

Has America Reached Its Tipping Point on Obesity?

*STOP Obesity Alliance Recommendations for Addressing
Obesity within Health Reform*

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As Congress and the Administration refine the specifics of health reform and other health-related initiatives in the coming months, the Strategies to Overcome and Prevent (STOP) Obesity Alliance believes that addressing obesity through meaningful, evidence-based approaches must be a top priority.

Overweight and obesity are associated with significantly increased risk of more than 20 different diseases, including type 2 diabetes, heart disease, hypertension, certain cancers, and osteoarthritis.¹ Rising obesity rates across the nation have led to worsening health outcomes.² Beyond these debilitating health outcomes, most recent economists agree that obesity is a major driver of health care utilization and spending, and contributes to escalating health care costs. As a recent study published in *Health Affairs* makes clear, obesity accounts for an estimated 9.1 percent of annual health care spending in the United States, amount to \$147 billion in 2008.³ The projections for increases in obesity prevalence and related costs are even more alarming.

Bottom line: Obesity stands at the center of the cost and quality equation. As the “chronic disease gateway,” obesity leads to crippling health and economic consequences for individuals, families, employers, the health system and the nation as a whole. America can greatly improve health outcomes and take steps to reform the health care system by directly addressing this issue. Obesity is too often characterized as a failure of individual willpower and a lack of personal responsibility, when in reality there are also complex biological, environmental, and social factors at work. Just as there were many factors that brought America to this point, it will take a multifactorial approach to help us reverse the obesity epidemic.

The mounting evidence of the negative health outcomes and increasing costs due to obesity lead us to the conclusion that as a nation we are at the “tipping point.” Policymakers have a responsibility to acknowledge the facts and act on them. We cannot allow the two-thirds of adult Americans who are overweight or obese—the majority of the population—to be ignored, and more importantly, we cannot solve this issue among our children without addressing the problems faced by the adults who are their parents, teachers, and role models. Without their help, today’s generation of children may live in worse health and have shorter life spans than their parents.⁴

While the pervasiveness of obesity in America is grave, the goal of improving health and decreasing chronic disease is attainable if we approach the problem from the perspective of better health rather than promoting unrealistic weight-loss goals. According to the National Heart, Lung and Blood Institute (NHLBI), modest weight loss, such as losing five to ten percent of baseline weight and maintaining it, is associated with reducing the risk of developing type 2 diabetes and cardiovascular disease.^{5,6}

In accordance with the principles set forth by our member organizations and after review of the current health reform proposals, we believe that health reform must include these four elements, reflecting the existing evidence for clinical and community approaches:

Standardized and effective clinical interventions, flowing from evidence-based guidelines, such as those approved by the National Heart, Lung and Blood Institute (NHLBI), that include acknowledging the health benefits of five to ten percent sustained weight loss to aid and support those individuals who are currently overweight or obese achieve improved health.

Enhanced use of clinical preventive services to monitor health status and help prevent weight gain, especially for individuals who are already overweight and are at risk of becoming obese.

Effective, evidence-based community programs and policies that encourage and support healthy lifestyles, focus on health literacy, address health disparities, and represent a significant investment in population-based prevention of obesity.

Coordinated research efforts to build the evidence for all three of the above elements, continuously improving quality of care, bolstering our understanding of what does and does not work in various settings, and helping to translate the scientific research into practice recommendations for real-world clinical settings and communities.

Conclusion

Halting the obesity epidemic in the United States requires determination and immediate action. Greater efforts in basic and clinical research, prevention strategies, and the relevant education and training of health care professionals will be needed to tackle this epidemic, in addition to expanding the commitment of policymakers, community groups, schools, employers, and faith-based organizations. Though the burden of obesity is great, the price of inaction is even greater, both for those affected and for society as a whole. We must embrace the evolving, evidence-based interventions for both the clinical and community settings that will show us the way forward.

Rationale and Research to Support the Recommendations

Recommendation: Standardized and effective clinical interventions, flowing from evidence-based guidelines, such as those approved by the National Heart, Lung and Blood Institute (NHLBI), that include acknowledging the health benefits of five to ten percent sustained weight loss to aid and support those individuals who are currently overweight or obese achieve improved health.

