

Obesity and Durable Behavior Change

A gateway to improving behavioral health and chronic disease management during COVID-19 and beyond



The State of Obesity in America

For the past several decades, obesity across all age groups has become an escalating problem across all parts of the nation. Not only are more Americans obese, but the rates of obesity and severe obesity have been steadily rising. According to the Centers for Disease Control and Prevention (CDC), at the turn of the century, 30.5% of American adults were obese 4.7% were severely obese. By 2018, these figures had risen to [42.4%](#) (surpassing 40% for the first time) and 9.2%, respectively.

African American communities have been impacted at even more concerning rates as nearly half African American adults are obese – the highest of any population – and a staggering 56.9% for African American women.

The obesity rate for children and young adults was [18.5%](#) as of 2016-2017 reporting. This is also concerning given that obesity now affects over 13 million Americans between 2 – 19 years old and [research shows](#) that obese children are likely to stay obese into adulthood and more likely to

develop chronic diseases like diabetes and cardiovascular diseases at a younger age.

Beyond the physical and mental toll that obesity inflicts, it is a financially costly problem as well. A 2017 paper [published](#) in the Journal of General Internal Medicine examined Medical Expenditure Panel Survey (MEPS) data from 2006 – 2013 and estimated that medical costs were over \$3,400 more for obese individuals and that total medical costs associated with treating obesity-related illness in adults was \$342.2 billion in 2013, an astounding 28.2% of total health care expenditures. With the continued rise in rates of obesity and obesity-related illness in the time since, this figure has surely only increased.

The above trends exist despite significant money and effort – both from [government](#) and [private industry](#) – being allocated to addressing the problem. The weight loss industry alone accounted for a record \$72 billion in annual spend in 2018, but the data shows this has done little to solve the problem for most Americans.

An Outsized Impact on Overall Health

Compounding these issues are the downstream [health complications](#) caused by obesity – including diabetes, high blood pressure, heart disease, sleep apnea, and even mental illness – each of which have increased in conjunction in recent years.

And the list does not stop there. Obese individuals are at an increased risk for other serious diseases, such as stroke, gallbladder disease, osteoarthritis, many types of cancers, and high cholesterol.

Obesity also [has](#) a significant bi-directional link to depression and a moderate bi-directional link to anxiety, meaning that one can cause or exacerbate the other and vice-versa, creating a particularly adverse downward spiral effect. On the behavioral health spectrum, alcohol use is a direct risk factor for obesity among [women](#).

Behavioral health is tightly intertwined with and an influencer of physical health, and for most there is a direct connection between them. As such, addressing obesity or other chronic health issues often requires addressing the underlying behavioral conditions that are causing or exacerbating the physical ailments first.

“Total medical costs associated with treating obesity-related illness in adults was \$342.2 billion in 2013, an astounding 28.2% of total health care expenditures. This figure has surely only increased.”

Rather, in many cases, diet programs either produce short-term results that don't last (“yo-yo” dieting) or show little to no efficacy.

Local government programs have shown some [promising results](#) in reducing obesity rates in children and young adults by increasing access to healthy foods, however state and local programs remain [woefully underfunded](#) to address the issue at a national level among adult populations. In fiscal year 2016-2017, funding for the Division of Nutrition, Physical Activity, and Obesity was less than 1% of the CDC's total \$7.2 billion budget.

COVID-19 has only exacerbated these trends by creating additional emotional, environmental and financial challenges to successful weight management, especially for more vulnerable elderly and minority populations.

In short, successful weight management is a very serious and very complex challenge for a large portion of our population and efforts to address the issue have made little impact.

“Addressing obesity or other chronic health issues often requires addressing the underlying behavioral conditions that are causing or exacerbating the physical ailments first.”



Obesity and COVID-19

COVID-19 has caused even greater concern around obesity, both as a [risk factor for complications](#) from the disease and also because rates of obesity and coronavirus infections [disproportionally impact](#) minority populations.

