STAFF REPORT

TOWN COUNCIL MEETING OF APRIL 10, 2012

To: Town Council

From: Town Manager

Subject: Healthy Eating Active living Town Resolution

Date: March 26, 2012

RECOMMENDATION:
Adopt attached Resolution, as may be amended.

ISSUE/DISCUSSION:
At the March 13, 2012 Town Council meeting, much discussion was presented by members of the public regarding the originally proposed Resolution. The League of California Cities (LOCC) has adopted resolutions which encourage local government to adopt local resolutions policies encouraging physical activities and good nutrition for their community. The originally proposed Resolution mirrored the Resolution supplied by the LOCC. Much of the concern voiced by the public centered around the dislike of government imposing itself on people's lives, particularly with regards to land use zoning and potential ordinances in the future and government dictating what people could and could not eat.

The Town Council listened to the concerns and understands those concerns. The Council directed staff to bring a revised Resolution, which reflects the public concerns and is more tailored to Loomis. Attached is the proposed revised resolution as requested by the Council. The revised Resolution eliminates any discussion of zoning recommendations, any potential ordinances, discussion of the built environment, nor does it mention modifying any Town Ordinance nor the General Plan. The revised Resolution now focuses on implementation of existing Town of Loomis adopted plans, such as the adopted Bikeway Master Plan and Trails Master Plan, and on working with the schools and businesses to promote access to indoor and outdoor public facilities.

Attached please find information from the California Center for Public Health Advocacy showing the methodologies used in determining the 41 billion dollar cost referenced in the resolution. Also attached find comments received by staff on the proposed resolution as of noon on Monday, April 2, 2012.

CEQA:
There are no CEQA issues with adoption of the resolution.

FINANCIAL IMPLICATIONS:
There are no financial impacts from this action.

TOWN OF LOOMIS

RESOLUTION 12-___

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF LOOMIS

SUPPORTING HEALTHY EATING AND ACTIVE LIVING

WHEREAS, in 2004, the League of California Cities adopted an Annual Conference resolution to encourage cities to embrace policies that facilitate activities to promote healthier lifestyles and communities, including healthy diet and nutrition and adoption of city design and planning principles that enable citizens of all ages and abilities to undertake exercise; and

WHEREAS, the League of California Cities has a strategic goal to promote and develop safe and healthy cities; and

WHEREAS, the annual cost to California—in medical bills, workers compensation and lost productivity— for overweight, obesity, and physical inactivity exceeds $41 billion;

WHEREAS, local land use policy affects the opportunities individuals have for active living and physical activity in Loomis; and

NOW, THEREFORE, LET IT BE RESOLVED that the Town of Loomis hereby adopts this Healthy Eating Active Living resolution to:

- Ensure residents can easily and safely walk, roll and/or bike between residential neighborhoods and schools, parks, recreational facilities, and local businesses as detailed in the Town's adopted Bikeway Master Plan and Trails Master Plan;
- Complete the three remaining features of the Blue Anchor Park and the related trail and bikeway from King Road to Sierra College Boulevard as a priority, partnering with community groups, service organizations, local businesses and individuals;
- Support improved striping and road improvements in the downtown area from Shed to Shed for pedestrian and physically challenged individuals. Begin this year with areas from Horseshoe Bar Road to Circle Drive.
- Include in Capital Improvement Program of Town with June budget priority projects for trails and bikeways listed in Trails and Bikeway Master Plan;
- Expand community access to indoor and outdoor public facilities through joint use agreements with schools and/or other partners and support development of new

facilities needed to meet outstanding recreation needs of the community (e.g, support new Del Oro Aquatic Center)

- Support local community gardens and farmers markets to increase access to healthy food, including fresh fruits and vegetables;
- Work with the Loomis Basin Chamber of Commerce to identify how best to promote local restaurants offering healthy alternatives and local food; and
- Request that the Park, Recreation and Open Space Committee new Recreation Task Force focus on these issues with staff, community groups, schools, farms, restaurants and other local businesses and include specific recommendations for what role they can play in their next Annual Work Plan.

PASSED AND ADOPTED this 10th day of April, 2012 by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
Mayor

ATTEST:

_____
Town Clerk

THE COSTS OF OBESITY

THE ECONOMIC COSTS OF OVERWEIGHT, OBESITY AND PHYSICAL INACTIVITY AMONG CALIFORNIA ADULTS - 2006

OVERVIEW. On July 9, 2009, the California Center for Public Health Advocacy (CCPHA) released *The Economic Costs of Overweight, Obesity and Physical Inactivity Among California Adults – 2006.* The study found that the cost of overweight, obesity and physical inactivity had climbed to $41 billion in 2006, nearly double the amount reported in 2000. Given California's current fiscal crisis, both the private and public sectors would benefit from federal, state and local policies that make prevention a top priority and help ensure that all Californians live in communities that support people to make healthy eating and physical activity choices.

THE STUDY. Commissioned by CCPHA, this analysis builds on a similar study published in 2005 by the California Department of Health Services which described the economic costs of overweight, obesity and physical inactivity in 2000. The updated report is based on the latest available data and scientific research on the relationship between overweight, obesity and physical inactivity, and their collective impact on health care expenditures and worker productivity. The analysis estimated costs for the state as a whole and for California counties. The study was conducted by Chenoweth & Associates, Inc., the same health econometrics consulting firm that conducted the previous study. For summary information, see the Press Release, Press Kit, accompanying Policy Brief and Economic Costs Associated with Overweight, Obesity, and Physical Inactivity in California Counties.

FINDINGS. The study found the total annual estimated cost to California for overweight, obesity and physical inactivity was $41.2 billion – $21.0 billion for overweight and obesity, and $20.2 billion for physical inactivity. Health care costs totaled $20.7 billion and lost productivity costs reached $20.4 billion. Health care costs associated with overweight and obesity were $12.8 billion while health care costs associated with physical inactivity totaled $7.9 billion. Finally, lost productivity costs associated with overweight and obesity were $8.2 billion, and lost productivity costs associated with physical inactivity were $12.3 billion.

POLICY RECOMMENDATIONS. To reduce the economic burden associated with overweight, obesity and physical inactivity, policies must be established at all levels to promote healthy eating and physical activity. At the national level, public health and prevention must be core elements of national health care reform. At the state level, agencies that influence environments where Californians live, work, learn and play must promote health through their policy and funding decisions. At the city and county level, local policies must be established to ensure that California communities are places where residents can easily make healthy eating and activity choices. See this list of key policy recommendations.

