HECCD
Health Equity Coalition for Chronic Disease

Advancing Equity: The Urgent Need to Confront Disparities in Obesity

JUNE 2023

The disease of obesity is literally a life or death issue for millions of Americans. "Long stigmatized as a reversible consequence of personal choices, obesity has complex genetic, physiologic, socioeconomic, and environmental contributors."[1] Obesity is a chronic disease that impacts 42 percent of the US population in both red states and blue states.[2]

With this paper, the Health Equity Coalition for Chronic Disease (HECCD) is highlighting the impact and prevalence of the disease of obesity across America, including among Black and Hispanics, people living in rural communities, and those living in poverty. Different aspects of a person's identity, such as race, class, and gender, can create overlapping forms of discrimination or disadvantage, which is particularly evident in obesity trends.

Access to healthcare, as well as healthy and nutrient-dense foods, is impacted by systemic racism and social constructs such as race, ethnicity, and where people live.[3] Marginalized racial and ethnic groups are more likely to be uninsured than white people.[4] Those without insurance or underinsured individuals are less likely to receive preventive care.

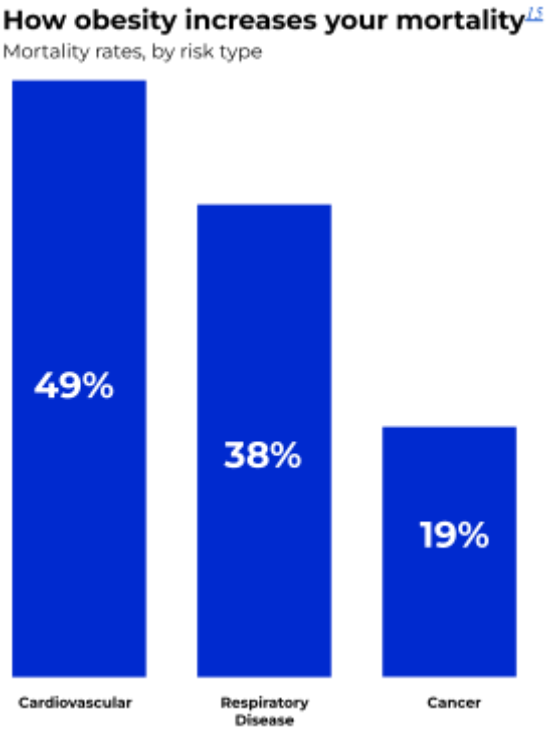
Recognizing "the historic failure to invest sufficiently, justly, and equally in underserved communities,[5] as well as individuals from those communities"[6] President Biden signed an Executive Order on his first day in office that requires his Administration to "pursue a comprehensive approach to advancing equity[7] for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality."[8] We believe that a comprehensive approach to combating and preventing obesity flows from this directive. The clock is ticking, and now is the time to change policies that are preventing access to comprehensive care and "revolutionary"[9] treatments for individuals suffering from the disease of obesity.[10]

1. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, pp 2. https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected
2. JMPC, Direct medical costs of obesity in the United States and the most populous states, March 2021, pp 355. https://www.jmcp.org/doi/10.18553/jmcp.2021.20410
3. A Call to Reconceptualize Obesity Treatment in Service of Health Equity: Review of Evidence and Future Directions, pp. 25-27. https://link.springer.com/epdf/10.1007/s13679-023-00493-5?sharing_token=UnluovWEbR1zxhX-qGmHLfe4RwlQNchNByi7wbcMAY7IP8vfrDbhDlhO-WY7yHLeJczD1tVQCXNM2B2oVTYMtumhbud6fDlzgwEGA26V_KavktsykfZpuzLB5Kg4m_Arh2F54Offw9hwdROLnKGTmUR7-rmbp5G81fSp1cAccBM=
4. Disparities in treatment uptake and outcomes of patients with obesity in the USA. https:// doi. org/ 10. 1007/ s13679-016-0211-1.
5. "underserved communities" refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."
6. Executive Order 13985 On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/
7. Section 2(a) of Executive Order 13985 provides that, "The term 'equity' means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."
8. Executive Order 13985 On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/
9. FDA Commissioner Dr. Robert Califf, Conversations on Health Care, March 21, 2023, 9:30-10:40. https://www.youtube.com/watch?v=vJAalFLX7EE
10. Percent of Population Living with Obesity. https://obesitymap.norc.org/

Obesity is a Leading Cause of Preventable Deaths

Not only is obesity complex, but it is an epidemic we cannot ignore. Obesity leads to a myriad of additional health problems. Nine of the top 10 leading causes of death in America have obesity and excess body weight as a risk factor.[11] Obesity is second only to smoking as the most preventable cause of death in the US.[12] Anti-tobacco and anti-smoking campaigns have proven effective in reducing the number of tobacco-related deaths while obesity rates continue to climb. It won't be long before obesity overtakes smoking as the most preventable cause of death.[13]

> ***"Let's talk about what's killing us every day…*** *when I treat [my patient's] obesity, I treat their heart disease. I treat the 14 cancers caused by obesity. I treat their diabetes. I treat their sleep apnea."*[14]
>
> ***Dr. Fatima Cody Stanford***
> *Leading Obesity Science Physician*



