

Addressing Chronic Disease - Need for Federal Support



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Leading Causes of Early Death

NYC, 1900 and 2004, Age <65

1900

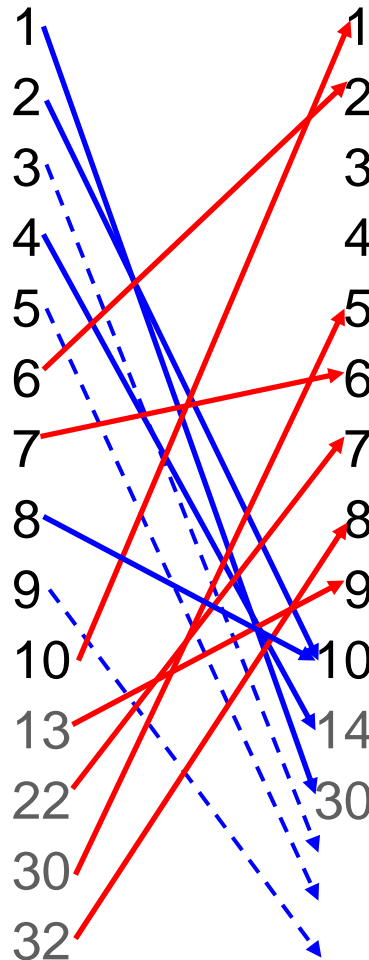
Population <65: 3.3 million
Deaths <65: 61,315

Tuberculosis (9,298)
Pneumonia (9,249)
Diarrhea & Enteritis (6,548)
Congenital disability (4,801)
Nephritis (4,103)
Heart disease (2,963)
Accidents (2,799)
Bronchitis/Influenza (2,316)
Diphtheria & Croup (2,276)
Cancer (1,722)
Suicide (706)
Diabetes (249)
Murder (139)
Embolism/Thrombosis* (103)

2004

Population <65: 7.2 million
Deaths <65: 17,359

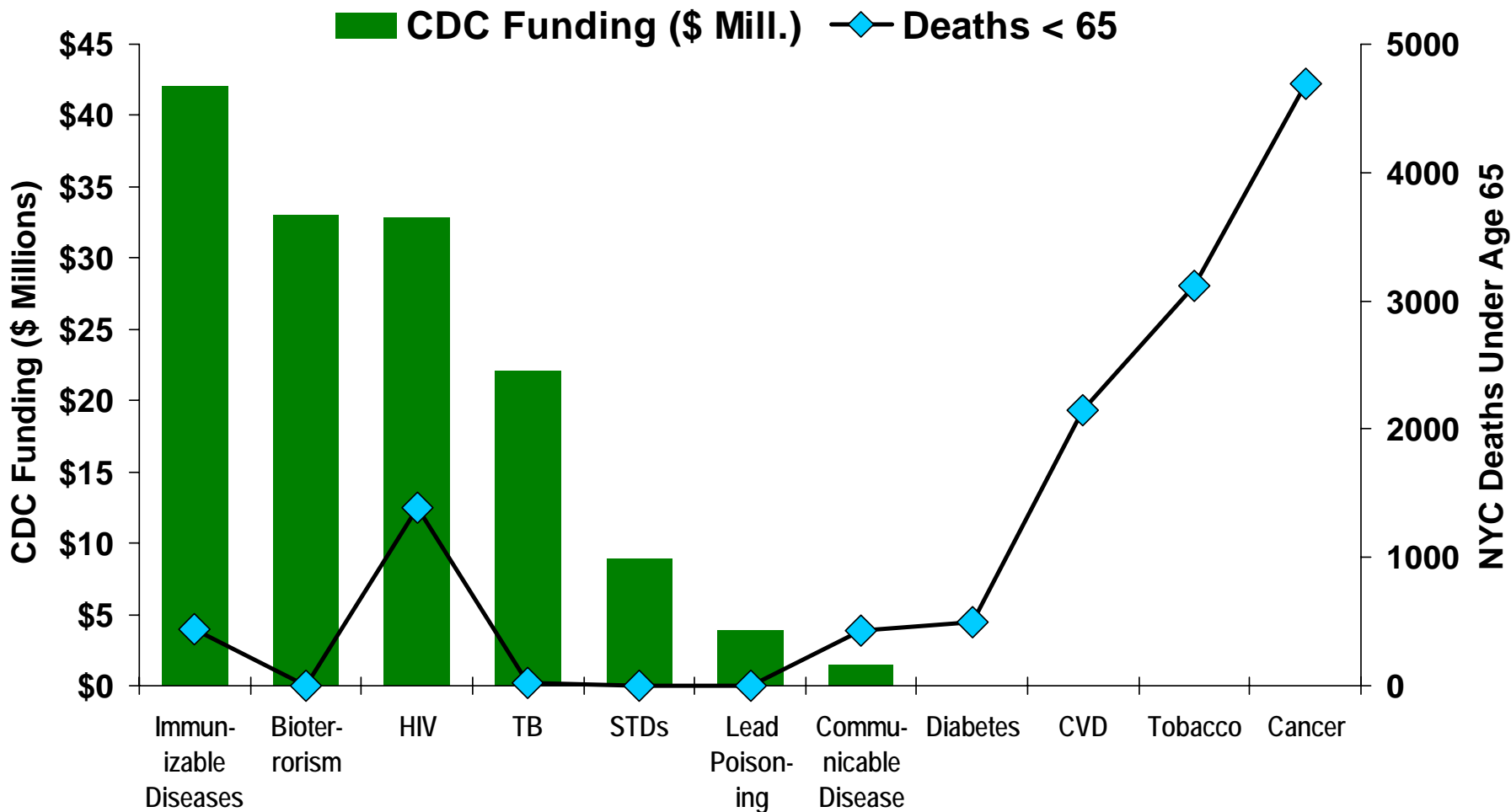
Cancer (4,693)
Heart disease (3,491)
AIDS (1,384)
Drug overdose (837)
Murder (574)
Accidents (567)
Diabetes (492)
Stroke (460)
Suicide (411)
Flu/Pneumonia/Bronchitis (411)
Congenital malformations (276)
Tuberculosis (17)



