United States: Obesity Health System

Economic classification

High Income[1]

Health system summary

Healthcare coverage in the USA is fragmented, with several public and private sources. Public coverage provided by the government include *Medicare*, a federal program for the disabled and adults over 64, and *Medicaid*, a means-tested insurance programme that provides free or low-cost care to those who do not have insurance through their employers or cannot afford insurance through the private market.[2] There is also publicly provided military coverage. Publicly financed care is typically funded by a combination of taxation, premiums, federal revenues and co-payments. On the other hand, private sources of health coverage, which include employer-provided health insurance and private insurance, are funded by employers, employees and private spending.

Efforts have been made since the 2010 Affordable Care Act to reduce the number of underinsured and uninsured Americans. There is evidence that the expansion of Medicaid under the Act reduced the percentage of the population uninsured from 16% to 8% and has improved financial risk protection for the low-income population.[3] The USA is an outlier among large, rich countries by not having universal healthcare.

Where is the USA's government in the journey towards defining 'Obesity as a disease'?

Where is USA's healthcare provider in the journey towards defining 'Obesity as a disease'?

In practice, how is obesity treatment largely funded?

(🟢: Government, 🟠: Insurance, 🔴: Out of pocket expense, ⚪: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?

Some cities

Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?

Are there any obesity-specific treatment recommendations or guidelines published for adults?

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?

Are there any obesity-specific treatment recommendations or guidelines published for children?

Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?

United States: Obesity Health System

Obesity prevalence

41.8% Women	42.2% Men
15.0% Girls	16.5% Boys

Overweight prevalence

27.9% Women	34.0% Men
23.0% Girls	18.0% Boys

Key prevention policies

- ⇒ Some states have sugar taxes
- ⇒ Chain restaurants must display energy information menus
- ⇒ Mandatory nutrient lists on packaged foods

Summary of stakeholder feedback*

Stakeholders felt that obesity was not yet recognised as a disease, both at a government and a health provider level. It was recognised that there has been some progress - with the American Medical Association and numerous groups and government agencies recognising obesity as a disease - but not enough. There are still some state governments and insurers who explicitly consider obesity to not be a disease and it was noted that obesity is certainly not yet treated in the same way as other chronic diseases such as diabetes and cancer.

Those living with obesity reportedly present to the system in primary care, but only when they have comorbidities. Despite this, stakeholders noted that obesity is rarely managed in primary care due to a lack of provider knowledge and poor reimbursement of treatment options. Instead, obesity medicine specialists were said to increasingly be the main source of care for people with obesity, a practice that is unsustainable. Stakeholders felt that people tended to leave the system because of lack of specialist referral and poor follow-up.

Once in the system, the type of treatment available to patients is highly dependent on type of health coverage the individual has and the state they live in. This results in great inequality and inequity in the accessibility of treatment. Medicare covers surgery if BMI criteria is met, but what Medicaid covers varies across states. Pharmacotherapy was said to be poorly covered across the board. As a result, many pay out of pocket for treatment across the country.

There are many guidelines and recommendations for treatment of obesity in adults and children. Examples include recommendations/guidelines from the U.S. Preventive Services Task Force, the American Association of Clinical Endocrinologists, and the Obesity Society. One stakeholder highlighted that the issue was not a lack of guidelines, but how existing guidelines could be met. Stakeholders felt that healthcare practitioners were generally not appropriately trained to manage people with obesity, with there being inadequate numbers of trained professionals in both urban and rural areas. There is training available through the America Board of Obesity Medicine, it was said that many have to self-fund. There is another certification by the Academy of Nutrition and Dietetics for dietitians and other integrated health professionals.

**Based on interviews/survey returns from 8 stakeholders*

Perceived barriers to treatment

- Lack of training for healthcare professionals
- Stigma
- High cost of out of pocket payments
- Failure to recognise or accept all available treatment options
- Lack of financial investment and funding for coverage
- Healthcare professionals disinterested in obesity
- Poor adherence to or fear of treatment
- Obesity not recognised as a disease

References

1. https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020 (last accessed 29.08.19)
2. https://international.commonwealthfund.org/countries/united_states/ (last accessed 19.11.2018)
3. https://www.bmj.com/content/368/bmj.m40 (last accessed 05.05.2020)

Last updated May 2020