



Tackling Obesity Through Public-Private Collaboration

OBESITY: The problem, its causes and its terrible consequences—for individuals, families and society—are well known. But we know far less about effective strategies to combat it. This *NIHCM Brief* provides context for those in the private and public sectors who wish to work together, pragmatically, to tackle what the IOM considers a national public health priority.

The Problem

- The prevalence of obesity for adults, preschool children, and adolescents has doubled over the last 3 decades—and has more than tripled for children 6-11 years.¹
- The obesity epidemic affects both genders, and occurs in all age, race and ethnic groups in the U.S. It is an international health problem, found in developed and developing countries.²

Causes

Diet, sedentary lifestyles, genetics, community planning, stressful work schedules, low literacy, cultural issues, resistant practice patterns among health care providers, availability of few medical interventions, and competition for scarce public dollars can all contribute to this growing problem.

Consequences

Health:

- Fifteen (15) percent of children and adolescents are overweight and another 15 percent are at risk of becoming overweight.³ Seventy (70) to 80 percent of obese adolescents will become obese adults.⁴
- Among adults, the general health impact of obesity is equivalent to aging 20 years.⁵
- Moderately obese adults have a threefold increased risk of diabetes or high blood pressure.⁶

Economic:

- On average, obese Americans incur 36% higher health care costs.⁷
- Annual national health care expenditures related to obesity and overweight for adults alone range from \$98b to \$129b (in 2004 dollars).⁸
- Obesity accounted for 5-9% of total health care expenditures in 1998 and more than 25% of the increase in health care costs between 1987 and 2001.^{9, 10}

Obesity Reduction Strategies: What Works?

Working in collaboration, public and private sector experts have reviewed the literature and recommended effective preventive care strategies.¹¹ The accompanying *NIHCM Synthesis* summarizes their most current and key obesity reduction-related recommendations for clinical and community-based interventions. (Additional recommendations are pending the results of on-going reviews.)

“Best Possible” versus “Best Available” Evidence

In a recent IOM publication on the prevention of childhood obesity, the authors emphasize the difference between reviews of evidence based on the *best possible* vs. *best available* evidence.¹² The Task Force recommendations outlined in the accompanying synthesis are based on the *best possible* evidence.

Many more, frequently innovative, obesity reduction and weight management strategies have been implemented, and evaluated at some level, but do not yet meet the highest scientific standards. Where findings from such evaluations appear “promising” it is commonly understood that the intervention is based on the *best available* evidence.

What are health plans doing to fight obesity?

A recent *NIHCM Report* describes numerous strategies that leading health plans are using to fight the obesity epidemic.¹³ For example, they:

- Educate providers about screening for obesity in children,
- Create incentives for plan members to participate in weight loss programs,
- Create and fund community-based weight management programs.

Because health plans cannot wait for the best possible scientific evidence to accumulate before addressing the obesity crisis, some strategies are based on best available rather than best possible evidence.

Health plans are avidly interested in reducing obesity among their enrollees and in the larger community. Unfortunately, they must act with imperfect information.

Are these strategies working?

We don't always know. In some cases plans are evaluating intervention strategies to develop better ways to combat the obesity epidemic. But in other cases they are not. Health plans offer unique opportunities for evaluation; for example, they have the ability to collect data on populations over a long period of time in order to evaluate the long-term effects of different obesity prevention, reduction and weight management strategies. Certainly, conducting such analyses are in the interest of all stakeholders and society at large. But health plans depend on the assistance and collaboration of partners from the public sector. In the aforementioned *NIHCM Report*, leading obesity experts emphasized that a successful national strategy for combating obesity requires both stronger evidence of effectiveness and coordination of public and private resources.

Questions for Discussion

How can CDC help private sector health plans identify and implement effective, evidence-based strategies to combat the obesity epidemic?

How can private health plans help CDC improve and innovate its efforts to address the obesity epidemic?

NOTES:

¹Prevalence of Overweight and Obesity Among Adults: United States, 1999-2002. National Center for Health Statistics, Centers for Disease Control and Prevention. Available at www.cdc.gov/nchs/products/pubs/pubd/hestas/obese/obse99.htm

²Fact Sheet: Childhood Obesity in the United States: Facts and Figures. Institute of Medicine, 2004. Available at: <http://www.iom.edu/Object.File/Master/22/606/FINALfactsandfigures2.pdf>

³See note 1.

⁴Epstein LH, Wing RR, Valoski A. Childhood Obesity, *Pediatric Clinics of North America* Am 1985;32:363-79. Malina RM. Ethnic variation in the prevalence of obesity in North American children and youth. *Critical Reviews in Food Science and Nutrition* 1993;33:389-96.

⁵Sturm R. The Effects of obesity, smoking and drinking on medical problems and costs. *Health Affairs*. 2002 Mar-Apr; 21(2):245-53.

⁶Mokdad et al. Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors, 2001. *Journal of the American Medical Association* 2003;289:76-79.

⁷Thompson D et al. Body Mass Index and Future Healthcare Costs: A Retrospective Cohort Study. *Obesity Research* 9(3): 210-218.

⁸Fact Sheet - Overview of the IOM's Childhood Obesity Prevention Study. Institute of Medicine, 2004. Available at: <http://www.iom.edu/Object.File/Master/22/604/fact%20sheet%20-%20overview%20finalBitticks.pdf>

⁹Finkelstein et al. National Medical Spending Attributable to Overweight and Obesity: How Much, and Who's Paying? *Health Affairs* 2003; Web Exclusive W3-219-26.

¹⁰Thorpe et al. Trends: The Impact of Obesity on Rising Medical Spending. *Health Affairs* 2004 Web Exclusive W4-481.

¹¹One task force evaluates clinical, and the other, community-based evidence.

¹²Progress in Preventing Childhood Obesity: Health in the Balance. Institute of Medicine. Committee on Prevention of Obesity in Children and Youth, 2005. Available at: <http://darwin.nap.edu/books/0309091969/html/>

¹³Health Plans Emerging as Pragmatic Partners in Fight Against Obesity. NIHCM Foundation, 2005. Available at <http://www.nihcm.org/finalweb/ObesityReport.pdf>

About NIHCM Foundation

The National Institute for Health Care Management Research and Educational Foundation is a non-profit organization whose mission is to promote improvement in health care access, management and quality.

About This Publication

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