UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Written Testimony Presented Before the
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Commerce and Consumer Protection
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by
May Okihiro, MD
Director, Hawaiʻi Initiative for Childhood Obesity Research and Education
Department of Pediatrics
John A. Burns School of Medicine
and
Jerris Hedges, MD
on behalf of Deans and Directors in the
College of Health Sciences and Social Welfare
University of Hawaiʻi at Mānoa

SCR 18 – URGING THE FORMATION OF A TASK FORCE TO DEVELOP RECOMMENDATIONS FOR IMPROVING THE PROVISION OF OBESITY PREVENTION-RELATED SERVICES AND COUNSELING IN ACCORDANCE WITH THE IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

Chairs Green and Baker, Vice Chair Galuteria and members of the committees:

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 Hawaiʻi, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawaiʻi 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 Hawaiʻi rose from 1997 to 2007 rose from 5% to 7.7% of adults. Age-adjusted diabetes prevalence is highest in Hawaiʻi 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 Hawaiʻi (Trogdon, 2012)

The development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawaiʻi. 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.