Among the many other far-reaching consequences, COVID-19 has resulted in:

- *Reduced options for exercise and physical activity due to shelter-in-place orders.*
- *Widespread unemployment that has strained many Americans' finances, making it even more difficult to afford healthful foods for those already on a tight budget.*
- *[Increased](#) depression, anxiety, and stress to historical levels, each of which directly impact adherence to exercise or [diet regimens](#) and overall physical health.*
- *Negative impacts to social determinants of health (SDoH), such as food insecurity, housing, domestic safety, and job security. These specific determinants rank higher on Maslow's hierarchy of needs (a tiered model of human needs with physiological (air, water, food, shelter) and safety as fundamental, followed by love and belonging, esteem, and self-actualization) than addressing one's weight, meaning obesity as a health issue cannot even be considered until SDoH needs are met.*
- *Reduced access to in-person healthcare and increased rates of care avoidance due to fears about catching the coronavirus in healthcare settings.*

In addition to obesity, other risk factors for complications from COVID-19 include diabetes and hypertension, unfortunately common comorbidities that further complicate the health risks.

Three Key Drivers

While there is a common misperception that obesity results from a lack of “will power”, [evidence](#) demonstrates that the condition is typically caused by a confluence of three factors: **behavior**, **biology** and **environment**.

The behavioral component includes diet, exercise, related health conditions and medications, as well as stress, emotions, and sleep hygiene. Biology factors in the genetic predisposition toward weight gain. Environment plays a significant role, especially considering the strong correlation between socioeconomic issues and weight. Socioeconomic status impacts the social determinants of health mentioned above, many of which have been further impaired by COVID-19: access to and the cost of healthy food options, access to healthcare, cultural norms and stigmas, and education.

Each of these factors must be considered equally when addressing this complicated condition. Due to the complexity and interconnected nature between behavior, biology and environment, a simplistic approach, such as offering guidance to “eat right” or “exercise more”, is almost never effective and yet surprisingly common.

In fact, unlike other serious medical conditions, a healthcare professional’s proffered advice for better health is rarely sufficient to trigger sustained behavior change among obese patients. There are almost always underlying mental, behavioral, and environmental factors that must be addressed and mitigated along with the desire to lose weight or the knowledge that one must do so to prevent further harm. If healthcare professionals do not understand their patients’ environmental and SDoH circumstances, they’ll likely dispense advice and counseling that will quickly be discarded or ignored, resulting in no change to the issues causing the condition.

For example, discussing the importance of healthy food choices with someone who is facing food insecurity will likely be a wasted effort. Their priority is getting enough food for themselves or their family, and that may mean forgoing healthier options such as fruits and vegetables for cheaper, calorically dense yet nutritionally-deficient, foods that will keep hunger at bay.



“Evidence demonstrates that obesity is typically caused by a confluence of three factors: behavior, biology and environment.”

Successful and sustained weight loss starts with healthcare professionals understanding how an individual's behaviors, genetic factors and environment are contributing to his or her condition. For many patients, it can take months of establishing trust in the relationship before their healthcare provider will be able to fully understand and then begin to impact the behavioral aspect. It can then take additional months or even years to address these issues and drive durable behavior change. In short, success lies in taking a longer-term view.

Obesity as a Gateway to Improving Behavioral Health and Chronic Disease

At Ontrak, we offer a highly effective, long-term program to proactively target, engage, and treat care avoidant individuals who have unaddressed behavioral health conditions and coexisting chronic disease. Our evidence-based methodologies and longitudinal approach to engagement and treatment focus on building trust over time with our members. We start by asking a series of questions to understand the social determinants of health people may be facing and helping empower readiness to tackle their health issues. Evaluating a person's "readiness to change" is typically the first step. Once that willingness has been acknowledged, we can begin to chart personal and health-related goals and the barriers to accomplishing them, both critical components to successful behavior change and improved health. Our care coaches have found that focusing on what matters to people first is more important to engaging and retaining members than focusing on what is the matter with them.

Based on deep experience in overcoming the drivers of care avoidance, Ontrak has built a proven playbook for engaging populations who aren't necessarily seeking out care – whether due to barriers such as stigma, shame, cost, or simply a lack of access.

