Obesity: The Social Work Perspective

Lauren Dunn, MSW
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Considerations from a social work perspective:

- Mental health
- Role of family
- Financial impact
- Access to treatment
A population already at risk: Chronic Illness and Mental Health

• Numerous studies have demonstrated a correlation between depression and chronic illness.

• “Prevalence of Depression in Adults with Hemophilia”
  – 2009 study through Arizona Hemophilia and Thrombosis Center
  – 35% of participants scored positive for depression using the Patient Health Questionnaire (PHQ-9)

Unpublished research: “Prevalence of Depression in Adults with Hemophilia”. Maria Iannone, Laurel Pennick, Mary Lou Damiano, Angela Ratts, Karen Wiehs, and Alison Stopeck.
Obesity and Mental Health

A 2006 NIMH funded study found that in Obesity is associated with an approximately 25% increase in odds of mood and anxiety disorders

- No differences between genders
- Social and cultural factors appear to play a role

Psychosocial Impact of Obesity

• Numerous research studies have identified a correlation between obesity and depression

• The Chicken or Egg phenomenon - people with obesity more likely to develop depression; people with depression more likely to become obese

• If you treat one, does the other improve too?

Understanding the Relation Between Obesity and Depression: Causal Mechanisms and Implications for Treatment, Markowitz, Clinical Psychology: Science and Practice, V. 15, #1, March 2008, pp. 1-20.)
Role of the Family

• A 2008 study of data from the National Longitudinal Study of Adolescent Health
  – First study to demonstrate that the connection between parents and children's weight is social as well as genetic
  – Found that the influence of inactivity and meal frequency on the likelihood that a child would be overweight was as powerful as the effect of having a parent who was obese

Medical Cost of Obesity

Study of national costs attributed to both overweight (BMI 25–29.9) and obesity (BMI greater than 30)

• Medical expenses attributed to overweight/obesity accounted for 9.1 percent of total U.S. medical expenditures in 1998

• Estimated to have reached as high as $78.5 billion ($92.6 billion in 2002 dollars)

• Approximately half of these costs were paid by Medicaid and Medicare.

http://www.cdc.gov/obesity/causes/economics.html
## State Cost of Obesity


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[http://www.cdc.gov/obesity/causes/economics.html](http://www.cdc.gov/obesity/causes/economics.html)
Personal Cost of Obesity: Factor

Annual Factor Costs: 3 scenarios*

• 150 lbs- ideal weight
  – $278,460.00 per year in factor

• 180 lbs- (20% above ideal weight)
  – $335,790.00- $58,000 more per year

• 225 lbs/- (50% above ideal weight)
  – $417,690.00- $140,000 more per year

Think about the impact on lifetime caps and overall healthcare costs!

*assume $1.05 per unit, dose of 25u per kilo 3 x per week
What Works?
The Social Work Perspective: What Works?

• Cognitive-Behavioral Treatment:
  – more effective than behavior modification alone
  – addresses weight loss and weight maintenance

• Support Groups
  – Self-help model found as effective as therapist led group
  – More financially viable option for long term


The Perceived Effectiveness of Continuing Care and Group Support in the Long-Term Self-Help Treatment of Obesity Janet D. Latner, Albert J. Stunkard, G. Terence Wilson‡ and Mary L. Jackson
The Social Work Perspective: What Works?

- Exercise- Addresses both weight and mental health
  - Duke University Study
  - 156 patients over the age of 50 diagnosed with a major depressive disorder
  - Randomly assigned to: exercise (30 min, 3 x wk), exercise & Zoloft, and Zoloft only groups.
  - After 16 weeks, patients who exercised showed statistically significant and comparable improvement relative to those who took Zoloft, or those who took the medication and exercised.

http://www.psychosomaticmedicine.org/cgi/content/abstract/62/5/633;
What Works: Systems Level Initiatives

- Insurance: reimbursement and wellness initiatives
- Federal/State: CDC
- Hemophilia related: NHF/YMCA initiative, local chapter programs
What Works: Insurance Initiatives

- Blue Cross and Blue Shield of North Carolina
  - April 1, 2005 - began reimbursing physicians for up to four visits a year with a sole ICD-9 code of obesity (prior to this had to be co-morbid condition)
  - BCBS of NC “Healthy Lifestyle Choices Program” - 46% of participants lost weight, 76% lowered blood pressure

- Mandates
  Four states currently have mandates related to morbid obesity coverage in group health plans: Georgia, Indiana, Maryland and Virginia.
CDC- State Based Programs

CDC's State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases

- **Funds 23 states**- (WV in Region III)
- **Focus on:**
  - ↑ physical activity
  - ↑ consumption of fruits and vegetables;
  - breastfeeding initiation, duration, and exclusivity
  - ↓ television viewing & consumption of sugar-sweetened beverages and high-energy dense foods.
- **Outcomes**- CDC surveys have found no significant increase in obesity prevalence among children, adolescents, women or men between 2003–2004 and 2005–2006.

http://www.cdc.gov/obesity/stateprograms/index.html
Local Initiatives

• NHF “Fit for Life”- Initiative between YMCA, NHF, and CDC
  – 50% of results in
  – ↑ time in both moderate & vigorous activities, ↑
    days doing activities

• Hemophilia of Georgia “Fit Kids” Program
  – 700 total participants
  – 97% ↑ physical activity, 67% ↑ fruits & veggies,
    58% ↓ screen time
Role of the Social Worker

Individual/ Family:
• Development of behavior modification plans that not based on foods as rewards
• Assess and address depression issues
• Link to support groups, treatment programs, wellness initiatives

Program level:
• Work with chapters/ community agencies to develop/ replicate programs to target wellness and healthy lifestyles
• Assess barriers to care and develop resources to assist accessing

Systems Level:
• Advocate for safe, healthy communities; affordable healthy foods
• Advocate for preventative programs through health insurance, schools, etc.
Thank You!

Lauren Dunn, MSW
Hemophilia Social Worker
VCU Medical Center
Richmond, VA
(804) 828-2924
dunnlc@vcu.edu
www.vcuhealth.org/cvccd