11. CDC, Leading Causes of Death. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
12. Obesity, Second to Smoking as the Most Preventable Cause of US Deaths, Needs New Approaches. https://healthpolicy.usc.edu/article/obesity-second-to-smoking-as-the-most-preventable-cause-of-us-deaths-needs-new-approaches/#:~:text=Obesity%20is%20second%20only%20to,that%20is%20increasing%20across%20generations.
13. Obesity and Cancer. https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet
14. I lost Weight on Ozempic. Here's What the Debate Gets Wrong, 25:00. https://www.nytimes.com/2023/01/19/opinion/obesity-disease-weight-loss.html?showTranscript=1
15. This is how much time obesity cuts off your life. https://www.marketwatch.com/story/this-is-how-much-time-obesity-cuts-off-your-life-2016-07-15

Obesity Leads to Significant Financial Strain on the Individual

U.S. law protects against workplace discrimination on the basis of race, religion, age, and gender; however, discrimination on the basis of weight is legal. Not only is there no legal barrier to weight-based discrimination, but this kind of discrimination is quite real,[16] and has a significant financial impact on people with obesity over the course of their lives. People living with obesity earn less and are also less likely to be hired – this financial impact is most stark for women living with the disease.[17]

In addition to this wage penalty, the individual cost of managing the disease of obesity is high. A significant barrier to care is the out-of-pocket expenses, such as copays and high-cost deductibles associated with treatment for the underlying disease of obesity itself, as well as the diseases and conditions it causes, such as diabetes, hypertension, and musculoskeletal pain and dysfunction. Out-of-pocket health care costs for patients diagnosed with obesity rose by 37% over the last decade—and that's just for those with private insurance.[18]

A Journal of Managed Care + Speciality Pharmacy 2021 report found that the "annual medical care expenditures of adults with obesity ($5,010) were double that of people with normal weight ($2,504)."[19] Furthermore, annual medical care costs at the individual level increased with each class of obesity: a 68.4% increase for class 1 obesity, a 120.0% increase for class 2 obesity, and a 233.6% increase for class 3 obesity.[20]

Moreover, cost is an almost insurmountable barrier to treating the disease of obesity. Too often, insurance plans do not cover appropriate obesity care, such as intensive behavioral therapy or the U.S. Food & Drug Administration (FDA) approved anti-obesity medicines (AOMs). Most of the people dying from the disease won't have access to critical, FDA-approved and doctor-prescribed treatments until we take a systemic approach to addressing obesity and make intensive behavioral therapy and anti-obesity medications accessible to all who need them.

Average out-of-pocket cost for enrollees with and without an obesity diagnosis, 2011-2021

Note: includes enrollees with insurance plans from large employers who have a diagnosis of overweight or obesity.

Source: KFF analysis of Merative MarketScan Commercial Database, 2011-2021

16. Giel et al. Weight Bias in Work Settings – a Qualitative Review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6452122/; Flint et al. Obesity Discrimination in the Recruitment Process: "You're Not Hired!"https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4853419/
17. Lee et al. Impact of Obesity on Employment and Wages among Young Adults: Observational Study with Panel Data. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338917/ ; Kim and Knesebeck, https://bmjopen.bmj.com/content/8/1/e019862; https://www.sciencedirect.com/science/article/abs/pii/S0167629611001639?via%3Dihub
18. Peterson-KFF, How have costs associated with obesity changed over time? https://www.healthsystemtracker.org/chart-collection/how-have-costs-associated-with-obesity-changed-over-time/#Average%20out-of-pocket%20cost%20for%20enrollees%20with%20and%20without%20an%20obesity%20diagnosis,%202011-2021
19. JMPC, Direct medical costs of obesity in the United States and the most populous states, March 2021, pp357. https://www.jmcp.org/doi/10.18553/jmcp.2021.20410
20. JMPC, Direct medical costs of obesity in the United States and the most populous states, March 2021, pp357. https://www.jmcp.org/doi/10.18553/jmcp.2021.20410

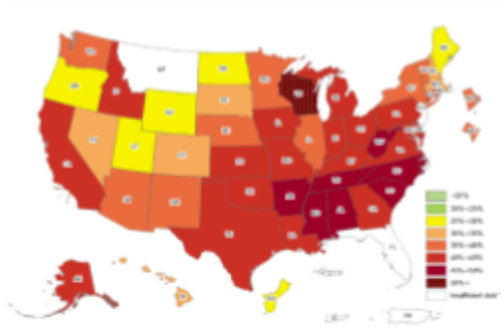
The Most Vulnerable Americans have the Highest Rates of Obesity

