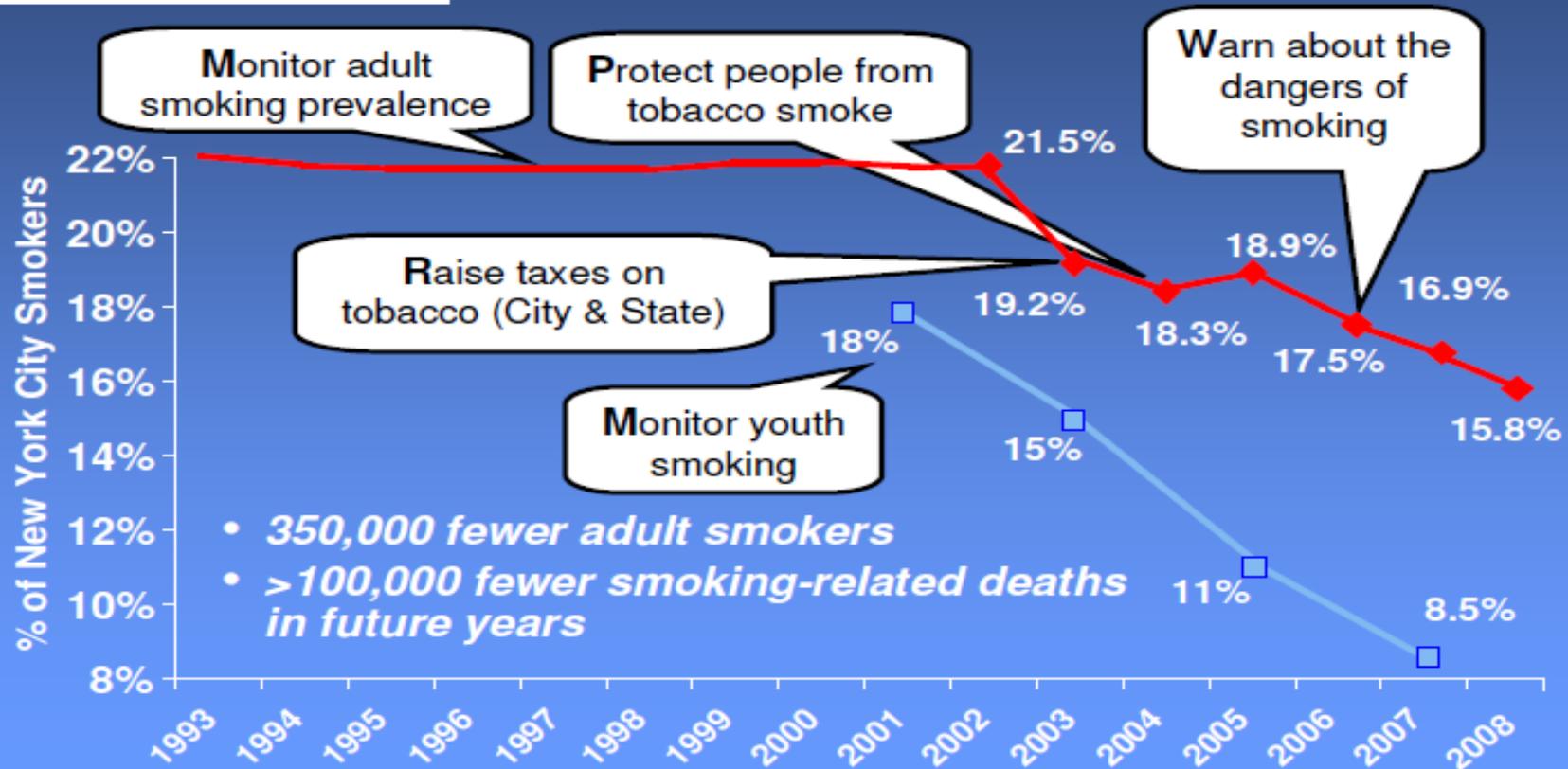
- What works
  - Counter-marketing
  - Restricting access to tobacco by minors
  - Raising prices
  - Smoke-free policies
- When these measures are wholeheartedly supported, tobacco use is greatly reduced



# NYC: Proof That it Works



## MPOWER Reduced Smoking in New York City



# Raising the Tobacco Tax

An Initiative Led by the Governor with KDHE Support

- Nearly 3,000 KS kids become addicted to smoking each year
- Increased prices cut initiation
  - Each 10% hike in price reduces the youth smoking rate by 6-7%
  - Greatest deterrent among poor
- A 55¢ per pack increase would
  - Prevent >11,000 KS kids from ever starting to smoke
  - Cause >6,000 KS adults to quit



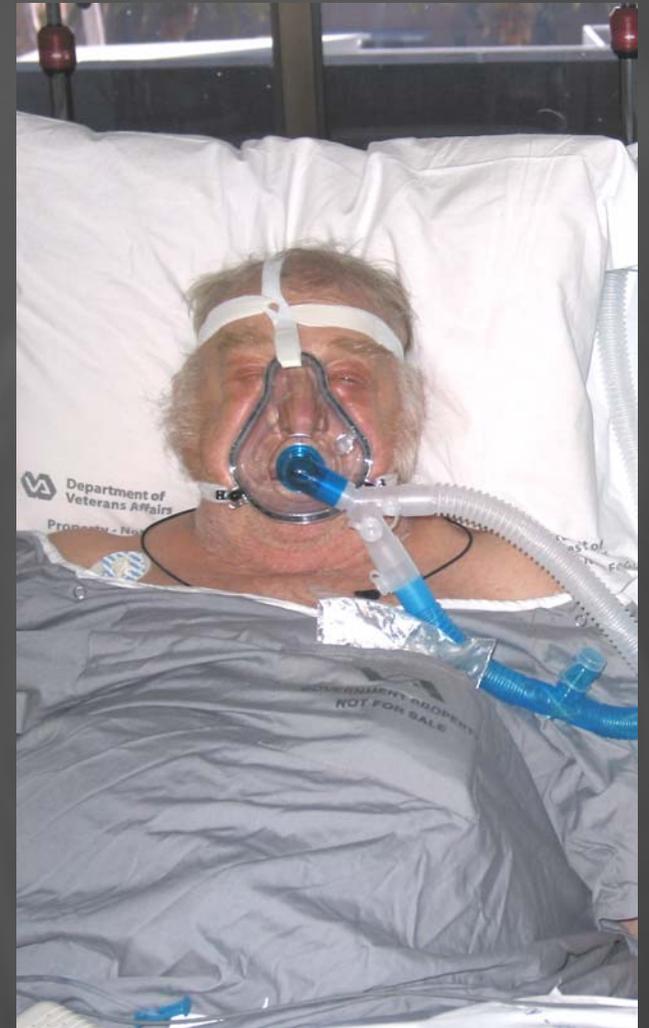
# Clean Indoor Air

- Back from 2009
- No debate: Second-hand smoke is bad:
  - Kills 400 Kansans/yr
  - Causes >2,100 KS heart attacks/yr
  - Linked to asthma, ear infections, SIDS
- CIA linked to 40% less youth smoking



