

Policies for Change in Overweight and Obesity

New Policy Recommendations to Improve Health

National Webinar
June 16, 2011

The logo for the STOP Obesity Alliance is positioned on the right side of the slide. It features the word "STOP" in a large, bold, red serif font. Below "STOP" are the words "STRATEGIES TO OVERCOME & PREVENT" in a smaller, red, sans-serif font. To the right of this text is the word "OBESITY" in a large, gold, serif font. Below "OBESITY" is the word "ALLIANCE" in a smaller, gold, serif font. The entire logo is set against a background of three overlapping, concentric circles in shades of orange and red.

STOP
STRATEGIES TO
OVERCOME & PREVENT
OBESITY
ALLIANCE

Today's Agenda

- ❖ Welcome and Introduction
 - STOP Obesity Alliance Guiding Principles
- ❖ Health, Wellness and the New Physical Activity Recommendation
- ❖ Putting Physical Activity into Action
- ❖ Closer Look at Alliance Policy Recommendations
- ❖ Health and Wellness Case Study
- ❖ Questions and Answers



Speakers



Christine Ferguson, JD
Director, STOP Obesity Alliance,
George Washington University



Richard Carmona, M.D., M.P.H., FACS
Health and Wellness Chairperson, STOP
Obesity Alliance, 17th U.S. Surgeon General



Adrian Hutber
American College of
Sports Medicine



Laurie Whitsel
American Heart Association



LuAnn Heinen
National Business
Group on Health



Chris Boyce
Virgin HealthMiles

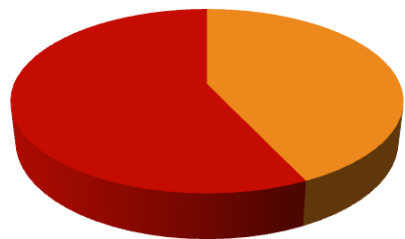
An Intensifying Problem Without a Matching Intensity to Address It



More Americans with a BMI ≥ 30 than ever before



Health care spending on obese patients grew from \$78.5 billion 1998 to \$147 billion in 2008



Projections showing 43% of all Americans - 103 million - will be obese by 2018, if growth continues at current rate

The Right Stakeholders Around the Table



The Right Stakeholders Around the Table

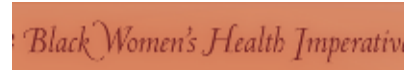
National Indian Health Board



AMERICAN SLEEP APNEA ASSOCIATION



STOP
STRATEGIES TO
OVERCOME & PREVENT
OBESITY
ALLIANCE



Common Principles Ground Our Work



- Reducing Overweight and Obesity is about Improved Health - Not Appearance
- The Work to End Obesity Cannot End with Personal Responsibility
- Prevention and Intervention Go Hand in Hand



It's About Health

- Linked to a number of chronic diseases:
 - type 2 diabetes
 - certain types of cancer
 - hypertension
 - coronary heart disease
- Most have unrealistic weight-loss goals that are focused on cosmetic changes, rather than long-term health
 - These goals may be to achieve a societal norm or to reach a normal BMI in a short period of time.
- Promoting sustained health improvements over cosmetic results will help focus the dialogue on obesity toward healthy mental and physical outcomes.



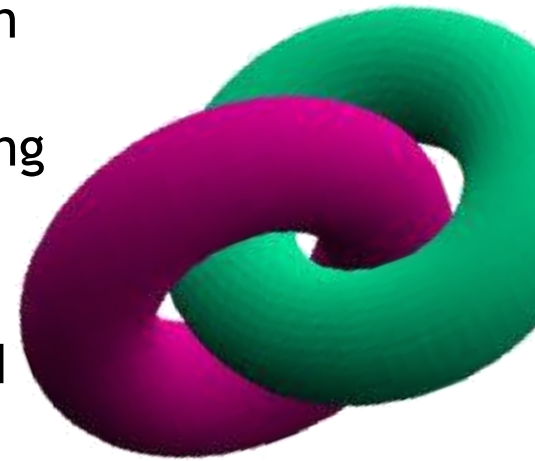
Need Environments Where Good Choices are Possible



- Negating the myth that overcoming obesity is solely a matter of personal responsibility
- Many factors contribute to obesity and overcoming them extends beyond individual will.
 - Racial and ethnic minorities and people living in underserved communities experience health disparities in health status and outcomes that lead to higher rates of chronic diseases, including obesity.
- Roles for employers, schools and educators, health care professionals, community leaders, families and the government

No Longer Either/Or – Prevention and Intervention Go Hand in Hand

- Alliance research and recommendations grounded in understanding that prevention and intervention strategies are both essential in effectively addressing obesity.
- Alliance members see a continuum to achieving and maintaining healthy weight.
- Health literate and culturally relevant approaches, methods and tools for prevention and intervention must be applied as appropriate not only to achieve a healthier weight, but to sustain a healthy weight over time.



