



qualitycourier

Overweight and Obesity in Adults and During Pregnancy

The problem of overweight and obesity in America has been well documented over the past several years. Overweight and obesity are defined based on Body Mass Index (BMI) which is a standard measure of body fat based on height and weight. An automated BMI calculator can be found at

<http://www.cdc.gov/nccdphp/dnpa/healthyweight/assessing/bmi/index.htm>.

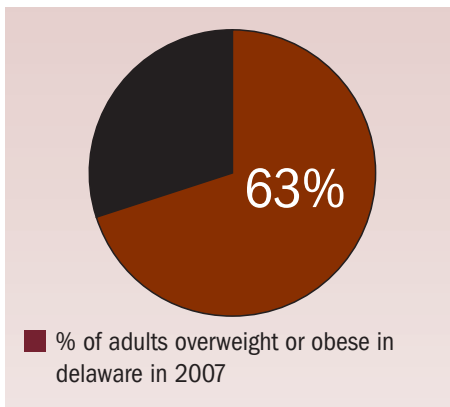
A patient is considered overweight if his/her BMI $\geq 25 - 29.9$, and obese if his/her BMI ≥ 30 . National rates of overweight and obesity vary from 60% to 65%. From 1960 to 2002, the percent of the overweight population age 20 – 74 years increased more than 20%—from 44.8% to 65.2%. During the same time period, the percent of the obese population age 20 – 74 increased from 13.3% to 33.9%.¹



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¹ National Center for Health Statistics. Health, United States, 2006 with chartbook on trends in the health of Americans. Hyattsville, Maryland. 2006.

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In 2007, 63 percent of adults in Delaware were overweight or obese.² A comparison of three-year averages from 2004-2006 and 2005-2007 showed that there was a statistically significant increase of 2.4 percentage points in the rate of overweight and obesity in Delaware in 2007.³

Research has shown there are several factors that have contributed to the increase in both overweight and obesity.

- **Higher daily caloric intake.** Adults consumed approximately 300 more daily calories in 2002 than they did in 1985 partly due to “portion distortion” and “value sizing”—emphasizing the quantity of food as opposed to the nutritional quality of food.³
- **The types of calories being consumed.** There has been an increase in consumption of refined grains and added sugars, while a limited variety of too few fruits and vegetables are



being consumed. An issue that impacts lower-income neighborhoods is the limited access to quality grocery stores with fresh foods, including fruits and vegetables.³

- **Physical inactivity.** In the State of Delaware, fewer than 50% of adults in 2007 reported engaging in moderate physical activity for at least 30 minutes five or more days per week, or vigorous physical activity for at least 20 minutes three or more days per week.² Limited free recreation space or unsafe parks add to the challenge of engaging in physical activity for the Medicaid population, and the cost of health club memberships and indoor facilities may be prohibitive.

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² The Kaiser Family Foundation statehealthfacts.org. <http://www.statehealthfacts.kff.org/>. Accessed on September 29, 2008.

³ Robert Wood Johnson Foundation. F as in fat: How obesity policies are failing in America. Issue Report 2008.



The health risks associated with overweight and obesity are well documented. Type 2 diabetes, conditions such as hypertension, dyslipidemia, coronary artery disease, ischemic stroke, osteoarthritis, low back pain, gallstones, sleep apnea and some cancers have been linked to overweight and obesity.^{3,4}

In addition to these ongoing conditions, overweight and obesity present particular concerns during pregnancy. Overall, approximately 20% of women in the United States who deliver babies are obese, and the rate among women in Women, Infants and Children programs who are overweight or obese is reported as high as 43%.^{5,6} Women who are overweight or obese during pregnancy

are at an increased risk for complications such as pre-eclampsia, gestational diabetes and postpartum infection. The babies carried by overweight or obese mothers are at risk for birth defects (in particular neural tube defects), are more likely to be admitted to neonatal intensive care units, and experience fetal and neonatal death.^{7,8}

Obese pregnant women require more prenatal tests, ultrasounds, and medications, and longer hospital stays.