# Secondhand Smoke is Costly

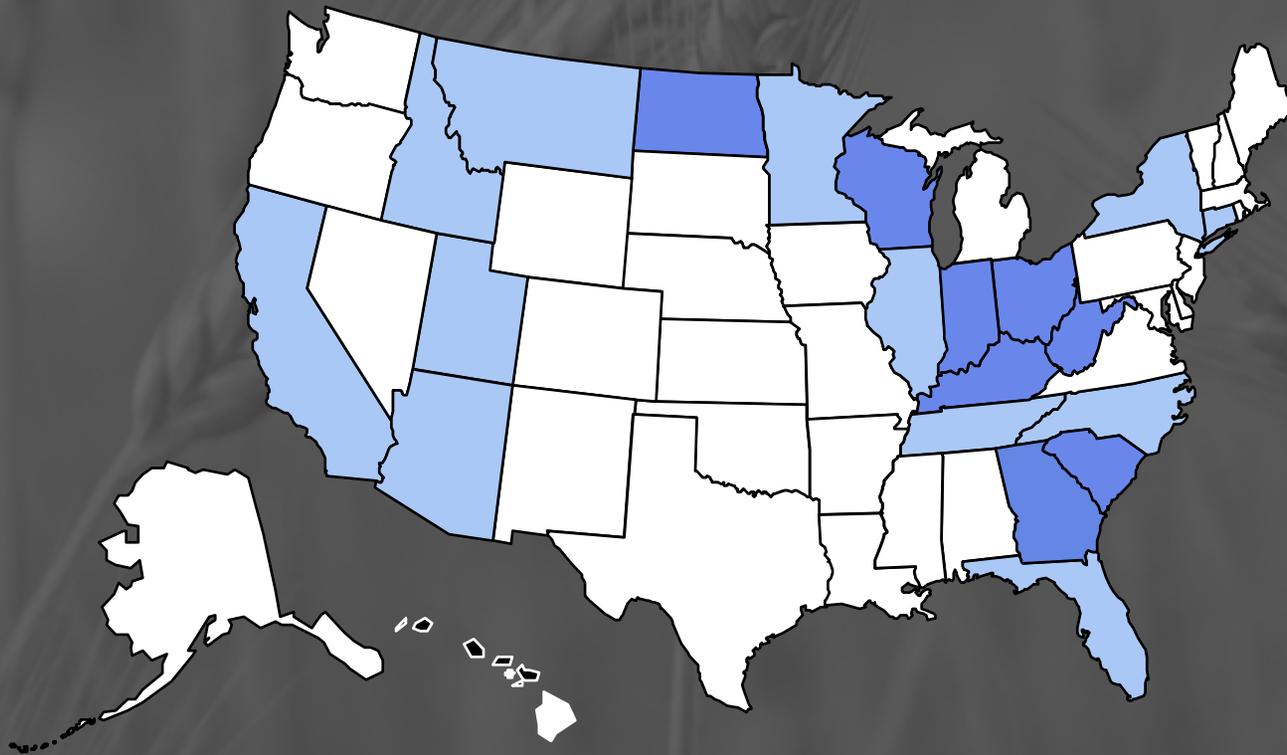
- Compelling new evidence:
  - Secondhand smoke exposure increases risk of heart attacks by 25-30%
  - Risk increased even at the lowest, briefest exposures
- CIA is good for economy
  - If it only prevents 100 KS heart attacks/yr, that saves \$5 million in medical costs