Black and Hispanic Americans suffer the Most from the Disease of Obesity

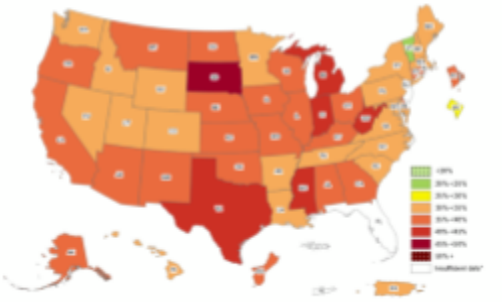
Non-Hispanic Black adults have the highest prevalence of obesity compared with all other racial groups.[21, 22] Approximately four out of every five African American women have obesity — a body mass index (BMI) of 30+ — making obesity one of the most urgent and growing health epidemics in the Black community. “Millions of Black people are facing the physical, emotional, and financial impacts of living with obesity, more so than any community nationwide,” notes Martha A. Dawson, President/CEO of the National Black Nurses Association.[23]

Approximately 45.6% of Hispanic adults live with obesity – the second-highest rate of obesity when compared to other ethnic or racial minority groups in the U.S.[25] Furthermore, 78.8% of Hispanic American women are overweight or obese, as compared to 64% of non-Hispanic white women.[26] A League of United Latin American Citizens report noted that the higher rates of obesity in the Latino community are linked to several factors, “including lack of access to affordable healthy foods, safe places to exercise/play, stable and affordable housing and access to quality health care and social or cultural attitudes about body weight.”[27] For example, nearly one-third of Latinos report eating two or fewer servings of fruit and vegetables a day and 40% say that fruits and vegetables are too expensive.[28]

Prevalence of self-reported obesity among non-Hispanic Black adults, by state and territory. 2019-2021[24]



Prevalence of self-reported obesity among Hispanic adults, by state and territory. 2019-2021[29]



Prevalence of self-reported obesity among non-Hispanic white adults, by state and territory. 2019-2021[30]

21. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018, pp. 2-3.
22. What Could New Anti-Obesity Drugs Mean for Medicare?, March 18, 2023pp2. https://www.kff.org/policy-watch/what-could-new-anti-obesity-drugs-mean-for-medicare/
23. Why Black Nurses Know Best When It Comes to Addressing Our National Obesity Epidemic. https://blavity.com/nurses-know-best-obesity-epidemic-black-americans?category1=opinion
24. Obesity was defined as a body mass index of 30 or higher based on self-reported weight in kilograms divided by the square of the height in meters. Prevalence estimates reflect changes in BRFSS methods that started in 2011. These estimates should not be compared to prevalence estimates before 2011. Areas are indicated as having insufficient data if they had a sample size of less than 50 or a relative standard error (dividing the standard error by the prevalence) of 30% or more.
25. Adult Obesity Facts, CDC. https://www.cdc.gov/obesity/data/adult.html
26. Obesity and Hispanic Americans, HHS. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=70
27. Obesity, LULAC https://lulac.org/obesity/
28. Obesity, LULAC. https://lulac.org/obesity/
29. Adult Obesity Maps – Hispanic Adults. https://www.cdc.gov/obesity/data/prevalence-maps.html
30. Adult Obesity Maps – Non-Hispanic White Adults. https://www.cdc.gov/obesity/data/prevalence-maps.html

Obesity Rates in Children are Alarming and the Trend Lines Are Climbing[31]

Obesity impacts 14.7 million children and adolescents[32] and in the past 3 decades, the prevalence of childhood obesity has more than doubled in children and tripled in adolescents.[33,34]

The American Academy of Pediatrics has noted that much like adults, "[being] overweight and [having] obesity are more common in children who live in poverty, children who live in under-resourced communities, in families that have immigrated, or in children who experience discrimination or stigma. As such, obesity does not affect all population groups equally."[35] Moreover, the consequences of obesity compound over time and have both physical and mental health consequences.[36, 37]

