

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

Table Discussion Topic: Reproductive Health Care
Facilitator: Pam Kania/Evelyn Glass

Issue 1: There is limited research on effective weight management programs in reproductive health care settings.

Discussion/Solution: Paul Whittaker has a white paper about research he has done on programs. If you would like a copy email him at paulw@familyplanning.org

Issue 2: Clients don't believe that BMI measurements apply to all races and ethnicities.

Discussion/Solution: Educate clients about how BMI affects reproductive health, and how checking it can be a screening tool to identify risks for adverse reproductive health effects. During sessions, explain to clients that every individual has a range of healthy weight that they should strive to maintain. Health educators should also stress to clients that the importance of maintaining a healthy BMI is to maintain good reproductive health, not a particular appearance. One way to begin educating clients may be to follow education models that health educators use to discuss the dangers of smoking with clients.

Issue 3: There is limited funding for obesity/reproductive health programs.

Discussion/Solution: There is some start up money with Title X in some regions, but organizations have no money to continue the program. One solution may be for clinicians who screen and educate clients about obesity and reproductive health to partner together.

Issue 4: Clinicians do not have enough time to address BMI at reproductive health clinics.

Discussion/Solution: Clients usually have a multitude of issues, and obesity is not the top concern for clinicians to address at the visit. One solution is to initially screen clients' BMI and explain to them what it is, and its importance to reproductive health. (At the Forum, Dr. Katz discussed model 90-second presentations). For returning patients, clinicians can continue to assess and further educate clients about maintaining a healthy BMI. Grantees can also make BMI screening and education a requirement for funding.

Issue 5: Do health providers need baseline data to begin educating clients about BMI? If so, how should they collect the data?

Discussion/Solution: Each Title X clinic has different intake forms, so they collect different data. This data is important, however, because it helps them approach funders for money to begin obesity/overweight programs.