* Not identical to Stroke in 2004

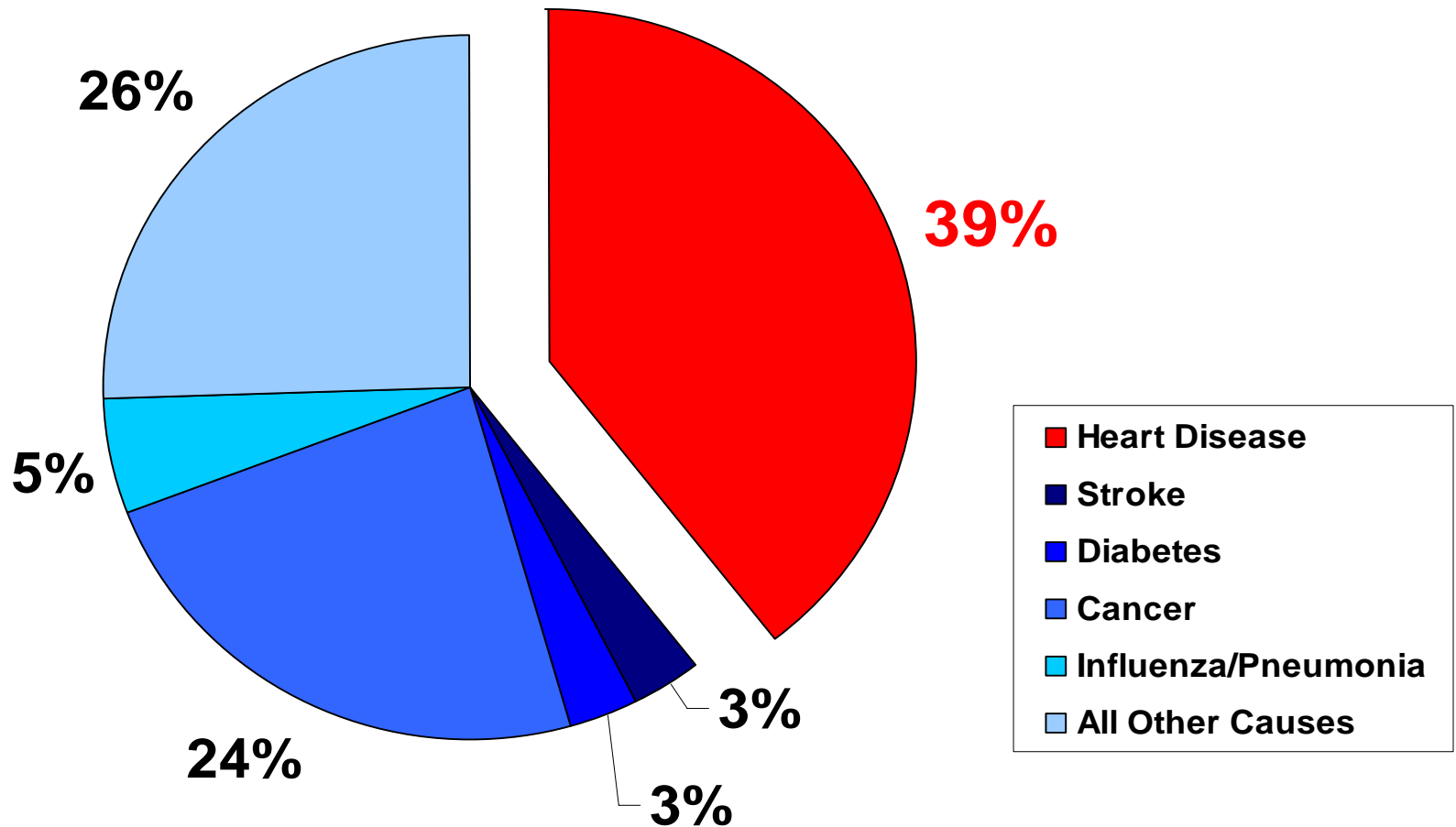
Funding vs. Leading Causes of Premature Death