Printable Page

Support for this project was provided by a grant from The California Endowment.

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THE ECONOMIC COSTS OF OVERWEIGHT, OBESITY, AND PHYSICAL INACTIVITY AMONG CALIFORNIA ADULTS — 2006

A study for the California Center for Public Health Advocacy

Conducted by Chenoweth & Associates, Inc.
New Bern, North Carolina | July 2009

www.PublicHealthAdvocacy.org

EXECUTIVE SUMMARY

Overweight, obesity, and physical inactivity are major risk factors for health conditions related to premature illness, disability, and death, and contribute significantly to the nation's rising medical care costs. In California in 2006, nearly 60% of adults were overweight or obese and almost half of California adults did not meet the recommended level and intensity of daily physical activity.

The California Center for Public Health Advocacy commissioned Chenoweth & Associates, Inc. to estimate the economic costs of overweight, obesity, and physical inactivity in the state of California and its counties. The results are based on an assessment of both health care costs and costs associated with lost productivity. The study also determined projected costs for overweight, obesity, and physical inactivity through 2011.

The estimated cost to California for overweight, obesity, and physical inactivity in 2006 was $41.2 billion. If this trend continues, total costs for the state will increase to more than $52.7 billion in 2011.

This study estimated the cost to California for overweight, obesity, and physical inactivity in 2006 to be $41.2 billion. Of the total costs, $21.0 billion was attributable to overweight and obesity and $20.2 billion was attributable to physical inactivity. Half of the total amount was spent on health care and half came from lost productivity. If this trend continues, total costs for the state will increase to $52.7 billion in 2011. Among California's counties, Los Angeles County, with its large population, accounted for more than one-quarter of all costs, followed by Orange and San Diego counties.

If the state of California is able to achieve a modest reduction in the prevalence of overweight, obesity, and physical inactivity of just 5% per year for each of these risk factors, the savings realized would average nearly $2.4 billion per year.

Because employers and taxpayers share much of the burden of the economic costs associated with overweight, obesity, and physical inactivity, both the public and private sectors would benefit from the development and implementation of strategies that promote healthy eating and physical activity.

DEFINITIONS

Overweight:
Body mass index of 25.0–29.9

Obesity:
Body mass index of 30.0 or above

Physical Inactivity:
Engaging in less than 30 minutes of moderate physical activity on most days

SOURCE: Centers for Disease Control & Prevention

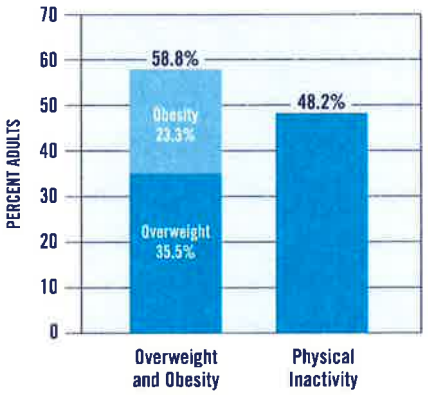
BACKGROUND

Overweight, obesity, and physical inactivity are major risk factors for many health conditions related to premature illness, disability, and death — among them, coronary heart disease, type 2 diabetes, some forms of cancer, and stroke[1-4] — and contribute significantly to the nation's rising medical care costs.[5-12]

In 2006, the Centers for Disease Control and Prevention (CDC) reported that a total of 58.8% of California adults were overweight or obese (35.5% and 23.3%, respectively).[13] The two most recent CDC surveys reported a statewide adult physical inactivity rate for California of 46.6% in 2005 and 49.8% in 2007.[14] A median prevalence rate of 48.2% was used in this study to estimate an approximate level of physical inactivity in 2006 (see Figure 1).

FIGURE 1

Rates of Overweight, Obesity, and Physical Inactivity, California Adults, 2006



PURPOSE OF THE STUDY

The purpose of the study was to determine the current and future economic impact of overweight, obesity, and physical inactivity in the state of California. The last time such a study was published was in 2005 based on data for the year 2000.[15] The current study also provides findings for California's counties. Economic costs at the county level were intended to allow local policy makers, business and community leaders, and community residents to know the economic effect of these three conditions in their geographic areas.

Specifically, the study sought to determine the following:

- Total medical care and prescription drug costs of medical conditions related to overweight, obesity, and physical inactivity for the state of California and its counties
- Lost productivity costs for each risk factor at the state and county level
- Future cost projections for each risk factor, assuming current prevalence and inflationary trends continue
- Projected cost savings for the state if even 5% of California adults who are currently overweight, obese, and/or physically inactive reduced their body weight or increased their physical activity to the recommended levels

Overweight, obesity, and physical inactivity are major risk factors for many health conditions related to premature illness, disability, and death.

METHODOLOGY

A statewide econometric analysis of costs related to overweight, obesity, and physical inactivity was conducted for California and its counties using health care and productivity data from several California and national databases. Health care cost estimates for each risk factor include direct medical care and prescription drug costs; lost productivity costs for each risk factor include costs associated with absenteeism, short term disability, and presenteeism (defined as the portion of an employee's work load they are unable to do because of their compromised health status). The aggregate cost of each of the three risk factors was calculated for each county and the entire state. Finally, medical care/prescription drug costs and lost productivity costs were projected for future years to estimate how these costs would change if the prevalence rates for the three risk factors continued at the current pace and what cost savings could be achieved if those risk factors were reduced even minimally.

Cost estimates assigned to each of the selected risk factors were based on conservative estimates of underlying factors. Thus, findings are likely to be conservative estimates as well. The Appendix provides a detailed description of the study methodology and limitations.

Overweight, obesity, and physical inactivity have profound health and economic consequences.

FINDINGS

Health Care and Lost Productivity Costs

The total estimated cost to California for overweight, obesity, and physical inactivity in 2006 was $41.2 billion. Of the total costs, $21.0 billion was attributable to overweight and obesity, and $20.2 billion was attributable to physical inactivity. Half of the total amount was spent on health care (medical care and prescription drugs) and half came from lost productivity (see Table 1). Conditions stemming from overweight and obesity contributed $12.8 billion (62%) to health care costs, while those related to physical inactivity accounted for $7.9 billion (38%). Total lost productivity costs associated with overweight, obesity, and physical inactivity in California in 2006 were $20.4 billion, including $8.2 billion related to overweight and obesity (40%) and $12.3 billion related to physical inactivity (60%) (see Figure 2).

