

MPHA Policymaker Town Hall: Obesity is a Chronic Disease

APRIL 16, 2021

Welcome & Agenda

Welcome

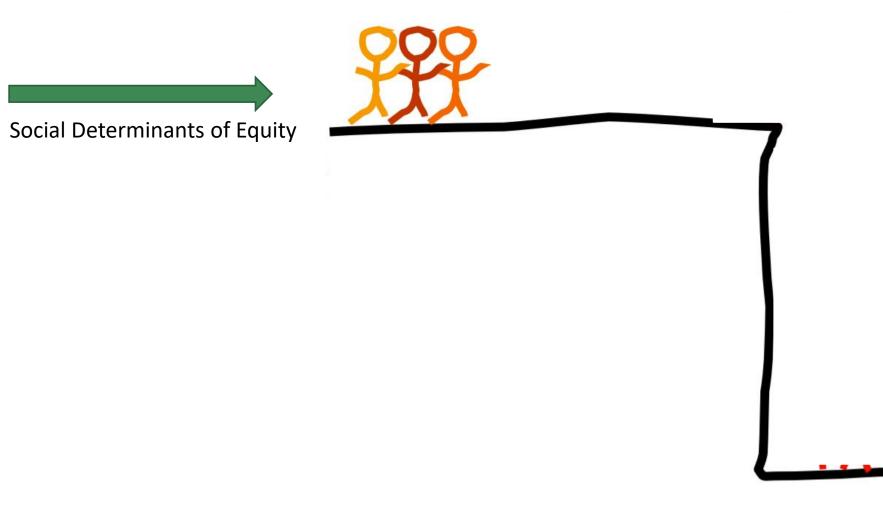
Prevention & Systems Overview

Panel Presentation

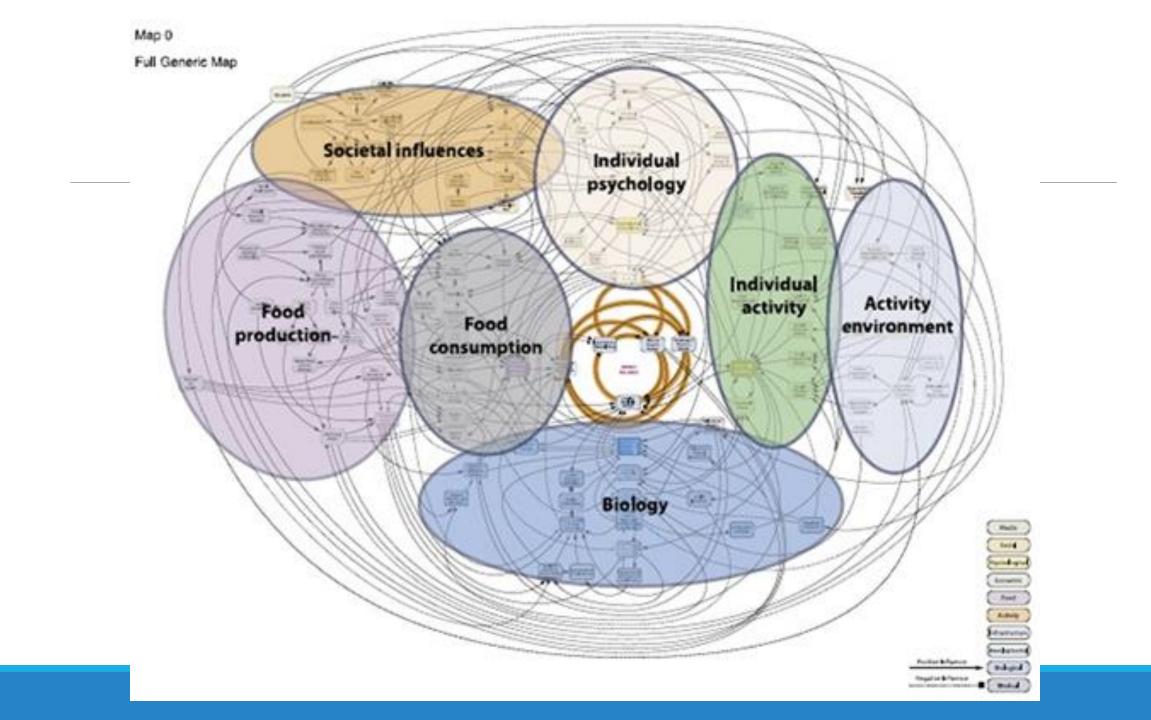
- Val O'Hara, DO, WOW 4 Wellness Clinic, Penobscot Community Health Center
- Tara Whiton, PhD, University of Maine at Presque Isle
- Renee Page, MPH, PS-C, CLC, Healthy Communities of the Capital Area
- Becca Boulos, MPH, PhD, Maine Public Health Association
- Question & Answer
- Closing



Public Health: Levels of Prevention



Source: Jones C. Social Determinants of Health and Social Determinants of Equity. CDC Office of Minority Health Presentation. Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: a cliff analogy. J Health Care Poor Underserved. 2009;20(4 Suppl):1-12.