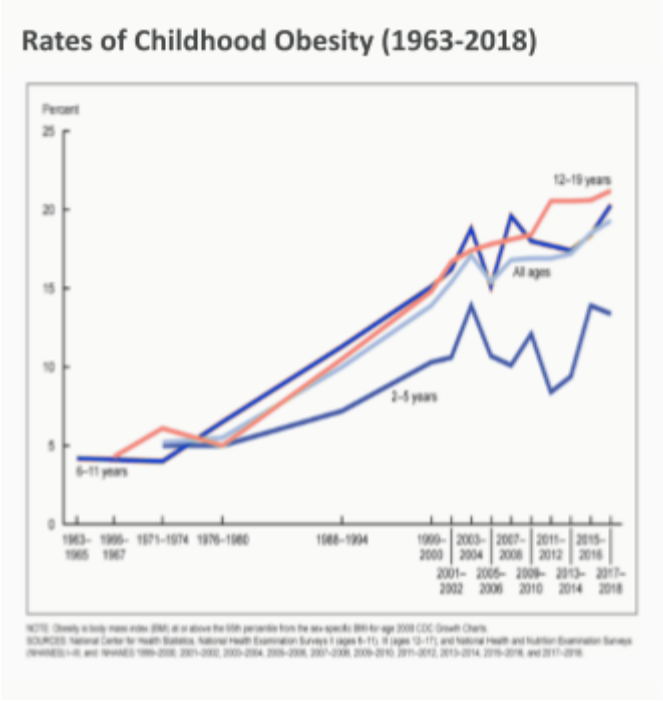
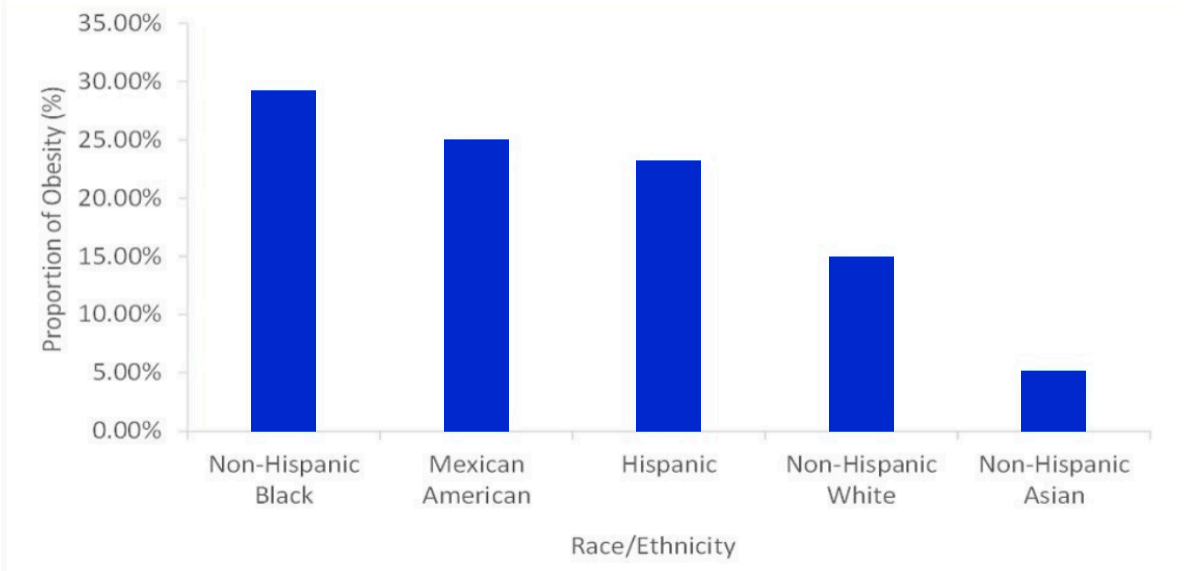


Figure 1: Distribution of total prevalent cases of obesity by race/ethnicity in ages 2-19 years (men and women) in 2017-18 (%)



Source: GlobalData; Fryar *et al.*, 2020

31. Racial and socioeconomic disparities increase childhood obesity in the US. https://www.clinicaltrialsarena.com/comment/disparities-childhood-obesity/
32. Centers for Disease Control and Prevention – Prevalence of childhood obesity in the United State https://www.cdc.gov/obesity/data/childhood.html. Accessed October 5, 2022
33. Childhood and Adolescent Obesity in the United States: A Public Health Concern, pp. 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6887808/pdf/10.1177_2333794X19891305.pdf
34. Prevalence of Overweight, Obesity, and Severe Obesity Among Children and Adolescents Aged 2–19 Years: United States, 1963–1965 Through 2017–2018, Pp4. https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/Estat-children-fig.png
35. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, pp 3. https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected
36. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, pp 3-4. https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected
37. Racial and socioeconomic disparities increase childhood obesity in the US. https://www.clinicaltrialsarena.com/comment/disparities-childhood-obesity/

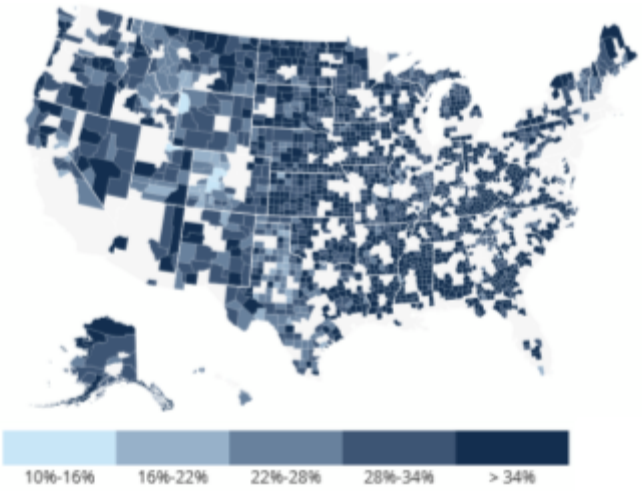
Obesity Rates Six Times Higher in Rural America

Although only 19% of Americans live in rural areas, it has been estimated that the prevalence of obesity is approximately 6.2 times higher in rural areas than urban America.[38] In two states (Kentucky and West Virginia) 40% or more adults had obesity.[39] In response to the access to care challenges faced by those 57 million Americans, in August 2020 President Trump issued an Executive Order that focused on improving access to care, particularly for those living in rural areas.[40]