TABLE 1

Health Care and Lost Productivity Costs from Overweight, Obesity, and Physical Inactivity, California, 2006

	Overweight & Obesity	Physical Inactivity	TOTALS
Health Care Costs	$12.8 billion	$7.9 billion	**$20.7 billion**
Lost Productivity Costs	$8.2 billion	$12.3 billion	**$20.4 billion**
TOTALS	**$21.0 billion**	**$20.2 billion**	**$41.2 billion***

**Figures may not add to total due to rounding.*

Table 2 (on next page) presents the costs of health care and lost productivity for the three risk factors by county and for the state as a whole. Due to the size of their populations, Los Angeles, Orange, and San Diego counties accounted for nearly half of the state's total costs.

FIGURE 2: **Percentage of Costs to California for Overweight, Obesity, and Physical Inactivity, 2006**

TABLE 2

Economic Costs Associated with Overweight, Obesity, and Physical Inactivity in California Counties*, 2006

COUNTY	OVERWEIGHT & OBESITY		PHYSICAL INACTIVITY		TOTAL
	HEALTH CARE	LOST PRODUCTIVITY	HEALTH CARE	LOST PRODUCTIVITY	
Alameda	$1,022,493,320	$370,977,757	$189,635,029	$595,643,405	$2,178,749,511
Butte	$101,396,770	$32,399,599	$65,758,445	$43,463,232	$243,018,045
Contra Costa	$404,221,810	$272,232,863	$255,603,709	$386,509,777	$1,318,568,159
El Dorado	$59,641,096	$31,626,939	$39,983,414	$44,781,471	$176,032,920
Fresno	$267,397,527	$181,083,857	$149,737,716	$216,618,388	$814,837,488
Humboldt	$40,700,227	$19,822,518	$26,035,970	$25,055,640	$111,614,355
Imperial	$56,344,348	$27,113,157	$31,538,647	$29,852,954	$144,849,106
Kern	$281,023,090	$153,339,517	$172,825,417	$199,394,032	$806,582,056
Kings	$42,523,486	$28,055,537	$25,821,065	$32,069,645	$128,469,732
Lake	$36,298,603	$9,101,561	$21,502,216	$11,119,542	$78,021,922
Los Angeles	$3,601,500,613	$2,380,889,464	$2,389,631,908	$3,509,485,298	$11,881,507,282
Madera	$35,757,909	$26,745,791	$21,813,037	$32,062,484	$116,379,222
Marin	$55,823,745	$43,404,436	$48,414,014	$82,121,072	$229,763,267
Mendocino	$9,041,988	$14,673,312	$5,164,952	$18,172,965	$47,053,217
Merced	$122,833,747	$47,636,058	$64,206,122	$52,823,237	$287,499,163
Monterey	$186,716,905	$110,934,183	$109,920,445	$126,813,230	$534,384,763
Napa	$63,033,157	$29,541,415	$42,867,363	$42,794,998	$178,236,933
Nevada	$55,814,482	$13,826,790	$48,269,253	$22,146,490	$140,057,014
Orange	$776,396,969	$691,959,910	$586,129,199	$1,219,456,431	$3,273,942,509
Placer	$81,770,064	$64,181,888	$56,055,632	$97,173,505	$299,181,088
Riverside	$443,401,567	$345,544,640	$370,674,371	$459,833,591	$1,619,454,168
Sacramento	$558,107,329	$363,575,032	$301,772,622	$437,819,850	$1,661,274,834
San Bernardino	$371,988,689	$401,747,270	$192,254,829	$524,830,196	$1,490,820,984
San Diego	$817,945,377	$647,077,040	$577,254,569	$999,779,198	$3,042,056,184
San Francisco	$244,703,445	$193,072,957	$225,528,252	$423,071,502	$1,086,376,156
San Joaquin	$357,643,950	$129,502,359	$191,599,880	$161,820,055	$840,566,243
San Luis Obispo	$179,805,931	$44,329,042	$168,087,338	$61,456,910	$453,679,220
San Mateo	$351,116,006	$216,493,810	$223,291,405	$361,466,707	$1,152,367,927
Santa Barbara	$133,523,535	$89,644,429	$82,771,771	$128,916,568	$434,856,303
Santa Clara	$420,089,065	$496,770,143	$227,377,058	$911,184,787	$2,055,421,054
Santa Cruz	$116,932,507	$48,507,742	$78,952,361	$72,688,675	$317,081,285
Shasta	$111,090,845	$30,900,455	$69,350,965	$41,393,440	$252,735,705
Solano	$158,429,455	$97,507,493	$97,239,872	$129,336,401	$482,513,221
Sonoma	$114,668,973	$84,373,927	$90,816,010	$146,866,048	$436,724,958
Stanislaus	$362,487,458	$111,753,779	$208,431,543	$128,436,390	$811,109,170
Sutter	$32,084,565	$14,578,464	$19,343,231	$17,654,708	$83,660,969
Tulare	$143,835,345	$50,338,408	$86,403,564	$62,434,963	$343,012,280
Ventura	$287,718,588	$154,743,132	$204,090,472	$222,866,813	$869,419,005
Yolo	$58,250,081	$40,487,741	$41,322,192	$57,404,447	$197,464,460
STATEWIDE	**$12,789,271,376**	**$8,198,210,169**	**$7,948,454,479**	**$12,250,512,800**	**$41,186,448,824**

** Results for counties with populations less than 50,000 (Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, and Yuba) are not included in the table because county-specific risk factor data were not available. Costs from these counties were included in the statewide total.*

Projected Costs and Potential Cost Savings

The final phase of this analysis focused on the projected costs of overweight, obesity, and physical inactivity from 2007 through 2011 and the potential cost savings that could be achieved if the prevalence rates of these risk factors could be reduced.

Even if the prevalence rates remained constant, over time the economic costs associated with these risk factors would rise because of population growth and increased health care and employment costs.

