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VALERIE WIENER

SENATOR

Clark No. 3

MINORITY WHIP

COMMITTEES:

*Member*

Human Resources and Facilities

Judiciary

Legislative Affairs and Operations



# State of Nevada Senate

Seventy-second Session

## Memorandum

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**Date:** May 22, 2003

**To:** Chairwoman Giunchigliani and Members of the Assembly  
Committee on Elections, Procedures, and Ethics

**From:** Senator Valerie Wiener

**Subject:** S.C.R. 13 "Obesity"

S.C.R. 13 creates a subcommittee of the Legislative Committee on Health Care to investigate the medical and societal costs and impacts of obesity in Nevada, with the goal of developing policy recommendations for consideration during the 2005 Legislative Session.

Attached you will find the following letters of support for S.C.R. 13:

- Yvonne Sylva, Administrator, Nevada Department of Human Resources, Health Division
- Jack McLaughlin, Superintendent of Public Instruction, Nevada Department of Education
- Robin D. Camacho, Director of Advocacy and Communications, American Heart Association, Western States Affiliate
- John McNeil, Director, Operation Stroke, American Stroke Association, Western States Affiliate
- Margo G. Wootan, Director, Nutrition Policy, National Center for Science in the Public Interest

Also attached you will find two recent articles that strongly reinforce the need for a legislative study.

*Thanks so much for your consideration.*

ASSEMBLY ELECTIONS, PROCEDURES, & ETHICS

DATE: 5-22-03 ROOM: 3138 EXHIBIT D

SUBMITTED BY: Valerie Wiener

KENNY C. GUINN  
Governor

STATE OF NEVADA

YVONNE SYLVA  
Administrator

MICHAEL J. WILLDEN  
Director



VACANT  
State Health Officer

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April 16, 2003

Senator Valerie Wiener  
3540 West Sahara, No. 352  
Las Vegas, NV 89102-5816

Dear Senator Wiener:

I am pleased to write this letter on behalf of the Health Division in support of S.C.R. 13, regarding an interim study on obesity in Nevada.

The Behavioral Risk Factor Surveillance System (BRFSS) has indicated the trend in Nevada for obesity in adults has increased from 45.8% in 1992 to 56.5% in 2001. The highest rates of obesity are in two minority groups, with Hispanics having the highest estimates in 1996 and 2000 respectively and the African Americans in 1998. The BRFSS also indicates the obesity prevalence rate is highest in those over 50. The Youth Risk Behavior Survey found in 2001 that 29.5 % of Nevada's youth thought they are overweight. In spite of this, the Health Division is not aware of any studies identifying specific target populations or that assess opportunities and barriers to obesity prevention and treatment.

An interim study on the economic, medical and societal costs and impact of obesity in Nevada would provide the information needed to produce and implement a plan to address obesity and reverse the upward trend in its prevalence. The Health Division considers obesity a public health priority.

Sincerely,

A handwritten signature in cursive script that reads "Yvonne Sylva".

Yvonne Sylva  
Administrator

YS/JW

JACK W. McLAUGHLIN  
*Superintendent of Public Instruction*

KEITH W. RHEAULT  
*Deputy Superintendent*  
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April 15, 2003

The Honorable Maurice Washington, Chair  
Senate Committee on Legislative Affairs and Operations  
Nevada State Legislature  
Carson City, Nevada 89701

Dear Senator Washington:

The Nevada State Board of Education has reviewed and supports AJR 5. The Board also reviewed SCR 13 and requests it to be selected for an interim study. This is submitted on behalf of the Nevada State Board of Education. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be "Jack McLaughlin", written over a horizontal line.

Jack McLaughlin  
Superintendent of Public Instruction

JM/da

Copy: Senator Valerie Wiener

**Western States Affiliate**  
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April 20, 2003

Senator Valerie Wiener  
401 S. Carson Street  
Carson City, NV 89701

Dear Senator Wiener,

The American Heart Association commends you for your efforts to study the problem of obesity in Nevada. I offer my support for your study, and am available to assist you in any way I can.

Obesity is the #2 cause of preventable death in our country, and it is important that we understand the impact on Nevada in terms of social, economic and medical costs. Once we understand the scope of the problem we can undertake solutions.

The American Heart Association is working to reduce death and disability from heart disease and stroke by 25 percent by 2010. Since obesity is a major risk factor for cardiovascular disease, the #1 killer of Nevadans, your efforts align with our Mission.


Please feel free to call on me if you need assistance, and to consider the American Heart Association as a resource.

