

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Care Committee

BILL: CS/SB 1324

INTRODUCER: Health Care Committee and Senators Peaden and Hill

SUBJECT: Prevention of Obesity

DATE: March 16, 2006

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HE	Fav/CS
2.	_____	_____	HA	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The bill requires the Department of Health (DOH or department), in addition to its current health promotion and prevention activities aimed at reducing the prevalence of excess weight gain and obesity, to:

- Collaborate with other state agencies to develop policies and strategies for preventing obesity, which must be incorporated into programs administered by each agency and which must include promoting healthy lifestyles of employees of each agency; and
- Advise Florida-licensed health care practitioners regarding the morbidity, mortality, and costs associated with the conditions of being overweight or obese, inform such practitioners of clinical best practices for preventing obesity, and encourage practitioners to counsel their patients regarding the adoption of healthy lifestyles.

The bill requires DOH in partnership with the Department of Education to award grants to local school districts to implement a pilot program to promote healthy eating habits, increase physical activity, and improve fitness. The Office of Program Policy Analysis and Government Accountability must conduct a performance evaluation to determine the program's effectiveness and submit certain reports. School districts that participate in the pilot program must collect certain information to be used in the evaluation.

This bill amends section 381.0054, Florida Statutes, and creates an undesignated section.

II. Present Situation:

Overweight/Obesity

During the past 20 years, there has been a dramatic increase in obesity in the United States. Results of the National Health and Nutrition Examination Survey for 1999–2002 indicate that: an estimated 30 percent of U.S. adults aged 20 years and older - over 60 million people - are obese, defined as having a body mass index of 30 or higher; and an estimated 65 percent of U.S. adults aged 20 years and older are either overweight or obese, defined as having a body mass index of 25 or higher.¹ Over six and a half million adults in Florida were overweight or obese in 2000, based on self-reported height and weight.² The prevalence of obesity among Florida adults has climbed steeply over the past decades from 9.8 percent of adults in 1986 to 19.4 percent of adults in 2002.³

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). The BMI is calculated by dividing weight in pounds by height in inches squared, then multiplying the quotient by 703. An adult who has a BMI between 24 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese. For children and teens, BMI ranges above a normal weight have different labels (at risk of overweight and overweight). Additionally, BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages.

Results of the National Health and Nutrition Examination Survey for 1999-2002 indicate that an estimated 16 percent of children and adolescents ages 6-19 years are overweight. In 2003, 14 percent of Florida high school students were at risk of being overweight and an additional 12.4 percent were overweight.⁴

When people are overweight or obese, they are more likely to develop health problems such as diabetes, coronary heart disease, high blood pressure, high cholesterol, stroke, gallbladder disease, osteoarthritis, sleep disturbances and breathing problems, and certain cancers. The more overweight a person is, the more likely that person is to have health problems. Approximately 60 percent of overweight children have at least one risk factor for cardiovascular disease such as high blood pressure or high cholesterol. Approximately 25 percent of overweight children have two or more risk factors.⁵ Among people who are overweight and obese, weight loss can help reduce the chances of developing these health problems. Studies show that if a person is overweight or obese, reducing body weight by 5 percent to 10 percent can improve one’s health.

¹ Source: Centers for Disease Control and Prevention at <http://www.cdc.gov/nccdphp/dnpa/obesity/faq.htm> (last visited on March 10, 2006)

² Obesity in Florida, Report of the Governor’s Task Force on the Obesity Epidemic, February 2004, p. 4. A copy of the report is available on the Department of Health website at <http://www.doh.state.fl.us/Family/GTFOE/report.pdf> (last visited on March 10, 2006).

³ Ibid.

⁴ Ibid.

⁵ Prevention of Obesity in Children, DOH Initiatives, Presentation to the Senate Health Care Committee by Jennie A. Hefelfinger, MS, Chief, Bureau of Chronic Disease Prevention and Health Promotion, Florida Department of Health, November 9, 2005.

