

The Council for Obesity Prevention and Management Report to the Louisiana Governor and Legislature 2004

This is the annual report to the Governor and to the House and Senate Health and Welfare Committees to update the Legislature on the Council's progress toward full implementation of services and programs in the state of Louisiana to increase prevention and management of the disease of obesity in adults and children in Louisiana. Legislation which provides for these functions is in House Bill no. 1349 enacted in the Regular Session 2001 to amend and reenact R.S. 46:2611, 2612, 2613 (A)(B)(C)(D) and (E).

Introduction:

Prevalence and Background of Overweight and Obesity in Louisiana

Obesity in Louisiana has emerged as one of our greatest and most pressing public health challenges. Poor nutrition and sedentary lifestyles contribute immensely to Louisiana's national placement of 50th for its state health ranking over the last three years (*United Health Foundation State Health Rankings, 2002 Edition*). Nationally, Louisiana ranks high in terms of death rates due to chronic diseases such as cardiovascular disease, cancer, and diabetes (*National Center for Health Statistics Monthly Vital Statistics Report 423 (2), 1993*).

Poor nutrition, lack of education, low income, inadequate access to health care, sedentary lifestyles and increased television viewing all contribute to high incidences of overweight and obesity. The 2002 Louisiana Health Report Card reveals that more than one in three (36.3%) of Louisiana adults are overweight or obese. Adult obesity rose from 16% in 1991 to 24% in 2001, with the largest jump seen in the 45-64 year old age group (*Behavioral Risk Factor Surveillance System, 1991-2000*). Rates of obese and overweight children and teens are also increasing in Louisiana. A reduced amount of participation in physical activity and sports, increased consumption of high caloric foods and soft drink products have contributed to significant increases in children becoming overweight and obese. One dire consequence of overweight children and teens is that they are more likely to be overweight as adults, substantially raising their risk of hypertension, high cholesterol, type 2 diabetes (adult onset), heart disease, stroke, gallbladder disease, osteoarthritis, and various cancers.

According to a study in *Obesity Research, Vol.12 No. 1 January 04*, Louisiana was 8th in the nation in obesity, among the top 6 states in total obesity related medical expenditures and in the top 6 states in Medicaid obesity related expenditures. The study indicated that the estimated total amount of obesity expenditures in Louisiana in 2003 was \$1, 373, 000,000.00 and the estimated amount of Louisiana Medicaid obesity expenditures in 2003 was \$525,000, 000.00.

Overweight:

Louisiana adults are overweight with an average BMI (Body Mass Index) ≥ 25.0 (*Louisiana Behavioral Risk Factor Surveillance System, 2001*). The most conspicuous trend observed is between genders, with 41.3% of males and 31.4% of females being overweight. Louisiana data further shows increased rates of overweight in those age 45 and older, which reflects 40.2% to 40.6% of the Louisiana population.

Obesity:

Over the past ten years Louisiana's prevalence of obesity has been higher than the national average with more than 24% of Louisiana adults being obese (*Louisiana Behavioral Risk Factor Surveillance System, 2001*). Prevalence rates of obesity are even higher in certain subgroups of the population, such as ethnic minorities and individuals with low socio-economic and educational levels. Louisiana mirrors national rates of obesity, which show a higher increase among African Americans at 30.7% as opposed to 21.7% in Caucasian populations. African Americans experience higher incidences of cardiovascular disease and diabetes (*Behavioral Risk Factor Surveillance System, 1991-2000*). Also, the age group experiencing the highest incidence of obesity is 45 to 65 years of age and older, 25.1 % to 30% of Louisiana's population (*Louisiana Behavioral Risk Factor Surveillance System, 2001*).

While genetics play a role in the expression of overweight and obesity, the more than 200% increase in prevalence rates in the past 15 years clearly reflects environmental rather than genetic influences (*Louisiana Behavioral Risk Factor Surveillance System*). Physical inactivity and poor nutrition are identified as two of the top leading causes of death among overweight and obese populations (*McGinnis and Foege, 1990*).

