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HGPI Health and Global Policy Institute

The Health and Global Policy Institute (HGPI) Obesity Control Promotion Project

"The Next Steps for Engaging and Cooperating with Patients, Citizens, and Communities for Obesity Control"
Discussion points

Background to this compilation of discussion points

Compounded factors like lifestyle changes and urbanization have led to the growing prevalence of obesity, chronic diseases, and non-communicable diseases (NCDs) in developed and developing societies. For many years, this transformation has been called a "Silent Pandemic." In Japan, a number of measures have been implemented to prevent obesity, a known factor for many chronic diseases. Since 2008, all insurers have been obligated to conduct specific medical checkups and provide specific health guidance for obesity. In addition, health examinations called "metabolic checkups" have made the technical term "metabolic syndrome" widely understood among the Japanese public. This has elevated public awareness toward the health hazards of obesity and can be considered a symbolic paradigm shift in policy.

However, methods for approaching cases of obesity that require medical intervention are different from those for general obesity, so various types of interventions including prevention should be discussed. In prevention and intervention for general obesity, it is crucial for there to be a social environment that facilitates lifestyle habit management in terms of nutrition and physical activity and that has fewer of the psychological stress factors that cause obesity. Correlations have also been established among health and conditions like income and living environment, which are known as Social Determinants of Health (SDH). Society must avoid resorting to the concept of personal responsibility and cooperate to encourage better health to prevent income and education disparities from becoming health disparities. Globally, there are various scientific approaches to providing medical and pharmaceutical interventions for obesity and expectations are high for clinical guidelines to be formulated or updated to meet the needs of Japan today.

In light of these circumstances, Health and Global Policy Institute (HGPI) launched the Obesity Control Promotion Project in 2022 with the objectives of heightening interest in general obesity and obesity requiring medical intervention throughout society and building momentum for more effective, organic measures for obesity control. As our first initiative for this project, we gathered an advisory board representing specialists in various fields who exchanged opinions and identified the discussion points described below.

Discussion point 1: The definition of obesity that requires medical intervention must be broadly disseminated throughout society, people living with obesity of the type that necessitates medical intervention must be identified, and ongoing efforts to establish all types of relevant guidelines based on scientific evidence must continue.

There are differences between society's conventional image of obesity and obesity that constitutes a health hazard, but society's recognition of this fact is insufficient. As it is likely that progress will be made in pharmaceutical and surgical treatments for obesity in the future, the medical definition of obesity must be disseminated throughout Japanese society so the people who truly need medical interventions can arrive at treatments that are appropriate for them. It is also desirable that we continue ongoing efforts to establish guidelines and principles of all types and that are based on scientific evidence, starting with treatment guidelines that help people select appropriate treatment methods and make similar decisions. Expectations are high for support from the Government and each stakeholder for this objective. These efforts to define obesity and address it from a medical perspective will also be extremely important in the context of preventing excessive caution toward weight among groups who do not require weight loss, such as women and young people. There is an increasing number of people whose body mass index (BMI) is 30 or above, which is a level that is hazardous to one's health, while the average BMI among women is decreasing. These are signs of what is known as the "Double Burden of Malnutrition," which is the coexistence of undernutrition (due to factors like unnecessary weight loss) and overweight or obesity. For young women, insufficient nutrition can lead to increased future risk for conditions like infertility and osteoporosis, so this is a subject that will require special attention when advancing policies.

Health and Global Policy Institute
Otemachi Financial City Grand Cube 3F 1-9-2, Otemachi Chiyoda-ku, Tokyo 100-0004 JAPAN
Tel: +81-3-4243-7156 Fax: +81-3-4243-7378 E-mail: info@hgpi.org

Discussion point 2: When treating cases of obesity that require medical intervention, in addition to involving physicians and healthcare institutions specializing in obesity, it will also be necessary to promote multidisciplinary cooperation and collaboration with family doctors and occupational physicians.

People with obesity of the type that demands medical intervention need their treatments to be led by medical specialists and to be based on various guidelines. Those treatments can be made more effective through multidisciplinary collaboration at medical institutions that involves medical specialists, dietitians, nurses, physical therapists, clinical psychologists, and public health nurses. Before and after medical examinations are provided at specialized institutions, steps to collaborate with family doctors and occupational physicians must also be taken. A system must be established that includes the steady implementation of specific health guidance consultations, the utilization of Integrated Occupational Health Support Centers ("Sanpo" Centers), and the provision of collaborative support involving occupational physicians, family doctors, and public health centers to such patients. Expectations are high for policy support that facilitates cross-disciplinary collaboration among healthcare providers throughout various phases. It will also be necessary to continuously provide family doctors and occupational physicians with opportunities to undergo training on obesity.

Discussion point 3: The causative factors of obesity are diverse and complex. Rather than limiting ourselves to the concept of personal responsibility and only viewing obesity as the result of overeating and physical inactivity, we must reaffirm the issues that create factors for obesity for the parties most affected and in society as a whole with a perspective that encompasses the Social Determinants of Health.