Overweight and obesity and their associated health problems have substantial economic consequences for the U.S. health care system. According to The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, the cost of obesity in the United States in 2000 was more than \$117 billion (\$61 billion in direct and \$56 billion in indirect).⁶ Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension. Obesity-related medical expenditures for adults in Florida are estimated to total over \$3.9 million with over half of the costs being financed by Medicare and Medicaid.⁷

Researchers have found that several factors can contribute to the likelihood of someone's becoming overweight or obese. Behaviors, like what people eat and their level of physical activity, help determine whether they will gain weight. A number of factors can influence diet and physical activity, including personal characteristics of the individual, the individual's environment, cultural attitudes, and financial situation. Genetics also plays a large role in determining how susceptible people are to becoming overweight or obese. Genes can influence how the body burns calories for energy and how the body stores fat.

Obesity Prevention in Florida

In October 2003, the Governor of Florida created a task force to address the rising rates of overweight and obesity among adults and youth in Florida, to evaluate data and testimony to determine the extent of the problem in Florida, and to make recommendations on how to address obesity in Florida.⁸ The Governor's Task Force on the Obesity Epidemic issued a final report in February 2004, with 22 comprehensive recommendations.⁹

Section 381.0054, F.S., requires DOH to promote healthy lifestyles to reduce the prevalence of overweight and obesity in Florida by implementing appropriate physical activity and nutrition programs that target all Floridians. These activities include:

- Using all appropriate media to promote maximum public awareness of the latest research on healthy lifestyles and chronic diseases and disseminating relevant information through a statewide clearinghouse relating to wellness, physical activity, and nutrition and their impact on chronic diseases and disabling conditions;
- Providing technical assistance, training, and resources on healthy lifestyles and chronic diseases to the public, county health departments, health care providers, school districts, and other persons or entities, including faith-based organizations, that request such assistance to promote physical activity, nutrition, and healthy lifestyle programs;
- Developing, implementing, and using all available research methods to collect data, including, but not limited to, population-specific data, and track the incidence and effects of weight gain, obesity, and related chronic diseases. The department must include an evaluation and data collection component in all programs as appropriate;

⁶ http://www.surgeongeneral.gov/topics/obesity/calltoaction/1_3.htm (last visited on March 10, 2006)

⁷ Obesity in Florida, Report of the Governor's Task Force on the Obesity Epidemic, February 2004, p. 4.

⁸ See Executive Order No. 2003-196.

⁹ See <http://www.doh.state.fl.us/Family/GTFOE/report.pdf> (last visited on March 10, 2006).

- Partnering with the Department of Education, local communities, school districts, and other entities to encourage Florida schools to promote activities during and after school to help students meet a minimum goal of 60 minutes of activity per day;
- Partnering with the Department of Education, school districts, and the Florida Sports Foundation to develop a program that recognizes schools whose students demonstrate excellent physical fitness or fitness improvement; and
- Maximizing all local, state, and federal funding sources, including grants, public-private partnerships, and other mechanisms, to strengthen the department's current physical activity and nutrition programs and to enhance similar county health department programs.

The department implements s. 381.0054, F.S., contingent on an appropriation in the General Appropriations Act. The department reports that the implementation of this section is not currently funded with an appropriation.

The Obesity Prevention Program within DOH is funded through a cooperative agreement with a planning grant of \$450,000 from the United States Centers for Disease Control and Prevention (CDC). This funding must be used to develop infrastructure within the program in an effort to reduce the burden of obesity among adults and youth in Florida, develop partnerships to combat obesity, and develop a five-year work plan which focuses on increased physical activity, healthy nutrition, initiation and duration of breastfeeding, and decreased TV, video, or computer screen time.

During fiscal year 2004-05, DOH used media for public awareness through limited partner funds to conduct a direct hit marketing campaign to affect physical activity in an identified five-county area, and a billboard campaign and bus placard campaign in Miami-Dade County to affect fruit and vegetable consumption. Due to the lack of funding, DOH has no plans for a public awareness media campaign for fiscal year 2005-06.

The department has launched an obesity prevention website that serves as a clearinghouse where limited resources can be downloaded and weblinks are available to other resources that may be purchased by the public. Limited resources are provided by DOH to county health departments, public or private agencies, schools, and community groups, as funding allows. Local media events are conducted by the Bureau of Chronic Disease Prevention and Health Promotion that cover all 67 Florida counties.

