

# Special Feature

## Update

### Roundtable Report

# Prevention and Treatment of Overweight and Obesity: Toward a Roadmap for Advocacy and Action

By Brian Raymond, MPH; Cindy Moon, MA

Charged with the task of identifying a guiding framework, strategies, and actions for a comprehensive approach to the treatment and prevention of overweight and obesity, 47 public and private sector professionals convened in Washington, DC, August 14 and 15, 2003, for a roundtable discussion entitled: "Prevention and Treatment of Overweight and Obesity: Toward a Roadmap for Advocacy and Action." The roundtable was jointly sponsored by the Robert Wood Johnson Foundation,

the Kaiser Permanente Care Management Institute, the Kaiser Permanente Institute for Health Policy, the Centers for Disease Control and Prevention, the American Association of Health Plans, HealthPartners, and the Washington Business Group on Health. The purpose of this meeting was to identify priorities to address the epidemic of overweight and obesity, which now affects more than half of the adult population<sup>1</sup> and 15% of the children and adolescents in the United States.<sup>2</sup> The meeting brought together key stakeholders, including policy makers; health care delivery systems; researchers; and representatives of employers, the food industry, schools, and nongovernmental organizations directly affected by the impact of obesity.

the individual within his or her community—not within the health care system. Participants felt that a guiding framework must emphasize community resources critical for helping individuals make healthy choices and manage their weight. Health care systems must also be embedded within the framework—ideally in a manner that allows them to complement the prevention-oriented work of public health systems and community-based organizations. A conceptual model should also incorporate other players in the larger environment—such as government, media, academia, and industry groups—acknowledging the significant role they play in the pervasive environmental factors driving the prevalence of overweight and obesity. Participants also indicated that an ideal model would have a population-based approach that leverages community resources to reach even people who infrequently access health care systems.

### Messages and Communication

Roundtable participants engaged in discussion about the language and messages that are used to communicate the obesity problem with the American public. Several participants noted that current communication about the "obesity crisis" does not resonate well with the public. Research shows that patients are uncomfortable with physicians using the terms "obese" or "fat" to discuss their weight problem.<sup>3</sup> People find these labels demeaning and discouraging. Additionally, messages focusing on long-term health risk reduction are less effective for engaging people in behavior change than are messages acknowledging the more immediate well-being of a person.

### Environment and Community

The role of the environment and community in treatment and prevention of overweight and obesity was

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### Major Themes

Participants were given the tasks of 1) identifying the components of a guiding framework for a comprehensive approach to treatment and prevention of overweight and obesity; and 2) identifying and prioritizing strategies and actions. The major themes of discussion during plenary and small group sessions are listed below.

### A Guiding Framework

At its core, a model that promotes both treatment and prevention of overweight and obesity should place



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discussed at length. Participants recognized that motivational interventions delivered in the medical care system can only go so far in solving the obesity problem—environmental and community support are crucial to changing sedentary lifestyle and encouraging healthy food choices. Within the context of an integrated, guiding framework, environment encompasses culture, media, advertising, the food industry, community design, and public policy. Community includes families, schools, worksites, religious and other community organizations.

## Medical Care System

The pervasive nature of the obesity problem calls for an immediate and active role in treatment for the medical care system. A key challenge to treating obesity is shifting the paradigm that has characterized disease management in which the patient is a passive recipient of care. A new paradigm must focus on patient self-management interventions. Organizations like Kaiser Permanente and HealthPartners have been actively promoting the understanding of how to increase the effectiveness of programs for management of the severely obese. However, the “medicalization” of the obesity problem is not the most effective strategy. Participants acknowledged that solutions should be based on a public health approach that has a strong foundation outside the medical care system. Discussion focused on the need for models of collaboration at the local level between medical care systems, public health systems, and community organizations.

## Research

The need for additional research was a theme that arose repeatedly throughout the meeting. Research along multiple dimensions can help to develop effective interventions for prevention and treatment of overweight and obesity and to make better use of existing resources. Although participants acknowledged that several organizations are already pursuing research agendas, they identified a need to synthesize current knowledge and identify research areas that are not being addressed.