- With one out of three Americans already considered obese, a comprehensive approach to confronting the obesity epidemic must include a clinical treatment component.⁷
- In 1998, the NHLBI issued clinical guidelines for evaluating and treating overweight and obesity.⁸ According to these guidelines, treatment of obesity should focus on producing slow, progressive weight loss with a weight-loss goal of 10 percent of baseline weight after six months. Treatment may include diet, physical activity, and behavioral modification, as well as pharmacotherapy and surgery for some patients. After the initial goal is reached, patients should focus on weight maintenance or additional weight loss, as advised by their physician.
- For nonsurgical interventions, slow, progressive weight loss is recommended over rapid weight loss, which may be less safe and more difficult to maintain over time.⁹ Research has shown that modest weight loss (five to ten percent of body weight) has numerous health benefits, including reducing the risk of developing type 2 diabetes and improving cardiovascular risk factors and diastolic function.^{10,11} Lifestyle interventions are particularly effective. Results from the Diabetes Prevention Program showed that participants who received intensive individual counseling and motivational support on effective diet, exercise, and behavior modification reduced their risk of developing diabetes by 58 percent.¹²
- It is important for physicians to talk to their patients about weight, as obese persons who receive counseling by a medical professional to lose weight are nearly three times as likely to report attempting to lose weight as those who receive no counseling.¹³ Despite this fact, many obese patients are not counseled for obesity. One recent study found that 63 percent of obese patients received no counseling for diet, exercise, or weight loss by their physician.¹⁴
- Research suggests that health professionals are not adequately trained in how to address obesity and its related diseases in the patient population.¹⁵ As a result, health professionals may not have important information about obesity including evidence-based guidelines such as those from NHLBI.
- Guidelines for the identification, evaluation and treatment of obesity should be regularly updated in accordance with medical advancements and new knowledge regarding evidence-based treatments. (n.b.: NHLBI is expected to issue a new report updating its clinical guidelines in Spring 2010.)

Recommendation: Enhanced use of clinical preventive services to monitor health status and help prevent weight gain, especially for individuals who are already overweight and are at risk of becoming obese.

- Because of the significant burden obesity places on costs, health outcomes, and quality of life, preventing Americans from becoming obese is of paramount importance. The U.S. Preventive Services Task Force recommends that all adults be screened for obesity.¹⁶ However, studies of medical records reveal that for many patients, height and weight data is not recorded during an office visit. In one study, nearly 50 percent of visits lacked complete height and weight data needed for obesity screening.¹⁴
- In 2009, the National Committee for Quality Assurance (NCQA) began including Body Mass Index (BMI) assessment for children and adults and counseling for physical activity and nutrition for children, as quality measures in their Health Effectiveness Data and Information Set (HEDIS).¹⁷ This may initiate improved screening for overweight and obesity, as more than 90 percent of health plans use NCQA indicators to measure performance.
- Many obese patients are not assessed as obese by a clinician. In one study, 70 percent of obese patients who visited a primary care or cardiovascular specialist were not diagnosed as obese; even among obese patients with known co-morbidities, 66 percent were not diagnosed.¹⁴ The lack of obesity diagnoses may indicate that physicians are not paying adequate attention to the problem of obesity among their patients.
- Preventing individuals who are already overweight from becoming obese may be particularly important for improving health outcomes. Overweight is associated with fewer health risks, which are generally less severe than those associated with obesity.¹⁸ Additionally, youth in the CARDIA study who maintained a stable BMI over the 15-year study period had minimal progression of risk factors and lower incidence of metabolic syndrome, a precursor to diabetes, regardless of their baseline BMI.¹⁹ More research is needed to determine the benefits of weight maintenance for overweight individuals.

Recommendation: Effective, evidence-based community programs and policies that encourage and support healthy lifestyles, focus on health literacy, address health disparities, and represent a significant investment in population-based prevention of obesity.

