



The Challenge of Obesity for Policy Makers:

Recommendations for the Next Administration

Democratic National Convention Forum:
August 25, 2008, Denver Art Museum, Denver, Colorado

Republican National Convention Forum:
September 2, 2008, James L. Hill Research Library, St. Paul, Minnesota

Sponsored by The Obesity Society,
Co-Sponsored by: The University of Colorado, The University of Minnesota,
The Mayo Clinic, and, The George Washington School of Public Health,
organizer of the STOP Alliance



**THE OBESITY
SOCIETY**

Purpose of Conference

Obesity, over the last decade, has increased among all age, race, gender and ethnic groups. Public concern has also risen and the public has a more clear view of obesity itself and its implications on health care utilization and costs.

Over the next two Presidential terms, 2009- 2017, it appears that (a) obesity will continue to increase in the United States population and (b) it will profoundly affect the health of the US population and health care costs.

In 2000, the American Obesity Association, (now part of the Obesity Society) held a public policy and obesity conference which featured representatives of the campaigns of George W. Bush, Bill Bradley and Al Gore. The Obesity Society reinstated this conference in 2007 with a conference on September 19, 2007 at the Jack Morton Auditorium at George Washington University. That conference featured the health policy advisors to the major Democratic and Republican Presidential candidates at that time. Now, we are continuing this discussion at both national party conventions.

Obesity is not a partisan issue and the parties and candidates have not adopted or advocated partisan points of view. It is our hope that, in part through these conferences, the country may see new ideas emerge to control obesity with a bipartisan consensus.

It is our hope that you will find the conference stimulating and helpful in the development of policies to address this important health issue.

Morgan Downey

Executive Vice President
The Obesity Society

The Challenge of Obesity for Policy Makers: Recommendations for the Next Administration

Democratic National Convention Forum:
Denver Art Museum, Denver, Colorado
August 25, 2008

Moderator: Sally Squires,
Powell Tate; founder, Lean Plate Club

8:00 Registration and Continental Breakfast

8:30 Gary Foster, Welcome from The Obesity Society

8:50 Sally Squires, Welcome and Overview of Program

9:00 Expert Panel and Q&A:

James Hill, University of Colorado – Prevalence and Health Effects

Robert Eckel, University of Colorado – Prevention and Treatment

Morgan Downey, The Obesity Society – Public Policy Options

10:15 Break

10:30 Policy Maker Panel and Q&A:

Congressman John Conyers (MI-14)

Jim Rex, Superintendent of Education, South Carolina

Mayor Martin Chavez (Albuquerque, NM)

X person

Y person

11:30 Obama for President/DNC Panel and Q&A:

Melody Barnes, Director of Policy, Obama for President

Karen Kornbluh, DNC Platform Committee

12:10 Expert Panel – Conclusions:

Gary Foster, Caroline Apovian – The Obesity Society

Robert Eckel, James Hill – University of Colorado

12:30 Adjourn

About the Sponsors

The Obesity Society (formerly known as the North American Society for the Study of Obesity) is comprised of approximately 2,000 researchers and clinicians specializing the study and treatment of obesity. The Society publishes the leading peer-reviewed journal in the field, *Obesity*, and conducts the largest, most comprehensive annual scientific meeting in the field. The Society conducts active educational program and maintains several websites including Obesity OnLine which contains several powerpoint presentations on various aspects of obesity and can be used for CME credit. The Society also provides grants to promising new investigators in the field.

The Society's support principally comes through membership, its journal, annual meeting and educational activities. Corporate sponsors provide additional support. The Society also works with many health care professional and patient organizations and other elements in the health care industry on an individual basis and in broad coalitions.

The Society publishes the leading peer-reviewed journal, *Obesity*, and conducts the largest, most comprehensive scientific conference on obesity. The Society has a program to make awards to promising young researchers, to develop more ability at community health centers to deal with childhood obesity, and is in process of establishing a process to credential physicians with expertise in the treatment of obesity. For more information, see www.obesity.org.

The George Washington School of Public Health and Health Services was established in July 1997, bringing together three longstanding university programs in the Schools of Medicine, Business and Education. Today, more than 900 students from nearly every U.S. state and more than 35 nations pursue undergraduate, graduate and doctoral-level degrees in public health. The George Washington University Medical Center is an internationally-recognized interdisciplinary academic health center that has consistently provided high-quality medical care in the Washington, D.C. metropolitan area for 176 years. The *Strategies to Overcome and Prevent (STOP) Obesity Alliance* is a collaboration of consumer, provider, business, labor, health insurance and quality organizations united to drive innovative and practical strategies that combat obesity. It is based out of The GW School of Public Health and Health Services and led by Associate Professor Christine Ferguson, JD. The Alliance's goal is to help reverse America's rising trend in obesity and related conditions such as diabetes, heart disease, and certain cancers by:

- Identifying and breaking down cultural and systemic biases around obesity;
- Re-defining success as sustained weight loss based on health rather than only by societal norms;
- Highlighting research-based initiatives and technologies to improve prevention and care; and
- Identifying, recommending and promoting innovations in community, employer, and health care delivery and financing systems.