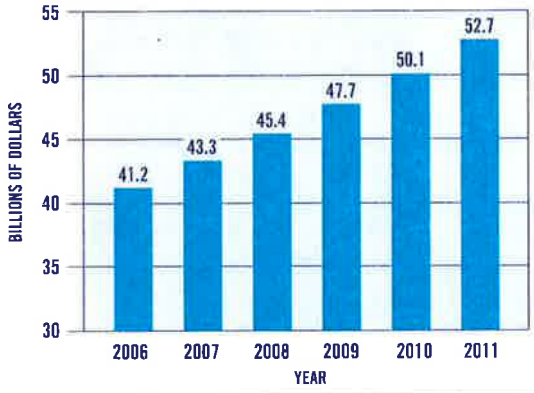
Specifically, if California's population continues to rise at an expected rate of about 1% per year, medical care and prescription drug costs continue to rise at least 6% per year, and employment costs continue to rise at least 3% per year, then the combined health care and lost productivity costs associated with the three risk factors are conservatively estimated to increase to $52.7 billion in 2011, or a cumulative five-year increase of 28% (see Figure 3).

If, however, the state of California is able to achieve a modest reduction in the prevalence of overweight, obesity, and physical inactivity of just 5% per year for each risk factor, the savings realized would average nearly $2.4 billion per year.

If the state of California is able to achieve a modest reduction in the prevalence of overweight, obesity, and physical inactivity of just 5% per year, the cost savings to be realized would average nearly $2.4 billion per year.

FIGURE 3

Actual (2006) and Projected (2007–2011) Costs from Overweight, Obesity, & Physical Inactivity



DISCUSSION

Overweight, obesity, and physical inactivity have profound health consequences for the people of California. This analysis shows that the three risk factors — individually and collectively — also have profound economic consequences. California businesses, the backbone of the state's economy, are particularly affected. Because employers pay much of the cost of health care benefits, steady increases in health insurance premiums, in part due to increasing illness caused by poor diet and lack of physical activity, affect their bottom line, as does lost productivity resulting from these risk factors and their resulting illnesses. Taxpayers, too, have a huge financial stake in reversing these public health liabilities, as they pay for resulting illnesses through Medi-Cal and Medicare.

In order to reduce the unacceptably high prevalence of overweight, obesity, and physical inactivity, along with the costly and preventable illnesses associated with them, both the public and private sectors would benefit from promoting healthy eating and physical activity. While Californians must be encouraged to improve their individual behaviors, public policies must also be established to make it easier for Californians to adopt healthier lifestyles.

APPENDIX

Study Methodology

This econometric evaluation of costs related to overweight, obesity, and physical inactivity for California and its counties used available medical care and productivity data sources obtained from several California and national databases (see Table A-1).

TABLE A-1: Data Framework for the Study

Dollar year	Year 2006 dollars
Population	Statewide and 58 counties
Risk factors included	Overweight, obesity, and physical inactivity
Medical conditions included	Circulatory, digestive, injury, mental, metabolic, musculo-skeletal, neoplasm, nervous, pregnancy complications, and signs/symptoms ill-defined
State-level risk factor prevalence rates	Self-reported height and weight from the 2006 California Behavioral Risk Factor Surveillance Surveys (BRFSS); physical inactivity rates from the 2005 and 2007 BRFSS
County-level risk factor prevalence rates	Self-reported height and weight reported in the 2005 California Health Interview Survey (CHIS); self-reported physical inactivity rates reported in the 2001 California Health Interview Survey (CHIS)
Data source for inpatient medical costs: employer and private pay	2006 claims data from California's Office of Statewide Health Planning and Development (OSHPD) for 2006 by patient county residence and Diagnosis Related Group (DRG)
Data source for outpatient medical costs: employer and private pay	Estimated 2006 California corporate medical claims data (based on 2000 data from the authors) and 2006 claims data from OSHPD for ambulatory surgery and emergency department by patient county residence and Diagnosis Related Group (DRG)
Data source for outpatient medical costs: public pay (Medi-Cal)	Claims data from Medi-Cal for enrolled adults for the period of January 1, 2004 to December 31, 2004, projected to 2006 dollar values
Data source for prescription drug costs	Year 2006 cost norms from the 2007 Express Scripts Drug Trend Report and California prescription drug retail sales data from The Henry J. Kaiser Family Foundation
Lost productivity	Official Disability Guidelines injury frequency norms, 23 published studies, and California Employment Development Division average annual worker earnings

Overweight, Obesity, and Physical Inactivity Prevalence Rates

In order to estimate 2006 overweight and obesity prevalence rates, 2005 California Health Interview Survey (CHIS) results for height and weight for California counties were statistically adjusted to make them consistent with statewide-level Behavioral Risk Factor Surveillance Survey (BRFSS) findings for 2006.

The physical inactivity rates used in this study were based on the most recent available state and national health survey data. Because BRFSS did not collect physical inactivity prevalence rates in 2006, this study used the median between the statewide rates reported by BRFSS in 2005 and 2007. Because 2005 CHIS did not determine what proportion of Californians engage in less than 30 minutes of moderate physical activity on most days, this study utilized 2001 county-level CHIS

physical inactivity rates and statistically adjusted them to make them consistent with the estimated 2006 state-level physical inactivity rates from BRFSS.

Health Care Costs: Medical Care

Medical care costs were determined using health care claims data for California adults for medical conditions that have been shown in the published scientific literature as being directly linked to overweight, obesity, and physical inactivity. These conditions are represented by more than 100 diagnosis-related groups (DRGs) within the following ten major diagnostic categories: circulatory, digestive, injury, mental, metabolic, musculoskeletal and nervous conditions, some cancers, some pregnancy complications, and other signs and symptoms of an ill-defined nature (see Table A-2).

