

TESTIMONY OF
THE NORTH AMERICAN ASSOCIATION FOR THE STUDY OF OBESITY (NAASO)
BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON HUMAN RIGHTS AND WELLNESS

Presented by:

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Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to testify on behalf of NAASO, the North American Association for the Study of Obesity. NAASO's members include 1800 scientists, practitioners, and educators who are dedicated to improving the prevention and treatment of obesity and the lives of those affected by this condition. I am Tom Wadden, Vice-President of NAASO and Professor of Psychology at the University of Pennsylvania School of Medicine in Philadelphia.

Introduction

The United States is experiencing an epidemic of obesity. Thirty-four percent of adults are overweight and an additional 30% are obese. Thus, 2 of every 3 Americans have an unhealthy body weight. Obesity contributes to over 300,000 deaths per year, principally through its association with cardiovascular disease, type 2 diabetes, and several cancers. Obesity currently is the second leading cause of preventable death and will soon surpass cigarette smoking, the leading cause. Health economists estimate that obesity costs our nation approximately \$100 billion a year. And these figures say nothing about the personal suffering of those affected by obesity.

What can we do about this public health crisis that threatens the lives and well-being of our citizens? NAASO proposes three recommendations:

First, increase the availability of treatment for people who already are obese.

Second, substantially strengthen efforts to prevent the development of obesity, particularly in children.

Third, double NIH funding for obesity research, designed to understand the multiple causes of this condition and to identify the most effective methods of preventing and treating it.

I will briefly discuss each of these recommendations.

Increasing the Availability of Treatment

In 2002, a landmark study supported by the NIH showed that a 7% reduction in initial body weight, combined with 150 minutes of physical activity per week, reduced the odds of developing type 2 diabetes by more than 50% in overweight individuals who were at risk of this illness. To meet their treatment goals, study participants received frequent, individual counseling from dietitians and other health professionals. Remarkably, such treatment, though clearly effective, is not covered by most insurance plans today. Obese individuals who seek assistance with weight reduction typically must pay out of pocket. Ironically, insurance companies pay to treat the complications of obesity -- including high blood pressure, type 2 diabetes, and heart disease -- but do not cover obesity itself. These serious medical problems could be prevented, or at least better controlled, if patients could obtain help from their doctor and other health professional in managing their weight.

NAASO believes that the treatment of obesity should be reimbursed when provided by appropriately trained health professionals. NAASO has met this morning with officials from the Centers for Medicare and Medicaid Services. We strongly encourage CMS, in collaboration with private insurers, to develop guidelines for covering weight management services, including diet and exercise counseling, medications, and surgical interventions. NAASO would be pleased to assist CMS in reviewing the scientific evidence to identify: 1) which obese individuals are most in need of treatment; 2) which weight loss interventions are most effective; and 3) which health professionals are best prepared to provide treatment. We also urge Congress to assist universities, as well as state departments of health, in increasing the number of professionals who are prepared to provide weight management services.

Preventing the Development of Obesity

While we must treat obesity to prevent the development of health complications, our greater need is to prevent the development of obesity itself. America's children are of paramount concern. More than 15% of youth are now considered overweight and an additional 15% are at high risk of becoming overweight. (Note the term obesity is not used to describe overweight children for fear of stigmatizing them.) The prevalence of overweight in youth has doubled over the past 20 years and has been accompanied by an explosion of type 2 diabetes in pediatric clinics. If action is not taken now, our children face a grave future that will make the current epidemic in adults seem mild by comparison.

NAASO urges Congress to provide greater support for obesity prevention programs that are being developed by various government agencies. The Centers for Disease Control and Prevention, for example, are playing a crucial role in this area through their Division of Nutrition and Physical Activity (DNPA) which administers the State-Based Nutrition and Physical Activity Program. This program promotes states' efforts to prevent obesity through innovative nutrition and activity interventions. Only 28 states, however, are currently supported by CDC and, of these, only 5 are funded at an adequate level (i.e., the basic implementation level). The United States needs this program in all 50 states, funded at adequate levels. NAASO urges Congress to strengthen support for this and other CDC initiatives, including its Division of Adolescent and School Health (DASH) and its VERB multi-media campaign to increase physical activity in 9 to 13 year olds.

But the CDC cannot tackle this problem alone. NAASO encourages Congress to make additional grants available to states to support health promotion programs in schools, pediatric practices, community centers, and families. Several prevention programs, such as that in Arkansas, have arisen from grass roots efforts. Obesity prevention programs similarly are needed for adults during periods of high risk for weight gain (e.g., post-pregnancy or smoking cessation). Obesity prevention efforts must be explored in the home, the work place, places of worship, and other community settings.

Doubling the NIH Budget for Obesity Research

The solution to our nation's epidemic of obesity seems so simple -- people need to eat less and exercise more. And yet the solution could not be more complex because so many factors affect our daily eating and activity habits. Children, for example, see 10,000 food-related commercials on TV each year. Most are for sweet or fatty foods. How do these ads influence children's eating habits and body weight -- at the age of 2 or

later at 6 or 16 years of age? How do TV and video games affect children's daily physical activity? How does the design of a neighborhood, including the need to drive to schools and shopping centers, influence the weight and well being of both children and adults? Have sugared sodas and super-sized portions of tasty foods increased our nation's waistline or has the decrease in physical activity alone been the culprit? These are only a few of the dozens of questions for which researchers have only limited answers. Answers to such questions are urgently needed in order to develop the most effective programs for the prevention and treatment of obesity. We cannot expect children or adults to make better food and activity choices until we create environments at home, at school, and at work that support better choices.

This past August the National Institutes of Health published its Strategic Plan for OBESITY RESEARCH. This extensive document identifies short- and long-term research goals to improve the prevention and treatment of obesity and to advance understanding of the multiple causes of this condition. Ground-breaking research in genetics and neuro-endocrinology is helping to identify basic biological mechanisms that control eating, energy expenditure and body weight. This research ultimately will reveal why some individuals appear to grow obese while eating modestly while others remain lean while eating virtually anything they want. Such work will improve the treatment (and prevention) of obesity. The Strategic Plan also seeks to further understanding of how obesity contributes to various illnesses so that we can prevent or better treat these complications.

NAASO urges Congress to double NIH's funding for obesity research. The NIH has outlined a comprehensive program of research to address the obesity epidemic but it will only succeed if sufficient resources are provided, as have been provided in the fights against cancer and heart disease. Funds invested in obesity research will yield multiple benefits. As we reduce the number of Americans who are overweight and obese, we will dramatically reduce its many health complications including type 2 diabetes, heart disease, and cancer. And, as important, we will reduce the personal suffering of the millions of Americans affected by obesity.

Summary

In summary, NAASO urges Congress to:

- ❑ Instruct the Centers for Medicare and Medicaid Services to establish criteria for the provision and reimbursement of behavioral, medical, and surgical treatments for obesity that have proven to be effective.
- ❑ Increase funding for CDC- and state-based programs designed to prevent the development of obesity, particularly in children.
- ❑ Double NIH spending for the number two health problem in America - including increased funding for:
 - Research that will increase our understanding of the basic biology of eating, energy expenditure and weight regulation,
 - Studies that assess how behavioral, cultural, economic, and environmental factors contribute to obesity and can be modified to ameliorate or prevent this condition, particularly in children

- Research to enhance the development of successful weight control strategies that can be delivered in primary care, school, workplace or community settings.

Thank you for the opportunity to testify, Mr. Chairman. I am available to answer any questions.