

# STOP OBESITY

STRATEGIES TO  
OVERCOME & PREVENT

## ALLIANCE

## 2021 Annual Report

Milken Institute School  
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Sumner M. Redstone  
Global Center for  
Prevention & Wellness

The Strategies to Overcome and Prevent (STOP) Obesity Alliance comprises 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. 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. George Washington University students Amelia Corl, Marjanna Smith, Madelyn Bedard and Samuel Hughes provided research support during the 2021 academic year. The Alliance was also supported by Redstone Global Center staff, including Rachel Clark, Policy Director, Jeff Hild, former policy director, and Kate Wolff, former Senior Center Specialist for Communications, Outreach and Engagement.



## 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 membership. Since its launch in 2007, the Alliance has focused on collaborative member relationships to achieve shared goals and capitalize on partnership opportunities. In 2021, we added two new members to the Alliance.

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.)

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 2021.)

## Membership Engagement

---

In 2021, the Alliance conducted quarterly Membership meetings and Steering Committee calls. Throughout the year, the Alliance conducts outreach efforts and continues to utilize publications, presentations 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 perspectives 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 2021 Letters from the Director included topics such as: COVID-19 and vaccines; obesity and greenhouse gases; the syndemic of COVID-19, obesity, and food insecurity; and Fen-Phen and medication mistrust.

In 2021, the Alliance's primary social media channel continued to be Twitter, with audience engagement growing throughout the year. Overall, the @STOPObesity account tweeted 523 times, resulting in nearly 285,000 impressions. @STOPObesity ended the year with 9,102 followers, an increase of 113 over 2020, and more than 260 mentions.



## Funding

---

In 2021, corporate members included Novo Nordisk, WW, Currax and Pfizer, who contributed a total of \$120,000. The Alliance is also supported through membership fees of its nonprofit members. In 2021, eleven members each contributed a \$2,000 annual membership fee for a total of \$22,000. In 2021 corporate and membership fees yielded \$142,000 in funds to support our work. This figure reflects an increase of \$21,000 above the amount we received in 2020.

In addition, the Alliance received \$200,000 in 2021 in sponsored research project funding from Novo Nordisk.



## How We're Making a Difference

---

In 2021, 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

### Understanding Obesity

Although obesity is highly prevalent and widely recognized, misconceptions abound and can cause real harm to those living with the disease. To address this misinformation, we created a messaging framework entitled Understanding Obesity. The framework features accessible and unbiased information about obesity, including information about the harms of weight bias, and guidance on destigmatizing the language used to discuss obesity. Our goal with the development of the guide is to change the narrative around obesity to have a positive impact on those living with the disease.

In the development of the framework, we sought input from key stakeholders including researchers, healthcare providers, advocates, and people with obesity. The guide consists of a background section, followed by a section on speaking about obesity, followed by a detailed review of nine key topics. Our consensus-building process identified a few key concepts that stakeholders wanted to emphasize. First, they suggested an approach that identified and debunked common misconceptions about obesity. They also highlighted four overarching ideas to be embedded throughout the report:

- Obesity is a disease that is influenced by biology and genetics
- Obesity should not be framed as an individual choice or a “lifestyle”
- Prevention and care are synergistic
- Bias and stigma interfere with prevention and care

# Understanding Obesity

## Background

Obesity is a complex chronic disease that affects over 42% of adults and 19% of 2-19 year old youth in the United States. Although explicit bias against those with obesity may be decreasing in the United States, it remains one of the most robust prejudices that Americans hold. Accurate communication about obesity is essential to reduce weight bias and center obesity as a major public health priority. Ideally, clearing up misconceptions about the disease and informing providers, media, and the public about obesity will lead to an increase in the diagnosis and treatment of obesity and a decrease in the stigmatization of the disease.

## Talking About Obesity

The language we use to describe obesity emphasizes that obesity is a disease, like cancer or diabetes. Therefore, we talk about people *with* obesity in the same way that we talk about people *with* cancer; we do not talk about a cancer person, or a diabetic person. The term "an obese person" is a label that perpetuates stigmatization and its adverse effects on physical and mental health. For example, we say, "She has obesity," not "She is obese."

## Key Facts

### **A** What is Obesity?

Obesity is a complex, chronic disease characterized by an excessive accumulation of body fat that impairs health.

