THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

November 16, 2007 Volume 11, Number 20

INSIDE THIS ISSUE

EDITOR'S NOTE. Two CDC studies say adults with diabetes report they are doing better at the vital job of monitoring their blood sugar, and fewer say they've developed cardiovascular disease. Among people aged 35 years and older with diagnosed diabetes, the prevalence of cardiovascular disease decreased by over 11 percent over an eight year period, according to, " Trends in Prevalence of Self–Reported Cardiovascular Disease Among Adults with Diabetes Aged 35 Years and Older, United States, 1997 – 2005," published in CDC's Morbidity and Mortality Weekly Report (MMWR). The report's authors note the decrease may be due in part to declining rates of cardiovascular disease risk factors such as smoking, high cholesterol and high blood pressure, and to increased use of preventive treatments such as daily aspirin.-- 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.

HOUSE FAILS TO OVERRIDE PRESIDENT'S VETO OF THE LABOR-HHS-EDUCATION APPROPRIATIONS BILL – Following a complex set of procedures and votes that first combined the FY 2008 Labor-HHS-Education Appropriations bill with the Military Construction-Veterans Affairs Appropriation bill, and then separated the bills, the stand-alone conference report on the Labor-HHS-Education bill was sent to President Bush last week. Fulfilling his promise, he promptly vetoed it citing excessive spending – about $10 billion more than his budget request. The House took up a measure Thursday (Nov. 15th) to override the veto, but failed by two votes: 277-141. A two-thirds majority, 67 percent, of those present and voting was needed.

Contained in the bill is all funding for CDC and CSTE priorities, including $1 million for the CDC/CSTE Applied Epidemiology Fellowship Program. What happens next is still under development, but Senate Majority Leader Harry Reid (D-NV) and House Appropriations Chairman David Obey (D-WI) announced an offer they plan to make to the White House to cut the funding increases in the 11 remaining appropriations bills (the Department of Defense Appropriations bill is the only appropriations measure that has been signed into law) in half, from $22 billion to $11 billion. The bills are likely to be lumped into a giant omnibus bill with the popular Military Construction-Veterans Affairs bill in the lead. Tied to the offer is an effort to fund the Administration's $200 billion supplemental war request in smaller pieces and make passage contingent on troop withdrawals in Iraq.

However, while the House has passed the $50 billion funding/troop withdrawal bill, the Senate failed to adopt it yesterday before recessing for two weeks. What Democratic leaders will do next is unclear, but the possibility of a year-long continuing resolution, as happened last year, looms as a distasteful option to lawmakers, advocates and the White House alike.

HHS UNVEILS PLAN TO STRENGTHEN, UPDATE FOOD SAFETY EFFORTS -- HHS Secretary Mike Leavitt November 6 announced a comprehensive initiative by the Food and Drug Administration designed to bolster efforts to better protect the nation's food supply. The Food Protection Plan proposes the use of science and a risk-based approach to ensure the safety of domestic and imported foods eaten by American consumers.

"America's food supply is among the safest in the world, and we enjoy unprecedented choice and convenience in filling the cupboard. Yet, we face new challenges to meet both the changing demands of a global economy and consumers' expectations," Secretary Leavitt said. "This Food Protection Plan will implement a strategy of prevention, intervention and response to build safety into every step of the food supply chain."

HHS Deputy Secretary Tevi Troy and FDA Commissioner Andrew von Eschenbach, M.D., presented the Food Protection Plan at a press conference in Washington, D.C.

"FDA must keep pace with this transformation so that the safety of the nation's food supply remains second to none," said Commissioner von Eschenbach. "The Food Protection Plan calls for effective action before an outbreak occurs."

The Food Protection Plan, which focuses on both domestic and imported food, complements the Import Safety Action Plan delivered by Secretary Leavitt to the President earlier today that recommends how the U.S. can improve the safety of all imported products. This year, $2 trillion worth of goods will be imported into the U.S., and experts predict that amount will triple by 2015. The Import Safety Action Plan lays out a road map with short- and long-term recommendations to enhance product safety at every step of the import life cycle. Taken together, the two plans will improve efforts by the public and private sector to enhance the safety of a wide array of products used by American consumers.

