Policies for Change in Overweight and Obesity

New Policy Recommendations to Improve Health

National Webinar
June 16, 2011
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 in 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
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”
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.
Health care providers (HCPs) continue to ignore evidence on exercise when formulating preventive plans and treatment plans for their patients.
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.
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.
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™


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)
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
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:
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.
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.
Laurie Whitsel
Director of Policy Research
American Heart Association
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 Overview

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

Employer provided incentives averaged $430 per employee in 2010—a 65% increase from $260 in 2009.

2010 Fidelity Investments / National Business Group on Health Wellness Study

Safe drivers get insurance discounts.

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
Real Results

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

**Ochsner Health System**
- 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

**Protective Life Insurance Company**
- 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

**St. Vincent Health**
- ~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.nationalemployeewellnessmonth.com

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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Stop Obesity Alliance

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...

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 [...]

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