### **B** How is Obesity Diagnosed?

Obesity is usually diagnosed by body mass index, but BMI has its limitations; providers may also measure waist circumference or waist-to-hip ratios.

### **C** Why is Obesity Important?

Obesity increases a person's risk of chronic disease and death; minority populations are disproportionately affected.

### **D** How Prevalent is Obesity?

Obesity is very common; rates have risen in the past several decades and they are expected to continue to rise.

### **E** Metabolic Syndrome and Obesity

Abdominal obesity is one component of metabolic syndrome, which refers to a group of risk factors that raise a person's risk of heart disease, stroke, and other illnesses.

### **F** Causes

Obesity is influenced by behavioral, economic, environmental, and genetic factors, as well as other factors that scientists have yet to fully discover.

### **G** Common Comorbidities

Obesity can affect many systems in the body and may lead to other chronic diseases, mental illness, sleep problems, or joint pain.

### **H** Obesity Management and Treatment

There are many treatments that can help a person manage obesity, including lifestyle modifications, behavioral modification, antiobesity medications, and bariatric surgery.

### **I** Personal Impact of Obesity

People with obesity are often exposed to damaging weight-related stigma and discrimination which can be harmful to emotional and physical health.

## State Employee Health Plan coverage

In 2021, data on the State Employee Health Plan (SEHP) coverage of obesity benefits were updated for the 2020/2021 plan year. Alliance staff conducted a state-by-state analysis of SEHP coverage for obesity prevention and treatment, including preventive services and counseling, nutrition counseling, drug therapy, and bariatric surgery. A new interactive map with the results of this research was published on the Alliance website. In addition, data on the utilization of obesity care benefits in SEHPs for 2019 were gathered for 8 states.

The insights from this research are being used to align prevalence of obesity as a disease to the access and utilization of benefits. A manuscript based on the results of this research is expected to be published in early 2022.

## Docstyles Survey

Docstyles is a web-based survey instrument, developed and administered by Porter Novelli. The survey contains 144 questions designed to provide insight into health care providers' (HCPs) attitudes and counseling behaviors on a variety of health issues. In 2015 and 2016, the Alliance purchased space in the survey to include a handful of obesity-specific questions to assess HCPs' beliefs, practices, and knowledge regarding effective treatment modalities and current clinical guidelines for obesity management. The findings confirmed that despite the high prevalence of obesity among U.S. adults, providers have a limited understanding of how or when to deliver evidence-based obesity treatments, which prevents HCPs from effectively addressing obesity. The Alliance published three articles from the findings from this research.

In 2021, the Alliance purchased 14 questions in the Spring Docstyles survey. This year's survey collected data from a nationally representative sample of 1,000+ primary care physicians, pediatricians, nurse practitioners and physician assistants. The questions were based on an analysis of recent literature and a review of the questions asked in 2015 and 2016. Some questions were repeated to assess improvements. Other questions were chosen to assess current knowledge and practice.

A manuscript based on the results of the survey is expected to be published in 2022.

## Comprehensive Obesity Benefit

As a first step toward standardizing the availability of obesity care across plans, the Alliance designed a comprehensive obesity benefit (COB) in 2019 that provides guidance on the core components of obesity care and the conditions under which these services and/or items ought to be covered. The Alliance shared the comprehensive obesity benefit at several targeted outreach activities in 2021, including:

- the California Collaborative working on expanding coverage for obesity in a pilot program in the state
- the MidAtlantic Business Group on Health Obesity Forum in September 2021
- as part of a workshop on obesity and mental health during the National Alliance for Health Care Purchasers in November 2021

The Alliance plans to continue to identify ways to foster a broader adoption of the COB by public and private health care payers in 2022. These efforts will include identifying potential partners, developing the most effective message framework for communicating the COB, and engaging a range of stakeholders to increase awareness and promote implementation of the benefit.