Aside from the health risks associated with overweight and obesity during pregnancy, there are increased costs for medical care. Some estimates

indicate that prenatal care for overweight women costs five times as much as for healthy weight pregnant women. Obese women require more prenatal tests, ultrasounds, and medications, and have hospital stays that are longer (3.7 to 4.1 days), often due to Caesarean deliveries. Hospital stays for healthy-weight women are typically 3.6 days.⁹

Just as physicians counsel women who are pregnant or considering becoming pregnant about smoking cessation and alcohol consumption, physicians should counsel women about the risks of overweight and obesity before, during, and after pregnancy. Planning healthy meals and recommending regular physical activity may aid women during pregnancy and delivery. The U.S. Department of Agriculture outlines recommendations for a healthy diet during pregnancy at www.marchofdimes.com/pnhec/159_823.asp. Providers should also consider partnering with community agencies such as the March of Dimes or Healthy Start to promote healthy weight during pregnancy. This may lead not only to improved birth outcomes, but a better start as a child grows and develops. ■

⁴Wolf, A, McFarland, S, Schwartz, SM. The Economic Weight of Overweight and Obesity: A review of the literature. Journal of Managed Care Medicine, 2007. Vol. 10, No.3.

⁵Reinberg, S. "Obesity during pregnancy carries bigger price tag: Study find the extra health-care costs strain the system." U.S. News and World Report. April 2, 2008. <http://health.usnews.com/usnews/health/healthday/080402/obesity-during-pregnancy-carries-bigger-price-tag.html>.

⁶Riley, L. "A call to action: Obesity and pregnancy." Women's Health Policy Brief. Winter/Spring 2006. Massachusetts General Hospital.

⁷"Obesity during pregnancy threatens health of both mother and fetus, March of Dimes says." White Plains, N.Y., June 9, 2004. http://www.marchofdimes.com/printableArticles/10651_1213.asp. Accessed on August 28, 2008.

⁸Boyles, S. "Obesity increases risks in pregnancy: Moms and babies have more problems." WebMD Health News, <http://www.webmd.com/diet/news/20060203/obesity-increases-risks-in-pregnancy>. Accessed on August 28, 2008.

⁹Chu, S.Y, Bachman, M.S., Callaghan, W.M., Whitlock, E.P., Dietz, P.M., Berg, C.J., O'Keefe-Rosetti, M., Bruce, F.C., Hornbrook, M.C. "Association between obesity during pregnancy and increased use of health care." Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta and the Center for Health Research, Northwest/Hawaii/Southeast, Kaiser Permanente Northwest, Portland, Oregon.

Integrating Behavioral Health and Physical Health

The connection between the mind and body and the need for better coordination of care between physical health and behavioral health has been well documented. Integrated care or the recognition and management of mental health problems in primary care settings includes screening, prevention, early intervention, and treatment for both physical and behavioral issues.

coordination across systems, and Medicaid financing was the topic for a “Special Forum on Integrating Mental Health Services into Primary Care Settings.”¹¹ Integration is cost effective, results in improved health outcomes, and can improve both patient and provider satisfaction.

A primary care provider (PCP) has an excellent opportunity during an

appointment for a physical health concern to conduct a brief mental or behavioral health screening. As with physical conditions, the early identification of—and intervention in—behavioral health conditions are important.¹² Depression and anxiety may impact an individual’s ability to make the behavioral changes to improve a physical condition, while chronic diseases such as diabetes or

A primary care provider has an excellent opportunity to conduct a brief mental or behavioral health screening.

An example of the importance of this connection was underscored in 2004 when the National Center for Chronic Disease Prevention convened “Mind the Body”—a meeting to discuss how to better integrate mental health into both chronic disease prevention and health promotion to have a positive impact on public health.¹⁰ A system-level approach to integration with discussion of improved screening, care



¹⁰Lando, J, Williams, SM, Williams, B, Sturgis, S. “A logic model for the integration of mental health into chronic disease prevention and health promotion.” *Prevention Chronic Disease*, April 2006. http://www.cdc.gov/pcd/issues/2006/apr/05_0215.htm. Accessed on October 15, 2008.

¹¹Stroul, B. (2007). “Integrating Mental Health Services into Primary Care Settings—Summary of the Special Forum Held at the 2006 Georgetown University Training Institutes. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

http://gucchd.georgetown.edu/programs/ta_center/TrainingInstitutes/SpecialForums/Integrating%20Mental%20Health%20Services%20into%20Primary%20Care%20Settings.pdf. Accessed on November 3, 2008.

¹²David L. Bazelon Center for Mental Health Law. “Integration of Primary Care and Behavioral Health: A Roundtable Discussion. February 2005. Washington, DC. <http://www.bazelon.org/issues/general/publications/RoundtableReport.pdf>. Accessed on November 3, 2008.