Focus on Health and Wellness



Richard H. Carmona, M.D., M.P.H., FACS
President, Canyon Ranch Institute
17th Surgeon General of the United States (2002-2006)
Vice Chairman, Canyon Ranch
Distinguished Professor, Mel and Enid Zuckerman College of
Public Health, University of Arizona

Physical Activity at a “Low” When the Need is at an All-Time “High”



Right Recommendation at the Right Time



Science has advanced in physical fitness and health

- Studies show excess weight and poor fitness is associated with the highest risk of premature death and disease.
- In contrast, people with high fitness levels, even if overweight or obese, have lower rates of chronic disease and premature death.



Commitment to consensus among STOP Obesity Alliance members

- Agreement on the evidence
- Agreement on the need

The New Alliance Policy Recommendation

The STOP Obesity Alliance Recommends:

Encouraging interventions and creating environments that support physical activity will improve health, independent of weight or weight loss, resulting in a healthier population.

- Physical activity has significant and widespread benefits, regardless of weight.
- Engaging in regular physical activity and reducing periods of inactivity can increase one's fitness level and health outcomes, independent of weight loss.
- Interventions and environments (such as workplace, community, home and parks) and systems aimed at promoting and increasing physical activity to improve fitness can have wide-ranging benefits.

Physical Activity into Practice: American College of Sports Medicine



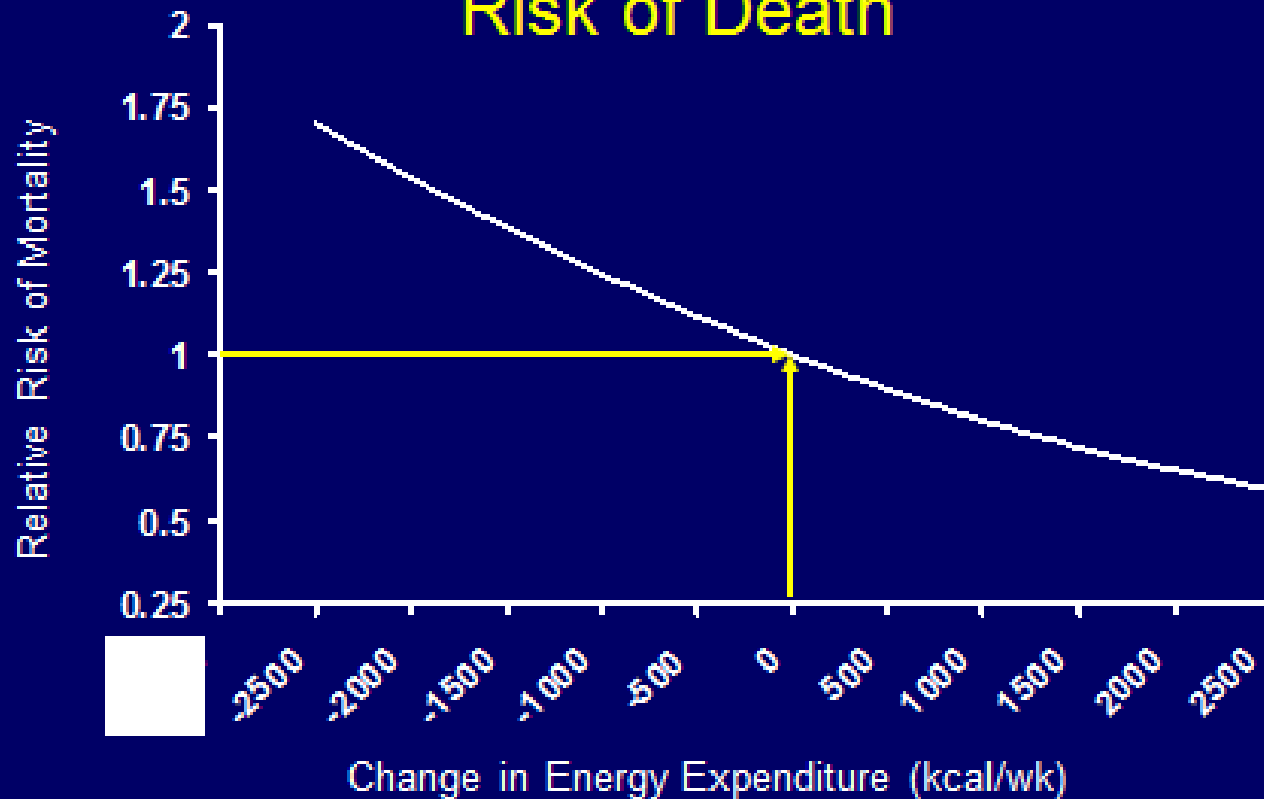
Adrian Hutber, PhD
Vice President, Exercise is Medicine
American College of Sports Medicine