Respectfully Submitted,



Robin D. Camacho  
Director of Advocacy & Communications

**American Stroke  
Association<sup>SM</sup>**

A Division of American  
Heart Association 

**Western States Affiliate**

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*Cardiovascular disease and  
stroke claim more lives each  
year than the next seven  
causes combined.*

*That's just one reason why  
we are committed to reducing  
coronary heart disease, stroke  
and risk by 25-percent by the  
year 2010.*

April 16, 2003

Senator Valerie Wiener  
401 S. Carson Street  
Carson city, NV 89701

Dear Senator Wiener,

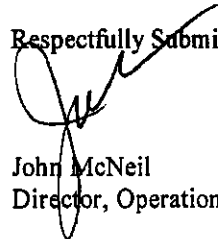
Obesity is on the rise at an alarming rate in our nation, and is now the #2 cause of preventable death, after tobacco. Obesity is also a major risk factor for heart disease and stroke.

The American Stroke Association recognizes and supports your efforts to study the economic, social, and medical costs of obesity in our state.

Obesity is a controllable risk, but further research is needed before we know how best to address this serious problem. While your study could provide important solutions, it is also very valuable in terms of raising public awareness of the issue.

Please consider the American Stroke Association as a resource, and feel free to contact me at 702/367-4430 if there is anything I can do to be of service.

Respectfully Submitted



John McNeil  
Director, Operation Stroke

# CSPI

Center for  
Science in the  
Public  
Interest

nonprofit  
publisher of

*Nutrition Action Healthletter*

April 29, 2003

The Honorable Valerie Wiener  
Nevada Senate  
3540 West Sahara, #352  
Las Vegas, NV 89102-5816

Dear Senator Wiener:

On behalf of the Center for Science in the Public Interest, I applaud your efforts to promote and protect the health of residents of Nevada, most recently through Senate Concurrent Resolution No. 13, which directs the Legislative Commission to conduct an interim study on the economic, medical and societal costs and impacts of obesity in Nevada.

As you know, obesity is one of the greatest health challenges of our time. Obesity increases the risk of heart disease, high blood pressure, diabetes, and other chronic diseases and costs an estimated \$117 billion per year nationwide. Rates of obesity have doubled in children and tripled in adolescents over the last two decades.

The study in S.C.R. 13 would be a very useful foundation for developing policies and programs to help reverse obesity trends in Nevada. It would help to outline the scope of the problem, its cost to the state, and promising programs and policies for preventing obesity.

Best wishes with your efforts to improve the diets and health of Nevada residents. Please let us know if we can be of any assistance.

Sincerely,



Margo G. Wootan, D.Sc.  
Director, Nutrition Policy

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washingtonpost.com

## Study Cites Pervasive Effects of Obesity in Children

Condition Affects Physical, Social and Emotional Activities; Parallel to Cancer Patients Noted

By David Brown

Washington Post Staff Writer

Wednesday, April 9, 2003; Page A10

The quality of life for severely obese children and adolescents is roughly equivalent to that of pediatric cancer patients undergoing chemotherapy, according to a new study.

The research compared very overweight children to ones who were healthy and others who had cancer, and found that obesity colored nearly the entire spectrum of physical, social and emotional activities. Most very overweight children have at least one medical complication and miss four times as much school as normal-weight children. They're also more likely to report feeling socially isolated even though they aren't clinically depressed or anxious, which most of them aren't.

"It was a dramatic finding, but not an entirely surprising one," said Jeffrey B. Schwimmer, a pediatrician at the University of California at San Diego, who led the study, which was published today in the *Journal of the American Medical Association*. "Obesity is an extremely socially stigmatized disease, and unlike some conditions, it's not something a child can hide."

Morgan Downey, director of the American Obesity Association, an advocacy group, said the research "reinforces a lot of other studies. . . . We know that there are profound psychosocial effects from obesity." He called the findings "depressing."

Overweight and obesity are growing at near epidemic rates in the United States. The fraction of children ages 6 to 19 who met the definition of overweight ranged from 4 percent to about 7 percent in the 1960s and 1970s. It jumped to 11 percent in the late 1980s and 15 percent in the late 1990s.

The new research studied a group of children and adolescents referred to the UCSD medical center for treatment of obesity who were at the extreme end of the overweight group -- representative of perhaps 2 to 3 percent of all American children.

The average 12-year-old in the study, for example, was 5 feet 1 inch tall and weighed 175 pounds. In comparison, the average 12-year-old American boy is 4-foot-11 and weighs 90 pounds, with a 12-year-old girl an inch taller and two pounds heavier.

