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10 Years of the STOP Obesity Alliance: Addressing Gaps in Obesity Care And Prevention

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Disclosures

Weight Watchers Scientific Advisory Board

JPB Foundation Poverty Advisory Board

**Consultant, RTI for Feeding Infants and
Toddlers Study**

Grant support for STOP from Novo Nordisk

**Consultant – National Academy of Medicine
Roundtable on Obesity Solutions**

**Robert Wood Johnson grant support to BPC for
the development of obesity competencies**

STOP Obesity Alliance: Purpose and Goal



- **Purpose:** Convene a diverse group to find ways to overcome and prevent obesity and weight-related health issues
- **Goal:** To identify and reduce systemic and cultural barriers that fail to support individual successes
 - Research that identifies cultural and systemic biases
 - Research treatment and prevention initiatives
 - Promote needed systems changes

Stakeholders Working Together to Advance Weight-Related Issues

George Washington University serves as Academic Home

- **60** Associate Member organizations (chronic disease, consumer, minority health, women's & provider groups)
- **8** State-Level Members
- **5** Corporate Members
- **15** Alliance Steering Committee Members



Premise

The reduction of obesity will require a combination of effective clinical services for the treatment of obesity, and policy, systems, and environmental changes that prevent obesity and sustain weight loss to prevent relapse in patients who have lost weight

Outline

Gaps in knowledge and practice

Provider competencies

Pharmacotherapy

Reimbursement

Stigma and bias

Metrics

Identified Gaps in Patient-Provider Interactions



TARGETS FOR IMPROVEMENT

- Time is the most important barrier, but providers need **tools** and **programs**
- **Only 39%** of adults with a BMI ≥ 30.0 recalled being told that they have obesity by a HCP
- One-third of patients advised to lose weight were **not given a plan** to do so
- Most PCPs say no one in their practice has been **trained to deal** with weight issues

What Do Adult Primary Care Providers Know about Recommendations for Obesity Care?

Among family practitioners, internists, OB-GYNs, and nurse practitioners ($N = 1506$):



49%

Knew that **≥ 150 mins/week** of physical activity was necessary to achieve sustainable health benefits



33%

Knew that **any suitable eating pattern** can be recommended for weight loss (NHLBI guideline)

