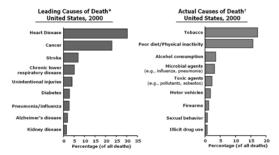
Think Medically, Act Socially Alex Kelter MD Chief, Epidemiology & Prevention for Injury Control (EPIC) California Department of Health Services Phone: (916) 552-9860 E-mail: Akelter@dhs.ca.gov Feeling Helpless? • The Diseases – Asthma, Obesity, Diabetes you can't keep up with it all because of... • The Dilemma – You can't heal your patient until we also heal our communities • The Therapy – Your New Practice extends beyond your patients individually. · YOU'VE DONE IT BEFORE!!! - Think "Lead" and "Tobacco". Community Adjuvant Therapy "Structural Prevention" - evoke more physical activity - Improve access to fresh fruits and vegetables - reduce short car trips - prevent disaster-related injuries (drowning, trauma).

Public Health	
 Achieve goals of social justice utilizing scientific methods 	
Emphasis on <i>primary</i> prevention	
Scientific methods	
Epidemiology	
• Statistics	
Survey researchLaboratory methods	
• etc.	
Parallels to medicine	
<u>Medicine</u> <u>Public Health</u> • individual patient • a community; the state	
physical exammonitor air, waterpolicy evaluation	
chief complaintprevalent conditionsdiagnosiscommunity diagnosis	
behavioral treatmentsurgerylaws, regs, education,engineering	

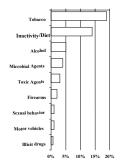


Minifo AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-12 f Molydad AH, Marks, 35. Stroug DF. Gerberding 3... Actual causes of death in the United States, 2000. 3AMA, 2004; 291(10):1238-1246.

Death Certificate Vs Actual Cause of Death US 2000

Root Causes of Death in the US, 1990

McGinnis & Foege. JAMA 1993;270:2207-2212



New Epidemics

Asthma

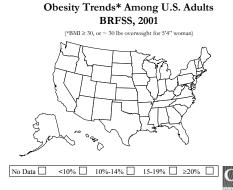
- Deaths increasing since 1970s
- Apparent link to exposure to air pollution

Obesity

- Prevalence increasing since 1960s
- · Apparent link to physical inactivity
- And perhaps to Super-sizing!

Is it really as bad as they say?	
to it really as bad as they say.	
yes	
Obesity Trends* Among U.S. Adults	
BRFSS, 1990 (*BMI ≥ 30, or ~ 30 lbs overweight for 5'4" woman)	
No Data <10% 10%-14% 15-19% ≥20% 1	
No Data 1076 1076-1478 13-1278 22076 Source: Mokdad AH.	
Obesity Trends* Among U.S. Adults	
BRFSS, 1995 (*BMI ≥ 30, or ~ 30 lbs overweight for 5'4" woman)	
No Data	

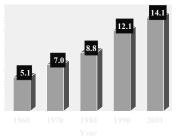




Statistics Never Lie



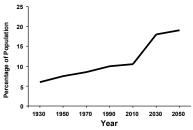
US Health Care Expenditures as Percent of GDP 1960 to Present



\$1.4 Trillion out of \$10.08 Trillion GDP in 2001

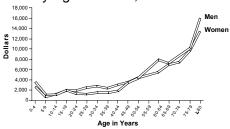
www.cms.hhs.gov/statistics/nhe/

An Aging Population Percentage of U.S. Population > Age 65



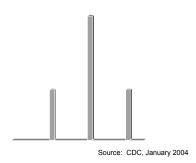
Source: From Baby Boom to Elder Boom: Providing Health Care for an Aging Population

Estimated Per Capita Health Expenditures by Age and Sex, 1995



Source: From Baby Boom to Elder Boom: Providing Health Care for an Aging Populatio

California's Obesity-Attributable Health Care Costs (Billions)

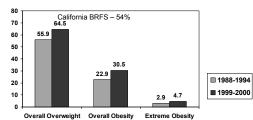


Cost of Overweight, Obesity & Physical Inactivity California, 2000

| Billions | State | S

Source: CDHS, Unpublished report, 2004

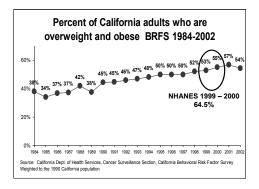
Measured Overweight for Adults Increased 15%, Obesity Increased 33%, and Extreme Obesity Increased 62% Between 1988 and 2000!1

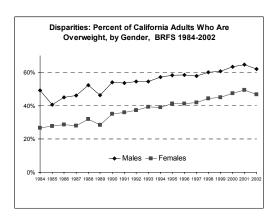


1988-94 and 1999-2000 National Health and Nutrition Examination Survey

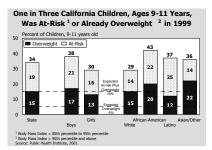
¹ Overweight = Any BMI ≥ 25; Obesity = BMI ≥ 30; Extreme Obesity = BMI ≥ 40

