THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: Young adults who eat frequently at fast-food restaurants gain more weight and have a greater increase in insulin resistance in early middle age, according to a large multi-center study funded by the National Heart, Lung, and Blood Institute (NHLBI) and published in the January 1 issue of *The Lancet*. After 15 years, those who ate at fast-food restaurants more than twice each week compared to less than once a week had gained an extra ten pounds and had a two-fold greater increase in insulin resistance, a risk factor for type 2 diabetes. Diabetes is a major risk factor for heart disease."Obesity and diabetes are on the rise in this country and this important study highlights the value of healthy eating habits," said NHLBI Acting Director Barbara Alving, M.D. Additional details are included in this Washington Report.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Legislation cited in the report can be

accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

APPROPRIATIONS COMMITTEE CHANGES CHAIRMEN – The 109th Congress was sworn in this week and new Chairmen of the House and Senate full Appropriations Committees were selected. In the House the new Chairman is Jerry Lewis (R-CA) who won the support of the Republican Leadership with his pledges to pass all appropriations bills on time and under-budget. Rep. Lewis appears to be well-regarded by Democrats as well as Republicans. He claims a strong track record of budget-cutting during Chairmanship of the VA-HUD Appropriations Subcommittee and later as Chairman of the Defense Appropriations Subcommittee and states he will not tolerate budgetary gimmicks to get around spending controls. He is also said to support Majority Leader DeLay's interest in reforming the appropriations process both by reducing and re-assigning established appropriations staff to keep them from becoming too invested in certain agencies and programs and possibly by reducing the number of Subcommittees from 13 to 10. Also in the mix are proposals to create a new Intelligence Appropriations Subcommittee, which is under strong consideration in the Senate. Reorganization is the main topic for discussion at an upcoming meeting of the House and Senate Republican Leadership and the new Appropriations Chairmen expected to be held toward the end of January. Subcommittee Chairs will be determined at that time as well, although whether there will be 13, or less, and whether their agency jurisdiction will be altered, or not, is on the table.

In the Senate, the new Appropriations Chairman is Thad Cochran (R-MS), who is well-known to the public health community as a long time Member of the Senate Labor-HHS-Education Subcommittee. He has a solid track record of support for many health programs as his state is a major beneficiary of federal funding.

Depending on what happens with the reorganization discussion in late January, it is expected that Mr. Ralph Regula (R-OH), current House Labor-HHS-Education Subcommittee Chairman, and Sen. Arlen Specter (R-PA), current Senate Labor-HHS-Education Subcommittee Chairman, will retain their gavels. At this point there are no vacancies on the House Subcommittee's Member roster, but a few Members may shift to other Subcommittees whether or not there is a significant reorganization. The Senate Subcommittee has one vacancy: Sen. Ernest Hollings (D-SC) who has retired. Because Republicans gained seats in the November election bringing the ratio to 55-45, the Democrats will need to relinquish Committee and Subcommittee seats. Sen. Hollings will not be replaced and a Republican is likely to be added to the Subcommittee.

LATEST IOM GULF WAR REPORT CONFIRMS LINK BETWEEN LUNG CANCER AND COMBUSTION PRODUCTS; EVIDENCE ON OTHER HEALTH PROBLEMS IS INCONCLUSIVE -- The available evidence is too sparse or of insufficient quality to determine whether the majority of health problems that may be experienced by Gulf War veterans could be associated with exposures to fuels for military vehicles, propellents in Scud missiles, or substances given off by combustion sources such as oil-well fires, exhausts, and tent heaters, according to the latest report on

the Gulf War and health from the Institute of Medicine of the National Academies. However, data from studies of occupational and environmental exposures to air pollution, vehicle exhaust, and other combustion products led the committee that wrote the report to conclude that exposure to such substances is associated with an increased risk of lung cancer.

"Studies of people exposed to air pollution, vehicle exhaust, and burning of coal or other heating and cooking fuels consistently show that such exposures are linked to an increased risk for developing lung cancer," said committee chair Lynn Goldman, professor, Bloomberg School of Public Health, Johns Hopkins University, Baltimore. "This provides sufficient evidence that exposure to combustion products during the Gulf War could be associated with lung cancer in some veterans." Military personnel may have encountered combustion products from diesel-fueled heaters in poorly ventilated tents, cooking stoves, vehicle exhaust systems, and oil-well fires. "It should be emphasized that smoking is the major culprit for lung cancer, accounting for 80 percent of all cases, according to the American Cancer Society," Goldman added.

