

# TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

## IN SUPPORT OF

### L.D. 319, AN ACT TO TRACK THE PREVALENCE OF CHILDHOOD OBESITY IN MAINE

Joint Standing Committee on Health and Human Services

Room 209, Cross State Office Building

1:00 p.m., Tuesday, March 3, 2009

Good afternoon Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health and Human Services. I am Dr. Charles Danielson, MD, current Chairman of the Maine Medical Association's Public Health Committee, as well as a practicing pediatrician in Waterville. I am speaking in support of L.D. 319, *An Act to Track the Prevalence of Childhood Obesity in Maine*. The MMA is a professional organization representing more than 3000 physicians, residents, and medical students whose mission is "to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens."

As a practicing pediatrician, I know firsthand of addressing the current epidemic of childhood obesity. It is a grim fact that more than 1/3 of our children are overweight or obese. Few public health challenges are more important today than stopping the epidemic of overweight and obesity. Obesity is second only to smoking as a preventable cause of death in the United States, presents a health problem of unparalleled significance and is one of the most pressing health concerns for our children.

Obesity is associated with serious health risks and creates a significant health burden to those it affects, including having strong linkages to the most prevalent chronic illnesses such as diabetes and cardiovascular disease. These conditions are encountered daily in adult practices.

Over the past 20 years in the U.S. – increases in hospitalizations for children ages 6-17 for obesity related diseases have occurred:

- 436% for sleep apnea
  - 228% for gallbladder disease
  - 197% for obesity
- (statistics referenced from Maine CDC/DHHS)<sup>1</sup>*

We have built obesity into our society and now we must build health back into our society by enacting sound public health policies that facilitate and support individual behavior changes.

Schools have traditionally served as an excellent venue to provide students with the opportunity to receive preventative screenings and incorporating the Body Mass Index (BMI) measurement program would facilitate Maine's monitoring of state-wide efforts aimed at reducing the rising rates of childhood obesity and identify improvement opportunities in current obesity prevention approaches.

- BMI is widely accepted as a reliable and valid tool for assessing overweight in children.<sup>2</sup>
- The American Academy of Pediatrics (AAP) recommends annual BMI screening for all children and adolescents.<sup>2</sup>
- The Institute of Medicine (IOM) recommends that schools conduct annual assessments of students' height, weight, and BMI and make that information available to parents.<sup>2</sup>

Requiring schools to collect BMI data would facilitate Maine's monitoring of state-wide efforts aimed at reducing the rising rates of childhood obesity. This data would be utilized to identify improvement opportunities in current obesity prevention approaches and would complement clinical treatment interventions by physicians as outlined in one approach through the *Pediatric Obesity Clinical Decision Support Chart*<sup>3</sup> that provides clinicians with practical, point-of-care guidance on the prevention and treatment of obesity.

And we know that these screenings cost money and one way to ensure that we incorporate the collection of BMI data in the schools is to repeal other screenings that affect a small percentage of the population. *LD 161, An Act to Amend the Special Education, School Health and School Nutrition Laws Regarding Scoliosis Screening, the School Lunch Program, Transitional services, Gifted and Talented Education Programs and the Maine Mentoring Partnership Program*, heard recently in the Joint Committee on Education and Cultural Affairs repeals Scoliosis Screenings in the schools and the MMA supported that bill, to update our community intervention efforts and incorporate BMI collection to make a far greater public health impact.

It is our responsibility to ensure that we construct the necessary components on the local level to assure a healthier future for our children. Screenings, education and knowledge are our powerful tools that we must employ. And it's a lifestyle, we simply can't afford.<sup>4</sup>

Thank you for considering the MMA's support of L.D. 319, we look forward to working with the sponsor and co-sponsors to enact comprehensive "healthy weight" policy initiatives, and I would be happy to respond to any questions you may have.

References:

1. Maine CDC/DHHS.
2. Arkansas BMI Task Force, a partnership of Arkansans, including Local School Districts, Arkansas Center for Health Improvement, Arkansas Department of Education, Arkansas Department of Health , and UAMS College of Public Health, available [http://www.achi.net/BMI\\_Info/docs/Obesity\\_Fact\\_Sheet\\_050126%20.pdf](http://www.achi.net/BMI_Info/docs/Obesity_Fact_Sheet_050126%20.pdf).
3. Pediatric Obesity Clinical Decision Support Chart (Keep Me Healthy) offers the latest tools and practice recommendations for step-by-step prevention, assessment, and treatment interventions developed by the CDC for the child who is overweight or obese. The flipchart was initially developed by the Maine Youth Overweight Collaborative (MYOC), a joint initiative of the Maine Center for Public Health, the Maine-Harvard Prevention Research Center, and the Maine Chapter of the American Academy of Pediatrics.
4. “A Topline Report”, from the study, an Economic Cost Appraisal of Physical Inactivity, Overweight and Obesity Among Maine Adults, conducted by Chenoweth & Associates, Inc., more information: [www.anthem.com/mane/weightstudy](http://www.anthem.com/mane/weightstudy))