TABLE A-2

Medical Conditions Associated with Targeted Risk Factors—Diagnosis-Related Groups

Circulatory
(DRGs: 014-017, 103-112, 120-145)
Cardiovascular disease
Myocardial infarction
Hypertension
Deep vein thrombosis
Chronic venous insufficiency
Stroke
Atherosclerosis
Coronary atherosclerosis
Angina pectoris
Congestive heart failure

Digestive
(DRGs: 179, 193-198, 203-204, 207-208, 316-317)
Gallbladder disease
Liver disease
End stage renal disease
Acute/chronic pancreatitis

Injury
(DRGs: 418, 452-453)
Infection following wounds
Heat disorders
Surgical complications
Hip fracture

Mental
(DRGs: 426-427)
Neurotic depression*
Depressive disorder
Anxiety states
** Excludes brief depressive reactive and prolonged depressive reaction*

Metab/Endo/Nutrition
(DRGs: 294-295, 488-490)
Diabetes
Gout
Impaired immune response

Musculo-Skeletal
(DRGs: 237, 241-246, 243, 248)
Osteoarthritis knee or hip
Rheumatoid arthritis
Low back pain
Low back strain/sprain
Tendon/myo/bursitis
Pain in joint
Stiffness in joint
Polymyalgia/rheum.
Osteoporosis

Neoplasms (Cancers)
(DRGs: 148-149, 152, 154-156, 203, 290, 274-275, 306-307, 318-319, 354-359, 401-404)
Esophageal/gastric
Colorectal
Breast
Endometrial
Bladder
Renal (kidney)
Lymphoma
Carcinoma *in situ*
Prostate

Nervous
(DRG: 6)
Carpal tunnel syndrome

Pregnancy
(DRGs: 354, 358, 366, 368, 370, 372, 390)
Obstetric & gynecol. complications

Signs/Symptoms Ill-Defined
(DRGs: 87-88)
Impaired respiratory function
Sleep apnea
Urinary stress incontinence

As the first step toward estimating the direct medical care costs of each risk factor in relation to the targeted conditions, medical care claims utilization and cost data were obtained on as many California adults as possible for 2006 on a county-by-county basis. The California Office of State Health Planning and Development (OSHPD), the organization charged with acquiring, tracking, and managing all inpatient encounters, provided the inpatient claims data for the selected medical conditions.

Although no centralized database on outpatient claims for California is available, OSPHD tracks outpatient ambulatory surgery (AS) and emergency department (ED) encounters. These claims data were obtained for 2006. Because financial charge and payment data are not provided on either AS or ED encounters, an in-house California corporate medical claims database compiled by the authors was used. This database includes medical encounters and costs from numerous medical claims data

analyses that the authors performed for several California employers in the late 1990s. Because those employers are located in northern, central, and southern California, they provide a representative sample of health care utilization and cost patterns throughout the state. That database provided per-encounter payment norms (which were adjusted to year 2006 cost values) for AS and ED claims for the specific conditions.

Claims and costs for adults enrolled in Medi-Cal were based on 2004 data from California's Department of Health Services, Office of Fiscal Forecasting and Data Management. Due to the two-year lag, the 2004 claims were adjusted to 2006 values,[16] and payments per selected condition were inflated to reflect actual California state-specific medical cost changes during that period.

Next, the prevalence of these three risk factors was combined with the medical care data for each county through a process developed by the authors known as the Proportionate Risk Factor Cost Appraisal™ (PRFCA). The PRFCA uses findings from published studies in peer-reviewed scientific journals to estimate the proportion of people who have a given risk factor (the risk factor weight) for designated medical conditions (i.e., any of the 100 or so DRGs).

Finally, the estimated number of people in each county who have the medical condition was multiplied by the average cost to treat that condition to get the total cost to treat that condition by county. Treatment costs for all conditions were then summed to determine the cost of medical care for conditions associated with each risk factor.

To estimate indirect health care costs associated with a health condition, health care economists generally multiply direct medical costs by a factor ranging from 2 to 9.[17,18] Indirect costs reflect any additional expense or lost opportunity that occurs in addition to the direct (immediate) medical cost associated with a medical condition. Examples of indirect costs include lingering or unexpected health problems that require additional medical care and/or prescription drugs, create additional stress or depression leading to a lower quality of life, or negatively affect an individual's ability to work at a level necessary for job promotion, greater earnings, and other advancement opportunities. In order to be conservative, the indirect costs were added as a multiple of 3.

Health Care Costs: Prescription Drugs

Prescription drug costs were assessed as complementary medical costs because they typically occur in conjunction with the provision of health care diagnoses or treatment. Prescription drug expenses associated with each of the targeted medical conditions are not available in a statewide database. Therefore, in order to calculate the approximate prescription drug costs associated with all of the targeted medical conditions for each of the three risk factors, claims data from several industry-leading drug utilization reports were used.[19,20]

Lost Productivity Costs

For the analysis of lost productivity costs associated with overweight, obesity, and physical inactivity, three outcome measures were used: absenteeism, short-term disability, and presenteeism (i.e., the portion of an employee's work load they are unable to do because of their compromised health status). The analysis is based on published scientific research on the effect of each of the three risk factors on each of the three measures of lost productivity.[21]

To determine lost productivity costs associated with each of the three outcome measures, estimates were made of the average annual number of hours of lost work time per individual associated with the presence of each the three risk factors. These were then summed to reflect the overall average estimated impact of each risk factor for an individual (see Table A-3 on next page).

Based on applicable regional and state data sources, the total cost of the lost productivity was then computed for each county using county- and state-specific data on risk-factor prevalence, the number of workers, and the average salary in the county.

TABLE A-3

Estimated Average Annual Number of Hours of Lost Work Time, per Individual, Associated with Overweight, Obesity, and Physical Inactivity, California, 2006

	Overweight	Obesity	Physical Inactivity
Absences	4.08 hours	12.43 hours	15.75 hours
Short-term disability	4.86 hours	14.78 hours	13.00 hours
Presenteeism	8.94 hours	27.19 hours	28.75 hours
TOTAL	**17.88 hours**	**54.40 hours**	**57.50 hours**
% Annual work*	0.89%	2.72%	2.80%

** Based on an annual workload of 2,000 hours.*

Study Limitations

Although this study was based on the best data available, the findings are limited by the following factors:

- The prevalence rates of overweight, obesity, and physical inactivity that were applied to each county are based on self-reports from respected state and national population-based surveys. Self-reported data are generally recognized as being underreported.[22]
- The risk factor weights were based on a review of published studies for the general adult population. These weights could change as research findings are refined over time.
- In cases where specific health care cost data were not available, estimates were made. These include Medi-Cal managed care plan data, pharmaceutical drug costs paid by private and employer-paid sources, and employer-paid outpatient medical claims and cost data. The latter were estimated based on norms developed from the author's in-house California corporate database.
- Because county-specific lost productivity data were not available, national norms were used to estimate risk-factor-based absenteeism, short-term disability, and presenteeism rates.
- Lost productivity costs by county were based on the assumption that people work in the counties in which they live.