¹³LaBrie, RA, LaPlante, DA, Peller, AJ, Christensen, DE, Greenwood, KL, Straus, JH, Garmon, MS, Browne, C, Shaffer, HJ. “The interdependence of behavioral and somatic health: implications for conceptualizing health and measuring treatment outcomes.” *International Journal of Integrated Care*. May 2007, Vol 7, p. 2. <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1894673&blobtype=pdf>. Accessed on November 3, 2008

coronary artery disease can have a significant impact on an individual's mental health.^{10,13}

Individuals with behavioral health issues are disproportionately high users of health care.

The importance of integrated care is even more evident as research shows that individuals with behavioral health issues are "...disproportionately high users of general health care."¹³ Autoimmune disease, respiratory disease, obesity, diabetes and migraine headaches are just a few examples of physical conditions related to mental and behavioral health conditions that result in patients seeking medical attention.^{12,13}

Providers may use something as brief as the Patient Health Questionnaire - 2 (PHQ-2), a two-item questionnaire to screen patients for depression. A PCP may determine that a more

extensive screening such as the Patient Health Questionnaire – 9 (PHQ-9) or Beck Depression Inventory is warranted. Tools such as the CAGE or AUDIT are brief screening tools that can be used to evaluate alcohol or other substance use behaviors that may be of concern and impact health status.



- The PHQ-2 can be accessed at http://www.commonwealthfund.org/usr_doc/PHQ2.pdf.
- The PHQ-9 can be accessed at http://www.commonwealthfund.org/usr_doc/PHQ-9.pdf
- The CAGE and AUDIT can be accessed on the diagnostic checklist section at <http://www.mentalneurologicalprimarycare.org/>

An integrated approach to physical and behavioral healthcare can result in:

- improved access to care,
- increased patient adherence to care plans,
- improved patient health and well-being,
- cost effectiveness and cost savings, and ultimately,
- the elimination of health disparities. ■

¹⁰Lando, J, Williams, SM, Williams, B, Sturgis, S. "A logic model for the integration of mental health into chronic disease prevention and health promotion." *Prevention Chronic Disease*, April 2006. http://www.cdc.gov/pcd/issues/2006/apr/05_0215.htm. Accessed on October 15, 2008.

¹²David L. Bazelon Center for Mental Health Law. "Integration of Primary Care and Behavioral Health: A Roundtable Discussion. February 2005. Washington, DC. <http://www.bazelon.org/issues/general/publications/RoundtableReport.pdf> . Accessed on November 3, 2008.

¹³LaBrie, RA, LaPlante, DA, Peller, AJ, Christensen, DE, Greenwood, KL, Straus, JH, Garmon, MS, Browne, C, Shaffer, HJ. "The interdependence of behavioral and somatic health: implications for conceptualizing health and measuring treatment outcomes." *International Journal of Integrated Care*. May 2007, Vol 7, p. 2. <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1894673&blobtype=pdf>. Accessed on November 3, 2008

Quality Improvement Initiatives Task Force Update

The Quality Improvement Initiatives (QII) Task Force convened on August 28 and September 25, 2008.

During the meetings, updates were given on the Emergency Room (ER) Performance Improvement Project (PIP) and the Childhood Overweight and Obesity Focus Study. The health plans will present their interventions and findings after completion of the ER PIP. The Childhood Overweight and Obesity Study was scheduled to be completed in October following a presentation to the stakeholders group. There was also discussion and input regarding the updated Quality

Management Strategy in the September meeting. Updates have been made to the report, including revision of language regarding draft report format, goals and objectives, as well as several other sections of the document.

Each QII meeting includes two quality presentations:

- The presentations in August covered the Assisted Living Waiver and Delaware Physicians Care, Inc.'s Quality Management Program.

- Presentations in September included an update on the AIDS waiver which is currently up for renewal in 2009 and Unison Health Plan of Delaware's Quality Improvement Plan.

The next QII meeting was scheduled for October 23, 2008. ■

Free Flu Shots

FREE flu shots will be available for anyone six months of age or older at two events:

Location	Date	Place	
Wilmington	November 12	DMV Inspection Lane 2230 Hessler Blvd. Wilmington, DE 19720	7:30 a.m. to 11:00 a.m.
Kent & Sussex Counties	November 19	Modern Maturity Center 1121 Forrest Avenue Dover, DE	10:00 a.m. to 6:30 p.m.

For Express Service, bring a completed registration form available at www.dhss.delaware.gov/dhss/dph/files/flushotform.pdf

For Information, call 1-800-282-8672

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Questions or Comments

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