

TESTIMONY BEFORE THE
HOUSE OF REPRESENTATIVES
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Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to testify before you on behalf of NAASO, the North American Association for the Study of Obesity. NAASO is the only member-based scientific society dedicated to the study of obesity. Its membership is comprised of the 1,800 leading scientists and clinicians in the field. I am Thomas Wadden, PhD, NAASO Vice-president and a Professor of Medicine at the University of Pennsylvania.

Obesity is both an obvious and an intractably complex problem. It is obvious in that we all understand obesity results from an energy surplus. It is intractably complex in that the surplus results from a multi-faceted, societal, biological and psychological overwhelming of our ability to regulate energy intake and expenditure. If the United States is to halt this epidemic we are going to have to:

- Invest in prevention programs in a variety of settings,
- Provide medical treatment to the 25% of Americans who already suffer from obesity, and
- Learn more about our own physiology and our interaction with our environment.

The prevalence of obesity has doubled in the past 10 years and continues to increase. The incidence is such that obesity can only be described as epidemic. Obesity could easily become the number one preventable cause of death in the coming years. Yet, one does not have to be a scientist to understand the basics of obesity prevention. Most Americans know what they need to do to lose weight but are unable to implement the lifestyle changes needed to lose weight permanently or prevent weight gain.

It is extremely important that Congress support prevention programs such as those reported by the Department of Health and Human Services. NAASO is particularly supportive of the CDC's Division of Nutrition and Physical Activity (DNPA) and the State-Based Nutrition and Physical Activity Program. This program aims to help states improve their efforts to prevent obesity by promoting good nutrition and more physical activity.

There are currently only 28 states funded under this program and of those only five are funded at the basic implementation level while the remaining are at the capacity-building level. The United States needs this program in all 50 states at the basic implementation level.

Children should be our top priority. Nearly one third of our children are now overweight or at risk of overweight and are, thus, subject to the health complications of obesity, including type 2 diabetes. CDC's Division of Adolescent and School Health (DASH) is working to prevent the most serious health risk behaviors among children, adolescents and young adults. Recent studies illustrate that school physical education programs increase physical activity and potentially reduce obesity or its complications. However, from 1991 to 1999, the number of students attending daily physical education class declined from 42% to 29%.

Children spend approximately 48% of their waking hours in school or engaged in school-related sedentary behaviors such as homework. Thus, school environments represent a major opportunity for the implementation of programs to improve physical activity and nutrition patterns. The CDC's Youth Media Campaign is exactly the type of program that can have an important positive effect in the promotion of healthy behaviors, especially physical activity, in middle-school-age children. Studies show that the VERB campaign has been an effective way to promote healthy behaviors at a reasonable cost and that it has been particularly effective with inner-city kids and girls – two populations at high risk.

But CDC cannot do this alone. Many states are going forward with innovative programs such as those in Arkansas. We need to provide grants to states to support health promotion programs in schools, pediatric practices, and community outreach programs. NAASO is developing a program with the Center for Health and Health Care in Schools to assist school based health personnel with interpreting, and communicating body mass indexes for children and their families in areas where this information is collected in schools. We hope to receive support for this program.

NAASO would also like to see more programs targeting adults at high-risk periods, such as pregnancy or smoking cessation. Effective prevention programs could significantly reduce the incidence of obesity.

The second component of any plan to halt this epidemic must include the treatment of those already afflicted. The dangers posed by this epidemic of obesity are well documented and it is logical to desire nothing short of a “cure.” However, it does not make sense to deny access to the abilities we currently have in the absence of a cure. Our goal should be to improve the health of the patient and we know that a 5% to 10% reduction in body weight significantly reduces the risk of many co-morbidities. In order to do this, we need to provide access to treatment and to increase the number of qualified providers.

Science has shown with large-scale trials that the incidence of diabetes can be reduced with the proper medically supervised weight control programs. Despite these advances and our ability to help individuals, too many health plans do not cover the most basic forms of obesity treatment. It does not make sense for a health system to reimburse for the treatment of co-morbidities such as diabetes, heart disease and stroke while not covering the underlying disease – obesity.

NAASO believes that practitioners who have legitimate treatment programs with acceptable results deserve to be reimbursed for the efforts they put forth on their patients behalf. Providing reimbursement for these programs to qualified individuals will reduce the \$70 billion in Medicare and Medicaid expenses currently attributed to obesity. NAASO has met with officials from the Centers for Medicare and Medicaid Services (CMS) this morning. We propose that guidelines be established for the reimbursement of proper medical treatment for individuals who have a body mass index of 35 or greater.

