

SB 794 Relating to Childhood Obesity

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The Hawaii Dietetic Association represents over 300 nutrition professionals in the state, primarily Registered Dietitians.

As President Elect of this organization I stand before you to voice our strong support of SB 794.

On Thursday Feb 19 Alliance for a Healthier Generation, a coalition of Health groups led by former President Bill Clinton unveiled an initiative billed as the first of its kind, to help battle one of the nations' biggest health problems: Childhood Obesity

More than 1/3 of children in the US are overweight or obese. In the late 1960's childhood obesity was 5 %.

Overweight children have a 70 % chance of becoming overweight adults. The incidence of Type 2 Diabetes, HTN, hyperlipidemia and joint problems once only seen in adults have dramatically increased in children and adolescents.

One of the biggest barriers to treatment is getting insurance to pay for doctor visits and other care to help deal with this problem.

The purpose of SB 794 to enable physicians and health insurance providers to partner in providing much needed identification, evaluation, treatment and follow up services to overweight and obese children.

The Hawaii Dietetic Association is in strong support of coverage for the diagnosis and treatment of childhood obesity. By addressing childhood obesity with early intervention from a qualified professional we have the opportunity to avoid the tremendous costs associated from our rising rates of diabetes, HTN, cardiovascular disease as well as the emotional toll these chronic conditions take on the individual and families.

Please support our efforts for a Healthier Generation.

Thank you.

Vicky Chaffin MPH, RD, CNSD

President-elect Hawaii Dietetic Association

Person submitting testimony: Stacy Haumea, MPH, RD
Measure: SB794, Relating to Childhood Obesity
Committee:

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Committee on Health (HTH)
 Senator David Y. Ige, Chair
 Senator Josh Green, Vice-Chairman
 Commerce and Consumer Protection (CPN)
 Senator Rosalyn H. Baker, Chair
 Senator David Y. Ige, Vice-Chair
Day/Date of hearing: 2/23/09
Time of hearing: 3pm
Location (conference room number): O16

Testimony in Support of SB794, Relating to Childhood Obesity

I concur with Nicole Kerr MPH, RD as she has documented her support by writing:

Childhood obesity is one of the most pressing public health issues today and has become the most common chronic disease in childhood. Specifically, it is associated with the growing incidence of Type II diabetes, poor self-esteem and poor health as adults.

The latest NHANES survey, from 2003 to 2005, reported that an estimated 16.3% of American children 2-19 years of age were overweight or obese. Although Hawaii is known to be one of the healthiest states in the country, recent data suggest that the obesity problem among Hawaii's children may be even more critical than other states. A population based study of children entering kindergarten in Hawaii from 2002 to 2003 showed that 28.5% were either overweight or obese (Pobutsky et al 2007). Additional reports suggest that the problem may be worse among some ethnic and socio-economic groups. A study of preschool children in Hawai'i, 27% of Samoan children 2-4 years old were overweight compared with 12.4% of Filipino children (Baruffi et al, 2005).

Pediatricians and family physicians are in contact with children and families multiple times in a child's life. Since the pediatrician is usually the first line of intervention with a child's health, anticipatory guidance from pediatricians and family physicians is likely to offer an effective intervention to evaluate, treat and prevent obesity. If these children are treated in childhood, the health risks they face as adults may be prevented.

In response to this worsening epidemic, Dr. Galen Chock (President of the American Academy of Pediatrics-Hawaii Chapter) and I, with a grant from the HMSA Foundation, co-wrote the Hawaii Pediatric Weight Management Toolkit (HPWMT). The HPWMT is an evidence-based resource for physicians that can serve as a framework to assess, counsel and manage children who are

overweight or obese. Toolkit materials were developed around evidence-based guidelines, adapted to address some of the unique cultural eating habits of Hawaii's families, then evaluated by parent and physician focus groups.

In November 2007 the HPWMT was presented to the Hawaii's pediatric community and since then over 285 physicians and healthcare providers (nurses and registered dietitians) have been trained on the use of the materials. The response was overwhelmingly positive.

The major barrier to implementation cited by these healthcare professionals is lack of payment for medical and dietary services by insurance companies. Economics are such that the health care a child receives depends on the coverage his/her health care insurance will pay for and at the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity. "Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated.

I have worked in this field for the past 20 years and if we do not start paying our providers to treat this disease this may be the first generation of kids that does not outlive their parents.

The purpose of SB794 is to enable physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children.

This bill is not about doctors or insurers. It is about enabling medical providers to deliver needed medical services to children and adolescents who are afflicted with the chronic disease state of overweight and obesity

My personal experience is working in community health as a provider of services as a Registered Dietitian for over 15 years. I am trained to assist with the prevention and treatment of many of the top chronic diseases that are affecting our community members. Obesity is known as one of the top preventable risk factors for many of these conditions. The primary barrier has remained unanimous; nutrition services is able to be provided for diabetes and renal disease, not obesity specifically. Medical providers are looking to refer for my services for obesity. Grants have been obtained to cover some of these services although these funds are not self-sustaining. Our State and country are finally at a time where insurers are able to realize the epidemic nature we are facing and that nutrition services by a registered dietitian are necessary. Please make the decision to enable medical providers and insurers to provide improved coverage for these services.

Thank you for your consideration of this important bill.

Stacy Haumea, MPH, RD