

INTRODUCTION

Health care providers, health insurers, professional organizations, and health professional schools have a critical role to play in promoting healthy lifestyle behaviors. A majority of Americans interact with the health care system every year. During these interactions, providers are in a unique position to influence the health behaviors of their patients and their families. Patients are responsive to health care providers' advice on nutrition, breastfeeding, physical activity and screen time. In addition to screening for, diagnosing and treating overweight and obesity, health care professionals provide information and referral to nutrition, physical activity and behavior modification resources in the community. Health professional schools and continuing education programs offer an opportunity to provide up-to-date information and training to ensure that health care providers have the knowledge, skills and confidence necessary to provide obesity prevention, assessment, counseling and treatment. Health insurers and health care plans can contribute by reimbursing for treatment for overweight and obesity as well as supporting prevention interventions that support healthy lifestyle behaviors.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

The health care industry can have the greatest impact on the health of New Hampshire residents by implementing the recommended interventions listed on pages 29–30. Highest priority is given to the following:

Goal 1 Objective 1

Increase use of Body Mass Index (BMI) to monitor healthy weight

Train health care providers to accurately measure BMI.

Objective 2

Measure BMI for adults and children at all routine visits and provide interpretation.

Objective 3

Document BMI (in the medical record at least one time per year) and diagnosis of overweight or obesity as pay-for-performance measures.

Goal 2 Objective 1

Increase referral to nutrition, physical activity and behavior modification resources in the community

Provide health care providers with information on covered services and programs for weight control and obesity prevention.

Objective 2

Provide health care providers with information on community resources for healthy eating and physical activity.

Goal 3 Objective 1

Educate health care providers in obesity prevention and weight management

Train health care providers about high impact interventions for promoting weight control.

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Increase use of Body Mass Index (BMI) to monitor healthy weight.	Establish documented BMI (at least annually) and diagnosis of overweight or obesity as pay-for-performance measures.	Conduct routine measurement of BMI by all primary care providers for both adults and children at all routine visits. Provide interpretation of BMI and inform patients when weight is not in a healthy range or when BMI is less than 25 but weight is increasing from visit to visit.	Train providers to accurately measure BMI in adults and BMI percent in children to identify weight problems.
Increase referral to nutrition, physical activity and behavior modification resources in the community.		Adopt standards of practice and office systems to support screening of all patients regarding physical activity and eating behavior and management of weight issues (e.g., assessment, documentation, medical record audits, referral procedures).	Streamline provider access to information on covered services for weight control and obesity prevention and community nutrition and physical activity resources to facilitate referrals for patients.
Educate health care providers in obesity prevention and weight management.	Work with nursing, nutrition, and medical schools to incorporate healthy eating, physical activity, breastfeeding and behavioral modification components in mandatory curricula.	Incorporate instruction in provider curricula and continuing medical education that includes core competencies in obesity prevention (breastfeeding promotion, healthy eating, increased physical activity and decreased sedentary activity); assessment of weight status, weight management and readiness for change; and behavioral modification.	
Educate patients about weight control and healthy lifestyles.	Assure hospital and health care delivery policies and practices promote breastfeeding and discourage universal dissemination of materials that promote use of infant formula.	Teach providers about high impact interventions (e.g., culturally appropriate and effective) to promote weight control with patients (e.g., effective ways to promote and support breastfeeding, physical activity and healthy eating habits).	Promote an intergenerational, family-based approach to weight control that is consistent with overall health promotion and nutritional health, rather than short-term diets (e.g., 5–2–1–0 for healthy eating, regular physical activity, and limited TV viewing).

Goals	Recommended Interventions		
	Policy	Practice	Communication
Assure access to weight control and obesity prevention services.	Encourage Medicaid to provide incentives for weight control and obesity prevention efforts including nutrition counseling and physical activity programs. Work with insurers to cover evidenced-based weight loss modalities such as bariatric surgery.	Develop and implement comprehensive, intensive treatment programs for overweight and obese persons. Encourage alternative approaches for weight management which incorporate an integrated team approach.	Promote partnerships between health care providers and hospitals, schools and community organizations in prevention efforts targeted at social and environmental causes of overweight and obesity.
Be an example.	Participate in the public policy process to highlight the need for community changes to improve eating and activity habits.	Practice healthy eating and regular physical activity and make healthy foods, water and opportunities for physical activity (e.g., promote use of stairs) available to patients and employees. Promote healthy lifestyles with educational and informational materials in the waiting room.	Respond to news stories providing a health care perspective.

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HELPFUL TOOLS AND RESOURCES TARGETED TO HEALTH CARE PROVIDERS

Clinician tools targeted to children: “5–2–1–0 Healthy NH” public education campaign materials, office flow chart, weight management flipchart, BMI charts for children 2–20, survey tools, and Sonne BMI Wheel (Boston Children’s hospital). www.healthynh.com/fhc/initiatives/ch_obesity/index.php

Clinician tools targeted to adults: “Aim for a Healthy Weight” 2006 kit contains a patient booklet and laminated card with an algorithm to assess, classify, and treat overweight and obese patients, clinical guidelines, quick-reference cards and tools, and a waist circumference tape measure.

www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/index.htm

Referral resources to regional activities and educational materials on nutrition. www.lightenupnh.org

Complimentary DVD targeted to clinicians addressing prevention and treatment of childhood obesity. Includes clinical tools such as BMI measurement and tips for initiating and sustaining behavior change in pediatric patients. www.ahrq.gov/child/dvdobesity.htm

Implementation Guide for health care professionals prepared by Childhood Obesity Action Network (COAN) includes guidance on assessment, prevention, and treatment of child and adolescent overweight and obesity.

www.nichq.org/NR/rdonlyres/7CF2C1F3-4DA3-4A00-AE15-4E35967F3571/5316/COANImplementation-Guide62607FINAL.pdf

The National Institutes of Health provides a BMI calculator at www.nhlbisupport.com/bmi

The Centers for Disease Control and Prevention provides a BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm.

Clinician toolkits available from health plans: Anthem, www.anthem.com; Harvard Pilgrim Health Care, www.harvardpilgrim.org

American Academy of Pediatrics Maine Chapter sells the Overweight Clinical Guidelines Flipchart from the “Keep Me Healthy: 5–2–1–0 Power Up” Campaign. www.maineaap.org/project_youthoverweight.htm

American Medical Association 2007 Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity. www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

Connecticut’s Healthy Eating and Active Living (HEAL) Toolkit includes a self-assessment instrument and planning guide to identify baseline in terms of policies, practices, and environmental factors. www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications, and resources. www.preventioninstitute.org/sa/enact/members/index.php

We Can! provides physicians and health professionals with science-based resources that help make a difference in the lives of their patients. www.nhlbi.nih.gov/health/public/heart/obesity/wecan/get-involved/healthprof.htm