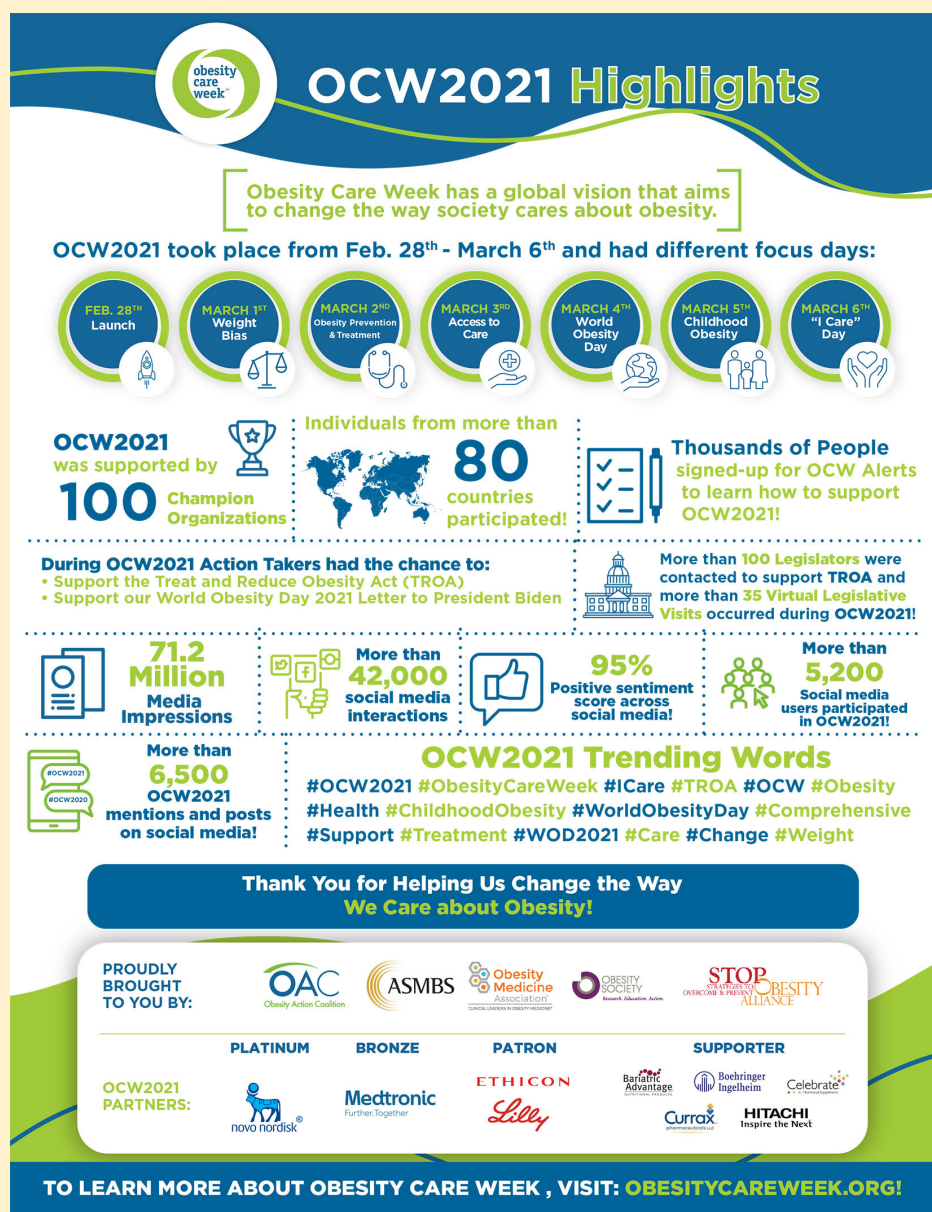


# Obesity Care Week 2021

The Obesity Care Week (OCW) campaign has made significant progress since its inception in 2015, when the Alliance joined with the Obesity Action Coalition, the American Society for Metabolic and Bariatric Surgery, the Obesity Medicine Association, and The Obesity Society as founding members.

During this year's OCW, activities included efforts to raise awareness of obesity and the need for access to science-based care, important legislation, and weight bias. OCW was fortunate to have the support of more than 100 Champion organizations, many of which are also members of the Alliance. Champions shared information about OCW with their own networks through printed and online materials, and social media channels.

Plans are underway for the next Obesity Care Week, which will take place from February 27-March 5th, 2022.