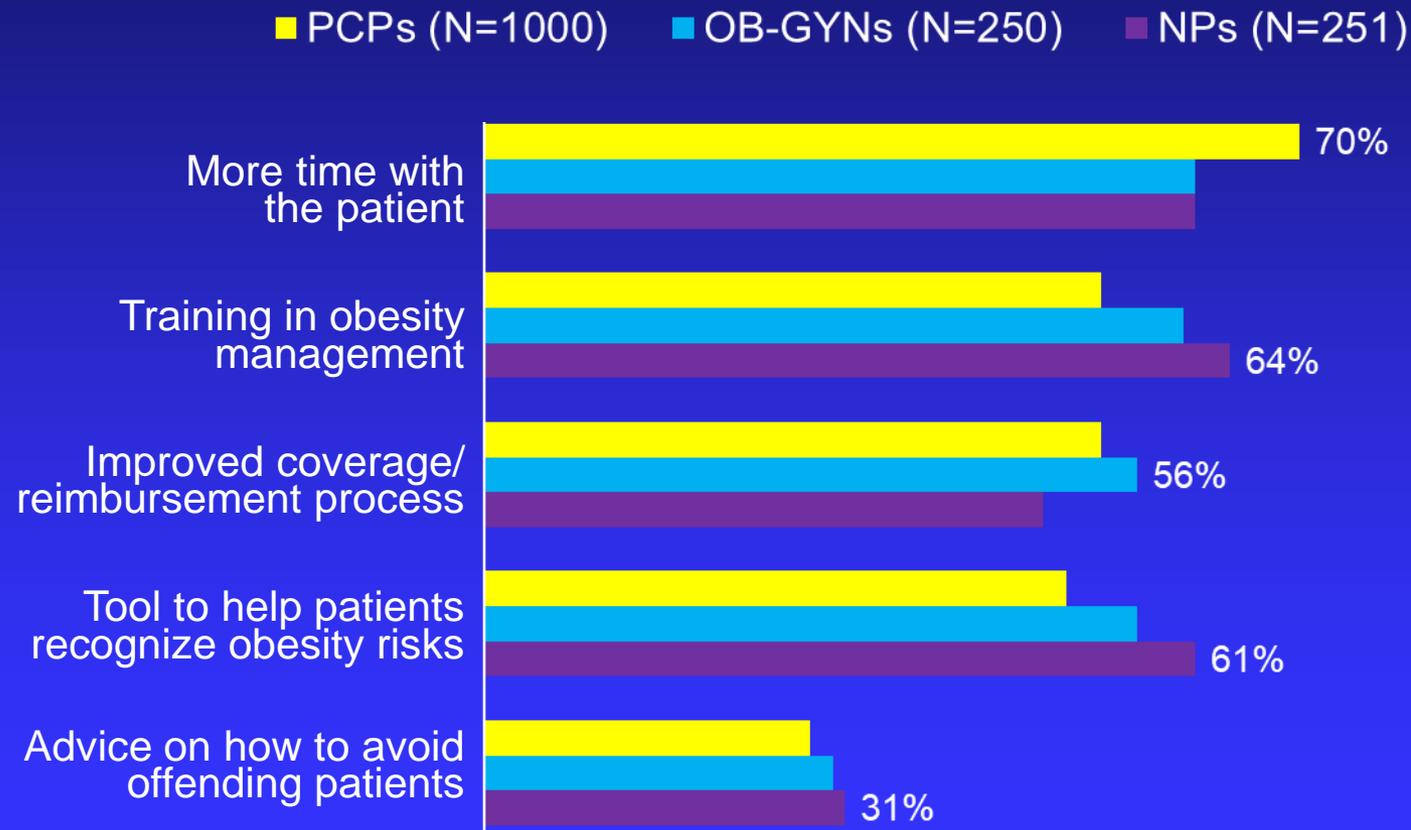


16%

Knew that **12-26 sessions** during the first year is the recommended for patients with obesity

DocStyles Research: Provider Practices

What could improve your ability to counsel a person with obesity?



Efforts to Address Knowledge and Practice Gaps

- **Why Weight? Provider Guide and Website**
- www.whyweightguide.org
- **Weigh In Guide: Helping Families Address Weight and Health**
- www.weighinguide.com

Why Weight? Provider Guide & Website

A tool to help providers:

