

**STOP**  
STRATEGIES TO  
OVERCOME & PREVENT **OBESITY**  
**ALLIANCE**

2019 ANNUAL REPORT

Milken Institute School  
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Sumner M. Redstone  
Global Center for  
Prevention & Wellness

# Overview

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The Strategies to Overcome and Prevent (STOP) Obesity Alliance is made up of a diverse group of business, consumer, government, advocacy, and health organizations dedicated to reversing the obesity epidemic in the United States. Drawing on the strengths of the collaborative, the Alliance conducts research, makes policy recommendations, and develops hands-on tools for providers, advocacy groups, policymakers and consumers.

**The goals of the STOP Obesity Alliance are to address obesity and related conditions by:**

- **Leading innovation**
- **Strengthening systems of care for patients with overweight and obesity**
- **Convening diverse stakeholders to address issues related to the care of patients with overweight and obesity**
- **Defining and catalyzing an innovative research agenda for the care of patients with overweight and obesity**
- **Identifying, implementing, and evaluating strategies to increase physical activity for patients with obesity**
- **Reducing stigma to improve health outcomes**

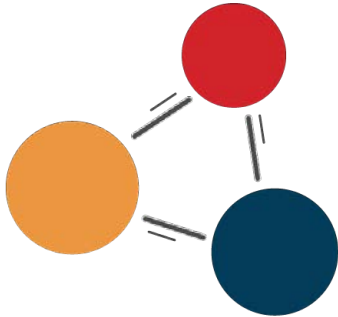
## LEADERSHIP AND STAFF



The Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health serves as the academic home of the STOP Obesity Alliance (the Alliance). Situated in the only school of public health in our nation's capital, the Redstone Global Center is ideally positioned to convene key stakeholders and determine strategies to translate public health science into effective policy.

The Alliance is directed by William H. Dietz, M.D., Ph.D., Chair of the Redstone Global Center. Scott Kahan, M.D., M.P.H., serves as the Medical Director. Christine Gallagher, MPAff, manages the Alliance. Nichole Jannah, MPH and Amelia Corl provide research support. The Alliance is also supported by Redstone Global Center staff, including Jeff Hild, J.D., Policy Director, and Kate Wolff, M.P.A., Communications Director.

## MEMBERSHIP



Alliance members include more than **60 consumer, provider, government, business, health insurance, advocacy and quality-of-care organizations**. Essential to the success of the Alliance is its active and diverse coalition. Since its launch in 2007, the Alliance has focused on collaborative member relationships to achieve shared goals and capitalize on partnership opportunities.

The Alliance's Steering Committee is composed of leading public and private sector organizations selected for their expertise in areas related to obesity, chronic disease, and health care. (Please see Appendix A for a list of the Steering Committee members in 2019.)

The Alliance's broad membership includes national associations, state-level members, and individuals that contribute to the Alliance's discussions and convenings. Collaborative work focuses on developing clinical strategies and consumer materials that improve obesity care, support effective prevention, and reduce bias and stigma. (Please see Appendix B for a list of the Associate members in 2019.)

## FUNDING

In 2019, corporate members included Novo Nordisk, Sanofi, Seca, and WW, contributing a total of \$145,000. The Alliance is also supported through membership fees of its nonprofit members. In 2019, 6 members each contributed a \$2,000 annual membership fee for a total of \$12,000. Together, corporate and membership fees yielded \$157,000 in funds during 2019 to support our work.

An additional \$65,000 for work to curate the obesity care competencies and \$144,381 for an 18-month grant to develop a guide for primary care treatment of obesity was provided in sponsored research project funding by Novo Nordisk.

# How We're Making a Difference

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In 2019, the Alliance continued to conduct and publish research to guide health care providers, policymakers, payers and health care experts towards the effective treatment of obesity.

## CURATING THE OBESITY CARE COMPETENCIES

The obesity care competencies were developed by the provider training and education workgroup to provide a common set of core knowledge, skills, and attitudes essential for optimal obesity care. These competencies, developed in 2018, are tailored to the many types of health professionals engaged in obesity prevention and management, from nurses and doctors to nutritionists and physical therapists.

In 2019, the Alliance was awarded an independent medical education grant from Novo Nordisk to support the dissemination of the Competencies. The primary goal of this phase was to build out the existing [website](#) with a curated collection of promising curricular materials and tools that support organizational efforts to bolster provider training and education.