NYC, Deaths Before Age 65, 2004



Funding est. FY '04; deaths CY '04

Some of New York City's Leading Causes of Death



NYC's Progress in Areas with Direct CDC Funding

- Model programs in bioterrorism preparedness, perinatal HBV prevention, and other areas
- Lead poisoning prevention:
 - New cases among children down ~80% in 8 years
- AIDS deaths: >75% decrease in 10 years
 - Perinatal HIV transmission down >90%
 - Prevalence among IDU down >60%
- Tuberculosis: 70% decrease in cases in 10 years
 - MDR-TB cases dropped by 95%

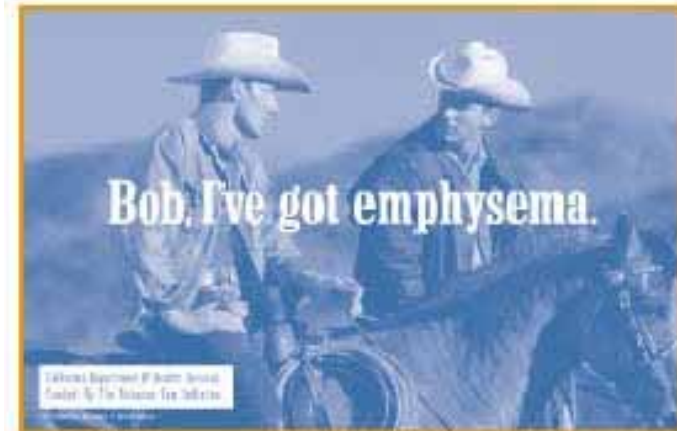
NYC's Progress in Areas without Direct Funding

Key Areas of Chronic Disease Programming

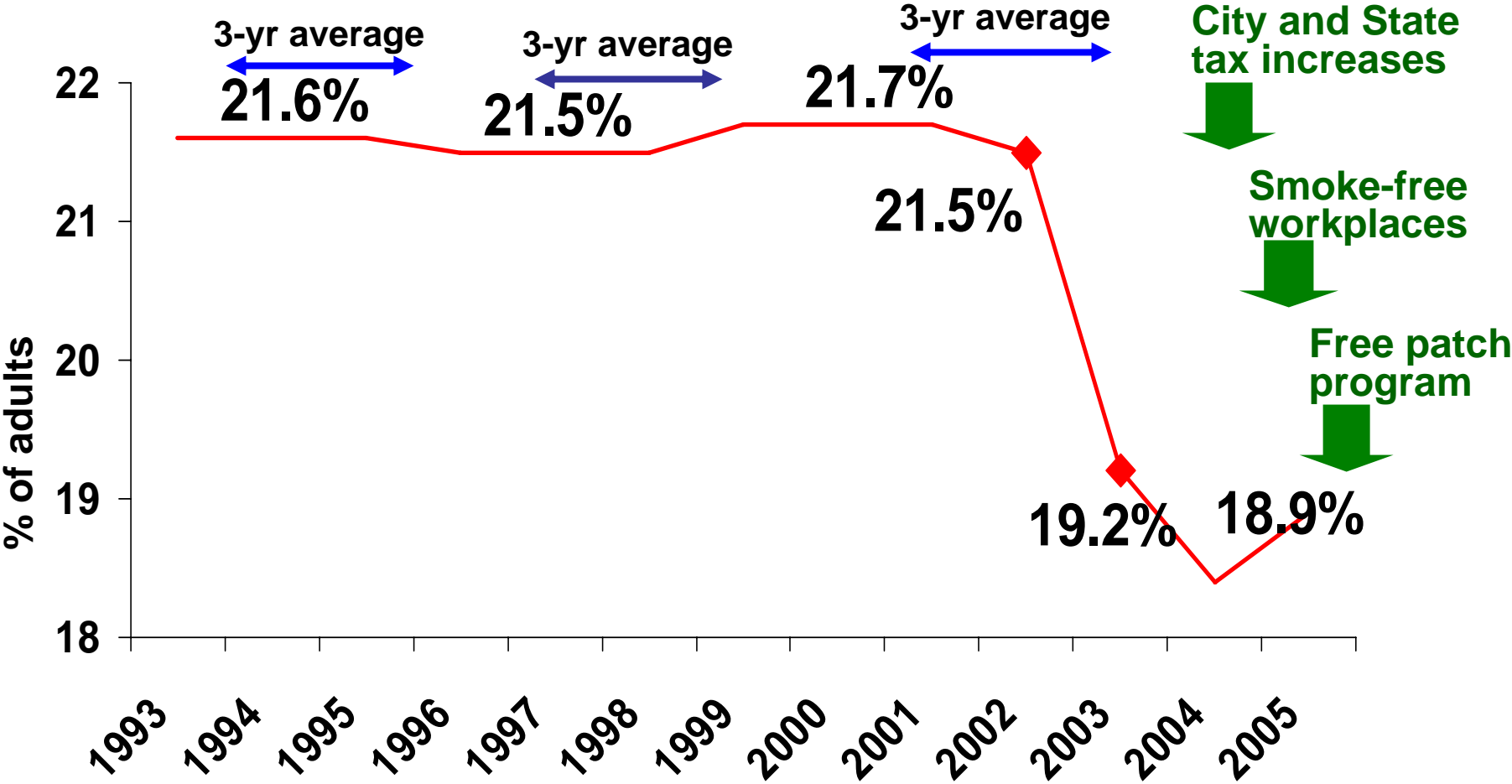
- Tobacco control
- Cancer prevention (colon cancer)
- Cardiovascular disease prevention
- Physical Activity and Nutrition
- Diabetes