The Centers for Disease Control estimates that 300,000 Americans die each year from diseases associated with physical inactivity. In 1998, only 15% of adults in Louisiana reported regular and sustained activity. Nearly 83.9% of Louisiana's population maintains a sedentary lifestyle; and this has not improved since 1992.

Poor nutrition and lack of education on healthy eating habits contribute to overweight and obesity as well. Obesity can be prevented with a diet low in total fat, saturated fat, and cholesterol. Five or more servings of fruit and vegetables a day also maximize the potential for healthy weight. In 1998, Louisiana's high proportion (82.7%) of people eating less than five (5) servings of fruits and vegetables placed it sixth among all states. Louisiana has consistently remained above the national median (76.2%-1998) in failing to consume five servings of fruits and vegetables per day (*Louisiana Behavioral Risk Factor Surveillance System, 1992-1998*).

Data Source: 2001 Louisiana Behavioral Risk Factor Surveillance System (LA-BRFSS)

Definitions:

Overweight: Respondents with a body mass index (BMI) between 25.0-29.9 kg/m².
Obese: Respondents with a body mass index (BMI) of 30.0 kg/m² or greater.

Overweight:

Overall LA:	36.3%
Males:	41.3%
Females:	31.4%
White:	36.4%
African Americans:	37.2%
18-24 Age Group:	24.0%
25-44 Age Group:	35.8%
45-64 Age Group:	40.2%
65+ Age Group:	40.6%

Obesity:

Overall LA:	24.0%
Males:	24.5%
Females:	23.6%
White:	21.7%
African Americans:	30.7%
18-24 Age Group:	12.0%
25-44 Age Group:	23.9%
45-64 Age Group:	30.0%
65+ Age Group:	25.1%

Overweight/Obese (BMI \geq 25.0):

Overall LA:	60.3%
Males:	65.8%
Females:	55.0%
White:	58.2%
African Americans:	68.0%
18-24 Age Group:	35.9%
25-44 Age Group:	59.7%
45-64 Age Group:	70.2%
65+ Age Group:	65.7%

***Obesity** is a condition that raises the risk of health complications from a variety of serious diseases, including hypertension, diabetes, heart disease, and breast, prostate and colon cancer.

***The Body Mass Index (BMI)** is an index of weight relative to height, and it is used to estimate the amount of fat a person has on his/her body.

After 1995, the World Health Organization (WHO) redefined overweight and obesity due to the mounting evidence that indicated an increased risk of morbidity and mortality for individuals with a BMI of 25% or greater. The new definition of overweight is an adult with a BMI between 25.0-29.9kg/m² and obesity is defined as an adult with a BMI of 30 kg/m² or greater.

Barriers to Behavioral, Environmental and Policy-Level Support

Obesity does not receive the attention it deserves from government, the health profession or the community given the toll it takes on death and disability. Limited research due to a shortage of funds, inadequate insurance coverage for treatment, and discrimination of people who are obese are all contributing barriers to programs supporting treatment and education of the causes of obesity.

The primary barriers to improving obesity prevention in Louisiana are the following:

1. Louisiana's culture and economy are heavily oriented toward food as recreation.
2. Louisiana has poor access to health care.
3. There is no monitoring of compliance to school health curricula.
4. There is no assessment of community opinions or support for obesity prevention.

Louisiana's ranking as the most unhealthy state stems from its high violent crime rate, high unemployment, poor access to primary care, high number of limited activity days, high rate of heart disease, high total mortality and high premature death. Louisiana ranked in the bottom 10 on 10 of the 17 measures of that report. Support for public health care has increased from 35% to 12.5% below the national average but still lags behind other states. Since 1990, Louisiana has failed to match national improvements in prevalence of smoking and has seen an increased risk of heart disease.

The most challenging and pervasive barrier is the strong link between food and Louisiana's cultural identity. Families and communities come together over dinners and food festivals, many of which contain high fat and high sugar foods as well as alcohol. Louisiana's primary industry, tourism, promotes food as well.