Advances in food production technology, rapid methods of food distribution, and globalization have transformed supermarket shelves and restaurant menus, broadened the tastes of consumers, and challenged the existing food protection framework.

"Although our agency clearly needs to maintain and enhance its response capacity, the primary goal is to prevent contaminated food from ever reaching the consumer," said von Eschenbach.

The plan is premised on preventing harm before it can occur, intervening at key points in the food production system, and responding immediately when problems are identified. Within these three overarching areas of protection, the plan contains a number of action steps as well as a set of legislative proposals. Taken together, these efforts will provide a food protection framework that ensures that the U.S. food supply remains safe.

To strengthen its efforts to **prevent** contamination, FDA plans to strengthen support of food industry efforts to build safety into products manufactured either domestically or imported. The FDA will work with industry, state, local, and foreign governments to identify vulnerabilities and will look to industry to mitigate those vulnerabilities, using effective methods such as preventive controls.

The plan's **intervention** element emphasizes focusing inspections and sampling based on risk at the manufacturer and processor level, for both domestic and imported products, that will help verify the preventive controls. This approach is complemented by targeted, risk-based inspections at the points where foreign food products enter the United States, including ports.

The plan calls for enhancing FDA's information systems related to both domestic and imported foods to better **respond** to food safety threats and communicate during an emergency.

The Food Protection Plan's three core elements--prevention, intervention, and response--incorporate four cross-cutting principles for comprehensive food protection along the entire production chain:

• Focus on risks over a product's life cycle from production to consumption;
• Target resources to achieve greatest risk reduction;
• Use interventions that address both food safety (unintentional contamination) and food defense (deliberate contamination); and
• Use science and employ modern technology, including enhanced information technology systems.

The Food Protection Plan is available at http://www.fda.gov/oc/initiatives/advance/food/plan.html.

CARDIOVASCULAR DISEASE DECREASING AMONG ADULTS WITH DIABETES --Two CDC studies say adults with diabetes report they are doing better at the vital job of monitoring their blood sugar, and fewer say they've developed cardiovascular disease.

Among people aged 35 years and older with diagnosed diabetes, the prevalence of cardiovascular disease decreased by over 11 percent over an eight year period, according to, " Trends in Prevalence of Self–Reported Cardiovascular Disease Among Adults with Diabetes Aged 35 Years and Older, United States, 1997 – 2005," published in CDC's Morbidity and Mortality Weekly Report (MMWR). The report's authors note the decrease may be due in part to declining rates of cardiovascular disease risk factors such as smoking, high cholesterol and high blood pressure, and to increased use of preventive treatments such as daily aspirin.

Self–reported cardiovascular disease among black adults with diabetes decreased by more than 25 percent between 1997 and 2005. Blacks tend to have higher diabetes rates than whites and Hispanics, the other racial/ethnic groups included in the report.

The report, which analyzed self-reported data from the National Health Interview Survey (NHIS), also notes a 14 percent decrease in self–reported cardiovascular disease among adults aged 35–64 years with diabetes, the age range in which the majority of all new diagnosed cases of diabetes among adults occur. During 1997 to 2005, prevalence of self–reported cardiovascular disease in this age group decreased from 31.1 percent in 1997 to 26.7 percent in 2005.

" Cardiovascular disease is not only the leading cause of death for Americans, it is also the greatest killer of adults with diabetes," said Nilka Burrows, CDC's Division of Diabetes Translation and the lead author of the report. " While the trends in this report are very encouraging, it is important that we continue to take steps to help prevent and control diabetes, which will also aid in the fight against cardiovascular disease."

About 65 percent of deaths in people with diabetes are caused by heart disease and stroke. Adults with diabetes have heart disease death rates about two to four times higher

than adults without diabetes.

