

1 OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

2  
3 Resolution No. 30 – 2024

4  
5 Introduced by: Medical Student Section

6  
7 Subject: Supporting Initiatives to Improve Evaluation, Physician Training,  
8 and Patient Guidance for Obesity Intervention

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10 Referred to: Resolutions Committee No. 2  
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13  
14 WHEREAS, from 1999 to 2020, obesity prevalence in adults in the United States  
15 increased from 30.5% to 41.9%, and the prevalence of severe obesity increased from  
16 4.7% to 9.2<sup>1</sup>; and

17  
18 WHEREAS, obesity disproportionately impacts Black and Hispanic Americans  
19 (49.9% and 45.6%, respectively, compared to 41.4% in the White American population),  
20 those in rural areas (34.2% compared to 28.7% in metro areas), and people with less  
21 formal education (46.4% of high school graduates without higher education compared to  
22 34.1% of college graduates)<sup>1</sup>; and

23  
24 WHEREAS, from 1999 to 2020, obesity prevalence in the pediatric population in  
25 the United States increased from 13.9% to 19.7%<sup>1</sup>; and

26  
27 WHEREAS, as of 2021, Ohio’s obesity rate of 46.7% for all ages is significantly  
28 higher than the national average of 42.7%<sup>2</sup>; and

29  
30 WHEREAS, overweight and obese status are independently correlated with  
31 poorer health outcomes including, but not limited to, higher mortalities from  
32 cardiovascular disease and hepatocellular cancer<sup>3</sup>; and

33  
34 WHEREAS, physicians do not talk to their overweight patients enough about  
35 their weight, despite this conversation’s ability to improve the odds (2:1) that patients  
36 will lose greater than 10% of their weight in the following year<sup>4</sup>; and

37  
38 WHEREAS, healthcare practitioners are often apprehensive when initiating a  
39 conversation about obesity with their patients<sup>5</sup>; and

40  
41 WHEREAS, when physicians and patients talk about weight and weight-related  
42 issues, there is a disagreement about the effectiveness of these discussions,  
43 exacerbating a lack in confidence in providers to address weight concerns<sup>6</sup>; and  
44

45           **WHEREAS**, patients and physicians perpetuate misconceptions and notions  
46 about obesity which lack scientific support, leading to confusion and suboptimal patient  
47 care<sup>7</sup>; and

48  
49           **WHEREAS**, physicians provide personal opinions and generic advice to patients  
50 about weight, suggesting a need for more effective guidance for making personalized  
51 recommendations<sup>8,9</sup>; and

52  
53           **WHEREAS**, in a 2020 survey of Primary Care Providers (PCPs) in the  
54 Midwestern United States, 73% of physicians requested information on health system  
55 resources for obesity treatment and 62.6% requested more training on effective dietary  
56 counseling<sup>10</sup>; and

57  
58           **WHEREAS**, medical schools provide an average of fewer than 20 hours of  
59 nutrition instruction to students, despite a minimum 25 hours being recommended by  
60 the 1985 Report of the National Research Council's Committee on Nutrition in Medical  
61 Education<sup>11</sup>; and

62  
63           **WHEREAS**, medical students are uncomfortable having weight-related  
64 discussions with patients<sup>12</sup>; and

65  
66           **WHEREAS**, having structured patient encounters with overweight standardized  
67 patients as medical students is correlated with reduced negative stereotyping and  
68 greater empathy and ability to work well with overweight patients<sup>13</sup>; and

69  
70           **WHEREAS**, Body Mass Index (BMI) is the current metric for determining  
71 anthropometric characteristics and is used as a predictor for cardiometabolic health  
72 risks; however, it is a poor indicator of percent body fat and overall health<sup>14</sup>; and

73  
74           **WHEREAS**, waist-to-height ratio has been shown to be a better predictor for  
75 cardiometabolic health risks than BMI<sup>15</sup>; and

76  
77           **WHEREAS**, the OSMA public health policy 11-2022 is limited to addressing  
78 weight stigma among healthcare workers; and

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80           **WHEREAS**, the OSMA includes in its values that promoting innovation improves  
81 the health of patients<sup>16</sup>; and therefore

82  
83           **BE IT RESOLVED**, that our OSMA support the utilization of other evidenced-  
84 based anthropometric measures, including but not limited to weight-to-height ratio, in  
85 health screenings that better reflect comorbid health risks than BMI; and be it further

86  
87           **RESOLVED**, the OSMA supports training to further educate healthcare  
88 practitioners and trainees about healthy diet, the multifactorial nature of body weight,  
89 the impact of obesity, and strategies to reduce the detrimental health effects of obesity

90 on Ohioans, including avoidance of obesity in the pediatric population and the  
91 integration of developing weight-loss medical interventions.

92  
93 **Fiscal Note:**           \$ (Sponsor)  
94                               \$ 500 (Staff)  
95

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158 20. AMA Policy: Recognition of Obesity as a Disease H-440.842  
159 21. AMA Policy: Obesity as a Major Public Health Problem H-150.953  
160 22. AMA Policy: Prevention of Obesity Through Instruction in Public Schools H-170.961  
161 23. AMA Policy: Support Removal of BMI as a Standard Measure in Medicine and  
162 Recognizing Culturally-Diverse and Varied Presentations of Eating Disorders H-440.800  
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165 Overweight and Obesity H-440.866  
166 25. AMA Policy: Combating Obesity and Health Disparities H-150.944  
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168

## 169 OSMA Policy:

### 170 171 **Policy 11-2022 Addressing Weight Stigma Among Healthcare Workers**

- 172 1. The Ohio State Medical Association (OSMA) supports health promotion techniques that  
173 center around healthy behavior and lifestyle modifications rather than weight reduction alone.  
174 2. The OSMA supports educational training to further educate healthcare practitioners and  
175 trainees about the multifactorial nature of body weight, the impact of weight stigma, and  
176 strategies to reduce the detrimental health effects of weight stigma on Ohioans.  
177

### 178 **Policy 41-2008 Childhood Obesity and Nutrition in the Schools**

- 179 1. The OSMA recommends that our members advocate that their local schools remove soft  
180 drinks and candy from vending machines.  
181 2. The OSMA recommends that our members be involved in advocating for healthy nutrition in  
182 their local schools.  
183