

## Population Health: Shifting the Focus from Obesity to Healthy Weight

Dr. Thomas R. Frieden, director of the US Centers for Disease Control and Prevention (CDC), has noted, "Reversing obesity is not going to be done successfully with individual effort. We did not get to this situation over the past three decades because of any change in our genetics or any change in our food preferences. We got to this stage of the epidemic because of a change in our environment and only a change in our environment again will allow us to get back to a healthier place."<sup>1</sup>

As part of my sabbatical this past spring, I had the good fortune to join the Jefferson School of Population Health. My work focuses on public and private sector initiatives to achieve a population-wide healthy weight. A co-authored previous book, *Obesity, Business and Public Policy*,<sup>2</sup> examined public policy, economic, nutrition and lifestyle factors that contribute to the increase in obesity among Americans.

The first aim of my sabbatical is to complete a work-in-progress. The title, *Weight and Wellness: Innovations in Public Programs and Private Initiatives*, indicates the shift from problem identification toward solutions.

Since interventions must be implemented in environments that are influenced by state legislative actions, the second aim of my sabbatical is to identify funding for the next compilation of the University of Baltimore Obesity Report Card<sup>TM</sup>.<sup>2</sup>

The statistics are staggering. Finkelstein, et al. estimate that 9.1% of US medical expenditures in 2006 were attributable to excess weight.<sup>3</sup> Although the costs and medical consequences of excess weight are well-known, effective long-term interventions for individuals and populations are not. In 1990, the United States' obesity profile showed no state having a prevalence greater than 10%. By 2007, only one state had a prevalence of  $\leq 20\%$ ; 30 states were above 25%, and 3 were above 30%.<sup>4</sup> More than 12% of U.S. preschool children,<sup>5</sup> and 34% of adults,<sup>6</sup> are now obese.

This dramatic change occurred even though weight reduction is a national health priority.<sup>7</sup> Long-term follow-up of an intensive weight loss program reported that just 40% of subjects had even a 5% weight loss after five years, and only 25% had a 10% weight loss after seven years.<sup>8</sup> There is no magic bullet for weight loss. Monotherapies such as pharmacotherapy, dietary restriction, or exercise are unreliable for the long term; impacts are typically modest and of brief duration, and recidivism frequently occurs.

Prevention of weight gain and treatment of obesity require individual, organizational, and public resources. Examples of current initiatives in the private sector include the National Business Group on Health's *Institute on the Costs and Health Effects of Obesity* and its *Wellness Impact Scorecard*.<sup>9</sup> In the public sector, more than 180 communities have participated in the CDC's *Healthy Communi-*

*ties Program*.<sup>10</sup> As William H. Dietz, MD, PhD, director of CDC's Division of Nutrition, Physical Activity and Obesity observes, "Reversing this epidemic requires a multifaceted and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all people."<sup>11</sup>

Without direct national authority over health, national strategies to coordinate an obesity policy are limited. Some mechanisms that are useful in working within these constraints are voluntarily aligning interests, developing national public-private consensus goals, and publishing informational report cards. The University of Baltimore Obesity Report Card<sup>TM</sup> for example, assigns letter grades to each state based on eight dimensions of its legislative efforts on obesity - overall and for childhood obesity in particular.<sup>2</sup> As expected, there is variation in the grades, and feedback suggests that eliciting competition among states for recognition may be a key motivator when direct authority is lacking. ■

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### Additional Resources:

Trust for America's Health. F as in Fat: How Obesity Policies are Failing America. Washington, D.C. August 2008. <http://healthyamericans.org/reports/obesity2008/Obesity2008Report.pdf>.  
World Health Organization. Global Strategy on Diet, Physical Activity and Health. <http://www.who.int/dietphysicalactivity/en/index.html>.