The factors and underlying causes that can result in obesity are diverse. There are also cases in which the burdens of social factors can lead to obesity among children. For example, there may be insufficient educational opportunities for people to learn about nutrition and health in households or in society, which may lead to cases of childhood obesity. For obesity in adulthood, many cases are affected by factors related to mental health and the social environment, such as isolation, poverty, and stress. Among such cases, there are times when even repeated interventions, like nutritional guidance, do not result in improvement because these underlying factors remain in place. There are also cases in which people living with mental disorders develop severe obesity. The Government and related stakeholders must reaffirm the fact that obesity is caused by underlying SDH and not a lack of personal responsibility among people with obesity.

Discussion point 4: Based on the diversity and complexity of the causative factors of obesity, collaboration with and involvement from broad stakeholders must be expanded so a greater variety of obesity interventions can be provided.

Given the diversity and complexity of the causative factors of obesity, medical intervention methods that are closer to the needs of people living with obesity must be examined. In addition to pharmaceutical and surgical interventions, these include utilizing cognitive-behavioral therapy or collaborating with specialists in psychiatry. There are a number of non-medical interventions that are also effective for preventing and improving obesity, including what are known as "social prescriptions." Collaboration with and involvement from diverse stakeholders outside of the health sector must be promoted and be based on a systems approach perspective that aims to generate solutions while taking into account the environments surrounding the parties most affected and their interactions. Good examples of such solutions are starting to emerge in Japan and abroad. These include joint efforts to promote sports and physical activity through collaborative efforts among local governments, communities, social welfare councils, and key people in communities; introducing community development measures that implement exercise as a natural part of daily life or that facilitate commuting by bicycle; introducing programs that aim to expand nutrition education for children; and collaborating with integrated community support centers for parents. While taking the characteristics of each community into account, steps should be taken to expand these good examples laterally across Japan. Introducing good examples from overseas should also be given active consideration. There are also high expectations for steps to establish evaluation indicators in economic systems. This may include systems to commend companies that are proactive about promoting health and well-being or that are working to improve obesity.

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Discussion point 5: The prevalence of general obesity and obesity requiring medical intervention vary among countries and regions, so research in Japan must be enhanced and evidence- and data-based policies must be expanded.

Prospective cohort studies on the relationships between obesity and various health effects have been conducted in Japan and comparisons have been conducted using both domestic data and data from prospective cohort studies in Asia, Europe, and the U.S. They have found that general obesity and obesity requiring medical intervention are factors for a variety of diseases and health effects regardless of race or region. We also know that obesity's impact differs by underlying disease. For example, the risk of type 2 diabetes rises with increasing BMI, and people whose BMI is 30 or above and 21 or below face increased risks of cancer and cardiovascular disease. In terms of age demographics, it has also been found that obesity in younger generations can significantly impact life expectancies. Another trend that has been observed is an increase in obesity-related complications and mortality among people whose BMI is above 27. At the same time, detailed epidemiological analyses have shown that there are also intervening differences by country, region, and race. Expectations are high for the introduction of evidence- and data-based policies that take differences in country, region, and race into account. To that end, it will be necessary to expand research on general obesity and obesity requiring medical intervention in Japan.

Discussion point 6: Health promotion measures that affected parties consider harmonious must be promoted by building health information networks and health data systems that encompass obesity control and the entire health system.

To promote efforts to treat and improve obesity as well as advance overall health promotion measures, it will be essential to establish medical information networks and health data systems that take into account the perspectives of the parties most affected. If every citizen maintains a Personal Health Record (PHR) and shares data from specific health checkups or their medical and examination histories with family doctors, occupational physicians, and specialized medical institutions as needed, it will enable the provision of high-quality, efficient healthcare and health consultations to the parties most affected. The Government and related stakeholders must recognize there is an urgent need to establish medical information networks and health data systems to enable multi-disciplinary, multi-institutional collaboration in obesity control.

Acknowledgements

When compiling the discussion points described above, we conducted hearings with the experts who participated on our advisory board and are listed below. We would like to express our deepest gratitude for their input. Please note that the recommendations in this document were compiled by HGPI in its capacity as an independent health policy think tank based on those hearings and should not be taken to represent the opinions of any advisory board member, related party, or any organization to which they are affiliated.

The Obesity Control Promotion Project Advisory Board (Titles omitted; in Japanese syllabary order)

Kyoko Ama (Representative, Children and Healthcare Project)
Yuko Oguma (Associate Professor, Sports Medicine Research Center, Graduate School of Health Management, Keio University)
Iwao Kurose (Executive Director, Japan Medical Association)
Naoki Kondo (Professor, Chairperson, Department of Social Epidemiology, Global Health Course, School of Public Health, Graduate School of Medicine and Faculty of Medicine, Kyoto University)
Ichiro Tatsuno (Chairman, Japanese Society for Treatment of Obesity; President, Chiba Prefectural University Of Health Sciences)
Shoichiro Tsugane (President, National Institute of Health and Nutrition, National Institutes of Biomedical Innovation, Health and Nutrition)
Koutaro Yokote (President, Japan Society for the Study of Obesity; Director General, Chiba University Hospital)

About Health and Global Policy Institute (HGPI)

Health and Global Policy Institute (HGPI) is a non-profit, independent, non-partisan health policy think tank established in

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