Our experienced team of healthcare engagement specialists, nurse-led behavior change coaches and local care coordinators often find that people with multiple co-existing behavioral and medical conditions want to begin their journey by addressing weight management first as opposed to other behavioral or physical health issues they may have. This makes sense when you consider that obesity has a direct and readily experienced impact on physical health, mental health, and the ability to enjoy one's life.

As an example, an alcoholic may not be ready to quit drinking but can make a commitment to starting a weight loss journey. It may feel less daunting and more achievable. During the weight management program, once the member has shown commitment and established trust with their behavior change coach, the coach can then help them understand the relationship between alcohol and weight gain and that alcohol will be a barrier to achieving their goals. While weight loss may be the individual's stated initial primary goal, the coach can also work to address other comorbidities, such as diabetes or depression, that are common with obesity and alcoholism, providing positive reinforcement by highlighting the other health benefits of losing weight and leveraging the positive results and momentum the member is experiencing.

In this regard, we find that addressing obesity is often a gateway to improving related and perhaps more daunting behavioral and chronic medical health issues.



Strategies for Lasting Behavior Change and Weight Management Success

Fortunately, there are strategies for successfully tackling obesity and its related health consequences at an individual level, even during a pandemic.

1

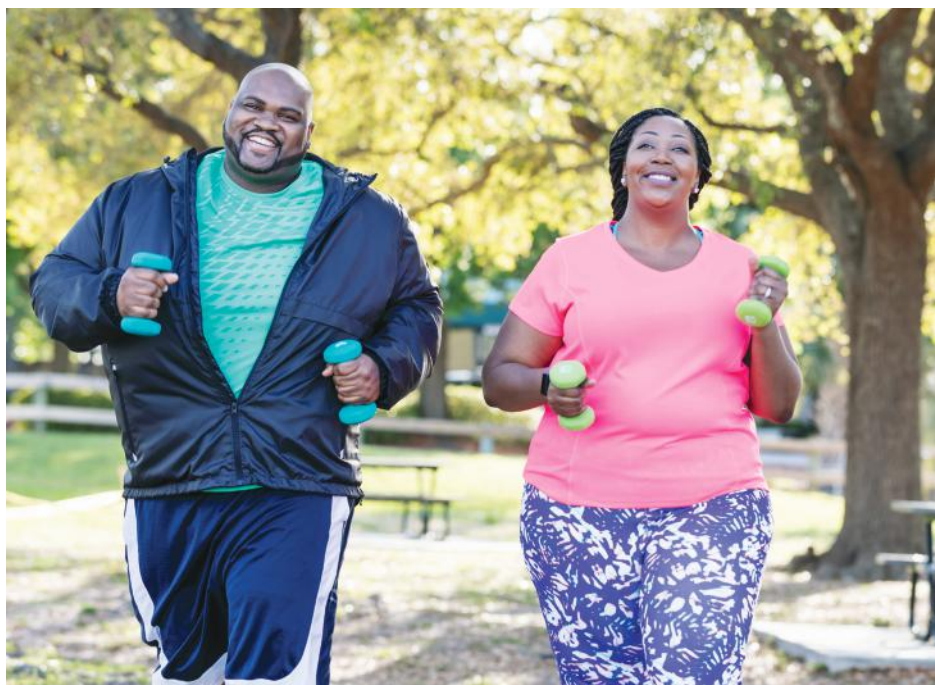
Build trust first.

At Ontrak, we've had repeated success by focusing first on what matters to the individual and their reasons for wanting to address their obesity and establishing trust before trying to address other health issues. We apply techniques such as motivational interviewing to drill down into the underlying concerns, goals and barriers, and develop a tailored plan for success. Sadly, this is often the opposite approach taken in traditional primary care settings where time and resource constraints prevent the ability to establish a meaningful relationship.

2

Take a comprehensive, long-term approach.

Work with the member to develop a plan that will factor in their specific environmental situation and that incorporates small, manageable steps toward healthier habits. Small steps allow more opportunities for “wins” that the member and coach can celebrate during the program, which provide consistent, momentum-building positive reinforcement throughout the program. Along with small steps, the program must be sufficiently long enough to allow the member to develop new, lasting habits and experience the positive results. The Ontrak™ program engages members for up to a full year and has demonstrated durable outcomes at three years post-graduation, a clear indicator of true behavior change.