Alliance members include the American Academy of Pediatrics, American Diabetes Association, American Heart Association, America's Health Insurance Plans, American Medical Group Association, Disease Management Association of America, National Business Group on Health, National Committee for Quality Assurance, National Quality Forum, The Obesity Society and the Service Employees International Union. The Alliance is sponsored by sanofi-aventis U.S. LLC, a world leader in the pharmaceutical industry with a commitment to improving public health and a heritage in therapeutic areas including cardiovascular and metabolic diseases

University of Colorado: The Center for Human Nutrition at the University of Colorado Denver (UCD) is one of the world's leading academic centers studying the problem of obesity, with over 50 scientists who conduct research relevant to obesity. UCD researchers study the biological, behavioral and environmental factors that contribute to obesity, the metabolic consequences of obesity, and prevention/treatment strategies. UCD is developing a new program in health & wellness with the intent of making lifestyle modification for the prevention and management of chronic disease a key part of our academic medical center.

The University of Minnesota is home to the Obesity Consortium of Minnesota. The Consortium was established to facilitate multidisciplinary collaboration in obesity research, education and outreach efforts. It includes the Obesity Prevention Center, the Minnesota Obesity Center and the Transdisciplinary Research on Energetics and Cancer which explores the link between obesity and cancer. For more information, see www.obesity.umn.edu.

The Mayo Clinic is nationally and internationally recognized for excellence in health care delivery. Mayo has strong clinical and research programs related to obesity and obesity treatment. Mayo researchers study the fundamental biology of obesity as well as how different clinical interventions affect weight and health. Mayo has also initiated "Action on Obesity", a workplace/community effort to reduce the environmental and social contributors to the epidemic of obesity. Mayo's strong collaboration with partners at the University of Minnesota has enhance the success of both institutions as they work to understand, treat and prevent obesity and related diseases.

About the Participants

Caroline Apovian, MD, is Secretary/Treasurer of The Obesity Society and Associate Professor of Medicine and Pediatrics, Section of Endocrinology, Diabetes, and Nutrition at Boston University School of Medicine and Director of the Center for Nutrition and Weight Management at Boston Medical Center.

Melody Barnes is the Senior Domestic Policy Advisor to the Obama for America campaign where she helps coordinate the domestic policy process. Prior to joining the campaign, Ms. Barnes was the Executive Vice President for Policy at the Center for American Progress where she coordinated and helped to integrate all of the Center's policy work, from the policy departments, fellows, and the Center's network of outside policy experts. From December 1995 until March 2003, Ms. Barnes served as chief counsel to Senator Edward M. Kennedy on the Senate Judiciary Committee. As Senator Kennedy's chief counsel, she shaped civil rights, women's health and reproductive rights, commercial law, and religious liberties laws, as well as executive branch and judicial appointments. Ms. Barnes' experience also includes an appointment as Director of Legislative Affairs for the U. S. Equal Employment Opportunity Commission and serving as assistant counsel to the U.S. House of Representatives Judiciary Subcommittee on Civil and Constitutional Rights. Ms. Barnes began her career as an attorney with Shearman & Sterling in New York City and is a member of both the New York State Bar Association and the District of Columbia Bar Association. She received her law degree from the University of Michigan and her bachelor's degree from the University of North Carolina at Chapel Hill where she graduated *with honors* in history.

Representative John Conyers, Jr., a Detroit Democrat, was re-elected to the 14th Congressional District in November 2006, to his 21st term in the U.S. House of Representatives. Having entered the House of Representatives in 1964, Mr. Conyers is the second most senior member in the House of Representatives. Congressman Conyers was elected by his congressional colleagues to lead, as Chairman, the pivotal House Committee on the Judiciary. Congressman Conyers is also one of the 13 founding members of the Congressional Black Caucus (CBC) and is considered the Dean of that group. For more than three decades, Congressman Conyers has led efforts in Congress to reform the health care system. He is the founder and chairman of the Congressional Universal Health Care Task Force, a 45 member caucus whose mission is to pass universal health care legislation. This legislation would guarantee every American access to affordable, comprehensive, quality health care.