NYC's Five-Point Plan for Tobacco Control

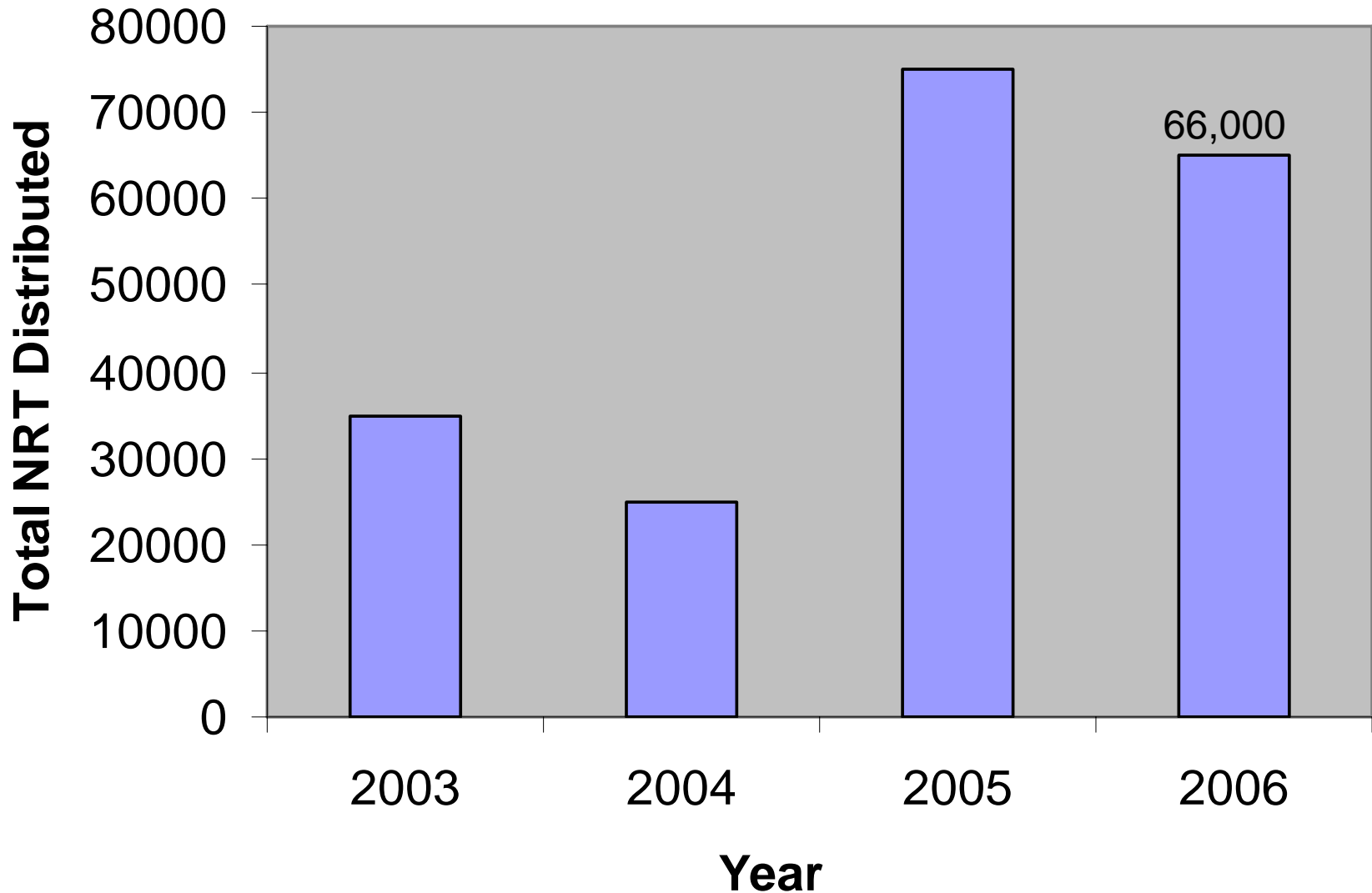
- Taxation: Increase and enforce taxes
- Legal action: Protects virtually all NYC workers from second-hand smoke
- Cessation: Entire health care system to promote cessation; free NRT; cessation registries
- Education: Targeted hard-hitting counter-advertising campaigns
- Evaluation: Monitor tobacco industry tactics and program effectiveness



