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PREVENTING CHRONIC DISEASE THROUGH HEALTHY LIFESTYLES

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BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

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PREVENTING CHRONIC DISEASE THROUGH HEALTHY LIFESTYLES

THURSDAY, JULY 15, 2004

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 9:30 a.m., in room SD–192, Dirksen Senate Office Building, Hon. Arlen Specter (chairman) presiding.

Present: Senators Specter, Harkin, and Murray.

OPENING STATEMENT OF SENATOR ARLEN SPECTER

Senator SPECTER. Good morning, ladies and gentlemen. The Appropriations Subcommittee on Labor, Health and Human Services, and Education will now proceed.

Today's hearing is going to be on the subject of preventing chronic diseases through healthy lifestyles, a wellness hearing, focusing very substantially on the issue of obesity. And, at the outset, I thank my distinguished colleague, Ranking Member Senator Harkin, for having suggested a special hearing on this subject. We will be examining the issues as to chronic illnesses which affect some 75 percent of the $1.8 trillion annually which is spent on healthcare. Obesity is now the second leading cause of death in the United States, contributing to at least some 400,000 deaths annually, according to statistics from the Centers for Disease Control. This subject has special prominence at the moment because Secretary Thompson has just announced a program which will open Medicare for the issue of obesity, with some additional studies being required to see how the treatments would affect obesity and how this categorization would fit into the overall Medicare program. But there is no doubt that the issues of lifestyle, exercise, diet are major factors with some real prospects for cutting very deeply into the cost of medical care in the United States if we would adopt alternative approaches to lifestyles.

This is a subject of special interest to me, because my son Steve, younger son, is a Ph.D. in nutrition and has done extensive research in obesity, and most recently decided that he wanted to be in a clinical practice, and is now a medical student at the University of Vermont. So the subject of nutrition and obesity has been on the Specter agenda for a long time.

It was introduced—with just another personal note—by my wife, who is a nutrition expert, ran a cooking school, made frozen pies which were prohibited from the Specter dining table, and has

raised a slender, non-obese group, with a focus on this issue, and I'm glad to see that it is coming into national prominence, because I think a great deal could be done if more Americans would adopt this lifestyle of Senator Harkin and myself, which is squash every morning at 6:30 and non-fattening foods, and a regimen of diet and lots of meditation. We would cut the medical costs of America very substantially.

Secretary Thompson has just said he waived his right to testify.

Now I call on my distinguished colleague, ranking member/partner, Senator Harkin.

OPENING STATEMENT OF SENATOR TOM HARKIN

Senator HARKIN. Well, thank you very much, Mr. Chairman. I hope you don't mind if I don't join you for the squash game. I have other ways of exercising. I don't know about that squash, but I know you do it every morning, and that's really commendable.

I just want to thank my chairman and my friend, Senator Specter, for calling this important hearing today. For those of you that know this subcommittee, you know that Senator Specter and I have worked as a team for many, many years. We agree on so many issues that cut across party lines, when it comes to medical research, when it comes to Center for Disease Control and Prevention, and this issue, also, wellness and prevention. And this is an issue that is important to both of us, and it is something we're going to pursue diligently.

I am pleased to see that we have such a distinguished group of witnesses, beginning with our distinguished Secretary Thompson.

I want to publicly commend you, Mr. Secretary, for your commitment to promoting wellness, for the generous time and energy you have devoted to initiatives such as the Healthy Lifestyles and Disease Prevention Campaign. Not to disparage any former Secretaries—we've had a lot of good Secretaries of Health and Human Services in the past—but I can publicly say that this is, I believe, the first Secretary that has really focused on changing this paradigm, getting us more into wellness and prevention, than anyone before you, and I really, really appreciate that and commend you for it, Mr. Secretary.

I would like to recognize an Iowan who will be testifying this morning, Mr. Vernon Delpesce, who's representing the Des Moines YMCA; also a former Iowan, Mr. Jack Rule, who's Chief Executive Officer of incentaHEALTH. I also want to state that the Y is doing an outstanding job—not only in Iowa, but nationwide—in promoting health and fitness. I understand that Mr. Delpesce will use this hearing to unveil YMCA's major new project to promote community wellness—nationwide, by the way.

Hopefully, Senator Specter and I can work together to help include some funding, hopefully, in a bill to help promote the Y in this excellent effort. We need to mobilize the public and private sectors—everything from schools to businesses to communities, everybody—in the cause of wellness and disease prevention. We know that healthcare costs are out of control in this country. Insurance premiums are going up at an alarming rate. More and more people are losing health insurance coverage. Everyone talks about the runaway cost of healthcare, and all we talk about—it seems like

we're talking about access and coverage—access to the healthcare, and coverage—but that's just for if you get sick. We ought to be talking about how we provide access to healthcare. I've often said we don't have a healthcare system in our country, we have a sick-care system. If you get sick, you get care. But what if you want to stay healthy in the first place? What incentives are there? What's built into the system to keep you healthy in the first place?

So when we talk about access, let's talk about access to "healthcare"—access to a whole set of incentives, programs, from school on up—through the private sector, the public sector—that would encourage you to be healthy in the first place. And so we need to kind of shift that.

I've often said, in the United States we get an A. If you look at the world, and health around the world, we get an A in treatment and fixing people up. We're the best. But we get an F when it comes to prevention and keeping people healthy in the first place. And that's just not sustainable, given that 75 percent of the money we now spend on healthcare is accounted for by chronic diseases—heart disease, diabetes, cancer—many of these, in large part, preventable. Risk factors, such as physical inactivity, poor nutrition, smoking, untreated mental illness, lead to these expensive chronic conditions—yet only 2 percent of healthcare spending in the United States goes towards the prevention of chronic disease—obesity, costing our nation $117 billion a year in lost productivity, absenteeism, and leading to other chronic illnesses.

Some experts are saying that the generation growing up today could be the first to have a shorter life span than their parents. So we need to make a new approach, a comprehensive approach towards wellness.

I have introduced a bill called Healthier Lifestyles and Prevention bill to provide incentives to schools, employers, communities, to focus on health promotion and wellness, to create better nutrition, physical activity, mental health opportunities for kids in schools, to give the FTC, Federal Trade Commission, authority to regulate unfair marketing to kids, nutrition labeling on menus in chain restaurants.

I guess what I'm saying is, this has got to be a comprehensive approach. A sliver here and a sliver there won't work. This has got to be multifaceted.; it's got to be comprehensive. It can't be just the government; it's got to be the private sector. It can't just be adults; it's got to be kids. And it's got to be communities.

I was visiting a new housing development recently, and it is being built with no sidewalks. So how do kids ride their bikes? How do they walk to school when you don't even have sidewalks any longer? So bike paths, sidewalks, things like this, we have to start thinking about all of this when we pass all of this legislation here in the Congress.

Well, I've taken too long, and you've been very kind to give me this time, Mr. Chairman. I just want to thank you for your example of fitness. And, yeah, you're in good shape.

You're in good shape. So I appreciate your example, and our partnership in working together, and your stewardship of this committee. It's an honor to work with you.

Senator SPECTER. Thank you very much, Senator Harkin. Thank you for those kind comments.

Senator Murray, would you care to make an opening statement?

OPENING STATEMENT OF SENATOR PATTY MURRAY

Senator MURRAY. Mr. Chairman, I will submit my opening statement for the record.

But just let me take this opportunity to thank you for, I think, this very important hearing to talk about health in our communities and the fact that physical activity has and does make a difference in that. I think we know that chronic disease that is caused by obesity and unhealthy lifestyles is costing us billions of dollars in this country, and I think it is an effort, as Senator Harkin said, that we need to take on from every single level.

PREPARED STATEMENT

I don't think it's any surprise to any of us who have watched what's happened over the past several decades as a lot of our schools have eliminated physical education programs and after-school activities, where a lot of our kids really learned the importance of these and really learned to enjoy it, which is a lifetime learning for them that they need to have. I think we know they can't do it alone. They need to have support. We need to find ways to make it happen and to fund these solutions at all levels.

I look forward to this hearing and the outcomes of it. Thanks very much, Mr. Chairman.

[The statement follows:]

PREPARED STATEMENT OF SENATOR PATTY MURRAY

Mr. Chairman; I want to thank you for scheduling this important hearing. I also want to thank all of the witnesses today for their testimony and their recommendations.

We are all in agreement that we face a serious public health threat that could cripple our health care system.

Chronic disease—caused by obesity and unhealthy lifestyles—could cost our health care system billions of dollars annually in addition to the human toll it takes.

Unfortunately, many of the problems we face with respect to obesity and inactivity are of our own making.

—Overcrowded schools have been forced to sacrifice playgrounds and gyms for classroom space.

—Limited education dollars have forced many schools to eliminate physical activity or after-school programs that help children learn healthy lifestyles.

Our schools can play a role in teaching children about the importance of physical activity and nutrition.

—But they cannot do it alone.

We must provide them with the support they need to help parents and families instill good habits in our kids.

While the challenge can appear overwhelming at times, I think we can work together to reverse these disturbing trends toward obesity.

—But it will require a change in our mindset,

—and a willingness to give our wholehearted support to finding—and funding—solutions.

I'm glad we've called this hearing today, and I look forward to continuing to work with my colleagues and committed advocates for better health for our children.

STATEMENT OF HON. TOMMY G. THOMPSON, SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Senator SPECTER. Thank you very much, Senator Murray.

Mr. Secretary, we welcome you, again, to this hearing. You have come to this distinguished position at the start of the Administration with President Bush; career started in 1966, in the Wisconsin General Assembly; Governor since—between 1987 to the year 2000, when he became Secretary of Health and Human Services; the longest-serving governor in Wisconsin's history; Chairman of the National Governors Association; a long list of accolades which we'll put in the record, and we'll save most of the time to hear your important testimony.

The floor is yours.

Secretary THOMPSON. Thank you very much, Senator Specter. Let me, at the front end, thank you for your leadership. Thank you for being an example of physical fitness, of an individual that speaks out on what I consider the most important issue facing the healthcare industry, the health and welfare of all Americans. And I thank you for this hearing. I think it is probably the most important hearing that I've ever been at, and I want to thank you for having it. And I appreciate it very much.

I also want to express my deepest sympathy to you and to your staff on the passing of Carey Lackman from breast cancer yesterday. It's time, Senator, that we solve this problem once and for all. My family, my mother-in-law died from it, my wife is recovering from breast cancer, my young daughter just came down with it. So I know full well the terrible seriousness of this disease, and I wish nothing but the best for you and her family. And thank you very much——

Senator SPECTER. Well, thank you for those expressions of sympathy. For those who may not know, Carey Lackman Slease passed yesterday morning at 5:30, after a long bout of illness with breast cancer. So thank you, Mr. Secretary.

Secretary THOMPSON. Senator Harkin, I could have—when I saw you this morning on television, on FOX, I was—it made my whole day. Thank you so very much for speaking out and leading in this effort, asking for this hearing. To me, it is so important. And thank you for being here, Senator Murray. I wish everybody in the Senate could be here to hear the testimony this morning on trying to transform healthcare.

When you look at it, America is not very healthy. Some 125 million Americans have one or more chronic illnesses. We spent $1.5 trillion, 15 percent of our gross national product—75 percent of it goes for chronic illness. Seven out of ten Americans that died last year from chronic illnesses. A good share of them could have been prevented by a change in lifestyles. Lifestyles need to be changed.

Medicare—we spend 95 percent of our Medicare dollars waiting for people to get sick. It's a curative healthcare system, not a preventive healthcare system. Less than 5 percent of Medicare money is spent on prevention. Now, none of us in this room would ever set up a system like that. It is absolutely wrongheaded.

In the Medicare Modernization Act for the first time, because of the leadership of Representative Nancy Johnson and my Department, we were able to get, I believe, the most important part of the Medicare Modernization Act—that is, the induction physical. Next year, on January 1, 2005, everybody that's 65 that's going to go into Medicare is going to get a preliminary physical, and then we're

going to start monitoring diseases. We're going to start monitoring diseases and helping people to change their lifestyles.

We also are changing our coverage decision today, which is a sea-change in Medicare. Until now, Medicare has never allowed for obesity to be considered an illness. For the first time, starting with the Medicare coverage changes next year, we're now going to be able to use scientific evidence to treat people with obesity, a tremendous change.

Tobacco—and I know, Senator Harkin, you've led on this, and I thank you so very much—$155 billion we spent last year on tobacco-related illnesses; 442,000 Americans died. If we're really going to be concerned about public health, if we want to reduce healthcare costs, let's start getting people weaned from tobacco uses in America once and for all. We should regulate it, and we should really get out the information necessary in order to start controlling disease resulting from tobacco use. I go around and, people at the Humphrey Building that I see smoking, I take cigarettes out of their mouth and tell them I love them and I tell them they shouldn't do it.

We also, from the Department, want to thank each of you for allowing us to reprogram the dollars so that we can use our own money to instill a National Quit Line at the Department. We're now going to be up—as of November of this year, we're going to have a National Quit Line, so anybody in America can call in, get information, including information on medicines to help them quit. Seventy percent of Americans that smoke want to quit. Let's help them quit. We will reduce deaths, reduce healthcare costs, and improve the quality of health of America.

We also are doing something that I think is very neat. We are the first Department that is going to try and be campus-free, not only in the buildings, Senators; we're going to ask our employees not to smoke on the campus. We've already started that at the CMS; we're going to do it, on November 15, on the National Quit Line and also in our Smoke Out effort. We're going to have that at CDC. I'm going to try to do it in the whole Department. And this, to me, is important.

We spend $135 billion a year on diabetes; 200,000 Americans die each year from diabetes—and a good share of them don't know they have it. One quarter of the Americans that have diabetes don't know that they are diabetic. Eighteen million Americans, right now, have Type 2 diabetes, and 41 million more Americans are prediabetic. And unless we change it—can you imagine? Just look at the figures. Extrapolate, from $135 billion from 18 million Americans to 41 million Americans that are prediabetic, what it's going to cost in the future unless we do something about it.

We are holding public hearings throughout America. We've had three of them. We're going to have a national program for the Department in order to try and get people to come in and be tested.

Also, in Medicare, for the first time next year, people on Medicare are going to be able to come in and get diabetes screening. And we're hoping, then, to be able to start monitoring them. One quarter of the people on Medicare that have diabetes don't know they are diabetic, and it is time we find out who they are, and start assisting them right now.

Obesity, Senator Specter mentioned it cost $118 billion last year, and that it's the second leading killer. Well, those were 2000-year figures. We think this year it exceeded tobacco. We think the 400,000 people that died from tobacco—rather from obesity-related illnesses in 2000 now will exceed, this year, tobacco-related illnesses.

What we're trying to do in the Department—when I came here, I put the whole Department on a diet. I've lost 15 pounds. People in my Department—you know, we come from Wisconsin, and there isn't anything that cannot be improved without adding butter and cheese and beer.

But I'm trying to get people to start looking at their diet. I'm not saying, "Stop eating," but exercise, use moderation. My whole Department is on a diet, and we're trying to make this a way to really show an example to the Nation.

We also are putting in our stairwells—we're painting pictures in our stairwells, hanging pictures in the stairwells. We're going to put music in the stairwells. And we're putting signs on the elevator, "If you don't need to use the elevator, walk up the stairs," and be able to start getting some exercise while you're doing it. I walk up seven flights of stairs every single day in the Department. It's an example that I try and set for the Department. We also have a program that we think is very good, and that one is called "Steps to a HealthierUS."

This committee has been very good to the Department. It's given us $13 million the first year; it gave us $45 million last year; and we're asking for $125 million next year for cities to compete to set up programs—walking lanes, bicycle paths—and be able to get people out in the communities. We want the paths well-lit and safe so families do the necessary walking with their families and are able to take the small steps to a healthier lifestyle.

I'm also meeting with the health insurance companies. I said, if automobile insurance companies can give a tax break or an insurance break for people that have good driving records, why can't we set up health insurance for individuals that do the right thing, and be able to give them a break on their health insurance? And they said that they had never thought of it, or they don't want to do it, or there's some legal problems. I think if we pushed them, we could accomplish that. If the automobile insurance companies can do it, why can't health insurance companies do it?

I've asked many of the restaurant associations, restaurants, to come in and talk to me. We have monthly meetings with those, and fast-food industries, ask them to come in and be able to see if we can voluntarily get more information on the menus. A lot of them are doing so, and I would like to thank those that are doing it. We have to push more of them to do more in the future.

FDA is going to be changing food labels. We're going to be adding—increasing the font size for calories information. We're also going to put the number of calories, not only for the total package, but also for each meal, so that individual consumers have better information as to what they are eating, how much they should be eating, and so on.

We're also putting a tremendous emphasis on, with the Department of Agriculture, increasing the consumption of fruits and vege-

tables, especially with minorities. We want to make sure that they're able to understand the importance of good diet and good exercise, because diabetes and obesity is really disproportionately impacting minorities. And we need to attract individual leadership in the minority communities to make sure we start transforming that.

What I'm saying, ladies and gentlemen, is that if we want to really get at healthcare, if we want to improve the quality of health, we've got to go from a curative system to a prevention system.

My Department has also teamed with the Ad Council on several ads promoting healthy lifestyles. I'm wondering if I could quickly show them. There's just three of them. I think they're funny. They give an effective message. I don't know if you can see it. If you can show them—we've already had—we've had $25 million of free coverage in the first 3 months, and I think that's a pretty good indication that they're effective yet funny. But—I don't know if you can play them—they're very quick. Can you show them to the Senators?

[Video presentation of examples of the Department of Health and Human Services ad campaign.]

Secretary THOMPSON. They have been well received. And what we're trying to do is, we're trying to use humor. We're trying to use humor to get people to recognize the importance of healthy lifestyles.

I would just like to conclude by thanking you for introducing the legislation, Senator Harkin, for asking Senator Specter, and Senator Specter for holding this hearing, and for both of your examples on public health. We also are putting on, through the President's Council on Physical Fitness, a program in which you can log onto the internet, set up a program of exercise, record how well you're doing and get credits from the President's Council on Physical Fitness, but also be able to compare yourself to other people to see how well you're doing. And this is something that we've got on our Web page, and is just one of the things we're doing in the Department to really try and transform it.

PREPARED STATEMENT

But the truth of the matter is, if we really want to change healthcare and improve healthcare in America, we've got to look at—stop smoking, watch what we eat, and eat moderately, and do exercise. It's common sense. It will take a transformation of the current healthcare system, but it's the right thing to do. It's the right issue. And thank you so very much for having this hearing.

[The statement follows:]

PREPARED STATEMENT OF HON. TOMMY G. THOMPSON

INTRODUCTION

Mr. Chairman, Members of the Committee, thank you for the opportunity to participate in today's hearing and this important discussion on healthy lifestyles, health promotion, and disease prevention.

The United States faces a grave and significant health challenge. Seven of 10 deaths each year are caused by chronic diseases. The underlying causes of these diseases are often risk factors that can be successfully modified years before they ultimately contribute to illness and death. Three such factors-tobacco use, poor nutrition, and lack of physical activity-are major contributors to the nation's leading kill-

ers. America's poor eating habits and lack of physical activity are literally killing us. Even worse, America's children are more sedentary and overweight than ever before. The prevalence of overweight has more than doubled in children and tripled in adolescents, and there are indicators that suggest that diabetes rates among children are also increasing,

Chronic diseases account for more than 60 percent of medical care expenditures. The total cost of obesity is up to $117 billion per year. We estimate the number of Americans dying from obesity will surpass the number of deaths due to tobacco this year. Tobacco use causes 440,000 deaths annually and costs $75 billion just in direct medical costs. In 2002, the estimated cost of diabetes in the United States was $132 billion and the work disability rate is 26 percent for those with the disease and 8 percent for those without diabetes.