Morgan Downey is Executive Vice President of The Obesity Society, assuming this position in September, 2006. Formerly, he was the Chief Executive Officer of the American Obesity Association (AOA), a position he held for nine years. For twenty-eight years he has specialized in the representation of health care clients before Congress and federal agencies and in the administration and management of non-profit organizations.

Robert Eckel, MD, was appointed Assistant Professor of Medicine at the University of Colorado School of Medicine in 1979 where he is now Professor of Medicine and holds the Charles A. Boettcher Endowed Chair in Atherosclerosis. Dr. Eckel also has joint appointments in the School of Pharmacy, the Department of Integrative Physiology at the University of Colorado at Boulder, and in the Department of Food Science and Human Nutrition at Colorado State University. In addition to a plethora of committees and related responsibilities at UCDHSC in Denver and Aurora, Dr. Eckel's research has led to his involvement and presidency in a number of national organizations, including the Western Society for Clinical Investigation, the North American Association for the Study of Obesity, the Association for Patient Oriented Research, and the American Heart Association. Presently Dr. Eckel's research involves modification of the genes of animals to produce lower blood lipids and leanness. His research in children and adults is directed at the identification of genetic and environmental factors including nutrition that predict obesity, lipid disorders, and the metabolic syndrome. Dr. Eckel received both his Bachelor of Sciences in Bacteriology (1969) and Medical Doctorate (1973) from the University of Cincinnati. He did his Housestaff training in Internal Medicine at the University of Wisconsin Hospitals (1974-1976) and from there traveled to Seattle for a senior fellowship in Endocrinology and Metabolism. Dr. Eckel is married and has 5 grown children.

Eric Finkelstein, PhD, is a health economist in RTI's Public Health Economics Program. Prior to joining RTI, he was an Agency for Health Care Policy and Research fellow and research scientist with the University of Washington's Department of Family Medicine. At RTI, Dr. Finkelstein focuses on the economic causes and consequences of health behaviors, with a primary emphasis on behaviors related to obesity. He has published several peer-reviewed papers on this subject. One paper, "National Medical Expenditures Attributable to Overweight and Obesity," appeared in *Health Affairs* and garnered national media attention. A follow-on paper, published in *Obesity Research*, quantifies the costs of obesity at the state level. Currently, Dr. Finkelstein is co-principal investigator and associate director for the RTI/UNC Center of Excellence in Health Promotion Economics. He leads several projects concerning the causes and consequences of obesity and evaluates several obesity prevention programs for the Centers for Disease Control and Prevention and other agencies.

Gary Foster, PhD, is President of the Obesity Society and the Director of the Center for Obesity Research and Education and Professor of Medicine and Public Health at Temple University. Dr. Foster, who has a background in clinical psychology, has authored or coauthored more than 100 scientific publications, the co-editor of two books: *Obesity, Growth and Development*, 2001; and *Managing Obesity: A Clinical Guide*, 2004; and the author of the obesity section of *Encarta*. Dr. Foster's research interests include the behavioral and metabolic aspects of obesity. He studies a variety of treatment approaches including behavior therapy, pharmacotherapy, and surgery. His currently funded NIH research studies include the effects of weight loss on sleep apnea, the safety and efficacy of low- and high-carbohydrate diets, and the prevention of obesity and diabetes in school settings.

James O. Hill, Ph.D. is Past President of The Obesity Society and Professor of Pediatrics and Medicine and Director of the Center for Human Nutrition at the University of Colorado at Denver. He holds a Ph.D. from the University of New Hampshire in Physiological Psychology. He is President of the America Society for Nutrition. He served as Chair of the first World Health Organization Consultation on Obesity in 1997 and was a member of the Expert Panel on Obesity of the National Institutes of Health that developed first U.S guidelines for the treatment and prevention of obesity. Dr. Hill has published more than 350 scientific articles and book chapters in the area of obesity. Many of these focus specifically on the importance of physical activity in weight management. He is the recipients of the 2007 TOPS award from The Obesity Society. He has received the Centrum Center and McCollum awards from the American Society for Nutrition. Dr. Hill is a cofounder of the National Weight Control Registry, which track people who have succeeded at long-term weight loss. He is co-founder of America on the Move, a national weight gain prevention initiative that aims to inspire Americans to make small changes in diet and physical activity.