Initiate open, productive conversations about weight and health

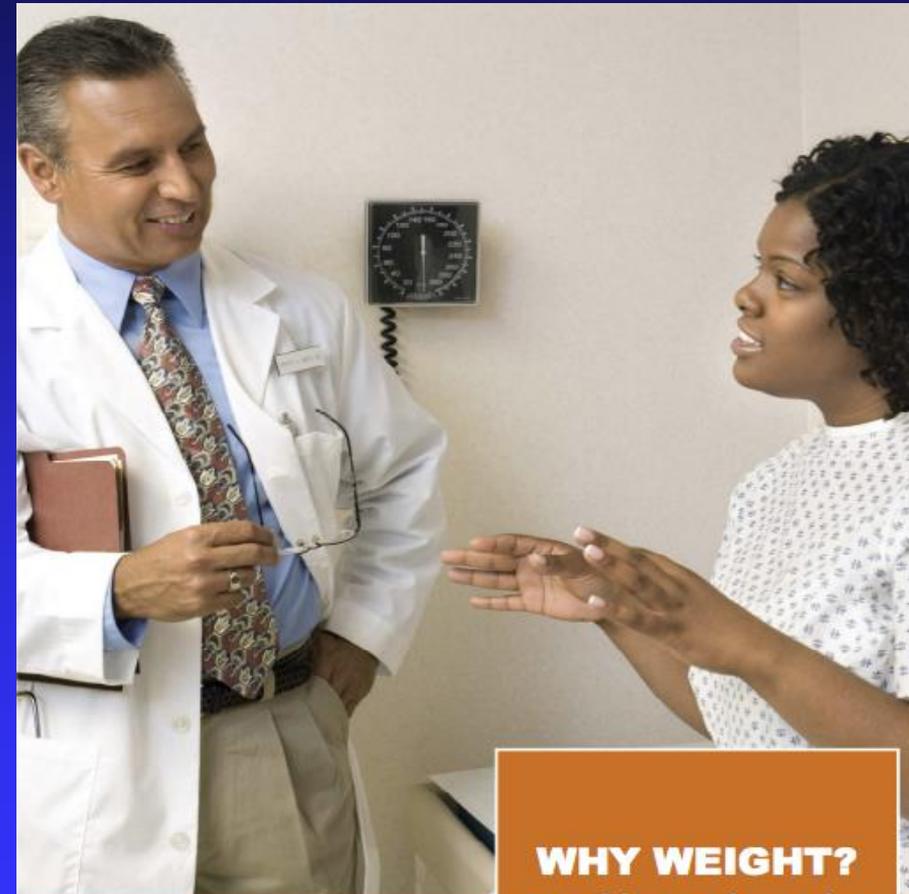
Assess patient readiness to change

Engage in active listening

Build trust

Establish realistic goals

Address culture and social barriers and supports

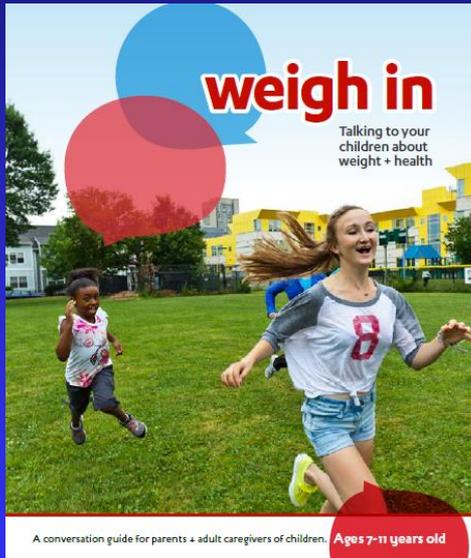


WHY WEIGHT?
A Guide to Discussing
Obesity & Health
With Your Patients

Weigh In Guide

“Talking with Your children about Weight and Health”

- Free e-guide for parents of children 7-11 yo
- Helps parents discuss weight and health with their children
- Real-world situations and plain language
- Avoids blame
- Provides ways to have conversations about the following
 - BMI confusion
 - Cultural differences
 - Bias and stigmatization
 - Bullying
 - Parental obesity



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Obesity Care Competencies

[Soon to be released at: www.obesitycompetencies.gwu.edu]



Core Obesity Knowledge

- Obesity as a medical condition
- Epidemiology & key drivers of the obesity epidemic
- Disparities / inequities in obesity prevention & care



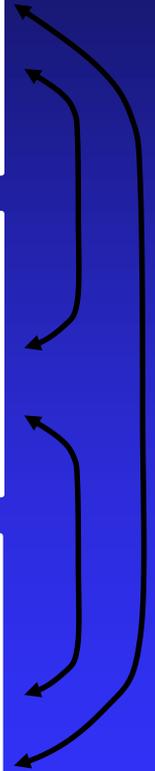
Interprofessional Care

- Interprofessional obesity care
- Integration of clinical & community care systems



Patient Interactions

- Evidence-based strategies for patient care
- Discussions & language related to obesity
- Recognition & mitigation of weight bias & stigma
- Respectful accommodations for people with obesity
- Special considerations for comorbid conditions



Changing the Dialogue: Obesity Drug Outcome Measures

Spearheaded series of roundtables to transform the process used to evaluate interventions to treat obesity.

- Participants included 3 representatives from the FDA Center for Drug Evaluation and Research
- Focus on obesity rather than weight loss (cosmetic) drugs
- Results published in March 2013 issue of *Current Obesity Reports*.



