

National Obesity Action Forum  
**Discussion Table Notes**  
12:45 – 1:30 PM, Tuesday June 6th, 2006

**Table Discussion Topic:** Health Care    **Facilitator:** Susan Wyche Muhammad

**Issue 1:** STARK anti-kickback legislation seems to inhibit health care providers from offering community education/services.

**Discussion/Solution:** Providers can ask health care attorneys to document what they can and cannot do (similar to HIPPA initiation).

**Issue 2:** Physical therapists have limited time with clients to educate them about obesity/overweight prevention and intervention.

**Discussion/Solution:** Health providers (including physical therapists) should direct obesity education initiatives toward young clients (around the 6<sup>th</sup> or 7<sup>th</sup> grade) so individuals learn at an early age the importance of becoming engaged in health improvements.

**Issue 3:** Congress tied up Food and Drug Administration (FDA) regulation about health claims, which is a confusing message to consumers.

**Discussion/Solution:** More research should be conducted on what constitutes a reliable health claim.

**Issue 4:** In Europe the Parliament lobbyists interpret food label regulations the same way the United States does.

**Discussion/Solution:** To determine how effective food label regulations really are, it may be useful to ask consumers.

**Issue 5:** How do providers develop messages that change behavior?

**Discussion/Solution:** Providers should research funding resources (i.e. money marketing). More money should also go into understanding the psychology of behavior change, and into reimbursing education/support in behavior change.

**Issue 6:** MDs don't have time to look up evidence-based guidelines for obesity prevention/interventions.

**Discussion/Solution:** It may be useful to explore how much we understand the human nature of decision making.

Systematic identification, evaluation and treatment of overweight and obesity in adults and children according to the national obesity clinical guidelines needs to be established. Recommendations include:

1. All adult patient charts should include a space after height and weight for Body Mass Index (BMI) and Waist Circumference (similar to spaces provided for blood pressure).
2. All child / teen patient charts should include a space for BMI and BMI Percentile. BMI / Waist Circumference and BMI, and BMI Percentile are “health risk indicators.”

This recommendation is needed to systematically identify individuals at risk of weight related diseases, and to systematically integrate the national guidelines into health care practice:

- NIH Obesity Clinical Guidelines on Identification, Evaluation and Treatment of Overweight and Obesity in Adults
- CDC’s BMI-for-Age Growth Chart Guidelines
- National Diabetes Guidelines (NDEP)
- National Hypertension – JNC-7 Guidelines
- National ATP III Guidelines
- U.S. Preventive Task Force Recommendation
- CMS Preventive Services Guidelines.

**Issue 7:** Fifty years ago, European youth were fitter than U.S. youth. Now they are gaining weight at faster rates.

**Discussion/Solution:** It’s important for everyone to realize that we’re all part of the problem, and that we should work together. The European Commission is in the final phase of evaluating countries that have committed to action. Other possible solutions to explore include researching the effectiveness of nutrition labeling, and offering subsidies for providing obesity prevention/intervention services.

**Issue 8:** There are limited resources available to address obesity.

**Discussion/Solution:** Limited resources include space for obesity education classes, provider and patient time to address prevention/intervention, and referrals available (for patients and classes). Possible solutions to solve some of these issues include charging patients no-show rates for missed appointments, offering incentives (especially for low SES individuals) to attend prevention/intervention classes, and more funding to provide services.

Recommendations listed above under Issue 6 would save billions of dollars. Space is already provided for diabetes education, blood pressure education, etc. It should also include obesity education.

**Issue 9:** Individuals’ poor nutrition habits remain unchanged.

**Discussion/Solution:** Insurance companies don't reimburse providers to address patients' poor nutrition choices. Another large related problem is that companies encourage women not to breastfeed. However, epidemiological studies suggest that children are less likely to become overweight/obese if they had received breastfeeding. It would be helpful to figure out how women can make choices to breastfeed without interfering with employer contracts.

Recommendation in Issue 6 would force Governors and State Secretaries of Health, to work with the State Health Insurance Commissioner and insurers to address the issue of reimbursement.

**Issue 10:** Community youth interaction remains limited, which decreases the likelihood of children engaging in physical activity.

**Discussion/Solution:** A model youth program that addresses this issue is called The Evil Diana Belts vs. Sir Insulin Monk. For more information regarding this program, contact Jeanne Feun at University Medical Center in Tucson, Az. at [jfeun@umcaz.edu](mailto:jfeun@umcaz.edu)

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12:45 – 1:30 PM, Tuesday June 6th, 2006

**Table Discussion Topic:** Health Care **Facilitator:** Claude Colimon

**Issue 1:** Health providers need to provide more obesity screening/education.

**Discussion/Solution:** Providers can offer incentives through reward programs.

**Issue 2:** Insurance companies don't want to pay for prevention services.

**Discussion/Solution:** To receive reimbursement primary care providers need to know about community resources, and conduct asset mapping of these resources.

**Issue 3:** What times are best to offer obesity prevention programs?

**Discussion/Solution:** June, July, August are good months; September is not a good month. Evenings are the best time of day.

**Issue 4:** BMI interventions for African American should be longer than 6 months.

**Discussion/Solution:** Health Services for Children (HSC) Pediatric Center would like to work with parent and teenager focus groups consisting of low income, African American and Latino populations. Both groups should focus on perceptions of overweight and obesity.

**Issue 5:** Primary care offices need summarized nutrition programs to give to families.

**Discussion/Solution:** Ask American Association of Clinical Endocrinologists to develop/fund programs, hand outs and videos.

**Issue 6:** Providers need to understand that BMI/obesity information needs to be culturally appropriate.

**Discussion/Solution:** Medical school students can train with dieticians. The American Association of Clinical Endocrinologists could offer a CME credit for non endocrinologists as well.

**Issue 7:** More outcome data is needed about BMI/obesity prevention and intervention programs.

**Discussion/Solution:** Data should concentrate on 8 to 17 year olds.

**Issue 8:** Recruitment and retention of participants in obesity prevention projects

**Discussion/Solution:** Community should play a greater role in planning intervention, and intervention should be culturally appropriate and acceptable for the targeted group.