Source: Flegal et al. JAMA. 2002; 288(14):1772-3



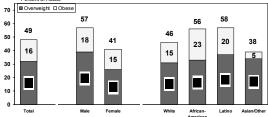


African-American, Latino, and Asian/Other **Children Were at Greatest Risk**



A Special Report on Policy Implications from the 1999 California Children's Healthy Eating and Exercise Practices Survey. The California Endowment. Rev. August 2002

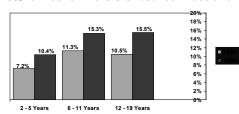
Gender and Racial/Ethnic Disparities in Overweight¹ and Obesity² Continue to Be Present Among California Adults in 2001



Overweight = Body Mass Index > 25 < 30

**Obese = Body Mass Index > 20 Sol
**Solves = Body Mass Index > 20 Sol
**Solf-reported data from 2001 California Dietary Practices Survey; Cancer Prevention and
Nutrition Section, California Department of Health Services
Totals may not add to 100% due to rounding.

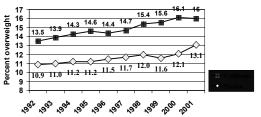
Measured Overweight¹ Increased 44% for Young Children, 35% for Elementary School Children and 48% for Teens in the U.S. between 1988 and 2000!



¹ Overweight = BMI > the 95th percentile 1988-94 and 1999-2000 National Health and Nutrition Examination Survey

Source: Ogdenetal. JAMA. 2002; 288: 1728-1732

Prevalence of Overweight* for Low-income Children Aged < 5 Years 19% Increase, 1992 - 2001



 Overweight = BMI > 95th percentile. Overweight is comparable to obesity adults.
 Source: California Dept. of Health Services, Children's Medical Services Branch, California Pediatric Nutrition Surveillance System

Diabetes Trends* Among Adults in the U.S., (Includes Gestational Diabetes) BRFSS 1995



Source: Mokdad et al., Diabetes Care 2000;23:1278-83.

Diabetes Trends* Among Adults in the U.S., (Includes Gestational Diabetes) BRFSS 1999



Source: Mokdad et al., Diabetes Care 2001;24:412.

Diabetes Trends* Among Adults in the U.S., (Includes Gestational Diabetes) BRFSS 2001



Diabetes Projected Risks:

For Babies Born in 2000

Girls: 38% lifetime risk

 If diabetic before age 40, Lifespan shortened by 14 years (Quality of life by 19 years)

Boys: 33% lifetime risk

If diabetic before age 40, Lifespan shortened by 12 years. (Quality of life by 22 years)

V Narayan et al: JAMA 8 Oct 2003

CDC: Diabetes to afflict 1 in 3 born in 2000 Scientist says lids must eath beathire; exercise more exercise more exercise more and an analysis of the same and th

US Obesity Woes Put a Strain on Hospitals



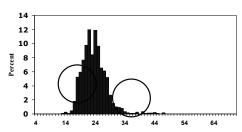


A New Super-Sized Market Segment



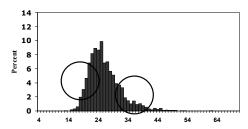
New York Times: Sept 28, 2003

Distribution of BMI for California adults, BRFS 1984



Source: California Dept. of Health Services, Cancer Surveillance Section, California Behavioral Risk Factor Survey Age-adjusted to the 1990 California population

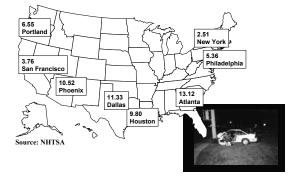
Distribution of BMI for California adults, BRFS 2003



Source: California Dept. of Health Services, Cancer Surveillance Section, California Behavioral Risk Factor Survey Age-adjusted to the 1990 California population

Prevalent and Relevant

Automobile fatality rates by city, 1998 (excluding pedestrian fatalities; deaths/100,000/year)



Depressive Disorders

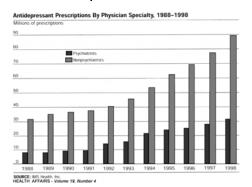
19 million American adults

- Leading cause of disability in the U.S. and worldwide
- Treatment:



Source: National Institute of Mental Health (NIMH), 200

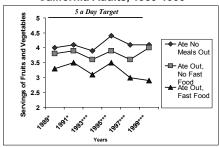
Antidepressant Rx in US



"personal responsibility"?

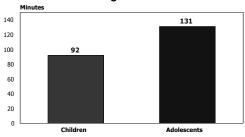
Or a toxic environment?

