Obesity is the most significant risk factor for adult obesity and chronic disease such as diabetes and cardiovascular disease.

- Childhood obesity increased 29 percent from 1999 to 2011 (YRBS 2011). In some communities of Hawai‘i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai‘i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48 percent (BRFSS 2010).
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai‘i rose from 1997 to 2007 rose from 5% to 7.7% of adults. Age-adjusted diabetes prevalence is highest in Hawai‘i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated $470 million is spent annually on obesity-related health problems in Hawai‘i (Trogdon, 2012)

The development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai‘i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach involving multiple sectors of the community.
Studies have shown that obese patients who receive appropriate counseling from their health care providers are more likely to begin a weight management program than those who do not (Wee 1999 & Kreuter 2000). Given the magnitude of the obesity epidemic, health care providers are in the prime position to manage childhood obesity, from prevention to treatment. This is especially true of healthcare providers who serve vulnerable communities at greatest risk for obesity and related illnesses.

Unfortunately, despite their position of influence, multiple barriers exist to optimizing the role of physicians and other healthcare providers in the prevention of obesity. Obesity assessment and counseling services by healthcare providers have historically been non-reimbursable services, despite the evidence to that these time-consuming services are often effective in changing patient knowledge and behaviors. With the passage of the Affordable Care Act, regulations related to obesity related services and reimbursement has led to further confusion among healthcare providers.

SCR 18 will create a Task Force to assess the gaps in the ability of healthcare providers to provide obesity related services, assess the options for reimbursement and support healthcare to utilize the reimbursement options in order to maximize their role in obesity prevention.

For these reasons, we strongly support this concurrent resolution.