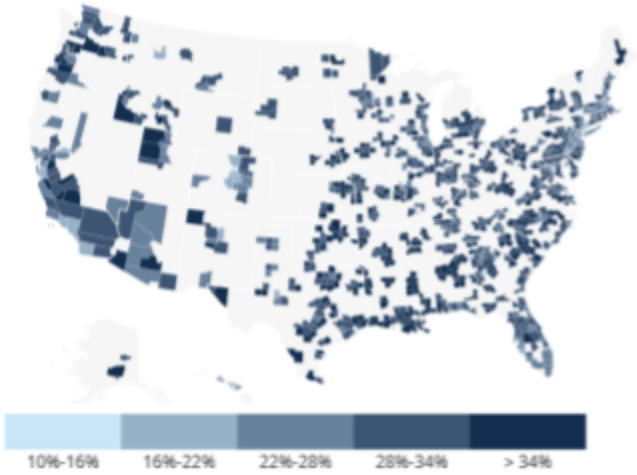
Unmistakable Correlation between Obesity and Poverty

People experiencing poverty struggle to regularly afford fundamental, healthy food items such as proteins, raw fruits, and vegetables. Furthermore, an unbalanced diet and lack of access to safe places to exercise limits opportunities for physical development and increases the risk of obesity. Finally, "individuals exposed to adversity can have alterations in immunologic, metabolic, and epigenetic processes that increase risk for obesity by altering energy regulation."[43] It is not surprising that those suffering from the disease of obesity overlaps with the prevalence of poverty–both for people living in rural areas and communities of color.[44]

Obesity Prevalence, 2017 - Nonmetropolitan Counties[41]



Obesity Prevalence, 2017 - Metropolitan Counties[42]



38. The Burden of Obesity in the Rural Adult Population of America, Cureus. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8290986/
39. Adult Obesity Maps – Across States and Territories: https://www.cdc.gov/obesity/data/prevalence-maps.html
40. Executive Order on Improving Rural Health and Telehealth Access. https://trumpwhitehouse.archives.gov/presidential-actions/executive-order-improving-rural-health-telehealth-access/
41. Non-Metropolitan Counties, 2017 https://www.ruralhealthinfo.org/charts/39
42. Metropolitan Counties, 2017 https://www.ruralhealthinfo.org/charts/39
43. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, pp 3. https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected
44. Medical News Today What to know about obesity and poverty. https://www.medicalnewstoday.com/articles/obesity-and-poverty#low-income-families

Equity Requires U.S. policy to Ensure Coverage of Obesity Care

Stop Blaming Individuals Who Live With the Disease of Obesity

Policies which are rooted in the false premise of individual responsibility fail to acknowledge the pervasive impact of systemic racism and the intersectionality of other factors, such as genetics, poverty, and lack of access to healthcare and healthy foods. As Elizabeth Simkus, a nurse practitioner and Medical Director for Rush Prevention Center in Chicago, Illinois, notes, "Obesity is a complex chronic disease with roots in metabolic dysfunction, and is impacted by social determinants of health, socioeconomic status, access to healthy food, subsidies to corn and sugar companies, the convenience of fast food, stress, genetics, and so on. It is often not as simple as 'eat less and exercise more'."[45] The American College of Physicians notes, "The exclusive focus on individual behavioral change in treatment paradigms disadvantages the disadvantaged."[46]

Medical Societies Identify Obesity as a Chronic Disease and Call for Access to Full Weight Management Strategies including AOMs

There is a growing consensus among medical societies that this epidemic must be taken seriously and addressed; and that patients deserve treatment without bias and access to clinically effective interventions such as intensive behavior and lifestyle therapies, pharmacotherapy, metabolic and bariatric surgery – on an affordable basis.

In 2013, the American Medical Association (AMA) recognized obesity as a complex, chronic disease that requires medical intervention.[47] In October 2022, the American Gastroenterological Association (AGA) released new evidence-based guidelines strongly recommending that patients with obesity use recently approved medications paired with lifestyle changes.[48] In January 2023, the American Academy of Pediatrics rolled out new clinical practice guidelines that recommend early evaluation and a long term patient-centered approach with weight management strategies that include, for certain populations, pharmacotherapy, for patients as young as 12, and metabolic and bariatric surgery in patients as young as 13.[49] In April 2023, the American College of Physicians (ACP) announced a "new initiative aimed at advancing equitable access to obesity care."[50] The ACPs plan includes physician education, with new practice guidelines, and advocacy to improve equitable access to care.

45. Elizabeth Simkus, DNP, FNP-C, "Dear Insurers: It's Time to Cover Weight Loss Drugs" July 27, 2022, paragraph 13. https://www.medpagetoday.com/opinion/second-opinions/99923
46. https://www.acponline.org/acp-newsroom/american-college-of-physicians-announces-initiative-to-advance-equitable-access-to-obesity-care
47. https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml
48. Press release on AGA guidelines, 10/20/22. *Also see:* AGA guidelines at https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext
49. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, pp 71-72. https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected.
50. American College of Physicians, American College of Physicians Announces Initiative to Advance Equitable Access to Obesity Care, https://www.acponline.org/acp-newsroom/american-college-of-physicians-announces-initiative-to-advance-equitable-access-to-obesity-care

Providers are Calling Out Disparate Access to Standard of Care

Providers are increasingly pointing out the access chasm and the impact that has on the overall health of under-resourced communities. Currently, the disease of obesity is tragically undertreated. Of the millions of Americans of all ages suffering from obesity, studies have shown less than 2% of those eligible for anti-obesity drugs are prescribed anti-obesity medicine, similarly, less than 1% of eligible patients ever get bariatric surgery.[51] Road-blocks to care include gaps in health care coverage and access, stigma and bias, and the costs of care.