That is a lot of bad news. The good news is that while the problem is vast, the solution is achievable, and I want to talk today about my vision for making that happen.

It is one of my primary goals as secretary to make certain that all Americans understand what they can do to protect their health. Prevention is the power to protect your health. I intend to continue to promote a national dialogue about the state of America's health—with prevention as the primary focus. We need to strike a better balance between preventive care and treatment. Our mission at the Department of Health and Human Services is to do just that. There is no better time to put the health of America front and center than now. We need to get off the couch, have fun and live healthy. By practicing even a little prevention, we will have a nation that is as strong in heart and body as it is in spirit.

DEPARTMENT OF HEALTH AND HUMAN SERVICES STEPS TO A HEALTHIERUS INITIATIVE

The President recognizes that a healthy America is a strong America. In June 2002, President Bush launched the *HealthierUS* initiative designed to help Americans, especially children, live longer, better, and healthier lives. The President's *HealthierUS* initiative helps Americans take steps to improve personal health and fitness and encourages all Americans to: (1) be physically active every day; (2) eat a nutritious diet; (3) get preventive screenings; and (4) make healthy choices concerning alcohol, tobacco, drugs and safety.

Two years ago, I launched *Steps to a HealthierUS* to help Americans lead healthier lifestyles. At the heart of this program lies both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease. The Steps initiative envisions a healthy, strong, U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate.

The central message of the *Steps to a HealthierUS* initiative is that small steps can make a big difference. We want people to understand that they do not need to make drastic changes to their lifestyles to be healthier. We are not asking every American to run a marathon, join a gym, or give up eating their favorite foods. Small steps, such as playing outside with your children, going for a walk, snacking on fruits and vegetables, or taking the stairs instead of the elevator, can make a big difference in our health.

The cornerstone of the *Steps* initiative is the community grant program. Last year, the first year of the grant program, 23 communities were funded. This year $44 million is set aside to help additional communities develop action plans to implement programs that promote disease prevention and health. The interest in this program has been overwhelming and we are receiving far more applications than we can fund each year. For next year, we have requested $125 million to support this grant program. These funds are used to help implement community action plans for activities ranging from establishing community walking programs to helping schools, worksites, shopping malls, senior centers and other community locations establish exercise, nutrition, and smoking cessation programs. We are targeting diabetes, asthma and obesity because of their rapidly increasing prevalence in the United States and the ability for individuals to control and even prevent these diseases through exercise, diet and other strategies that will be implemented with these grant funds.

In addition to the community grants, the *Steps* initiative has several other components. In December of 2003, HHS awarded eight *Steps Innovation in Prevention Awards* in seven categories to groups and organizations recognizing their accomplishments and highlighting the concrete health improvements that each has achieved. For the past two years in the spring, the Department has sponsored the *Steps to a HealthierUS: Prevention Summit* in Baltimore, Maryland. The summit

brought together more than 1,000 providers and practitioners, educators, and policymakers, community and industry leaders to discuss promising approaches for tackling key challenges. Both of these components of the *Steps* initiative have fostered the exchange of information about what works to put prevention into practice.

Another aspect of the *Steps* initiative is the partnership program where other public and private sector organizations work with HHS to support and promote healthier living. These partnerships are designed to encourage other organizations to follow the lead of the Innovation Award recipients.

In the past year, I have met with many individuals and hosted a series of roundtable sessions with business leaders, researchers, providers, insurers, and other interested parties to discuss health promotion and disease prevention issues and strategies. I also convened several departmental workgroups on obesity, diabetes, tobacco use, health literacy and health messaging to review current programs and progress. In April 2004, I released my *"Blueprint for Action"* which represents the product of these various efforts and outlines simple action steps to guide individuals in their quest for healthier lifestyles. It also encourages other interested parties and organizations, such as health care providers, employers, communities, insurers, media, schools, and government to collaborate and cooperate to overcome obstacles, to promote healthy lifestyles and reduce the burden of chronic diseases.

In addition, last fall I launched my *"Secretary's Challenge—Steps to a HealthierHHS"* for employees in the Hubert Humphrey Building. This work site health promotion program encouraged my employees to become more physically active by exercising at least 30 minutes a day, five days a week for six weeks. I plan to take this challenge to all HHS employees and other federal departments soon.

ADVERTISING CAMPAIGN

We also are conducting a creative public education and advertising campaign. Our ads run on T.V., radio, and the Internet, in English and Spanish. They are humorous ads that show people finding body parts—love handles, double chins, and big bellies—that have been "lost" by people who are practicing healthier habits. They send the message that small steps can make a big difference in leading healthier lifestyles, and they do so without making people feel guilty or discouraged. This *Healthy Lifestyles* campaign includes a web site, www.smallsteps.gov that offers consumers ongoing ideas, 100 small steps, and support to pave the road to a healthier lifestyle.

Our public service campaign will continue, and we are expanding it with the Ad Council. We will build upon the Small Steps campaign in the coming year, but we also will be adding a new advertising campaign targeting children. We want to educate children early about the importance of being active and eating healthy. We want to help reinforce the messages that parents teach their children: eat your vegetables; go outside and play; put down the video games and play a game of tag. Then later next year, we plan to freshen the adult campaign with new ads.

When you combine these two Ad Council campaigns with our VERB campaign demonstraton, which focused on increasing physical activity among 9–13 year olds, we are getting our targeted messages to much of our population. First year data from a VERB evaluation suggests that the campaign reached its target audience and contributed to improved levels of physical activity.

We are providing motivation for our children, their parents, and adults to take the right steps to lead a healthy life. We also can certainly use the media's continued help in getting out these important messages to adults, children, and entire families.

MEDICARE MODERNIZATION ACT

If you talk to senior management of corporations in almost any industry about their biggest concerns, you hear over and over about rising health care costs. Much of these costs are linked to preventable chronic diseases. That is why employer spending on prevention is a wise investment. When I talk with employers or insurers or food producers, I tell them, if you have not made an effort to make your policies consistent with healthy habits, you are missing an opportunity to lower health care expenses and absenteeism, and increase productivity.

We at HHS are leading by example. Medicare is the Nation's largest provider of health insurance, affecting more than 40 million seniors and people with disabilities. With this past year's Medicare Modernization Act, I pushed to include more preventive benefits in Medicare. Now, starting in January 2005, seniors entering Medicare will be offered a complete, "Welcome to Medicare" physical. In addition, all people on Medicare will be covered for blood tests that can diagnose heart dis-

eases. Additionally, those high at risk for diabetes will be covered for blood sugar screening tests.

It makes sense to spend money on preventive medicine. Preventive care enables doctors and patients to diagnose and treat health problems earlier, changing our health care system from a focus on treating disease to a focus on preventing disease. This shift in thinking will pay off not only in lower health care expenses, but also in a better quality of life for all Americans.

OVERVIEW OF OBESITY AND DIABETES EPIDEMIC IN UNITED STATES

Today we face an epidemic of obesity—a major risk factor for heart disease and stroke, diabetes, and certain forms of cancer. Right now, our country is just too fat, and we have a crisis on our hands. By way of comparison, obesity has roughly the same association with chronic health conditions as does 20 years of aging. Few of our citizens have healthy nutrition and physical activity levels. The impact of this physical inactivity on medical costs is substantial and is likely to grow unless trends in physical activity change among older adults.

In the United States, obesity has risen at an alarming rate during the past 20 years. In fact, two out of every three of Americans now are overweight or obese. Even worse, the prevalence of overweight children has risen drastically. More than half of children who are overweight have at least one additional cardiovascular disease risk factor, such as elevated cholesterol or high blood pressure.

In 2000, the cost of diseases associated with obesity was estimated to be $117 billion for direct and indirect costs. Of the approximately $1.6 trillion [$1.3 in 2000 but $1.6 in 2002 according to CMS] spent on health care each year, about 75 percent of these dollars are spent treating chronic diseases such as heart disease, cancer, and diabetes, and $75 billion of that treats obesity alone.

In fact, there is a corresponding overwhelming rise in diabetes that we cannot afford to ignore. Today, at least 18.2 million Americans have diabetes, of which 5.2 million have the disease but have not yet been diagnosed. At least 41 million more have the condition known as "pre-diabetes." These people have higher than normal blood glucose levels and are at increased risk of developing diabetes. These facts are too troubling to disregard and too grim to just accept. Type 2 Diabetes was once considered a disease of the middle-aged and elderly, but now we are seeing it in our children.

My Department and this Administration absolutely refuses to accept the increase in the prevalence of diabetes, currently the sixth leading cause of death in America. We must act against this long-term public health crisis of obesity. If we do not improve, the gains in life expectancy and quality of life resulting from modern medicine's advances on disease will erode, and more health-related costs will burden the nation. We must educate Americans about how to take responsibility for their own health and the health of their family members, how to build healthy nutrition and physical activity into their daily lives, and how to make wise choices.

Therefore, we are acting for change, acting boldly and with energy and focus. The agencies of my Department are performing leading-edge research, and looking for ways to use those research findings to lead us to action.

Although the increasing burden of diabetes and its complications is alarming, much of this burden could be prevented with early detection, improved delivery of care, and better education on diabetes self-management. A modest and attainable improvement in our level of activity and the food we eat will work wonders. It is scientifically proven that moderate physical activity can substantially reduce the risk of developing type 2 diabetes—not to mention heart disease, colon cancer, high blood pressure and obesity. We are doing everything we can to make diabetes a bad memory, and we will not accept such a thing as a "tolerable" incidence of diabetes, while we can still research more, educate more, and treat more Americans.

We are taking a number of other important steps to address obesity, diabetes and improve the overall wellness of Americans:

In November of 2003, HHS launched the *Diabetes Detection Initiative: Finding the Undiagnosed*. This community-based effort seeks to identify persons with undiagnosed type 2 diabetes and refer them to follow up blood testing and treatment if necessary.

We also are in the process of consulting with the public and relevant stakeholders on diabetes issues. As part of the process to create this action plan, three half-day town hall "listening sessions" are scheduled in different parts of the United States, to highlight the important steps that individuals, health care practitioners and providers, businesses, and communities are taking to detect diabetes and educate patients, their families, and other Americans. The first town hall meeting focused on prevention of diabetes and was held in Cincinnati, Ohio on March 29, 2004 with

over 350 attendees. The second town hall was held in Little Rock, Arkansas on June 18 and discussed diabetes detection and education. The third town hall meeting is scheduled for Seattle, Washington on July 26, and will focus on treatment of diabetes.

Other departmental activities include:

FDA

In August 2003, FDA established an Obesity Working Group (OWG) to advise the Agency on innovative ways to deal with the increase in obesity and to identify ways to help consumers lead healthier lives through better nutrition.

In March 2004, the FDA released its comprehensive report to combat obesity with a focus on the message, "Calories Count." The report focuses on providing consumers with better information to help them lead healthier lives through better nutrition.

The FDA is presently working to:

1. Improve Food Labels

Consumers need more information to make sound food choices in the areas of calories and serving sizes. FDA has received petitions from manufacturers to provide for nutrient content claims for the carbohydrate content of foods. FDA is in the process of evaluating the petitions and plans to define terms such as "net," "low," and "impact" so that consumers are armed with better and more accurate information when making food choices.

FDA is also encouraging the use of comparative labeling statements to make it easier for consumers to compare different types of foods and make healthier substitutions. For example, "One medium apple (80 calories) contains 47 percent fewer calories than a one ounce serving of potato chips (150 calories)."

2. Restaurant Nutrition Information

FDA is urging the restaurant industry to launch a nation-wide, voluntary, and point-of-sale nutrition information campaign for customers. FDA also encourages consumers routinely to request nutrition information when eating out. In addition, the final report calls for the development of options for providing voluntary, standardized, simple, and understandable nutrition information, including calorie information, at the point-of-sale in a restaurant setting.

3. Increased Enforcement Activity

FDA plans various enforcement activities to ensure the accuracy of the information in the Nutritional Facts panel and to ensure that consumers can monitor their intake of calories and nutrients. This includes stricter enforcement activities against those manufacturers that declare inaccurate serving sizes.

This past year also witnessed a major change in the nutrition label on foods to include a separate listing of trans fatty acids. This was the first significant change on the Nutrition Facts panel since it was established in 1993.

The FDA has also undertaken a broad effort to crack down on misleading information and/or unsafe dietary supplements, and proposed new regulations to establish good manufacturing practice requirements for dietary supplements. The FDA took steps to remove dietary supplements containing ephedrine alkaloids from the market. These products were extensively promoted for aiding weight control and boosting sports performance and energy. One of the key messages of this effort is that there are no safe quick fixes when it comes to losing weight and improving athletic performance, and it is only through proper diet, nutrition and exercise that we can improve our physical performance and, more importantly, maintain and improve our health.

And, the FDA is partnering with other federal agencies to combat obesity among kids. The Power of Choice is an after-school program developed jointly by HHS's FDA and USDA's Food and Nutrition Service. The materials guide pre-teens toward a healthier lifestyle by motivating and empowering them to make smarter food and physical activity choices in real-life settings. A Leader's Guide, containing ten sequenced interactive sessions engage adolescents in fun activities that develop skills and encourage personal development related to choosing foods wisely, preparing foods safely, and reducing sedentary behaviors. Most activities require little or no pre-planning and are simple to do. The Leader's Guide also includes easy snack recipes, 170 Nutrition Facts cards, and posters on four key topics, and a computer disk provides supplemental activities to each of the 10 sessions, a self-training video for the leader, community support suggestions, and much more.

NIH

Through its research mission, the NIH is seeking to capitalize on recent scientific discoveries to further understand the forces contributing to obesity and develop strategies for prevention and treatment. NIH expects to spend roughly $400 million this year on obesity-related research, and the Administration has requested more than $440 million for fiscal year 2005.

As the problems of overweight and obesity have grown, the need for new action and research has become more evident. In response, NIH assembled a Task Force to identify areas for new research across its many institutes. In March 2004, NIH released the draft of its Strategic Plan for NIH Obesity Research (www.obesityresearch.nih.gov). This report identifies key areas of research needed, priorities among those areas, a road map and strategies for advancing these research priorities, and the establishment of a committee for monitoring progress in addressing the issues and problems relating to overweight and obesity. The NIH expects to make the final, published Strategic Plan for NIH Obesity Research available shortly.

5 A DAY FOR BETTER HEALTH

One of the most recognizable efforts to promote good nutrition and healthy eating habits has been the National Cancer Institute's *5 A Day for Better Health Program.* This national nutrition program seeks to increase to 5 or more the number of daily servings Americans eat of fruits and vegetables. In addition to its widely known slogan, the *5 A Day* program reaches many individuals through health care provider networks, the internet, and print media to provide information about the health benefits of eating more fruits and vegetables, as well as easy steps for adding more of them into daily eating patterns.

CDC

The National Nutrition and Physical Activity Program to Prevent Obesity

With 2004 funding, the CDC will support obesity prevention programs in a total of 28 states. Of these, 23 states will be funded at the capacity-building level to hire staff with expertise in public health nutrition and physical activity, build broad based coalitions, develop state plans, identify community resources and gaps, implement small-scale interventions, and work to raise public health awareness of changes needed to help state residents achieve and maintain a healthy weight. The other five states are funded at the basic-implementation level to put their state plans into action, conduct and evaluate nutrition and physical activity interventions, train health care and public health professionals, provide grants to communities, make environmental changes, and strengthen obesity prevention programs in community settings.

In addition, CDC provides funding to 23 states for the implementation of school-based policies and programs to help young people avoid behaviors that increase their risk for obesity specifically unhealthy eating and inadequate physical activity.

Making it Happen—School Nutrition Success Stories (MIH)

This material features the stories of 32 schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages offered and sold on school campuses. MIH is a joint project of the Food and Nutrition Service of USDA and the Division of Adolescent and School Health of CDC.

OTHER KEY HHS ACTIVITIES

Administration on Aging Action

The Administration on Aging's (AoA) National Policy and Resource Center on Nutrition, Physical Activity and Aging was created for the purpose of increasing and improving food and nutrition services to older Americans through their caregivers at home, with community-based service providers, and in long-term care systems. The Center focuses on linking proper nutrition and physical activity as key themes in the healthy aging process. One strategy for making this link has been the development and publication of a community guide entitled, *"You Can! Steps to Healthier Aging",* that details a 12-week program to help older Americans "eat better" and "move more." The Center is awarding 10 mini-grants to local communities to implement the You Can! Program in 2004.

AoA provides funding to states to implement health promotion and disease prevention activities. Educational information is disseminated through Senior Centers, congregate meal sites, and home-delivered meal programs. Health screening and

risk assessment activities including hypertension, glaucoma, hearing, nutrition screening, cholesterol, vision, diabetes, bone density, and others are also provided. Physical activity and fitness programs are provided along with education about the prevention and reduction of alcohol, substance abuse, and smoking.

CONCLUSION

We must continue to work hard to spread the gospel of personal responsibility. Each of us has to take responsibility for making the right choices when it comes to diet and exercise. My Department has taken steps to promote this attitude—and most importantly, we are trying to do it in creative ways without inflicting the guilt that turns so many people off.

From the day I arrived at the Department, I made healthy living and disease prevention our cornerstone priority. I put our whole Department on a diet, and I lost fifteen pounds myself. I began handing out pedometers, to help people walk 10,000 steps a day. Now they are a fashion statement.

My challenge to Americans is to find a way, not just one way, but several ways to spread the message of healthy living. Through employers, neighbors, churches, community groups, and even your own family, there are countless opportunities for each of us to encourage disease prevention and healthy living in our own lives.

I thank you for your interest and the opportunity to share with you some of HHS's many activities related to promoting healthy lifestyles and reducing the burden of obesity and chronic diseases in America. Let's keep the dialogue going so this issue stays on our radar screen until it is not a problem anymore. We can work together to make this happen.

Senator SPECTER. Thank you very much, Mr. Secretary.

You have indicated the policy change to expand coverage of obesity treatments such as gastric bypass surgery, with the proviso that before such procedures will be covered by Medicare, they must first be shown to improve health. There have been very extensive procedures, such as gastric bypass, for many years, and studies have shown it to be effective. Why not start now, Mr. Secretary—at least with gastric bypass, where there is a good bit of evidence that they are successful—to put Medicare to work on the issue?

Secretary THOMPSON. I'm willing to do that, Senator Specter. The truth of the matter is, this has been a tremendous sea-change from what the former coverage was at CMS. It didn't allow for anything dealing with strictly obesity. The coverage would allow for diabetes, if it was for treatment. But I think this is a giant step forward, and we're looking at exactly what you're talking about, to go the next step. This is, sort of, the middle step, but I think the next step is what you're asking for, Senator Specter, and we're looking at that, and we're compiling the scientific evidence in order to make that change. And I thank you for the question.

Senator SPECTER. Well, I would encourage you to do that, because I believe it will prove out that it'll be a savings by preventing further ailments.

