

1 VERMONT MEDICAL SOCIETY RESOLUTION

2 Patient Incentives

3 Adopted October 27, 2012

4
5 Whereas, health care is evolving away from a "disease-centered model" and toward a "patient-
6 centered model" and patients become active participants in their own care; and

7
8 Whereas, unhealthy lifestyle choices drive direct health care costs as well as indirect costs, relating
9 to disability, workers compensation, absenteeism and productivity issues; and

10
11 Whereas, according to the Centers for Disease Control and Prevention, more than 72 million adults
12 in the US were obese in 2010, and obesity effects approximately 17% of all children and 35.7% of all
13 adults, which is triple the rate from just one generation ago; and

14
15 Whereas, obesity is one of the single most important preventable cause of chronic non-
16 communicable diseases, and will add an extra 7.8 million cases of diabetes, 6.8 million cases of heart
17 disease and stroke, and 539,000 cases of cancer in the United States by 2030, and in 2008 the
18 estimated annual medical costs of obesity in the US were \$147 billion; and

19
20 Whereas, obese individuals are more likely to have work limitations, sustain unintentional injuries,
21 file Workers' Compensation claims, and indirect costs of diabetes -- one of the most devastating
22 consequences of obesity are related to lower returns on education, unemployment, decreased
23 household wages, premature retirement and increased dependence on welfare; and

24
25 Whereas, only 3% of Americans actually meet healthy behavior guidelines in all four lifestyle
26 behaviors – tobacco use, sedentary behavior, unhealthy weight, unhealthy diet, and the top four
27 determinants of health – smoking, unhealthy diet, physical inactivity, and alcohol use - together
28 account for 40% of all deaths; and

29
30 Whereas, US spends under 2% of its health dollars on population health; and

31
32 Whereas, The Physical Activity Guidelines for Americans, issued by the U.S. Department of Health
33 and Human Services, recommend that children and adolescents aged 6-17 years should have 60
34 minutes (1 hour) or more of physical activity each day; and

35
36 Whereas, Act 48 amended 18 V.S.A. § 5 to require the department of health to create a state health
37 improvement plan in order to encourage the design of healthy communities and to promote policy
38 initiatives that contribute to community, school, and workplace wellness, which may include
39 providing assistance to employers for wellness program grants, encouraging employers to promote
40 employee engagement in healthy behaviors, and encouraging the appropriate use of the health care
41 system; and

42
43 Whereas, Act 48 also added 18 V.S.A. § 9371 that lists 14 principles as the framework for reforming
44 health care in Vermont and under principle (7) of section 9371, individuals have a personal
45 responsibility to maintain their own health and to use health resources wisely, and all individuals
46 should have a financial stake in the health services they receive; now therefore be it

1 **RESOLVED**, that the Vermont Medical Society work with the Vermont Department of
2 Health on a state health improvement plan, including support of the BUILT environment;
3 and be it further
4

5 **RESOLVED**, that the VMS work with the Green Mountain Care Board and other
6 organizations to promote greater personal responsibility by individuals in maintaining their
7 own health and the use of health incentives to get/remain healthy; and be it further
8

9 **RESOLVED**, that the VMS work with the General Assembly to increase the funding of the
10 health care budget to preventative medicine; and be it further
11

12 **RESOLVED**, that the Vermont Medical Society calls upon the appropriate public and
13 private entities, including the Agency of Human Services, the Department of Education, the
14 Governor, the legislature, and the state’s health care professionals to study and adopt public
15 policy that reduces, mitigates or eliminates the childhood obesity crisis, with potential
16 actions including but not limited to:

- 17 • Eliminating sales of sugared drinks and candy from all public K-12 schools;
- 18 • Reviewing current physical education requirements in the state’s public schools in
19 order to determine if increased requirements are necessary and or viable;
- 20 • Establishing funding for grants that encourage public schools to engage in innovative
21 and creative childhood obesity prevention programs; and
- 22 • Study the prevalence of “junk food” marketing directed toward children in Vermont
23 and research and recommend potential methods of counter-acting such marketing.

24