Even when providers are educated to screen and are eager to treat obesity, their recommendations run into a wall of insurance denial. Obesity treatments are often not routinely covered by insurance – and most notably, Medicare, the largest insurer for older Americans, has limited coverage of nutritional counseling and intensive behavioral therapy and provides no coverage for anti-obesity medications at all. Commercial insurers, who often follow Medicare, are slow to provide comprehensive treatment coverage. Put simply, "[AOMs] are in fact a game changer for any number of people — but does everyone get to play that game? This is only a game changer if you're allowed to have access to it,"[52] explains Nelson Dunlap, former Chief of Staff at the Satcher Health Leadership Institute at Morehouse School of Medicine.

It is unacceptable for policymakers and academics to focus first on the cost of providing interventions and support instead of the incredible impact on life-expectancy, quality of life, and downstream savings to the system that could be achieved when barriers to the standard of care are removed.[53] Millions of Americans are struggling with a treatable disease because policymakers refuse to invest in their well-being, thus exacerbating racial and socioeconomic inequalities which are pervasive in our country.

False assumptions, such as people suffering with obesity will participate less in their lifestyle modifications after safe and effective treatments such as anti-obesity medications (AOMs) are readily available, are both false – as research shows these treatments increase adherence to lifestyle changes,[54] and insulting – indicative of the discrimination people with obesity face every day.

51. McEwan Et al., Antiobesity Medication Use Among Overweight and Obese Adults in the United States: 2015–2018, pp. 2. https://www.endocrinepractice.org/article/S1530-891X(21)01122-8/fulltext
52. Nelson J. Dunlap, JD, *Meharry Medical College Global Health Policy Institute,*. Roland Martin special on obesity; 3/4/23, 33:34.
53. Medicare Part D Coverage of Antiobesity Medications — Challenges and Uncertainty Ahead, March 16, 2023.
54. McEwan Et al., Antiobesity Medication Use Among Overweight and Obese Adults in the United States: 2015–2018, pp. 8. https://www.endocrinepractice.org/article/S1530-891X(21)01122-8/fulltext

Call to Action

> *"The availability of effective weight-loss drugs has the potential to be transformative for people who struggle with obesity and obesity-related medical conditions, but without insurance coverage, access to these relatively high-priced drugs will be limited to those who can afford them."*[55]
>
> ***Kaiser Family Foundation***

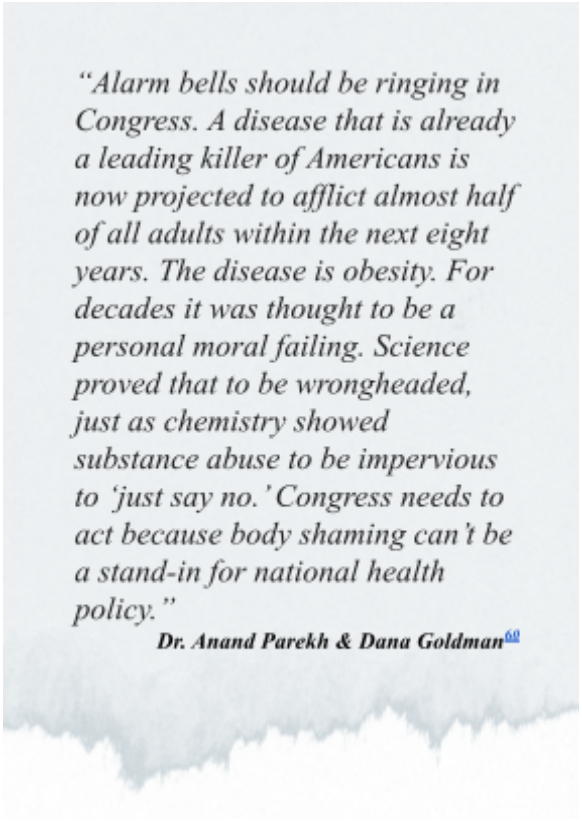
The disease of obesity presents pressing health equity issues that know no political or geographic bounds. It is crucial that policymakers, payors, and providers acknowledge and actively work to push back against a culture and policies that blame obesity on the individual instead of acknowledging that this disease is often a symptom of structural forces, including poverty, trauma, and racial disparities, especially for Black and Hispanic communities. Comprehensive care for obesity requires a full range of interventions, and now is the time to convert the commitments to solving health disparities into concrete action. One immediate and impactful step would be changing the Medicare formularies to include coverage for AOMs, thus changing the standard for nationwide coverage and improving obesity care for millions of people.

