THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: -- In response to the growing epidemic of childhood obesity in this country (see lead article in the Washington Report), the U.S. Department of Health and Human Services (HHS) has developed two DVDs to teach children and their parents about smart eating and physical activity, and to educate clinicians about the best ways to prevent and treat obesity in children. HHS' Agency for Healthcare Research and Quality (AHRQ) has partnered with FitTV, the newest network from Discovery Networks, U.S., to produce a fun and interactive DVD for children and their parents called *Max's Magical Delivery: Fit for Kids*. -- additional details are provided 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 UPDATE – A Continuing Resolution (CR) (H.J. Res. 107) to fund all non-defense government operations at the FY 2004 level through November 20th

was enacted just prior to the start of the new federal fiscal year on October 1, 2004. Programs of concern to public health groups are contained within the FY 2005 Labor, Health and Human Services and Education Appropriations bill which has been passed by the House and the Senate Appropriations Committee, but not the full Senate. Efforts are currently underway to negotiate final funding levels for the bill and wrap it into a large omnibus appropriations bill that the lame-duck Congress will take up on November 20th. How successful a lame-duck session will be in finishing appropriations bills is unknown.

LEGISLATIVE UPDATE – The House Energy and Commerce Committee, on a vote of 30-15, approved the National Uniformity for Food Act of 2003 (H.R. 2699) on September 30th. California Representatives on the Committee raised vehement objections to the bill which would pre-empt stricter state food safety laws in favor of uniform federal safety standards. The bill would give states six months to change their food labeling and notification statutes to match federal standards and states would be prohibited after that time from enforcing differing standards. Californians on the committee said the bill would effectively overturn their strict food safety standards, in particular an 18-year-old law that requires consumer notification of exposure to toxic substances.

There is no corresponding legislation in the Senate and it is unclear if the House will try to pass the bill under an expedited process reserved for non-controversial legislation, given the objections raised in Committee. Congress is likely to adjourn at the end of this week. Other possible strategies proponents may pursue is through the FY 2005 Agriculture, Rural Development and Related Agencies Appropriations bills which will be wrapped into an omnibus bill for consideration by a lame-duck session, or the new 109 th Congress – see Appropriations Update above. Below is a Congressional Research Service summary of H.R. 2699:

"National Uniformity for Food Act of 2003 - Amends the Federal Food, Drug, and Cosmetic Act (FDCA) to prohibit any State or political subdivision from establishing or continuing in effect as to any food in interstate commerce any requirement for food that is not identical to specified FDCA provisions.

Prohibits any State or political subdivision from establishing or continuing in effect any notification requirement for a food that provides for a warning concerning the food's safety that is not identical to FDCA provisions. Allows current State notification or food safety requirements to continue for 180 days after the enactment of this Act, during which such State may petition for an exemption or a new national standard. Allows a State to petition for an exemption and for a national standard regarding any requirement under the FDCA, as amended by this Act, or the Fair Packaging and Labeling Act relating to food regulation. Allows a State to establish a requirement that would otherwise violate FDCA provisions relating to national uniform nutrition labeling or this paragraph if the requirement is needed to address an imminent hazard to health that is likely to result in serious adverse health consequences and if other requirements are met."

NATIONAL EFFORT URGENTLY NEEDED TO COMBAT CHILDHOOD OBESITY; ACTIONS REQUIRED BY SCHOOLS, FAMILIES, COMMUNITIES, INDUSTRY, AND GOVERNMENT -- Reversing the rapid rise in obesity among American children and youth will require a multipronged approach by schools, families, communities, industry, and government that would be as comprehensive and ambitious as national anti-smoking efforts, according to a new report from the Institute of Medicine of the National Academies. While no single intervention or group acting alone can stop the epidemic of childhood obesity, the steps recommended by the committee that wrote the report all aim to increase and improve opportunities for children to engage in physical activity and eat a healthy diet.

"We must act now and we must do this as a nation," said Jeffrey Koplan, vice president for academic health affairs, Emory University, Atlanta, and former director of the Centers for Disease Control and Prevention. Koplan chaired the committee of 19 experts in child health, nutrition, fitness, and public health who developed the report in response to a request from Congress for an obesity prevention plan based on sound science and the most promising approaches. "Obesity may be a personal issue, but at the same time, families, communities, and corporations all are adversely affected by obesity and all bear responsibility for changing social norms to better promote healthier lifestyles," Koplan added. "We recognize that several of our recommendations challenge entrenched aspects of American life and business, but if we are not willing to make some fundamental shifts in our attitudes and actions, obesity's toll on our nation's health and well-being will only worsen."