Mr. Secretary, I want to cover one other subject—our time is limited, and we have a long list of witnesses—and that is the stem cell issue where you wrote, yesterday, to the Speaker of the House of Representatives, with an idea for a registry. And I think it is a good idea. And as I have heard about it, it will make available, through the registry, stem cell lines where—there are now lines which have been permitted by the President's declaration back in August 2001 for Federal funding—so that companies which own these lines and are currently making it difficult for other researchers to use them, there can be some pressure from the funding, which they now get from NIH or Health and Human Services, to

facilitate the availability of those stem cell lines to other researchers.

The question that I have for you relates to the total number of lines. When the President made his announcement—dramatic speech, at 9 o'clock on August 9, 2001—he said that there would be some 63 stem cell lines made available. That number then went into the 70s, and has come back to about 19, and maybe now about 20 or 21—in the low 20s. Would it be possible—and some of those lines have problems on contamination with mouse feeder—would you be willing to explore, on behalf of the administration—and I understand the sensitivity of the issue when your letter to the Speaker was very diplomatically and delicately phrased—but would you be willing to consider a program which would determine the current number of lines which are available, and seek to raise the number of available lines to, say, 63, which was the original number that President Bush made available back in that famous August 2001 speech?

Secretary THOMPSON. I would, Senator, but I want you to know the President is very committed to his policy. But I certainly will explore the possibility of seeing if there are other lines available that would meet the requirements of the President so that we could increase it. I think that is a very good suggestion, and I will follow through on that.

Senator SPECTER. Well, I think that it could fit within the contour as to what the President has said when he has his own reasons and his own conclusions as to making the stem cells available. But having taken a stand on 63 lines, it seems to me that that would be accommodate-able on both policy and political reasons, and I would very much appreciate it if you would explore that.

Secretary THOMPSON. Thank you very much.

I would also like to point out that we're going to be funding, Senator—and I know that you appreciate this—three centers of excellence to try and encourage more scientists and more knowledge-based——

Senator SPECTER. At least two in Pennsylvania, Mr. Secretary?

Secretary THOMPSON. Pardon?

Senator SPECTER. At least two in Pennsylvania?

Secretary THOMPSON. Well, we certainly——

Senator HARKIN. And one in Iowa?

Secretary THOMPSON. Well, certainly one in your favorite city, Senator, but I'm trying to get one into Wisconsin, too.

One into Iowa, but I really think—what we've found is that a lot of scientists don't know how to replicate—once they get the stem cell line, they make mistakes, as far as growing them and then differentiating the cells. And what we're trying to do is set up courses first in order to teach them how to do that. Second, then, to bring together scientists of like-minded persuasion with regard to stem cell development and research and be able to see whether or not we can develop a more scientific knowledge, more scientists to go into the field, and that's what we're trying to do with these Centers of Excellence. I think it's a good idea and we're trying to do that. But the President and I both feel very strongly about the importance of investing in stem cell research.

Senator SPECTER. The red light went on in the middle of your answer, and I'm going to stick to the time because we have so many witnesses, so I'll turn now to Senator Harkin.

Secretary THOMPSON. Thank you, Senator Specter.

Senator SPECTER. Thank you.

Senator HARKIN. Thank you again, Mr. Chairman.

Mr. Secretary, thank you for your great leadership. I think you have set a new high standard for your position as Secretary of Health and Human Services, for you and for whoever may come after you, whenever that may be, in the distant future. But I just hope you will continue to use your bully pulpit, as you have been, and continue to push this, and not only just under your own jurisdiction, but for things outside.

Now, kind of, what I'm leading to is that—for a little history here, in 1978 the Federal Trade Commission came out with proposed regulations to regulate advertising to kids. As I've researched this—and I was here at the time, but I was in the House, and I—kind of, a new Member, I probably didn't know that much about it at the time—but what happened is that the Soft Drink Association, certain food industries and stuff, got together—advertisers, advertising associations—and really bore down on Congress. Congress then passed a law basically prohibiting the FTC from regulating advertising to kids. I think it is factual to say that, today, the FTC has more authority to regulate advertising to us, adults, than it does to kids.

Since that time, we have seen this plethora of ads now, and things directed at kids, everything from counting books, at the earliest ages, to all the things they see on television, and on and on.

So as, sort of, our ombudsman, which you are, on healthcare, child health, and child obesity, give us your thoughts—or if the administration has any position on this—to ensure that the FTC has the same authority to regulate advertising to children as it does to adults. And considering any other regulatory steps that might be taken to address the improper targeting of junk-food advertising aimed at kids. I just wonder if you—any thoughts you have on that.

Secretary THOMPSON. Senator, since I am not an expert in that subject, FTC, I don't know if I'm the right person to give any administrative opinion on that. But let me tell you my personal opinion. I think the more that we can really get the information out there to children, that's the future. And, Senator Murray said it best, there's very few schools that provide for physical education anymore. We've got to get more physical education back into schools. We've got to get proper advertising to our children wherever possible. That's a personal opinion of mine. And I think that you're going in the right direction, Senator Harkin, and I thank you for it, but I am not in any position to talk about that area, other than my own personal opinion.

Senator HARKIN. I understand. I just—you know, again, the idea being that—and I hope you will take a look at that and think about it, and perhaps think about talking about, at least, having some regulations on how we advertise junk food to kids.

I had a poster here. Where is it? Give me that. I'll just show you some of the things happening now to kids, at the earliest age. This

is some of the things that are happening now. Here is a counting book, "Learn to Count From 1 to 10," the Oreo Cookie counting book. Here is a Goldfish counting board book, the M&Ms counting board book. Out of all that, there's one that is healthy; that's Cheerios. At least, I think it's fairly—and maybe I could be corrected on that, I don't know, but at least that's not real sugared up and everything. But is this kind of thing. You know, it's——

Secretary THOMPSON. We're trying to do a better job on labeling through FDA, Senator Harkin, and——

Senator HARKIN. Say what?

Secretary THOMPSON. We're trying to do a much better job through labeling at FDA. We just put out a rule, a final rule, on trans-fatty acids. And, for the first time, companies are going to have to put on the food label, as of January 1, 2006, the calories and the amounts of the trans-fatty acids.

Senator HARKIN. Our friends to the north, Canada, Great Britain, many European countries, I don't know who all, definitely do regulate advertising to kids when it comes to junk food and stuff like that. We just don't. And this goes back, again, to a law passed by Congress in 1980. We did, we passed a law.

Secretary THOMPSON. I'm for you.

Senator HARKIN. I know. I just want to get this out there. You know? And——

Secretary THOMPSON. I'm glad you do.

Senator HARKIN [continuing]. We need to move in that direction.

Now, my red light is on, darn it. But preventative service—thank you for what you're doing in Medicare. We've got to continue to move in that direction. You've taken the first big steps in doing that. I've had a lot of medical people complain to me that—you know, that in Medicare, they just can't get the preventative kind of reimbursement for good preventative services for the elderly that they need. And, yeah, but if they get sick, they can get the curative, as you say. So the more you can push Medicare and help us to think about how we might change some—if we need to change the law, or if you can do it administratively—to get Medicare more into providing the up-front preventative services, especially smoking for the elderly, weight reduction, exercise, nutrition. Man, the elderly can prevent a lot of illnesses and stuff, and the impact on Medicare, if we just have those four things.

Secretary THOMPSON. One fourth of the seniors that have diabetes don't know it, and they're in Medicare. So what we're going to do, if we don't start screening—we're going to wait until they get some kind of eye failure or renal failure or whatever. Then we're going to spend hundreds of thousands of dollars trying to get them back to health. It just doesn't make any sense at all. Thank you.

Senator HARKIN. Well, again, my highest accolades to you, Mr. Secretary. You've been a great leader.

Senator SPECTER. Thank you, Senator Harkin.

Senator Murray.

Senator MURRAY. Well, Mr. Secretary, thank you very much for both your personal and professional modeling of appropriate behavior and what we need to do to focus on this, and I truly appreciate it.

One of the things you talked about extensively in your remarks was moving to prevention, which I think is absolutely critical. And one of the best programs I have seen out in the communities that works on prevention and screening and early detection goes right to those 44 million uninsured people in this country, and that's the Health Community Access Program, the HCAP program, that has been so successful that we've worked on in a bipartisan way for a number of years, to fund, here in Congress, and I think it goes right to making sure that pre-screening for diabetes, those kinds of things, happen at a community-based level for the uninsured.

I noted that you recently took $20 million from that program to put into the AIDS Drug Assistance Program, another program I think we all support and care about, we've worked on in a bipartisan way. But I am deeply troubled that that funding came from a program that does precisely what you are working to do today, to do prevention, to do it in a community-based level, particularly for uninsured, who have the least access. And I'm—want to know, you know, what your intention is with that. I know we're going to work again very hard this session to fund that program, but raiding that $20 million is robbing Peter to pay Paul.

Secretary THOMPSON. Well, let me respond to that. You know that only 15 percent of the money in that program can go to services, and that money had already been allocated to the services, and all the programs that were going to be funded under that particular program this year had been funded. So the extra money is what we——

Senator MURRAY. But what it does is, it doesn't allow that program to expand. At a time when we know that prevention, that community-based models work the best, that the uninsured numbers are growing, it seems to me that we should be making sure that that program expands, not contracts.

Secretary THOMPSON. Senator Murray, I—all I can tell you is that I'm not as favorably disposed to that program. I do not believe it has been as effective as other programs we have in the Department. You and I differ on that. But I want you to know that all of the things that were going to be funded under that program in this fiscal year were funded. Now, granted, there could have been new applications for new programs, but, at that particular time, when we redirected the money to the AIDS program, the money for this particular fiscal year had been used, and only 15—under the congressional law and under the law of the land, only 15 percent of the money in that program can be used for services, and that money had already been used.

Senator MURRAY. Well, I do disagree with you on the effectiveness of that. And I've been out in my State, and visited a number of the CAP grantees who are doing tremendous things with uninsured people, young kids in particular, getting them in for early screening, early screening for diabetes, early screening for a number of things that—these kids don't have access to healthcare, and we know prevention is the way we need to go. And I would invite you out to my State to see specifically what some of these programs are doing.

But I do want you to know that I plan to fight for this funding again. We've been doing it for 5 or more years, we've done it in a

bipartisan way. We're going to fund this program, and I think we've got enough support in Congress to do that. I think it's what we do need to do.

Secretary THOMPSON. I just think there are other programs that we have in the Department that are much more effective and do a better job, Senator Murray. And you and I won't ever agree with that, but I just——

Senator MURRAY. Well, I'd love to have——

Secretary THOMPSON [continuing]. I think your State is doing some wonderful things——

Senator MURRAY [continuing]. I'd love to have you come out and see some of the——

Secretary THOMPSON. I will——

Senator MURRAY [continuing]. Programs in my State——

Secretary THOMPSON [continuing]. Be more than happy to come out there.

Senator MURRAY [continuing]. That really are——

Secretary THOMPSON. I'd be more than happy to come out and spend the day with you——

Senator MURRAY [continuing]. Fabulous.

Secretary THOMPSON [continuing]. Senator Murray, and watch your programs.

Senator MURRAY. We'll be——

Secretary THOMPSON. I'd love that.

Senator MURRAY. All right.

Secretary THOMPSON. I do it——

Senator MURRAY. Let me——

Secretary THOMPSON [continuing]. All over the country, so I'd be more than happy to do it.

Senator MURRAY. Well, know we're going to be fighting for the funding here, and——

Secretary THOMPSON. Thank you.

Senator MURRAY [continuing]. I'd take you up on that.

But let me ask you, really quickly, on another issue, and that's the 5 A Day Program that—I've been working with our apple and vegetable growers to do the 5 A Day Program that CDC has been promoting.

Secretary THOMPSON. And agriculture.

Senator MURRAY. And agriculture. I think it's great. I'm a huge supporter.

Secretary THOMPSON. Good for you.

Senator MURRAY. I'm concerned that the only way people can get information is on the CDC Web site, which, you know, I've got to tell you, as a parent, you just don't go cruising through the CDC Web site to get information about that. How can we do a better job of getting that actually into the hands of parents who need that kind of information? Is there a lead agency? Do you have a way of making sure that all of the different agencies that work with this can get the information out to people?

Secretary THOMPSON. Sure, absolutely. It's a good point, and I'm always looking for good suggestions and ideas on how to improve the operation of the Department. I'll take that back and see if we can't get it on our master Web page. And I also will ask Ann Veneman to put it on her Web page in Department of Agriculture.

Senator MURRAY. Okay, appreciate it. Thank you very much.

Secretary THOMPSON. Thank you for your idea.

Senator SPECTER. Secretary Thompson, Senator Harkin has a 30-second Q&A.

Secretary THOMPSON. Yes.

Senator HARKIN. Very short. I see we have Dr. Dean Ornish going to be testifying later. This has to do with——

Senator SPECTER. Half the time's gone, Tom.

Senator HARKIN [continuing]. With the food pyramid. Are you working in collaboration with the Department of Agriculture to redefine and redesign the food pyramid?

Secretary THOMPSON. Department of Agriculture has complete jurisdiction of the food pyramid, but we are—we're the lead agency this year with regard to nutrition, and we're holding our hearings right now. The last hearing's going to be in August, and we're going to have a report, in collaboration with the Department of Agriculture, in December of this year, with regard to fruits and vegetables, and also to nutrition.

Senator HARKIN. Well, I'm—Agriculture may have jurisdiction over that. They may. But you're the experts in this, and your Department is, and I hope there is a close collaboration between Agriculture and you on the food pyramid.

Secretary THOMPSON. There is, Senator. Very much so.

Senator HARKIN. Okay. I'm——

Secretary THOMPSON. And the food pyramid, I think, is going to be based upon the hearings and meetings we're having right now, in which the Department of Health and Human Services is the lead agency.

Senator HARKIN. Because it is my opinion, having been, you know, in Agriculture—I've been chairman and ranking member of that committee—and also here, that your Department needs to have the majority of input into designing that food pyramid. But you are collaborating with them.

Secretary THOMPSON. Yes, we are. We're having joint meetings right now. And the last joint meeting's going to be in August. Then we're going to have a report this year. But before I issue the report—I'm going to get the scientific results in August—I'd like to come up and sit down and go over those with you in September/October, Senator Harkin.

Senator HARKIN. I feel better about it now. Thank you.

Senator SPECTER. Thank you very much, Senator Harkin.

Thank you, Mr. Secretary. We very much appreciate your coming in. We like your new ideas, and we urge you to implement them as fast as possible.

Thank you.

Secretary THOMPSON. Thank you. And let me say, in conclusion, you people have been great. This, to me, like I said at the beginning, is probably the most important hearing that could be held on the most important subject facing America, so thank you. On my behalf, thank you.

STATEMENT OF KENNETH L. GLADISH, Ph.D., NATIONAL EXECUTIVE DIRECTOR, YMCA OF THE USA

Senator SPECTER. Thank you, Mr. Secretary.

We turn now to Panel Two, Dr. Ken Gladish, Mr. Vernon Delpesce, Mr. Eric Mann.

Dr. Gladish is the national executive director of the YMCA for the United States. Prior to his current position, he was executive director of the Indianapolis Foundation for the William E. English Foundation; bachelors degree from Hanover College in Indiana, and a masters and doctorate degrees in foreign affairs from the University of Virginia.

Thank you for joining us, Dr. Gladish, and we look forward to your testimony.

Dr. GLADISH. Mr. Chairman, Mr. Harkin, thank you so very much for the invitation. I'm pleased to be here representing the more than 2,500 YMCAs in American communities.

You know, for 150 years the YMCA has been engaged alongside American kids and their families and communities on seeking to support and encourage the development of healthy, balanced lifestyles. The broad challenge of finding a healthier, more life-enhancing way to live demands a renewed and aggressive social response. As the Secretary said—incidentally, the Secretary is a great friend of the YMCA, both in his governorship of Wisconsin and in his current role—we agree with the Senators that the emphasis on prevention is a key to the future of a healthier United States.

The YMCA serves more than 18 million American citizens, 9 million under the age of 18, 9 million over the age of 18. We work largely with men and women who are motivated to seek the improvement of their own health. But given our capacity and spread throughout America in 10,000 delivery sites, very deeply engaged in the State of Pennsylvania and the State of Iowa, we've come to the same conclusion that the Senators have, the subcommittee has, the HHS has, and other leaders in American health life, we need a renewed attention to prevention. And so the YMCA, in response to the rising attention and concern around the rise of chronic disease—most especially obesity, diabetes, and asthma—is announcing today a new project called Activate America, which will provide opportunity in 14 States and cities around the country to have the YMCA help convene groups of community leaders to focus on how we might, together, in a collaborative way, in a comprehensive way, in a community way, address the issue of the prevention of chronic disease.

We realize that the Federal Government cannot solve this problem for American communities and American citizens, that, really, self-reliance and individual responsibility at the family level is important. But the Federal Government can play an important role in at least three distinct fashions. First, by rising attention to the issue, which the subcommittee and the Senators are doing today. Second, providing a rhetorical context in which the real facts about the challenges to American citizens in these arenas are recognized. Third, by providing incentives for communities and charitable organizations like ours and other private-sector enterprises to focus on this activity and to make certain that there are means and methods by which American communities and families can lead their children and themselves to a healthier circumstance.

Our Activate America Project does engage support from a broad range of the sectors in American life. Public officials in each of the

14 communities, including Pittsburgh, Pennsylvania, and Des Moines, Iowa—I'm accompanied by the chief executives of the YMCAs of those two communities—will be actively engaged in this work. Local mayors and city councils and county and public-health officials will be engaged. And we have the extraordinary and strong support of two major American companies—JCPenney Corporation, through its after-school fund, and the Kimberly-Clark Corporation, who are great friends of the YMCA, of their own employees in the communities that they serve.

Our effort is also focused on transforming our own work and outreach. We recognized, as we crossed the divide of the 20th into the 21st century, that the YMCA, as one of America's leading charitable and not-for-profit entities, is probably more qualified than perhaps any other community-based organization to convene groups around this question. But we also need to change our own behavior inside our own 2,500-some physical facilities. We've been at this work since 1851. You know that we invented, in the YMCA, basketball and volleyball and racquetball, along with a good bit of the advances in physical education. We are, likewise, concerned, along with the rest of the community and parents of America, about the decline of physical education in American schools. And we know that we reach millions of young people through our own education and recreation programs, but we are not, as a community-based organization, doing enough yet. So our associations are committed to a decade-long effort to transform our own work in this regard, to focus more effectively and efficiently on prevention, to establish a baseline for active engagement of those that are not, on their own will and witness, seeking out the opportunity to improve their own health. And, like the Secretary and the Senators have said, that a lot of this is about common sense, but, sadly, we don't provide enough encouragement for American kids and families to follow the commonsense evidence of both research and practice and common experience of our grandmothers and grandfathers.

PREPARED STATEMENT

The YMCA is pleased to be here today to testify on behalf of the importance of prevention, to commit our best efforts to our Activate America enterprise, to pledge our collaboration with the public and private sectors and our cooperation with key civic leaders, like yourselves. Senators, we're pleased to be here. We appreciate the attention to the effort. And I'm also especially honored to be present with my colleagues from Des Moines, Iowa and Pittsburgh, Pennsylvania.