Eating Fast Food Is Consistently Associated With Eating Fewer Fruits and Vegetables California Adults, 1989-1999



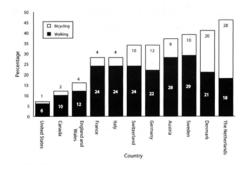
Differences in servings of fruits and vegetables are statistically significant at the p<.05 level (*) or the p<.001 level (***).

Average Number of Minutes California Children Age 9-11 and Adolescents Spend Watching Television



CalCHEEPS, 1999; CalTEENS, 1998; Public Health Institute

Percentage of Trips in Urban Areas by Walking and Bicycling: North America and Europe 1995







Local government has incentives to build auto-dependent shopping





Communities





Whatever happened to walking?

- Average US household makes 12 trips per day
- 1/4 of all trips are < 1 mile, yet 3/4 of them are made by car



1893 invention, 1908 Buick

Walking and Biking

- · Not safe
- Not perceived as safe
- · Not acceptable
- Not encouraged



Overall: Compared to 1969 Americans drive:

- 88% farther to shop
- 137% farther for errands

Mega-Mileage Moms

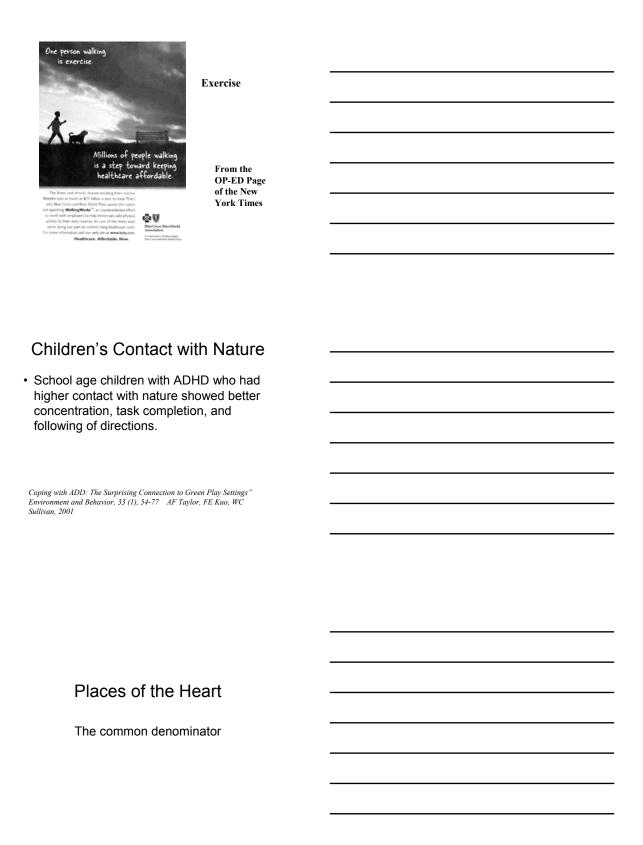
•Family "chauffeur"

• Average minutes per day spent in car:

Women overall: 64 minutesSingle mothers: 75 minutes

Surface Transportation Policy Project: 2000

-		



Cities? Health?	
Cities may not have health departments, but what they do has perhaps the single greatest influence on health of any sector or level of government.	
Period.	
Place	
 Associated with risk of hypertension homicide illiteracy and almost everything else 	
 Place All politics is local All emergency response is local All public health is local "Local Control" The role of government to do for the community what it cannot do for itself – environmental quality, transportation options, land use planning, safety, etc. 	

Determinants of Risk	
 Hardware Software Operating system Applications The built environment How it works together Laws "Programs" 	
A Tale of Two Catastrophes	
 The Big One (earthquake) is expected to bring 20,000 deaths and 100,000 nonfatal casualties at once during the next 30 years. During those same 30 years, over 180,000 Californians will die of Diabetes alone, not including the excess deaths from stroke, heart attack, and others related to obesity. 	
Why Structural Prevention?	
As a society, we have decided we are willing to <u>plan and to control how we build</u> to avoid the risks of earthquakes, fires, and floods.	