Smoking Prevalence in NYC 1993-2005



NYC NRT Distribution



Increasing Colonoscopies

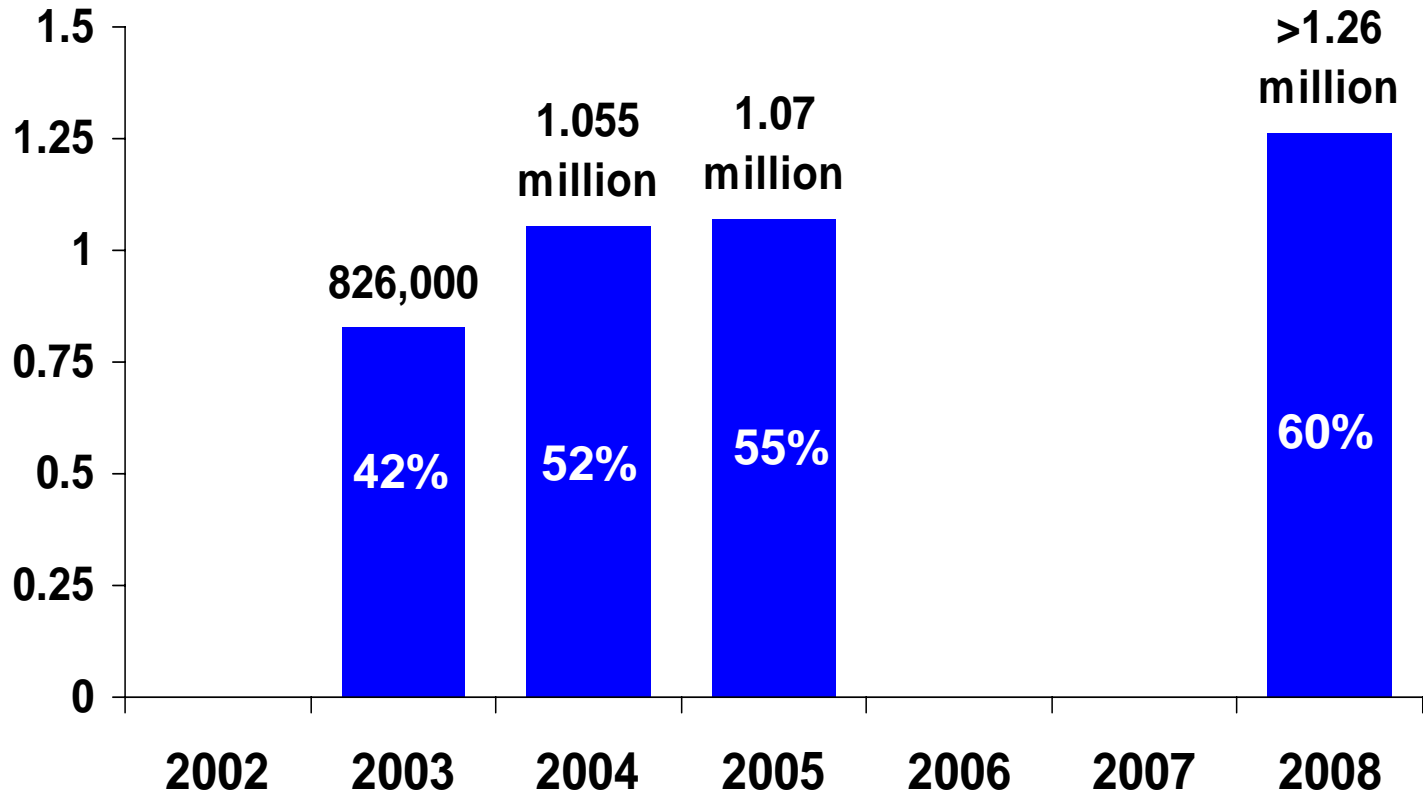
- **Convened Citywide Colon Cancer Control Coalition (C5)**
 - Experts endorse screening colonoscopy as the method of choice
- **Implement comprehensive program in public hospitals**
 - Direct Endoscopic Referral System
 - Strategic Patient Scheduling – bypasses GI consultation
 - Navigator Staff
 - “navigate” patients from referral, screening and follow-up

Colon Cancer Navigator Program Outcomes after 1 Year:

- 82% decrease in broken appointments
- 76% increase in volume of screening
- 50% increase in adenomas detected

Colonoscopy Navigation Initiative Increase in Colonoscopies

of NYers Age 50+ w/Colonoscopy
in Past 10 Years



Addressing Cardiovascular Disease:

Making it Easier to Make Healthier Choices!

