



Weight Health: Best practices at every size

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:
Excess body fat, often measured by a person’s weight or commonly by body mass index (i.e., BMI from weight over height), is determined by a complex interplay of genetic, psychosocial, social, and environmental factors. Individuals with a higher weight often experience stigma from the health care system and increased health disparities from not receiving indicated, evidence-based care or delaying care (e.g., cancer, diabetes, osteoarthritis, disordered eating). Approximately 74% of adult Americans meet current definitions for overweight (i.e., BMI over 25) and obesity (i.e., BMI over 30). ^{i,ii} Newer drugs used for weight loss (i.e., GLP-1) can negatively impact health and may not be prescribed using a shared decision-making process.
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
<input checked="" type="checkbox"/> VARIATION IN CARE <input checked="" type="checkbox"/> SAFETY CONCERNS <input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES <input checked="" type="checkbox"/> EQUITY CONCERNS
PROPOSED SCOPE:
<ul style="list-style-type: none"> Addressing weight stigma through health care professional interactions and organization policies Considerations when managing health for an individual who has excess body fat Promotion of individuals accessing high-quality and evidence-based care through interventions and insurance coverage Public health interventions to address social drivers of poor nutrition
EVIDENCE-BASED IMPACT STRATEGY:
<ul style="list-style-type: none"> Education on Weight Stigma for health care professionals Interventions: physical exercise, mental health and behavioral strategies, pharmacology, diet change and caloric restriction and surgeryⁱⁱⁱ Address Social Drivers such as food insecurity and built environment
AVAILABLE DATA:
<ul style="list-style-type: none"> Black patients are less likely to be diagnosed with obesity than non-Hispanic White patients^{iv} Women with BMI>55 kg/m² had a significantly lower rate (68%) of Pap tests compared to others (86%)^v Pharmacologic treatment of excess weight is generally underutilized, with only 1.3% of eligible patients having prescriptions for AOMs across several large health care organizations throughout the United States^{vi,vii}
POTENTIAL PARTNERS:
MultiCare, Hospital Systems, Health Plans
HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:
Bree report can provide necessary guidance on how to support an individual with excess weight attaining their optimal health status, increase access to evidence-based services, work towards addressing social drivers that increase one’s risk for obesity, and decrease the \$173 billion a year cost associated with the obesity on the healthcare system. ^{viii}

ⁱ <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>

ⁱⁱ <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/obesity>

ⁱⁱⁱ Baker JS, Supriya R, Dutheil F, Gao Y. Obesity: Treatments, Conceptualizations, and Future Directions for a Growing Problem. *Biology (Basel)*. 2022 Jan 19;11(2):160. doi: 10.3390/biology11020160. PMID: 35205027; PMCID: PMC8869388.

^{iv} Byrd AS, Toth AT, Stanford FC. Racial Disparities in Obesity Treatment. *Curr Obes Rep*. 2018 Jun;7(2):130-138. doi: 10.1007/s13679-018-0301-3. PMID: 29616469; PMCID: PMC6066592.

^v Amy, N., Aalborg, A., Lyons, P. *et al*. Barriers to routine gynecological cancer screening for White and African-American obese women. *Int J Obes* **30**, 147–155 (2006). <https://doi.org/10.1038/sj.ijo.0803105>

^{vi} Saxon DR, Iwamoto SJ, Mettenbrink CJ, McCormick E, Arterburn D, Daley MF, Oshiro CE, Koebnick C, Horberg M, Young DR, Bessesen DH. Antiobesity Medication Use in 2.2 Million Adults Across Eight Large Health Care Organizations: 2009-2015. *Obesity (Silver Spring)*. 2019 Dec;27(12):1975-1981. doi: 10.1002/oby.22581. Epub 2019 Oct 11. PMID: 31603630; PMCID: PMC6868321.

^{vii} Saxon DR, Iwamoto SJ, Mettenbrink CJ, McCormick E, Arterburn D, Daley MF, Oshiro CE, Koebnick C, Horberg M, Young DR, Bessesen DH. Antiobesity Medication Use in 2.2 Million Adults Across Eight Large Health Care Organizations: 2009-2015. *Obesity (Silver Spring)*. 2019 Dec;27(12):1975-1981. doi: 10.1002/oby.22581. Epub 2019 Oct 11. PMID: 31603630; PMCID: PMC6868321.

^{viii} <https://www.cdc.gov/obesity/about-obesity/why-it-matters.html>