Accessibility and availability of primary care practitioners (family practice, general practice, internal medicine, pediatrics, and obstetrics/gynecology) also pose a significant

problem in the deliver of health care in the state. As of January 2000, the Bureau of Health Care Delivery and assistance recognizes 77 primary care shortage areas in the state: 28 geographic areas, 21 population groups, 19 sub-areas, and 9 facilities. Of the 28 whole-parish designations, 26 are non-metropolitan parishes. Provider shortages exist in every medical and allied medical field. As a result, Louisiana has a high rate of care seeking in emergency rooms.

Scope of Economic Impact

The Task Force and the Obesity Council have discovered the fact that obesity is an extensive issue with no simple remedy. For the State of Louisiana the following facts are revealed:

- Obesity rates have risen rapidly in the past five years and nearly one-third of Louisiana adults are obese.
- Obesity is higher in minorities, and individuals with lower income and education levels.
- Approximately 65% of the indigent population in Louisiana is obese.
- Obese Louisiana residents are 90% more likely to have diabetes and 50% more likely to have high blood pressure than those who are not obese.
- Health-risk behaviors including smoking, sedentary behavior and obesity related illness account for approximately 48% of Louisiana's healthcare budget.
- Studies indicate that the average reimbursement per recipient in Louisiana for chronic illnesses associated with high-risk behaviors is \$3,561, which is \$481 above the national average.

Obesity is as costly to society as smoking, yet the government and private health insurers have done very little to reduce obesity rates according to Eric Finkelstein, one of the lead authors in a 2003 analysis of the medical costs of obesity compare to smoking. This analysis was underwritten by the US Centers for Disease Control and Prevention (CDC). Obesity is not considered a disease and therefore physicians won't tackle patient's weight problems during office visits because they won't get paid for it. Given that smoking and obesity now exact comparable financial tolls, the CEC analysis concluded, "it may be increasingly difficult to justify the disparity between the many interventions that have been implemented to reduce smoking rates and the paucity of interventions aimed at reducing obesity rates."

History of the Obesity Council

The severity of the obesity problem in Louisiana was recognized in 1998 when the Louisiana Legislature created the Louisiana Council on Obesity Prevention and Management (Obesity Council). This Council was mandated by the Legislature, and the Department of Health and Hospitals was charged with studying the issues relative to obesity in Louisiana, collecting data on the subject, and developing recommendations for improving society's awareness regarding the health risks associated with obesity and suggesting modalities for treatment. Its diverse and committed membership includes professionals in the fields of health and education, including staff from the Louisiana Department of Health and Hospitals, the Louisiana Department of Education, the Pennington Biomedical Research Center and others. In 2001, the Obesity Council presented to the Louisiana Legislature recommendations for the future role of the Obesity Council as well as a plan to address this critical problem in Louisiana.

However, the Obesity Council was created by law without the necessary provisions for staffing or funding to support activities. The Louisiana Department of Health and Hospitals in 2001 made a commitment to address the problem of obesity demonstrated through support for activities focusing on the problems of obesity, nutrition and physical activity.

Recognizing the importance of this growing public health problem in Louisiana, the DHH/Office of Public Health began a contractual relationship with a Nurse Practitioner through the usage of Preventive Block Grant funding resources to provide the overall consultation and coordination services for the development of a statewide plan for the prevention and treatment of obesity and related conditions. The initial focus has been to review the work of the Obesity Council to date, provide ongoing staff support to the legislatively mandated Obesity Council and to identify partners in the area of obesity prevention that would form the basis of further program development and awareness. These critical activities to date in the area of obesity as accomplished through this contractual relationship include the following: Coordination and staffing of the legislatively mandated Obesity Council; supporting legislation in conjunction with the American Heart Association to require 30 minutes daily of physical activity in grades K-5 in all public schools.; providing the support and leadership along with the Louisiana Environment and Health Council to host the 2nd Annual Childhood Obesity Conference; and developing partnerships with many organizations to address obesity which includes the following:

Medicaid CommunityCARE Program –in negotiations with Medicaid to provide a toolkit and training for Community Care primary care providers on obesity (assessment, prevention, counseling, and treatment) through a partnership with Pennington Biomedical Research (PBRC) center. A small pilot program which indicated statistically significant weight loss in the participants was recently completed through PBRC and a group of Medicaid recipients. The plan is to replicate this program in a large number of Community Care facilities across the state, if funding becomes available.