FDA Approves New Obesity Drugs

- **Qysmia, FDA Approved July 2012**
- **Belviq, FDA Approved July 2012**
- **Contrave, FDA Approved September 2014**

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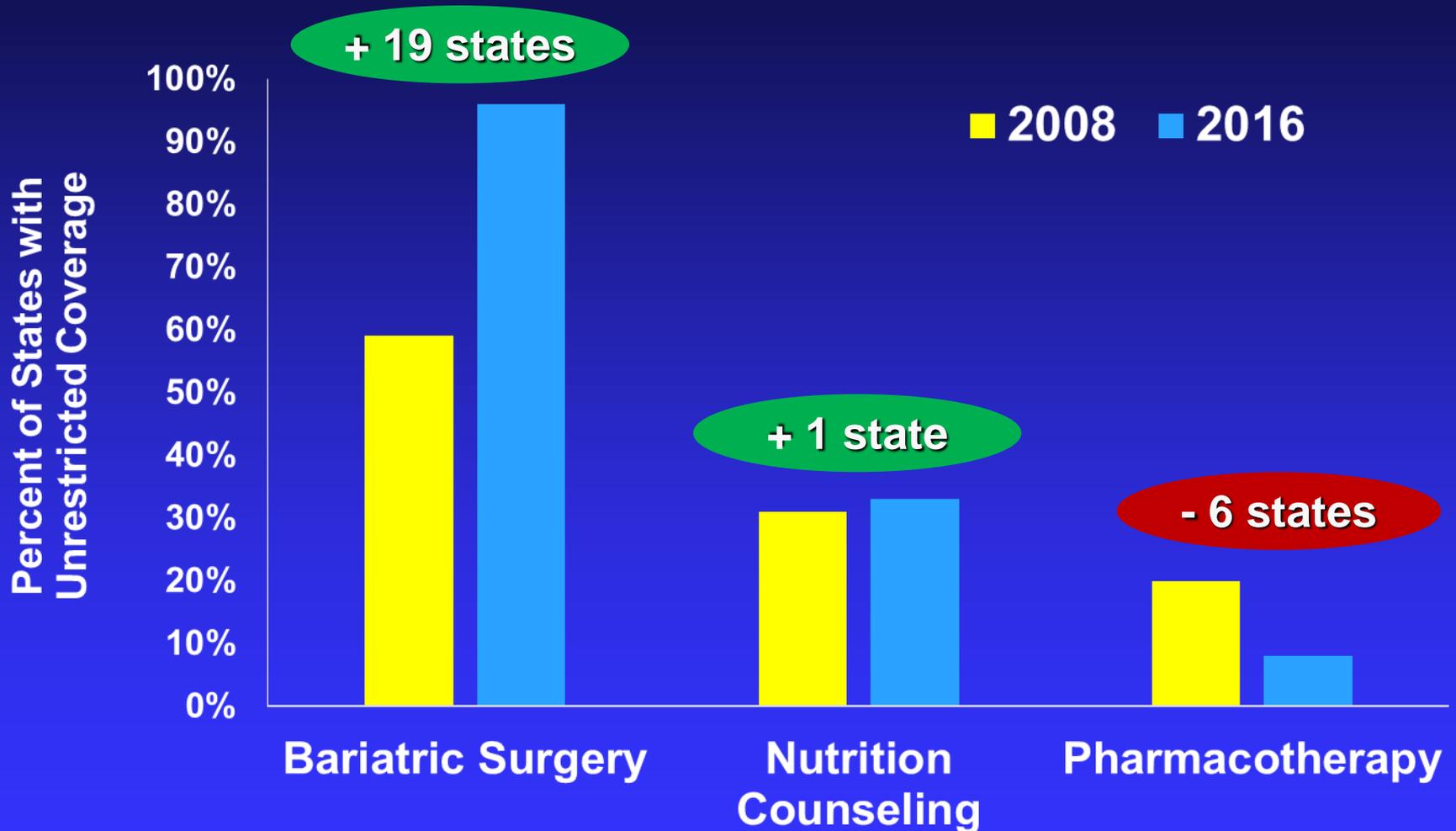
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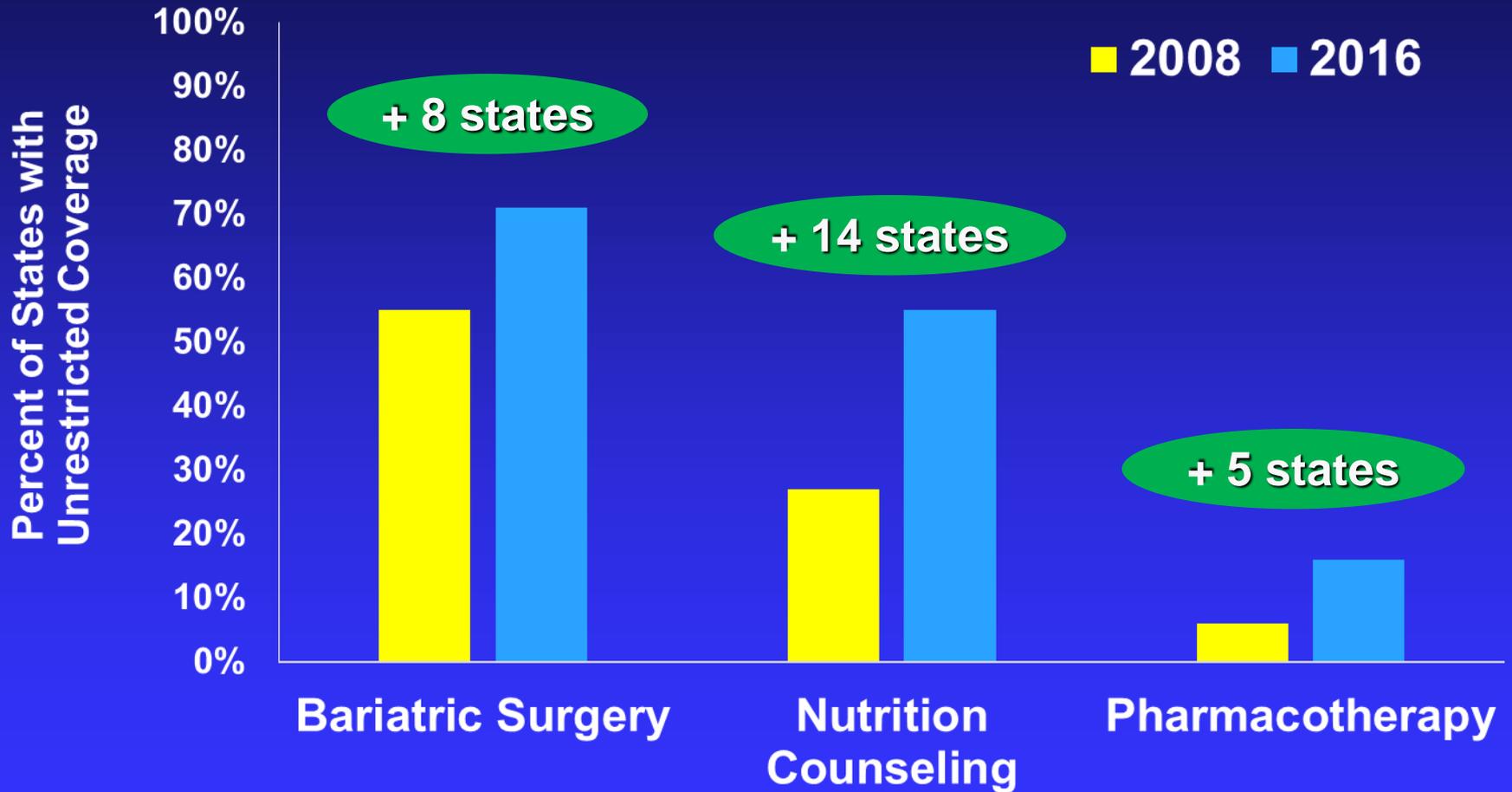
Metrics

