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ROOT CAUSE

How America's Obesity Epidemic Drives
Cardiovascular Disease & Diabetes



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**



**Diabetes Policy
Collaborative**



**Alliance for
Patient Access**



INTRODUCTION

Most Americans have been raised on a steady stream of news coverage warning that cardiovascular disease and diabetes are serious conditions that demand medical attention and lifestyle changes. They understand this.

So why do people rarely attach the same urgency to obesity – a root cause of these two life-threatening diseases?

Americans live in a world of conflicting messages as to whether they should fight excess weight or just accept it. There is also a stubborn blame-the-victim attitude that goes back to ancient

times. Even today, obesity is often dismissed as a cosmetic concern rather than a grave health problem.

Yet there is nothing cosmetic about the 300,000 Americans that obesity kills each year as a driver of chronic diseases, notably cardiovascular disease and Type 2 diabetes.¹

Protecting public health requires policymakers at all levels to recognize the root-cause relationship linking obesity to cardiovascular disease and diabetes.

Winning the fight against these two chronic diseases is inseparable from addressing America's long-standing struggle with obesity.

THE OBESITY EPIDEMIC

Obesity was a public health threat even before the American Medical Association officially classified it as a disease in 2013. Since then, the epidemic has only gained momentum.

Obesity today affects more than 42% of American adults.² And medical cost estimates of adult obesity now range from \$147 billion to \$210 billion a year.³

Obesity is a health problem for women and men of all ages, races and backgrounds in America. But obesity rates are consistently higher for Black and Hispanic adults than for non-Hispanic white adults.

America's obesity epidemic is fueled by lifestyle trends that shape how people eat and behave.

The United States is a sedentary society where 80% of adults and adolescents

are insufficiently active.⁴ As an added challenge, the American diet includes endless choices of unhealthy foods that are inexpensive and easy to access.

Meanwhile, messaging around obesity is more conflicting than ever. People, especially women, receive "love your body at any size" messages – often from companies selling clothing or personal care items. The narrative is a welcome departure from years of "fat shaming," which has created emotional distress and mental health problems for both women and men.

But national dialogue need not frame obesity as an either-or proposition. People can feel good about themselves while also prioritizing their health by achieving a safe weight.

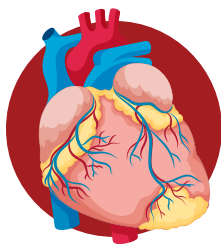


Obesity affects more than
42% of American adults



OBESITY'S LINK TO CARDIOVASCULAR DISEASE & DIABETES

One message is clear: Obesity is the common thread linking cardiovascular disease and Type 2 diabetes, two of America's most serious medical challenges.



CARDIOVASCULAR DISEASE

It's little wonder that obesity is a strong predictor of cardiovascular disease, which consistently ranks as the nation's leading cause of death.

Obesity increases cardiovascular danger by overworking the heart and clogging the arteries. It also increases bad LDL cholesterol while lowering the good HDL cholesterol that reduces the risk of heart disease. Obesity leads to high blood pressure and raises the danger of heart attack, heart failure or stroke.⁵



TYPE 2 DIABETES

Obesity also fuels and complicates diabetes, another leading cause of death and a common comorbidity of cardiovascular disease. More than 34 million people in the United States have diabetes, with another 88 million facing prediabetes. Meanwhile diabetes complications are, alarmingly, increasing among young adults.⁶

Type 2 diabetes, by far the most common form, is incurable but highly manageable with medication and a healthy lifestyle.