The researchers asked the 106 children -- roughly half boys, half girls -- to answer how much of a problem ("never," "almost never," "sometimes," etc.) various activities were. These included "participating in sports or exercise," "taking a bath or shower by myself," "other kids not wanting to be my friend," "keeping up when playing," "paying attention in class" and "missing school because of not feeling well." They were also asked about their emotional state -- how often they felt "sad or blue" or worried "about what will happen to me."

They compared the survey results to those previously collected from healthy children at pediatricians' offices, and children with cancer who were getting, or had recently gotten, chemotherapy. The maximum possible score was 100.



The average score of the healthy children was 83. For the cancer patients, it was 69. For the severely obese children, it was 67.

The biggest gap between the healthy children and the obese children was in questions on social functioning -- a 20-point difference. This was also the biggest difference between the cancer patients and the obese children, with the latter reporting a 9-point lower score than the cancer patients.

"Many children with cancer may experience teasing and withdrawal from peers at school because they appear different," Schwimmer said. "At the same time, there are probably some children that are more sympathetic toward them.

"While not all children are going to be mean to obese children, it's unlikely that many are going to be sympathetic to their plight. And certainly many children do tease them in ways that can be very hurtful."

About 65 percent of the very obese children had at least one ailment associated with their condition, though often it was a condition that doesn't cause symptoms. About 4 percent had diabetes and 37 percent had elevated cholesterol and other bloodstream lipids. About 13 percent had depression or anxiety, a slightly higher rate than among children overall.

One of the more surprising findings was that the overweight children missed an average of four days of school in the month before filling out the survey, compared to less than a day in the healthy children.

"Traditionally, the field of education has not taken obesity to be an educational problem, but a social and health one. That may have to be reexamined in light of these findings," said Downey, of the American Obesity Association.

Schwimmer said he and his co-authors -- Tasha M. Burwinkle, also of UCSD, and James W. Varni of Texas A&M University -- were especially surprised by the magnitude of the problems reported by the overweight children.

"Many of these children are not going to come to their parents or physicians and tell them, 'I am experiencing all these problems.' But our data suggest that the likelihood of this being true is quite high. In order for these children to receive appropriate services, the problem needs to be recognized."

The overweight children had an average body mass index (BMI) of 35. Overweight is defined as a BMI of 25 to 29.9, and obesity as a BMI of 30 or more. BMI is calculated on the basis of height and weight.

The current issue of the journal is devoted to obesity research. It includes reports on three drugs that helped people lose weight when used in addition to other interventions, such as diets and behavioral counseling.

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April 24, 2003

## Study Hailed as Convincing in Tying Fat to Cancers

By THE ASSOCIATED PRESS

**L**osing weight could prevent one of every six cancer deaths in the United States, more than 90,000 each year, according to a sweeping study that experts say links fat and cancer more convincingly than ever before.

Researchers for the American Cancer Society spent 16 years evaluating 900,000 people who were cancer-free when the study began in 1982. The researchers concluded that excess weight might account for 14 percent of cancer deaths in men and 20 percent of those in women.

Eugenia Calle, the lead researcher for the study, said she was surprised that the link "really was the rule more than the exception."

A commentary that accompanies the report in The New England Journal of Medicine said the study was 10 times greater than the largest previous research on the topic. Top researchers in both cancer and obesity said the research virtually proved they were linked.

"Because of the magnitude and strength of the study, it's irrefutable," said Dr. Donna Ryan, head of clinical research at the Pennington Biomedical Research Center in Baton Rouge.

The study by American Cancer Society relied on the body mass index using heights and weights reported by study participants. For instance, a 5-foot-11-inch person who weighs 175 pounds would have a body mass index of 24.4, near the top of the normal range. A 5-foot-3-inch, 175-pounder would be obese, with a body mass index of 31.

For the study, a body mass index of 18.5 to 24.9 was considered normal. Those who were overweight (25 to 29.9) or obese (30 or over) were all compared with the normal group, and statistical analysis was used to adjust for smoking and other risk factors.

Earlier studies have found that excess weight contributes to cancers of the breast and uterus, colon and rectum, kidney, esophagus and gall bladder. This one also linked it to cancers of the cervix and ovaries, multiple myeloma, non-Hodgkins lymphoma, pancreas, liver, and, in men, the stomach and prostate.

The researchers found no link between fat and cancers of the brain, skin and bladder.