[The statement follows:]

PREPARED STATEMENT OF KENNETH L. GLADISH

Mr. Chairman and Members of the Subcommittee: I am Ken Gladish and I serve as the National Executive Director of the YMCA of the USA. Secretary Thompson, thank you for being so outspoken in your support of programs that prevent chronic diseases. Your leadership by example has been extraordinary. Senator Specter, Senator Harkin, and members of this subcommittee, thank you for your genuine commitment to ensuring that disease prevention programs remain funded and a priority for this Congress. We know there are many programs vying for your support and everyone in this room thanks you for keeping health promotion at the top of your list.

The broad challenge of finding a healthier, more life-enhancing way to live demands a fundamentally new and aggressive social response. No longer can we afford to think of America's health and wellness as the sole responsibility of the medical and public health profession. Collectively, all sectors of our communities and nation must come together to advance a common strategy and sincere commitment to chronic disease prevention in order to remove the barriers and increase the supports for healthy living for all of the kids and families of our great country.

As America's oldest and largest community-based, charitable organization with a core mission focus on healthy living, the YMCA is committed to organizing a broad based movement to help Americans find healthier ways to live. Indeed, as a leading American charity, it is our civic and community responsibility that calls us to act and demand the best efforts of our fellow nonprofits and the entire philanthropic sector. Our tax-exemption provided by the government and the trust afforded us by the American public, manifested through volunteer hours and donated dollars, demands our response to this public crisis. I have attached a chart to my written testimony that is submitted for the record which shows the depth and breadth of the YMCA movement and our unique qualifications for tackling this issue.

Let me be clear: the nation's 2,575 local YMCAs see the obesity and chronic disease crisis in this country as the issue that will define our organization's role in society for years to come. Just as YMCAs' responded to the shortage of childcare in the 1970's—quickly becoming the nation's largest provider of childcare—we are now galvanized around the need to collectively respond to society's great struggle to live healthier and happier.

Recognizing our public and moral responsibility to fully engage ourselves in the battle against obesity and related chronic diseases, the YMCA has launched a long-term initiative, called YMCA Activate America™. This effort has three core principles:

—One—we will take a more holistic approach to health. YMCAs will strengthen their long-standing commitment to health through spirit, mind and body.

—Two—we will develop parallel program and public policy strategies. YMCAs will help their communities, states, and the nation, develop and implement policies to encourage healthy living.

—Three—we will embrace collaboration as a core methodology. YMCAs will reach out to, and work more effectively with, government, business, health, foundations, and academic and research sectors, among others.

The first plank of this effort is an internally-focused, three-year research and development effort aimed at developing new YMCA operational and program strategies to support healthy living by all Americans—especially youth and racial, ethnic and low-income groups at greatest risk. In addition to receiving expert advice from the CDC and the Robert Wood Johnson Foundation, we are investing millions of our own dollars and are partnering with scientists at Harvard and Stanford University to better understand and respond to the central question: "What does a person need to sustain positive lifestyle health changes?" This effort is no less than a complete re-tooling of how YMCAs serve our 19 million members.

The second plank of this effort is an external effort aimed at broad community mobilization and is why I am before you today. The centerpiece of this external effort will be a national conference this September in Washington, DC. Through the support of our committed and engaged corporate partners—JC Penney Afterschool and the Kimberly-Clark Corporation—14 projects are being kicked-off today in 14 states involving diverse communities from throughout the country. Each community will be represented by a team of civic, business and public leaders that include YMCAs and other sectors of the community, such as public health, schools, businesses, park and recreation departments, faith-communities, and philanthropic and academic institutions. The community leadership teams will participate in the September conference to learn best practices and create action plans aimed at promoting healthier living. Two of the cities that will participate in the conference are with me this morning: Des Moines, Iowa, and Pittsburgh, Pennsylvania. In a moment you will hear from leaders from each of these cities who will explain why they are involved in the YMCA Activate America™ conference and what they hope to accomplish in their community.

At our conference, we will not be reinventing the wheel by creating a new model for community mobilization. There are plenty of successful models already available that the YMCA Activate AmericaTM communities will be able to learn from and adopt. For example, the federal REACH program—funded through CDC—has been in existence for several years and supports local programs aimed at eliminating racial and ethnic health disparities. We know this program is successful and CDC officials will attend our conference and help our communities understand why REACH works and what they need to do to achieve similar success in their community. The

same is true for Secretary Thompson's Steps to a HealthierUS program and Active Living By Design, a program funded by the Robert Wood Johnson Foundation. Each of these three programs will serve as templates for our communities to follow and replicate.

Let me be clear that this effort is not about getting more people into YMCAs. In fact, a true measure of success will be helping people understand that physical activity is not something that must be done only in a Y facility, but something that must be incorporated into everyday living. This effort is about each community leveraging available resources through existing fine organizations like the Y's, the Parks and Recreation Departments, along with programs offered by disease prevention organizations such as the American Cancer Society, the American Heart Association, AARP, the Public Health Departments and others. YMCAs along with like-minded organizations will work with government and community leaders to design a community approach to improving the health and wellness of our citizens, lowering health care cost in our country and creating strong kids, strong families and strong communities.

Fortunately, at the federal level we have leaders like you who understand that community-based and community-led programs provide the only chance of creating lasting behavior change. Senator Specter—who has long-championed community health promotion programs—and Senator Harkin—who recently introduced YMCA-endorsed legislation that contains many excellent provisions aimed at strengthening community-based health programs—are both to be commended for your leadership and vision. I thank you for holding this hearing and I look forward to our continued work together.

YMCA's Unique Qualifications to Build Healthy Communities:

—YMCAs are located in all 50 states, with 2575 YMCAs serving over 10,000 diverse communities across the country—no other community-based organizations have the same reach.

—Collectively, YMCAs have more than 624,000 committed volunteers that can further promote the goals of healthy communities. Currently, YMCAs involve 18.9 million people each year, including 9 million youth under age 18 in a wide variety of programs.

—The YMCAs have a distinguished track record of community-level leadership and collaboration and they have a long history of raising funds to assist public health efforts and to ensuring that no one is denied access to programs for a lack of ability to pay. YMCAs raise millions of dollars that benefit local communities. YMCAs collectively were ranked No.1 in The Non-Profit Times Top 100 (November 2003) after raising $714 million in pubic support to be used for scholarships, subsidies and other community services.

—Health and fitness have been part of YMCA's charitable mission for more than 100 years. YMCAs have a track record and ability to reach individuals of all ages through their programs and can support communities in delivering programs that promote healthy behaviors and prevent diseases and complications, such as diabetes and obesity.

  —The nation's 2,575 YMCAs are collectively one of the largest providers of health and wellness programs and activities in the country. YMCAs have infrastructure, commitment and flexibility to meet the needs of communities across the country.

  —YMCAs are also the nation's largest provider of child care and afterschool programs, collectively serving 7.5 million school-age kids in afterschool programs and 500,000 preschoolers at more than 9,000 child care sites nationwide.

  —YMCAs operate 2,000 resident camps serving youth, teens and families—most offer age-appropriate physical activity.

  —YMCAs are the largest providers of youth sports programming year round, serving over 4.5 million youth in programs such as basketball, swimming, soccer, t-ball, volleyball and flag football, which get youth moving while developing a sense of teamwork, good sportsmanship, and self-confidence.

  —Recognizing the need for baby boomers to get and stay healthy, 62 percent of YMCAs offer older adult fitness programs; 38 percent older adult aquatic classes; 21 percent offer walking classes/clubs; and 36 percent offer strength training for older adults.

—Hundreds of YMCAs across the country already offer a wide array of fitness and wellness programs that are delivered to communities. Annual surveys of YMCAs enable the compiling of the following statistics which show the number of YMCAs that offer programs and services in 2003 related to youth and adult activity (note: YMCAs offer far more health and wellness programs than listed below, but due to space limits, only a representative sample can be provided):

Program	Number of YMCAs offering
YMCA Healthy Kids Day™	1,294
Programs in aquatics for people with physical disabilities	564
Preschool movement	718
Programs specific for people with diabetes	135
Physical education for homeschoolers	598
Programs for people with chronic disease	109
Parent-child exercise classes	424
Adult obesity programs (for obese adults)	224
Teen fitness/exercise	887
Child obesity programs (for obese children)	351
Youth fitness/exercise	952
Weight management/nutrition programs	655
Older adult fitness/exercise programs	1,281
Health risk/lifestyle appraisals	524
Strength training classes for older adults	828
Corporate health and fitness programs	417
Strength training programs for youth	851
Walking classes/clubs	483
Youth sports	1,661
Water fitness classes	1,357
Day camps for youth	1,678
Tobacco programs (2002 statistic, question not asked in 2003)	112
Arthritis Aquatics classes	1,013

—YMCAs offer the physical facilities for community activities and meetings, and YMCAs can provide programs out in the communities for further participation by target populations.

—YMCAs collaborations with government agencies, schools, churches and others make YMCAs a stronger community partner. Sample collaborations included in 2003:

Collaboration	Number of YMCAs
Federal Government agency	412
Local government agency	1,408
State government agency	827
Elementary school	1,531
Middle school	1,193
High school	1,118
Churches	1,138
Parks and Recreation	1,004
Hospitals	898
Corporations	668
Community Coalitions	508

STATEMENT OF VERNON E. DELPESCE, CHIEF EXECUTIVE OFFICER, YMCA OF GREATER DES MOINES

Senator SPECTER. Thank you very much, Dr. Gladish.

We turn now to Mr. Vernon Delpesce, president and CEO of the YMCA of Greater Des Moines. Prior to this assignment, he held YMCA positions in Houston and Columbus, Ohio.

Thank you for joining us, Mr. Delpesce, and we look forward to your testimony.

Mr. DELPESCE. Thank you.

Good morning. My name is Vernon Delpesce, as stated, and I'm the president and CEO of the YMCA of Greater Des Moines.

I want to begin by thanking both Senator Specter and my Senator, Tom Harkin, for their interest and commitment in the prevention field. I especially applaud your efforts as they relate to children and families, which are of great interest to the YMCA. And

I'd just thank you for the opportunity to come here and visit with you today.

As Senator Harkin knows, as Secretary Thompson talked about Wisconsin and some of the great foods they have there that may hinder their ability to stay fit, in Iowa we have a longstanding tradition at our State fair, which comes up in a couple of weeks, that any particular food—any type of food there is that you can put on a stick and deep-fry, is sold at our State fair.

It is one of the highlights of the fair, but it certainly does not contribute to our effort here today. So we have a ways to go in terms of the culture of our State.

But Iowa is certainly an example of what is occurring across the country related to chronic disease. In the last decade, the number of people who are obese in Iowa has almost doubled—almost doubled—in the last 10 years. The prevalence of diabetes has also grown at an alarming rate, especially in children and minorities in the State.

According to the Prevention Research Center at the University of Iowa, 62 percent of Iowans today—62 percent—are either overweight or obese. I did include an attachment with my testimony that has some further information regarding that.

Preventable chronic disease is costly today, but, if the trend continues, it will be very devastating to our future. And the only way to turn it around is going to be through prevention.

In Des Moines, various community leaders have stepped up to the plate and recognized these trends, and have begun to take action. A couple of examples, Principal Financial Group and Meredith Corporation, two of our largest employers, have taken on very extensive wellness programs. The State of Iowa has sponsored the Iowa Games, as well as Lighten Up Iowa, that will focus on helping people be more active and lose weight.

YMCA in Des Moines, we impact about 56,000 people per year, about half of them being youth. And we're excited to be a part of this. We, of course, are doing what we can—our part, too. We've just entered into a collaborative effort with the American Heart Association, the American Diabetes Association, and the American Cancer Society to be able to get their health-related materials in the hands of the people who need it the most. We recognize them as the real experts when it comes to providing education, as we're the experts in providing the activity. Also, reaching teens is important to us, and, Senator Harkin, you've helped us with that in the past, and greatly expanded our teen programming at 21 cities across the State.

One other thing that's very important to us in Des Moines, as it is, I know, to all YMCAs, and that is what we do in disadvantaged communities. Last year, in Des Moines, we gave about $1.1 million worth of scholarships and financial aid away to disadvantaged people in our community. But we are committed that people in low-income communities deserve, and we will provide them with, the same level of programs and activities and services as any other community in town. And so we're very proud of that.

As we begin to work on this, it's been very exciting to recruit the folks that will help us with Activate America, and I just would like to share with you some of our community team leaders who are

going to help us with this effort. Former Governor Terry Branstad, who is now the president of Des Moines University, which is an osteopathic medical school, will help us. Mary Mintzer Hansen, who is the director of the Iowa Department of Public Health—as a matter of fact, Mary shared with me that they are working on a strategic plan for their health department throughout the State, and Activate America actually fit—she said, "We could not have written it better to fit into the strategic plan." So we're glad to be working with her. Dr. John Lowe, who is with the University of Iowa, Prevention Research Center; Dr. Ed Hertko, a retired physician and board member for American Diabetes Association; Kay Halvorson, who's the Wellness Director at Principal Financial Group; and a couple of others. As a matter of fact, I will share with you, the Mayor—who is not listed on here—the Mayor of Des Moines has actually, at his request, wants to serve on this committee because he sees the great impact that it can have on the city of Des Moines. And so, again, I'm confident that, with the folks we have at the table, we're going to make a big difference. But the—I also have to share with you—the numbers and the percentages and all don't mean as much as just the people that we have with us. And I have Ellie Westercamp, a 9-year-old who will be with us later today sharing her story. And it's the real people that it's really about, and the people we can help.

PREPARED STATEMENT

Again, I thank you for the opportunity to be here today, and I applaud what you're doing for this prevention effort.

[The statement follows:]

PREPARED STATEMENT OF VERNON E. DELPESCE

Good morning, my name is Vernon Delpesce and I am the President of the Des Moines YMCA. I want to begin by thanking Senator Specter and my Senator, Tom Harkin, for their interest in preventing chronic disease in this country through programs that promote healthy lifestyles.

The state of Iowa is an example of what is occurring across the country related to chronic disease. In the last decade the number of people who are obese has almost doubled. The prevalence of diabetes has also grown at an alarming rate, especially in children and minorities. According to the Prevention Research Center at the University of Iowa, 62 percent of Iowans are overweight or obese (See Attachment A). Preventable chronic disease is costly today, but if this trend continues it could be devastating to our future. I believe the only way to turn things around is through prevention.

In Des Moines, various community leaders have recognized these trends and are starting to take action. Local corporations like Principal Financial Group and Meredith Corporation are providing extensive wellness programs for their employees. And our state health department sponsors the Iowa Games and Lighten Up Iowa which involve thousands of people who are becoming more active and losing weight.

The Des Moines YMCA has also responded. We currently serve 56,000 people annually—one half of these are under the age of 18. Through a collaborative effort with the American Heart Association, the American Diabetes Association, and the American Cancer Society, we are putting health related educational materials in the hands of the people who need it the most. Thanks to the support of Senator Harkin, we are reaching more teens than ever before by expanding teen programs in 21 cities across Iowa. In addition, we have a commitment and responsibility to serve low income individuals and families. Like all YMCAs throughout the country, we do not turn people away due to an inability to pay. Last year alone we provided over $1.1 million in scholarships and subsidies to ensure that our programs are open and accessible to all so disadvantaged people have the same access to our health and fitness programs as everyone else.

The dramatic increase in obesity and chronic disease in Iowa has caused us to provide a renewed emphasis on our programs that focus on physical activity and healthy eating. As a matter of fact last Saturday we completed two one-week camps for children with diabetes. Three hundred and fifty youth with diabetes and sixty five medical personnel attended YMCA Camp Hertko Hollow to learn good nutrition habits. They also learned how to monitor their blood sugar and give themselves insulin injections. They had a lot of fun; and yes Senator Harkin, they learned the importance of eating fresh fruits and vegetables.

Despite all of our efforts—and the efforts of the public health community in the city—we are losing ground. This is why Des Moines has decided to participate in the YMCA's Activate America project. In Des Moines, our team consists of 8 community leaders including: Former Governor Terry Branstad, the President of Des Moines University; Mary Hansen, the Director of Iowa Department of Public Health; Dr. John Lowe, the Director of the Prevention Research Center at the University of Iowa; Dr. Ed Hertko, retired physician and board member of the American Diabetes Association; Kaye Halvorson, the Wellness Director for the Principal Financial Group; Sam Carroll, Executive Director of Is It Good For The Kids?; Doug Reichardt, the Chairman and CEO of Holmes Murphy a large insurance brokerage firm and chairman of the Iowa Games; and myself.

I am confident that the results of our effort will begin to reverse the trend; however it is more important for me to remember that behind the numbers and percentages are people. People like 9-year-old Ellie Westercamp who is with me today. Ellie overcame severe asthma by increasing her activity through a swimming program. It is about the real people who live healthier and more fulfilling lives as a result of our programs that keep me motivated to work on projects like Activate America.

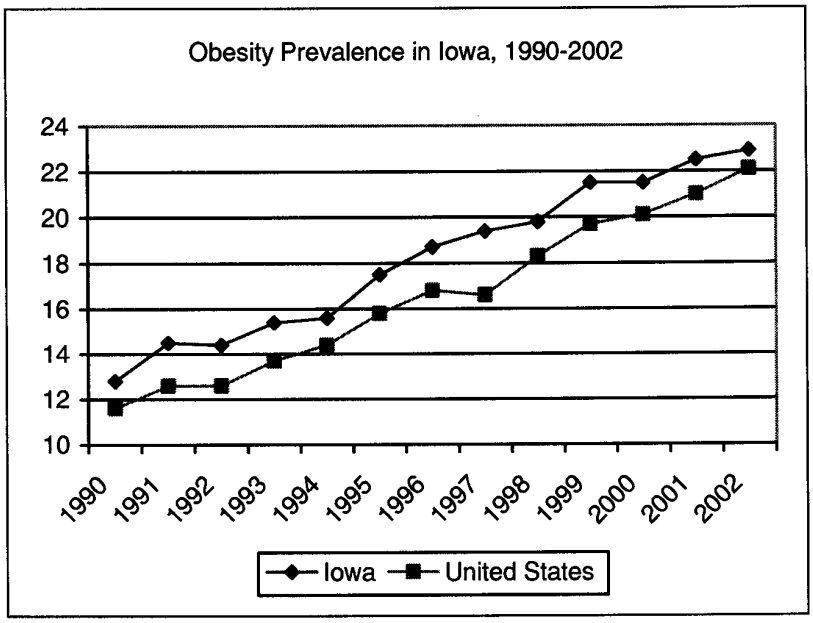
Again, I thank you for your commitment to prevention and I look forward to our work together in the months and years ahead.