# Obesity Trends Among U.S. Adults

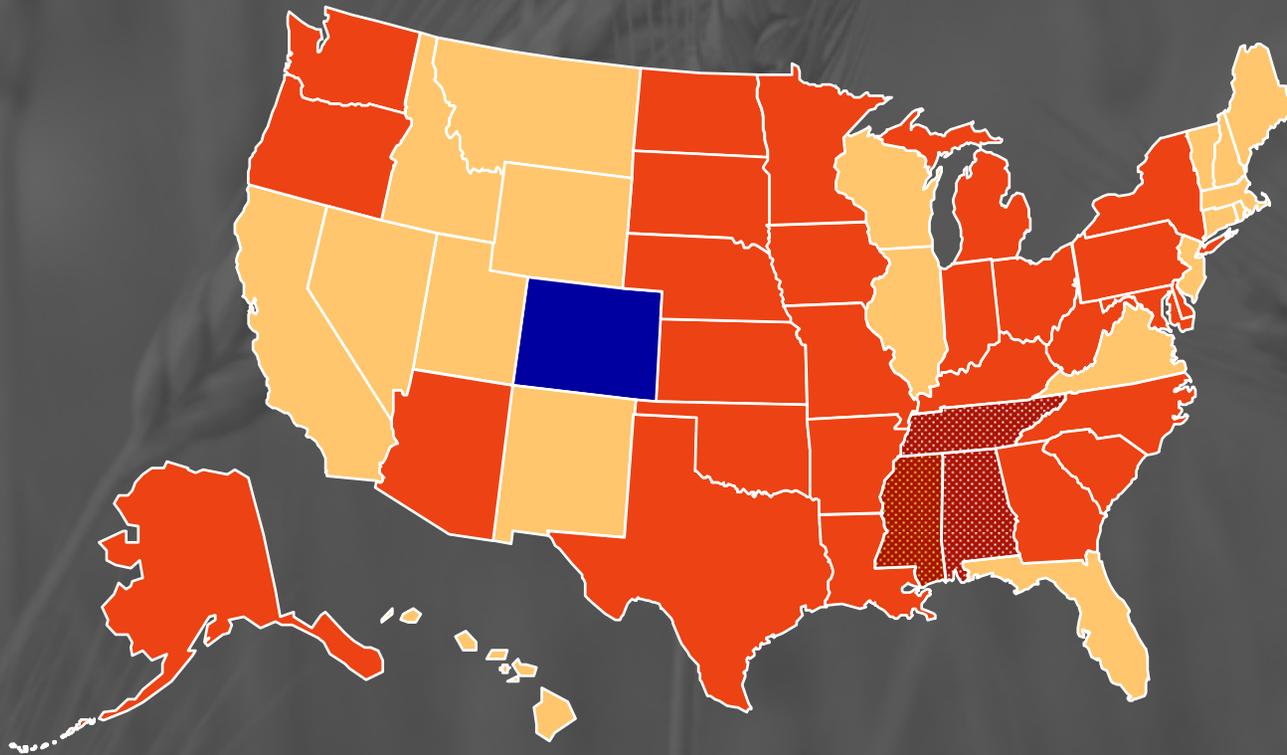
## BRFSS, 1985



(Obesity = BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

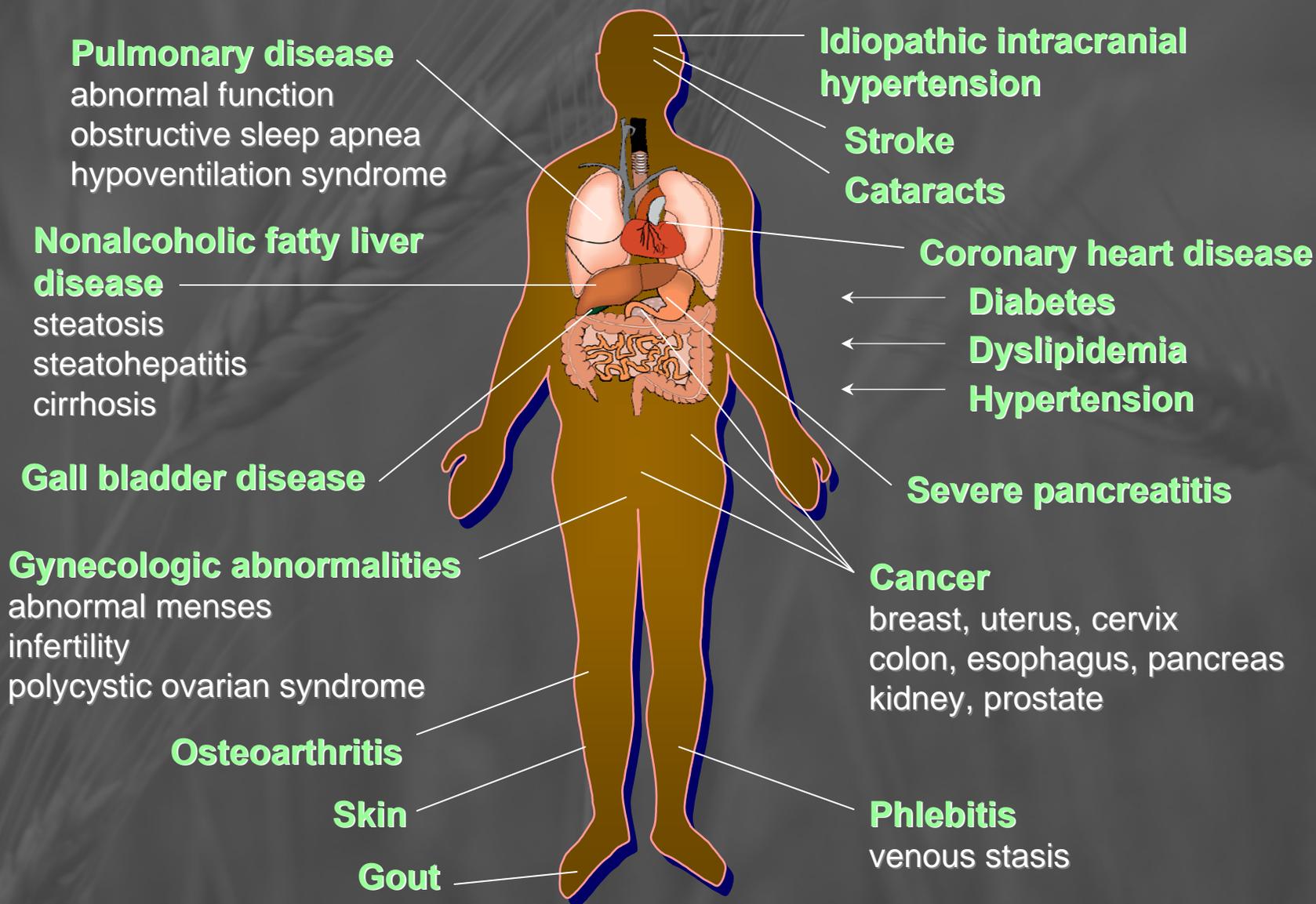
# Obesity Trends Among U.S. Adults

## BRFSS, 2007



(Obesity = BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

# Obesity: Medical Complications

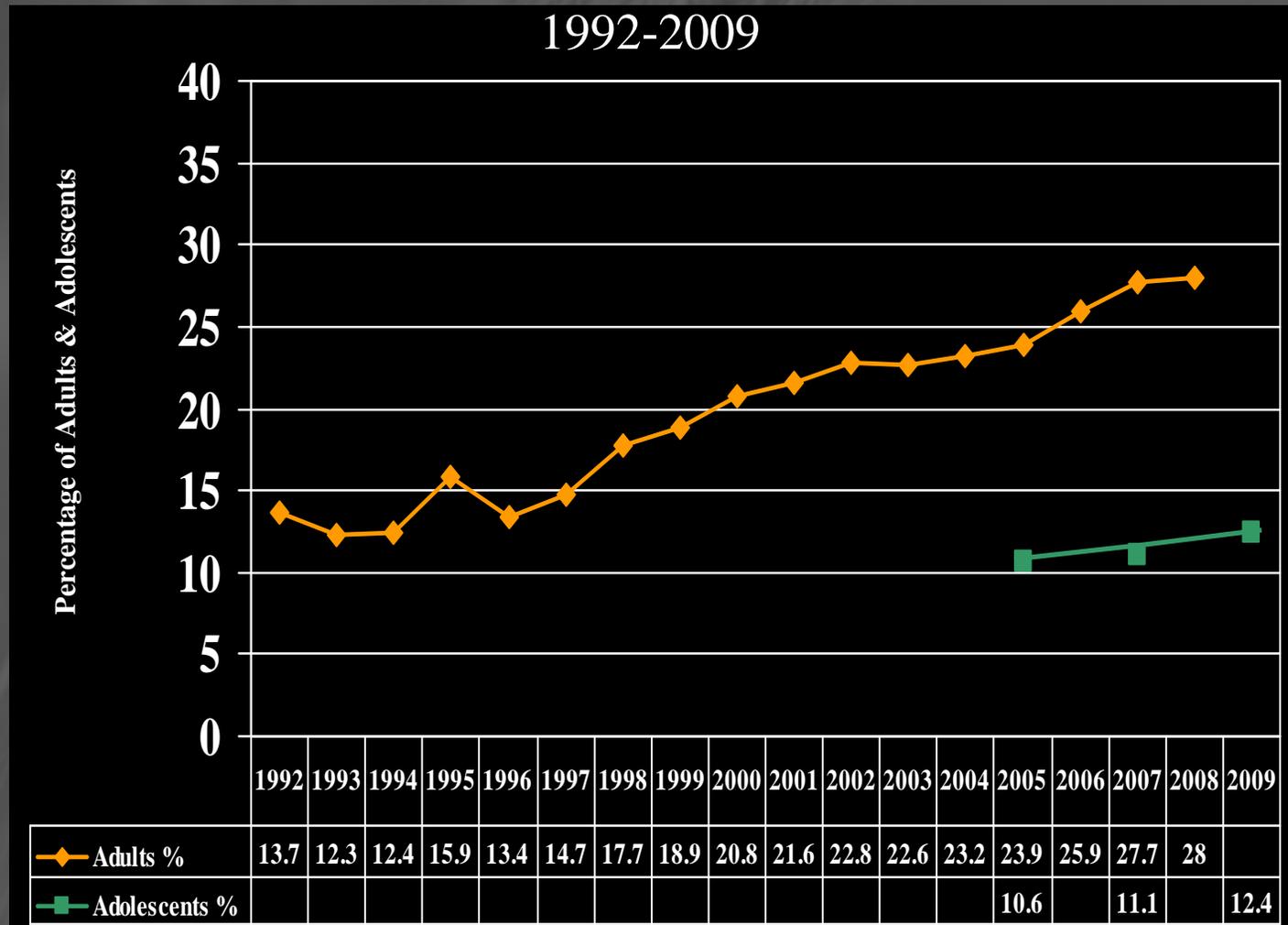


# Childhood Obesity

- Obesity among US kids is rapidly increasing
  - Since 1980 child obesity has more than tripled
  - 25 million kids (32%) are now obese or overweight, meaning  $\geq 85^{\text{th}}$  percentile on growth charts
  - May be first generation ever to die younger than their parents