**In 2019, we continued to address known resource gaps by curating a collection of competency-aligned curricular materials and tools that can support organizational efforts to bolster provider training and education on obesity.**

Activities included:

- 1) surveying health professional training programs;
- 2) developing an interprofessional curricular case series that showcases real-world obesity competency integration strategies; and
- 3) creating a database of competency-aligned curricular materials, studies, and other resources that can be used to improve health professionals' competence in caring for persons with obesity.



The primary end users for the Competencies, the resource database, and the curricular case studies include educators, administrators, health professionals, policymakers, and other entities directly involved in the delivery or oversight of pre-licensure training for health professionals that care for persons with obesity. An important secondary target includes organizations and systems responsible for designing or delivering professional development and/or continuing education for current health professionals.

## OBESITY CARE COMPETENCIES

Preparing future providers to care competently and compassionately for patients with obesity should be a top priority for U.S. health professional training programs. That's why we created a **NEW website** dedicated to helping educators improve training and education on obesity.

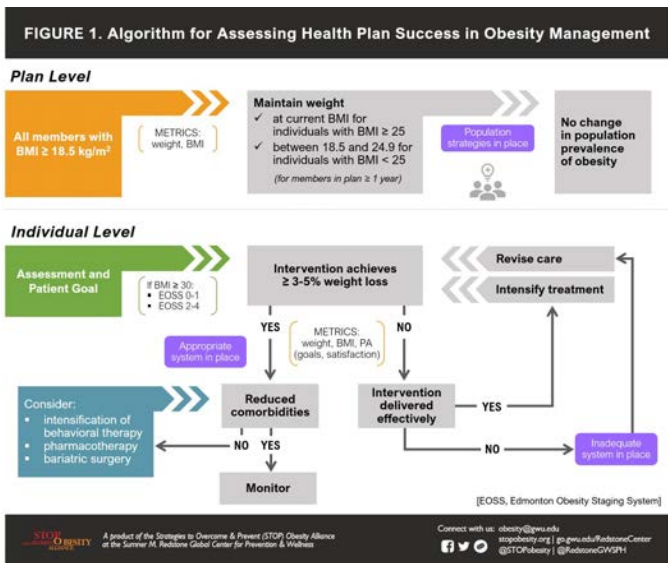
- Essential Care Competencies
- Curricular Case Studies
- Resource Database

LEARN MORE [obesitycompetencies.gwu.edu](https://obesitycompetencies.gwu.edu)

## STANDARD OF CARE FOR ADULT OBESITY TREATMENT

During 2018, the Alliance convened a series of roundtable meetings with relevant stakeholders to deliberate about who should provide obesity care, where obesity care should be delivered and what care should be provided by whom. It was our goal to develop a standard of care to enable the patient to move within the continuum of care, as well as to provide assurance that patients have access to appropriate levels of care, regardless of where they enter the healthcare system.

**The product of our meetings was a practical, tangible, measurable and simple standard of care for the treatment of adult obesity, published in the July 2019 issue of Obesity. No comparable standard addresses the spectrum of care that persons with obesity need to address their disease.**



The recommendations provide health professionals, payers, community organizations, policymakers and those affected by obesity with guidance on foundational components of evidence-based obesity care. The proposed standard of care also reaches across care settings and represents evidence-based practices that positively impact the health of people affected by obesity.

Based on the standard of care, the Alliance drafted a comprehensive benefit for obesity coverage in health insurance plans, which we shared widely across the field for review and feedback. The Comprehensive Obesity Benefit was shared with the following groups in 2019:

- American Society of Metabolic and Bariatric Surgery Obesity Summit in Chicago;
- Obesity Care Action Network;
- Milken Institute Future of Health Summit;
- The Obesity Society Corporate Sponsor meeting at Obesity Week; and
- National Association of Health Care Purchasers Conference.



## NATIONAL OBESITY CARE WEEK 2019

National Obesity Care Week (NOCW) took place September 15-21. This awareness campaign has come a long way since its inception in 2015, when the Alliance joined with the Obesity Action Coalition (OAC), the American Society for Metabolic and Bariatric Surgery (ASMBS), the Obesity Medicine Association (OMA), and The Obesity Society (TOS) as founding members of NOCW.