Michael D. Jensen, M.D. holds the Tyson Family Endocrinology endowed clinical professorship in honor of Vahab Fatourehchi, M.D. at the Mayo College of Medicine, Rochester, MN and Past President of The Obesity Society. He is the Chair of research for the Division of Endocrinology and Nutrition and the Director of the Obesity Treatment Clinic at Mayo Clinic. His clinical interests are primarily focused on obesity and diabetes. He serves on NIH, Mayo and foundation scientific review panels and has contributed to professional associations both by committee work and in elected office. Dr. Jensen has published more than 160 original research articles, together with over 50 invited papers and book chapters.

Karen Kornbluh is on leave from her position as Senate Policy Director for Barack Obama to serve as Principal Author of the 2008 Democratic Party Platform. She was Senator Obama's policy director for three years before that. Previously, she founded and directed the New America Foundation's Work and Family Program writing articles on social policies to help families in a global economy for publications including the NY Times, the Washington Post, the Atlantic Monthly. In the Clinton Administration, she served as Deputy Chief of Staff at the U.S. Treasury Department and as Director of Legislative and Intergovernmental Affairs at the Federal Communications Commission. She began her career as a management consultant.

Dr. Charles Billington directs Obesity Programs at the Minneapolis VA Medical Center and the University of Minnesota. He is the Associate Director of the Minnesota Obesity Center and is a Professor in the Department of Medicine at the University of Minnesota and Minneapolis VA Medical Center. He has served as President of the Obesity Society and as a member of the NIH Task Force on Prevention and Treatment of Obesity. Dr. Billington has authored over 120 research publications, and more than 30 book chapters, editorials and reviews in the area of nutrition, obesity, and diabetes.

Jim Rex became South Carolina's 16th State Superintendent of Education on January 10, 2007, and immediately went to work on his agenda to accelerate innovation in the schools; reform accountability to ensure success; expand public school choices for parents and students; promote fair and equitable school funding; and elevate and reinvigorate the teaching profession. Jim Rex is a former high school English teacher, football coach, and higher education leader. He served as Dean of Education at Winthrop University, as well as Coastal Carolina University. He is the former President of Columbia College, and a former Vice President for Development and Alumni Relations and Vice President of University Advancement at the University of South Carolina. As a former football coach, Rex has been intensely engaged on the issue of childhood obesity and has made improved nutrition and fitness in South Carolina schools an important goal during his tenure.

Sally Squires has been a medical and health Staff Writer and Nationally Syndicated Columnist for The Washington Post for the past 24 years. She is the creator of the Lean Plate Club™, a multimedia feature about nutrition and physical activity. She launched this weekly column and web chat seven years ago, growing it to six million readers. At the end of May 2008, Sally retired from The Washington Post. She has accepted the position of Senior Vice President at Powell Tate/Weber Shandwick, one of the world's leading strategic communications and public affairs companies, where she is Director of Health and Wellness communications. Like everyone else, she works at "eating smart and moving more," one meal at a time. She loves discussing food, fitness, and hearing inspiring stories from those who have added healthy habits to their lives to reach a healthier weight. All opinions expressed here are strictly her own, but are based on the latest scientific findings and Sally's continuing discussions and interviews with leading researchers throughout the world.

Lesley Stahl has been a *60 Minutes* correspondent since March 1991. The 2005-2006 season marks her 15th on the broadcast. Prior to joining *60 Minutes*, Stahl served as CBS News White House correspondent during the Carter and Reagan presidencies and part of the term of George H.W. Bush. Her reports appeared frequently on the *CBS Evening News*, first with Walter Cronkite, then with Dan Rather, and on other CBS News broadcasts. During much of that time, Stahl also served as moderator of *Face The Nation*, CBS News' Sunday public affairs broadcast (September 1983-May 1991). From October 1990 to March 1991, Stahl supplemented her work at the White House and *Face The Nation* by joining Charles Kuralt as co-anchor of *America Tonight*, a daily CBS News late-night broadcast of interviews and essays. She has won many Emmy Awards for her interviews on *Face The Nation* and her *60 Minutes* reporting, including a Lifetime Achievement Emmy given in September 2003. Stahl graduated cum laude in 1963 from Wheaton College, where she serves on the board of trustees. She and her husband, author Aaron Latham, live in New York. They have a daughter, Taylor..