MPHA Town Hall

Understanding Obesity is a Chronic Disease via Understanding the Definition & Pathophysiology

Dr. Valerie M. O'Hara, FAAP

Diplomate of the American Board of Obesity Medicine

Medical Director, WOW 4 Wellness Clinic, PCHC



Obesity is a Chronic Disease

Definition:

Obesity is a complex, chronic, relapsing disease where excess body fat leads to physiological impairments. The disease of obesity increases the risk of developing other chronic diseases and is associated with early mortality and reduced quality of life.

Obesity: Basic Physiology & Homeostasis

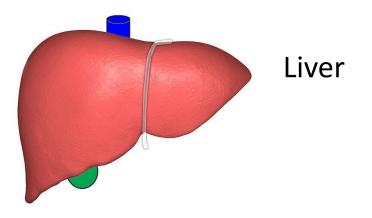
The body seeks a stable fat mass

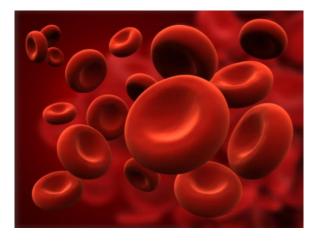
Just as other regulated tissues do At the subconscious level via homeostatic physiologic mechanisms



Adipocyte: Fat Cell

Red Blood Cells





Maine Obesity Data

<u>Adults</u>:

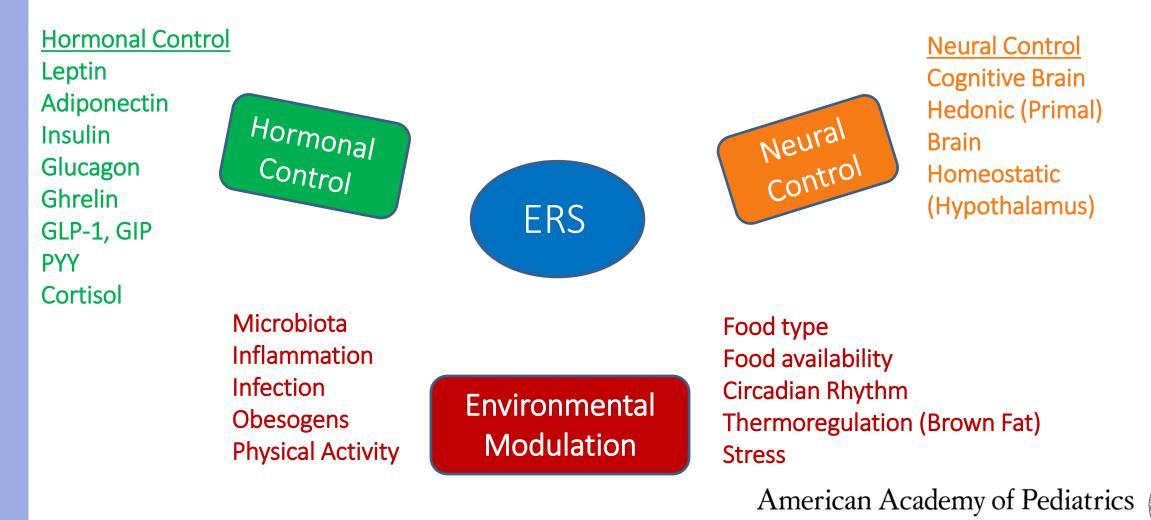
- 31.7% obesity
- 43.3% overweight
- 690,000 adults affected

Children:

- 14.9% obesity
- 14.6% overweight
- 84,000 children affected

The Energy Regulatory System (ERS):

Hormonal and Neural control, modulated by Environmental factors





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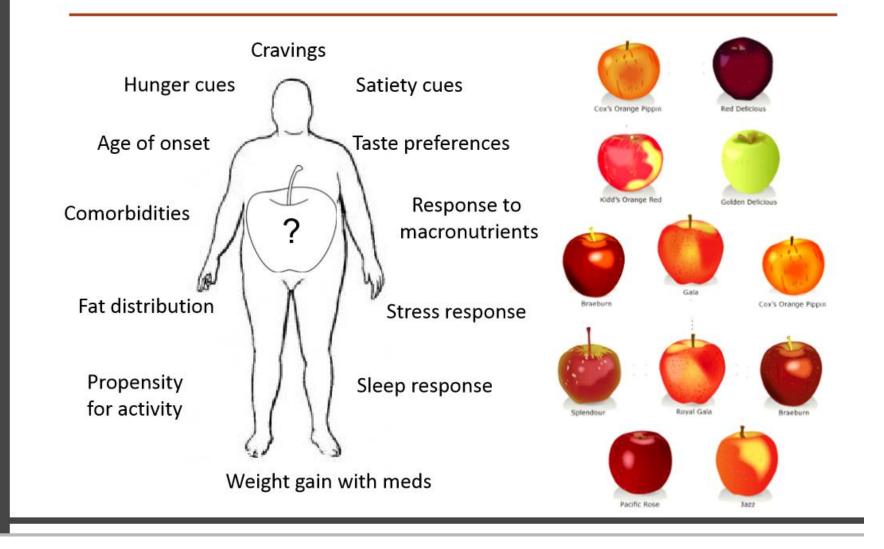
Medical Complications of Obesity



Yuen M ... Kaplan LM , Obesity Week 2016



Multiple Types of Obesity ("The Obesities")



What is the basis of this heterogeneity?

