

Thank you co-chair Thompson, co-chair Greenlick, and members of the committee. My name is Dr. Lynne Anne Frost. I am a certified pediatric nurse practitioner working in Oregon as a primary care provider. I have over 20 years of health care experience. I am not an employee of a participant in the Take Shape for Life Program, but rather a proponent of their educational and supportive system aimed at reversing the obesity epidemic.

I am here today to urge the Legislature to acknowledge the gravity of the obesity epidemic on the health of our residents, to recognize the multitude of costly chronic health conditions that are directly linked to obesity, and to advocate for policies that will assist reversing this devastating epidemic.

Four out of every 10 children I see in the clinic are already overweight or obese. The vast majority of these children have overweight or obese family members. To use the analogy of the ship the Titanic, their weight is much like the tip of the iceberg. Although this was the visible component that raised initial concern, it was what was lying just under the surface of the water that ultimately caused such devastating destruction and loss of countless lives. This is true of the multitude of chronic conditions that are silently occurring in these children's bodies. I currently have 8 year old patients that are hypertensive and have heart disease. By the time they hit their adolescent years, they are diabetic as well. This is the very first generation of children anticipated to live a shorter lifespan than their parents.

In Oregon alone, we spend nearly \$800 million on obesity related illness annually. Nationally that figure reaches \$150 billion. Currently as a primary care provider, I am equipped at best with a row boat to use in an attempt to steer this incredible vessel off from its deadly course. Although SB 931 earmarked \$10 million annually to be used for preventative efforts, we need to make a further investment if we are going to successfully offset the incredible costs that ultimately are depleting our health care system of vital funds.

Much like a carpenter, I need a variety of tools to effectively do my job to promote health in a person's life. Currently my tool box is empty when it comes to addressing the obesity epidemic. I urge you to begin to implement policy that supports healthy living and willingness for change. From supporting healthy eating and promoting physical activity to community design, collectively policy can be created that supports our population to begin to lead healthy lives.

Securing grant funding has allowed my patients to participate in educational and supportive programs which clinically have proven to improve health outcomes to families that otherwise would not have been able to participate. Offering coverage to participate in programs, such as the Take Shape for Life, will allow individuals the opportunity to safely lose weight while learning to integrate the necessary lifestyle modifications in a supportive environment over time. I urge you to consider learning more about this program and support adopting this as a covered wellness benefit to interested participants. This program is a direct reflection of the top goals outlined in the Oregon Health Authority's *Action Plan for Health*. Take Shape for Life seeks to change how we deliver services as well as shifts to a preventative focus. The end goal is proving to create a reduction in the prevalence of chronic diseases as well as a direct savings in health care expenditures.

I have attached to my testimony a brief summary of the real obstacles that I am faced with as a primary care provider on a daily basis. I welcome the ability to further the discussion in the future. Thank you for your consideration and time today.

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### Addendum to Dr. Frost's Testimony

#### Barriers to overcome in primary care:

- Primary care providers rarely make a diagnosis of overweight/obesity. Historically research has shown diagnosis happens only 1-5% of the time
  - Obesity is not typically a reimbursed diagnosis whereas secondary diseases are, ultimately limiting the ability to make time in the appointment to have early conversations about lifestyle modifications and remain financially viable
  - Health care is currently reactive based not proactive based model, with preventative care generally lacking
- Collaborative approach in treatment clinically provides evidence of improved health outcomes, but such current partnerships generally lack in practice at the moment
  - Grant funding secured allowed families that previously could not financially attend a 10 week program through major health care system the ability to participate
  - Improvements in outcomes included higher knowledge of proper nutrition, increased daily physical activity by 50%, a reduction in weight of participants
  - When grant funding was exhausted, the partnership between primary care and treatment program dissolved as families could not afford out-of-pocket expense
- Change in behavior is a difficult task to accomplish in a busy primary care practice
  - Average appointment time is 15 minutes making in-depth conversations limited
  - Access to care is can be limited and often disrupts continuity of care with PCP
  - Supportive network is lacking in primary care offices
  - Follow-up is lost as this type of care is generally not a covered benefit
  - Out of pocket expenses limit the patients in greatest need of education and support
  - Children are products of their environment. Obesity is generally a family affair that needs to start with supporting the parents in their health, but as a pediatric provider services are being rendered solely to the child
- Individuals spend very little time in primary care clinics
  - Providing a supportive environment that promotes health needs to begin where people are most of their time
  - School-aged children typically receive preventative care appointments where diet and exercise are discussed every 2 years, less frequent in adolescent age group
  - Broaching the topic during acute appointments often feels threatening to patients or is poorly received when acute health care concerns dominate the nature of the appointment thereby making the topic of weight overlooked or under-addressed
- No services to offer patients following the diagnosis
  - Wellness benefits are lacking
  - Preventative care is typically not a covered benefit
  - Out-of-pocket expenses for appointments with dietician are generally not affordable to the families that would benefit the most to receive the education
  - Physical activities are lacking in many communities