## Resources

---



### Weight Can't Wait Guide

The “Weight Can’t Wait guide for the management of obesity in the primary care setting” (WCW), was developed with a research grant in 2020. Eleven of the twelve organizations that participated in the process to develop the guide have endorsed it. Of those organizations,

- 4 have put the guide on their website as a resource,
- 6 shared the guide in their member newsletters, and
- 6 shared the guide on their social media channels.

The guide and the process for its development were published in *Obesity* in April 2021 in an article entitled “Weight Can’t Wait: A Guide to Discussing Obesity and Organizing Treatment in the Primary Care Setting.” The guide has had over 5,000 clicks on our website since it was published in October 2020. There were several opportunities to promote the guide through our website, social media, and certified medical education during 2021. These included:

- a new video presentation that walks through the guide on our website
- a powerpoint slide deck made available for presenting the guide
- a blog published in the Obesity Action Coalition newsletter
- a certified medical education activity that features the guide as a resource that was developed by Peerview

Our goal in 2022 will be to continue to find opportunities to share and promote the guide to health care providers.



## Why Weight Guide Refresh

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.

In 2021, we moved the current location of the Why Weight guide website to the Milken Institute School of Public Health website domain, allowing our team a greater ability to update the website and track the downloads of the guide. The refresh included an update of the resources listed on the original website and fixing outdated links. Also included on the website is a series of educational videos that feature “what not to do” dramatizations for health care providers and what they should do when addressing a patient’s weight. The videos feature our Medical Director, Dr. Scott Kahan.

The guide has been downloaded over 1,000 times since it was developed. In 2021, we initiated a survey of those who downloaded the guide from the original website. Our goals of the survey were to find out how the guide was used and if users changed any clinic procedures and patient interactions as a result of reading the guide. The response rate was very limited, even after multiple attempts to share the survey through email. Therefore, the results did not tell us much about the usefulness of the guide or its impact on those who downloaded it.

In 2022, the Alliance will continue to promote the guide in our monthly e-newsletters and social media sites, and through our members’ networks.

# COVID-19 and Obesity

In 2021, the Alliance focused three of our monthly newsletters on the topic of COVID-19. Letters from the Director highlighted the benefit that COVID-19 vaccines have on people with obesity, the effects of COVID-19 on obesity prevalence and the effects of obesity on COVID-19 outcomes, and the syndemic of COVID-19, obesity, and food insecurity.

## Fast Fact Sheets

In 2021, the Alliance produced three new fact sheets, on adolescent obesity, mental health and obesity, and obesity and American Indian and Alaska Native populations. All of our fact sheets continue to be widely shared on social media and we encourage others to share them in provider's offices and wellness centers to help educate about obesity. The fact sheets are freely available at [go.gwu.edu/obesityfacts](http://go.gwu.edu/obesityfacts).



## FAST FACTS

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

*Obesity is associated with significantly increased risk of more than 20 chronic diseases and health conditions that cause devastating consequences and increased mortality. Beyond the significant personal toll of obesity, related health complications are driving up health care costs and threatening employers' bottom lines. This updated series of fact sheets provides information on this complicated disease. Download them all at [go.gwu.edu/obesityfacts](http://go.gwu.edu/obesityfacts).*

**Obesity and COVID-19**  
Severe obesity is a risk factor for complications and hospitalization from COVID-19, especially in younger patients. Many diseases that are commonly comorbid with obesity are also risk factors for COVID-19.

**Causes of Obesity**  
Obesity is a complex disease influenced by behavioral, economic, environmental, and genetic factors. The modern environment makes obesity more likely—foods high in calories are cheap and prevalent and opportunities for physical activity are decreasing.

**Obesity-Related Chronic Diseases**  
Obesity is the leading risk factor for type-2 diabetes and osteoarthritis, a major risk factor for heart disease and hypertension, and is causally linked to 13 different cancers.

**Costs of Obesity**  
Obesity is associated with increased medical expenditures and indirect costs from lost productivity, absenteeism, and disability claims.

**Obesity in the Workplace**  
Obesity can be costly to both employers and employees. Employers wishing to decrease obesity-related costs should consider systematic approaches to workplace wellness.

**Health Care Providers and Obesity**  
Effective obesity treatment involves collaboration, shared decision-making, and communication between providers and patients.

**Obesity Care Coverage**  
Coverage for obesity care is inconsistent across states and health insurance plans and few provide coverage for comprehensive obesity care.