ATTACHMENT A.—OBESITY IN IOWA

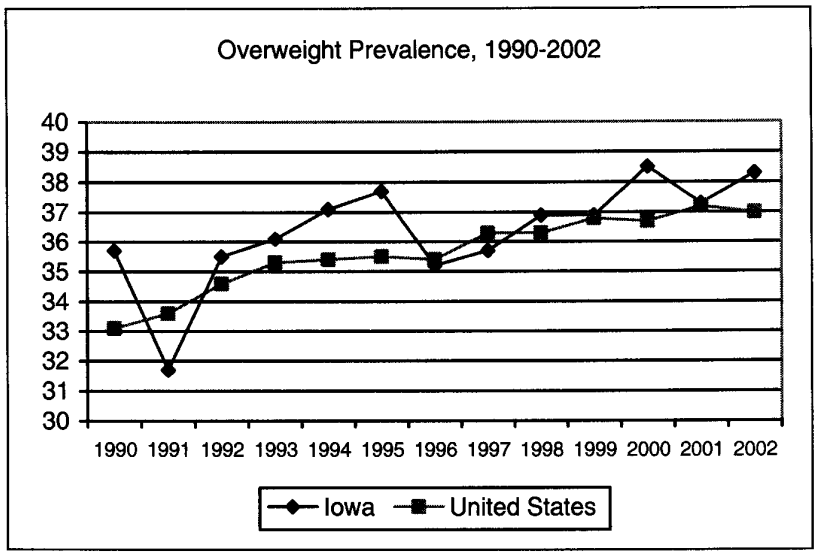
[Provided by Prevention Research Center, University of Iowa]

Since 1990, the prevalence of adult obesity in Iowa has increased from 12.8 percent to almost 23 percent. The following chart shows the obesity rates in Iowa compared to those in the United States.[1]

[1] CDC. (2004). Behavioral Risk Factors Surveillance System: Trends Data—Nationwide vs. Iowa. Retrieved July 9, 2004, from http://apps.nccd.cdc.gov/brfss/Trends/trendchart__c.asp?state__c=IA&state=US&qkey=10010&SUBMIT1=Go



Since 1990, the prevalence of overweight adults in Iowa has increased from 35.7 percent to over 38 percent. The following chart shows the overweight rates in Iowa compared to those in the United States.[2]



In 2002, 62.2 percent of Iowans were either overweight or obese.

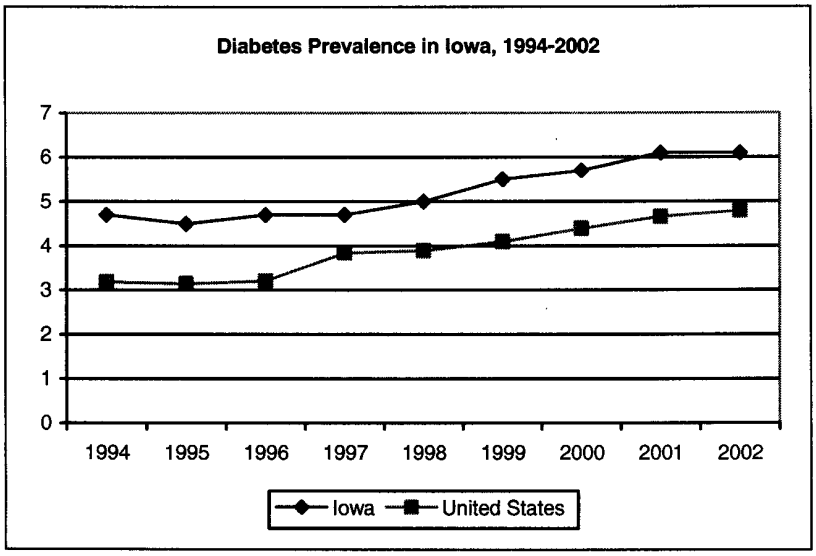
[2] CDC. (2004). Diabetes Surveillance System. Retrieved July 9, 2004, from www.cdc.gov/diabetes/statistics/prev/national/tprevage.htm

According to the CDC, Iowa has the 18th highest rate of obesity in the United States. The following table shows the obesity rates for the 20 states that have the highest obesity rates in the country.[3]

STATES WITH THE HIGHEST OBESITY PREVALENCE IN THE UNITED STATES, 2001

	State	Obesity rate
1.	West Virginia	27.5
2.	Mississippi	26.8
3.	South Carolina	25.8
4.	Alabama	25.7
5.	Louisiana	25.5
6.	Texas	25.5
7.	Michigan	25.4
8.	Tennessee	24.6
9.	Kentucky	24.5
10.	Indiana	24.1
11.	Pennsylvania	24.0
12.	Arkansas	23.7
13.	North Carolina	23.5
14.	Georgia	23.5
15.	Missouri	23.2
16.	Ohio	23.0
17.	Oklahoma	22.9
18.	IOWA	22.9
19.	Kansas	22.8
20.	Wisconsin	21.6

In Iowa, the prevalence of diabetes has increased from 4.4 percent to 5.7 percent since 1994. The chart below shows the rates of diabetes in Iowa compared to the rates of diabetes in the United States.[2]



STATEMENT OF ERIC K. MANN, PRESIDENT AND CEO, PITTSBURGH METROPOLITAN YMCA

Senator SPECTER. Thank you, Mr. Delpesce.

[3] CDC. (2004). Obesity Trends. Retrieved July 9, 2004, from www.cdc.gov/nccdphp/dnpa/obesity/trend/prev_reg.htm

We turn now to Mr. Eric Mann, president and chief executive officer of the YMCA of Pittsburgh; bachelor of science from Mars Hill College in Mars Hill, North Carolina, and did graduate work at Loyola Marymount in Los Angeles.

Thank you for being with us, Mr. Mann, and the floor is yours.

Mr. MANN. Thank you, Mr. Chairman and Senator Harkin and members of the subcommittee.

I do thank you for giving us the opportunity. Senator Specter you are a friend of ours, and have helped us in a lot of ways in some programs in our community that work in underprivileged communities, so I thank you for that.

The city of Pittsburgh and the YMCA, we are embarked upon this health and wellness and this lifestyle program. You were talking about the—what happens about recently attributed expenditures. Pennsylvania, alone, has $4.1 million that's attributed, that goes out because of obesity-related issues.

We are very fortunate to be in a community that has very strong partners that we're going to be working with our Activate America Program. We are working with Highmark Blue Cross Blue Shield, which is the largest healthcare insurer in Pennsylvania. We have, also, UPMC, which is the largest healthcare provider, that's going to be one of our partners. We have the Catholic church, the Pittsburgh diocese, that will be part of our team. We've recruited the Center for Minority Health at the University of Pittsburgh that will be part of our team that will help the YMCA start to address the critical needs for our community.

The beauty about Activate America is that it is providing the vehicle for like-minded organizations to address this issue as one group, versus five or six different groups, at the local level. And so as you speak about, "How can you make a real change in this particular industry," I think this is the kind of process that puts public and private partners together to make a real impact.

In Pittsburgh, we serve about 164,000 participants, of which half are youth. We are the largest provider of after-school childcare, where we serve 2,000 children a day. And the YMCA, as part of its mission, we provide health and fitness programs to those 2,000 children per day at our sites. Along with partnering with the Catholic church in a program called Fit For Life, we provide the instructors and go in and teach the physical education that they're not able to do.

We are committed to this. Our partners in this is really looking forward to how we can make a real impact and get the services to the people that need it. We, like the YMCAs across the country, we do not turn anyone away because of their ability to pay. And so we believe, because of our position in the community, because of our significant partners, and because this is something that's going to have focus, this will make a tremendous impact at reversing some of the issues and some of the trends that we see. It's going to take this kind of gargantuan effort in order for us to do that.

PREPARED STATEMENT

So I appreciate the time, and I understand that this is a very, very important issue, and we're excited about the opportunity. And,

again, I thank you, Senator Specter, as my home Senator, for what you're doing in this particular effort.

[The statement follows:]

PREPARED STATEMENT OF ERIC K. MANN

Mr. Chairman, Senator Harkin and Members of the Subcommittee, my name is Eric Mann, and I am the President and CEO of the Pittsburgh Metropolitan YMCA. I want to begin by thanking my Senator, Arlen Specter, and Senator Tom Harkin, for their commitment to preventing chronic disease in this country through programs that promote healthy lifestyles and help people to eat better and get active. I specifically applaud this subcommittee's commitment to encourage healthy lifestyles among our nation's kids, families and communities. This is important work and I thank you for your commitment and for inviting me to speak here today.

The city of Pittsburgh provides a good example to showcase trends in chronic disease. Over 75 percent of adults in Pittsburgh report an average consumption of less than 5 servings of fruit and vegetables per day. In Pennsylvania, obesity-attributable expenditures for direct medical expenses are estimated to be $4.138 billion.

Various community leaders in Pittsburgh have recognized these trends and are starting to take action. Highmark Blue Cross/Blue Shield is working with the public school system on a health and fitness curriculum for all elementary children. The Centre for Minority Health at the University of Pittsburgh sponsored a month long community awareness program highlighting health issues in the Black community.

As the leading charitable community-service organization in the city, the Pittsburgh Metropolitan YMCA has also responded. We currently serve 164,377 individuals—one half of these are under the age of 18. We have a specific commitment to the overall health and wellness of our youth and seniors who live in our under-resourced and minority communities and would like to thank Senator Specter for the support he has given us for our work in these communities. Like all YMCAs throughout the country, we do not turn people away due to an inability to pay and last year provided $395,133 in scholarships and subsidies to ensure that our programs are open and accessible to all.

The dramatic increase in obesity and chronic disease in Pittsburgh has caused us to provide a renewed emphasis on our programs that focus on physical activity and healthy eating. We offer Fit for Life, which is a collaborative effort between the Pittsburgh YMCA and the Catholic diocese to provide physical education for elementary school children. Our Spark (Sports, Play & Recreation for Kids) program is a collaboration with Highmark, designed to develop health and fitness curriculum for the 2,000 children who are served through our 50 different after-school sites. Through food banks and other food programs, we are serving 3,708 families.

What is becoming very clear in Pittsburgh is that all sectors of the community must come together and collectively develop a unified strategy for preventing chronic diseases. This is why Pittsburgh has decided to participate in the YMCA's Activate America Pioneering Healthier Communities project. In Pittsburgh, our team consists of 8 community leaders, including the key leaders from Highmark Blue Cross/Blue Shield, Pennsylvania's largest health insurer, UPMC, the region's largest health care organization, along with the Center for Minority Health and the Pittsburgh Catholic diocese. Our purpose is to become dramatically more effective in partnering to improve the spirit, mind and body of our kids, families and communities.

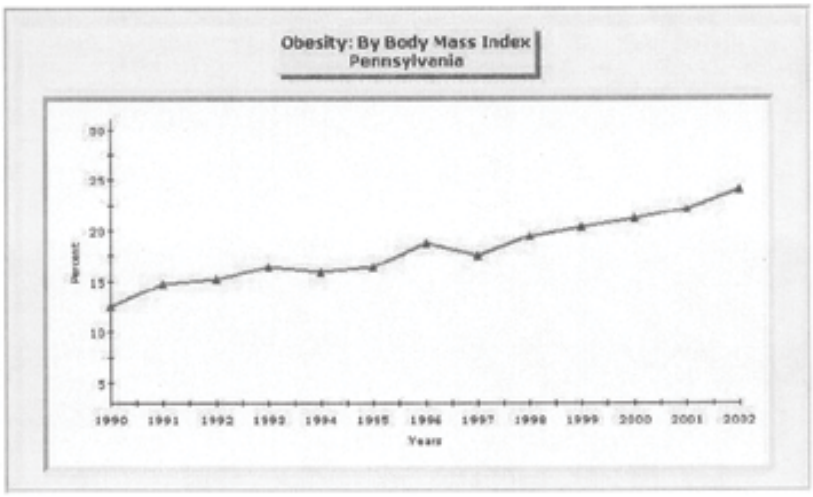
I am confident that the results of our effort will be dramatic. As an example of exactly what dramatic' means, I have Marty Balawejder with me here today. Marty has literally turned his life around—taking on depression, underemployment and his own poor physical health to become a Pittsburgh success story. He will speak at a press conference later this morning about his personal achievements. Just as Marty continues to challenge himself to lead a healthier lifestyle, we as a community are prepared to do the same thing.

Again, I thank you for your commitment to this issue and for the opportunity to speak here this morning.

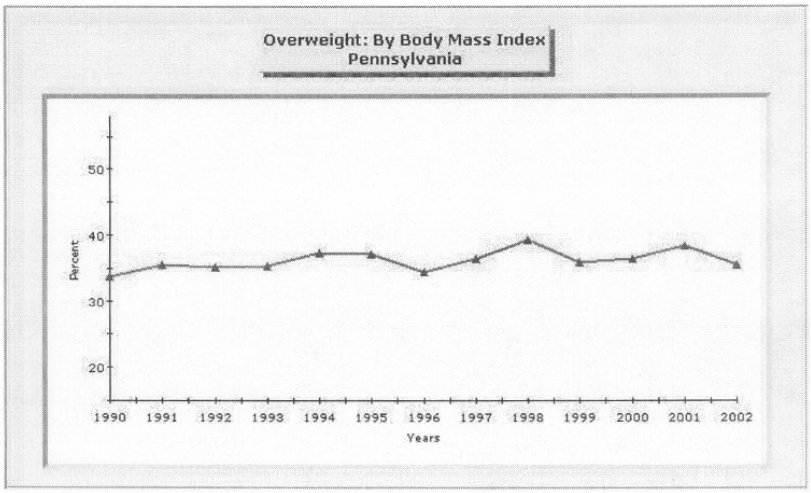
RISK FACTOR TRENDS IN PENNSYLVANIA 1990–2002 [1]

Since 1990, the prevalence of adult obesity (adults with a Body Mass Index of 30 or greater) in Pennsylvania has nearly doubled from 12.5 percent to 24 percent.

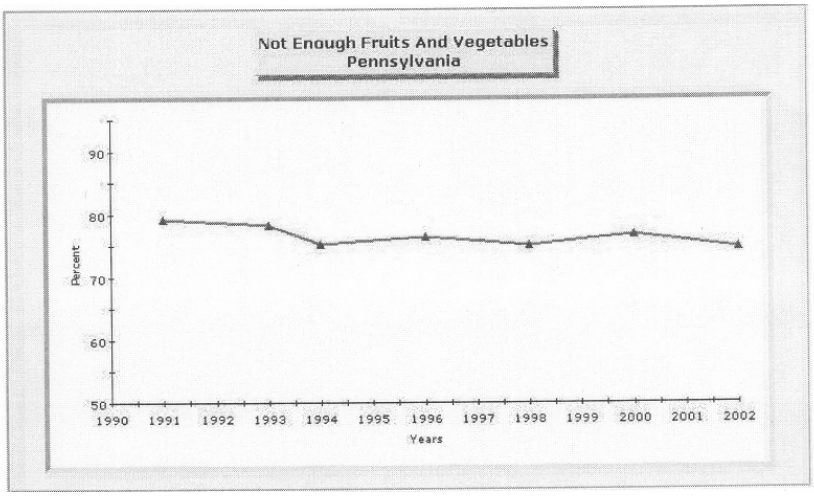
[1] National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, 2002.



Since 1990, the prevalence of overweight adults in Pennsylvania has increased from 33.8 percent to 35.6 percent.



Since 1990, the percentage of adults who report an average consumption of less than 5 servings of fruit and vegetables per day has steadily remained around 75 percent.



Pennsylvania has the 11th highest rate of obesity in the United States. The following table shows the obesity rates for the 20 states that have the highest obesity rates in the country.

STATES WITH THE HIGHEST OBESITY PREVALENCE IN THE UNITED STATES, 2001

	State	Obesity rate
1.	West Virginia	27.5
2.	Mississippi	26.8
3.	South Carolina	25.8
4.	Alabama	25.7
5.	Louisiana	25.5
6.	Texas	25.5
7.	Michigan	25.4
8.	Tennessee	24.6
9.	Kentucky	24.5
10.	Indiana	24.1
11.	PENNSYLVANIA	24.0
12.	Arkansas	23.7
13.	North Carolina	23.5
14.	Georgia	23.5
15.	Missouri	23.2
16.	Ohio	23.0
17.	Oklahoma	22.9
18.	Iowa	22.9
19.	Kansas	22.8
20.	Wisconsin	21.6

Senator SPECTER. Well, thank you, Mr. Mann.

You have a very good partnership lineup with the University of Pittsburgh Medical Center, UPMC, and also the Blue Cross Highmark. Can you give the subcommittee an idea, specifically, of what kind of programs you will carry out? Give me an example as to what you will do?

Mr. MANN. One of the programs that we are currently running, I spoke out, our after-school program, we, in collaboration with Highmark Blue Cross Blue Shield, we run a program called SPRK, and it's Sports Play Recreation for Kids. This curriculum is designed to get children active again. And so Highmark——

Senator SPECTER. Get the children active on sports.

Mr. MANN. Any activity. Sports is just one of them. A lot of them have nothing to do with——

Senator SPECTER. Exercise.

Mr. MANN. Exercise.

Senator SPECTER. How about information on diet and——

Mr. MANN. Diet and nutrition is a very large part of it. The Center for Minority Health is a very prominent research arm at University of Pittsburgh. They are providing the stats and the research, and will be doing an evaluation on what we do, in terms of our programming.

Senator SPECTER. Mr. Delpesce, what are you going to do to counteract the culture of deep-fried food?

Mr. DELPESCE. I may have to call on Senator Harkin on that one to help me. I'm not sure. But some of the things that we're going to work on are community design efforts. And, as was stated, we're—with the people we have the table, we do think we can impact some, in terms of the sidewalks—Principal Financial Group actually has committed $10 million to a riverwalk in downtown Des Moines that isn't going to focus on retail along the river——

Senator SPECTER. How about the deep-fried food?

Mr. DELPESCE. What's that?

Senator SPECTER. What are you going to do about that? Are you going to tell people not to eat it?

Mr. DELPESCE. Absolutely.

Senator SPECTER. Good.

Mr. DELPESCE. We are going to put a lot of effort forth in teaching better nutrition, absolutely. And we're going to work with the Department of Education to work on the physical education issue in the schools. And then we're also—one of the areas that we're very interested in is in the low-income and minority communities there, where the prevalence of this is just unbelievable. And so we're going to do what we can to——

Senator SPECTER. Dr. Gladish, could you devise a program which would be directed to Philadelphia cheesesteaks?

Governor Rendell spoke at the NAACP meeting on Sunday night and touted the Philadelphia cheesesteaks, which he said are unique because they use bad meat and no cheese; they use Cheese Whiz, which melts better, and they are used so that—customarily, where you drain off the fat; for a Philadelphia cheesesteak, you drain in the fat—and there is a calculation on the stringiest meat that can be found.

All of which adds to an extraordinary good taste. Now, as the head of a national program, what is your answer to combat the Philadelphia——

Dr. GLADISH. Senator, if the——

Senator SPECTER [continuing]. Cheesesteak?

Dr. GLADISH [continuing]. The Philadelphia cheesesteak will help grow hair, I'll eat as many as you'd like me to.

I'll tell you what, this is a really key concern, because nutrition and activity have to go together, and they really have to operate at the individual level. What we've discovered in our YMCA work is that there are apparently significant social, psychological and personal barriers to a very substantial percentage of our popu-

lation—kids and adults, and adults as models for kids—around these fundamental issues. So our Activate America Project is also engaged with Stanford University, Harvard University, with the CDC, with HHS help, and others, I'm trying to examine a different kind of an approach, a model that will encourage and provide incentive and reward for persons to change their personal lifestyle. Because at the policy level, we can adopt a whole wide range of important, significant, and affirmative policies, incentives, and the rest, but unless we can find means at the community-based level—in schools, in homes, in YMCAs, in Boys and Girls Clubs, and other settings—to encourage folk to change their behaviors and to provide a reasonable image of what that means——

Senator SPECTER. Dr. Gladish, that's a fine——

Dr. GLADISH [continuing]. We're not going to succeed.