# Percentage of Kansas Adults (18 years & older) and Adolescents (grades 9-12) who are Obese



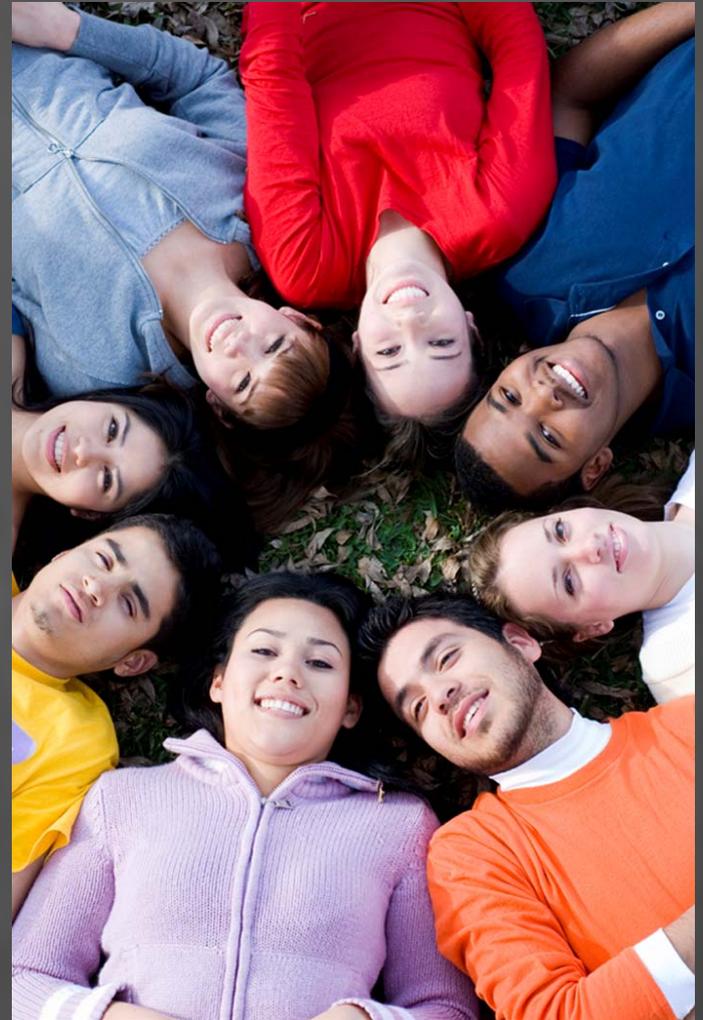
Adult Source: KDHE, Kansas Behavior Risk Factor Surveillance System 1992-2008 Obesity among adults defined as body mass index (BMI)  $\geq 30$

Adolescent Source: 2005, 2007 & 2009 Kansas Coordinated School Health, Youth Risk Behavior Survey- Overweight (obesity) among adolescents defined as  $\geq 95$ th percentile for BMI, by age and sex

\*Adult defined as Kansans aged 18 and older \*Adolescent defined as those in grades 9-12

# Kansas' High School Kids

- 25% of 9<sup>th</sup> to 12<sup>th</sup> graders are overweight or obese
- 79% don't get  $\geq 5$  servings of fruits or vegetables/day
- 33% have consumed  $\geq 1$  can or bottle of soda daily for the past seven days
- 55% don't get an hour of physical activity at least five times per week
- 26% watch TV for  $\geq 3$ hrs/day



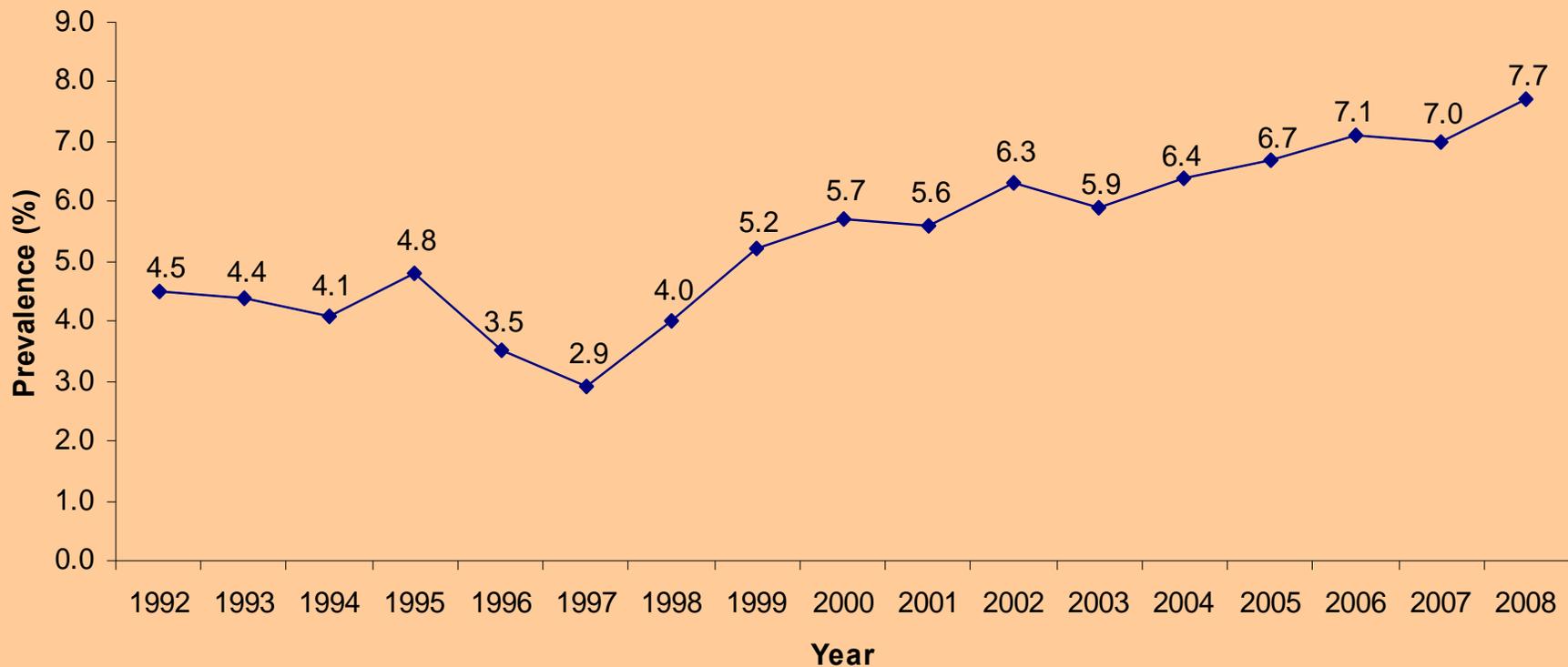
# Failure Isn't an Option

- Obese kids may have
  - Low self-esteem, poor academic performance
  - More likely to develop high blood pressure, diabetes, liver disease, sleep apnea as adults
  - 60% already have a cardiovascular risk factor; 25% have two
- Early mortality likely



