Effective Prevention of Obesity in Healthcare Settings: Barriers and Opportunities

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Social Ecological Model

- Greatest Impact
  - Federal and State
  - Institutions
  - Community
- Smallest Impact
  - Individual
  - Interpersonal
  - Institutions

Intensive Lifestyle Intervention

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

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

- Overweight (36%)
- Grade III (3%)
- Grade II (5%)
- Grade I (15%)

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

Jensen MD et al. AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults. Obesity 2013;21(S3)
Look Ahead Research Group Obesity 2014;22:5
National Weight Control Registry http://www.nwcr.ws/
Traditional Model of Health Professional Education

Curriculum

Educational Objectives

Assessment


Competency-based Education

Health Needs

Competencies

Outcomes

Curriculum

Assessment


Chronic Care Model

Environment

Family

School

Worksite

Community

Medical System

Provider

Medical System

Information Systems

Decision Support

Delivery System Design

Self Management Support

Family/Patient Self-Management

Dietz WH et al. Health Affairs 2007;26:430

Chronic Care Model

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Adapted from Dietz WH et al. Health Affairs 2007;26:430

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 (Quatrin 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)