**Weight Bias & Stigma**  
Weight bias and stigma are exceedingly prevalent in our society, impairing the successful treatment of obesity.

**Obesity in Early Life**  
Pediatric obesity has risen over the past few decades, putting children at risk of serious illness. Children and adolescents deserve access to safe and effective obesity treatments.

**Benefits of Weight Loss**  
A 5-10% weight loss through lifestyle intervention, drug therapy, and/or bariatric surgery improves health, quality of life, and financial wellbeing among persons with obesity.

**Trends in Obesity Prevalence**  
Obesity rates differ by geographic location, age, sex, and race, but have been steadily increasing in the U.S. and throughout the world.

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

A product of the Strategies to Overcome & Prevent (STOP) Obesity Alliance at the  
Sumner M. Redstone Global Center for Prevention & Wellness

Connect with us: [obesity@gwu.edu](mailto:obesity@gwu.edu)  
[stop.publichealth.gwu.edu](http://stop.publichealth.gwu.edu)  
[@STOPobesity](https://www.facebook.com/STOPobesity) | [@RedstoneGWSPH](https://www.instagram.com/RedstoneGWSPH)



## Curating the Obesity Care Competencies

The Alliance continues to promote the obesity care competencies, developed in 2018 by the provider training and education workgroup to provide a common set of core knowledge, skills, and attitudes essential for optimal obesity care.

Each week on social media, the Alliance highlights aspects of the curated collection of promising curricular materials and tools that support organizational efforts to bolster provider training and education. 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.



## Medicaid Coverage of Obesity Treatment

Our state-by-state analysis of 2017 Medicaid 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 that provides easy state-to-state comparisons. The map includes state adult obesity and diabetes rates, coverage specifics in Medicaid, and printable state fact sheets.




## 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 on social media.

Thank you for your active engagement and support of STOP Obesity Alliance in 2021. We look forward to continuing our partnership and working together in the year to come.

---

 [stop.publichealth.gwu.edu](https://stop.publichealth.gwu.edu)

 [@STOPobesity](https://twitter.com/STOPobesity)

 [STOP Obesity Alliance](https://www.facebook.com/STOP.Obesity.Alliance)

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

# Appendix A

## 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.
- Business Group on Health
- Obesity Action Coalition
- The Obesity Society
- Trust for America's Health

## Appendix B

**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	Jacobs Institute of Women's Health
Allison Sylvetsky, PhD	Jennifer Sacheck, Ph.D.
American Academy of PAs	Joslin Diabetes Center
American Association of Clinical Endocrinology	Karina R. Lora, Ph.D., R.D.
American Association of Diabetes Educators	Lisa W. Martin, MD, FACC
American Association of Nurse Practitioners	Medtech Coalition for Metabolic Health
American Board of Obesity Medicine	Melissa A. Napolitano, Ph.D.
American College of Preventive Medicine	Michael Long, Ph.D.
American College of Sports Medicine	Michele Ver Ploeg, PhD
American Council on Exercise	National Alliance on Health Care
American Institute for Cancer Research	Purchaser Coalitions
American Sleep Apnea Association	National Association of Chronic Disease
American Society for Gastrointestinal Endoscopy	Directors
American Society for Nutrition	National Association of Social Workers
Centers for Disease Control and Prevention:	National Black Nurses Association
Division of Nutrition, Physical Activity and	National Hispanic Medical Association
Obesity	Obesity Canada
Commissioned Officers Association of the	Obesity Medicine Association
U.S. Public Health Service	OCEANS
COPE - The MacDonald Center for Obesity	OsteoArthritis Action Alliance
Prevention and Education	Pennington Biomedical Research Center
Egg Nutrition Center	Primary Care Metabolic Group
Endocrine Society	Rudd Center for Food Policy and Obesity
Ginger Winston, MD, MPH	Stephen R. Cook, MD, MPH
Global Liver Institute	Society of Behavioral Medicine
Healthcare Leadership Council	The Ohio State University
HealthyWomen	UnidosUS
Institute for Health and Productivity	Uriyoan Colon-Ramos, Ph.D.
Management	World Obesity Federation
International Health, Racquet & Sportsclub	
Association	



Milken Institute School  
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Sumner M. Redstone  
Global Center for  
Prevention & Wellness