# The Diabetes Time Bomb

Age-Adjusted Prevalence of Diabetes in Kansas Adults 18 Years and Older, 1992-2008 Kansas BRFSS



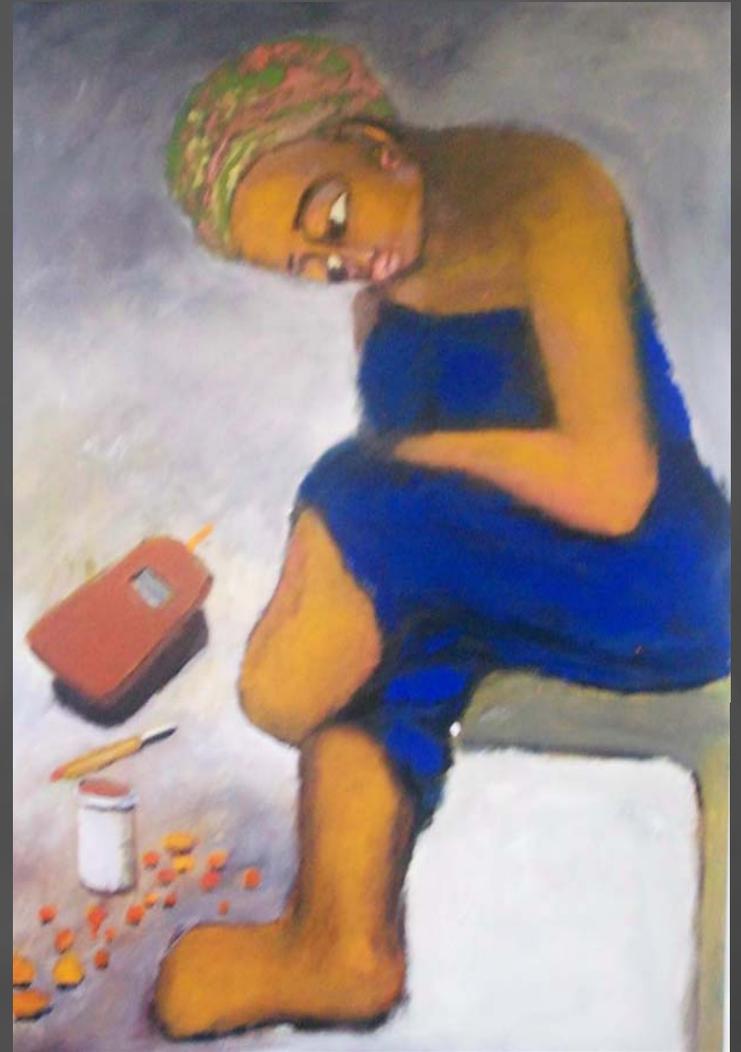
≥35,000 more KS diabetics in the past 5 years!



Our Vision – Healthy Kansans living in safe and sustainable environments

# The Cost of Diabetes

- \$174 billion/yr is lost on medical treatment alone
  - Up 32% in just six years
  - \$11,744/yr per diabetic
- Amounts to a ‘tax’ on every Kansan of \$566/yr
- Could cut new diabetes cases in Kansas by 60%
  - If every overweight adult could lose 10-20 pounds



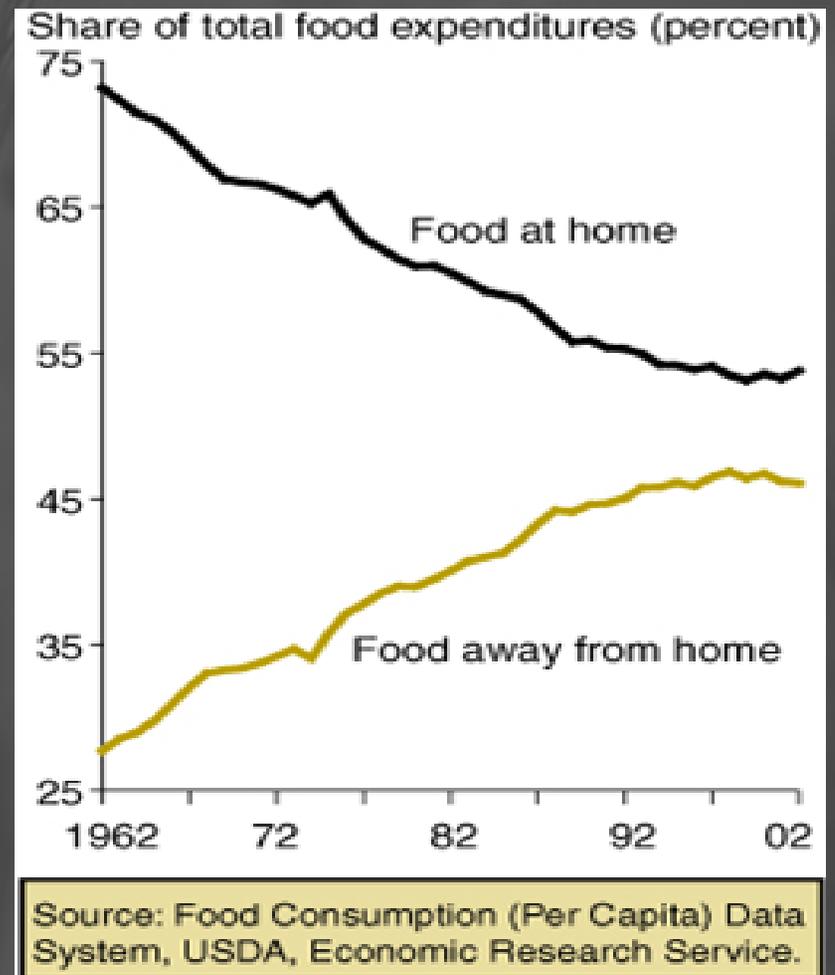
# Changing the Context: Obesity

- What may work:
  - Increasing exposure to healthy foods
  - Limiting consumption of sugar-sweetened drinks and other ‘junk’ foods
  - Pricing adjustments
  - Modifying the ‘built environment’ to enable more physical activity



# People are Eating Out More

- 34% of total calories by 1995, compared to 18% in 1978
- Children eat almost twice as many calories in restaurant meals compared to meals eaten at home – 770 vs 420 calories



# Fast Food Calories Have Risen

1977-1978

1994-1996



419



497



171



284



131



191

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721

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972

Increase of 251  
calories (35%)



# Calories Are Hard to Judge

- Restaurant foods vary widely in nutritional quality
- Most people cannot guess caloric content
- There is a tendency to underestimate
  - Even dietary experts are unable to judge calories accurately



# Dietitians' estimates of the calorie content of popular restaurant foods

<u>Food item</u>	<u>average calorie estimate</u>	<u>actual calorie content</u>	<u>percent difference</u>
Whole milk (1 c)	155	150	3% over
Lasagna (2 c)	695	960	28% under
Grilled chicken Caesar salad with dressing (4)	440	660	33% under
Porterhouse steak dinner*	1,240	1,860	33% under
Hamburger (10 oz.) and onion rings (11 rings)	865	1,550	44% under
Tuna salad sandwich (11 oz.)	375	720	48% under

\*The dinner included a Porterhouse steak (untrimmed, 20 oz. before cooking) with a Caesar salad (2 cups), vegetable of the day (1 cup) and a baked potato with butter (1 tablespoon).

