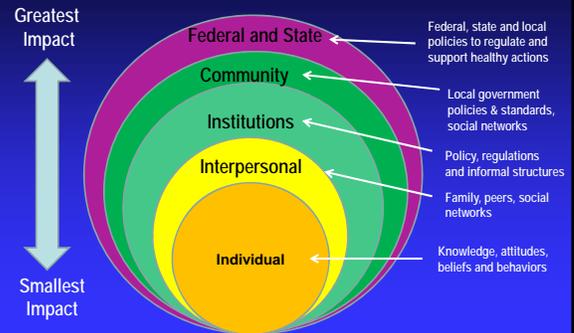


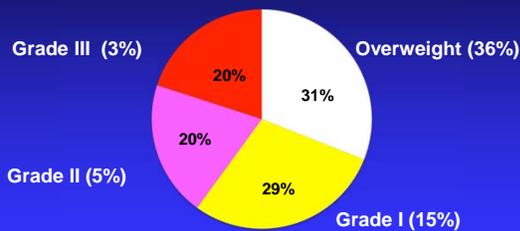
### Effective Prevention of Obesity in Healthcare Settings: Barriers and Opportunities

William H. Dietz, M.D., PhD  
 Consultant: Institute of Medicine  
 Senior Adviser: Robert Wood Johnson Foundation

### Social Ecological Model



### Percentage of Costs Attributable to Overweight and Obesity (2000 MEPS Sample)



Arterburn DE et al. Int J Obesity 2005;29:334

### Intensive Lifestyle Intervention

- Goal: 5-10% weight loss within 6 months
- $\geq 14$  visits within 6 months
- Caloric deficit 500 Kcal/d – 1200-1500 Kcal/d for women, 1500-1800 Kcal/d for men
- Physical activity  $\geq 150$  minutes/week
- Behavioral modification

Jensen MD et al. AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults. Obesity 2013;21(S3)

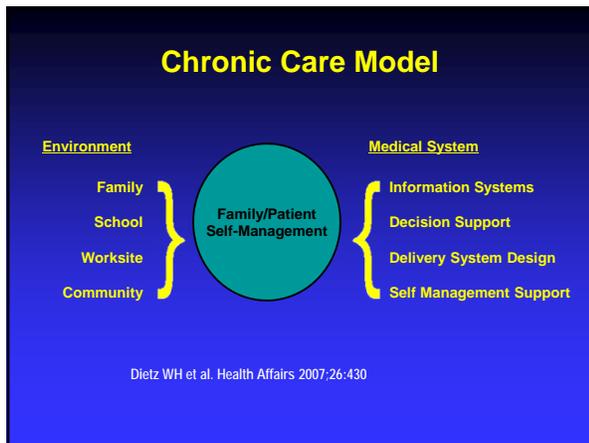
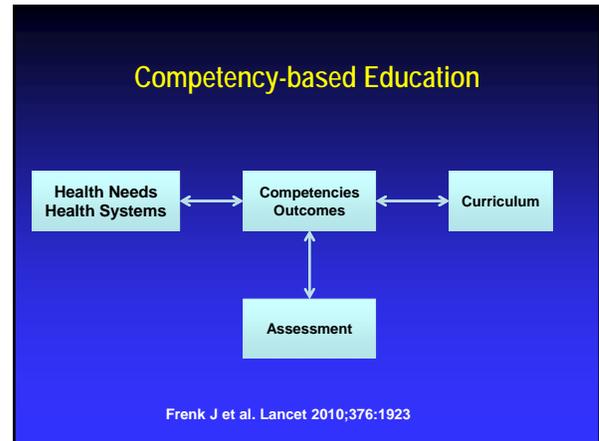
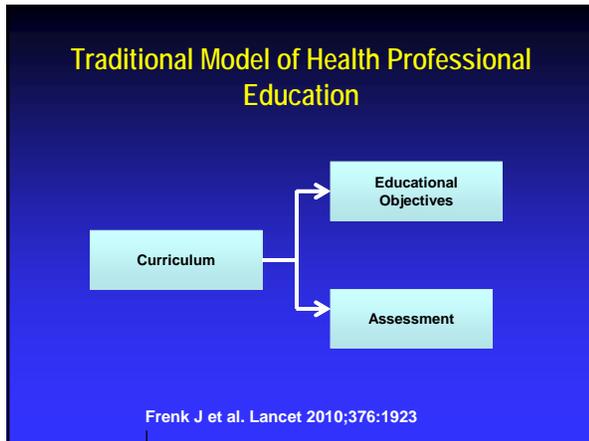
### Characteristics of Innovative Clinical Approaches

- Four adult and one pediatric trial delivered in primary care setting
- Adults studies - efficacy and effectiveness
- Reliance on care extenders rather than multi-disciplinary teams
- Results comparable to traditional or more intensive interventions
- Remote delivery not significantly different

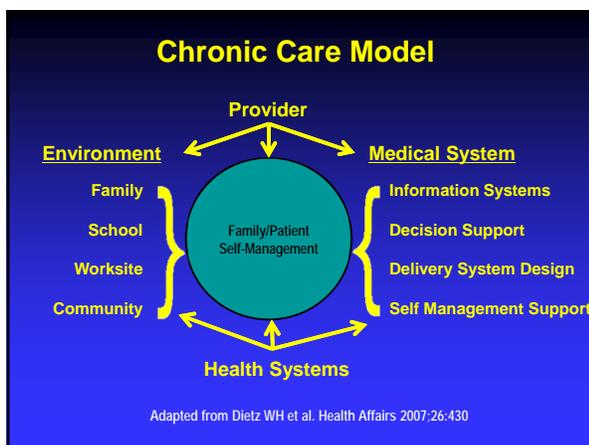
### Factors Related to Long-term Weight Maintenance

- Greater initial weight loss associated with greater rates long-term success
- Easier over time
- Consumption of low calorie, low-fat diet
- Regular breakfast consumption
- Self-monitoring weight
- Meal replacement

Look Ahead Research Group Obesity 2014;22:5  
 National Weight Control Registry <http://www.nwcr.ws/>  
 Heymsfeld SB et al. Int J Obesity 2003;27:537



- ### Recommendations from the RWJF Commission to Build a Healthier America
- Make investing in America's youngest children a priority
  - Fundamentally change how we revitalize neighborhoods...integrating health into community development
  - Broaden the mindset, mission, and incentives for health professionals and health care institutions beyond treating illness to helping people live healthy lives
- Time to Act: Investing in the Health of our Children and Communities



- ### Barriers to Effective Clinical Prevention and Treatment of Obesity
- Bias and stigma – provider discomfort
  - Lack of training related to obesity and counseling
  - Time
  - Perceptions that obesity is a metabolic problem
  - Provider characteristics
  - Inadequate care systems
  - Lack of reimbursement

### Competencies Relevant to Implementation of the DGAs

Behavior change strategies - engagement  
Ability to work with and within teams  
Use of information technology  
Ability to integrate work across sectors  
- Interdisciplinary  
- Clinical:community  
Focus on health as well as disease

### Innovative Clinical Strategies for Obesity Prevention and Control

- Group sessions of parents of overweight preschoolers (Quattrin et al. Pediatrics 2012;130:660)
- Community-based treatment in a YMCA (Foster et al. Pediatrics 2012;130:652)
- Treatment of extreme obesity in primary care (Ryan et al. Arch Int Med 2010;170:146)
- Effectiveness trials in primary care (Appel et al. NEJM 2011;365:1959) and Wadden TA et al. NEJM 2011;365:1969)
- Pilot study of health coaches (Leahey TM and Wing RR. Obesity 2013;21:928)