- The community is a critical asset for health promotion and protection. The participation of community members in public health interventions can lead to widespread changes in health behaviors, improving community, and individual outcomes.²⁰
- Community coalitions have proven to be a very useful strategy for making changes at the community level. By bringing together multiple stakeholders (including government agencies, private sector institutions, community groups, and individual citizens), community coalitions allow different perspectives, talents, and expertise to join together in working toward the common goal of community betterment. In addition, coalitions empower residents, encourage engagement in civic and community life, and create a stronger sense of community.²¹
- A strong body of evidence indicates that physical and social characteristics of neighborhoods influence health by shaping the choices and behaviors of residents.²² Environmental factors, such as the cost difference between healthy and unhealthy foods and lack of access to full-service grocery stores and safe places to play and exercise, contribute to the increase in obesity rates by inhibiting healthy food options and active living behaviors.²¹
- Low-income individuals and minorities are more likely to live in neighborhoods where healthy choices are difficult to make, as these neighborhoods often have fewer healthy eating options and fewer safe places to play and be active than higher-income or predominantly white neighborhoods.²¹ For example, supermarkets, which are associated with a healthier diet and reduced risk for obesity, are less likely to be located in low-income neighborhoods and minority neighborhoods.²³ Convenience and small grocery stores, which tend to make up the majority of food stores in low-income areas, are less likely to have a variety of healthy foods available.²⁴ Because obesity is disproportionately prevalent in lower income populations, creating environments to promote healthier choices is crucial in low-income neighborhoods.²⁵ For these individuals to make healthy food choices, healthy food options must be available and accessible.
- Designing and rehabilitating communities to include public spaces that encourage pedestrian or bicycle transit and safe places for exercise and play effectively promotes community health.²² For example, living near a park is associated with lower stress levels and a reduced risk of obesity.²⁶
- By improving access to fresh foods, increasing the numbers of safe parks and public places to play and be active, and locating health care resources close to or within neighborhoods, communities can help make choosing healthy behaviors easier for residents.²⁷
- The community is also an important site for targeted efforts to improve health literacy, which is the wide range of skills and abilities reflecting the extent to which people are able to find, understand, evaluate, and use health information and concepts to make informed choices.²⁸ Nearly 90 percent of American adults lack the health literacy skills to proficiently interact with the health care system.²⁹ Education and outreach campaigns should work to increase health literacy as a way to reduce health disparities and improve the quality of care.

Example Programs

- **YMCA Pioneering Healthier Communities** (PHC) works to reverse the rising rates of obesity and chronic disease by implementing policy and environmental-change strategies to improve nutrition and increase physical activity. The program brings together local stakeholders including business, civic, and nonprofit leaders to educate and mobilize communities about healthy lifestyle behaviors. Currently, more than 80 communities across the United States are participating in the PHC program. Initiatives include making low-cost, high-quality fruits and vegetables available to community members, building or revamping walking and biking paths, and working with schools and workplaces to redesign menus and food options to include healthier foods. PHC is funded by the Centers for Disease Control and Prevention (CDC) and local resources.^{30,31}
- **The Pennsylvania Fresh Food Financing Initiative** (FFFI) is a public-private partnership among The Food Trust, The Reinvestment Fund, the Greater Philadelphia Urban Affairs Coalition, and the Pennsylvania Department of Community and Economic Development to increase the number of supermarkets and grocery stores in underserved urban and rural communities across the state. FFFI provides loans and grants to businesses to build or redesign grocery stores to stock healthy foods, improve energy efficiency and lower costs. The new and refurbished stores benefit their communities by creating jobs and giving residents better access to fruits and vegetables. In July 2009, FFFI was recognized at the CDC's "Weight of the Nation" conference with a Pioneering Innovation Award.³²
- **Steps to a HealthierUS** (Steps) is an initiative of the U.S. Department of Health and Human Services that focuses on reducing the burden of chronic disease by addressing obesity, diabetes, asthma, physical inactivity, poor nutrition, and tobacco use in participating communities across the nation. Established in 2003, the Steps program supports the implementation of focused, evidence-based health promotion campaigns and prevention initiatives to encourage healthy choices and behaviors in worksites, schools, health care settings, and communities. The majority of Steps programs are public-private partnerships with health care organizations, businesses, universities, and media organizations. Many of the Steps interventions have yielded successful results for measurable outcomes, such as increased physical activity among employees and reduced absenteeism costs.^{33,34}

Recommendation: Coordinated research efforts to build the evidence for all three of the above elements, continuously improving quality of care, bolstering our understanding of what does and does not work in various settings, and helping to translate the scientific research into practice recommendations for real-world clinical settings and communities.