- Building a healthy environment
 - SPARK/Physical Fitness
 - Fitness GRAM reports
- Improve Primary Care
 - Public Health Detailing
- Regulatory Approaches
 - Restriction of trans fat in all NYC restaurants
 - Calorie labeling on menus and menu board
 - Standards in group day care centers

Expanded Opportunities for Physical Activity

SPARK

FITNESSGRAM



FITNESSGRAM® Report for Parents

(for NYC) **Henry Jones**
Grade: 5 Age: 11
New York City Elementary School
Instructor: Mrs. Smith
Current Test Date:
Past Test Date:

People come in all shapes and sizes but everyone can benefit from regular physical activity and a healthy level of physical fitness. The FITNESSGRAM fitness test battery evaluates five different parts of health-related fitness including aerobic fitness, muscular strength, muscular endurance, flexibility and body composition. Parents play an important role in shaping children's physical activity and dietary habits. This report will help you evaluate your child's current level of health related fitness and help you identify ways to help promote healthy lifestyles in your family.

AEROBIC FITNESS

Aerobic Fitness is a measure of the ability of your child's heart, lungs, and muscles to perform sustained physical activity. Aerobic fitness is measured with The PACER test.

Importance: Good aerobic fitness can reduce the risks of heart disease, stroke, and diabetes. Although generally not present in children, the origins and risk factors for these diseases can begin during childhood and adolescence.

Healthy Fitness Zone for 11 year-old boys = 12 - 54 laps

MUSCLE STRENGTH, ENDURANCE & FLEXIBILITY

These components of health related fitness measure the overall fitness of the musculoskeletal system. A variety of tests are used to assess these different components.

Importance: The fitness level of the muscles is important for injury prevention and overall body function. Strength, endurance, and flexibility are important for maintaining good posture, low back health and total body function.

Healthy Fitness Zone for 11 year-old boys

Curl - ups = xx - yy repetitions

Trunk Lift = xx inches

Push-ups = xx - xx repetitions

Back Saver Sit-and-Reach = at least x inches on R and L

BODY MASS INDEX (BMI)

The Body Mass Index tells you if your child is at a healthy weight for his/her height. This test uses the height and weight to calculate BMI.

Importance: Overweight youth are at high risk for being overweight adults. Adult obesity is associated with a number of chronic health problems. Many of these health problems can begin early in life. It is important to begin healthy eating and regular activity early.

Healthy Weight Range for 11 year-old boys = 12 - 54

INTERPRETING THE FITNESSGRAM REPORT

Health related fitness includes a variety of factors. With regular physical activity most children will be able to score in the Healthy Fitness Zone for most of the tests. It is important for all children to be physically active every day (a total of 60 minutes is recommended). If your child is in the Needs Improvement area on a particular test it is important to provide additional opportunities to be active so he/she can improve their levels of fitness.

Please refer to the back of the page for a description of the test items and for tips on helping promote physical activity in your family.