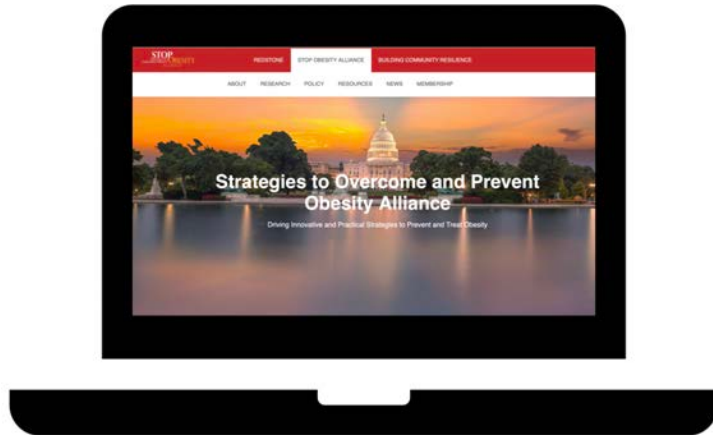


**During this year's NOCW, activities included efforts to raise awareness of obesity and the need for access to science-based care, important legislation, and weight bias. NOCW was fortunate to have the support of more than 50 Champion organizations, almost half of which are also members of the Alliance. Champions shared information about NOCW with their own networks through printed and online materials, and social media channels.**

To emphasize a more global vision for a society that understands, respects and accepts the complexities of obesity and values science and clinically-based care, NOCW will become Obesity Care Week (OCW) in 2020. With the mission to move forward and make a global impact, OCW has also moved to a different date and will take place from March 1st-7th, 2020.

## MEMBERSHIP ENGAGEMENT

In 2019, the Alliance conducted quarterly Membership meetings and Steering Committee calls. Throughout the year, the Alliance conducts outreach efforts and continues to utilize publications, exhibitions at scientific meetings and media opportunities to expand its reach. The Alliance sends out a monthly e-newsletter with member updates, summaries of newsworthy research, expert perspective on media coverage of obesity-related news, and a "Letter from the Director" that describes research, treatment, policy and other obesity-related developments. Highlights from Dr. Dietz's 2019 letters included topics such as the global syndemic, ultra-processed food, Fatty Liver Disease, Osteoarthritis, non-nutritive sweeteners, and holiday weight gain.



We inaugurated a new, updated website, which includes information on past and present Alliance projects, an archive of recent newsletters, and a curated collection of our resources and research.

In 2019, the Alliance’s primary social media channel continued to be Twitter, with audience engagement growing throughout the year. Overall, the @STPObesity account tweeted 245 times, resulting in nearly 172,000 impressions. @STPObesity ended the year with 8,632 followers, an increase of 4.5% over 2018, and more than 540 mentions. During September alone, as part of the National Obesity Care Week social media campaign, the Alliance’s Twitter account received more than 35,000 impressions and 215 mentions.

## Obesity & Non-Nutritive Sweeteners

Are these popular sugar alternatives part of the problem or the solution?

Non-nutritive sweeteners ("sweeteners") are substances that provide sweet taste but contribute few or no calories. They are found in products ranging from diet sodas to toothpaste.

8 non-nutritive sweeteners have been approved by the U.S. Food and Drug Administration, including several packaged for household use:

- SUCRALOSE**: 600X sweeter than sugar
- SACCHARIN**: 300X sweeter than sugar
- STEVIA**: 300X sweeter than sugar
- ASPARTAME**: 200X sweeter than sugar

*\* Not pictured: acesulfame potassium (Ace-K), Luo Han gao (monk fruit extract), neotame, advantame*

### Sensing Sweetness

In addition to the taste buds on your tongue, sweet taste receptors are expressed in many organs and tissues throughout the body. Sweet taste receptors are involved in nutrient sensing, monitoring changes in fat stores, and maintaining energy balance. Like caloric sugars, non-nutritive sweeteners may affect the activity of these processes.

It is unclear whether replacing caloric sugars with non-nutritive sweeteners... **improves** body composition by: ↓ added sugar intake, ↓ excess calories **OR** **worsens** body composition by: ↑ consumption of less nutritious items, altering hormonal signals in the body.