Clinical Setting

- Even when physicians address weight loss with their patients, they tend to rely on clinical experience rather than medical literature, partly because the medical literature does not always provide them with clear counseling and treatment options. Strong clinical trials and clinician education on the results is necessary to improve the consistency of care.³⁵
- There is little research focused on translating clinical results into practical guidance for clinicians, and the possibility remains that study populations respond differently than the average patient seen in primary care.³⁶
- Physicians generally rate treatment for obesity as much less effective than treatment for chronic conditions and tend to view obesity as a behavioral problem to be treated with behavioral or psychological interventions. This suggests that improved dissemination of clinical trial results, translational research, and comparative effectiveness results is necessary to change the attitude of physicians to obesity treatment.³⁶
- There is also a lack of evidence showing which interventions are most effective for different groups. Clinical research is also necessary on the most medically relevant ways to stratify patients as well as on the effectiveness of interventions within those groups.³⁶

Community Setting

- Reviews of community interventions for children are common, while most reviews for adults have focused on surgery, drug interventions, or specific dietary changes for weight loss.
- Although the CDC-sponsored Task Force for Community Preventive Services has released recommendations for community-based interventions, many research questions remain due to the complexity of measuring change at the community level and the length of time needed to establish results. More standardized measures are needed for recognizing and replicating successful community interventions.²¹

Coordination and Interaction

- Obesity is not a single-cause disease and cannot be effectively treated with interventions addressing only one aspect of the condition. Efforts to expand the research base and improve understanding of obesity treatment must focus on addressing both community and clinical treatment to be successful.³⁶

Summary and Analysis of Current Health Reform Proposals

*(*Based on proposals submitted by August 28, 2009)*

This year's focus on health reform offers an opportunity to address the prevalence of obesity in America. Recognizing that obesity is a significant contributor to the nation's health care challenges, the STOP Obesity Alliance believes that health reform should tackle obesity head-on. The George Washington University research team for the STOP Obesity Alliance conducted a side-by-side analysis to assess what the current, proposed health reform legislation does to address obesity and to identify key ways in which the legislation could improve.


The authors of the Senate Health, Education, Labor and Pensions (HELP) Committee bill and the House Tri-Committee bill are to be applauded for embracing a strong emphasis on prevention. Both bills incorporate significant funding for prevention and public health programs, including initiatives to strengthen community health promotion, expand the community health and primary care workforces, and develop a national public health investment fund. In addition, menu labeling provisions that will help consumers make healthier choices by informing them of the nutritional value of the foods they purchase are included in the Senate HELP Committee bill and the House bill as amended by the Energy and Commerce Committee.

We must not forget that one-third of the American population is already obese, and an additional one-third is overweight. We cannot afford to focus only on preventing new incidences of obesity without looking to reduce chronic disease by addressing the level of obesity already present in the American population. Scientific and government bodies have issued evidence-based guidelines for the identification, evaluation, and treatment of obesity, and the adoption of these guidelines should be encouraged.

Millions of Americans with obesity and related diseases will benefit from the provisions that prohibit the exclusion of pre-existing conditions and require limited to no cost-sharing for preventive services. Certain quality improvement provisions of the bills may also improve our ability to reduce obesity rates. Encouraging health systems to adopt Health Information Technology (HIT) is essential, as several pilot studies have shown that HIT increases and improves the frequency of obesity screening, diagnosis and counseling.^{37,38} Likewise, investment in comparative effectiveness may improve dissemination of effective obesity treatment and intervention. Today, many physicians report a sense of futility regarding obesity treatment, which leads to avoidance of the issue or ineffective counseling.³⁶ Additional research into the effectiveness of weight-loss interventions could improve both physicians' sense of the efficacy of treatment and patients' weight-loss outcomes.

While the current versions of the health reform bills do not explicitly reference obesity, several of the proposed health promotion programs are clearly intended to address it, by naming decreased weight, improved nutrition, and increased physical activity as desired outcomes for community interventions (see §301, §302 and §322 in the Senate HELP Committee bill).