The Bureau of Chronic Disease Prevention and Health Promotion provides technical assistance to the public, county health departments, health care providers, school districts, and others who request assistance to promote physical activity, nutrition, and healthy lifestyle programs. The department uses the Behavior Risk Factor Surveillance System developed by CDC for state surveillance and data collection to assess overweight, obesity, physical activity levels, and fruit and vegetable consumption for adults. The department also surveys middle and high school students and conducts body-mass-index surveys on all full service school students enrolled in kindergarten, third, sixth, and ninth grades.

The department collaborates with the Department of Education through the school health program to: promote the CDC School Health Index Assessment; conduct seven regional

trainings for the school health advisory committee regarding the development of school wellness policies, which include increased opportunities for physical activity during and after school; and the Step Up Florida physical activity campaign. On the local level, education coordinators for the Bureau of Chronic Disease Prevention and Health Promotion work with local schools to implement policy and environmental changes, as well as programs for during- and after-school physical activity. According to DOH staff, no state standards have been developed for measuring school physical fitness levels or methods to assess physical fitness or fitness improvement among students.

The department collaborates with several state agencies on specific projects and programs to address increasing physical activity and healthy nutrition, such as the school health program with the Department of Education and the safe ways to schools program with the Department of Transportation. The department maximizes local, state and federal funding to strengthen the Obesity Prevention Program and other chronic disease prevention programs, through partnerships with state, local and federal organizations related to obesity prevention and related chronic diseases.

At the local level, the Bureau of Chronic Disease Prevention and Health Promotion emphasizes community-specific needs and planning, and establishes partnerships with local businesses, health care organizations, community organizations, schools, and faith-based organizations, requiring a 25 percent match in local resources, to address the leading preventable risk factors for all chronic diseases through community-based programs.

Licensed Health Care Practitioners

Chapter 456, F.S., specifies the general provisions for licensed health care practitioners in DOH's Division of Medical Quality Assurance. In addition to ch. 456, F.S., each health care profession has its own practice act with specific regulatory provisions. Section 456.081, F.S., grants authority to DOH and the boards to advise licensees periodically, through the publication of a newsletter on the department's website, about information that the department or the board determines is of interest to the industry.

III. Effect of Proposed Changes:

The bill amends s. 381.0054, F.S., to require DOH, in addition to its current health promotion and prevention activities aimed at reducing the prevalence of excess weight gain and obesity, to:

- Collaborate with other state agencies to develop policies and strategies for preventing obesity, which must be incorporated into programs administered by each agency and which must include promoting healthy lifestyles of employees of each agency; and
- Advise, in accordance with s. 456.081, F.S., Florida-licensed health care practitioners regarding the morbidity, mortality, and costs associated with the conditions of being overweight or obese, inform such practitioners of clinical best practices for preventing obesity, and encourage practitioners to counsel their patients regarding the adoption of healthy lifestyles.

The bill requires the Department of Health in partnership with the Department of Education to award grants to local school districts to implement a 3-year pilot program to promote healthy eating habits, increase physical activity, and improve fitness. The pilot program must target students in fourth and fifth grades and be located in 10 geographically and demographically diverse counties. The pilot program must have a program provider and the bill specifies the duties of the program provider. In addition to working with the Department of Education and local school districts, the department, working together with the pilot program provider, must seek partnerships with local businesses, industries, and other organizations that may assist in providing funding or resources to schools.

The bill requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a performance evaluation to determine the pilot program's effectiveness and submit reports to the Legislature. To be eligible for the grant, the school districts must agree to collect information that OPPAGA needs to conduct its evaluation. The bill requires OPPAGA to supply a form for participating school districts to record the information and identify the information that must be collected for the evaluation. The school district must collect baseline and school-year-end information on the participating students.

The bill provides an appropriation of an unspecified amount from the General Revenue Fund to DOH to implement s. 381.0054, F.S.

The effective date of the bill is July 1, 2006.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Health will incur expenses to implement the existing provisions of s. 381.0054, F.S., and the changes made by the bill. The department estimates that it would need a total of \$3,310,674 for fiscal year 2006-07 and a total of \$2,341,319 for fiscal year 2007-08. The funds would be used for media to initiate an awareness campaign; for technical assistance, training, and resources; and data collection.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

VIII. Summary of Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