Physical Activity in the Prevention of Disease



Exercise is Medicine Program

Change in Activity and Adjusted* Risk of Death



*Adjusted for baseline activity, age, sex, race, smoking, alcohol, adiposity, comorbidities

Janssen I & Jolliffe CJ. *MSSE* 2006; 38:418

Summary of Current Scientific Knowledge



- **The benefits of exercise in the prevention and treatment of obesity and other chronic diseases cannot be denied**
- **There is overwhelming evidence that physical inactivity is a public health burden**

Activity Counseling in Primary Care

- Patients report they want info on PA from physicians.
- Physicians have a responsibility to inform patients of PA benefits and inactivity risks - what they choose to do with this info is up to them.
- At minimum, physicians should offer education material and advise patients to exercise.

PROBLEM

Health care providers (HCPs) continue to ignore evidence on exercise when formulating preventive plans and treatment plans for their patients.

SOLUTION: Exercise is Medicine™

- Exercise is integral to the prevention and treatment of obesity and other diseases and should be integrated into mainstream medical care as part of every HCP office visit.
- Calls on HCPs to prescribe exercise to patients/clients or refer patients/clients to a qualified fitness or allied health professional for further counseling.

Multi-organizational, Multi-national initiative:

**launched by the American College of Sports Medicine (ACSM)
and the American Medical Association (AMA)
in November 2007.**

END GOAL

No patient/client should leave an HCP's office without:

An assessment of his/her physical activity and

An exercise prescription or a referral to a qualified fitness or allied health professional for further counseling.



Exercise as a Vital Sign

Kaiser Permanente

Kphc, Eightiezztestxx MRN 000016287179 Age 3 year of Sex F PCP Adams, Berneva Joy Cri* Allergies Peanut - Dietary, Wine, Coal Dust, Shellfi* Alert FYI HM Spec Feat N kp.org Inactive

1/29/2009 visit with LEON HENRY EWIN MD

Images Questionnaires Admin Benefits Inquiry References Open Orders Preview AVS Print AVS

Allergies: Peanut - Dietary, Wine, Coal Dust, Shellfish Derived Products, Bee Venom, Lisinopril, Amlodipine Besylate, Air, C... Reviewed on 9/30/2008

Last Vitals: BP: 159/80 P: T: T Src: Resp: W: 180 lbs (81.647 kg) (100%) H: 5'1" (1.549 m) (100%)
BMI: 34.01 kg/m2, BSA: 1.87 m2

Charting

- Chief Complaint
- Nursing Notes
- Vitals
- Exercise Vitals**
- Interpreter Needed
- Med. Document
- BestPractice
- History
- Progress Notes
- SmartSets
- Dx and Orders
- Pt. Instructions
- LOS
- Follow-up
- Close Encounter

Exercise Vitals - Exercise Vitals (SHIFT+F6 to enter comments)

Instant Taken:
Date: 2/6/2009
Time: 1515

Exercise Level of Effort

How many days a week of Moderate to Strenuous Exercise (like a brisk walk)?

0 1 2 3 4 5 6 7

On average, how many minutes do you exercise at this level?

10 20 30 40 50 60 90 120 150 or greater

Restore Close F9 Cancel Previous F7 Next F8

Interpreter Needed

INTERPRETATION SERVICES QUESTIONNAIRE Total questions: 6 (Recommended:1 Unanswered:1)

Medication Documentation

End

- When you click on the “Exercise Vitals” the section opens up to display the two exercise intake questions that can be completed in a quick manner.
- The date and time this data was captured will also be noted/stored.