- Variable patient biology
 - Sources of variation
 - Different obesity-predisposing Genetics (900 loci associated with elevated BMI)
 - Some genetic alleles protective against obesity (e.g., ALK gene)
 - Different developmental exposures
 - Different environmental exposures



- Obesity is complex and heterogeneous
- Obesity prevention, assessment, and treatment should include understanding of

 Etiology of obesity
 Complications and risk
 - 2) Complications and risk
 - 3) Barriers and Modifiers to prevention & treatment
- Therapeutic algorithms (prevention measures, lifestyle, pharmacotherapy, surgery, etc.) **MUST** be determined based on the above.
- Access Obesity and COVID fact sheet on MPHA's website

PUBLIC HEALTH APPROACHES TO ADDRESSING OBESITY

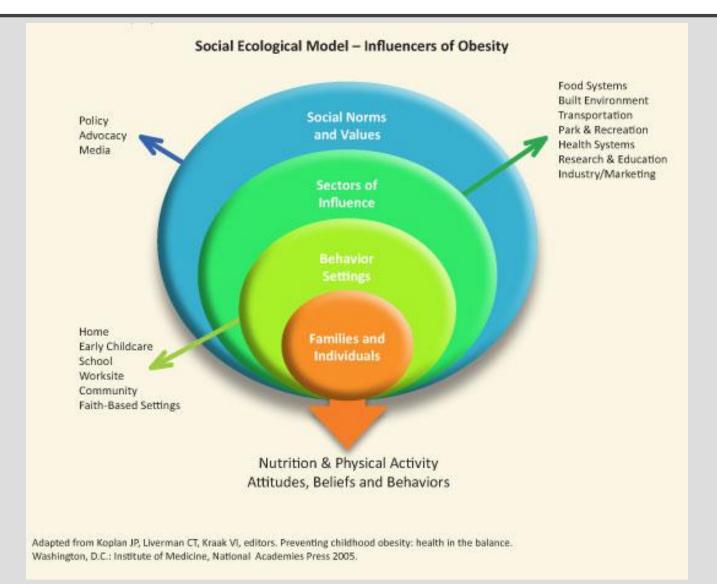
Tara Whiton, PhD

Assistant Professor of Community Health

University of Maine at Presque Isle



INFLUENCERS OF OBESITY



Renee Page, MPH, PS-C, CLC

Executive Director Healthy Communities of the Capital Area Gardiner, ME serving southern Kennebec County



Maine Obesity Advisory Council www.maineobesityadvisorycouncil.org

- Increase Consumption of Healthier Food & Beverages
- 2. Decrease Consumption of Less Healthy Food & Beverages
- 3. Increase Physical Activity
- 4. Increase in Initiation & Duration of Breastfeeding
- Increase cross-sector Coordination & Collaboration





Examples of Local-Level Work

- Nutrition Education
- Organizational Policies
- Changing Environments
- Access to local food
- Network building & collaboration















CONVERGENCE



Needs & Recommendations

- ✓ Support consistent statewide strategy implementation with adequate funding, capacity building, and strengthened public health infrastructure
- ✓ Community-level primary prevention for adults
- ✓ Priority Setting
- ✓ Systems Approach





Becca Boulos, MPH, Ph.D.

Executive Director Maine Public Health Association



State-Level Policy Recommendations

- **Support consistent funding** for obesity prevention and management, building on existing efforts: SNAP-Ed, *Let's Go!*, State Nutrition Action Council, WIC & Head Start.
- Improve monitoring of obesity prevalence and obesity-related chronic diseases among youth and adults. Collect, analyze, and report data disaggregated by age (particularly for youth), race, ethnicity, gender, disability, geography, and other demographic factors.
- Increase accessibility of electronic health record data on obesity.
- Improve evaluation of obesity-related community programming and outcomes, including assessing the cumulative effect of federal, state, and private funding.
- Engage local entities in obesity prevention efforts. Community-led priority areas should drive equitable resource allocation.

For every \$1 spent on evidence-based disease prevention programs we save \$5.65 in health spending and get back \$7.50 in economic output.

Questions?

A recording will be posted at: <u>https://bit.ly/2OR4dcY</u>

Fact sheet available: <u>https://bit.ly/200PcrW</u>

This presentation is the first in a series of presentations on obesity. Please look for more information to come.

For more information contact: mainepha@gmail.com

Definition Feedback

Obesity is a complex, chronic, relapsing disease where excess body fat leads to physiological impairments. The disease of obesity increases the risk of developing other chronic diseases and is associated with early mortality and reduced quality of life.