Both bills have called for the creation of a national prevention strategy to promote better health outcomes, focusing on target areas that will be determined by the Secretary of Health and Human Services. Obesity should be named as a priority under this strategy. As a society, we are eager to talk about burgeoning obesity rates, but we remain unwilling to discuss the systemic realities in our communities that make gaining weight so easy. By identifying the reduction or stabilization of obesity rates as a national strategy, the nation will take an important step toward stemming the obesity epidemic. This must mean a commitment to addressing both the clinical and community aspects of obesity to ensure changes that can lead to individual sustained weight loss and long-term reduction in overall obesity prevalence. Only by combining obesity treatment efforts with



obesity prevention efforts will health reform achieve the comprehensive approach necessary for improving health outcomes and reducing the escalation of health care costs.

A measure of success for health reform will be whether it creates fundamental change in the way our health systems and communities collaborate to improve the health of Americans. We have the data to demonstrate the costs of obesity and chronic disease. We know there are evidence-based approaches to address them. Now, we must find the will to act, so that evidence-based approaches to obesity and overweight are adopted in clinical and community settings.

Summary and Analysis of Steering Committee Member Principles for Health Reform

STOP Obesity Alliance members - a collaboration of consumer, provider, government, labor, business, health insurer, and quality-of-care organizations - encompass some of America's leading voices in health.

In addition to being active participants in the direction of the Alliance, many of these groups also have been engaged in efforts surrounding health system reform, advocating for provisions of one kind or another. As such, their health reform positions were the starting point in developing the Alliance's recommendations for addressing obesity within health reform.

While details of the Alliance membership's stated positions vary, there are some common themes about the need to look at our health care system in new ways - specifically in how it works to prevent and treat chronic disease.

The link between obesity and other serious chronic diseases, like diabetes and heart disease, has been shown time and again in medical literature and other research. Obesity is the chronic disease gateway, impacting our nation - from the health care system to national security.

- Several members specifically reference obesity as a part of overall prevention and wellness objectives. For example:
- America's Health Insurance Plans takes a community and prevention stance on obesity, saying, "We need to focus attention and allocate sufficient resources – particularly at the community level – to address significant public health issues, such as obesity and tobacco dependence, that cause an increasing prevalence of chronic illness."³⁹
- The American Heart Association supports public health intervention to promote community-based prevention of obesity and other cardiovascular risk factors.
- The American Diabetes Association writes that, "Stemming the tide of the obesity epidemic must be a primary objective of reform efforts, not only to prevent, delay, or slow the progression of diabetes, but also to prevent and/or mitigate the many other chronic conditions associated with obesity."⁴⁰
- The American Medical Group Association notes that prevention and wellness practices should be adopted to address chronic disease and obesity.

Also present in the reform principles are statements of support for more coordinated care for patients, a focus on quality, and support for steps that can improve health that can be taken outside of the medical care system.

These statements helped shape and guide the direction of the Alliance's health reform recommendations and helped to ground the emphasis in the four areas of standardized and effective clinical interventions; prevention; community-based programs and policies; and coordinated research.

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About the STOP Obesity Alliance

The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a collaboration of consumer, provider, government, labor, business, health insurers, and quality-of-care organizations united to drive innovative and practical strategies that combat obesity. The STOP Obesity Alliance is directed by Research Professor Christine C. Ferguson, J.D., of The George Washington University's Department of Health Policy and former Health Commissioner for the State of Massachusetts. Richard H. Carmona, M.D., M.P.H., FACS, 17th U.S. Surgeon General and President of the non-profit Canyon Ranch Institute, serves as Health and Wellness Chairperson of the Alliance. The Alliance Steering Committee is comprised of the following public and private sector organizations: American Diabetes Association, American Heart Association, America's Health Insurance Plans, American Medical Group Association, Canyon Ranch Institute, CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), DMAA: The Care Continuum Alliance, National Business Group on Health, National Quality Forum, Partnership for Prevention, Reality Coalition, Service Employees International Union, The Obesity Society and Trust for America's Health. The STOP Obesity Alliance receives funding from its sponsors, sanofi-aventis U.S. LLC., founding sponsor, and Amylin Pharmaceuticals, Inc., supporting sponsor.