Senator SPECTER [continuing]. That's a fine theoretical answer. Now, time is almost up, so I'm going to yield to Senator Harkin, but I'd like you to supply the subcommittee with a written answer to how you deal with the Philadelphia cheesesteak. There, you have a delicacy which people love to eat, and it's deleterious to their health. So give that some thought.

Senator Harkin.

Senator HARKIN. My thought is to eat maybe one a year, or something like that, just cutting down on how much you eat of that stuff. And the Iowa State Fair is another example. I mean, I go every year, gonna go again this year, and it's just booth after booth of everything you shouldn't eat. And it sends the wrong signal to our kids, who go to the Iowa State Fair. We need to provide more fruits—fresh fruits, fruit drinks, healthy kinds of foods at places like that to send the proper example to our kids, as well as what we should be doing in our schools.

Since Senator Specter got off on the Philadelphia cheesesteak, I mean, look, we know a lot of these foods are bad for us, but, again, sometimes in moderation, as long as you don't eat too much of it, and you don't eat it all the time—I mean, look, I like a Big Mac as much as anyone else, but I don't eat five of them a week. I mean, to me, this is a treat. A couple, three, or four times a year, I'll have a Big Mac, and it's a nice treat. You know, I'm not opposed to that. It's just the constant barrage that you get that this is good to eat all the time, and it's not. So we have to have better information on moderation in eating those kinds of foods, and make sure that these are not the kind of things that you consume all the time.

I don't have any other questions. I just want to say, Dr. Gladish, thank you for your announcement today of the Activate America Program. The cities, the States—couple of States you're going to be doing in this. To me, the Y is providing the kind of dynamic, energetic, forward-looking leadership that we need to get to a broad community out there. And I don't know of any entity in the country that can do a better job of reaching that broad spectrum of people, everywhere from kids to adults, from all walks of life, than the YMCA. So, again, I thank you for that. I look forward to the press conference we're going to be having with you shortly. That's why I don't want to ask any questions, because we've got a couple of more witnesses we've got to get through. But thank you very much for what the Y is doing.

Senator SPECTER. Thank you very much, gentlemen.

We turn now to our third panel, Dr. Dean Ornish, Mr. Jack Rule, and Ms. Karen Silberman. Our first witness is Dr. Dean Ornish, founder, president, and director of the Preventative Medicine Research Institute in Sausalito, California, Clinical Professor of Medicine at the University of California in San Francisco, and founder of UCSF's Osher Center for Integrative Medicine; written extensively about how comprehensive lifestyle changes can reverse coronary heart disease; medical degree from Baylor; a master's degree from the University of Texas at Austin.

STATEMENT OF DEAN ORNISH, FOUNDER, PRESIDENT AND DIRECTOR, PREVENTATIVE MEDICINE RESEARCH INSTITUTE

Senator SPECTER. Thank you very much for joining us, Dr. Ornish. And, at the outset, I will say for the record that I have participated in your CADRE program, which you have at Walter Reed, and the results which you have had on reversing coronary problems and now prostate cancer. They're milestone research achievements, so we thank you for what you have done, and we look forward to your testimony on the obesity issue. The floor is yours.

Dr. ORNISH. Thank you.

Well, thank you, Senator Specter. I want to just publicly acknowledge your support, Bettilou Taylor and others in your office for your support, and Senator Harkin for your leadership, as well—this new legislation, I think, is among the most important that I've ever seen in my lifetime—and also for appointing me to the White House Commission on Complementary Alternative Medicine Policy.

You know, we tend to think of advances in medicine as a new drug, a new laser, a new surgical technique, something really high-tech and expensive. And in our studies, my colleagues and I at the nonprofit Preventive Medicine Research Institute and the University of California-San Francisco, have been able to use very high-tech, state-of-the-art measures to prove how powerful these very low-tech and low-cost interventions can be.

You know, chronic diseases, like heart disease, cancer, obesity, are, by far, the leading cause of death and disability in this country. And $1.8 trillion were spent on treating these diseases last year. As you mentioned earlier, as Secretary Thompson mentioned earlier, most of that is going for treatment rather than prevention.

We've focused, for the last 27 years, on heart disease, because it's, by far, the leading cause of death and disability, and more money is spent on that than any other chronic disease. We were able to show that—at the time, it was thought that once you had heart disease, it could only get worse, but what we were able to show is that, rather than getting worse and worse, most people could actually get better and better, and much more quickly than people had once thought possible. And I think these findings are giving many people new hope and new choices that they didn't have before. We've found that—and I think bypass surgery is a good model, as well as a good metaphor, because more money is spent on that—$30 billion last year on bypass surgery, another $30 billion on angioplasty—and yet it's not been proven to prolong life, except in a very small segment of patients, and angioplasty has yet to be proven to prolong life or prevent heart attacks, and yet we

spend large amounts of money. It's a great metaphor for—it's like mopping up the floor around a sink that's overflowing without also turning off the faucet. We're literally bypassing the problem without treating the cause. And I think what we've been able to show is that when you treat the cause, the need for drugs and surgery is greatly reduced, and the cost savings are corresponding to that.

We were able to show, in randomized controlled trials, that heart disease is reversible. Ninety-nine percent of men and women who had heart disease were able to stop or reverse the progression of the disease, and we published that in the Journal of the American Medical Association and other major medical journals.

Having seen what a powerful difference these changes in diet and lifestyle can make, I'm interested in finding ways to make them more available to the American public. We were able to show that these programs are not only medically effective; they're also cost effective. We worked with Highmark Blue Cross Blue Shield, with Mutual of Omaha, with other major insurance companies, and we have found that almost 80 percent of people who were told they needed a bypass or angioplasty were able to safely avoid it by changing diet and lifestyle. Mutual of Omaha calculated saving almost $30,000 a patient within a year. Other studies with Highmark Blue Cross Blue Shield have found that they were able to reduce their healthcare costs by 50 percent within 1 year in a matched control-group study.

We've collected data now on more than 2,000 patients who have gone through our programs in various hospitals throughout the country. We've trained them through our nonprofit institute, and we have data now on more than 2,000 patients who have gone through them.

We have been working with Medicare to do a demonstration project, and we've been able to show, across the country, across the board, the same kinds of changes in diet and lifestyle, the same medical benefits, and the same kind of cost benefits that we were able to show on our earlier studies.

You know, I used to think that the primary determinative medical practice was science, which is why I'm a scientist and a professor of medicine at University of California, but I'm really becoming more aware that the primary determinant of medical practice is reimbursement. We doctors do what we get paid to do. We get trained to do what we get paid to do. If we change reimbursement, we change medical practice and medical education.

We were working with different insurance companies—over 40 who are covering our program in the sites that we've trained—but the real Rosetta Stone, the tipping point, in all of this is Medicare. If Medicare covers programs like these on a generic, nonproprietary basis, then other insurance companies will follow their lead, and then they will be available. In contrast, in hospitals that we trained, even though they showed better clinical outcomes than have ever before been reported, many of those programs had to close down for a lack of reimbursement.

PREPARED STATEMENT

So my plea to you today is to first thank you for your visionary leadership, Senator Specter and Senator Harkin, and also to say,

I think the time is right to make programs like what we're doing—not limited to what we're doing, but any program that has the science to back up that diet and lifestyle can make a difference—available to people who most need them—and the best way to do that is to have Medicare make this a covered benefit, because otherwise it will—always remains on the fringes of Medicare. But if Medicare covers this, it'll become part of the mainstream. And there's enough evidence now—from randomized trials, from demonstration projects—to show that this program is medically effective and cost effective. It's time to make a decision.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF DR. DEAN ORNISH

Mr. Chairman, distinguished colleagues, thank you very much for the privilege of being here today. My name is Dr. Dean Ornish, founder and president of the non-profit Preventive Medicine Research Institute and Clinical Professor of Medicine at the School of Medicine, University of California, San Francisco (UCSF). I appreciate the opportunity to appear before this Committee.

Chronic diseases such as coronary heart disease, diabetes, cancer, and obesity are the leading causes of death and disability in the United States. Approximately $1.8 trillion were spent last year on health care in this country, and 75 percent of this amount was spent on treating Americans with chronic illnesses, including heart disease, cancer, obesity, and diabetes. However, less than 2 percent of this was spent on preventing these diseases. Clearly, more can be done. According to Secretary Tommy Thompson, who has been a visionary leader in promoting prevention and healthy lifestyles, "If current policies and conditions hold true, by the year 2011 our nation will spend over $2.8 trillion annually on healthcare."

There is an epidemic of obesity facing America as well as in much of the industrialized world. Over 300,000 Americans each year die from illnesses caused or worsened by obesity, a toll that may soon overtake tobacco as the chief cause of preventable deaths. Approximately 65 percent of adults and 15 percent of children are overweight or obese, and that number is increasing. The costs of obesity may exceed $100 billion per year.

Obesity is a major cause of the epidemic of diabetes. In 2000, approximately 17 million Americans had diabetes, costing approximately $132 billion. Complications of diabetes include heart disease and damage to the eyes, nerves, and kidneys. When people lose weight, they are often able to reverse the progression of diabetes and reduce or discontinue insulin and other medications.

While there is a genetic component to chronic diseases, increasing scientific evidence documents that the primary determinants of these illnesses are the lifestyle choices that we make each day. Many people tend to think of breakthroughs in medicine as a new drug, laser, or high-tech surgical procedure. They often have a hard time believing that the simple choices that we make in our lifestyle—what we eat, how we respond to stress, whether or not we smoke cigarettes, how much exercise we get, and the quality of our relationships and social support—can be as powerful as drugs and surgery, but they often are.

During the past 27 years, my colleagues and I at the non-profit Preventive Medicine Research Institute and the University of California, San Francisco School of Medicine have conducted a series of randomized controlled trials and demonstration projects showing that these changes in diet and lifestyle are both medically effective and cost effective. We used the latest in high-tech, state-of-the-art diagnostic technology to prove the power of these low-cost and low-tech interventions.

We initially focused on coronary heart disease as an example of the power of diet and lifestyle changes because cardiovascular disease is the leading cause of premature death in men and women in this country. Since 1900, it has been the number-one killer in the United States every year but 1918. Heart disease claims more lives each year than the next five leading causes of death combined, including cancer. Coronary heart disease is the single largest killer of American males and females. Every 26 seconds an American will suffer a coronary event such as a heart attack, and every minute someone will die from one.

In addition to its prevalence, heart disease is a model for understanding the benefits of preventing and addressing the underlying causes of a chronic disease rather than only literally and figuratively bypassing it. We don't have to wait for a new

breakthrough in technology to prevent it. Knowing what we now understand, coronary heart disease could be prevented in the vast majority of Americans if they were willing to make sufficient changes in diet and lifestyle. For example, one study of 84,129 women in the Harvard Nurse's Health Study found that women who did not smoke, were not overweight, exercised moderately, and ate a healthful diet had 82 percent fewer coronary events than other women. Additional changes in diet and lifestyle could reduce this number even further.

In 2001, more than one million coronary angioplasty procedures were performed at a cost of more than $30 billion, and more than 500,000 coronary bypass operations were performed at a cost of another $30 billion. 1,314,000 diagnostic cardiac catheterizations were performed in the United States at a cost of more than $23 billion.

Despite these costs, bypass surgery prolongs life in less than 3 percent of patients who receive it, and no randomized controlled trial has ever proven that angioplasty prolongs life or prevents heart attacks. Also, approximately one-third of angioplastied arteries restenose (clog up) again after only six months, and one-half of bypass grafts reocclude (clog up) within only a few years.

This is somewhat akin to changing the oil filter in your car without also changing the oil, or mopping up the floor around an overflowing sink without also turning off the faucet. Dr. Denis Burkitt used to show a slide of people raising money to pay for ambulances and a hospital at the base of a cliff rather than for a fence at the top to keep cars from falling off.

In addition to these costs, more than $20 billion were spent last year in the United States on cholesterol-lowering drugs, including statins. This number is likely to increase substantially given a report this week that encouraged more aggressive treatment of elevated cholesterol levels using these drugs. While cholesterol-lowering drugs have clear therapeutic benefits, patients should also be offered more intensive diet and lifestyle interventions that have been proven to lower LDL-cholesterol by approximately the same amount at a fraction of the costs and with similar therapeutic benefits.

The major clinical benefit of bypass surgery and angioplasty is to reduce angina (chest pain), and this can be accomplished in most patients by changing diet and lifestyle. Instead of a "quick fix" that often recurs, diet and lifestyle may cause continued improvement in coronary heart disease.

Your body often has a remarkable capacity to begin healing itself if you give it a chance to do so by addressing the underlying causes of chronic diseases. In our research, we documented, for the first time, that the progression of coronary heart disease can be reversed in most patients simply by making comprehensive lifestyle changes. These include a low-fat, whole foods diet, moderate exercise, stress management techniques, and support groups.

In our randomized controlled trials, published in the Journal of the American Medical Association and other major journals, we found that 99 percent of people with severe coronary heart disease were able to stop or reverse it by making comprehensive lifestyle changes, without drugs or surgery. There was some reversal of coronary atherosclerosis after one year and even more improvement after five years, and there were 2.5 times fewer cardiac events.

Most of the patients with severe angina (chest pain) because pain-free within only a few weeks, and quality of life improved dramatically. Also, we found a 40 percent reduction in LDL-cholesterol after one year without cholesterol-lowering drugs, comparable to what can be achieved with drugs but without the costs or side-effects. They lost an average of 25 pounds in the first year and kept off half that weight for at least five years. In contrast, the diet recommended by the National Cholesterol Education Program and American Heart Association lowers cholesterol by only 3–5 percent and is not sufficient to stop the progression of coronary heart disease in most patients.

Other studies of our comprehensive lifestyle program have replicated these findings, including demonstration projects in hospitals throughout the country. In a demonstration project involving eight hospitals, Mutual of Omaha found that almost 80 percent of people who were eligible for bypass surgery or angioplasty were able to safely avoid it for at least three years by making comprehensive lifestyle changes instead. Extrapolating these findings nationwide would have saved approximately $50 billion.

At Highmark Blue Cross Blue Shield of Pennsylvania, Dr. Don Fetterolf (Vice President and Senior Medical Officer) and his colleagues found that medical claims utilization was reduced by 50 percent in only one year in patients who went through our program of comprehensive lifestyle changes when compared to a matched control group of patients who did not.

We now have collected data on more than 2,000 patients who have gone through our program in hospitals throughout the United States who have shown similar improvements. 389 of these patients are at least 65 years of age. The Centers for Medicare and Medicaid Services is now in the process of conducting a demonstration project of this lifestyle program in the Medicare population.

Increasing evidence links diet and lifestyle changes with reducing the risk of the most common cancers, including breast cancer, prostate cancer, colon cancer, and lymphoma. We recently completed the first randomized controlled trial demonstrating that the progression of early prostate cancer may be modified by making similar changes in diet and lifestyle. What is true for prostate cancer is likely to be true for breast cancer as well.

In addition to preventing and reversing disease and lowering health care costs, comprehensive lifestyle changes often cause significant improvements in quality of life. We have found joy of living to be a much more powerful motivator for people to make and maintain changes in diet and lifestyle than fear of dying.

In general, my colleagues and I have found two basic approaches are effective. The first is to make small, incremental changes such as walking 2,000 steps more per day and to consume 100 calories less per day. Over time, these small changes add up and make a meaningful difference. This is the approach popularized by Dr. James Hill in his program, "America on the Move."

A second approach is to motivate people to make more intensive changes in diet and lifestyle. Paradoxically, some people find it easier to make big changes than small ones because when they make comprehensive changes in diet and lifestyle, they often feel so much better, so quickly, that it reframes the reason for making these changes from fear of dying to joy of living.

Alterations in diet, for example, may affect blood flow within hours, for better and for worse. After a whole foods, low-fat meal, blood flow to the brain may improve, so people often describe feeling more alert and aware. Blood flow to the heart often improves; in our studies, most patients reported dramatic reductions in the frequency of angina within a few weeks. Erectile dysfunction may improve as blood flow increases to sexual organs. Most patients are able to lose weight and keep it off.

One of the most effective anti-smoking campaigns was organized by the California Department of Health Services. Billboards featured a "Marlboro Man" character with a limp cigarette hanging out of his mouth with the headline, "Smoking causes impotence." For many men, this is more motivating than "smoking causes heart attacks and emphysema," which are too frightening to contemplate.

Many patients say that there is no point in giving up something that they enjoy unless they get something back that's even better—not years later, but weeks later. Then, the choices become clearer and, for many patients, worth making. They often experience that something beneficial and meaningful is quickly happening.

The benefit of feeling better quickly is a powerful motivator and reframes therapeutic goals from prevention or risk factor modification to improvement in the quality of life. Concepts such as "risk factor modification" and "prevention" are often considered boring and they may not initiate or sustain the levels of motivation needed to make and main comprehensive lifestyle changes.

In our experience, it is not enough to focus only on patient behaviors such as diet and exercise; we often need to work at a deeper level. Depression, loneliness, and lack of social support are also epidemic in our culture. These affect not only quality of life but also survival. Several studies has shown that people who are lonely, depressed, and isolated are many times more likely to get sick and die prematurely than those who are not. In part, this is mediated by the fact that they are more likely to engage in self-destructive behaviors when they feel this way, but also via mechanisms that are not well-understood. For example, many people smoke or overeat when they are stressed, lonely, or depressed.

I have been consulting with some of the large food companies such as PepsiCo, ConAgra, and McDonald's during the past few years, and I have been encouraged by what they are doing. Their concerns about litigation and legislation combined with the awareness of a growing market for healthier foods have created new opportunities. When companies like these use their considerable advertising and marketing resources to educate people about the benefits of healthy lifestyles and to provide more healthful products that are fun, convenient and tasty, then the health of our country is likely to improve. Also, worksite health promotion programs have shown considerable cost savings and improvements in productivity.

Given the enormous cost savings, dramatic improvements in quality of life, and objective medical outcomes that result from changes in diet and lifestyle, why is there so much more emphasis on treatment than on prevention?

The primary determinant of medical practice and medical education is reimbursement. The primary determinant of reimbursement is Medicare, since almost all insurance companies follow Medicare's lead in deciding what to cover. We doctors do what we get paid to do and we get trained to do what we get paid to do.

Therefore, if Medicare would begin to reimburse diet and lifestyle programs on a certified but non-proprietary basis, this would put much more emphasis on prevention of chronic diseases and would motivate physicians and other health professionals to use diet and lifestyle interventions as treatments for coronary heart disease, obesity, diabetes, hypertension, hypercholesterolemia, and other chronic diseases. Of all legislation that Congress could enact, this would have the most impact in changing the emphasis of medical practice from treatment to prevention. Reimbursement for preventive services is an important part of Senator Harkin's HeLP America Act. An ounce of prevention really is worth a pound of cure.

STATEMENT OF JACK RULE, CEO, INCENTAHEALTH

Senator SPECTER. Thank you very much, Dr. Ornish.

