



POSITION STATEMENT

Obesity is epidemic in the US; currently 72 million Americans are overweight or obese. The consequences are enormous and include personal suffering through disease and disability, increased medical care and its attendant costs, and a substantial economic impact of lost wages. While personal responsibility and healthy lifestyle choices are part of the solution, willpower alone is not enough. There are larger forces at work. Environmental factors strongly influence our behavior and actions. In addition, genetic susceptibility plays a major role in why some people become obese and others do not in this obesigenic environment. We believe it will take a concerted nationwide effort and determined investment across a generation to reverse the alarming trends. We must invest in both basic and clinical research in the same way that we fought and are winning the war on cancer, education programs like those addressing the dangers of hypertension and high cholesterol, and campaigns to change behavior like those used to combat smoking. The Obesity Society supports action in these ten areas as a means to reverse the obesity epidemic:

1. **Fight a “war on obesity, not the obese.”** The consequences of obesity will not be reduced by further stigmatizing obese people. We must work to end discrimination and eliminate the negative social stigma that surrounds obesity.
2. **Change public perception and understanding of obesity from a ‘character flaw’ to a complex disease involving genes, behavior and environment.** While personal willpower and healthy lifestyle choices are part of the solution, a lack of willpower is not the cause and personal responsibility alone is not enough to solve the problem.
3. **Educate the public on the complex nature of obesity, its causes, and consequences.** We believe that a national debate on obesity, similar to past campaigns in smoking and cholesterol, will be necessary to move us ahead. The public also needs to understand the consequences of obesity including an increased risk of diabetes, cardiovascular disease, breast and colon cancer, orthopedic problems and other common medical disorders so that they can make informed decisions about their lifestyle and seek out evidenced based treatment.
4. **Increase access to professional treatment of obesity so that the more expensive and devastating consequences can be averted.** Reimburse professional care for obesity, including obesity drugs and obesity surgery, where appropriate, just like antihypertensives and cholesterol lowering medications. We believe the fact that these treatments are not widely covered is linked to the general bias that obesity is a problem of willpower, not a medical condition that needs scientifically grounded treatment.

5. **Incorporate nutrition education, lifestyle counseling, obesity diagnosis and obesity management into the curriculum of medical schools and other professional schools and create and designate a cadre of obesity specialists within relevant professions.** Implement new educational, credentialing and mentoring programs to train and designate clinicians with expertise in the evidence-based management of obesity so that the public can seek out quality medical care for obesity.
6. **Change the national policies that make the problem worse.** We need to revisit our national food policies, especially our farm policies that encourage the production of energy dense foods with low nutritional value.
7. **Focus on preventing weight gain in adulthood and excess weight gain in childhood.** Teach healthy behaviors and lifestyles early in life, encourage and provide healthy non-obesigenic school lunches. These should be part of a broad educational initiative that introduces healthy foods into the classroom and reinforces healthy food choices.
8. **Build environments that encourage healthier behaviors.** We need to build and rebuild our cities, work environments and schools to encourage healthy behaviors such as walking. These changes will need to occur through several avenues including regional and municipal planning, architectural processes and individual lifestyle choices. Given that most Americans spend a large portion of their days at workplaces argues for the inclusion of opportunities for a healthy active lifestyle at work.
9. **Fully understand the economic impact of obesity on medical expenditures and lost wages.** Obesity is expensive. Recent calculations put a dollar estimate on the obesity epidemic at \$140 billion a year in extra medical costs. Obese people spend on average \$1,500 a year more for medical care on average than a person of healthy weight. A broad understanding of the economics of obesity will allow market forces to act. For example, employers paying the increased medical costs associated with obesity may choose to implement work-based prevention programs or redesign workspaces to incorporate healthy food choices and increased opportunity for physical activity into the workplace.
10. **Support research at a level commensurate with the magnitude of the problem.** There is a large imbalance between the disease burden and the current level of research dollars as compared to other diseases. We believe that *a doubling of funding for obesity research* from federal agencies including the National Institutes of Health, the United States Department of Agriculture, and the Centers for Disease Control and Prevention will be needed. This is the research that will determine the genetic and environmental factors that make some susceptible to our unhealthy environment. The research effort should also develop novel treatments so that science, not myth and personal beliefs, can drive our policy forward.

Source: Article appeared in The Washington Times, Sunday, August 16, 2009

Authors: Robert F. Kushner, MD, Donna H. Ryan, MD, Steven R. Smith, MD