State Medicaid Coverage



Unpublished data; collected Jan-Mar 2017

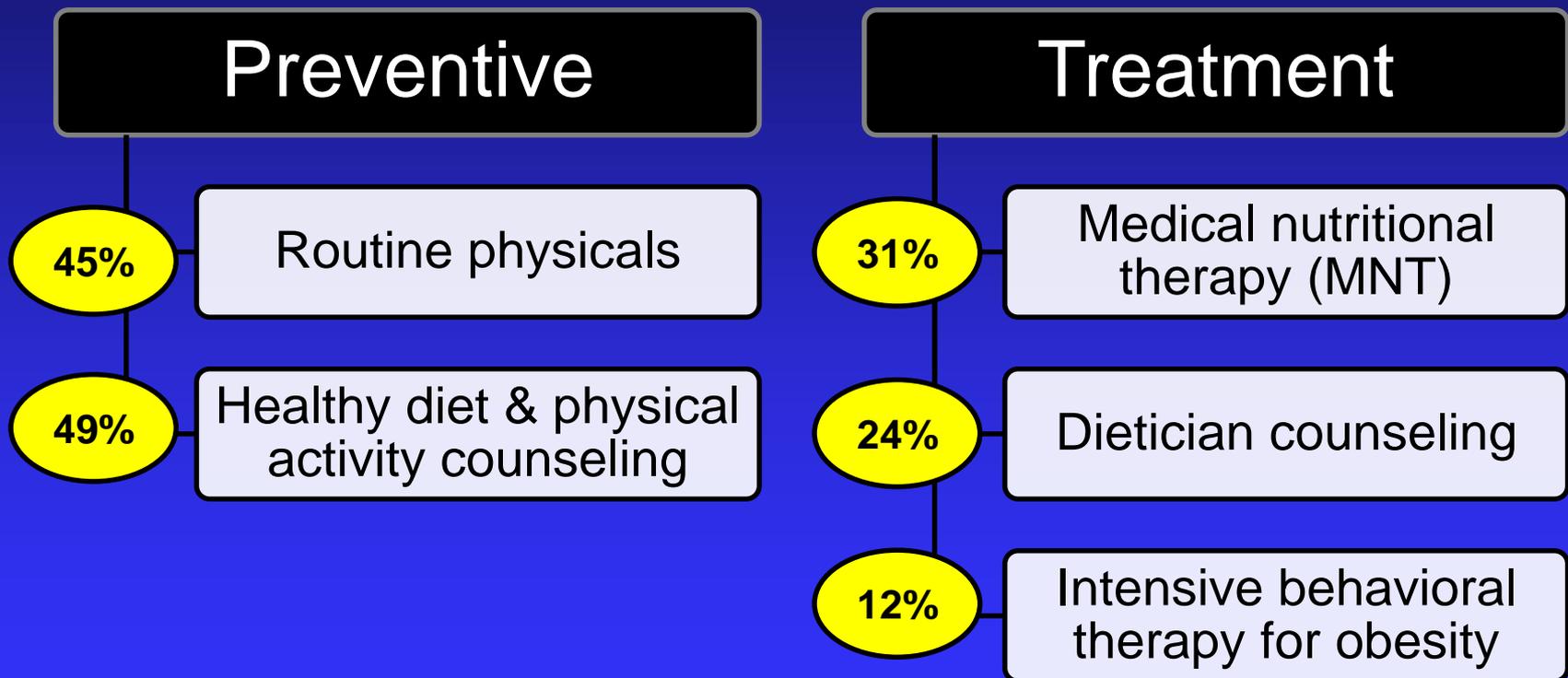
State Employee Coverage



Unpublished data; collected April-July 2017

Breakdown of Non-Surgical Obesity Services

(% of Medicaid programs offering unrestricted adult benefit, 2016)