Become Involved with Exercise is Medicine™

1. Log on to www.ExerciseIsMedicine.org.



2. Click “Join Us.”

3. Click “Physicians,”
“Health & Fitness
Professionals” or “Public”
to download an action
guide.

4. Start prescribing exercise
today!

HCP's Choice of Actions

- Display office poster and provide handout materials to patients.
- Write prescriptions for physical exercise
- Refer to a fitness professional.

“Your Prescription for Health” series

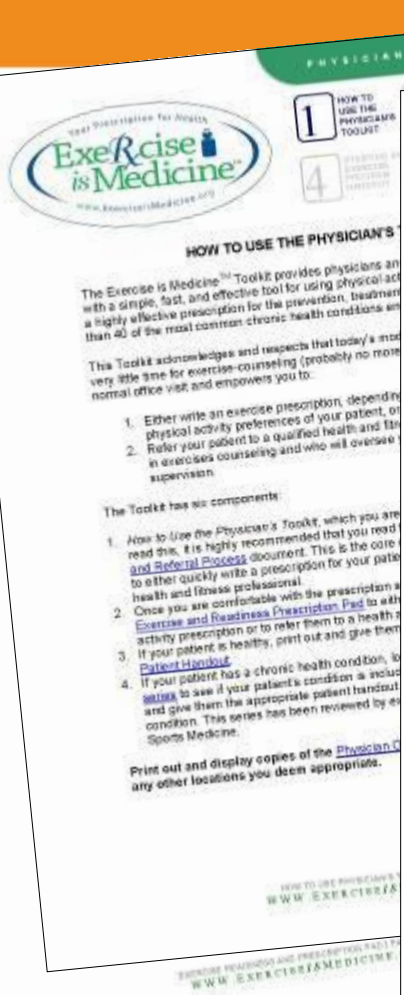
- Provides information and advice on exercising safely with health conditions.
- Physicians and fitness professionals can recommend these to their patients/clients during visits.
- Includes titles such as:
 - Exercising Following Coronary Artery Bypass Surgery
 - Exercising Following a Heart Attack
 - Exercising Following a Stroke
 - Exercising while Losing Weight
 - Exercising with Alzheimer's
 - Exercising with Anxiety and Depression
 - Exercising with Atrial Fibrillation
 - Exercising with Cancer
 - Exercising with Low Back Pain
 - Exercising with Peripheral Arterial Disease
 - Exercising with Visual Impairment

Download at:

www.exerciseismedicine.org/YourPrescription.htm



Action Guides (Toolkits)



PHYSICIAN TOOLKIT

1 HOW TO USE THE PHYSICIAN TOOLKIT

4 EXERCISE PRESCRIPTION PATIENT HANDOUT

Exercise is Medicine
www.ExerciseIsMedicine.org

HOW TO USE THE PHYSICIAN'S TOOLKIT

The Exercise is Medicine™ Toolkit provides physicians and other healthcare providers with a simple, fast, and effective tool for using physical activity as a highly effective prescription for the prevention, treatment, and management of the most common chronic health conditions and associated risk factors.

This Toolkit acknowledges and respects that today's most busy physicians and other healthcare providers have very little time for exercise counseling (probably no more than a few minutes during a normal office visit) and empowers you to:

1. Either write an exercise prescription, depending on your patient's physical activity preferences and needs, or refer your patient to a qualified health and fitness professional for exercise counseling and supervision.

The Toolkit has six components:

1. How to Use the Physician's Toolkit, which you are currently reading. It is highly recommended that you read this and the [Referral Process](#) document. This is the core document that you will use to either quickly write a prescription for your patient's health and fitness professional.
2. Once you are comfortable with the prescription process, use the [Exercise and Readiness Prescription Pad](#) to write an activity prescription or to refer them to a health and fitness professional.
3. If your patient is healthy, print out and give them the [Patient Handout](#).
4. If your patient has a chronic health condition, be sure to see if your patient's condition is included in the appropriate patient handout and give them the appropriate patient handout. This series has been reviewed by experts from the American College of Sports Medicine.

Print out and display copies of the [Physician Toolkit](#) at any other locations you deem appropriate.