Talking about Obesity

Obesity and overweight are one of those topics which everyone talks about but about which everyone is sensitive. In many conversations about obesity, the following comments may be heard:

- "It is easy to lose weight; keeping it off is the problem;"
- "Diets don't work;"
- "People can lose weight if they want to;"
- "The key is getting enough exercise;"
- "Obesity is really a problem of poverty;"
- "Obesity is really a problem of minority groups;"
- "Obesity is really a problem of too much fast (junk) food;"
- "Obesity is really a psychological problem;"
- "Obesity is not related to genes; our gene pool can't change as fast as the rates of obesity."
- "Obesity is an American problem the rest of the world doesn't have."
- "I want to prevent obesity; I don't want to treat it."
- "Research on obesity is not important; we know what we have to do;"
- "We shouldn't make it too easy for people to lose weight;"

For the most part, these comments are at best only partially accurate. Research has come down on both sides in many instances. This reflects a quandary for policy makers: Many in the public (even if they are struggling

with their own weight) believe it should be an easy problem to solve whereas most scientists and medial authorities recognize obesity as a disorder (or disease) of great complexity and not amenable to simple solutions.

"Obesity" has been used as a synonym for laziness, lack of self-discipline and other negative characteristics. This view is rejected by most researchers, clinicians and health policy experts but is still present in the public mind.

Others see obesity as a result of reckless advertising by the food industry, an unavoidable outcome of the Western lifestyle or, perhaps, as a permanent alteration in the human genome.

By definition, obesity is excess adipose or fat tissue. Obesity is not defined as a behavior, like smoking or excess drinking, although it is often talked of in that way. "Eating" or "physical activity" are behaviors.

Obesity and overweight have specific definitions based on Body Mass Index (BMI) which is widely adopted by the international scientific community. The BMI is regarded as a valuable tool, especially in population studies, because it is easy to administer (just height and weight) and is a reliable indicator of the health risks associated with overweight/obesity. However, the BMI is of less utility for individuals to determine their own health risks.

According to the BMI, "overweight" is a closed set of scores (from 25 to 29.9), however, conversationally, "overweight" is sometimes used to refer to everyone who is overweight (i.e. from a BMI of 25 to infinity) rather than as a closed set. This sometimes confuses the issues. Compounding this is a decision reached some years ago by the Centers for Disease Control and Prevention not to use the term "obesity" for children but only "overweight and at risk for overweight." This has caused problems as well. It appears CDC may be changing this policy. See <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>

Obesity Facts

- “The prevalence of obesity increased from 13% to 32% from 1960 to 2004. Most adults in the United States will be overweight or obese by 2030 and related health care spending will be as much as \$956.9 billion accounting for 1 out of 6 health care dollars in direct expenses according to researchers from the Johns Hopkins Bloomberg School of Medicine and the Agency for Health Care Research and Quality. (Obesity, July, 2008)
- “16% of children and adolescents are overweight (the highest weight category) and 34% are at risk of becoming overweight.
- “The 10 states with the most prescription drug sales are also among the states with the highest rates of obesity: West Virginia, Missouri, Tennessee, Alabama, Kentucky, Louisiana, Georgia, South Carolina, Mississippi and Arkansas. The most prevalent medications are used to treat conditions associated with obesity: anti-hypertensives, anti-hyperlipidemics, and anti-diabetics among others. (Forbes, Ten Most Medicated States, July 23, 2008, online.)
- “According to an analysis in the New York Times, a growing number of American children are taking drugs for a wide range of chronic conditions related to childhood obesity. The analysis showed that “hundreds of thousands of children are taking medication to treat Type 2 diabetes, high blood pressure, high cholesterol and acid reflux – all problems linked to obesity that were practically unheard-of in children two decades ago.” Often these drugs have not been tested in children. Many children may be on such drugs for their lifetime. (“Weight Drives the Young to Adult Pills, Data Says” S. Saul. July 26, 2008.
- “The military is also feeling the effects of rising rates of obesity. According to retired four-star Army General Jack Keane (former Vice Chief of Staff, U.S. Army, “We’re (Army recruitment) challenged by the serious obesity that some people have, and then, in some cases, it’s a medical disqualification.” (“Film Details Frustration of Army Recruiters,” NPR, July 27, 2008, Weekend Edition Sunday.)
- “Obesity is a global problem. It is not unique to the United States, although, because we have a large population with a large rate of obesity, we have a significant problem. However, countries all over the world which are adopting a Western lifestyle are seeing increased rates of obesity. See <http://www.iotf.org/database/index.asp>
- “Increases in morbid or severe obesity (approximately 100 pounds over normal weight) have been greater than for overweight or obesity. This population, while about 5%, of the US population, is actually quite significant being roughly equal to the population of Illinois or Virginia (about 12 million.)
- “Scientists are increasingly impressed with how accurately our bodies naturally manage their weight. Consuming 2,000 calories a day equates to 730,000 calories per year. A change of just 10% would result in a gain or loss of 20 pounds just in a year. Consuming just 1% additional calories would result in a 2 pound per year increase or 20 pounds in a decade. It appears from epidemiological studies that, in

fact, adults do consume about 10 calories a day more than needed to maintain body weight. If this trend continues unabated, 40% of adult men and 45% of adult women will be obese by 2015. The paradox of obesity is that this small imbalance in energy, which translates to about 2-3 minutes walking a day, is so difficult for so many to keep their weight stable or to lose weight.