We now turn to Mr. Jack Rule, the CEO of incentaHEALTH, an employer-based weight-loss company in Denver, Colorado; a native of Iowa. Mr. Rule played professional golf and received his bachelor's degree in business administration from the University of Iowa.

Thank you for joining us, Mr. Rule, and we look forward to your testimony.

Mr. RULE. Thank you, Mr. Chairman and Senator Harkin. I want to thank you for allowing me to testify in front of your distinguished subcommittee. I appreciate the chance to address the obesity crisis and its related health issues.

As this subcommittee well knows, our country is facing a largely preventable health crisis. Studies indicate that, in 2002 alone, obesity was directly responsible for $117 billion in healthcare costs. The obesity epidemic is associated with 39 million lost work days and 63 million additional medical visits each year. Simply stated, Americans are eating too much, and exercising too little. Clearly, any system that has a realistic chance of positively influencing these startling statistics warrants consideration by our government and the private sector.

In our view, to reach the largest number of people in the shortest period of time, the most logical place to attack the obesity crisis is in the workplace. Sixty-five percent of America is overweight or obese. As a result, a typical employer is paying inflated healthcare costs for almost two-thirds of its workforce. Employers obviously have a significant economic incentive to help their employees lose weight, but they need a weight-loss system that is realistic and cost-efficient.

We believe such a system should do several things. First, it should be scalable. The program needs to address large numbers of employees at the same time. Next, it must be cost-effective for both the employer and the employees. Ideally, it should provide financial incentives to both. Third, it should be practical and safe. There are no silver bullets in the weight-loss war. The effective program must be based on nutritional and exercise facts, not fads. Fourth, it must be easy to use, require minimum effort for the employer to administer, and, most importantly, be effective. Finally, it should be measurable for the individual and the sponsoring organization. The individual participant must be able to see personal progress while maintaining personal privacy. The employer must

be able to gauge overall program performance and measure their return on investment.

At incentaHEALTH, we have developed a system that meets all of these criteria. Our program is designed to lower a person's weight while reducing the organization's healthcare costs. The incentaHEALTH solution uses proprietary automated technology, realistic and tailored exercise and nutritional advice, and a unique incentive program to help participants modify their lifestyle and lose weight.

The program rewards participants with cash incentives if body weight is lowered, and then maintained at the reduced levels. The funds for the incentive are made available from a portion of the employer's healthcare cost-savings generated from reduced absenteeism, fewer medical visits, and lower pharmacy costs.

The mechanics of the program are simple, but effective. Participants use an exclusive and private automated weigh station to track weight-loss progress. Todd Maguire, the chief technical officer of incentaHEALTH, and designer of our technology, is standing by our HEALTHspot weight station. Todd will be available after the hearing, should anybody be interested in a demonstration.

The HEALTHspot station identifies, weighs, and takes the picture of the participant. The encrypted data is then transmitted to our secure server. The process is HIPAA compliant, takes less than a minute, and requires no monitoring or assistance from the sponsoring employer. The incentaHEALTH system provides daily e-mail coaching tailored to each participant. As each person enrolls, they select a unique exercise program based on their personal fitness condition and their desired workout location. The chosen exercise program is outlined via daily e-mails, which include information on nutrition, meal ideas, exercise techniques, and motivational success stories. IncentaHEALTH offers e-mail and telephone support throughout the entire process. The individual, in addition to losing weight and improving their health, receives a small cash payment.

For the sponsoring organization, the financial incentive is reduced overall healthcare costs, less absenteeism, increased productivity, and healthier employees. The incentaHEALTH program is designed to pay for itself. Our business model indicates that for every $1 of program cost, the employer will receive approximately $2 in first-year healthcare cost savings.

PREPARED STATEMENT

We believe this is a commonsense way to address the serious healthcare issues. Mr. Chairman and Senator Harkin, we appreciate your giving us the time to show you one approach designed to address the critical obesity problem.

[The statement follows:]

PREPARED STATEMENT OF JACK RULE

Mr. Chairman, I am Jack Rule, Chief Executive Officer of incentaHEALTH, a high technology, employer-based, weight loss company.

Thank you for allowing me to testify in front of your distinguished Subcommittee. I appreciate the chance to address the obesity crisis and its related health issues.

As this Subcommittee well knows, our country is facing a largely preventable health crisis. Studies indicate that in 2002 alone, obesity directly contributed to $117 billion in health care costs. Obese and overweight employees claim up to

$1,500 more in health care costs each year and incur 77 percent higher prescription drug costs than those with a healthy body weight. The obesity epidemic is associated with 39 million lost workdays and 63 million additional medical visits each year.

Clearly, any system that has a realistic chance of positively influencing these startling statistics warrants consideration by our government and the commercial sector. In our view, both the health and human costs associated with the obesity epidemic demand it.

At incentaHEALTH, we believe the most logical place to attack the obesity crisis is in the workplace. Sixty-five percent of America is overweight or obese. As a result, a typical employer is paying inflated health care costs for almost two-thirds of their workforce—employers have a significant economic incentive to help their employees lose weight but they need a weight loss system that is realistic and cost efficient.

We believe such a system should do several things:

First, it should be scalable. The program needs to address large numbers of employees at the same time.

Next, it must be cost effective for both employers and employees. It should be a winning proposition for the individual and the employer. Ideally, it should provide financial incentives for both.

Third, it should be practical, safe, and, most importantly, effective. There are no "silver bullets" in the weight loss war. An effective program must be based on nutritional and exercise facts—not fads.

Fourth, it must be easy to use and follow. That suggests that it be workplace based, offer both exercise and nutritional alternatives, and require minimum effort to administer.

Finally, it should be measurable—for the individual and the sponsoring organization. The individual participant must be able to see personal progress while maintaining personal privacy. The sponsor must be able to gauge overall program results and measure a return on their investment.

At incentaHEALTH we believe we have developed a system that meets all of these criteria. An innovative health care technology company, incentaHEALTH's weight loss program is designed to lower a person's weight while reducing an organization's health care costs. The incentaHEALTH solution uses proprietary automated technology, realistic and tailored exercise and nutritional advice, and a unique incentive program to help participants modify their lifestyle and lose weight. The program rewards participants with cash incentives if body weight is lowered and then maintained at the reduced levels. The funds for the incentive are made available from a portion of the employer's health care cost savings generated from reduced lost time, medical visits, and pharmacy costs.

The mechanics of the program are simple but effective.

First, participants use an exclusive, and private, automated weigh station to track weight loss progress. Our automated station, called HEALTHspot, is linked to an advanced reporting system that provides measurable, but individually private, results of overall participant progress. To ensure integrity and privacy in the system, an enrolled participant simply enters his or her telephone number or individual pin into the keyboard, scans his or her fingerprint into the system, and when prompted, stands on the digital medical quality scale. The participant's photograph is digitally taken as the scale records the weight and the data is encrypted and transmitted to the secure incentaHEALTH server. The system prohibits unauthorized access and the information handling practices meet the HIPAA requirements for treatment of personal health information. By the time the participant returns to his or her personal computer, the information weight, picture, and progress is available for individual review on-line through our website. Additionally, the technology can also calculate an individual's body fat percentage. The whole process takes, on average, less than a minute and requires no monitoring or assistance by the sponsoring agency.

Next, in addition to individual and composite group weight measurements, the system provides daily email "coaching" tailored to each participant. The emailed material offers nutritional education, detailed instruction on exercise techniques, and meal ideas as well as motivational success stories of successful participants. As each person enrolls, they select a unique exercise program based on their personal fitness condition—Foundation, Intermediate, or Advanced. They also select whether they will workout in a fitness center or at home. Our workout advice offers an assortment of suggested exercises. Strength training suggestions target each muscle group and offers detailed video alternatives for both typical gym strength training machines and readily available resistance bands for use at home or on the road. Aerobic advice includes options for both interval and endurance training.

Based on the selections made, a specific exercise program is outlined via the daily emails for each twelve-week period. The program is one year in duration. Additionally, the emails offer nutrition education, detailed instruction on exercise techniques, and meal ideas as well as motivational success stories. If a participant has questions or is having difficulty reaching targeted weight goals they may contact incentaHEALTH by email or telephone for assistance or guidance.

Human nature being what it is, we believe an effective incentive program is a vital component to our program—for both the individual and the corporation or agency.

For the individual, the incentive, in addition to reduced weight and improved health, is a cash payment. While participants may weigh in as often as they like, "official" weigh-ins are conducted on a quarterly basis. Based on the results of the quarterly weigh-in the employee may qualify for a small incentive check as a reward for their progress. If the weight loss is maintained for the next quarter the participant receives a second check. If weight loss continues, the participant receives a larger check. If weight is gained, the checks stop. While relatively small, the checks provide a positive reinforcement; they are "attention getters." IncentaHEALTH monitors the progress, processes the payments, and distributes the incentives to the participants; the sponsoring organization in turn reimburses incentaHEALTH.

For the sponsoring organization, the incentive is reduced overall health care costs, less absenteeism, increased productivity, and healthier employees. Put simply, employers are paying a high premium for the health care costs associated with overweight and obese employees. For example, in one study, overweight employees cost employers an additional $1,500 in yearly health care costs. In another study, obese employees were found to be twice as likely as lean employees to take seven or more illness related absences in a six-month period. Another study indicates that a positive weight reduction can reduce prescription drug costs by 77 percent.

Our program is designed to pay for itself. The typical incentaHEALTH program has three cost elements: a fixed $3,000 fee for the annual lease of equipment, a $9 fee per month per participant, and, on average, a $3 fee per month per participant for the incentive payments. In return for this relatively modest investment, the employers can achieve significant savings. In a population of 1,000 persons, on average 65 percent are overweight or obese. Of those 650, we assume that at least 50 percent or 325 will voluntarily sign up for the program and of those who participate, 50 percent or 160 participants, will lose and keep off at least 10 percent of their weight. We project that anyone who loses 10 percent of their body weight will save $500 a year in medical costs. Therefore, 160 successful participants would equal $80,000 in annual savings for a program cost of $45,000.

In fact, in our initial pilot effort with Kaiser Permanente our assumptions have proven to be quite conservative. We exceeded our enrollment expectations by 60 percent and our weigh-ins by 52 percent. In our first quarter alone, of two hundred and twenty-six individuals who weighed in, one hundred and seventy four individuals lost weight—77 percent of participants. In total, 1,164 pounds have already been lost and body mass indexes have shown significant improvement. Fifteen participants are now classified in the healthy weight category rather than overweight and another ten individuals are no longer clinically obese.

In summary, the program is designed to produce measured, healthy, and steady weight loss over a prolonged period. It is not another "yo-yo" weight loss gimmick. A yearlong process, the goal is the establishment of a healthy and maintainable life style that improves the health and overall fitness of the participant and saves the employer crucial health care dollars. I believe that the unique system developed by incentaHEALTH provides both employers and employees a common sense way of addressing serious health care issues in a cost effective and realistic way.

Mr. Chairman, thank you for providing me an opportunity to share my views and show you one approach designed to address the critical obesity issue. I am happy to answer any questions the Subcommittee may have.

STATEMENT OF KAREN SILBERMAN, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR PROMOTING PHYSICAL ACTIVITY

Senator SPECTER. Thank you very much, Mr. Rule.

We turn now to Ms. Karen Silberman, Executive Director of the Coalition to Promote Physical Activity. Prior to her current position, she was conference director in the Points of Light Foundation; bachelor's degree from Oberlin, and MBA in nonprofit management from Indiana University.

Thank you for joining us, Ms. Silberman, and we look forward to your testimony.

Ms. SILBERMAN. Thank you.

The National Coalition for Promoting Physical Activity (NCPPA) is a coalition of major health, fitness, and recreation associations working to advance policies and programs that encourage physical activity. NCPPA was created in response to the 1996 Surgeon General Report on Physical Activity and Health. The American College of Sports Medicine, the American Heart Association, and the American Alliance for Health, Physical Education, Recreation, and Dance convened the coalition as a way to advocate and educate Americans on the importance of regular physical activity.

NCPPA has since grown to include a broad cross-section of national and local organizations, including Federal agencies, corporate partners, trade and professional associations, and national charitable organizations. Our members are as diverse as the American Cancer Society, the National Recreation and Park Association, AARP, the YMCA, Nike, and the NCAA.

NCPPA's members independently address a host of issues pertaining to physical activity, including health science, education, environment, population-specific outreach and activity behavior. By working together and building on existing relationships in the public/private industry sectors, NCPPA is developing new alliances and partnerships to coordinate and focus public education campaigns, policy development, and media education.

Our work is motivated, in part, by the alarming rates of obesity, chronic disease, and inactivity in our country. America faces a national health crisis of epidemic proportions. Physical inactivity combined with overweight has, in less than 30 years, made the United States a Nation of overweight and out-of-shape individuals. According to the CDC, the incidence of overweight or obesity among adults increased steadily from 47 percent, in 1976, to 61 percent, in 1999. And despite proven benefits of regular physical activity, more than 60 percent of Americans do not get enough physical activity to provide health benefits.

Every year, four major killers strike 1.5 million Americans—heart disease, stroke, diabetes, and cancer—diseases that could be prevented, in part, by regular physical activity. Researchers estimate that 34 percent of heart-disease deaths are attributable to physical inactivity. The estimated direct and indirect costs of these four diseases in 2002 amounted to $465 billion. Physical inactivity and obesity now rank second, after tobacco use, as the leading cause of death in the United States, and the newest figures estimate that 400,000 deaths annually are attributable to poor diet and inactivity.

The epidemic of obesity spares no population, including children. A report by the National Center for Health Statistics stated that, in 2002, approximately 15 percent of all children and adolescents were overweight, three times as many overweight children and adolescents as reported in 1980, which translates into over 9 million children. And nearly three out of every four overweight teenagers will become overweight adults. And overweight children are more prone to both kinds of diabetes, cardiovascular disease, and asthma.

Moderately intense daily physical activity has long been recognized as an essential ingredient to a healthy life, but, increasingly, physical activity has been engineered out of Americans' daily lives. An anecdote to rising rates of disease and medical costs clearly necessitates increasing rates of physical activity. Regular physical activity is associated with numerous health benefits, including reduced risk of developing heart disease, stroke, diabetes, certain types of cancer, and obesity, a reduced risk of osteoporosis in women, improved psychological well-being, especially for persons suffering from anxiety and depression, and reduced risks of unhealthy behaviors—for instance, substance abuse and violence—among children and adolescents. And a study in California echos what we already know, anecdotally, that children who increase their daily physical activity from 3 to 5 days a week have a 20 percent increase in overall fitness, a 20 percent improvement in school attendance, and a 20 percent improvement in school grades. Physical activity is simply the most effective and inexpensive form of prevention we have available. It is the closest thing to a magic bullet that we have.

NCPPA does not believe that we can legislate individual behavior change, but we do believe that we can make our physical environment more conducive to being physically active. We need legislation that encourages physical activity as part of a healthy life, that incentivizes it when necessary, and makes it an attractive option for all Americans.

The challenge in America, a country in which 25 percent of the population reports no leisure-time physical activity, is to develop effective physical-activity policies. NCPPA believes that we need daily physical education in schools, and suitable equipment and facilities to carry out these activities. Physical education helps students develop the knowledge, skills, behavior, attitudes, and confidence needed to be active for life, while providing an opportunity for students to be active during the school day. We need policies that ensure that walking, bicycling, and other forms of physical activity are safe and accessible, especially for children to and from school. We need non-motorized forms of transportation included in transportation policy. We need workplace and labor policies that encourage physical activity. We need policies that help change social norms to facilitate the understanding that physical activity is an important part of daily life. And, finally, we need policies that encourage development and access to physical-activity facilities.

PREPARED STATEMENT

NCPPA is glad to be taking a lead on the way we address physical inactivity and related chronic diseases, and we believe there is broad public support for measures that promote prevention activities, legislation that increases physical-activity opportunities, and policies that support and encourage physical activity among children.

We will continue to advocate and educate on these issues, and we look forward to working with this Subcommittee.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF KAREN SILBERMAN

Karen Silberman joined the National Coalition for Promoting Physical Activity (NCPPA) in January 2002. NCPPA is a coalition of major health, fitness and recreation associations working to advance policies and programs that promote physical activity. NCPPA's mission is to unite the strengths of public, private, and industry efforts into collaborative partnerships that inspire and empower all Americans to lead more physically active lifestyles.

NCPPA's goal is to increase the adoption of physically active lifestyles by educating policymakers and interested individuals about the benefits of physical activity and influencing policy to build sustainable, physically active environments. In addition, NCPPA works to foster the efforts of individuals and organizations dedicated to creating healthier communities through physical activity participation in the schools, at the worksite and in communities

Prior to her position at NCPPA, Karen worked for Association Management Group (AMG), an association management company that manages trade and professional organizations. During her four-year tenure at AMG Karen served several clients included, Consulting Engineers Council, Smart Card Forum, Association of Legal Administrators and the American Association of Naturopathic Physicians.

Prior to AMG, Karen was the Conference Director at the Points of Light Foundation, an organization that promotes and encourages volunteer service. Additionally, Karen spent two years at the American Heart Association managing fundraising events in the state of Maryland.

Karen received her BA in Sociology from Oberlin College and her MPA in Nonprofit Management from Indiana University.

Senator SPECTER. Thank you, Ms. Silverman.

Dr. Ornish, when you talk about reducing medical costs through the kinds of programs that you have, on reversal of plaque in the arteries, on the prostate cancer, you strike a real chord with—a major problem facing America today, as you know, is the increasing cost of healthcare.

Dr. ORNISH. Yes.

Senator SPECTER. To what extent can you document your own programs to be cost effective or actually save Medicare dollars?

Dr. ORNISH. Well, we've already documented that over the last 27 years. First, we demonstrated that these lifestyle changes are medically effective. We used angiograms, PET scans, radionuclide ventriculograms, cardiac events, a 91-percent reduction in the amount of chest pain, and two-and-a-half times fewer cardiac events, including heart attacks and bypasses and angioplasties, simply by changing diet and lifestyle. The evidence is really overwhelming.

But we then showed that this is not—and, by the way, just parenthetically, it's—to me, the whole metaphor is, Are we going to bypass blocked arteries, are we going to have gastric bypass? I mean, these are all really not addressing the cause. But when you treat the cause, it's both more medically effective and more cost effective.

We've been able to show that. First, Mutual of Omaha did a demonstration project in eight hospitals around the country—that included Harvard and Beth-Israel in New York, and UCSF, and Scripps, but also in Omaha, Des Moines, South Carolina, and in Broward General Hospital in Fort Lauderdale—and we found that we could motivate people to make bigger changes in diet and lifestyle than have ever before been reported, and to get better outcomes than have ever before been reported, not only medical outcomes, but also cost outcomes. Mutual of Omaha found they saved almost $30,000 immediately because most of those patients who were told they needed a bypass or angioplasty were able to safely avoid it for at least 3 years.

In addition, Highmark Blue Cross Blue Shield of Pennsylvania, in your home State, found that they could reduce their healthcare costs by 50 percent in both heart patients and in non-heart-patients.

I want to emphasize again, we focused on heart disease because it's the most common cause of death in men and women, and the most expensive use of healthcare dollars. But diabetes, hypertension—people lost weight, and they kept it off, they felt better, their depression improved—in every way we can measure, when you change diet and lifestyle, it affects chronic diseases across the board. And we're about to publish the first study showing that the progression of prostate cancer may be influenced for the better by changing diet and lifestyle. If it's true for prostrate cancer, it'll almost certainly be true for breast cancer. And I also want to add my sympathy to Ms. Lackman.