HOW TO USE THE FITNESS PROFESSIONAL'S TOOLKIT
WWW.EXERCISEISMEDICINE.ORG

EXERCISE READINESS AND PRESCRIPTION PAD
WWW.EXERCISEISMEDICINE.ORG

EXERCISE READINESS & PRESCRIPTION

Patient's name: _____ DOB: _____
 Physician's Signature: _____

CURRENTLY EXERCISING: Yes No

Type/s of Activity _____

How Hard
(Light, moderate, intense) _____

How Long
(Minutes/session) _____

How Often
(Times/week) _____

PATIENT'S STAGE OF CHANGE

Precontemplation
(Patient not ready to exercise)

Contemplation
(Patient interested in/beginning to exercise)

Preparation
(Patient's exercise inconsistent/less than recommended)

Action and Maintenance
(Patient exercising recommended amount)

PHYSICIAN'S RECOMMENDATION

Aerobic Exercise _____

Strength Exercise _____

Flexibility Exercise _____

Sports Exercise _____

Referral to Exercise/Sports Professional _____



Exercise is Medicine
www.ExerciseIsMedicine.org

1 HOW TO USE THE FITNESS PROFESSIONAL'S TOOLKIT

4 HOW TO USE THE PHYSICIAN TOOLKIT

7 EXERCISE PRESCRIPTION PATIENT HANDOUT

2 HOW TO WORK WITH HEALTH PROFESSIONALS

3 HOW TO WRITE A HEALTHY PRESCRIPTION

5 FITNESS ASSESSMENT

6 EXERCISE PRESCRIPTION

8 EXERCISE PRESCRIPTION PATIENT HANDOUT

9 EXERCISE PRESCRIPTION PATIENT HANDOUT

HOW TO USE THE FITNESS PROFESSIONAL'S TOOLKIT

The Exercise is Medicine™ Toolkit provides health and fitness professionals with a guide for how to work effectively with physicians and other healthcare providers to use exercise and physical activity as the correct "dosage" as a highly effective patient care "prescription." This Toolkit has been developed in support of one of the primary goals of the Exercise is Medicine™ initiative: to bring healthcare providers and health and fitness professionals together as part of the same patient healthcare continuum for the American public.

- By using the Toolkit components listed below, the health and fitness professional will be able to optimize their opportunities to build credibility and work with the healthcare professionals within their local community.
1. The [How to Use the Fitness Professional's Toolkit](#) (which you are currently reading). Once you have read this, it is highly recommended that you read through the [How to Work with Healthcare Providers](#) document. This is the core of the Toolkit and will explain how to use a five-step process to market your services to the healthcare providers within your community.
 2. Once you are comfortable with the process for working with a healthcare provider, use the [Introductory Letter to Healthcare Provider](#) form to introduce yourself and your services to the healthcare provider in your community.
 3. When you receive a referral from a healthcare provider, use the [Health and Medical Questionnaire](#), [Fitness Assessment](#), [Informed Consent](#), and [Cancellation Policy](#) forms that you'll find in this Toolkit for working with patients referred to you by a healthcare provider.
 4. If your client is healthy, check if they have been given a [Starting an Exercise Program Patient Handout](#) by their healthcare provider; if not, print out and give them one.
 5. If your patient has a chronic health condition, look at the [Your Prescription for Health](#) series to see if your patient's condition is included in the series; check if they have been given a handout from this series by their healthcare provider; if not, print out and give them one. This series has been reviewed by experts from the American College of Sports Medicine.

Due to potential variations in the law from one state to another, the documents provided in this toolkit should be reviewed and approved by legal counsel before they are used by you or your organization. ACSM makes no warranties or representations regarding the documents provided in this toolkit, and you or your organization assume all risk associated with any use of these documents.

HOW TO USE THE FITNESS PROFESSIONAL'S TOOLKIT
WWW.EXERCISEISMEDICINE.ORG

Closer Look at Alliance Policy Recommendations



LuAnn Heinen

Vice President, National Business Group on Health
Director, Institute on Innovation in Workplace Well-being and
Director, Institute on Health, Productivity and Human Capital

The STOP Obesity Alliance Recommends:

Redefine Success: Promote the use of a sustained loss of five to ten percent of current weight as a key measure to judge the effectiveness of weight reduction interventions.

Currently, success in sustained weight loss is evaluated based upon different definitions by patients, providers and researchers.

————— BUT... —————

A growing body of evidence suggests that losing somewhere between five to ten percent of current weight leads to major improvements in key health areas.