# How About Menu Labeling?

- Nutrition Labeling and Education Act
  - Federal law, 1990
  - Applies to most store-bought foods
  - Standardized format, clearly listing key nutritional indicators
- Why not for foods eaten outside of home too?

<b>Nutrition Facts</b>	
Serving Size 1 Bar (60g)	
Servings Per Container 6	
<b>Amount Per Serving</b>	
<b>Calories</b> 160	Calories from Fat 70
<b>% Daily Value*</b>	
<b>Total Fat</b> 8g	<b>12%</b>
Saturated Fat 5g	<b>25%</b>
Trans Fat 0g	
<b>Cholesterol</b> 5mg	<b>2%</b>
<b>Sodium</b> 45mg	<b>2%</b>
<b>Total Carbohydrate</b> 21g	<b>7%</b>
Dietary Fiber 3g	<b>12%</b>
Sugars 15g	
<b>Protein</b> 3g	
Vitamin A 4%	• Vitamin C 0%
Calcium 10%	• Iron 0%

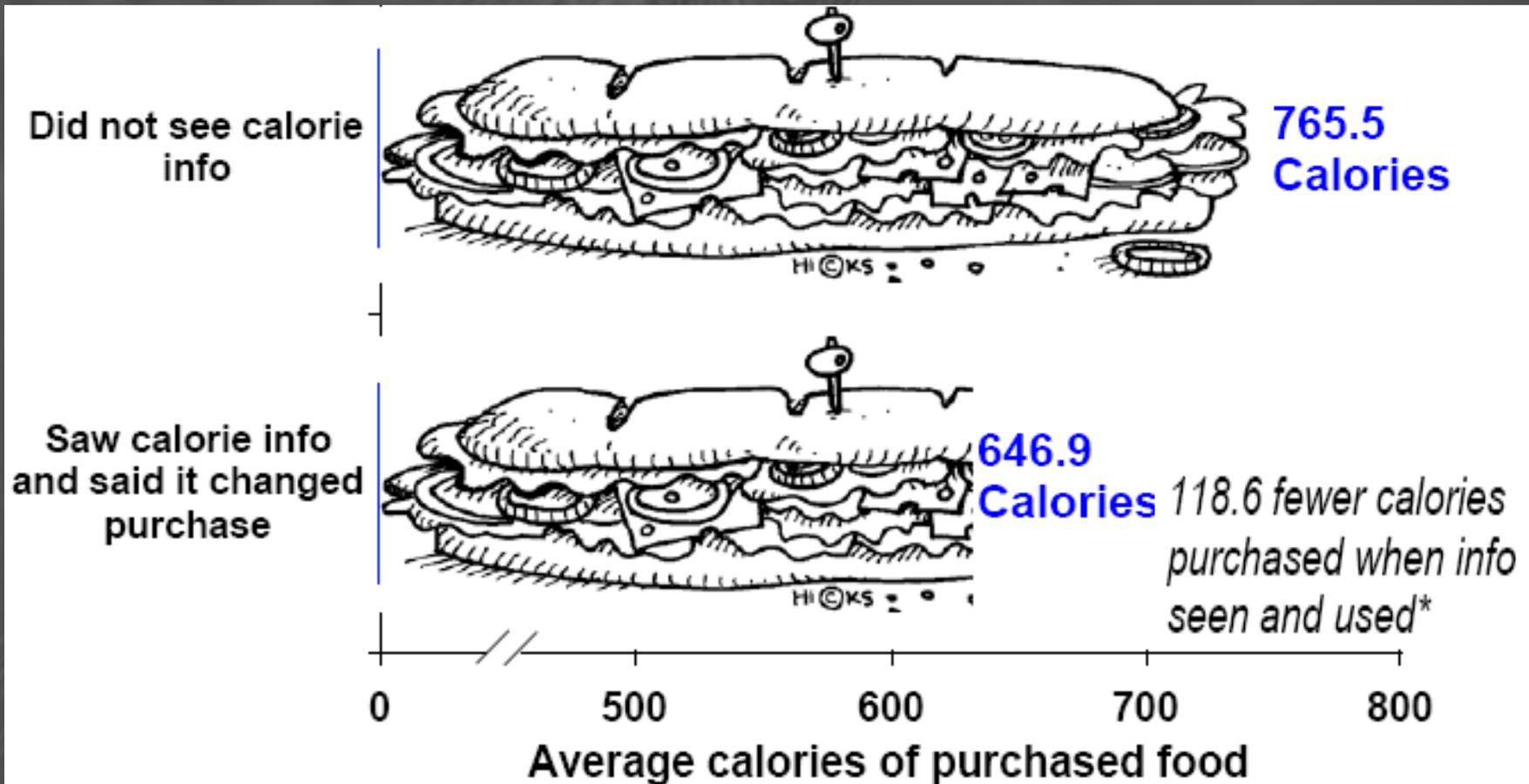


# Evidence that Labeling Works

- Just released 12/09
  - When calories are listed, diners order items with ~14% fewer calories
  - Lost calories aren't replaced later in day
  - Confirms earlier studies in New York after 1<sup>st</sup> law passed



# Calorie Information Makes a Difference in Amount People Eat



\*101 fewer calories compared to those who saw information but said it did not influence purchase. Preliminary data from DOHMH survey of 1,816 Subway patrons, 2007.

# Simple Policy, Huge Impact

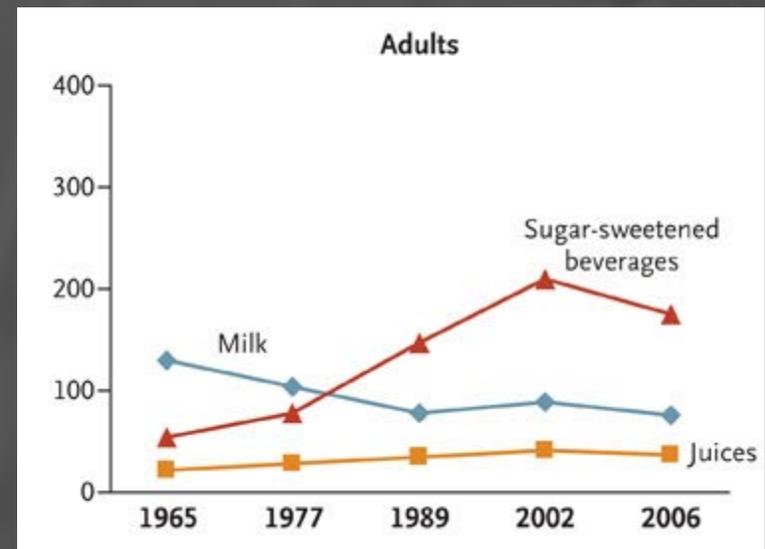
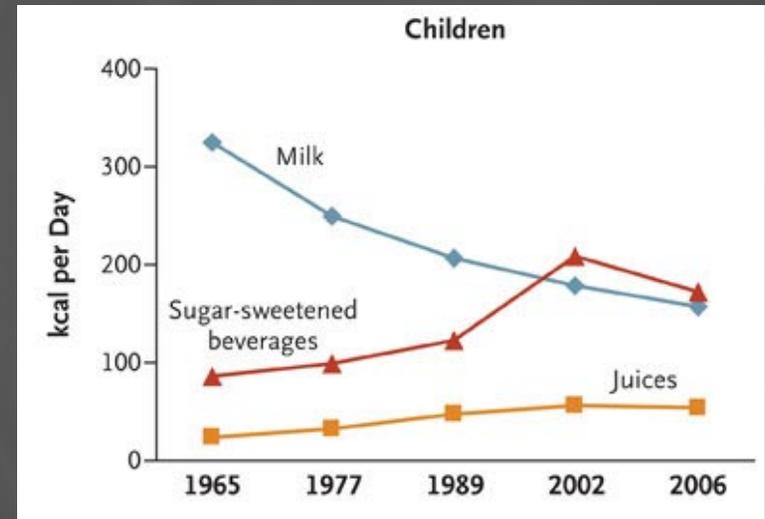
- Estimate from LA
  - If only 10% of fast-food patrons lowered their calorie intake by just 100 calories:
    - **38.7%** of the county's annual weight gain would be prevented
- 10,000 new cases of diabetes prevented in Kansas in next 5 yrs