Among specific steps recommended by the report is a call for schools to implement nutritional standards for all foods and beverages served on school grounds, including those from vending machines. The committee also recommended that schools expand opportunities for all students to engage in at least 30 minutes of moderate to vigorous physical activity each day.

The report also calls on the food, beverage, and entertainment industries to voluntarily develop and implement guidelines for advertising and marketing directed at children and youth. Congress should give the Federal Trade Commission the authority to monitor compliance with the guidelines and establish external review boards to prohibit ads that fail to comply. Restaurants should continue to expand their offerings of nutritious foods and beverages, and should provide calorie content and other nutrition information.

Parents must play their part as well, by providing healthy foods in the home and encouraging physical activity by limiting their children's recreational TV, videogame, and computer time to less than two hours a day, among other means.

Community organizations and state and local governments can make a difference by implementing programs that promote nutrition and regular physical activity and by supporting the establishment or revision of zoning ordinances and comprehensive plans to include or enhance sidewalks, bike paths, parks and playgrounds, and other recreational facilities.

The committee did not call for a "junk food tax" or the repeal of agricultural subsidies. However, it did recommend that federal programs such as the Food Stamp Program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) support pilot programs to increase participants' access to nutritious foods including fruits and vegetables.

Schools' Influence on Healthy Eating, Exercise

New policies are urgently needed to ensure that all foods and beverages available at schools are consistent with nutrition guidelines, the report says. There has been a rapid increase in the availability and marketing of foods such as vending-machine sodas and snacks, and other high-calorie, low-nutrient foods and beverages that compete with those offered through federal school-meal programs, the report says. A 2000 report from the General Accounting Office found that competitive foods were sold in 98 percent of secondary schools, 74 percent of middle schools, and 43 percent of elementary schools. While the U.S. Department of Agriculture requires school meals to follow its Dietary Guidelines for Americans, federal restrictions on competitive foods and beverages are limited to prohibiting the sale of soft drinks and certain types of candy in cafeterias while meals are being served, although 21 states have imposed further restrictions.

Schools should implement new nutritional standards for all foods and beverages served or sold on their grounds. These standards should be developed by USDA in consultation with independent scientific advisers and should include standards for fat and sugar content. The committee recognized that many schools rely on funds raised by the sale of competitive foods and beverages and the advertising that may accompany these sales. Schools should develop and enact policies to make themselves as free of advertising as possible, the report says. As alternatives, other fund-raising activities, such as walkathons, should be encouraged.

To counter trends of decreasing physical activity among school-age children, schools should provide opportunities for students to engage in at least 30 minutes of moderate to vigorous physical activity daily, the report says. Schools should provide physical education classes that last 30 to 60 minutes each day. But because children have a variety of abilities and interests, schools also should expand opportunities beyond traditional physical education classes to create or enhance intramural sports, activity clubs, walking and biking to school, and other venues and programs.

The committee called on school health services to play a more prominent role in addressing obesity by measuring each student's weight, height, and body mass index (BMI) annually and providing the results to the students and families. Given that many adolescents do not get annual checkups, this information would help families become aware of any weight concerns and track their children's progress.

Healthy Eating and Activity at Home

Although many societal factors affect children's eating and activity habits, parents can exert a profound influence on their children by promoting healthy foods and an active lifestyle from an early age and serving as role models, the report says. Parents can encourage their children to develop a healthy, varied diet by introducing new foods in a persistent but noncoercive fashion. Studies show that repeated exposure is most critical during the early years of life and that it can take five to 10 exposures to a new food before a child will accept it. In addition, parents should consider smaller portion sizes, encourage children to stop eating when they feel full, and avoid using food as a reward.

Parents also should stock their homes with healthy products, particularly fruits and vegetables, to encourage their kids to choose them as snacks. Many concerns have been raised about whether increased consumption of sweetened beverages, such as soft drinks and flavored drinks, is linked to the rise of childhood obesity. By the time they are 14 years old, 52 percent of boys and 32 percent of girls are drinking three or more eight-ounce servings of soda a day. The links between sweetened beverage consumption and BMI are not definitive, the report notes. However, the committee recommended that children be encouraged to avoid sodas and other high-calorie, low-nutrient beverages because of concerns about excessive consumption of "empty calories" and displacement of beverages containing fewer calories and more nutrients.

Caregivers can encourage children to make physical activity a regular part of their lives by engaging in active play or sports with them, providing equipment and opportunities, and by cheering on children's active pursuits. In addition, parents should decrease their children's inactivity by limiting recreational TV viewing as well as video and computer game playing to less than two hours a day. Studies have shown that the prevalence of obesity is highest among kids who watch several hours of television each day or who have TV sets in their bedrooms. The committee noted that the limit applies only to recreational screen time and does not preclude the use of computers and other media for educational purposes.