So what's frustrating to me is that we have so much evidence showing that this is both medically effective and cost effective, and yet it's so hard to get agencies like Medicare to say, "You know, this is exactly the kind of program that we need—this one and ones like it—to save money and to make the American people healthier in a way that's not going to involve cutting services, but, rather, empowering people with information."

Senator SPECTER. Would you provide the subcommittee with the written materials which show the cost savings?

Dr. ORNISH. They're in my——

Senator SPECTER. Ms. Silberman, if you had your choice between golf and squash, what would your recommendation be?

Ms. SILBERMAN. It depends if you're going to drive the golf cart or if you're going to walk the 18 holes.

Senator SPECTER. Well, Mr. Rule, I know you're a professional—were a professional golfer. How do you rate golf? My wife has become an addict at golf. But if you were making a recommendation to somebody starting out on an exercise program, how would you rate golf contrasted to tennis or squash or basketball or some of the aerobics which build up the pulse rate a little faster?

Mr. RULE. Well, if you—Mr. Chairman, if you had a tolerance for frustration, I'd recommend golf. But if you're just looking for exercise, I think you can get a lot more exercise playing basketball or any of the sports that raise your heart rate.

Senator SPECTER. Mr. Rule, we'd be interested if you would provide, in a written response, the amplification of the comment you made that your program is cost effective—saves money, doesn't cost money.

Senator Harkin.

Senator HARKIN. Thank you very much, Mr. Chairman.

I really appreciate this entire panel being here, and especially Mr. Rule for being here. Now, you went to Waterloo High School.

Mr. RULE. Yes.

Senator HARKIN. You must have graduated in 1957?

Mr. RULE. Yes.

Senator HARKIN. Is that the year that Dowling beat Waterloo for——

Mr. RULE. I knew you were going to bring that up. Yes, it is. We lost, in the finals of the State basketball tournament, to Dowling.

Senator HARKIN. Well, Jack Rule, at that time, was the big threat about our winning—my high school winning the State championship that year, and we did prevail that year. We did win that year. But, gosh, I remember your—people have been talking about you being a golfer, but I always think of you as being a basketball player for Waterloo.

Well, listen, I'm really delighted to see you again and to hear what you're doing, especially with this program. And I understand you're marketing this to businesses all over, right?

Mr. RULE. Yes.

Senator HARKIN. How about a small business. Tell me, Jack, about someone that just employs 20 or 30 or 40 people. Could they afford to do this?

Mr. RULE. Senator, I think that the breakpoint's probably at about 100 employees. Our model shows that if you have 100 employees, you're going to have about 65 of those people that would be eligible, meaning they have a BMI of over 25, be eligible to earn a check.

Senator HARKIN. Yeah.

Mr. RULE. And we figure that half of those people will actually participate. And so, the 12-month period. So when you get—when you have to pay for the technology which allows this to be HIPAA compliant and—it becomes uneconomic at the lower levels, breaking down the participants on that basis.

Senator HARKIN. Are there any Federal tax incentives for a business to do this kind of activity?

Mr. RULE. Not to my knowledge, there are not. And, in fact, Senator, I'm glad you asked that question, because we could use some help.

The tax law, basically, says that if a corporation pays for their employee to participate, not only does the employee have to pay taxes on what this benefit, is whatever is paid on their behalf——

Senator HARKIN. Yeah.

Mr. RULE [continuing]. But also, the small incentive checks, they have to pay tax on that, as well——

Senator HARKIN. Yeah.

Mr. RULE [continuing]. Which, in that case, I think there's less of an argument. But I think when you look at the—an employee having to pick up, as taxable income, the cost of the employer's efforts to have them lose weight, I think that's wrong.

Senator HARKIN. An employer does not get to deduct that it, either.

Mr. RULE. That's correct.

Senator HARKIN. I have a bill in to do this. I don't know the number of it, but I'll get it to you to take a look at. It's just to provide—that if a company provides this type of health prevention and wellness programs, that it would be a deductible expense for the business, and not a taxable benefit to the employee.

Mr. RULE. That's a tremendous——

Senator HARKIN. Well——

Mr. RULE [continuing]. Effort.

Senator HARKIN. Yeah. And that would cut across all these businesses. Also, I'm just very concerned about how we help a lot of small businesses do this. They really can't afford to build a fitness

center, for example. They could afford—and some could—to perhaps provide a benefit to join a health club, or something like that, that might be around. And in that regard, they need some tax benefits and some up-front incentives to do this in the workplace.

So any other thoughts, Jack, you have on that, and how we get—provide, again, incentives—we provide tens of billions of dollars a year in tax incentives for this and that, and this and that. But we don't provide it for businesses to provide wellness programs for the workers.

Mr. RULE. Senator, there is one idea I'd like to pass along in that regard. One of the problems—one of the appeals of our program is obviously that the employee gets paid to lose weight. But the HIPAA rules are too prohibitive as far as somebody taking their weight at a small company's location, where somebody is standing with a clipboard and taking their weight in order to have measurable——

Senator HARKIN. Yeah.

Mr. RULE [continuing]. Performance. If there was a way to have the employer take the weight and provide it to us, then our program would work for the smaller companies, as well as the large company.

Senator HARKIN. Have you ever looked at Townsend Engineering, in Des Moines, Iowa, what they did?

Mr. RULE. No.

Senator HARKIN. If you ever get back there, take a look at what they did with their wellness programs, and the incentives that they have provided to their workers—vacations, this and that, time off. It's been—and for families, for the whole family—it's been great. And both Ray and Ted Townsend will tell you that their productivity has just gone through the roof, and no one take sick time, no one ever leaves work. I mean, they—that's just been a great incentive program.

Dr. Ornish, I know our time's running out again, I just want to thank you for all that you've done to make Americans aware of diet and eating right, nutrition. I've visited a couple of your sites that Mutual of Omaha did, one in New York, and——

Dr. ORNISH. The one in Des Moines?

Senator HARKIN [continuing]. And talked to people who had been involved in your program. And it is amazing how much better the feel, and that fact that they didn't have recurrence of any chest pain and angina and things like that. And that's been several years ago when I visited that.

Dr. ORNISH. Yes.

Senator HARKIN. So it's clear that this—that your approach works. But, again, it's the idea of how you get the incentives in there.

Dr. ORNISH. Exactly.

Senator HARKIN. Medicare pays for all this patching, fixing, and mending, but we don't get to this step, of preventative healthcare, and that we need to incentivize this somehow.

Dr. ORNISH. I completely agree with you, Senator. You know, I mentioned that heart disease kills more Americans each year than virtually everything else combined. But what I failed to say was

that, knowing what we now know, 95 percent of that could be prevented.

Senator HARKIN. Yeah.

Dr. ORNISH. So it's a staggering contradiction. And yet, as you indicated, Medicare and insurance companies will pay for the bypass, they'll pay for the angioplasty. Most insurance companies will pay for cholesterol-lowering drugs, which cost $20 billion last year, and that number is only going to go up, especially this week, with the report saying that they're going to prescribe even more. And most of those expenses could also be avoided by simply changing diet and lifestyle.

But, even more importantly, the reason I feel so passionately about this is, I've seen, over and over again, people who didn't have hope, who were told—who literally couldn't walk across the street without getting severe chest pain, and, within weeks, most of those people become pain free, as you have seen. It transforms their lives. And that's why people are able to make and maintain these changes.

So I remain deeply grateful to you and Senator Specter and Ms. Taylor and others for making it possible for us to get to this point. And I think our work can really be a model for showing people that if you can reverse disease, clearly you can help prevent it.

Senator HARKIN. But, Dean, we've got to start with kids early on.

Dr. ORNISH. Couldn't agree with you more.

Senator HARKIN. The junk food they're eating—look what they're eating in schools, look at the—and not only just what they're eating, how much people are eating now.

Dr. ORNISH. Yes.

Senator HARKIN. I mean, the portions of food are getting immense. It's just staggering how much they put on a plate now for you to eat, as if that's desirable.

Dr. ORNISH. Well, I've been consulting also with some of the major food companies—with PepsiCo, with ConAgra, with McDonald's—to say, you know, there is an opportunity here for you to do well and do good by changing what you make. They're in the behavioral-modification business, too. And if they can use all those advertising and celebrities and resources to make it convenient and fun and hip and interesting and sexy to eat healthfully and exercise, to develop programs with kids, then I think we might be able to make a difference there, as well.

Senator HARKIN. Thank you.

Ms. Silberman, exercise again. We talk about nutrition and diet, but exercise—80 percent of elementary-school kids today get less than an hour of P.E. a week. I was just in Iowa last weekend, Sioux City, elementary-school kids receive two 25-minute periods a week. That's it. Elementary schools are being built without a playground, without any exercise areas, around the country today.

When I was a kid—probably Jack, too, in Waterloo; maybe many of us, at least our age—we had recess in the morning, recess in the afternoon, and a half-hour after lunch. And it had to be 40 below zero before we could stay indoors.

You had to get out and exercise—run around, do things. And kids today aren't—there are problems like the PEP Program in schools. And I think, with all due respect to my friend, Mr. Rule,

who was a star athlete in high school, and beyond, we focus too much on sports. I mean, I visited schools where they have exercise programs for every child, even kids with disabilities, every day of the week. They track them, they map their body mass index, their cholesterol; they give them charts, and they show them how to progress—every child getting physical activity every day during the week. Now, somehow we've got to incentivize that, too.

I leave you with this. When I was a kid in grade school in rural Iowa, we got our report cards for all the courses and stuff, but we also had another section of the report card that things on it like deportment—which I never did well in, but I won't get to that—but it also had health, it had to do with what you did in health. You know, if it's important for kids to graduate from school today with good grades and to exercise their brains, it's also, I think, important for kids to graduate from school today with good health. Why is that not a part of our report-card system? Why is that not part of the incentive system? As you go through school, you are graded on how well you eat, what nutritious foods you take in, how much you exercise, what your health condition is as you progress through school. Why isn't that part of our whole school system in America?

Ms. SILBERMAN. I think that we need to have a cultural shift. I mean, I think you're absolutely right, we've got to get kids more active regularly, we have to have them learn early the love of movement and fitness and being active, so that it's part of their everyday life as they become adults. And I think you're right, the school is the perfect delivery system for that, and we're doing children a disservice by pushing P.E. off, and recess off, of the daily activities that should be included.

Senator HARKIN. In Sioux City—last weekend I was there—they've laid off five P.E. teachers because of cut on school funding. And they're the first to go, P.E. teachers. They get rid of them. And what a terrible signal to send to kids.

So I encourage you, through your organization, to do what you can on—and we don't control local schools. That's local. But we've got to somehow provide the leadership and the bully pulpit and the incentives—whatever we can provide, incentive-wise, to local school districts—to provide that kind of physical activity for kids.

Ms. SILBERMAN. I agree.

Senator SPECTER. Thank you very——

Senator HARKIN. So we need your help.

Thank you, Mr. Chairman.

Senator SPECTER. Thank you very much, Senator Harkin.

Thank you, Ms. Silberman, Dr. Ornish, and Mr. Rule. I want to compliment the YMCA on what they're undertaking to do here. I very much regret I will not be able to join you at the press conference, but I think it's a great, great program, and I'm delighted to see Pittsburgh is 1 of the 14 cities.

ADDITIONAL SUBMITTED STATEMENTS

We have received the prepared statements of Senator Thad Cochran and Cheryl G. Healton, president and CEO, American Legacy Foundation that will be placed in the record.

[The statements follow:]

PREPARED STATEMENT OF SENATOR THAD COCHRAN

Mr. Secretary, we appreciate your exemplary service as Secretary of Health and Human Services and your good efforts to prevent disease by encouraging Americans to adopt healthy lifestyles and practice good health habits. We have heard you say on several occasions that "we need to stop making healthy living a fad in America, and start making it a way of life."

Prevention strategies, as well as lifestyle and dietary changes, are the best tools to combat diabetes, heart diseases, and many other chronic conditions that afflict our population. The economics of prevention strategies are dramatic and data show that preventing instead of treating disease is very cost effective. For every $1 spent on diabetes education, $3 are saved on hospitalization costs, and estimates are that if 10 percent of adults began a regular walking program, $5.6 billion in heart disease costs could be saved. Because of this tremendous return on investment, such strategies present the greatest hope for areas of our country that suffer disproportionately from disease.

One of the agencies with primary responsibility for preventing disease is the Centers for Disease Control and Prevention—we often forget to mention the prevention component of the CDC's mission. It is my hope that we can continue to increase funding for the public health research being conducted by the CDC. This research will help us to better understand which interventions and programs are the most effective at changing lifestyles, improving exercise and dietary habits, and affecting behavioral decision making. I hope we can continue to focus resources on this important area.

I believe Secretary Thompson and federal agencies such as the CDC recognize the value in health promotion. I also believe prevention and healthy lifestyle changes hold the greatest promise for overcoming the tremendous health challenges facing my state of Mississippi and our nation. It is my hope that the Congress will encourage and strengthen these efforts.

PREPARED STATEMENT OF CHERYL G. HEALTON, DR. P.H., PRESIDENT AND CEO, AMERICAN LEGACY FOUNDATION

I would like to take this opportunity to commend Senator Arlen Specter and Senator Tom Harkin for holding this hearing to examine the important issues of healthy lifestyle and disease prevention and to thank them for allowing me to submit this testimony for the record on behalf of the American Legacy Foundation. Although we may not lobby or take positions on specific legislation, we invite you to look to us as a substantive resource on questions regarding tobacco related health issues.

Tobacco-related disease continues to be leading cause of preventable cause of death in the United States. Since 1964, more than 12 million people in the U.S. have died from smoking. While trends show a decline in cigarette use, we must remain vigilant to ensure that all of the gains made in the battle against tobacco related disease are not lost.

Tobacco kills 440,000 Americans each year and afflicts thousands more with heart disease, cancer, emphysema, stroke and other tobacco-related diseases. It is responsible for more deaths than alcohol, AIDS, car accidents, illegal drugs, murder and suicides combined and tobacco-related illness costs our society billions of dollars in public and private health care costs and in lost productivity.

My esteemed colleagues addressed many of the issues linking healthy lifestyle and disease prevention and brought to light a number of promising initiatives that will serve as models for a healthier America. I would like to bring one of the American Legacy Foundation's most successful programs to your attention as well: the truth® campaign.

80 percent of adult smokers begin their deadly habit before turning 18. The best way to reduce adult smoking is to prevent smoking initiation during youth. Every day in the United States, more than 4,000 young people between the ages of 12 and 17 try a cigarette for the first time, and about 2,000 will become daily smokers. About 23 percent of U.S. high school students and 10 percent of U.S. middle school students smoke cigarettes. Of youth who are smokers, about one-third will eventually die from a tobacco-related disease. These figures are frightening. Knowing what we know today, this and future generations of young people need to be spared a lifetime of addiction, illness and death.

The American Legacy Foundation has been exploring the tobacco habits of teens for more than five years and recently released the First Look Report 13 in order to disseminate the findings of the 2002 National Youth Tobacco Survey. This report presents very positive trends in the reduction of youth smoking, but it also brings

to light areas that still require our attention. The good news is that current smoking has declined among high school students from 28 percent in 2000 to 23 percent in 2002, but the rate of 10 percent of middle school students who smoke regularly remains almost unchanged.

With its blunt messaging and frank approach, the award winning truth® campaign is routinely cited as one of the reasons behind record declines in youth smoking rates. The data supporting the effectiveness of the truth® campaign serves as a powerful reminder to policy makers that tobacco awareness campaigns produce positive results.

Unfortunately, truth® is at risk. This year the American Legacy Foundation received its last payment from the Master Settlement Agreement (MSA). This is because the MSA included a sunset provision which only guaranteed funding for the first five years and then only in subsequent years if 99.05 percent of the tobacco market-share was held by participating companies, including all of the major U.S. tobacco companies as well as many smaller companies. That market-share is no longer being met and thus, tobacco companies are no longer required under the MSA to continue making payments to support public education programs at the American Legacy Foundation.

The sunset in funding for the American Legacy Foundation's truth® campaign comes at a time when tobacco companies continue to spend billions each year to advertise their deadly products. In 2001 alone, the tobacco industry spent a record $11.2 billion marketing their products—up by $5 billion since the MSA was signed. Although the American Legacy Foundation is aggressive in our counter-marketing efforts, the industry routinely outspends us by 200 to 1. Without continued funding, the truth® campaign could be effectively silenced by 2008, if not sooner. Without truth®, a new generation will be vulnerable to the advertising messages of the tobacco companies. As it stands, the American Legacy Foundation finds itself in the position where it is the last national safety net for youth tobacco prevention programs. States are using tobacco education funds provided through the MSA to make up for fiscal deficits. Other major foundations have been forced to reassess their priorities. And, despite substantial national focus on FDA regulation of tobacco products and other important tobacco related policy issues, there has been virtually no discussion of the importance of youth tobacco counter marketing campaigns. Even the White House Office of National Drug Control Policy has steadfastly refused to include youth tobacco control messages in its National Youth Anti-Drug Media Campaign—despite that fact that such inclusion would be within its mandate and despite the fact that it appropriately decided this year to include youth alcohol use.

The link between underage tobacco use and other illicit drugs can no longer be overlooked. According to a study conducted jointly by the American Legacy Foundation and the National Center on Addiction and Substance Abuse (CASA), 60 percent of repeat marijuana users smoked cigarettes first, and teens who smoke cigarettes are 14 times likelier than their non-smoking counterparts to try marijuana, six times likelier to buy marijuana in an hour or less, and 18 times likelier to say most of their friends smoke marijuana. Marijuana is widely regarded as the "gateway" drug, opening the door for young people to try illegal drugs like cocaine, heroine, and ecstasy. I believe that this report supports the view that cigarettes can also be a "gateway" drug.

The findings of the study are staggering given the large number of teens who try smoking or regularly smoke. Smoking cigarettes introduces teens to the sensation of inhaling a drug and desensitizes them to the feeling of smoke entering their lungs. Even among their peers, 77 percent of teens say cigarette smokers are more likely to smoke marijuana and teens who are current cigarette smokers are more likely to be repeat marijuana users than one-time marijuana users. This destructive behavior can permeate groups of friends making the peer pressure to smoke cigarettes, drink alcohol and smoke marijuana extremely high.

The study also revealed that 55 percent of teens who are current cigarette smokers report that more than half of their friends use marijuana, compared with only three percent of those who have never smoked cigarettes. This underscores for parents, teachers, policymakers and anyone else concerned with the welfare of American children, the importance of intervening to end tobacco use and prevent other drug abuse.

If we truly seek a healthy America, we must reinforce and renew our commitment as a nation to youth tobacco prevention. The truth® campaign is a proven, life-saving tool in this effort. I would like to thank the committee members, particularly Senators Specter and Harkin, for the opportunity to present the views of the American Legacy Foundation on this important issue. Thank you.

CONCLUSION OF HEARING

Senator SPECTER. Thank you all very much for being here. That concludes our hearing.

[Whereupon, at 11:15 a.m., Thursday, July 15, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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