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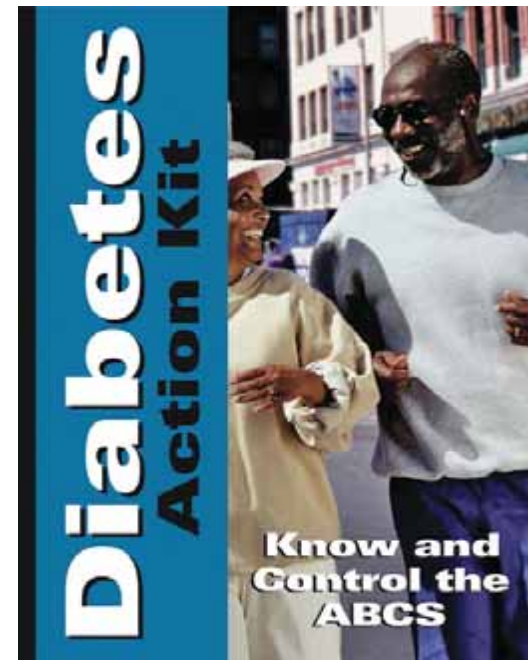
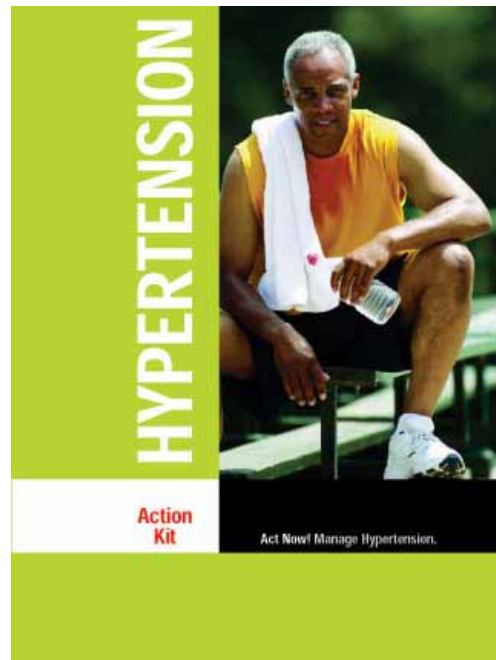
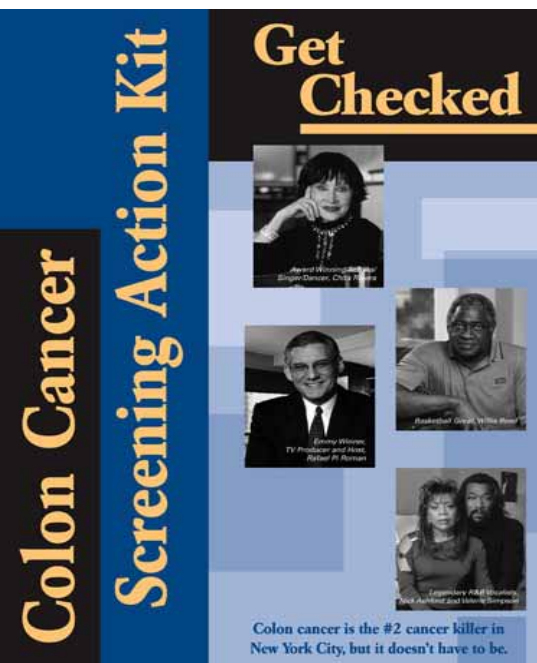
Being too lean or too heavy may be a sign of (or lead to) health problems. However, not all people who are outside the Healthy Weight Range are at risk for health problems. For example, a person with a lot of muscle may have a high BMI without having excess fat.



Faith-based Physical Activity Challenge


Public Health Detailing Campaigns

- Modeled after pharmaceutical sale approach
- Promotes preventative health interventions to health care providers
- Promotes use of clinical systems



New York City Health Code Amendments

CALORIE LABELING



	Calories	Price
Grilled Chicken	390	\$3.99
Hamburger	280	\$0.99
Cheeseburger	300	\$1.39
Fish Filet	450	\$3.29
Fries – Small	300	\$1.00
Fries – Large	600	\$1.79
Soda – Small	150	\$1.00
Soda – Large	300	\$1.89



