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SCR 13: Obesity Interim Study
Senator Valerie Wiener
April 29, 2003

Mr. Chairman and members of the Committee, for the record, I am State Senator Valerie Wiener, representing Clark County, District 3. Today, I am appearing before you to seek your support for Senate Concurrent Resolution 13, which would establish an interim legislative study committee on the economic, medical, and societal costs and impacts of obesity.

In the first "whereas" of SCR 13, you will see the language "obesity manifests itself as one of our nation's most significant public health concerns." In the packets of support materials on your desk, you will find a letter from the State Health Division in which Administrator Yvonne Sylva says "The Health Division considers obesity a public health priority." This gives us an idea of the problem. Let me share with you just a fraction of the information I have studied that supports these claims.

First of all, it is difficult to precisely define obesity. However, the current references involve the Body Mass Index—or BMI—which is calculated on the basis of a person's weight-to-height ratio. For example, an average or healthy BMI is 18 to 24.9. "Overweight" would be a BMI of 25 to 29.9. "Obesity" would be a BMI of 30 or higher.

Let's consider some of the data. For starters, 300,000 deaths, which are directly associated with obesity, occur each year in our country. In a January 2001 study, quoted by the National Conference of State Legislatures, obesity has become the leading cause of preventable death in America and is associated with at least as much morbidity as poverty, smoking, and problem drinking.

The Centers for Disease Control and Prevention estimate that, in our country, about 44 million adults—or one in four adults—are obese. The CDC also reports that, from 1980 to 2000, the percentage of overweight children (aged 6 to 11) more than doubled, from 6.5 percent to 15 percent. In that same period, the percentage of overweight adolescents (12 to 19 years old) more than tripled . . . from 5 percent to 15.5 percent. According to an April 9, 2003 report in the Journal of the American Medical Association, most overweight or obese children have at least one medical complication AND miss four times as much school as normal-weight children.

Unfortunately, about half the children who are overweight by the time they are 6 or 7 will remain overweight as adults. Seventy-five percent of overweight adolescents will remain overweight as adults.

A 2003 report from the Journal of the American Medical Association indicates that being obese at the age of 20 will cut up to 20 years off a person's life.

The problem of obesity, as a health problem, is so substantial that medical professionals are calling it an **epidemic**. In 2000, obesity comprised NINE percent of the nation's total health care costs (\$117 billion). According to the April 7, 2003 issue of "State Health News," a publication of NCSL, obesity is rapidly becoming America's number one health problem. In fact, many medical professionals conclude that obesity is replacing under-nutrition and infectious disease as the most significant component of ill health.

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Determinants for obesity are social, behavioral, genetic, environmental, and PUBLIC POLICY. Some of the factors that contribute to the obesity epidemic include, but are not limited to:

- highly sedentary lifestyles . . . evidenced by the fact that 29 percent of adults today live totally sedentary lives.
- high reliance on cars, rather than taking advantage of other, healthier options, like walking or bicycling,
- increased involvement with computers, televisions, video games, and other passive forms of entertainment,
- lifestyles and behaviors that incorporate nutritionally deficient food selections,
- ever-present availability of high-fat and sugar-rich foods, as well as convenient access to fast foods, which too often contain oversized portions.

In addition to its DIRECT impact on health, obesity also exacerbates other major health conditions.

- Obesity substantially raises the risk of high blood pressure, high cholesterol, Type 2 diabetes, gall bladder disease, arthritis, sleep apnea, and respiratory problems.

—Obesity negatively impacts many forms of cancer (uterine, gall bladder, cervical, ovarian, breast, colorectal, and prostate). For example, we know that almost half of breast cancer cases are diagnosed among obese women. More than 40 percent of colon cancer cases are diagnosed among people who are obese. A recent study is quoted in the April 24, 2003 New York Times article in the materials I have given to the committee. That study indicates that losing weight could prevent one out of every six cancer deaths. The CDC reports that 3,763 Nevadans died from cancer deaths in 2000. This means that obesity played a direct part in the deaths of at least 600 of those Nevadans.

—Obesity is an aggravator for heart disease and stroke. We know that nearly 70 percent of the cases of cardiovascular disease are related to obesity. More than 75 percent of hypertension cases can be directly attributed to obesity. CDC numbers for 2000 indicate that 4,089 Nevadans died from heart disease. So, conservatively, 2,870 of those who died were obese.

—Obesity directly impacts arthritis. For every two pounds overweight, a person is 9 to 13 percent more likely to suffer from arthritis.

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It is also essential to remember that obesity is not just a physical condition. Obese persons often experience low self-esteem, social stigmatism, discrimination, and poor body image. They also experience the increased risk of emotional problems and related disorders, such as chronic depression, anxiety, obsessive-compulsive disorders, and eating disorders (e.g. anorexia nervosa and bulimia nervosa). You can read about some of the adverse effects on children in the article from the Washington Post included in the materials I have given you.

Okay. So, now that we have an idea about the PROBLEM, what do we do about it? Certainly, we know that a problem of such magnitude should not be allowed to continue. We also realize that it would take a comprehensive effort to reverse the direction of this health dilemma.

As you review SCR 13, you will note 10 "recommendations" that would be addressed by a study committee. At this time, I would like to offer a friendly amendment, suggested by a constituent. She wanted to ensure that any legislative study committee would focus on obesity, primarily, as a "health" problem. So, I have deleted language and two "whereas"es that refer to the "economic" impact of obesity.

Also, you will see a new #10 on page 3, under the "resolved" portion of the resolution. This addition requires that the study include "recommendations for programs and practices that encourage healthy and balanced fitness and nutritional choices."

Certainly, this interim study committee would strive to:

- 1) determine the extent of the problem in our state, including how it affects health care and work place productivity;
- 2) assess existing resources and what resources might be available to address this problem;
- 3) ascertain the direct or indirect effects imposed by a 24-hour lifestyle that involves a highly transient population; and
- 4) evaluate and promote the "best practices"—in Nevada and elsewhere—that could provide healthy choices and alternatives to the people of our state.

Based on what is determined by the study, the committee would be able to:

- 1) facilitate efforts to establish policies, practices, and programs that could improve the health status of the people who call Nevada home;
- 2) encourage effective public-private partnerships and health-care collaborations between health professionals and organizations throughout the state; and
- 3) create and promote education and public information efforts to provide healthy alternatives to and for the people of our state.

For these and so many other reasons, I urge the Committee's support for Senate Concurrent Resolution 13. Thank you.