Why Structural Prevention?	
• We should be even more willing to <u>plan</u> and control how we build to avoid the risks related to physical and social inactivity because these risks are greater, more pervasive, and threaten our children with being the first generation in American history not to outlive their parents.	
Why Structural Prevention?	
Because, unlike programs that work 40 hours per week,	
The physical environment is on duty	
24 . 7 . 365	
Impossible? Not !	
·	
 Tobacco Control Lung Cancer down 15% in California Lung Cancer down <2% in the U.S. 	
 Cost = \$ Hundreds of Millions / year x 10 yr from Prop 99 Tobacco Tax revenues 	

Impossible? Not !	
Fluoridation of Drinking Water – In 1995, 17% of Californians had Fluoridated	
water – In 2004, >90% do	
 Cost = Zero General Fund \$\$, about \$15 Million from Foundations for capital costs 	
[local utilities pay for systems' maintenance]	
But this is harder	
Unlike tobacco, not a single product on	
which to blame all of it	
Unlike fluoridation, not a either-or situation [either you have it, or you don't]	
[entitle] you have it, or you don't]	
Medical Consequences	
More deaths, illnesses, medical treatments	
Higher insurance costs	
More crowded emergency departments Disproportionate burden on low-income,	
older ages, minorities, infants and children Reduced quantity and quality of life	

Health Sector can't do it Alone

- Just a few of the "Non-health" factors :
 - Shopping for fresh produce often much less accessible than getting "fast food."
 - Sedentary transportation favored over walking.
 - Parents need to know their kids are safe walking to school (both injury and violence).
 - Employees need to be physically active and have access to healthy foods at work.
 - Local government has <u>incentives to build auto-dependent shopping</u> over pedestrian-related commerce and new housing, which could be potentially near transit.

FOOD & AGRICULTURE



Support Including Fresh Fruits & Vegetables in WIC food package

TRANSPORTATION



Walking/Cycling Accessibility Plans

24	



Safe Routes to School



Comprehensive Transportation Planning

Resources



Safe Parks & Playgrounds

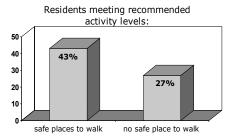
Physical Activity Guidelines

- All adults should perform 30 or more minutes of moderate-intensity physical activity on most, and preferably all, dayseither in a single session or accumulated in multiple bouts, each lasting at least 8-10 minutes. (CDC-ACSM, 1995)
- Youth should accumulate 60 min per day (UK Consensus Group, 2001)

Benefits of Physical Activity

- · Increases life span by 2 years
- Reduces risk of CVD by 40%
- · Prevents/manages high BP and Diabetes
- · Decreases risk of breast and colon cancers
- · Improves mood and mental health
- · Contributes to weight control
- Health care costs for active adults are \$300-\$400 less per year
- · Surgeon General's Report, 1996

Access to facilities helps people get enough activity



within ten minutes of home

Powell et al., AJPH, 9/03

Environmental Correlates of Recreational Physical Activity

- People living in areas without many public outdoor recreation facilities were more likely to be overweight.
- Catlin, T.K. Am. J. of Health Promotion 2003



Schools

Health Book Better S. Healthy

Healthy Kids Make Better Students. Better Students Make Healthy Communities.





Availability of Good Food



Well-located new schools

Parents need to know their kids are safe walking to school (both injury and violence)





After School Programs



Changes at all levels

- Individual
- Provider
- Community
- Environmental
- Policy
- · Social Norms

Field Building: Cultivating New Relationships

- Architecture and Urban Design
- · Landscape Architecture
- · Parks and Recreation
- · Land Use Planning
- Transportation Engineering
- Advocacy
- Policy
- Criminal Justice/Law Enforcement
- Media



-	
-	

Non-traditional Partners		
 Domain Urban design Roads Stairwells Parks Safe Streets 	Discipline Planners Transportation Engineers Architects/Designers Landscape Architects Criminal Justice/Law	
 School Districts Mosquito Abate Other S County Government 	d Control Districts ent Stricts Epecial Districts City Government ent Government	
Integrated Are Air Qual Mgmt. Dist. Sehool Districts Cities County State Feds Metro Transport & O. R C & D Districts	Flood Control Dist. Improvement Dist. C of C Neighborhood Ass'n Ag. Organizations	

Universal Everything	
 Easy for elders, kids, people who use: Bicycles Baby strollers Walkers Canes Wheelchairs Saves cost of retrofit later Reduces need to rezone, rebuild. Allows residents to stay at home longer. 	
Medicine's role	
Individual Physicians' roles	
CMA's role Local Modical Societies' roles	
Local Medical Societies' roles	
D 1	
Doctors as Leaders	
MDs viewed as role models by:PatientsNeighbors	
– Parents	
– Politicians	
Remember MDs quit smoking before	
just about everyone else!	

To Preserve Rural Lifestyle	
•Create a more urban lifestyle –	
oreate a more arbair mestyle	
<u>you decide where</u> !	
Nev ve social Fat for Life? Sk Millon Kids Ars Seriously Overweight. What Families Can Do. by Gustry Joney 1 Social Delivery The Control Delivery 1 Social Delivery The Control Delivery 1 Social Delivery The Control Delivery 1 Social Delivery 1 Delive	
Healthier At Any Weight	