3

Meet the member where they are.

While a member is engaged in the Ontrak™ program, dedicated care coaches provide individualized, evidence-based behavioral coaching. We also connect members to in-network doctors, therapists, and dietitians – both via telehealth and in person – who can help address behavioral and biological drivers of obesity and other comorbidities. To address the environmental factors that can be a limiting factor, local care coordinators provide community-based support and an understanding of social determinants of health and can guide members to resources for healthy foods, assist with housing, and even provide transportation to appointments.

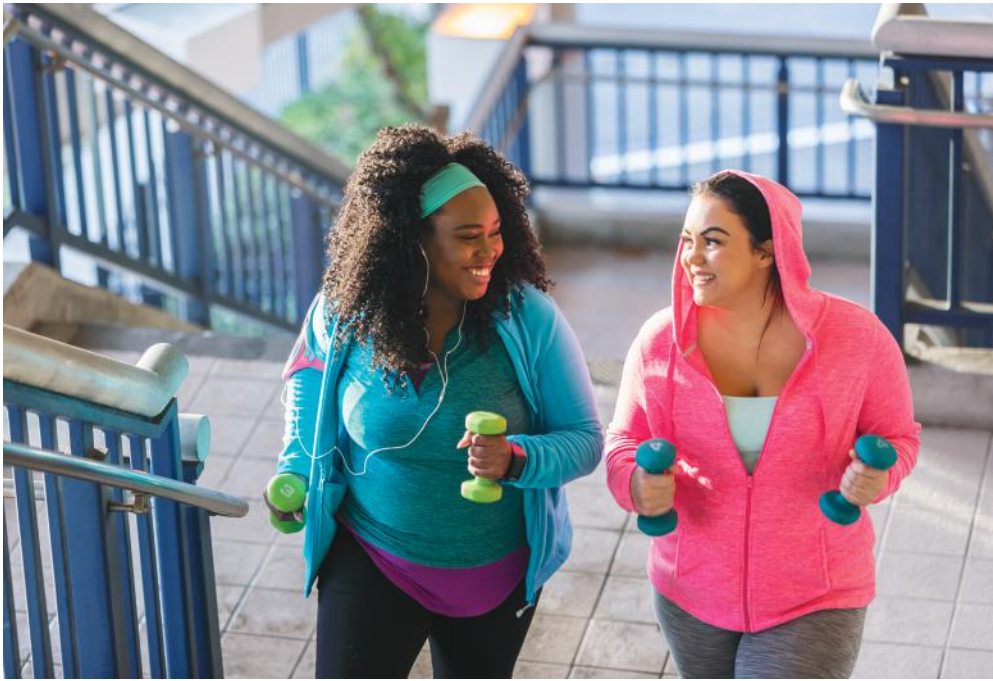
4

Provide support from many angles.

Care coaches, therapists, community care coordinators, dietitians, friends, and family can all help to promote accountability, provide support, and help members to stay on track.

In summary, obesity is a highly complex condition that is interrelated with many other aspects of behavioral and physical health. For many individuals, tackling weight management can serve as a gateway to consequently improving other behavioral health and chronic disease challenges. Successfully addressing obesity requires establishing trust and understanding an individual's behavioral, genetic, and environmental background and situation. Each of these factors must then be incorporated into a personalized, long-term program that is required for lasting behavior change and improved health.





About Ontrak

Ontrak, Inc. is a leading AI and telehealth enabled, virtualized outpatient healthcare treatment company whose mission is to help improve the health and save the lives of as many people as possible. Leveraging advanced analytics and human interaction, Ontrak identifies, engages, and treats individuals with unaddressed behavioral conditions that cause or exacerbate chronic medical conditions, delivering improved member health and validated outcomes and savings. Ontrak solutions are available to members of leading national and regional health plans in 31 states and in Washington, D.C.

For more information:

Web: <https://ontrak-inc.com>

Email: hello@ontrak-inc.com

Toll Free: 1-866-517-1414

Main: 1-310-444-4300