Industry Contributions to Addressing Obesity

The food and beverage industries spend $10 billion to $12 billion annually marketing directly to children and youth, the committee found. The average child views more than 40,000 TV commercials each year and more than half of TV ads directed at kids promote high-calorie foods and beverages such as candy, snack foods, fast foods, soft drinks, and sweetened breakfast cereals. In addition, the entertainment industry promotes many products that encourage sedentary behaviors.

While research suggests that the cumulative impact of long-term exposure to such advertisements may adversely affect kids' eating habits and activity levels, there is insufficient causal evidence that directly links advertising to childhood obesity and that would support calling for a ban on all food and beverage advertising to children. Instead, the committee recommended an approach to the marketing of foods, beverages, and sedentary leisure pursuits to kids that would be similar to that recommended for controlling alcohol advertising.

The U.S. Department of Health and Human Services should convene a national conference of industry, business, and public health representatives as well as other stakeholders to establish standards for marketing foods, beverages, and sedentary entertainment, and guidelines for evaluating the effectiveness of the standards. The industries would be responsible for implementing the standards and guidelines. Monitoring mechanisms and advertising codes should be used by the industries and external review groups, such as the Children's Advertising Review Unit of the Better Business Bureau, to enforce the guidelines. Furthermore, Congress should empower the Federal Trade Commission with the regulatory authority to monitor compliance, scrutinize marketing practices, and establish external review boards to investigate complaints and to prohibit ads that may be deceptive or that have "particular appeal" and conflict with principles of healthful eating and physical activity.

Given Americans' increasing reliance on prepared foods and restaurants for meals and snacks, food packages and restaurant menus or displays should enhance the nutrition information they provide, to help consumers make informed choices, the report says. The Nutrition Facts panels on food and beverage packages should prominently state the total calorie content for items typically consumed all at once, to dispel confusion created when a package contains more than one serving. The Food and Drug Administration should examine ways to give the food and beverage industry greater flexibility in making truthful, non-misleading nutrient or health claims about their products, such as characterizations of products as high or low in certain nutrients. More restaurants should expand their offerings to include healthier meal options and provide nutrition information on menus or at the point of sale.

Impact of Communities on Obesity

State and local governments need to work with developers and community groups to find ways to increase opportunities for physical activity in communities and neighborhoods. In many areas, children do not have safe places to bike, walk, play games, and otherwise be physically active because of traffic, lack of land, or high crime rates. Also, local communities should encourage access to healthful foods. These issues are often of particular concern for subgroups of the population at high risk for obesity, such as low-income families who live in areas without recreational facilities or ready access to grocery stores that stock affordable fresh fruits and vegetables.

Community groups should advocate for changes to zoning and capital improvement policies to give higher priority to sidewalks, bike paths, parks and playgrounds, recreational centers, and other venues and opportunities for physical activities. Local governments should revise comprehensive plans and zoning ordinances to increase access to venues for activity and develop programs to encourage walking and bicycling to school.

Involvement of Health Professionals

Health insurers and health plans should designate childhood obesity prevention as a priority health issue and should include screening and obesity prevention services in routine clinical practice, the report says. While insurers have largely focused on the treatment of obesity, the high cost of this treatment provides insurers with an incentive to prevent the condition.

Pediatricians, family physicians, nurses, and other health care providers should actively discuss their patients' weight and BMI with parents and with the children themselves in a sensitive and age-appropriate manner. The report also recommends that parents seek information about their children's weight status from their health care providers. However, conversations about weight at the doctor's office can be difficult because of concerns about stigmatization and reluctance to recognize a challenging problem. Health professionals' training programs and professional organizations should require that knowledge and skills related to obesity prevention be incorporated into their curricula and examinations so that health professionals have the awareness and skills to tackle these issues.

The study was sponsored by the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion; Centers for Disease Control and Prevention; National Institute of Diabetes and Digestive and Kidney Diseases; National Institute of Child Health and Human Development; National Heart, Lung, and Blood Institute; the National Institutes of Health's Division of Nutrition Research Coordination; and the Robert Wood Johnson Foundation. 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.

HHS PARTNERS WITH DISCOVERY NETWORKS, U.S., AND CLINICIAN GROUPS ON NEW TOOLS TO HELP COMBAT CHILDHOOD OBESITY -- In response to the growing epidemic of childhood obesity in this country, the U.S. Department of Health and Human Services (HHS) has developed two DVDs to teach children and their parents about smart eating and physical activity, and to educate clinicians about the best ways to prevent and treat obesity in children. HHS' Agency for Healthcare Research and Quality (AHRQ) has partnered with FitTV, the newest network from Discovery Networks, U.S., to produce a fun and interactive DVD for children and their parents called *Max's Magical Delivery: Fit for Kids*.