The committee also found some evidence that exposure to combustion products is linked to asthma and cancers of the nose, mouth, throat, and bladder, as well as to low birth weight and premature births in women exposed while pregnant; the data were weaker in these cases, however. The data on whether the majority of cancers, neurological problems, and other health problems are associated with exposure to fuels, propellants, or combustion products were inadequate to draw conclusions. "While we would like to have more definitive answers to questions about the specific diseases that may be associated with these substances, in most cases the evidence simply is not strong enough or does not exist," Goldman said.

Because scant information exists on actual exposure levels experienced by individual service members -- a critical factor when assessing health effects -- the committee could not draw specific conclusions about Gulf War veterans' chances of developing lung cancer or any other health problems as a result of exposures. No systematic monitoring of air contamination from oil-well fires was conducted in the Persian Gulf region until May 1991, and this monitoring did not measure levels of contamination produced by other combustion sources, such as heaters or engines. Moreover, no data are available that would allow comparisons between levels of exposure to air contaminants during the Gulf War and exposures to similar contaminants in civilian occupational and environmental settings.

Veterans who have experienced chronic health problems following their service in the Persian Gulf region are asking whether exposure to various chemical, biological, or environmental agents might be responsible. This IOM report is the third in a series that responds to requests from the U.S. Department of Veterans Affairs and Congress to examine the health effects of potentially harmful agents to which Gulf War veterans might have been exposed. The first report focused on potential health effects from depleted uranium, pyridostigmine bromide, sarin, and vaccines; the second centered on

insecticides and solvents. These reports did not directly assess whether health effects could occur as a result of service in the Gulf War.

For the current report, the committee evaluated the published, peer-reviewed research on exposure to unburned fuels, combustion products, and hydrazines and nitric acid -- components of the propellant used for Scud and other missiles -- for any evidence of links to specific cancers, neurological effects, or other health problems that persist after exposure. More than 600 oil-well fires were ignited in Kuwait by retreating Iraqi troops during the Gulf War conflict, sending up large plumes of smoke that occasionally remained low to the ground. Troops also may have been exposed to combustion products through vehicle exhaust, heaters in poorly ventilated tents, and cooking stoves. Military personnel may have had contact with hydrazines and nitric acid when they disarmed or disposed of Scud missiles or were downwind of a missile explosion. They also may have come into contact with fuels when refueling ground vehicles, aircraft, and equipment.

Of the approximately 800 studies reviewed in detail for this report, most involved individuals who were exposed to these agents in occupational settings over long periods of time. Only a small number actually studied veterans who may have been exposed while serving in the Persian Gulf. The committee carefully assessed the quality, limitations, and relevance of each epidemiologic study, and used five categories to describe the strength of the evidence.

Sufficient evidence of a causal relationship, the strongest level of evidence, means that many studies have established a clear link between exposure to an agent and a health outcome. Among the other requirements, there must be a plausible biological explanation for the relationship. None of the compounds evaluated in this report met these criteria.

Evidence that establishes a link between exposures and a health outcome with reasonable certainty, but fails to meet the higher standard of proof needed for causality, is characterized as sufficient evidence of an association. The evidence for an association between lung cancer and combustion products falls into this category.

When a limited number of studies suggest that a link exists, but without reasonable certainty, the evidence is said to be limited or suggestive of an association. This category describes the evidence for links between combustion products and nasal, oral, laryngeal, and bladder cancers; asthma; and low birth weight and preterm births by women exposed while pregnant. Likewise, the evidence for an association between hydrazine exposure and lung cancer fits this definition.

If several studies of adequate quality consistently fail to show a positive association at any level of exposure, the evidence is described as limited or suggestive of no association. And evidence that lacks sufficient quality, consistency, or statistical power to draw any conclusion is judged to be inadequate or insufficient to determine whether an association exists. The majority of the evidence on fuels, combustion products, and propellants falls into this final category.

The study was sponsored by the U.S. Department of Veterans Affairs. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences.

EATING AT FAST-FOOD RESTAURANTS MORE THAN TWICE PER WEEK IS ASSOCIATED WITH MORE WEIGHT GAIN AND INSULIN RESISTANCE IN OTHERWISE HEALTHY YOUNG ADULTS -- Young adults who eat frequently at fast-food restaurants gain more weight and have a greater increase in insulin resistance in early middle age, according to a large multi-center study funded by the National Heart, Lung, and Blood Institute (NHLBI) and published in the January 1 issue of *The Lancet*.