Cardiovascular Health Council, the Diabetes Task Force, OPH Nutrition Services - to ensure coordination among these areas in obesity prevention and treatment.

Louisiana Restaurant Association - work with this group to date has been focused on nutrition education and awareness, the need for healthier nutrition choices in dining out and partnering on strategies to provide nutrition value labeling on menus in fast food and other dining establishments.

Louisiana State University Cooperative Extension Service - work to date with this group includes the development of a curriculum module for the 4-H program to be presented to youth statewide which focuses on good nutritional practices as well as increased physical activities participation for health;

BRFSS, which is the Behavioral Risk Factor Surveillance System - funded by CDC, this is the current system used to systematically collect, analyze, interpret, and disseminate data concerning general health status and health behaviors among adult residents in Louisiana;

Department of Education Team Nutrition Program - which is a program that has developed training videos in accordance with the 2000 U.S. Dietary Guidelines and School Health Index for Physical Activity and Healthy Eating issues by the Centers for Disease Control and Prevention (February 2000) and is used to train school food service personnel, teachers and administrators;

Department of Education Principals Survey - which is another collaborative project involving development and planning of a principal survey with an independent research company to evaluate the policies and practices relative to Nutrition and Physical Activity in schools using LA School Health Index which has been adopted from the CDC's School Health Index - The survey was given to a large sample of Louisiana principals at all school/curriculum levels (Elementary, Middle and Secondary); The results indicated areas which can be contributing to the obesity epidemic in children. These include a lack of physical education and activity along with unhealthy nutrition practices. Many of the schools do not have physical education teachers or the time in the school schedule for physical activity. Many of the schools have vending machines, school stores, and concession stands which provide only high fat, high sugar, high calorie items. These venues are available to the students after lunch and through out the afternoon at a minimum. The results of this survey is the basis for changes, which the Council will be requiring in conjunction with partners and if necessary in legislation. The first such change will be to require vending machines, school stores and concessions stands to offer only healthy options..

Louisiana Governor's Council on Physical Fitness and Sports - work is currently being done with this group which involves administering the Louisiana Youth Fitness Survey (LYFS) that analyze the overall fitness levels of children in Louisiana. The Obesity Council will collaborate with this project and in the future plans to work with the Governor's Council to assist in publicizing data received from fitness studies to support an increase in physical activity in schools;

New Orleans CDC STEP Grant

The Obesity Council coordinator assisted in writing this grant and is on the school work group to implement the grant.

Department of Education Coordinated School Health Initiative

The Obesity Council coordinator was on the planning committee to enhance the DOE's application for a CDC grant for Coordinated School Health and is presently serving on the Nutrition Committee of this initiative.

Louisiana On the Move

The Obesity Council is on the planning committee to develop Louisiana on the Move, which is spearheaded by the Pennington Biomedical Research Center. The plan is to become affiliated with America on the Move which advocates an increase of 2000 steps and a decrease of 100calories per day to prevent the gaining weight which often occurs with age..

Louisiana Legislation: SCR 153

The Obesity Council coordinator worked with Pennington to develop the report which SCR 153 requested from the Department of Health and Hospitals on the extent of obesity in Louisiana, prevention and treatments available, and their effectiveness. .

The above represents examples of the activities that have been undertaken during the past year and a half due to the commitment on the part of the DHH/OPH to allocate preventive block grant resources to this critical problem in Louisiana. In addition, at the Department of Health and Hospitals, the Secretary has made the HP 2010 leading health indicators the priority for Louisiana's prevention agenda for the future. Controlling obesity rates and increasing the number of individuals who engage in physical activity are included in these indicators.