Public Opinion

It has only been recently that pollsters have begun to ask about the obesity epidemic. In 2006, a poll commissioned by Research! America and the Endocrine Society reported that:

- 52% of respondents described obesity as a public health issue that society needs to help solve;
- 84% felt it is important for the US government to invest in public health and prevention programs to reduce obesity;
- 81% felt it is important for the US government to invest in research to help reduce obesity;
- Obesity ranked fourth (80%) as the most important health issue, behind cancer (93%), heart disease (90%) and diabetes (81%)
- Obesity/overweight was regarded as the most important health issue facing US children (27%) compared to lack of health care insurance (16%), nutrition (9%), diabetes (4%) and cancer (3%). See: <http://www.researchamerica.org/polldata/>

Obesity ranked fourth as the health condition/disease that posed the greatest threat to the American public in an analysis by Blendon RJ, Hunt K, Benson JM et al, Understanding the American Public’s Health Priorities: A 2006 Perspective, Health Affairs 25 (2006) w508-w515, published online 17 October 2006.

In June, 2007, the National Consumers Union reported a survey on weight and obesity carried out by Harris Interactive. See http://www.nclnet.org/news/2007/obesity_survey_06192007.htm

The report found:

- Many adults do not accurately assess their weight and persons with obesity tend to underestimate their weight;
- A majority of obese adults are concerned about their health;
- Relatively few adults who are obese have been told by a health care provider that they are obese, even fewer know their BMI;
- Only 1/3 of adults are happy with their weight and over half think about their weight often;
- About half of adults are extremely motivated to lose weight and believe willpower is all someone needs to lose weight;

- 2 in 5 adults are currently trying to lose weight, more so for individuals who are overweight or obese. Typical adult who has ever tried to lose weight has made two attempts in the past two years;
- The main reasons for losing weight were health, the influence of others and personal comfort;
- About half of adults, especially obese adults, believe obesity is a disease that requires medical treatment;
- The majority of adults think obesity is a serious chronic disease that is treatable with the right medical attention but far fewer are confident that there will be a medical cure for obesity sometime soon;
- 75% of adults are concerned about childhood obesity and believe obesity is putting a strain on the healthcare system. About one-third think people who are obese should pay more for their health insurance;
- Many adults recognize societal stigma around obesity;
- Many adults have made a rude joke or comment about weight, stared at someone because of their weight or have avoided sitting next to someone because of their weight;
- More than 1 in 10 adults (much more so for persons with severe or morbid obesity) have felt discriminated against in the workplace because of their weight.

In a review of trends in public opinion polling, researcher Costas Panagopoulos found the following:

- The number of respondents who felt obesity/poor nutrition/lack of exercise was the most important health problem in America gradually increased from 10% to 16% in the period of May 2003 to June 2004.
- Data collected by the Gallup Organization showed a similar increase.
- Survey data from Princeton Survey Research Associates indicate that the proportion of respondents who felt that lack of good nutrition and obesity are the most urgent health problem facing the world increased more than threefold from 4% to 13% between July 2002 and March 2004.
- Nearly all Americans found obesity to be at least a ‘somewhat serious’ public health problem in both 2004 and 2005.
- Between 93% and 96% of adults believe childhood obesity is a very or somewhat serious problem.
- In 2003 and 2005, most Americans opposed taxes on junk food to reduce obesity. However, opposition appears to be dwindling. Support for such taxes has increased from 27% to 41%. See, Panagopoulos, C, Trends: Obesity, Public Opinion Quarterly, Summer 2006; 70:2:249-268.

Public Policy and Obesity

Ten years ago little thought was given to what should be public policy on obesity. Since then, a number of concrete steps have been taken and many others proposed.

A. Important milestones in the evolution of obesity in public policy

1999: Social Security Administration in 1999 reversed a decision to exclude obesity as a qualifying disease eligible for disability determination, recognizing obesity as a disease.

2000: “Health People 2010” published by the Department of Health and Human Services which took new steps in identifying the importance of the increasing rates of obesity among children.

2001: The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity.