After 15 years, those who ate at fast-food restaurants more than twice each week compared to less than once a week had gained an extra ten pounds and had a two-fold greater increase in insulin resistance, a risk factor for type 2 diabetes. Diabetes is a major risk factor for heart disease.

“Obesity and diabetes are on the rise in this country and this important study highlights the value of healthy eating habits,” said NHLBI Acting Director Barbara Alving, M.D.

Fast-food consumption has increased in the United States over the past three decades. “It’s extremely difficult to eat in a healthy way at a fast-food restaurant. Despite some of their recent healthful offerings, the menus still tend to include foods high in fat, sugar and calories and low in fiber and nutrients,” said lead author Mark Pereira, Ph.D., assistant professor of epidemiology at the University of Minnesota. People need to evaluate how often they eat meals at fast-food restaurants and think about cutting back, according to Pereira.

One reason for the weight gain may be that a single meal from one of these restaurants often contains enough calories to satisfy a person’s caloric requirement for an entire day.

Participants were asked during the physical examinations given as part of the study how often they ate breakfast, lunch or dinner at fast-food restaurants. Researchers found that the adverse impact on participants’ weight and insulin resistance was seen in both blacks and whites who ate frequently at fast-food restaurants, even after adjustment for other lifestyle habits.

Study participants included 3,031 young black and white adults who were between the ages of 18 and 30 in 1985-1986. The participants, who were part of the Coronary Artery Risk Development in Young Adults (CARDIA) study, received dietary assessments over a 15-year period. CARDIA centers are located in Birmingham, AL, Chicago, IL, Minneapolis, MN, and Oakland, CA.

According to the study, men visited fast-food restaurants more frequently than women and blacks more frequently than whites. Black men reported an average frequency of 2.3 visits per week in 2000-01. White women had the lowest frequency, at an average of 1.3 visits per week in 2000-01.

“It is important to watch carefully what you eat, especially at a fast-food restaurant. Knowing the nutritional content is important. Consumers may want to ask for this information,” said NHLBI’s Gina Wei, M.D., project officer for CARDIA. Salads and grilled foods tend to be lower in fat than fried foods, she said.

Keep portion sizes small, and ask that high-fat sauces and condiments, such as salad dressing and mayonnaise, be “on the side” and use them sparingly to reduce calories, Wei said.

NEW AHRQ DIABETES CARE RESOURCE GUIDE OFFERS HELP TO STATES -- HHS' Agency for Healthcare Research and Quality, in partnership with the Council of State Governments, December 21 released *Diabetes Care Quality Improvement: A Resource Guide for State Action* and its companion workbook, both of which are designed to help States assess the quality of diabetes care and develop quality improvement strategies.

"As the lead federal agency supporting research in the quality, cost effectiveness, and safety of health care, AHRQ is arming health care professionals, policymakers, and local leaders with evidence-based information designed to facilitate improvements in diabetes care," said AHRQ Director Carolyn M. Clancy, M.D.

Diabetes Care Quality Improvement: A Resource Guide for State Action and the companion workbook provide an overview of the factors that affect quality of care for diabetes, present the core elements of health care quality improvement, assist State policymakers in using the data from AHRQ's 2003 *National Healthcare Quality Report* for planning State-level quality improvement activities, and provide a variety of best practices and policy approaches that national organizations, the Federal government, and States have implemented related to diabetes quality improvement.

"State leaders often say they need two things to make sound decisions: good data and information about best practices. This new resource from AHRQ provides just that," said Daniel M. Sprague, Executive Director of the Council of State Governments. "It contains a wealth of data on diabetes care quality as well as information on promising practices that States have implemented to improve diabetes care."

The workbook includes six modules developed for State leaders as well as officials in State health departments, Diabetes Prevention and Control Programs, and Medicaid offices. Some modules are targeted for senior leaders responsible for making the business case for diabetes quality improvement and taking action, while other modules provide the information necessary for program staff to develop and implement a quality improvement strategy. The goal is that all groups involved in diabetes care work together as a team to improve the quality of diabetes care.

Diabetes Care Quality Improvement: A Resource Guide for State Action and its companion workbook can be found online at www.ahrq.gov/qual/diabqualoc.htm. Printed

copies may be ordered by calling 1-800-358-9295 or by sending an E-mail to ahrqpubs@ahrq.gov.