Legislatively Mandated Activities:

The 2001 revised Bylaws of the Council on Obesity Prevention and Management (council) provided a catalog of tasks for the council.

- (1) Advising the secretary of the Department of Health and Hospitals as to the implementation of the council's recommendations.

Reports from the council coordinator were submitted on a regular basis to DHH Office of Public Health (see Appendix A).

- (2) Assisting the secretary of the Department of Health and Hospitals in achieving programmatic goals. To this end, the council shall provide leadership and support for:

(a) Organizational efforts found necessary to achieve programmatic objectives

The programmatic objectives of the council were addressed by the council subcommittees (see Appendix B for complete details in the subcommittee's minutes).

(b) Articulating standards through the dissemination of materials, identification of expert opinion, identification of alternate means of developing effective population-based programs, and development of policy in identified health risk.

The Health Care Provider Subcommittee is articulating standards for obesity prevention and treatment through a supplement to the *Louisiana State Medical Association Journal*. This subcommittee is also working with the Pennington Research Center to provide education on the prevention and treatment of obesity to health care providers. Among these providers are the Louisiana Medicaid CommunityCARE providers.

(c) Creating awareness of health risks due to overweight and obesity conditions among payers, providers, and patients

The Awareness Subcommittee has evaluated various methods to increase awareness. A website to disseminate information on obesity to health insurance companies and other third-party payers, employers, health care providers and the general public is being developed. The website would also provide links to other agencies and organizations who are combating obesity and the health problems resulting from obesity.

The Awareness Subcommittee, in conjunction with the Council on Environment and Health, was instrumental in promoting the Childhood Obesity Conference which was held on March 18, 2003.. The Awareness subcommittee will provide a conference on Wellness in the Workplace in conjunction with the Council on Environment and Health and the Pennington Biomedical Research Center on April 14, 2004. This conference will present multiple types of wellness programs in various size Louisiana organizations that have been successful. These programs will provide resources to the participants to start or improve wellness programs in their organizations. Obesity prevention will be one of the focuses of this conference.

The Action for Healthy Kids Subcommittee (formerly the Subcommittee to Change the Environment in Schools to Promote a Healthier Lifestyle)was very instrumental in developing the program for the Childhood Obesity Conference. The conference highlighted the

cooperation between the Department of Education and the Department of Health and Hospitals to prevent childhood obesity. Secretary David Hood from DHH and Donna Nola Ganey representing State Superintendent Cecil Picard presented the efforts that their respective agencies are making to combat this epidemic. The other speakers reported some of the latest outcomes of research done in Louisiana on Childhood Obesity. Representatives from Louisiana school settings presented exemplary programs in nutrition and physical education to prevent childhood obesity. The Louisiana School Board Association representative and a public school superintendent indicated that they would become advocates within their organizations to prevent and manage childhood obesity in the schools. A state representative who was proposing legislation to increase physical activity in the schools spoke of her bill.

This subcommittee developed the survey for Louisiana public school principals to evaluate policies, practices, and education in nutrition and physical activity in the schools to determine if changes could decrease the incidence or the severity of childhood obesity. This survey is based on the School Health Index and was carried out by an independent researcher and the results were mentioned earlier in this report.

This subcommittee has also been the state team for the national effort, Action for Healthy Kids, spearheaded by a former United States Surgeon General. These state teams work collectively to address childhood obesity across the country.

(d) Enhancing reporting mechanisms of latest outcomes and health trends in the area of overweight and obesity concerns.

There have been statewide newspaper articles and news series in March and April of 2003 which have reported the trends of childhood obesity and some of the treatment programs currently in place for children. The articles and news series also pointed out the lack of access to these programs because of cost, and the role of schools and parents in prevention. The council members were resources for these articles and some of the articles were spawned by the Conference on Childhood Obesity.

(e) Conducting evaluations of program effectiveness.

Presently there is no funding for programming or to evaluate program effectiveness.

(f) The encouragement of research and the identification of resources which seek ways to promote cost-effective methods of treating overweight and obesity concerns.