Provider Reimbursement

Solution

2008

Obesity GPS

Guide for Policy and Program Solutions

2011

CMS National Coverage Determination

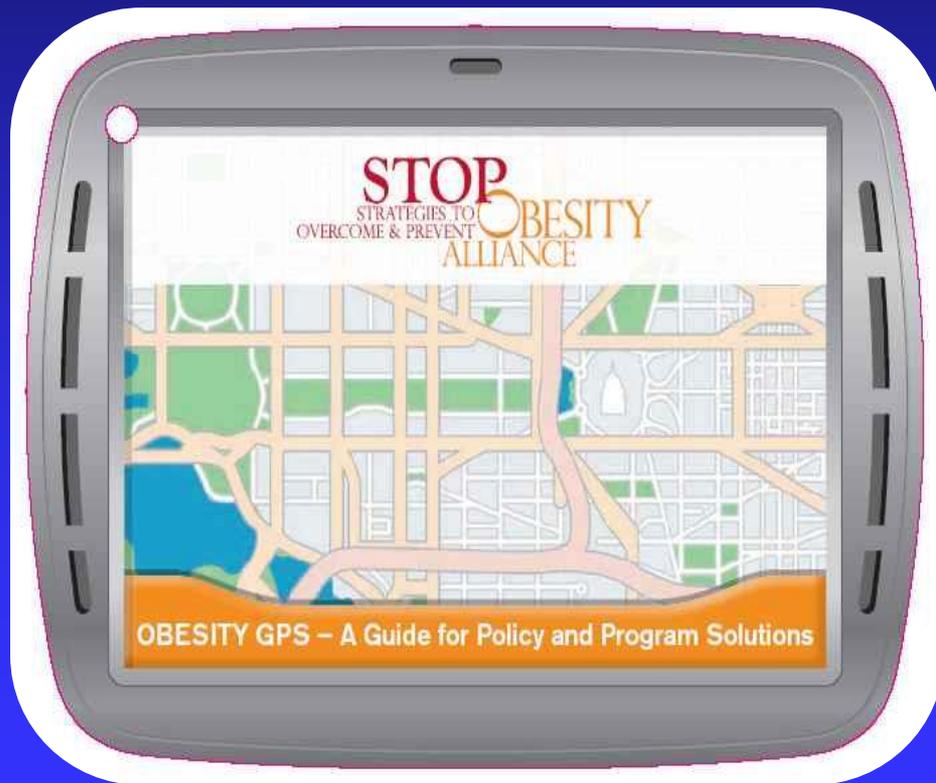
Medicare approves behavioral counseling for patients w/ obesity

2015

Roundtables on Obesity Management & Coverage

Public and Private Sector Decision Making Tool (2008)

Obesity GPS - A Guide for Policy and Program Solutions



- » First navigation tool to guide development of policies and programs geared to reducing the overweight and obesity epidemic
- » Launched on Capitol Hill with key SC members and Dr. Carmona
- » Presented at Partnership to Fight Chronic Disease Advisory Board Meeting (110 health care organizations)