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Chenoweth & Associates, Inc.

Chenoweth & Associates, Inc. (C&A) is an econometrics consulting firm based in New Bern, North Carolina. Since 1979, C&A has provided strategic econometric services to business, industrial, health care, and government organizations and has conducted chronic disease risk factor cost analyses for state health departments and other health-related organizations in various states, including California, New York, North Carolina, Maine, Massachusetts, Michigan, Texas, and Washington.

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The California Center for Public Health Advocacy

The California Center for Public Health Advocacy is an independent, nonpartisan, non-profit organization that raises awareness about public health issues and mobilizes communities to promote the establishment of effective health policies.

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Rick Angelocci

From: Russ Kelley [ruskly@starstream.net]
Sent: Monday, April 02, 2012 11:05 AM
To: Rick Angelocci
Subject: Supporting active living by choice not regulation and control. (also called micromanagement)
Attachments: Healthy food plan.docx

While it is good for the town to support active living it's a step to far for the local govt. to decide what people eat. Food is a matter of choice and that choice is not for Govt. to make. It's interesting that the resolution by the League of Cities was dated 2004 and nothing was done. From that you can see it was not a priority and it shouldn't be. In the attached newer proposed I have highlighted what should be removed, which is anything that relates to food. Healthy lifestyle is about education and choice. The educational and activities (access) side is the only part I see local govt. having a part in unless they are promoting activities relating to transportation and access to schools. In the past we have used Pathway's to School Funds to complete some of our paths.
Please review attachment. Note (remove) (changes or notes).

I would appreciate your consideration to this as I have discussed it with many local people and they are also wondering why the Town would want to or even think about limiting our choices to what we eat. Business people only sell what sells and what people want they remove it from the shelf or table when it no longer sells.
Again it's about my choices not yours.

TOWN OF LOOMIS

RESOLUTION 12- ___

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF LOOMIS

SUPPORTING HEALTHY EATING AND ACTIVE LIVING

WHEREAS, in 2004, the League of California Cities adopted an Annual Conference resolution to encourage cities to embrace policies that facilitate activities to promote healthier lifestyles and communities, including healthy diet and nutrition and adoption of city design and planning principles that enable citizens of all ages and abilities to undertake exercise; and

WHEREAS, the League of California Cities has a strategic goal to promote and develop safe and healthy cities; and

WHEREAS, the annual cost to California—in medical bills, workers compensation and lost productivity— for overweight, obesity, and physical inactivity exceeds $41 billion;

WHEREAS, local land use policy affects the opportunities individuals have for active living and physical activity in Loomis; and Significant money has been spent on the planning and design of our communities without implementation of those changes or at least very few. We should spend more time on phasing of the proposed Bike plan and walking to schools.

NOW, THEREFORE, LET IT BE RESOLVED that the Town of Loomis hereby adopts this Healthy Eating Active Living resolution to: a plan to implement and provide for interactive transportation and use of bicycle and pedestrian pathways. The items below are to be prioritized according to places that currently have no access or missing pieces in the access (ie) King and Humphrey to the schools and Horseshoe Bar south to the stop signs (this has already had some engineering on it with the (nothing done sign).

- Ensure residents can easily and safely walk, roll and/or bike between residential neighborhoods and schools, parks, recreational facilities, and local businesses as detailed in the Town's adopted Bikeway Master Plan and Trails Master Plan;
- Complete the three remaining features of the Blue Anchor Park and the related trail and bikeway from King Road to Sierra College Boulevard as a priority, partnering with community groups, service organizations, local businesses and individuals; this is not the highest priority as the use is minimal in relationship to walkways to school.
- Support improved striping and road improvements in the downtown area from Shed to Shed for pedestrian and physically challenged individuals. Begin this year with areas from Horseshoe Bar Road to Circle Drive. This is questionable as to priority
- Include in Capital Improvement Program of Town with June budget priority projects for trails and bikeways listed in Trails and Bikeway Master Plan;

- Expand community access to indoor and outdoor public facilities through joint use agreements with schools and/or other partners and support development of new facilities needed to meet outstanding recreation needs of the community (e.g, support new Del Oro Aquatic Center) We already have agreements for use of school facilities this is just political un-necessary information. If it were to say continue the working relationship with the schools this could be palatable and useful.
- Support local community gardens and farmers markets to increase access to healthy food, including fresh fruits and vegetables; Assist where possible to connect school programs for learning to develop better gardens and productivity.
- Work with the Loomis Basin Chamber of Commerce to identify how best to promote local restaurants offering healthy alternatives and local food; and The chamber is about business producing a relationship to the community, this seems to isolate what some to think are the best business's as a special consideration and that is not good for the chamber or the business community. It would seem better for the Town to have a recognition of Green and or sustainable business's (not the Chamber)
- Request that the Park, Recreation and Open Space Committee new Recreation Task Force focus on these issues with staff, community groups, schools, farms, restaurants and other local businesses and include specific recommendations for what role they can play in their next Annual Work Plan.
- Request a committee to identify the critical and incomplete access to the Town as a whole and start with connection to schools as a priority. The businesses in town do not rely on bicycle transportation for people to access them unless the bicycles are passing thru on a tour etc. The only ones that are affected are coffee shops and restaurants.

Rick Angelocci

From: Ron Morris [rmorris@ncbb.net]
Sent: Monday, April 02, 2012 10:38 AM
To: Rick Angelocci
Subject: Proposed Resolution

Dear Mr. Angelocci:

Pursuant to your request for review of the proposed resolution, the following comments are submitted for your consideration:

Since the Calif. League of Cities adopted this Resolution in 2004, eight years ago, is Loomis echoing it to curry favor politically with the League?
Have Stockton, Vallejo, and Bell adopted a similar resolution? And if so, how is it working for them?

What are the consequences and legal ramifications of adopting "this Healthy Eating Active Living resolution"? For example, staff may be required to report annually on the number of ordinances enacted or revised that promote healthy diets or the staff may be required to compute and report the reduction in medical bills, workers compensation and lost productivity in Loomis resulting from actions by the Town to curb obesity and increase physical activity. It would not be prudent to adopt the resolution until this question has been thoroughly answered.

