

47
48 **WHEREAS**, physicians provide personal opinions and generic advice to patients
49 about weight, suggesting a need for more effective guidance for making personalized
50 recommendations^{8,9}; and

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52 **WHEREAS**, in a 2020 survey of Primary Care Providers (PCPs) in the
53 Midwestern United States, 73% of physicians requested information on health system
54 resources for obesity treatment and 62.6% requested more training on effective dietary
55 counseling¹⁰; and

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57 **WHEREAS**, medical schools provide an average of fewer than 20 hours of
58 nutrition instruction to students, despite a minimum 25 hours being recommended by
59 the 1985 Report of the National Research Council’s Committee on Nutrition in Medical
60 Education¹¹; and

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62 **WHEREAS**, medical students are uncomfortable having weight-related
63 discussions with patients¹²; and

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65 **WHEREAS**, having structured patient encounters with overweight standardized
66 patients as medical students is correlated with reduced negative stereotyping and
67 greater empathy and ability to work well with overweight patients¹³; and

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69 **WHEREAS**, Body Mass Index (BMI) is the current metric for determining
70 anthropometric characteristics and is used as a predictor for cardiometabolic health
71 risks; however, it is a poor indicator of percent body fat and overall health¹⁴; and

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73 **WHEREAS**, waist-to-height ratio has been shown to be a better predictor for
74 cardiometabolic health risks than BMI¹⁵; and

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

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79 **WHEREAS**, the OSMA includes in its values that promoting innovation improves
80 the health of patients¹⁶; and therefore

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

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86 **RESOLVED**, the OSMA supports training to further educate healthcare
87 practitioners and trainees about healthy diet, the multifactorial nature of body weight,
88 the impact of obesity, and strategies to reduce the detrimental health effects of obesity
89 on Ohioans, including avoidance of obesity in the pediatric population and the
90 integration of developing weight-loss medical interventions.

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92 **Fiscal Note:** \$ (Sponsor)

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\$ 500 (Staff)

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OSMA Policy:

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Policy 11-2022 Addressing Weight Stigma Among Healthcare Workers

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1. The Ohio State Medical Association (OSMA) supports health promotion techniques that center around healthy behavior and lifestyle modifications rather than weight reduction alone.

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2. The OSMA supports educational training to further educate healthcare practitioners and trainees about the multifactorial nature of body weight, the impact of weight stigma, and strategies to reduce the detrimental health effects of weight stigma on Ohioans.

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Policy 41-2008 Childhood Obesity and Nutrition in the Schools

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1. The OSMA recommends that our members advocate that their local schools remove soft drinks and candy from vending machines.

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2. The OSMA recommends that our members be involved in advocating for healthy nutrition in their local schools.

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