The National Heart, Lung, and Blood Institute examined a wide-array of randomized controlled studies and recommended a ten percent reduction in weight to achieve

- lower blood pressure
- lower LDL-cholesterol and triglycerides
- increased HDL-cholesterol and lower blood glucose levels
- decreased incidence of Type-2 diabetes

The STOP Obesity Alliance Recommends:

Encourage innovation and multifactorial interventions to strengthen the system of care for overweight and obesity

- Encouraging innovation around treatments, intervention and disease management with support from employers, insurers and other payers.
- Supporting efforts by professional organizations to train health professionals. Identifying and disseminating successful or promising practices for interventions.
- Encouraging governmental and non-governmental entities to focus on translating the research on obesity management into recommendations for best practices.

Closer Look at Alliance Policy Recommendations



Laurie Whitsel
Director of Policy Research
American Heart Association

The STOP Obesity Alliance Recommends:

Address and reduce stigma as a barrier to improving health outcomes

- There is no evidence that stigmatizing overweight and obese individuals motivates them to lose weight.
 - In fact, stigmatization may postpone and even prevent individuals from getting treatments that could improve their health.
- Promote awareness and open discussion among health professionals, opinion leaders and role models of the harmful impact of stigmatizing people with overweight and obesity
- Promote interventions that provide support for sustained weight loss and go beyond recognizing the role of personal responsibility.

The STOP Obesity Alliance Recommends:

Broaden, intensify and coordinate the research agenda for obesity



- Clinical Research

- That measures the impact of incremental weight loss on health improvements across the spectrum of overweight and obesity.



- Actionable Research

- Develop and disseminate best practices to translate successful or promising interventions to real-world practice including clinical, school, worksite and community-based settings.



- Health Services and Policy Research

- Applied health services research to address the immediate needs of payers, providers, individuals, employers and other stakeholders who are on the front lines of the obesity epidemic.



- Quality Measurement and Improvement Research

- Support efforts by NCQA to develop measures on the evaluation and treatment of obesity in primary care settings.



VIRGIN HEALTHMILES

Employer Strategies for Employee Health & Wellness

Chris Boyce, CEO





Virgin HealthMiles

- Reduce rising costs related to chronic disease for companies and employees
- Consumer focus, **revolutionize** existing paradigms
- Range of products for a range of needs: **Motivate, measure and manage**
- Serving over 120 clients and 700,000 employees in the US

Virgin Group

- Over 40 companies
- Over \$20Bn in annual revenues
- Known for innovation, value and great customer experience
- Investing in solving health issues since 1978



The Issue

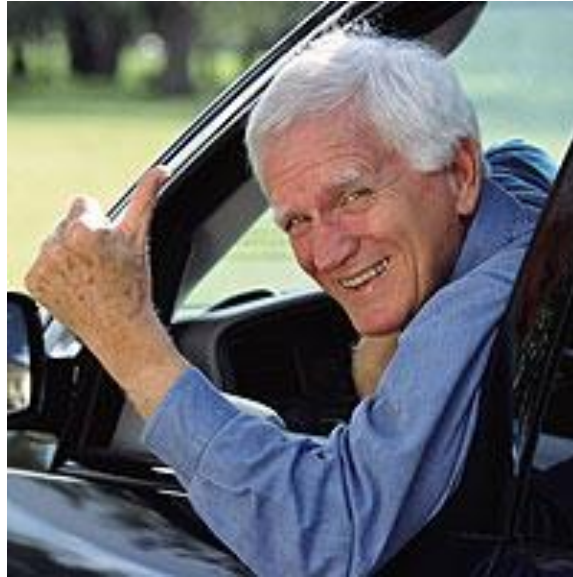
- » Health care costs are a **board-level issue** for U.S. organizations
- » Preventable, **lifestyle-related chronic diseases** drive **75%** of health care spending
- » 95% of these costs go to treatment, only **5% go to prevention**
- » Employers pay **36% more for healthcare** than 5 years ago; employees pay 44% more
- » Current trends point to **25% decline in operating profits** for average company in 10 years
- » HR Managers expect health care costs to **exceed wages**, need to create **culture of health**

The Solution – Prevention

- » Employers see prevention as the **most effective strategy** to bend healthcare cost curve
- » Many recognize value of and plan to create **culture of health**
- » **Increasingly investing** in employee wellness programs to reduce costs
- » Offering **incentives** to drive healthy behaviors