The mere adoption, by the Town Council, of the Bikeway Master Plan and the Trails Master Plan (either of which have a low probability of completion) cannot ensure that residents can easily and safely walk, roll, and/or bike in the Town of Loomis.

The completion of the bikeway and trail between King Road and Sierra College Blvd. and the three features of Blue Anchor Park will possibly influence the health and safety of one or two percent of the population of Loomis. The extent of such influence to a healthier life style and a reduction of obesity in the general population is inestimable and in all probability infinitesimal. Recognizing that these projects are simply pandering to a few vocal citizens, but will potentially improve the aesthetics of Downtown, most citizens accept the project without understanding the costs associated therewith.

"Support improved striping and road improvement in downtown area ....."
sounds like it is already planned. If the Council seeks to modify the existing plan or modify planned schedule, using the resolution for leverage, then the resolution is subterfuge. If not, then the resolution is superfluous.

Because the language of the resolution is either inadvertently or intentionally vague and convoluted, it is not possible to assess what it is trying to accomplish. For example, "NOW, THEREFORE, LET IT BE RESOLVED that the Town of Loomis herby adopts this Healthy Eating Active Living resolution to: Include in Capital Improvement Program of Town with June budget priority projects for trails and bikeways listed in Trails and Bikeway Master Plan." One possible interpretation of this would be that the resolution, once adopted, will cause the staff and council to reprioritize the Capital Improvements planned thereby moving trails and bikeway projects to the top of the plan. Under the assumption that the Town has a long term Capital Improvement plan, that has been judiciously considered in terms of cost/benefit to the community, this resolution appears to subvert that planning process: possibly to promote special interest advocates.

The scheme proposed in the resolution "to promote local restaurants offering healthy alternatives and local food" suggests that some element of the Town government will determine

what healthy alternatives (foods) are and what local restaurants feature these foods and then provide preferential treatment (i.e. promote) those restaurants. This seems to provide undue authority to Town government to regulate, and otherwise to meddle in, commercial and personal activities of the citizens. If the Town Council is intent on this action, the Town attorney should assess the legal risks associated therewith.

The Park, Recreation and Open Space Committee apparently created a Recreation Task Force. The Task Force is going to "focus on these issues with staff, community groups, schools, farms, restaurants and other local businesses". "These issues" are presumably "healthy eating active living"
and "focus on" means discuss endlessly, so that the Task Force can decide what will be their role with regard to "these issues" for their next Annual Work Plan. So the Town Council has appointed a committee to provide advice and counsel on matters related to parks, recreation, and open space which, presumably because of the enormous workload has created a task force (possibly comprised of members of the Committee) to handle the specific issues regarding recreation (and now apparently healthy eating active
living) which has an Annual Work Plan.

Considering the Resolution in both its broad context and in its detailed elements leads to the conclusion that it should not be adopted, rather the staff should take whatever actions available to remove or subjugate the content to the lowest possible public visibility.

Thank you for the opportunity to review the resolution.

Regards,

Ron Morris
4390 Gold Trail Way
Loomis, CA 95650

No virus found in this message.
Checked by AVG - www.avg.com
Version: 10.0.1424 / Virus Database: 2113/4908 - Release Date: 04/01/12

Rick Angelocci

From: Jeffrey F. Bordelon [jfb@jfblaw.org]
Sent: Wednesday, March 28, 2012 10:25 AM
To: Rick Angelocci
Cc: Gary Liss
Subject: Proposed Resolution

Rick: PlacerSustain has proposed a countywide "Healthy Placer" (a temporary label) Initiative that would bring together Health, Local Food, and Jobs development. While government would be a partner in this effort, this would be a peer to peer initiative that could include schools, restaurants, local growers, churches, community gardens, i.e. all the people and organizations that do or could have an interest in health and quality of life. The "Health" category would include nutrition, lifestyle, exercise, alternative medicine, and mind-body practices. Here is a suggested resolution item that may help provide a framework for a number of the other positions:

Jeff

Rick Angelocci

From: Richard Kulhavy [r36kulhavy@sbcglobal.net]
Sent: Tuesday, March 27, 2012 6:04 PM
To: Rick Angelocci
Subject: Resolution Sugestion

Item No. 6 Change wording. Encourage gardening to increase access to etc. Continue farmers markets.

Rick Angelocci

From: Vicky Morris [vmorris@ncbb.net]
Sent: Tuesday, March 27, 2012 4:17 PM
To: Rick Angelocci
Subject: FW: Proposed Resolution

Comments to my writing proposal

Sidewalks – there are areas that do not have enough existing space to allow for a safe curbside concept due to the original design of the roadways and their connection to county roads. In many cases, to make an improvement to the road would be extremely costly, how would this be addressed?

Trails – I do not believe enough use of the Blue Ant Hot Park to warrant any additions to the development at this time. However, the easement along Taylor Rd to Sierra College could definitely benefit both residents and visitors (pedestrians only) the mitigation fees that have been earmarked for that section of Taylor Rd, as well as Taylor Rd everyone would be able to enjoy them and they would benefit the Town at the same time.

Aquatic Center – is a good thing and I am sure over time it will be built. Best thing the Town can do is, not make the construction difficult and costly.

Community Gardens – sounds very agrarian, until it is time to pull weeds, and also people's miscreads wanting during the cold and wet months. Who would pay for the upkeep?

Chamber – I don't see how the Chamber is going to entice fast food or slow food restaurants and grocery stores into providing anything other than what the customer wants. Certainly the Town does not need to get into dictating our diet, what we eat is no one's business. Any thought of banning certain foods will only drive people to other sources outside of Loomis, therefore losing sales tax revenue to nearby cities.

Recreation Task Force – why another task force, do we really need to have one more group that thinks they know us from ourselves when in reality they are only interested in pushing their own personal agendas. We already see this in the existing PROS Committee and in the Planning Commission.

Other than roadway improvements and the Aquatic Center, I do not see a need for anything else that is in the proposal.