55. What Could New Anti-Obesity Drugs Mean for Medicare?, March 18, 2023pp2. https://www.kff.org/policy-watch/what-could-new-anti-obesity-drugs-mean-for-medicare/?utm_campaign=KFF-2023-Medicare&utm_source=hs_email&utm_medium=email&utm_content=258879567&_hsenc=p2ANqtz--Pi04FQQv1kBjk2EU0cadLoYuhMV1eEhOK8IxJvFi33LiV8oXLrZgX6FWE8HYv8UFQ0RbewfeGAdvw7_vCTlbsJl4B8Q

Legislative Action

There is a bipartisan solution that would address the lack of access to obesity treatment: the Treat and Reduce Obesity Act (TROA), which would expand access to obesity treatment and care to seniors and Medicare beneficiaries. This bill includes expanded coverage for screenings, treatment from providers specializing in obesity care and access to FDA approved therapies such as AOMs.[56]

Members of Congress from both parties have recognized the importance of this coverage, and in the past Congresses, hundreds of members of Congress have co-sponsored this legislation.[57] In a discussion with the Obesity Action Coalition, **Congressman Raul Ruiz, MD (D-CA)**, an original cosponsor of TROA, emphasizes the broad impact this bill could have not only on those who suffer from obesity but on the entire country. He stated, "in order for us to be better prepared for pandemics, in order for us to reduce health care costs, in order for us to reduce the rates of diabetes, hypertension, and other illnesses that can lead to other morbidities, addressing obesity now in our country is a smart investment."[58] **Congressman Brad Wenstrup, MD (R-OH)** talked about his motivation for leading on this issue, noting, "Tackling obesity means that less Americans will progress to diabetes, perhaps, and other health conditions. What we saw during the height of COVID was that more vulnerable patients were those with diabetes and with obesity. This is a major health problem in the United States and we can't just look at it as something to stigmatize."[59]



56. Statement: Re-introduction of TROA https://obesitycareadvocacynetwork.com/news/ocan-statement-on-the-re-introduction-of-troa
57. 116th Congress, 169 House Cosponsors: https://www.congress.gov/bill/116th-congress/house-bill/1530/cosponsors?q=%7B%22search%22%3A%5B%22Treat+and+Reduce+Obesity+Act%22%5D%7D&s=5&r=1&overview=closed#tabs; 117th Congress, 154 House cosponsors: https://www.congress.gov/bill/117th-congress/house-bill/1577/cosponsors?q=%7B%22search%22%3A%5B%22Treat+and+Reduce+Obesity+Act%22%5D%7D&s=6&r=1&overview=closed#tabs
58. OCW2022 - Treat and Reduce Obesity Act, min 14:00 https://www.youtube.com/watch?v=hH3ehpHpXAo
59. Diabetes Leadership Council – Virtual Policy Briefing, 22:25. https://diabetesleadership.org/virtual-policy-rsvp
60. Anand Parekh, *Chief Medical Advisor at Bipartisan Policy Center*

Equitable Coverage will save Lives and Conserve Resources

Disparities in access to necessary obesity treatments is a major health equity issue. If all eligible Americans were able to access weight-loss therapies to treat the disease of obesity, the resulting reduced disability and pain could enable society to reap as much as $100 billion per year[61] of social benefit in the form of reduced healthcare spending and improvements in quality of life.[62]

Not only would individuals and society benefit from improved obesity care, but the reduction in costs to the healthcare system would be profound. Lifetime healthcare expenses of those who live decades with obesity and other related comorbidities are much higher than those without an obesity diagnosis. Providing coverage upon a diagnosis of obesity for necessary and standard-of-care treatments will improve outcomes and address the related comorbidities —thereby reducing the overall costs to the payors—whether that is the federal government or a private insurer. USC's Schaeffer Center's newly released white paper finds that, "in the first 10 years alone, Medicare coverage of weight-loss therapies would save the program $175 billion" (and up to $248 billion if private insurance would also cover the treatments).[63] "Over 60% of these savings would accrue to Medicare Part A by reducing hospital inpatient care demands and the demand for skilled nursing care. Given these findings, policymakers should consider the societal benefits of lifting the moratorium on Medicare coverage for weight-loss drugs."[64]

"Our current policies are grossly out of step with science and the overwhelming consensus from the medical community that obesity is a complex, treatable, and serious disease. ***If Congress and the Biden administration are committed to their promises to advance racial equity, fixing these policies is a key first step.*** *These simple changes would have an immediate impact and help eliminate the ripple effect of negative health outcomes and premature death for people of color living with obesity."* [65]