Rewarding Healthy Behaviors

**Auto
Insurance
Industry**



**Safe drivers get
insurance discounts.**

**Health
Insurance
Industry**



**Healthy individuals
don't get insurance
discounts. Why Not?**



Our physical activity-based health and productivity program:

Provides employees with **motivation and tools** to stay physically active

Provides employers with tools and data to **measure and manage** health care cost-savings strategies

Pay-for-Prevention™ approach:

Creates a **culture of health** in the workplace

Aligns employer and employee interests to **drive down health care costs**

Rewards employees for the **right behaviors**

MOTIVATION TO MOVE

Multiple behavior-change strategies to keep employees motivated over time, create supportive social community

PROOF OF PERFORMANCE

Validated activity and health data is captured and tracked

REAL-TIME REPORTING

Provides up-to-the-minute tracking of program and wellness strategy performance

Shifts We're Seeing in Just One Year:

29-50%
move from inactive
to active

21%
of hypertensive or
pre-hypertensive
move down a full
category

14%
move from above
recommended body fat
to healthy range

9%
of obese / overweight
move down at least one
full BMI category

Shifts We're Seeing Over the Long Term:

50%
of inactive participants achieved and maintained
healthy levels of physical activity *(18-month study
of 11,000 members)*

2.5x
Members are more active than the average U.S.
adult *(study of more than 100,000 members)*

➤ Overweight members demonstrate
the highest activity shift.



Success Stories



- 7 hospitals, 35 clinics, 10,000+ employees
- Employees can earn 15% healthcare premium discount based on participation
- 85% enrollment
- 89% of members have improved or maintained BMI
- 82% of members have lowered or maintained blood pressure
- 50% of members earned premium discounts for 2010
- 2010 health plan costs increased only 3% compared to national average of 10%
- Employee-only medical claims down over 2008 by \$3 million



- 2,400 geographically dispersed employees; 80% desk-centric
- Healthcare cost increases have historically risen at rates below national average
- Employees can earn up to \$400/year for program participation
- Aligns with other wellness initiatives
- 59% employee participation
- 83% of members are highly engaged in program
- Active population increased from 27% to 43%
- 10% of obese members have dropped out of the obese category
- Received prestigious *2010 Optimas Award* for partnership with Virgin HealthMiles



- ~12,000 employees
- 45% employee participation; > 70% reached Level 3 in one year
- Average daily step count: ~8,500
- # of inactive/low active members has decreased from 83% to 39% (44% change)
- No healthcare cost increases in last 2 years



Leading Organizations Join Forces to Promote Health

www.nationalemployeehealthmonth.com



SPONSORED BY:



- ➔ Created in 2009 by Virgin HealthMiles in partnership with The STOP Obesity Alliance
- ➔ Annual initiative designed to help business leaders learn how companies have developed successful strategies around prevention and good health
- ➔ More than 90 companies, 40,000 employees nationwide are supporting this year's initiative
- ➔ Spreading the word that healthy behaviors such as getting more physical activity, along with a supportive environment in the workplace, can greatly improve our overall health and lower health care costs.

Questions?



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George Washington University



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STOP STRATEGIES TO OVERCOME & PREVENT OBESITY ALLIANCE

▪ Upcoming Events ▪ Past Events



SIGN UP FOR OUR EMAIL NEWSLETTER

SUBMIT

 FOLLOW US ON TWITTER

 VIEW OUR FACEBOOK PAGE

WEIGHING IN:

A STOP Obesity Alliance Blog

Stand Up and Show Your Support for Employee Wellness this June

Join the Alliance in celebrating the 3rd Annual National Employee Wellness Month this June with leading corporations and organizations

WELCOME TO THE STOP OBESITY ALLIANCE

The [Strategies to Overcome and Prevent \(STOP\) Obesity Alliance](#) brings together a diverse and powerful group of consumer, provider, government, labor, business, health insurers and quality-of-care organizations to stop, think and change how we perceive and approach the problem of obesity, overweight, and weight-related health risks, including heart disease and diabetes.

The goal of the STOP Obesity Alliance is to go

ALLIANCE NEWS AND EVENTS

Why Obesity Is a Disease

Why Obesity Is a Disease

Scott Kahan, MD

May 19, 2011

By now, virtually everyone reading this is familiar with the alarming stats on obesity rates and the health outcomes associated with excess weight. And by now, we've all had a chance to develop our own opinions about what obesity is and why most of us are []