TEEN DRUG USE DECLINES 2003-2004, BUT CONCERNS REMAIN ABOUT INHALANTS AND PAINKILLERS -- According to the Department of Health and Human Services, results from the annual Monitoring the Future (MTF) survey indicate an almost 7 percent decline of any illicit drug use in the past month by 8th, 10th, and 12th graders combined from 2003 to 2004. Trend analysis from 2001 to 2004 revealed a 17 percent cumulative decline in drug use, and an 18 percent cumulative drop in marijuana past month use.

"These positive findings demonstrate the commitment by many, including -- researchers, federal agencies, states, parents, teachers, local communities, and teens themselves to work together to reduce drug use among our youth," HHS Secretary Tommy G. Thompson said. "We need to continue our efforts to educate parents and teens about the consequences of drug abuse."

The Monitoring the Future survey is designed to measure drug, alcohol, and cigarette use and related attitudes among 8th, 10th, and 12th grade students nationwide. This year, 49,474 students from 406 public and private schools participated in the survey, which is overseen by NIH's National Institute on Drug Abuse (NIDA), and conducted by the University of Michigan. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month.

"There are now 600,000 fewer teens using drugs than there were in 2001," said John Walters, Director of National Drug Control Policy. "This is real progress. We know that if we can prevent kids from trying drugs in their teenage years, we dramatically reduce the likelihood that they will go on to have problems later in life. The results released today are good news for American parents and teens, and great news for our country."

The positive findings comparing 2004 to 2003 related to individual drugs show:

* past month use of marijuana declined significantly among 8th graders;
* steroid lifetime use decreased among 8th and 10th graders;
* past year steroid use decreased for 8th graders;
* lifetime use of LSD decreased significantly among 12th graders;
* there were significant increases in the perception of harm from cigarette smoking among 8th and 10th graders;
* methamphetamine use in the past month, past year and lifetime decreased among 8th graders; and,
* past year use of GHB and ketamine declined among 10th graders.

In 2004, lifetime cigarette smoking decreased in 10th graders, following declines in lifetime use in all grades from 2002 to 2003. There was also evidence of a decrease in

heavier smoking among 10th graders with a significant decline in smoking of 1⁄2 pack of cigarettes or more per day.

The survey noted some areas that raise concern. For example, while the rates of Vicodin abuse did not change significantly from 2003 to2004, Vicodin was used by 9.3 percent of 12th graders, 6.2 percent of 10th graders and 2.5 percent of 8th graders in the past year. OxyContin was used in the past year by 5 percent of 12th graders, 3.5 percent in 10th graders and 1.7 percent of 8th graders in 2004. These rates were not significantly different from the rates in 2003; however, when all three grades were combined, there was a significant increase in past year OxyContin use between 2002 and 2004.

"We're pleased that the survey indicates that overall drug use is continuing to decline. However, it does show an increase in the use of painkillers. We need to target children and young people and warn them about the dangers of abusing these powerful medicines that can help those who need them and can potentially harm those who take them without talking to their doctors first," said NIH Director Dr. Elias Zerhouni.

The 2004 data also show that lifetime inhalant use for 8th-graders increased significantly. Inhalants are easily accessible in the form of household and office products. Commonly abused inhalants include glue, shoe polish, and gasoline.

"We are concerned about the increasing number of 8th graders using inhalants. Research has found that even a single session of repeated inhalant abuse can disrupt heart rhythms and cause death from cardiac arrest or lower oxygen levels enough to cause suffocation. Regular abuse of these substances can result in serious harm to vital organs including the brain, heart, kidneys, and liver," said NIDA Director Dr. Nora D. Volkow.

The MTF survey is funded by NIDA, and has been conducted since its inception in 1975 by the University of Michigan. The information helps identify potential drug problem areas and ensure that resources are targeted to areas of greatest need. Other Surveys MTF is one of three major HHS-sponsored surveys that provide data on substance use among youth. Its website is http://monitoringthefuture.org.

The National Survey on Drug Use and Health (NSDUH), sponsored by HHS' Substance Abuse and Mental Health Services Administration (SAMHSA), is the primary source of statistical information on illicit drug use in the U.S. population 12 years of age and older. Formerly known as the National Household Survey on Drug Abuse, the survey collects data in household interviews, currently using computer-assisted self-administration for drug-related items. More information is available at http://www.drugabusestatistics.samhsa.gov.

The Youth Risk Behavior Survey (YRBS), part of HHS' Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, is a school survey that collects data from students in grades 9-12. The survey includes questions on a wide variety of health-related risk behaviors. More information is available at

http://www.cdc.gov/nccdphp/dash/yrbs/index.htm. Additional details are also available at http://www.drugabuse.gov/DrugPages/MTF.html.