## Suggested Policies and Actions

The pressure points for public policy and other action related to the obesity issue include:

1. schools and youth-serving organizations;
2. worksites and employer programs;
3. community support programs, services, and policies;
4. community design;

5. the food industry—including meal retailers, food retailers, food manufacturers, and food producers;
6. the health care system; and
7. communication and public advocacy.

Participants identified and prioritized recommendations to address overweight and obesity for each of the pressure points. The recommendations considered as having the highest priority or greatest potential for impact are highlighted below. These suggestions only scratch the surface of potential actions and policy interventions and are not fully developed because of the limited time for their consideration at the roundtable. They are presented here as examples of policies that could facilitate development of a roadmap for advocacy and action.

**A new paradigm must focus on patient self-management interventions.**

## Schools and Youth-Serving Organizations

The federal government should offer incentives to schools to voluntarily adopt “healthy school nutrition environment” policies that require foods offered in all school venues to meet dietary guidelines.

## Worksite and Employer Programs

The National Committee for Quality Assurance (NCQA) should develop a measure on frequency of body mass index (BMI) measurement in clinical encounters to be added to the Health Plan Employer Data and Information Set (HEDIS) to provide employers with information about health plan performance and to encourage health plans to align incentives with contracted providers.

## Community Support Programs, Services, and Policies

Local, state, or federal governments should establish food standards for public venues and buildings to promote healthy eating.

## Community Design for Healthy Eating and Active Living

To promote development of community environments that support healthy nutrition and activity choices, local governments should mandate “health impact” studies for new construction projects to assess their potential effects on physical activity and the overall health and well-being of citizens in surrounding communities.

## The Food Industry and Food Marketing

In order to encourage healthy food choices at a societal level, research is needed to better understand the behavioral factors that influence food purchasing and consumption patterns.

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**Participants identified a window of opportunity, created by the current groundswell of media and public interest, to form a broad-based strategy for coordinated action.**

## Health Care Systems

Public and private funding should be made available to build the knowledge base around overweight and obesity treatment and prevention interventions.

## Communications and Public Advocacy

Government and the private sector should provide increased funding for a broad-based media campaign designed to increase public awareness and alter environmental conditions to support good nutrition and physical activity.

## Conclusion

In the concluding session of the roundtable, participants agreed that an integrated approach is necessary to make a positive and sustained impact on the nation's overweight and obesity problem. How that approach is conceptualized within a guiding framework was clearer to participants at the end of the roundtable, but they recognized that additional work is required to flesh out the details and give appropriate emphasis to the various components. Participants identified a window of opportunity, created by the current groundswell of media and public interest, to form a broad-based strategy for coordinated action. Participants offered the following general guidance for immediate action:

- Efforts should focus on both the local and national levels to achieve the broadest impact; however, more immediate results may be seen at local levels.

- Efforts should try to incorporate win-win strategies, with which all stakeholders will have the highest likelihood of success.
- "Healthy Eating and Active Living" could serve as a rallying theme for a broad range of stakeholders, providing a foundation for developing messages that unite the medical, public health, and social service communities.

Suggested next steps include widening the circle of participants for further discussion; developing messages for social marketing; identifying and sharing examples of community collaboration; getting consensus on a research agenda to fill the gaps in knowledge; and drafting a policy agenda that builds on the existing knowledge base of effective prevention and treatment approaches. ❖

## Acknowledgment

*The Centers for Disease Control and Prevention, Kaiser Permanente, and The Robert Wood Johnson Foundation provided financial support for the roundtable discussion.*

## Reference

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3. Wadden TA, Didie E. What's in a name? Patients' preferred terms for describing obesity. *Obes Res* 2003;11(9):1140-6.

## Know Where You're Going

If you don't know where you're going, you'll end up somewhere else.

*Yogi Berra, b 1925, baseball player and manager*