



United States of America

Obesity Health System Country Report Card

Economic Classification

High income¹

The United States of America (USA) is considered to have the largest economy in the world. It is a G7 member, G7 being a group of seven majorly advanced nations.

Health System Summary

Health coverage in the USA is considered to be fragmented, there are several public and private sources. Public sources 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 mostly low-income groups who do not have insurance through their employers or cannot afford insurance through the private market². There is also publically provided military coverage. On the other hand, private sources of health coverage include employer-provided health insurance and private individual insurance. Publicly financed care is funded by a combination of taxation, premiums, federal revenues and co-payments. Private care tends to be funded by employers, workers and private spending.

Efforts have been made since the 2010 Affordable Care Act to increase the uptake of private health insurance. In 2017, it was estimated that 49% of USA population was covered by employer insurance, 7% by private individual insurance, 36% by public provision, with the remaining 9% being uninsured³. The USA is considered to be an outlier among large, rich countries by not having universal healthcare.

In terms of obesity, the USA's health system has historically been considered to be inadequate in terms of coverage of treatment and management and health professional training. Progress is being made, but it variable and dependent on state, provider and payer.

Overall summary









Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² https://international.commonwealthfund.org/countries/united_states/ (last accessed 19.11.2018)

³ <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Non-Group%22,%22sort%22:%22desc%22%7D> (last accessed 10.12.2018)

Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	 Highly variable
At what level of obesity are people usually eligible to access healthcare? (●: BMI ≥ 30 , ●: ≥ 35 , ●: ≥ 35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	 Highly variable
Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	

Findings from stakeholders⁴

Overview of stakeholder feedback

Stakeholders felt that obesity was not yet recognised as a disease in the USA, 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 it was 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.

One stakeholder considered weight bias and stigma to be an issue that prevented people from seeking care. It seemed that people only entered the system when they had comorbidities, presenting first in primary care. Despite this, obesity was said to be rarely managed in primary care because of lack of provider knowledge and lack of reimbursement to provide adequate treatment in primary care settings. Instead, obesity medicine specialists were said to be increasingly the main

⁴ Note that this section is based on interviews and/or survey returns from 4 stakeholders.

source of care for people with obesity. It was felt that people tended to leave the system because of lack of specialist referral and poor follow-up.

Once people were in the system, the type of treatment available to them was highly dependent on type of cover the individual has. It also varied by state. At least two stakeholders felt likelihood of treatment was generally better under government plans such as Medicare and Medicaid compared to private plans, and this was considered to be particularly the case for counselling and surgery. Pharmacotherapy was said to be poorly covered, and in fact prohibited by law under traditional *Medicare* coverage. It was thought that many still have to pay out of pocket for treatment across the country.

There are said to be many guidelines and recommendations for treatment for adults and children. Examples include recommendations/guidelines from the U.S. Preventive Services Task Force 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, but this was said to be mostly self-funded. There is another certification by the Academy of Nutrition and Dietetics for dietitians and other integrated health professionals.

The Obesity Action Coalition was noted as an effective and increasingly visible patient network. It was highlighted that use of technology to help address obesity was hampered by the lack of robust research demonstrating effectiveness.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the USA⁵:

1. Lack of healthcare coverage
2. Lack of obesity training
3. Existing stigma and bias around obesity
4. Healthcare system focussed on acute care rather than chronic management
5. Patients not seeking out care
6. Fear of treatment by patients

⁵ In no particular order