# Alarming Dietary Trends

- Soft drink consumption has risen 500 percent since 1960
- Teenagers drink twice as much soda as milk
  - Only 14% of girls get enough calcium to avoid osteoporosis later in life
- Junk foods are easiest to find, most promoted



# What Our Kids Eat in Schools

- Cafeteria meals must meet strict federal nutrition standards
  - ‘Competitive foods’ sold in schools do not
  - Most are low in nutrients, high in fat, added sugars, sodium and calories
  - Typical foods are sodas, salty snacks, high-fat baked goods and candy



# A Dietary 'Wild West'

- Federal regulation of such competitive foods is extremely limited
  - Unless states or localities specify otherwise, these junk foods may be sold anywhere outside of food service areas at any time
  - KS is one of 20 states with no guidelines on the sale of competitive foods



# Healthier School Eating

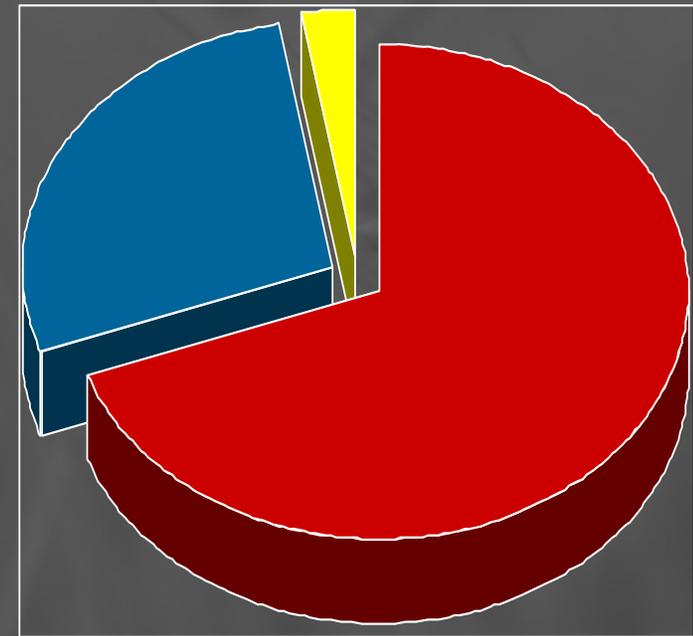
- KS kids deserve better
  - Limits on when and where junk food can be sold on school property
  - Rules for more nutritious items when competitive foods are sold in schools
- Sends kids a consistent message about proper nutrition for healthy living



# What We Could Do

- Require all KS school districts to meet an “exemplary” standard for vending policies
  - Now only 3% do
  - No FMNV in schools
  - Strict criteria for fat, sugar and calories
  - Limit beverages to water, milk, 100% juice

Self-Report of Kansas Schools, 2008

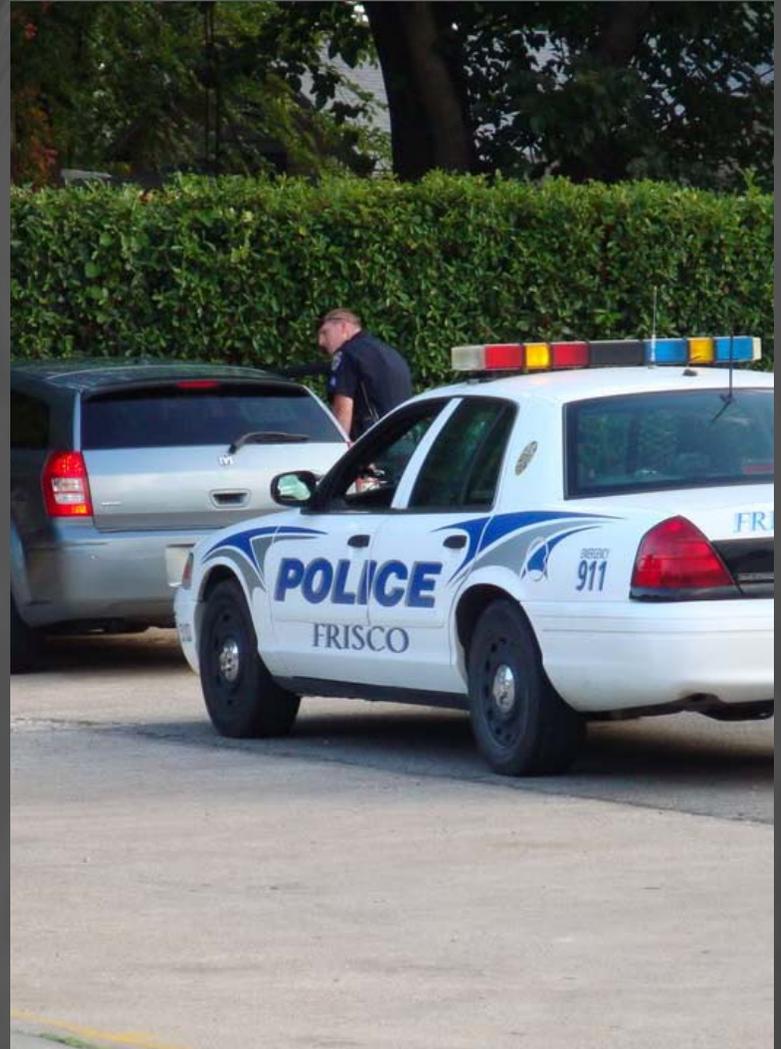


■ Basic   ■ Advanced   ■ Exemplary



# Unfinished Business from 2009

- Primary Seat Belt Law (SB 59)
  - Allows police to stop a vehicle for violations of safety belt laws only
  - Would increase belt use by at least 12%, up from 77 percent today
  - Would save 140-158 KS lives yearly, and prevent 2,190 serious injuries



# Health in Every Policy

- KDHE and its health-care partners cannot create a healthy KS with programs alone
  - Schools, businesses, local government, faith-based organizations all have a bigger impact on health than we do
  - Working together we can build a healthy KS



# Thank You For Listening!



*To Protect the Health and Environment of all Kansans  
by Promoting Responsible Choices*

[www.kdheks.gov](http://www.kdheks.gov)

- Extra Slides Follow....