A second MMWR report, " Self-Monitoring of Blood Glucose Among Adults with Diabetes – United States, 1997 – 2006," found significant increases in daily monitoring of blood glucose levels among adults with diabetes. Using data from the Behavioral Risk Factor Surveillance System (BRFSS), researchers found that adults with diabetes who checked their blood glucose levels at least once a day increased by over 22 percent between 1997 and 2006.

In 2006, over 63 percent of respondents checked their blood glucose at least once daily. This surpassed the national health objective of 61 percent, as outlined in Healthy People 2010, a government framework for achieving specific health objectives by the year 2010.

Blood glucose is the main sugar that the body makes from the food we eat. Blood glucose control is critical for managing diabetes and preventing diabetes-related complications such as heart disease, foot and leg amputation, and retinopathy, which can lead to blindness.

" People are taking better advantage of a tool that can aid in making critical decisions about how to treat their diabetes," said Liping Pan, lead author of the report. " Continued education about diabetes self-management can help ensure that people have the knowledge to continue – or start – taking steps to prevent or control diabetes."

CDC, through its Division of Diabetes Translation, funds diabetes prevention and control programs in all 50 states, as well as the District of Columbia and seven U.S. territories and island jurisdictions. The National Diabetes Education Program, co–sponsored by CDC and NIH, provides diabetes education to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of diabetes.

For the full MMWR reports, visit www.cdc.gov/mmwr. For general information about diabetes, visit www.cdc.gov/diabetes.

NEW AHRQ REPORT RECOMMENDS USE OF EXISTING CALL CENTERS TO EXPAND COMMUNICATIONS IN PUBLIC HEALTH EMERGENCIES --
The U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) October 26 released *Adapting Community Call Centers for Crisis Support: A Model for Home-based Care and Monitoring*, a new report that recommends expanding the capabilities of poison control centers, nurse advice lines, drug information centers and health agency hotlines to assist persons at home or in public shelters in the event of public health emergencies such as biological attacks or pandemic influenza.

The report and its four appendices include strategies for using these types of community call centers in the event of aerosol anthrax attacks or the outbreak of pandemic influenza, plague or food contamination.

"Community call centers have long been a credible source that people can turn to for

health care information," said AHRQ Director Carolyn M. Clancy, M.D. "Leveraging these existing resources will allow clinics, outpatient departments and emergency departments to devote their attention to caring for those most in need of help."

"All public health emergencies begin at the local level," said HHS Assistant Secretary for Preparedness and Response RADM W. Craig Vanderwagen, M.D., whose office funded the report. "While preparedness is a process that is never completed, reports such as this demonstrate how we can continue to improve the community health services provided during emergencies."

The report was developed under contract by Denver Health, a member of the AHRQ-funded Accelerating Change and Transformation in Organizations and Networks (ACTION) project. Guidance was provided by a national advisory panel of experts in emergency call center services, public health and epidemiology, emergency preparedness planning, health informatics and other fields.

The strategies and tools are designed to help community call centers respond to callers concerned about their health risks; collect disease surveillance data; assist with sorting calls according to urgency and decision support for health concerns; assist with monitoring or contacting persons quarantined at home; help callers identify dispensed drugs, provide instructions on how to take them, and explain potential adverse reactions; and train health call center staff to identify callers who may benefit from referral to mental health care providers.

The appendices include a national planning scenario matrix that summarizes the 15 national planning scenarios developed by the U.S. Department of Homeland Security; an instructional document describing components of the HELP program, which is the operational platform of Denver Health's public health hotline; interactive response guidance for monitoring home-quarantined persons, identifying drugs and other needs; and information that call centers can use as part of a home management strategy for people with influenza.

Adapting Community Call Centers for Crisis Support: A Model for Home-based Care and Monitoring can be found online at http://www.ahrq.gov/prep/callcenters/. To order a printed copy, send an E-mail to ahrqpubs@ahrq.hhs.gov or call 1-800-358-9295.

AHRQ has funded more than 60 emergency preparedness-related studies, workshops, and conferences to help hospitals and health care systems prepare for public health emergencies. More information about these projects can be found online at http://www.ahrq.gov/prep/.