

Testimony for SB425 SD1

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Measure: SB 425 SD1

Committee on Commerce and Consumer Protection

Senator Rosalyn H. Baker, Chair

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Committee on Health

Senator Josh Green, Chair

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The following is an information only testimony:

The extensive body of literature on childhood obesity provides evidence that the problem stems from the interaction of the complex and rapid changes in our society over the last 30 to 40 years and underlying biologic susceptibilities. The literature also supports that addressing childhood obesity and optimizing the health of our families requires multiple sectors of our community at multiple levels. If we are to bring out change, we must educate and empower our families and begin addressing the issue at all levels – from the individual to the systems and policies that shape the environment.

Health education is incredibly important. Kids and parents must become motivated to make behavior changes that lead to healthier lifestyles and have some knowledge and understanding on how to take these steps. Families must understand that disease can be prevented without feeling blamed. For education of be of use, it must be culturally sensitive, locally relevant, conveyed in a context that is meaningful to the parents.

Best Practices in Obesity Prevention and Management:

In 2005, the AMA, HRSA and CDC convened an Expert Committee to revise the 1997 childhood obesity recommendations. Representatives from 15 healthcare organizations submitted nominations for the experts who would compose the three writing groups (assessment, prevention, treatment). The initial recommendations were released on June 6, 2007 in a document titled “Appendix: Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity” (www.amaassn.org/ama/pub/category/11759.html)

The following recommendations and “best practices” on Obesity Prevention at Well Child Visits were developed from the Childhood Obesity Action Network (COAN) Implementation Guide of 2007.

1. Regular growth assessment and counseling:
 - a. Measure body mass index (BMI) at every well-child visit 2 years and older
 - b. Assess patterns about lifestyle – This includes consumption of sugar-sweetened beverages, screen time, physical activity as well as sleep and stress.
 - c. Assess pertinent family history of diabetes, early cardio-vascular disease etc.
 - d. Assess the family and community context of each child and family such as family and social support, food security, childcare and after school care as well as community environments. These factors will help providers understand the framework that has supported the development of obesity and how it might be addressed.
 - e. Assess readiness to change and interest using open-ended questions – “Can we talk about your child’s growth?”
“Have you thought about making some changes at home around eating?”
 - f. Target behavior change that is attainable and that the parent and child are interested in changing – screen time, beverage intake etc.
 - i. Focus on one behavior at a time. Don’t demand a complete lifestyle overhaul.
 - ii. Commend parents for positive behaviors.
 - iii. Discuss these issues with all patients and parents, not just those with weight issues.
2. Focus on “health and wellness promotion” and not obesity prevention. Don’t blame or scold. The topic is VERY sensitive and emotionally charged. Consider avoiding the terms “overweight” and “obesity.” These terms promote weight-based stigma, guilt and often create immediate barriers.
3. Honor the role of the parent(s) in promoting healthy lifestyles and help them support and model healthy behaviors at home without overemphasizing weight.
4. Promote breastfeeding - Support and promote the development and implementation of peripartum policies and practices that optimize breastfeeding initiation and maintenance.
5. Promote reading and optimal education for children – encourage parents to read with their children, tell stories together, become involved in the child’s class and learning.
6. Create a clinical setting that promotes health
 - a. Consider a wellness policy for your staff that supports healthy eating and active living including movement breaks
 - b. Use non-food rewards such as stickers and tattoos rather than candy

Best practices guides are also available for those children identified as being overweight and obese. These emphasize a “staged approach” to obesity management.