Use only if questions are asked by audience



# Other New KDHE Initiatives

- Increase statutory cap of \$10 on criminal history check fees for healthcare workers
  - Necessary to meet increasing costs
- Licensure of audiologists
  - Increase minimum educational standard from a master's degree to doctorate in audiology
- Criminal background checks on Bureau of Public Health Informatics employees
  - Would increase protection of vital records from identity theft and fraud



# Unfinished Business from 2009

- TB evaluation requirements for postsecondary institutions (SB 62)
  - New legal requirements for colleges to prevent spread of TB; made it to conference committee
- Perinatal HIV Prevention Act (SB 147)
  - Requires providers to screen pregnant women for HIV infection, unless they opt out of testing
  - 4,000 pregnant women in KS not now screened
  - If treatment is begun during pregnancy the rate of transmission can be cut from 25% to  $\leq 2\%$



# And Three Child Care Bills

- Extend renewal period and streamline the renewal process for childcare facilities (HB 2220)
  - Amends the Child Care Licensing Act to extend the renewal period from 1 to 3 years
  - Got no hearing in 2009



# And Three Child Care Bills

- Increasing public access to child care information (HB 2221)
  - Would enable parents to access child care provider compliance and licensing information on line
  - Gutted for the Clean Indoor Air bill in 2009



# And Three Child Care Bills

- Oversight of registered family day care homes (HB 2223)
  - Would require registered day care homes to be fully licensed
  - Calls for additional training and inspections of facilities annually
  - Stalled in HHSC in 2009



# An Initiative We Support

- Expedited partner therapy (EPT) for *Chlamydia* infections
  - Would enable patients diagnosed with *Chlamydia* to take prescriptions or medications to their sex partners without the health care provider first having to examine the partners
  - Would expand access to treatment and help control a worsening *Chlamydia* epidemic in KS
  - *Chlamydia* is a leading cause of ♀ infertility
  - Could be viewed as a ‘fertility preservation act’



# Other Key Outcomes in 2009

- Trauma Program
  - Has helped 5 more KS hospitals gain trauma center designation
- Unused Medication Clearinghouse
  - Has distributed drugs worth more than \$1.1 million to uninsured Kansans since June 1



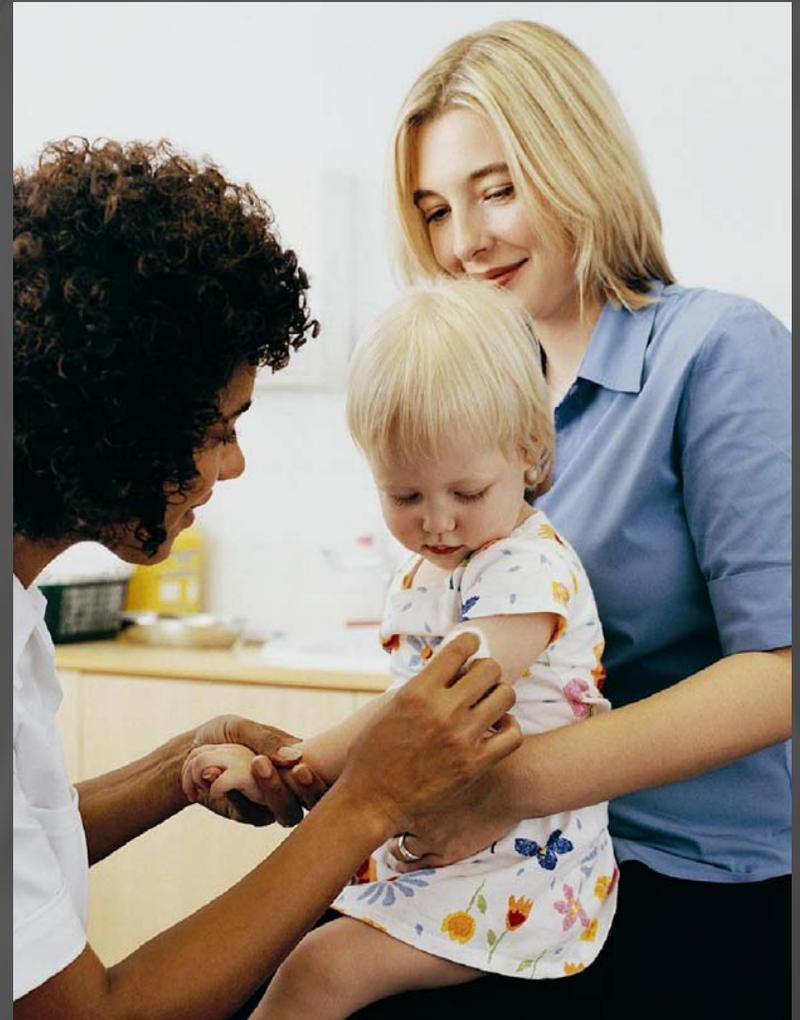
# Other Key Outcomes in 2009

- WIC Program
  - Has implemented a healthier food package for >77,000 Kansans
- Newborn Screening
  - Nursing follow-up for >1,400 babies with abnormal blood spots
  - Audiology follow-up for >1,100 babies



# Other Key Outcomes in 2009

- Immunization Registry
  - Has so far enrolled >1.6 million Kansans
  - 244 providers are now included in the system
- Oral Health Program
  - Enabled ~200 dental professionals to screen >55,000 needy children from 52 counties



# Other Key Outcomes in 2009

- Epidemiologists
  - Aided in solving >30 foodborne outbreaks
  - Including the criminal contamination of salsa at a KS restaurant that sickened 48 patrons
  - Won large new grants to study healthcare-associated infections, vaccine effectiveness



**Food that's "to die for"  
shouldn't *actually* kill you.**

The numbers are enough to turn your stomach. Every year, an estimated 5,000 people in the U.S. die, 76 million get sick and 325,000 are hospitalized from foodborne illness. Recently, serious food contamination has occurred in spinach, peppers, pistachios, peanuts and other common foods. That's why people from across the country are on Capitol Hill this week demanding stronger food safety protections.

**Americans are hungry for action. Congress should act now.**

Learn more at [MakeOurFoodSafe.org](http://MakeOurFoodSafe.org)

**Consumers  
Union**

**THE PEW  
CHARITABLE TRUSTS**

Center for Foodborne Illness Research & Prevention, Center for Science in the Public Interest, Consumer Federation of America, Food and Water Watch, S.T.O.P. - Safe Tables Our Priority



Our Vision – Healthy Kansans living in safe and sustainable environments

# Other Key Outcomes in 2009

- Environmental Health Bureau (new in 2009)
  - Houses environmental tracking program
  - Has now eliminated lead in 600 KCK homes
- Health Facility Inspection Program
  - One of only 12 in nation to acquire ARRA funds to check surgery centers