Concerned citizen of Loomis

Vicky Morris
4390 Gold Trail Way
Loomis

Rick Angelocci

From: Paul Bilek [pbilek85@yahoo.com]
Sent: Tuesday, March 27, 2012 3:27 PM
To: Rick Angelocci

My comment on the proposal is as follows:
- it's very hard to judge whether this is a good resolution or not for our Town. If will cost the Town/taxpayers $100, then it probably makes sense. On the other hand, if it's going to cost $100,000 I'd feel like it doesn't make sense.
So why didn't the information that was posted on this by the Town include the costs to the taxpayers (both initial cost and ongoing maintenance costs) in it?
Thanks.

Rick Angelocci

From: Kimi Fettke [kimi@fettke.com]
Sent: Tuesday, March 27, 2012 12:27 PM
To: Rick Angelocci
Subject: resolution

My comments are embedded in green, thanks.
Kim Fettke
3070 Humphrey Rd.
Loomis

TOWN OF LOOMIS

RESOLUTION 12- ___

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF LOOMIS

SUPPORTING HEALTHY EATING AND ACTIVE LIVING

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WHEREAS, the League of California Cities has a strategic goal to promote and develop safe and healthy cities; and

WHEREAS, the annual cost to California—in medical bills, workers compensation and lost productivity— for overweight, obesity, and physical inactivity exceeds $41 billion;

WHEREAS, local land use policy affects the opportunities individuals have for active living and physical activity in Loomis; and

NOW, THEREFORE, LET IT BE RESOLVED that the Town of Loomis hereby adopts this Healthy Eating Active Living resolution to:

- Ensure residents can easily and safely walk, roll and/or bike between residential neighborhoods and schools, parks, recreational facilities, and local businesses as detailed in the Town's adopted Bikeway Master Plan and Trails Master Plan;
- Complete the three remaining features of the Blue Anchor Park and the related trail and bikeway from King Road to Sierra College Boulevard as a priority, partnering with community groups, service organizations, local businesses and individuals;
- Support improved striping and road improvements in the downtown area from Shed to Shed for pedestrian and physically challenged individuals. Begin this year with areas from Horseshoe Bar Road to Circle Drive. (Not sure this area is the highest priority since it already has sidewalks; perhaps should focus on areas with worse access and in need of cheaper improvements.)

- Include in Capital Improvement Program of Town with June budget priority projects for trails and bikeways listed in Trails and Bikeway Master Plan; (a few priority projects would be OK as long as we're remaining fiscally conservative and not going overboard.)
- Expand community access to indoor and outdoor public facilities through joint use agreements with schools and/or other partners and support development of new facilities needed to meet outstanding recreation needs of the community (e.g, support new Del Oro Aquatic Center) (I believe that we already have joint agreements with all of the schools; we should focus town resources on finishing Blue Anchor park and Heritage park if it happens. I think that Town financial support of the new DO pool should be limited. Although I'm in favor of the new pool, advocates state that it will be self-sustaining through its commercial offerings. If that is the case, and because I think the proposed plans are overkill for what residents need just for their non-commercial use, I think that commercial investors (and grants and donations) should provide the bulk of the funds rather than using public Town funds for this facility. However, I do think that is a good and appropriate use of Town funds to subsidize the swimming lessons and free swim time at the existing pool in the summer.)
- Support local community gardens and farmers markets to increase access to healthy food, including fresh fruits and vegetables;
- Work with the Loomis Basin Chamber of Commerce to identify how best to promote local restaurants offering healthy alternatives and local food; and
- Request that the Park, Recreation and Open Space Committee new Recreation Task Force focus on these issues with staff, community groups, schools, farms, restaurants and other local businesses and include specific recommendations for what role they can play in their next Annual Work Plan. [I don't think that it is appropriate for the *Parks, Recreation, and Open Space Committee* to be focusing on "healthy eating." If the Town is interested in actively supporting this type of agenda, they should form another Task Force or the like. I think that the PROSC's help in supporting "active living" (i.e., recreation) would be best used by focusing on ways to fund/implement the plans already developed/in development (e.g. trails plan, parks plan, Blue Anchor park, Heritage park if it happens), rather than spreading their efforts too thin by trying to work on this tangential agenda also.]

Otherwise, I think that the ideas represented in the resolution are good. Thanks- Kim

Rick Angelocci

From: Kimberly Borum (kimberlyaborum@yahoo.com)
Sent: Tuesday, March 27, 2012 12:03 PM
To: Rick Angelocci
Subject: Loomis Resolution

I find nothing wrong, defensive or dictatorial about this resolution. Its a step in the right direction for the town and for future generations. Go for it!

Rick Angelocci

From: Cricket Strock
Sent: Tuesday, March 27, 2012 11:32 AM
To: Rick Angelocci
Subject: FW: Proposed Resolution

From: TRAIANO [mailto:TRAIANO@unison-media.com]
Sent: Tuesday, March 27, 2012 11:26 AM
To: townhall@loomis.ca.gov
Subject: RE: Proposed Resolution

From: Town of Loomis [mailto:townhall@loomis.ca.gov]
Sent: Tuesday, March 27, 2012 10:46 AM
To: TRAIANO
Subject: Proposed Resolution

LOOMIS

Rick Angelocci

From: Newton [motherearthtrees@sbcglobal.net]
Sent: Tuesday, March 27, 2012 11:25 AM
To: Rick Angelocci
Subject: Health

I agree with this as a beginning document and would like to talk about it with other PROS committee members.

Al Newton

Rick Angelocci

From: Cricket Strock
Sent: Tuesday, March 27, 2012 10:54 AM
To: Rick Angelocci
Subject: FW: Proposed Resolution

From: Lois Teehee [mailto:loisteehee@yahoo.com]
Sent: Tuesday, March 27, 2012 10:53 AM
To: townhall@loomis.ca.gov
Subject: Re: Proposed Resolution

How about including not using poison GMO seeds and Monsanto's Roundup?

Thank you, Lois Engel, 3617 Del Mar Ave, Loomis

From: Town of Loomis <townhall@loomis.ca.gov>
To: loisteehee@yahoo.com
Sent: Tuesday, March 27, 2012 10:46 AM
Subject: Proposed Resolution

LOOMIS
A SMALL TOWN
WITH BIG HEART & BIG FAMILIES

Please review and comment on this proposed resolution by Monday noon (April 2nd). Send comments to Rick Angelocci at rangelocci@loomis.ca.gov

Thank you

TOWN OF LOOMIS

RESOLUTION 12-___

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF LOOMIS

SUPPORTING HEALTHY EATING AND ACTIVE LIVING