2002: The Internal Revenue Service recognized obesity as a disease whose treatment expenses are eligible for the medical deduction on individual tax returns and for employee health savings plans.

2003: The Centers for Medicare and Medicaid Services (CMS) deleted language from their policy manual stating that “obesity is not a disease.” This was the justification for Medicare not paying for obesity treatments.

2005: Following a favorable evaluation by the Medicare Coverage Advisory Committee, Medicare expanded coverage of bariatric surgery in February 2005.

B. Overview

An U.S. Medicine Institute for Health Studies recently conducted a roundtable discussion on obesity in federal programs and policies. Among its recommendations were (a) recognizing obesity as a disease that is eligible for reimbursement under Medicare, (b) funding long-term research to tease out biomarkers for obesity, and (c) elevating obesity’s visibility in discussions of health policy. See: <http://www.usminstitute.org/roundtables.html>.

The National Campaign to End Obesity as issued an agenda for the incoming Congress at www.obesitycampaign.org.

C. Approaches to obesity and public policy

The basic strategies the federal government has in dealing with public health problems involves the following areas: Research, Education, Prevention, Treatment, Consumer Protection, Regulation, Taxation, and Discrimination. In all of these areas, there are significant weakness in the federal approach to obesity.

Research

Research efforts at the National Institutes of Health on obesity have increased over the last ten years from about \$99 million in 1997 to an anticipated \$590 million in 2007. However, this is still a small fraction of the total NIH budget, approximately 2% NIH budget of \$29 billion. It should be noted that this amount is far smaller than the NIH research funding for other, comparable diseases. For example, diabetes spending is

approximately \$1 billion, heart disease nearly \$2.5 billion, HIV/AIDS, \$2.9 billion. In fact, the total spending on obesity research is just slightly more than is spent on vaccine research for HIV/AIDS.

Proposals to change this research picture include both increase funding for NIH as a whole and obesity research in particular and the creation of a National Institute of Obesity Research at NIH to attract more attention by researchers to obesity and concentrate resources now expended across several institutes and centers.

Education

Much of the federal activity on obesity has centered on encouraging the public to engage in a healthier lifestyle, including improvements in nutrition and physical activity.

However, gaps remain. For example, the calorie information on the nutrition label is subject to easy manipulation. The FDA has started to look at several issues including making calories more prominent on the food label, having single serving foods have total calorie information and encouraging voluntary calorie labeling in restaurants. See: <http://www.cfsan.fda.gov/~dms/owg-toc.html#action>

Prevention

Prevention of obesity is uniformly regarded as a high public health goal, in part, because obesity is so difficult to treat after it is established. In recent years, a great deal of effort at the state and local level has gone into obesity prevention. For the most part, these efforts have focused on children and less so on adolescents, adults and the elderly, even though weight gain continues for many people across a lifespan.

A recent Institute of Medicine report (See <http://www.iom.edu/?id=37007>) noted that for the most part, there was little evaluation of programs to prevent obesity in children. This is an extremely important recommendation because most of the prospective trials of prevention strategies in children and adolescents have not been successful. An exception is a recent study of broad community based efforts in Somerville, MA. See http://www.eurekalert.org/pub_releases/2007-05/tu-h-coi051007.php

For additional information on childhood obesity prevention see <http://www.shapingamericasyouth.com/Default.aspx>

Treatment

Treatment of obesity is one of the most challenging public health requirements. In spite of volumes of diets, websites, and plans, effectively treating obesity remains a challenge for most Americans. Federal support for improved treatments is sorely missing.

- The Medicare Part D drug benefit excludes FDA approved prescription drugs for treating obesity and a recent proposed regulation from CMS would close the door on weight loss drugs used to treat hypertension, diabetes or other conditions caused by obesity.
- Medicare, as noted above, does cover surgery for beneficiaries with morbid or severe obesity at specified centers of excellence. In addition to not covering prescription drugs to treat obesity, Medicare does not cover physician or dietician counseling for obesity.
- The Food and Drug Administration has guidances for the pharmaceutical industry which have not been updated or finalized since 1996.

- Other federal health care programs, such as the Indian Health Service and the Veterans Affairs Administration programs have little coverage of obesity treatments or may have pilot programs. See <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1120> on VA program.
- Coverage in the private sector is equally poor with modest levels of reimbursement for surgery and very little for FDA approved drugs or counseling.

Consumer Protection

Many consumers are so eager to lose weight that they pursue spurious products and services, everything from books to devices to supplements that have no determination of their safety and effectiveness. Two federal agencies are responsible for policing this area. They are the Federal Trade Commission and the Food and Drug Administration. Both have had active programs of enforcement, although there are an enormous number of potential cases on the scene.