We also need to increase the number of these qualified care providers. Many of the advances we have made in our understanding and treatment of obesity result from Congress’s decision to create Clinical Nutrition Research Centers and Obesity/Nutrition Research Units in a limited number Medical Hospitals throughout the United States. These centers have provided both a research base and the clinical training needed to address obesity. However, the number of these centers is woefully inadequate to address an epidemic of this size. Congress needs to increase the number of these centers and the number of primary care providers properly trained in the care of obese individuals.

It has become increasingly clear over the past decade that, at least on a population basis, the obesity epidemic is largely environmental in etiology. Still, the specific environmental factors are not obvious or easily reversible. Genetic causes of obesity have certainly failed to explain the epidemic. Despite vast expansion of our knowledge of the biology of food intake regulation with the identification of innumerable central and peripheral signals that regulate food intake, and the increase in our understanding of energy balance regulation, this knowledge has not translated into remediation of obesity.

We must pay particular attention to environmental factors, rather than looking solely at individuals to fight this battle. We need to understand how the design of our residential areas and workplaces contributes to obesity. Many Americans are doing what they can. Programs have been developed in schools and worksites throughout the United States. We need to know which programs work best in which settings.

When a school removes a vending machine or when a worksite program is developed, we need to be able to evaluate its effectiveness and we need to know exactly what works best in what setting. The Centers for Disease Control and Prevention (CDC) has requested resources that would allow such evaluations to take place and to develop better quality interventions in different settings. We support the CDC's efforts and ask that Congress provide more support for these programs.

Obese children face a dangerous spiral as excess body fat limits exercise tolerance and reduces physical activity, ultimately leading to Type 2 diabetes, and other serious chronic diseases and emotional problems. Programs to treat severe childhood obesity are uncommon. More studies that focus on effective therapy for childhood obesity are needed.

Additional research is needed to improve the treatment of obesity, to prevent the development of this condition, and to understand the link between obesity and health complications. The research needs to be broad and far-reaching including economic, social, behavioral, physiological and molecular/genetic approaches. Our studies must employ tools such as epidemiologic and population studies, human physiologic studies, clinical trials, studies of animal models and cellular systems using the most advanced techniques.

Despite the critical need to better understand this epidemic and even with the increase in research dollars over recent years, funding for obesity research is not commensurate with the scope of this public health crisis. Obesity is the number two preventable cause of death for Americans, yet the NIH does not allocate nearly enough of its total budget to obesity research. Research supported by the NIH has made a major impact on the health of the U.S. population, by focusing support to understand the basic biology of human diseases and the therapeutic approaches to treat and eliminate serious diseases. The time has come for the NIH to provide a major research focus on obesity. This effort must be carefully directed with the overall goal of prevention and treatment. But more resources need to be directed to this most important health issue. NAASO urges Congress to double the amount spent on obesity research.

Conclusion

In order to stem this epidemic the United States must focus more resources on the prevention, research, and treatment of overweight and obesity. Obesity is quickly becoming the leading health care problem in the United States. It is a complex disease that involves genetic, metabolic, behavioral, and environmental factors. The increased prevalence and causal relationship with serious medical complications have considerable health and economic consequences for our country.

Improving the access to medical treatment by reimbursing qualified programs and the quality of medical treatment by improving the training of medical professionals will enhance our ability to improve the lives of the 65% of American adults who are overweight or obese.

Increasing research for understanding, preventing and treating obesity will decrease the prevalence of costly obesity related diseases, such as diabetes, high blood pressure, and coronary heart disease, and ultimately result in considerable financial savings. Supporting prevention programs may reduce the number of Americans who suffer from obesity.

NAASO urges Congress to:

- Double NIH spending for the number two health problem in America - including increased funding for:
 - Research that will increase our understanding of the basic biology of obesity,
 - Translational research to enhance the application of successful strategies to control body weight,
 - Research directly addressing how environmental behavior, and lifestyle factors can be altered to prevent obesity, particularly in children.
- Support prevention programs such as those by the CDC including the Department of Nutrition and Physical Activity and the Division of Adolescent and School Health
- Increase and fully fund the number of Obesity/Nutrition Research Centers and Clinical Nutrition Research Units, which provide think tanks for collaborative interaction, a training ground for young investigators, and a resource for health education.
- Instruct CMS to establish criteria under which reimbursement for medical treatment of obesity will be provided.

Thank you for this opportunity to testify, Mr. Chairman. I am available to answer any questions.