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SPECIAL TASK FORCE CONSIDERS LEGISLATION TO SUPPORT WEIGHT MANAGEMENT AT WORK

SAN JOSE, CALIF., October 7, 2008 – As American waistlines expand, there's little surprise that this public health issue poses a challenge to the nation's employers. In some states, including New York and California, government regulators are stepping in to urge businesses to take action.

A special meeting of the California State Assembly Task Force on Diabetes and Obesity has been scheduled for Wednesday, October 8, at the Johnson & Johnson Diabetes Institute in Milpitas, Calif. At this hearing, which will be chaired by California State Assemblyman Joe Coto, experts will testify about the benefits of workplace wellness programs, the role of the employer and the economic impact of this serious public health threat. Task Force members will incorporate this testimony into their discussion and use it as a basis for potential legislation in California.

"The biotechnology industry proudly supports and commends the Legislative Diabetes and Obesity Task Force in their efforts to combat this epidemic," said Joe Panetta, President and CEO of BIOCUM, the association for the Southern California life science community. "The life science industry has been at the forefront in improving and sustaining the health of our workforce through workplace wellness programs. We understand that it makes good business sense and creates a more productive workforce."

American workers want help from their employers to lose weight according to a 2007 national survey of 500 members of the Synovate Global Opinion Panel (SGOP) who are overweight and work full-time outside of the home. Two out of three respondents to this survey report that they are interested in employer-sponsored weight control programs. But less than half (44 percent) of overweight employees have access to these types of programs.

Johnson & Johnson has one of the first corporate wellness models that dates back nearly 30 years. "We hope that our example can help other employers evolve beyond flu shots and blood pressure screenings to truly have a positive influence on the well being of the people who work for them," said Susan Tierman, M.D., Medical Director of North America for Johnson & Johnson.

Overweight and obesity is associated with an increased cost of healthcare, lost work days, absenteeism, low productivity and high turnover rates in the workplace. In California alone, the annual cost of medical care attributable to obesity is estimated to be nearly \$7.7 billion ¹ in a state where more than half of all adults (55.9 percent) are either overweight or obese. ²

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¹ http://www.healthpolicy.ucla.edu/pubs/files/AdultsObese_FS_120104.pdf

² http://www.healthpolicy.ucla.edu/pubs/files/Hlth_CAs_RT_090908.pdf

"It is important for employers to offer programs with realistic end goals in mind – specifically that modest, gradual weight loss is best. These types of programs are the best way to help reduce the financial impact of increased health care costs – and should be a part of every business's employee wellness program," said MRC Greenwood, Ph.D., an obesity expert and co-chair of the Reality Coalition, a consumer advocacy organization aimed at getting consumers to adopt healthy, realistic approaches to weight loss that include diet, exercise, and evidence-based medicine and programs.

About Overweight and Obesity

Currently, approximately 65 percent of U.S. adults are overweight or obese, according to the National Institutes of Health. Research suggests that overweight individuals appear to be on the pathway to obesity.^{1,2} Overweight and obesity are associated with an increased risk of developing health problems such as hypertension, type 2 diabetes and heart disease.³ Factors that can contribute to overweight include an abundance of high-calorie foods, low levels of physical activity, behavior, environment, and genetics.⁴ Multiple studies have shown that a modest reduction in weight improves health outcomes significantly in overweight or obese patients.^{5, 6}

About the Reality Coalition

The Reality Coalition is a group of esteemed experts on obesity, nutrition, diabetes and healthcare policy who share the common goal of advancing an agenda for realistic approaches to weight loss to achieve improved public health.

The Reality Initiative was launched in 2006 and is supported by an educational grant from GlaxoSmithKline Consumer Healthcare. The Coalition developed a white paper entitled *Help Not Hype: Getting Real About Weight Loss* (published in *Obesity Management*, February 2007), which was introduced in partnership with the Federal Trade Commission at NAASO, The Obesity Society annual meeting in October 2006. Committed to changing the national weight loss dialogue and broadening its sponsorship base, the Coalition is expanding its efforts in 2007 to invite business leaders, private, public, professional and non-profit groups to partner in our work.

Reality Coalition Members include co-chairs Louis J. Aronne, MD, Dr. George L. Blackburn, MD, PhD, and MRC Greenwood, PhD; Arthur Frank, MD, Obesity Specialist; Gary Foster, PhD, Behavioral Psychologist; Barbara Moore, PhD, Nutritionist; Judith Stern, ScD, Nutritionist; Anne Wolf, MS, RD, Dietitian; Madelyn Fernstrom, PhD, CNS, Nutritionist; Johanna Dwyer, PhD, Nutritionist; Susan Cummings, RD, Dietitian; Jeremy Nobel, MD, MPH, Public Health Expert; Valentine Burroughs, MD, MBA, Diabetes Expert; Morgan Downey, JD, Obesity Specialist, Shaping America's Health, The Obesity Society, National Consumers League, America On the Move, American Dietetic Association and the American Pharmacists Association.

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¹ Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. *JAMA* 2002;288:1723-1727.

² McTigue KM, Garrett JM, Popkin BM. The natural history of the development of obesity in a cohort of young US adults between 1981-1998. *Ann Intern Med* 2002;136:857-864.

³ Centers for Disease Control and Prevention. "Overweight and Obesity." <http://www.cdc.gov/hccddphp/dnpa/obesity/>. Accessed 12/22/05.

⁴ Centers for Disease Control and Prevention. "Overweight and Obesity: Contributing Factors." http://www.cdc.gov/nccdphp/dnpa/obesity/contributing_factors.htm. Accessed 12/22/05.

⁵ Hauptman J, Lucas C, Baldrin MN, Collins H, Segal K. "Orlistat in the long-term treatment of obesity in primary care settings." *Archives of Family Medicine* 9:160-167.

⁶ NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 29-41.