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People-first Language

Letter to the Editor

Obesity

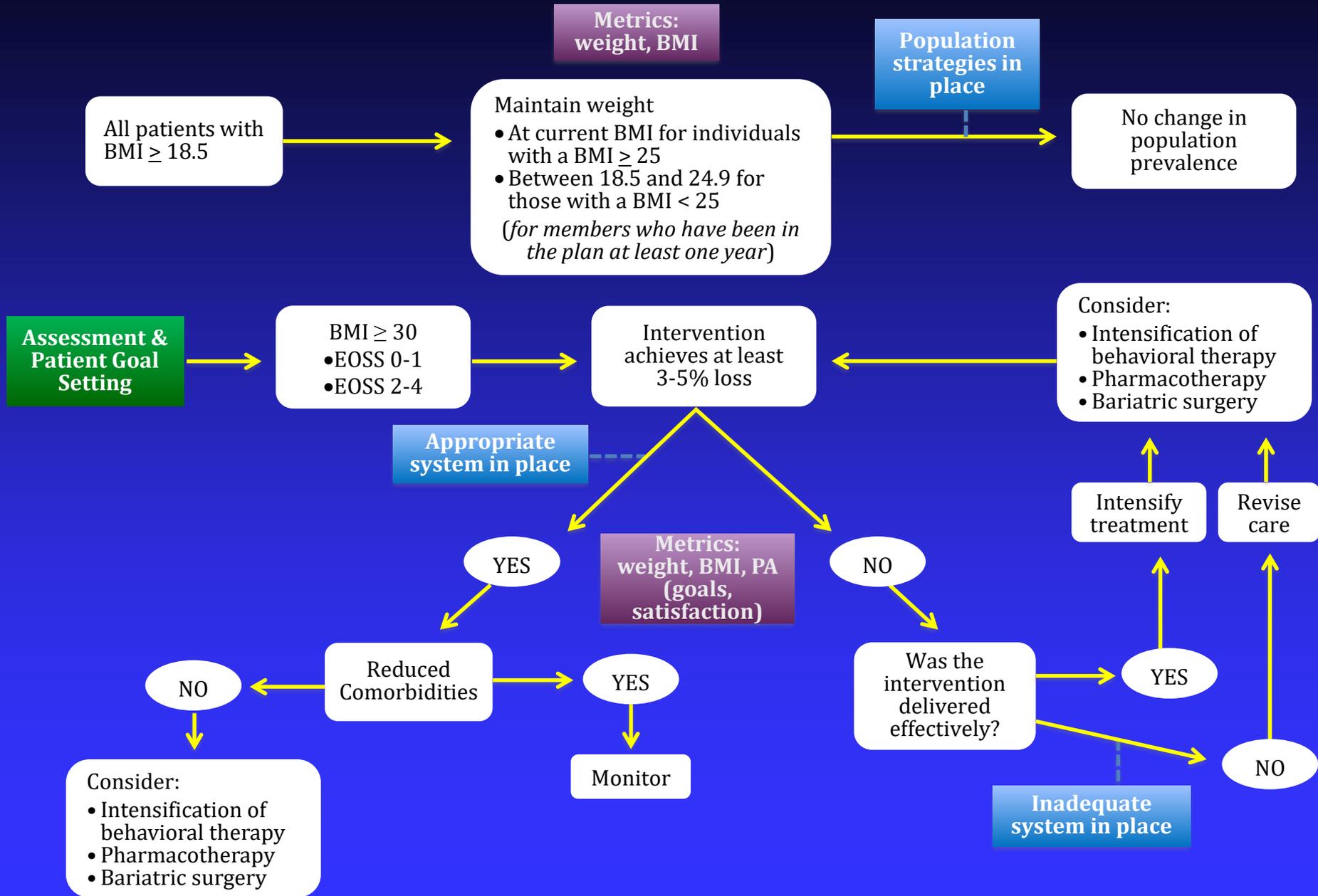
The Need for People-First Language in Our *Obesity* Journal

William H. Dietz

TO THE EDITOR: The May 2014 issue of *Obesity* included an eloquent Commentary from Ted Kyle and Rebecca Puhl (1) calling for the use of people-first language when referring to people affected by obesity. As they correctly pointed out, referring to a person as an obese person is an identity, whereas the use of the term obesity indicates that a person is affected by a disease. As Kyle and Puhl stated, "People-first language is the standard for respectfully addressing people with chronic disease, rather than labeling them by their illness." Just as we use people-first language

“ Just as we use people-first language to state that a person has asthma, or a person has cancer, **we should refer to a person affected by obesity as a person with obesity.** If we are to be successful in labeling obesity as a disease, the use of appropriate terms and descriptors that indicate obesity is a disease will be essential to change the perception of providers and the public. **These efforts should start with our journal.** ”

Algorithm for Health Plan Success of obesity treatment at the population level



Contact Us



- ❖ Visit www.stopobesityalliance.org
 - ✓ Sign up for monthly e-Newsletter
 - ✓ Get updates about upcoming events and new research and resources
- ❖ E-mail obesity@gwu.edu
 - ✓ Request to receive future editions of “*Weight and the States*” research bulletin
- ❖ <https://twitter.com/STOPObesity>
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