



K A N S A S

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Testimony

**HB2208: Establishing a Task Force on the Prevention and Treatment of Obesity
Presented to the
House Health and Human Services Committee
by
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Good afternoon. My name is Roderick L. Bremby, Secretary of Kansas Department of Health and Environment (KDHE). Chairman Morrison and members of the Committee, I appreciate the opportunity to address you regarding House Bill 2208, which establishes a task force on the prevention and treatment of obesity.

The stated purpose of establishing this task force is to analyze the extent and consequences of obesity and develop recommendations for an integrated statewide plan to prevent and reduce obesity. The growing prevalence of obesity in the general population and its subsequent health and economic impact certainly warrants the attention of state and local policy makers.

Kansas has not escaped the obesity epidemic. Data from the 2003 Kansas Behavioral Risk Factor Surveillance System (BRFSS) indicate that 60.5% of adults ages 18 years and older in Kansas are overweight and obese. 60.5% of adults ages 18 years and older in Kansas translates to an estimated 1,184,000 individuals who are overweight or obese. 37.8% of adults ages 18 years and older (approximately 740,000 adults) were overweight and 22.7% of adults ages 18 years and older (approximately 444,000 adults) were obese. According to 1992-2003 Kansas BRFSS data, the prevalence of obesity among adults has increased by almost 70% since 1992.

Adults are not the only victims of this epidemic. According to the 2002-2003 Kansas Youth Tobacco Survey, 11% of adolescents in grades 6-12 are overweight (body mass index \geq 95th percentile for age and sex). 13.6% of adolescents in grades 6-12 were at risk of overweight (body mass index \geq 85th percentile but less than 95th percentile for age and sex).

The estimated annual total direct medical cost attributed to obesity among adults in Kansas was \$657 million. This accounts for 5.5% of all medical expenditures. The estimated annual Medicare expenditures (direct medical cost) attributed to obesity among adults in Kansas were \$138 million. This accounts for 6.4% of all medical expenditures. The estimated annual Medicaid expenditures (direct medical cost) attributed to obesity among adults in Kansas were \$143 million, which accounts for 10.2% of all medical expenditures. These

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estimates are limited to direct medical costs and do not include indirect costs such as absenteeism and decreased productivity attributed to obesity. All above-mentioned information was developed using data from primary data sets that include: 1998 Medical Expenditure Panel Survey (MEPS) data set, 1996 & 1997 National Health Interview Surveys (NHIS) data sets and 1998-2000 BRFSS data sets. (Source: Finkelstein E.A., Fiebelkorn I.C., Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*. 2004; 12(1): 18-24).

Recognizing that obesity has reached epidemic proportions, KDHE, as part of the Governor's overarching Healthy KANSAS plan, has developed the **Healthy KANSAS: Taking Steps Together** initiative. This initiative is designed to target three different preventable behaviors-- physical inactivity, poor nutrition and tobacco use-- in three different populations-- children in schools, adults in the workplace and seniors. For children in schools, we are working with the Kansas State Department of Education to coordinate this effort through the Coordinated School Health Program, the focus of which is to promote tobacco use prevention, physical activity, nutrition and obesity prevention through a coordinated school health approach that engages the broader community in supporting the schools' initiatives to improve child health.

In addition, the Governor recently announced the establishment of a Child Health Advisory Committee as part of the KDHE initiative. The 15-member committee will identify state priorities for child health and promote policies to improve the health of Kansas children. The process of making appointments to the Committee will begin immediately, and an initial meeting of the members is scheduled to occur before the Legislature adjourns. KDHE is also currently working to reconvene the Governor's Council on Fitness and researching guidelines for presenting fitness awards and healthy community designations.

For adults in the workplace, we are working with other partners to design a model workplace wellness plan for state employees as well as private businesses. One goal is to provide a "tool kit" on the Healthy KANSAS website (www.healthykansas.org) that would address strategies for on-site weight management and nutrition classes, employee sponsored physical activity programs and healthy food options. Finally, for Kansas seniors, KDHE will work with the Department on Aging to provide technical assistance for local wellness programs for seniors; expand the senior farmers' markets; and encourage community gardens.

House Bill 2208 proposes to address the health and economic impacts of obesity in Kansas by establishing a task force comprised of professionals appropriate for making recommendations and working towards common objectives related to prevention and treatment issues. The agency believes the components of Healthy KANSAS: *Taking Steps Together* initiative will address the issue of obesity in a comprehensive manner and will achieve many of the same goals outlined in HB 2208. The agency applauds your recognition of the serious health impacts of obesity and welcomes your assistance in developing a response to this epidemic in our state.

To the extent possible, I request that the components of this bill that address the underlying causes of obesity be addressed through the Healthy KANSAS: *Taking Steps Together* initiative. Doing so would result in greater coordination, administrative efficiency, and ultimately a greater level of success.

Thank you for your time and I will be happy to stand for any questions.