Information on FDA efforts, including activities with Mexico and Canada are available at <http://www.fda.gov/bbs/topics/NEWS/2005/MUCHfactsheet.html>

FTC activities include the Partnership for Healthy Weight Management, see <http://www.ftc.gov/bcp/workshops/weightloss/> and <http://www.consumer.gov/weightloss/>

Regulation

Another approach is to have the Federal Trade Commission regulate the marketing efforts directed to children. In August, 2007, the Federal Trade Commission issued subpoenas to 44 food and beverage companies for information on advertising of food and drinks to children, pursuant to legislative directive.

Over the past few year, there has been discussion of making the food industry the next “Big Tobacco” and instituting litigation to compel greater disclosure of calories or to limit aggressive marketing. In response, 24 states have passed laws which limit the liability of restaurants, manufacturers and advertisers for contributing to unhealthy weight and related health problems. Comparable national legislation has not passed Congress.

Taxation

Other proposals involve some form of taxation. One is to tax “unhealthy” food

and use the revenue to promoted better nutrition and anti-obesity programs.

Opposition to this approach appears to be weakening. See Public Opinion section, above. Currently, 17 states and the District of Columbia tax foods of low nutritional value.

Another approach is for employers to assess an extra payment for health insurance from employees who are overweight. This issue was brought to the fore this summer when an Indiana company, Clarian Health, imposed additional costs on employees with specific health conditions. The problem with Clarian’s approach was that everyone who had a BMI above normal would be assessed \$10 per month in additional health insurance payments even though this objective is basically unachievable for all but a minority of persons.

Assessing a differential in health insurance premiums may run afoul of public opinion. One survey has asked respondents whether they believed that everyone should pay the same regardless of health status or that less healthy and older people should pay more. 87% of respondents believed health insurance premiums should not vary with health status. Differences were essentially the same across age, race, gender, income or education. Asked specifically whether people should pay more if they smoked, were obese or had heart disease or cancer, 60% believed persons who smoked should pay more; 29% believed persons with obesity should pay more and only 12% for patients with cancer or heart disease. This probably reflects how much people believable personal behavior is involved. Berk ML, Gaylin DS, Schur CL, Exploring the Public’s Views on the Health Care System: A National Survey on the Issues and Options. Health Affairs 25 (2006) w596-w606.

The portion of adults believing persons with obesity should pay more for health insurance is very comparable to respondents to a similar question in the National Consumers League/Harris Interactive survey referenced above.

Discrimination and Stigma

Stigmatization and discrimination against persons with obesity are common. Of special concern, are discriminatory practices in education, employment and health care. Few if any legal protections exist to protect overweight or obese persons, even persons with morbid or severe obesity. Federal protections in the form of Equal Employment Opportunity Commission protections or rights under the Americans with Disabilities Act are missing.

Resources

There are numerous resources on obesity on the web. These are just a few:

- **The Obesity Society:** www.obesity.org
- **Obesity, The Research Journal:** www.npg.obesity.com
- **Obesity, Fact or Fiction:** <http://www.nature.com/oby/factorfiction/index.html>
- **Obesity OnLine:** <http://www.obesityonline.org/>
- **The 2001 Surgeon General’s report on obesity:** www.surgeongeneral.gov/topics/obesity/
- **The National Institute on Diabetes, Digestive and Kidney Diseases:** www.niddk.nih.gov
- **The Centers for Disease Control:** <http://www.cdc.gov/nccdphp/dnpa/obesity/>
- **The National Heart Lung Blood Institute:** www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm
- **The Food and Drug Administration:** <http://www.fda.gov/loseweight/>
- **Trust for America’s Health:** <http://healthyamericans.org/reports/obesity2007/>
- **Department of Agriculture:** <http://fnic.nal.usda.gov/> <http://www.mypyramid.gov/>
- **National Institutes of Health:** <http://obesityresearch.nih.gov/index.htm>
- **NIH/NCI: Research Tested Intervention Programs:** <http://rtips.cancer.gov/>
- **Agency for Healthcare Quality and Research:** <http://www.qualitytools.ahrq.gov/search/SearchResultsTools.aspx?Type=3&txtSearch=obesity&num=20>
- **Report on State Action to Promote Nutrition, Increase in Physical Activity and Prevent Obesity:** <http://www.rwjf.org/pdf/Balance12202007.pdf>
- **Rudd Center for Food Policy & Obesity, Yale University, Weight Bias: The Need for Public Policy:** <http://www.yaleruddcenter.org>



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