Dr. Gary A. Puckrein, National Minority Quality Forum

61. Department of Health and Human Services, Centers for Medicare & Medicaid Services Fiscal Year 2024 Justifications for Estimates for Appropriations Committees, pp234. https://www.cms.gov/files/document/cms-fy-2024-congressional-justification-estimates-appropriations-committees.pdf-0.
62. or $1 trillion over 10 years
63. USC Schaeffer School of Health Policy, Medicare Coverage of Weight Loss Drugs Could Significantly Reduce Costs https://healthpolicy.usc.edu/article/medicare-coverage-of-weight-loss-drugs-could-significantly-reduce-costs/
64. USC Schaeffer School of Health Policy, Medicare Coverage of Weight Loss Drugs Could Significantly Reduce Costs https://healthpolicy.usc.edu/article/medicare-coverage-of-weight-loss-drugs-could-significantly-reduce-costs/
65. Dr. Gary A. Puckrein, National Minority Quality Forum, Press release; 04/19/22

Recommendation

"Despite being a preventable and treatable disease, ***obesity affects 1-in-3 Americans — and affects Black and Latino adults at a higher rate.*** *After a pandemic that disproportionately impacted communities of Color,* ***it's past time our collective focus shifts to advancing health equity in a meaningful way."*** [66]

Dr. Elena Rios, *Co-Chair HECCD, National Hispanic Medical Association*

HECCD wishes to acknowledge the many recommendations put forward by allie in effort to improve obesity care.[67] Our coalition supports both long term and nearer term interventions. We are passionate about both, and appreciate that both private and public stakeholders must be united to truly reverse the devastating trends in obesity. While our advocacy has often focused on policy changes that could be enacted immediately, we agree with our allies that the social determinants of health must be addressed. However, because lives are at stake, there is no time to waste when it comes to making clinically effective care available to those who will experience clinical benefit.

There are so many barriers to treatment and improved health outcomes for people living with obesity—weight bias and stigma, access to care, and racism – public policy should be an avenue through which to break down those obstacles. Treating the underlying disease of obesity is cost-effective, will improve lives, and increase the life expectancy of millions of people. Equitable access to comprehensive obesity treatment options is long overdue. Below are a series of actionable recommendations that could be implemented today:

- **People living with obesity should have access to evidence-informed interventions, including intensive behavioral counseling, pharmacotherapy, and surgery.**
    - Medicare's efforts to expand nutrition and behavioral counseling should be accelerated, without a requirement of comorbidities, and fully funded.
    - Medicare's prohibition on coverage of AOMs must be removed[68].
    - Private insurers should fully cover obesity care.
- **Physicians should be educated to remove bias about people living with obesity, and to screen and treat obesity.**
- **Food and nutrition insecurity must be eliminated.**
    - Not only should the Supplemental Nutrition Assistance Program be protected and expanded, but innovative programs that expand access to healthy fruits and vegetables, and provide nutritional education through the medical home should be expanded.
- **The widespread stigmatization of people living with obesity must end. Obesity interventions should be culturally relevant and account for social determinants of health.**

66. Health Equity Coalition for Chronic Diseases, HECCD Top Civil Rights, Health Equity Leaders Launch New National Coalition Focused on Eliminating Barriers to Healthcare for Communities of Color, Addressing Disparities in Obesity and Other Chronic Diseases. https://healthequityaction.org/news-posts/top-civil-rights-health-equity-leaders-launch-new-national-coalition-focused-on-eliminating-barriers-to-healthcare-for-communities-of-color-addressing-disparities-in-obesity-and-other-chronic-diseas/
67. NCOA, 10 Policy Solutions to Improve Obesity Care for Older Adults https://www.ncoa.org/article/10-policy-solutions-to-improve-obesity-care-for-older-adults; NCL, A New Patient Centered Obesity-Action Agenda, https://nclnet.org/wp-content/uploads/2022/07/NCL-Obesity-Report-FINAL-for-posting-7.7.22.pdf; OAC, Our Beliefs and Demands https://www.obesityaction.org/about/purpose/beliefs-and-demands/; AMWA, Women and the Obesity Epidemic Overview and Opportunities for Action, https://www.amwa-doc.org/wp-content/uploads/2022/12/The-Impact-of-Obesity-on-Women-Final-12-5-22.pdf
68. We support both executive action and the Treat and Reduce Obesity Act to accomplish these goals.

The Health Equity Coalition For Chronic Disease

The Health Equity Coalition for Chronic Disease (HECCD) believes that all people deserve the best possible health care. Continuing to allow outdated coverage policies to restrict access for communities dependent on public programs is counter to the principles of health equity. The mission of the Health Equity Coalition for Chronic Disease is to ensure that community experts, policymakers, providers, and other stakeholders work together to eliminate barriers to healthcare for communities of color, especially as related to access to care and treatment for obesity and other chronic diseases. The coalition's current roster of members includes:

ABC Association of Black Cardiologists, Inc. Saving the Hearts and Minds of a Diverse America

Black Women's Health Imperative

Choose Healthy Life

CBH Council on Black Health Reimagining Black Health

League of United Latin American Citizens

MANA A National Latina Organization

movement is life Catalyst for Change

NAN National Action Network

NAACP

NAHN National Association of Hispanic Nurses

Black Health National Black Leadership Commission on Health, Inc.

NBNA National Black Nurses Association, Inc.

NHMA National Hispanic Medical Association

National Minority Quality Forum

More information about the coalition can be found at www.HealthEquityAction.org