



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:
Weight is a complex interplay of genetic, psychosocial, social and environmental factors. ¹ People with a higher weight often have poor health encounters and disparities in needed care (e.g., lower frequency pap tests, diabetes, osteoarthritis, disordered eating) and can disengage with health system. ² ~74% adult Americans = overweight (i.e., BMI over 25) and obesity (i.e., BMI over 30). ^{3,4} Newer drugs used for weight loss (i.e., GLP-1 RAs) can provide significant weight reduction, but are cost-prohibitive. Many patients are presented options only to reduce weight, often expensive and without regard to individualized treatment goals.
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:
Holistic weight management pathway including range of strategies (e.g., interventions to support social drivers of health, behavioral interventions and counseling, anti-obesity medications and bariatric surgery when needed), addressing weight stigma through clinician interactions (e.g., language considerations, biases, motivational interviewing) and organizational policies (e.g., optional and blind weighing, screening for eating disorders before weighing), public health interventions to address the upstream drivers of poor nutritional access. Out of scope: Evidence-based care for disordered eating, bariatric procedures
EVIDENCE-BASED IMPACT STRATEGY:
<ul style="list-style-type: none"> • <i>Clinicians/Care Teams:</i> Reduce weight stigma in the clinical environment (use person-first language, blind or optional weighing), Offer a range of evidence-based options for weight health management (behavioral interventions, medications, bariatric surgery), Screen for disordered eating • <i>Delivery Systems:</i> Institute protocols for evidence-based weight health management with personalized evidence-informed options, create anti-bias campaigns to address stigma in the workplace, make the clinical environment welcoming to people of all sizes • <i>Plans and Purchasers:</i> Review coverage to ensure access to all options for weight management without prohibitive cost barriers,
AVAILABLE DATA:
Claims, prescriptions
POTENTIAL PARTNERS:
MultiCare, WSHA, Health Plans, Health Technology Coordinating Committee, UW Obesity and Nutrition Center
HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:
Provide necessary guidance on approaching weight health management and individualized goals, accessing to evidence-based services, addressing social drivers that increase risk for higher weight and decrease the \$173 billion a year cost associated with the higher weight on the healthcare system.

¹ Gutin I. Body mass index is just a number: Conflating riskiness and unhealthiness in discourse on body size. *Social Health Illn.* 2021 Jul;43(6):1437-1453. doi: 10.1111/1467-9566.13309. Epub 2021 Jun 4. PMID: 34086365; PMCID: PMC8363552.

² 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>

³ Centers for Disease Control and Prevention. (n.d.). Obesity and overweight. National Center for Health Statistics. <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>

⁴ Centers for Disease Control and Prevention. (n.d.). Why it matters. Division of Nutrition, Physical Activity, and Obesity. <https://www.cdc.gov/obesity/about-obesity/why-it-matters.html>