A DANGEROUS COMBINATION

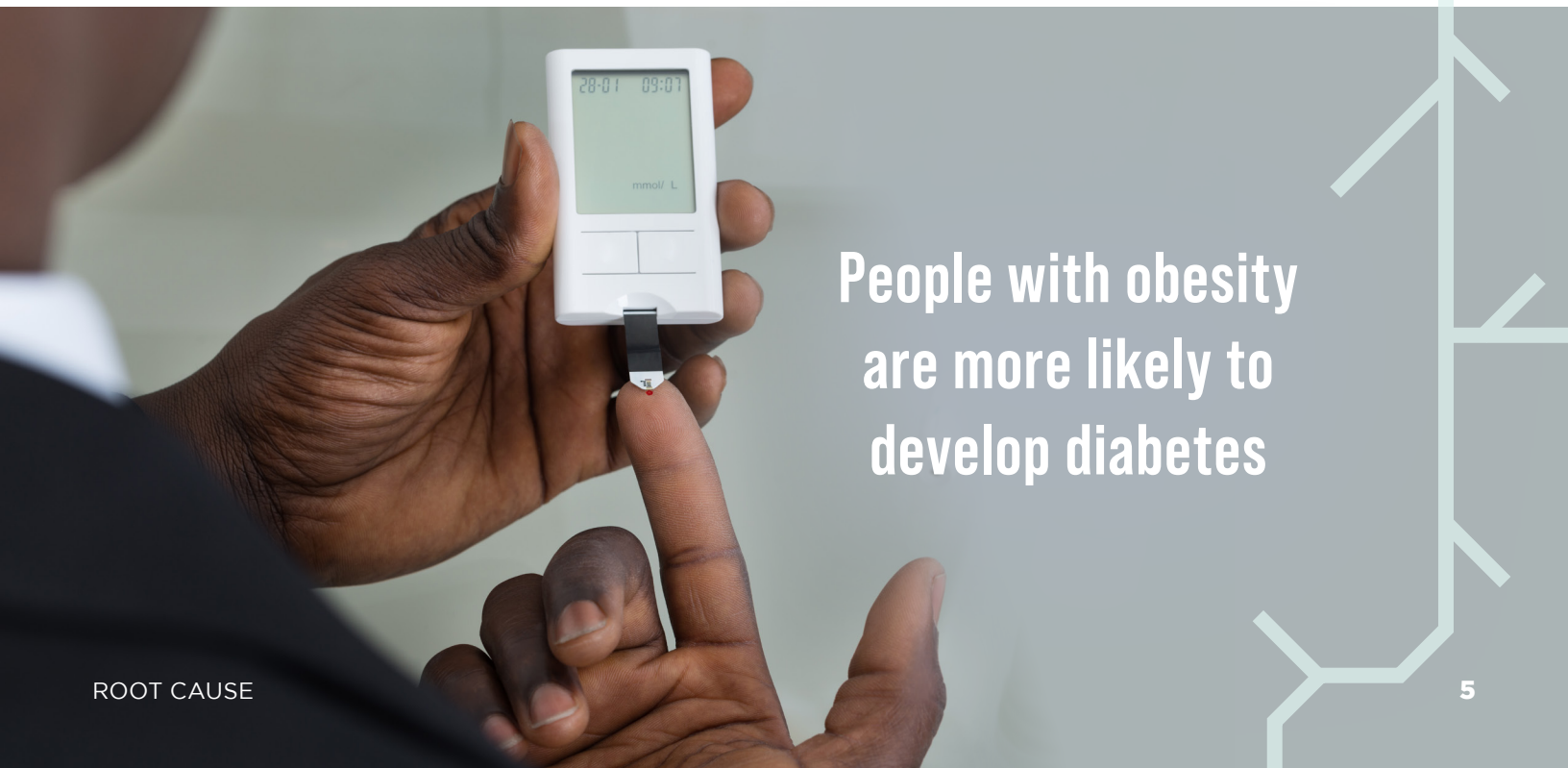
These three conditions – obesity, cardiovascular disease and Type 2 diabetes – complicate and reinforce one another. Consider that obese people are more likely to develop diabetes, while people with diabetes are two to four times more likely to die of heart disease.

But while obesity is a visible and easily identified condition, cardiovascular disease and Type 2 diabetes can go undiagnosed for years. Type 2 diabetes can do serious damage to the body before symptoms appear.

Delays in diagnosis and treatment leave people vulnerable to complications that reduce their quality of life with kidney problems, loss of vision, or emergency amputations of feet or toes. And, of course, people with diabetes live with the fear of heart problems.

Meanwhile, cardiovascular disease means living with the fear of a heart attack, something that happens every 40 seconds in America.⁷

Positive changes can lessen the likelihood of drastic and costly health complications. These changes begin with actively identifying, treating and reducing obesity.



**People with obesity
are more likely to
develop diabetes**

PATIENT-CENTERED CARE

Like other complex and chronic diseases, obesity is best treated through a personalized approach. Lifestyle, occupation, comorbidities, past treatment and a myriad of individual factors determine which treatments work best for a given patient.

This kind of patient-centered care is most effectively delivered through a holistic team approach that includes physicians and other health care professionals from different specialties. Team members work together to treat the whole patient rather than separately addressing individual symptoms.