The Funding Subcommittee has looked at funding sources for this council. Since there was no appropriation by the Legislature, limited funding for the Council has come from Department of Health and Hospitals. This funding has provided for a coordinator and secretarial support for the Council and some funding for evaluation of the factors which influence childhood obesity in schools through the public school principal's survey. The funding committee recommends that we go back to the Legislature for funding of an infrastructure, housed in the Chronic Disease Section of the Office of Public Health, to address obesity prevention and management. This infrastructure would include a coordinator, a nutritionist, a physical activity specialist, a secretary, a part-time epidemiologist, a media/website manager and a grant writer. This would be at an approximate cost of \$500,000.

The coordinator would spearhead and coordinate all the efforts of the obesity council and all of the other efforts toward the obesity epidemic of other organizations and agencies throughout the state.

The nutritionist would work with Five A Day Program, Breastfeeding, WIC, Department of Education, the Louisiana Restaurant Association, the LSUAg Center, Extension agents, etc. to decrease obesity in the state.

The physical activity specialist would work with others in this area to facilitate a coordinated effort to increase physical activity throughout the state. Some of the work would be done with the Governor's Council on Physical Fitness and Sports; Louisiana on the Move, other organizations would include churches, retirement facilities, employee wellness programs, the YWCA and YMCA, the Parks and Recreation Department, etc.

The secretarial support is needed for all three of these personnel and the epidemiologist is needed to evaluate program effectiveness.

The media/website manager would serve as a statewide resource to report on the latest outcomes and health trends in the area of overweight and obesity in Louisiana and nationally; be a source of information on obesity education and obesity prevention and management programs throughout the state; and promote healthy lifestyle habits to prevent or treat obesity. Much new information is disseminated/published and constant vigilance is necessary to produce accurate information. One of the resources the media/website manager would use is the Louisiana Pennington Research Center, which is one of the leading institutions on obesity research in the country.

The epidemiologist would use existing national surveys such as the BRFSS and others to evaluate programs which the coordinator, the nutritionist, and the physical activity person would implement.

A grant writer could apply for the millions of dollars that are being given from national sources such as the federal government and foundations to address the obesity epidemic. Louisiana has a high rate of obesity, and, therefore, this state should be a good candidate for these funds. However, this will take a full-time position to apply for and manage the grants if we are to truly reap the benefits of the opportunities which are available.

The Council in coordination with the Chronic Disease Division of Office of Public Health has applied for a Centers for Disease Control (CDC) grant for an Obesity Program which would include an infrastructure within the OPH/Chronic Disease Division. This funding was not obtained.

(3) Assisting in conducting exploratory research as deemed necessary with the intent of achieving programmatic objectives.

Without the aforementioned funding this legislatively mandated activity cannot be achieved. A grant writer could apply for funds which abound nationally to achieve this activity.

(4) Ensuring that the policy direction on obesity issues is integrated with goals established in Healthy People 2010.

The policy direction on obesity issues is integrated with the goals of Healthy People 2010 and the council coordinator is a member of the Healthy People 2010 committee.

(5) Advising and assisting participating agencies with the development and implementation of obesity programs

The Council has advised participating agencies with the development and implementation of obesity programs including the Adolescent School Health School Based Health Center Initiative; the Medicaid program; the LSU Ag Center, Extension Office; the Louisiana Department of Education, the OPH chronic disease programs of cardiovascular disease and diabetes; the Council on Environment and Health; the Action for Healthy Kids State Team; and others.

Members; meetings; final report

- A. The Council convened its first meeting in the 2002-2003 state fiscal year on July 17 2002 and has continued to function to the present fiscal year 2003-2004. Dr. Jimmy Guidry, Medical Director, was Vice-Chairman in last fiscal year and will

remain in that role. Secretary David Hood appointed Dr. John Udall as the new Chairman. Robert's rules of order were followed in the council meetings.

- B. All members served without compensation. No council members received reimbursement for travel related to council business.
- C. The council has met quarterly (see Appendix E for council members and minutes).