RESTRICT

TRANSFAT

NYC Health

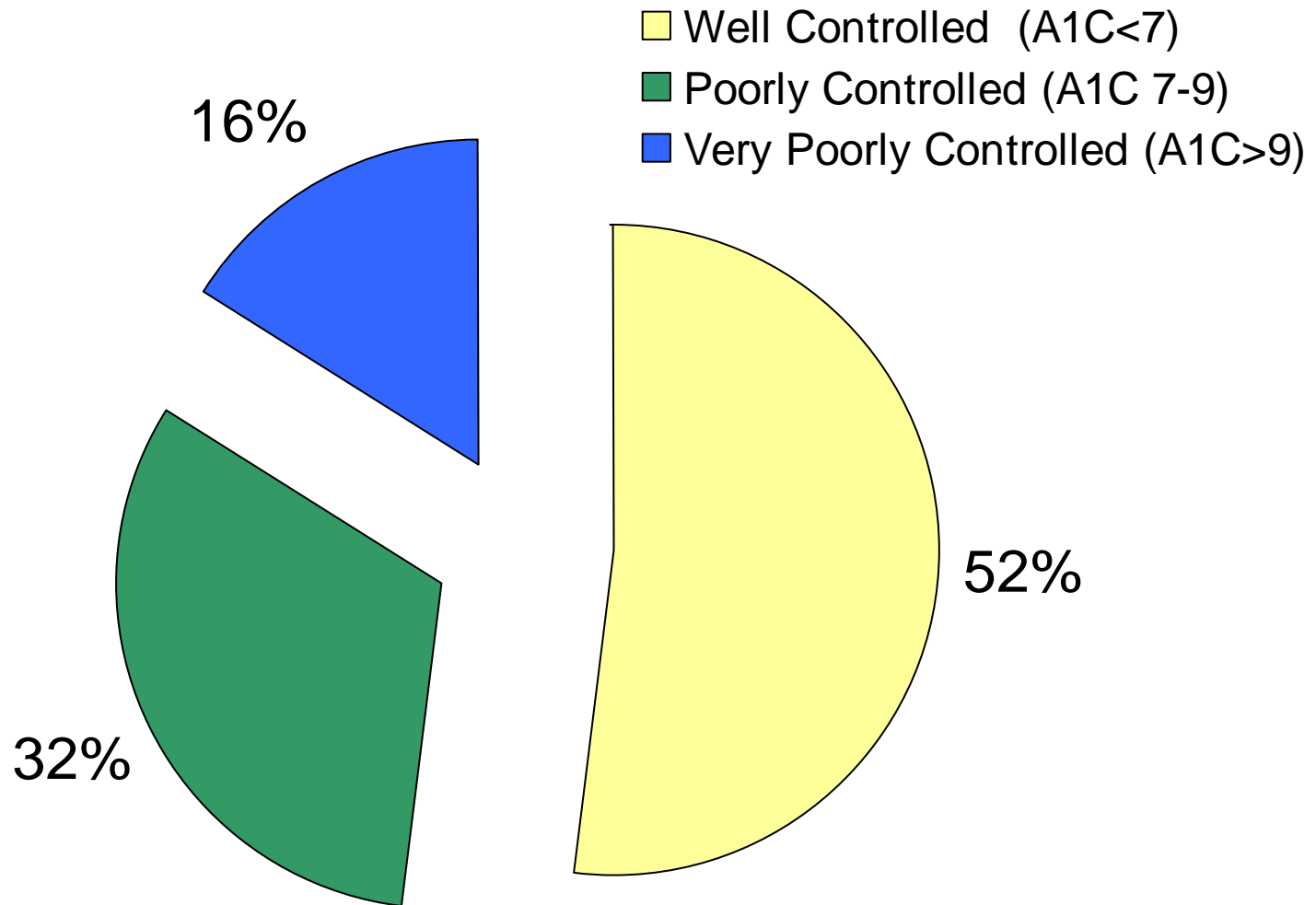
NYC Health Code Amendments

Daycare nutrition regulations and guidelines

Obesity Begins Early – Interventions Must Too!

- **Daily Physical Activity**
 - Establishes a required number of structured physical activity per day
- **Limits on TV**
 - No TV for children <2 yrs. old
 - No more than 60 min./day
- **Nutrition Standards**
 - No sugar sweetened drinks
 - 1% milk

Diabetes Control in NYC, 2004



Combating Diabetes:

Primary Activities of the New York City A1C Registry

- Surveillance and epidemiology
- Provider feedback
 - Lists of patient panel
- Patient feedback (via provider)
 - Letters with A1C information
 - Local resources
- Resources to providers/patients

Funding for Local Public Health Departments is Critical!

- Urban areas are uniquely situated to demonstrate effective population-based, public health interventions
 - Concentrated, large and diverse population
 - High disease burden, poverty, disparities
- Local public health agencies can mobilize broad, flexible partner networks
 - Medical care providers; Private and public partners
- NYC currently receives grants through cooperative agreements with CDC
- But NYC currently receives no federal grant funding for chronic diseases

What NYC Could Do with Direct Federal Funding for Chronic Disease

- NRT/bupropion for all smokers; Establish sustainable programs and ensure core service for Tobacco Control
- Reduce risk for and improve management of diabetes, high blood pressure and high cholesterol
- Increase space and opportunity for physical fitness, healthy eating programs for all NYers, particularly school children and high-risk communities
- Address the Built Environment to build a healthier environment

Proposed Cooperative Agreement Grants for Chronic Disease

- Cooperative agreement grants from CDC for prevention/control of chronic diseases (cancers, CVD, diabetes)
 - Leading causes of death and disability
 - Most prevalent, costly, and preventable of chronic health problems
- Based on existing model used successfully for decades to combat communicable diseases

Why Coop Agreements for Chronic Disease Will Work

- Much direct treatment cost for chronic disease is born by government programs
 - Medicare/Medicaid finance 1/3 of U.S. medical care costs
- Investments in primary and secondary prevention programs would save both money and lives
 - Funding to local jurisdictions is most efficient and cost-effective mechanism to implement needed programs in these areas

Other Areas for Federal Level Chronic Disease Prevention

- Improve preventive health care
 - Incentivize insurance coverage for preventive care: smoking cessation, cancer screening, other preventive care
- More intensive tobacco control
 - Smokers are 30-40% more likely than non-smokers to die of colorectal cancer
 - Raise federal cigarette tax
- Increase funding for research on cancers (e.g., breast, prostate) about which too little is known

The Bottom Line

- Chronic diseases are the leading killers
- Many interventions are proven to be successful – but are not applied effectively
- Local Health Depts. can make a tremendous impact
- Increased public knowledge and demand for chronic disease to be addressed
- Sustained federal support is needed
 - Leadership
 - Direct funding
 - Legislation