

# Childhood Obesity

**Date of Discussion:** January-February 2004  
**Discussion Moderator:** Kelly Moore, MD

The epidemic of childhood obesity among American Indians and Alaska Natives was the topic of an IH-SIG listserv discussion in January and February of 2004. Input was requested on measurement accuracy, evaluation tools and strategies, public health campaigns, barriers, and innovative programs on treatment and prevention. An impressive array of initiatives was presented along with clinical practice concerns and recommendations for a national obesity campaign for American Indian and Alaska Native communities. Taking decisive action against obesity in our communities will require partner collaboration as well as tribal leadership and participation.

## Obesity as a Public Health Concern

Overall, discussion participants agreed that obesity is a community-wide issue. Several physicians indicated that they had made attempts to respond to individual youth and their families' requests to treat or prevent obesity with limited success. External influences were identified as having an impact on obesity in Indian Country. These included school lunch contracts, the low cost of fast foods, the lack of fruits and vegetables that are subsidized or provided at reasonable costs, sedentary lifestyles, and cultural and societal norms engendered in the "obesogenic environment".

Awareness about the health risks associated with obesity has become increasingly prominent in the consciousness of the general public. The CDC has outlined National Obesity Prevention Strategies, and two national Childhood Obesity Conferences have taken place.

## Clinical Practice Issues

Participants agreed that utilizing BMI appears to be the simplest tool for use in the office and community. Some clinics have begun to utilize BMI as an educational tool during well-child visits.

Reimbursement is also an important factor, and participants verbalized the need to learn how to appropriately code for obesity as the primary purpose of visit. Although most insurance companies will not pay for these visits, some payers have expressed willingness to dialogue about the issue. Ideally, a reimbursement model similar to asthma would be implemented, where a physician could code for a "well obesity visit" to provide appropriate health supervision.

## Ongoing Obesity-Related Initiatives

Participants outlined several grant initiatives that they were involved in related to obesity. These included the following:

- Cliff O'Callahan has received funding to organize a community collaborative targeting children from the womb to 5 years. One area of focus is obesity prevention. Through this collaborative, Dr O'Callahan hopes to work with key multidisciplinary partners on obesity prevention for specific age groups (eg, family physicians and

- OB/GYNs around prenatal management; and child care centers, Early Head Start, and preschool programs around acceptable foods).
- Matthew Clark recently received a CATCH Planning Grant for a community needs assessment to address childhood obesity in the Southern Ute Community. Hopefully, this needs assessment will lead to a successful community prevention implementation plan.
  - Bron Anders received a grant to work with one small tribe in Southern California to assess diet, TV time, and exercise. Through this project, a community-wide intervention will be initiated and their results will be compared with findings in related tribes south of the US/Mexico border.

### Potential Strategies and Further Recommendations

Participants suggested the following interventions and proposed a national strategy:

- From Paul Avritt—Increasing physical activity opportunities through innovative programs. “Bikes Not Bombs” provides bicycles for children and youth, so that they have opportunities for alternative exercise. Organized biking trips have also been implemented successfully through the Shiprock Chapter of Trips for Kids.
- From David Grossman —Imposing an excise tax on foods that pose very high risk for obesity. This might be feasible given the unique taxing authority of tribes. However, concern was raised about possible litigation from the food industry.
- From Judy Thierry—Offering healthier alternatives in school vending machines. In a presentation given at the APHA in 2003, a school had increased their vending machine profits following a switch to healthier food choices.
- From Matthew Clark and Cliff O’Callahan—Sponsoring an AI/AN National Childhood Obesity conference with the following goals:
  - Practical professional education with hands-on experience in calculating and plotting BMI, using wellness plans, and learning effective reimbursement strategies
  - Networking
  - Dissemination of public education media samples and information on obtaining inexpensive pedometers and TV timers
  - Development of a national AI/AN childhood obesity prevention initiative that recognizes the unique cultural needs of these communities and addresses:
    - Improved data collection through measurement (of what??)
    - Education
    - Promotion of the CDC’s childhood obesity prevention goals
- Lobbying for federal, state, private resources to address this issue, including grant programs for individual communities

Collectively, discussion participants found community-based strategies to be critical in addressing obesity. A model for community-based strategies was shared that has been found to have some measure of success. The tribal diabetes grant program, schools, Head Start, fitness center, health center and a Community Action Program formed a cooperative coalition at the Southern Ute Health Center according to Matthew Clark. Participants agreed that tribal involvement was key to the success of community-based efforts.