Observational and interventional studies provide conflicting evidence about whether sweeteners are helpful or harmful to health. Sweeteners may be less harmful than sugar in the context of obesity management, but other metabolic effects in humans are unclear. Further research is needed to fully characterize the long-term health risks and benefits of non-nutritive sweeteners.

Connect with us: [obesity@psu.edu](mailto:obesity@psu.edu), <https://publichealth.psu.edu>, @STPObesity | @RedstoneGWSPH

## OBESITY & LIVER DISEASE

Non-alcoholic fatty liver disease (NAFLD) affects 1 in 3 U.S. adults... and it's cause for concern.

### What is NAFLD?

non-alcoholic fatty liver disease is the accumulation of significant amounts of excess fat in the liver not related to alcohol consumption.

### RISK FACTORS

- poor diet
- physical inactivity
- gut dysbiosis
- corticosteroids
- toxin exposure
- advanced age
- genetics
- oxidative stress
- immune dysfunction
- errors of metabolism

**OBESITY**, **INSULIN RESISTANCE**, **HYPERLIPIDEMIA** → **fat accumulation**

**80 million** Americans with NAFLD

**20%** experience liver-related death

**~20%** of NAFLD cases progress to NASH

**~25%** of NASH cases progress to cirrhosis

**50%** require a liver transplant (17% of patients on the transplant waitlist die annually)

**7%** develop hepatocellular carcinoma (liver cancer) among those with NAFLD-related cirrhosis

**3.5x** higher risk of developing NAFLD among persons with obesity, compared to those without obesity

**Cirrhosis**: scar tissue replaces liver cells **within 10 years...**

**There is currently no cure for advanced liver disease.** The American Liver Foundation recommends these steps to reverse or slow the progression:

- Consume 800 units of vitamin E daily
- Minimize alcohol consumption
- Weight loss diet, with low carbohydrates
- If diabetes is present, tight control of glucose level
- Regular aerobic activity of at least 50 minutes, 3 times per week
- Lose 7-10% of excess body weight

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# Resources

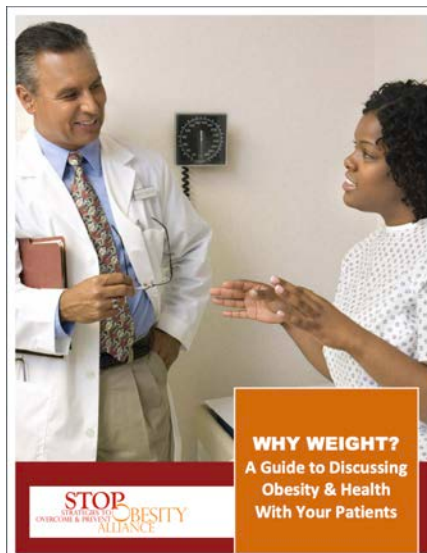
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## STATE COVERAGE OF OBESITY TREATMENT

Our state-by-state analysis of 2017 Medicaid and State Employee Health Plan coverage for obesity prevention and treatment has continued to be used to increase access to preventive services, nutritional counseling, pharmaceutical therapy, and bariatric surgery. Our article, "Coverage of obesity prevention and treatment in state Medicaid and state employee health insurance plans," was published in [Obesity](#) in December 2018. In addition to the published findings, we developed an interactive [map](#) provides easy state-to-state comparisons. The map includes state adult obesity and diabetes rates, coverage specifics in Medicaid and state employee health plans, and printable state fact sheets.

## WHY WEIGHT? PATIENT-PROVIDER DIALOGUE GUIDE



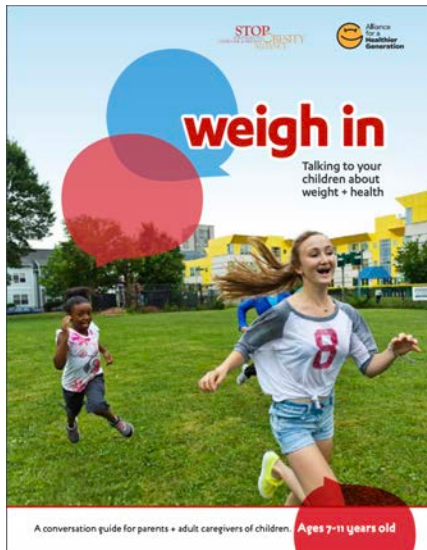
To address the persistent issue of providers' lack of training on the etiology, treatment, and prevention of obesity, the Alliance developed a provider discussion tool in 2014 designed to promote more effective conversations about weight and health with patients. *Why Weight? A Guide to Discussing Obesity & Health with Your Patients*, focuses on skills for building a safe and trusting environment with patients and facilitating open, productive conversations about weight. It also provides potential scenarios that providers may face and suggests ways to navigate the conversations.