The first DVD is a 30-minute tool designed for families and children ages 5 to 9 to provide them with fun ways to incorporate physical activity and healthy foods into their daily lives. The DVD features healthy tips from HHS Secretary Tommy G. Thompson on ways parents can take small steps to make changes in the way their families eat and exercise every day, a message from U.S. Surgeon General Richard Carmona, M.D., to kids about healthy eating, as well entertaining and informative segments with an energetic cast of child actors.

AHRQ is partnering with the American Academy of Pediatrics, the American Academy of Family Physicians, and other groups to distribute copies of the DVD to clinicians and encourage them to have their patients order additional copies.

"Eating healthy foods and being physically active every day are important ways to avoid becoming overweight or obese—for kids as well as for adults," said HHS Secretary Tommy G. Thompson. "I'm pleased that HHS is able to make available this important new tool to help families stay fit and to help clinicians talk to children and their parents about ways to do that."

Billy Campbell, President, Discovery Networks, U.S., said his company is excited to partner with HHS on this important public health initiative. "We are proud to assist HHS by providing this valuable service to children, their families, and health professionals," he said.

A second DVD called *Childhood Obesity: Combating the Epidemic* has also been produced in partnership with Discovery Health Channel for pediatricians, family physicians, and other health care providers to help them learn new methods for assessing and treating childhood overweight and obesity. It features a panel discussion with Donald Shifrin, M.D., a member of the obesity task force at the American Academy of Pediatrics; Rick Kellerman, M.D., a member of the board of directors of the American Academy of Family Physicians; and Francine Kaufman, M.D., who heads the Division of Endocrinology and Metabolism at Childrens' Hospital in Los Angeles. This 55-minute program provides helpful clinical tools such as body mass index measurement in children, in addition to tips for initiating and sustaining behavior change in children.

The program also began airing on the Discovery Health Channel on Sunday, September 26 (9:00 a.m. EDT), and will air every week through November 28. Free continuing education credits are available for children's health care providers, including nurse practitioners, through both the DVD version and the program on Discovery Health. Visit www.discoveryhealthcme.com for more information.

AHRQ RELEASES GUIDE TO USING ITS QUALITY INDICATORS FOR HOSPITAL QUALITY REPORTING AND PAYMENT -- The Agency for Healthcare Research and Quality (AHRQ) September 30 announced the availability of a new guide for using the Agency's Inpatient Quality Indicators or Patient Safety Indicators to report on hospital quality or make payment decisions. The *Guidance for Using the AHRQ Quality Indicators for Hospital-Level Public Reporting or Payment* can be downloaded from AHRQ's Quality Indicators Web site (www.qualityindicators.ahrq.gov/documentation.htm).

AHRQ's Quality Indicators are measurement tools that were originally developed by AHRQ and researchers at the University of California at San Francisco and Stanford University to help individual hospitals use their own discharge data to better understand and improve the care they provide. Hospitals and hospital associations have used them extensively for this purpose. More recently, the indicators have been used by state data

organizations, employers, health plans and others seeking to improve quality through public reporting and pay-for-performance initiatives. Given the expanding use and interest in the Quality Indicators, AHRQ created the guide to help answer questions about if, when, and how to use them for these new purposes.

"Improving the quality of America's health care system is a key priority for AHRQ, and the new guide will help those designing public reporting and payment initiatives identify measures that fit their local priorities and needs," said AHRQ Director Carolyn M. Clancy, M.D. "While the Quality Indicators aren't a one-size-fits-all solution and must be used carefully, they can help local hospitals and their communities use data right now to evaluate performance and ultimately provide better care."

The Quality Indicators measure outcomes that are of interest to consumers, such as patient safety and complication rates. The indicators also are based on data that hospitals already collect, which makes their use relatively accessible and inexpensive.

This guide is the first in a series of activities that will help users evaluate which individual indicators or groups of indicators they may want to incorporate into their local quality reporting or payment programs. The new guide helps users customize their use of the Quality Indicators, for example, if they wish to place greater or lesser emphasis on cardiac care, if they are in markets with a large or small number of high-volume hospitals, or if hospitals in their area have large variations in the quality of their data. The guide also suggests ways to best use the Quality Indicators, such as pairing data on deaths and volume indicators or using multiple years of data.

"The Quality Indicators are a boon to purchasers, consumers, and providers looking for insight into the quality of care provided in hospitals," said Christopher Queram, CEO of Employer Health Care Alliance Cooperative in Madison, WI. "In our experience, using the Quality Indicators to compare hospital performance has been a powerful tool to drive health care improvement."