Such teams offer expertise on the physiological and lifestyle issues involved in fighting obesity, as well as related components such as mental health or sleep complications. Where appropriate, teams also include heart and diabetes specialists to manage these common comorbidities as part of a coordinated effort.



WHEN DIET AND EXERCISE ALONE AREN'T ENOUGH

A multi-pronged approach is a significant departure from the traditional one-size-fits-all approach that relied exclusively on diet and exercise. Diet and exercise clearly play an important role in treatment. But many patients struggle with long-term diets and sustaining what weight loss they achieve.

By some estimates, 97% of dieters regain everything they lost and more within three years.⁸ Few people have the willpower and external support to maintain diet and exercise regimens indefinitely without the guidance of health care providers. Meanwhile, biological factors can compound dieting challenges. Research shows that, following weight loss, the human body may experience a slower metabolism and hormonal fluctuations that increase appetite.⁹

**97% of dieters regain
all the weight they lose**



These results underscore the reality that obesity is a chronic disease and that patients require continued care to maintain healthy lifestyles after their initial weight-loss goals are met.



TREATMENT OPTIONS

A holistic team approach can increase patients' awareness of expanding treatment options for obesity.

There are bariatric surgeries, for example, which make changes to the digestive system to help a patient lose weight. The surgeries can be effective for long-term weight loss but, as with any surgery, carry risks. Bariatric surgeries are generally reserved for patients who have tried diet and exercise without success and face serious health concerns due to their weight.¹⁰

Prescription obesity medications can be another important treatment option.

The Food and Drug Administration has approved several new obesity medications since 2012, broadening the choices for patients and health care providers. In 2021, the FDA also approved semaglutide, already used to treat Type 2 diabetes, as a treatment for obesity.¹¹

In addition to treating obesity, some newer medications also offer a dual benefit by simultaneously addressing comorbidities. One medication also helps to treat migraine attacks, while another treats depression. Another obesity medication simultaneously lowers high blood sugar for patients who also have Type 2 diabetes.¹²

In short, treatment options are more advanced and numerous than ever before. The challenge is getting patients access to the treatment options most appropriate for them.



**Treatment options
are more advanced
than ever before**

POLICY SOLUTIONS

Policy change can be a powerful catalyst for improving public health. Meeting the challenge of America's obesity epidemic requires specific changes, namely:



Improved public awareness

that obesity is a serious and chronic disease linked directly to diabetes and cardiovascular disease.



Broad uptake of a team-based care model

, fostering patient-centered treatment by allowing health care providers to work together to treat the whole patient, not just individual symptoms.



Uniform access to the full range of appropriate options for treating obesity, including Medicare Part D coverage for FDA-approved weight loss medications.

Meaningful reform requires policy changes at both the state and federal levels.

Individual states can encourage access by improving Medicaid and private insurance coverage. With comprehensive coverage and fewer access barriers, physicians will have the autonomy to develop and implement personalized treatment plans for their patients.

At the federal level, policymakers have an opportunity to improve treatment options by way of the Treat and Reduce Obesity Act. The legislation has garnered significant and bipartisan support in Congress.

The bill would expand Medicare benefits to incorporate additional health care providers, including dietitians, psychologists and specialty physicians. It would also expand coverage of FDA-approved prescription drugs for obesity.

Keeping coverage up to pace with innovation can be a challenge, but with leadership from state and national policymakers, it can be done.

Coverage policies must keep pace with innovation





CONCLUSIONS

Few public health issues generate debilitating stigma and widespread controversy like obesity does. But cultural obsessions over weight and body image cannot drown out a more serious discussion about obesity and its two deadly interlinked comorbidities.

The faster that discussion is converted into policy change, the sooner Americans can become healthier and less vulnerable to the added dangers of Type 2 diabetes and cardiovascular disease.

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PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in accelerated innovation and improved cardiovascular health for heart patients around the world.

www.advancecardiohealth.org



**Diabetes Policy
Collaborative**

The Diabetes Policy Collaborative addresses public policy on the federal, state, regulatory and health plan levels. DPC seeks to maintain access for diabetes patients and to restore the sanctity of the physician-patient relationship in diabetes care.

www.diabetespolicycollaborative.org



**Alliance for
Patient Access**

The Alliance for Patient Access is a national network of policy-minded health care providers advocating for patient-centered care.

www.allianceforpatientaccess.org