The guide, which has been downloaded over **750 times** since published, can be found at the website

[www.whyweightguide.org](http://www.whyweightguide.org). Also, included on the website is a series of educational videos that feature "what not to do" dramatizations for health care providers as well as what they should do when addressing a patient's weight. The videos feature our Medical Director, Dr. Scott Kahan.

In 2019, the Alliance continued to promote the guide in our monthly e-newsletters and social media sites, at national conferences, and through our members' networks.

## WEIGH IN GUIDE



Parents often report that discussing weight with children can be uniquely challenging for numerous reasons. To address this need, we developed the *Weigh In Guide* in 2012 to enable productive conversations about weight and health between parents or caregivers and children ages 7 to 11.

The guide provides factual, practical, and sensitive approaches to the many different emotions evoked by discussions about weight. The *Weigh In Guide* remains one of our most requested publications. The Alliance continues to promote it online and when exhibiting at national conferences.

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Thank you for your active engagement and support of STOP Obesity Alliance in 2019. We look forward to continuing our partnership and work together in the year to come.

# Appendix A:

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## 2019 STEERING COMMITTEE MEMBERS OF THE STOP OBESITY ALLIANCE

The **Steering Committee** is comprised of a diverse group of leading public and private sector organizations. Each was selected for its expertise in areas related to obesity, chronic disease and health care.

America's Health Insurance Plans  
American Diabetes Association  
American Heart Association  
American Medical Group Association  
American Society for Metabolic & Bariatric Surgery  
Gary Foster, PhD  
Donna Ryan, M.D.  
National Business Group on Health  
Obesity Action Coalition  
The Obesity Society  
Trust for America's Health

# Appendix B:

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## 2019 ASSOCIATE MEMBERS OF THE STOP OBESITY ALLIANCE

**Associate Members** contribute to substantive discussions related to obesity treatment and prevention through inclusion in Alliance projects, participation in public events, and internal communications.

Academy of Nutrition and Dietetics  
Allison Sylvetsky, PhD  
American Association of Diabetes Educators  
American Association of Nurse Practitioners  
American Board of Obesity Medicine  
American College of Preventive Medicine  
American College of Sports Medicine  
American Council on Exercise  
American Heart Association, Office of State Advocacy  
American Institute for Cancer Research  
American Medical Women's Association  
American Society for Gastrointestinal Endoscopy  
American Society for Nutrition  
Campaign to End Obesity  
Centers for Disease Control and Prevention: Division of Nutrition, Physical Activity and Obesity  
Commissioned Officers Association of the U.S. Public Health Service  
COPE - The MacDonald Center for Obesity Prevention and Education  
Egg Nutrition Center  
Endocrine Society  
Ginger Winston, MD, MPH  
Healthcare Leadership Council  
Jennifer Sacheck  
Joslin Diabetes Center  
Karina R. Lora, Ph.D., R.D.  
Lisa W. Martin, MD, FACC  
Melissa A. Napolitano, Ph.D.  
Michael Long, Ph.D.  
Monique M. Turner, Ph.D.  
National Academy for State Health Policy  
National Association of Chronic Disease Directors  
National Association of Social Workers  
National Association for Health and Fitness  
National Black Nurses Association  
National Hispanic Medical Association  
Obesity Canada  
Obesity Medicine Association  
OsteoArthritis Action Alliance  
Pennington Biomedical Research Center  
Primary Care Metabolic Group  
Rudd Center for Food Policy and Obesity  
Stephen R. Cook, MD, MPH  
Society of Behavioral Medicine  
The COSHAR Foundation  
The Ohio State University  
UnidosUS  
Uriyoan Colon-Ramos, Ph.D.  
World Obesity Federation