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EXPERTS URGE BUSINESSES TO “GET REAL” ABOUT OBESITY IMPACT

WASHINGTON, October 11, 2007 – Businesses can no longer afford to ignore the growing obesity epidemic. Each year, employers spend more than 75 billion dollars on obesity-attributable health care.¹ In addition, an estimated 39 million work days are lost to obesity-related illness each year.² Other costs of obesity in the workplace include absenteeism, low productivity and high turnover rates.

Today, business leaders, healthcare industry professionals and policymakers will gather to discuss the burden of overweight and obesity on the nation’s employers. Presented by the Reality Coalition, the meeting will be held at the Institute of Medicine of the National Academy of Sciences in Washington, DC.

“More than 100 million American adults spend a majority of their day at work, making the worksite an ideal place to begin the process of tackling the obesity epidemic,” said David Satcher, MD, 16th U.S. Surgeon General and the meeting’s keynote speaker. “Weight management counseling, onsite exercise facilities and healthier food choices are just a few of the ways that companies of all sizes help their employees adopt healthier lifestyle behaviors.”

Results from a new online survey of 500 members of the Synovate Global Opinion Panel (SGOP) who are overweight and work full-time outside of the home reinforce the need for employer-sponsored weight management programs. In fact, 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.

“The Reality Coalition believes this meeting is an ideal forum to engage leaders within the corporate community to focus attention on the rising cost of obesity and its impact on the well-being of working Americans, labor productivity and financial performance,” said Reality Coalition co-chair George L. Blackburn, MD, PhD. “People need to understand that modest weight loss – just five to ten percent of total body weight – can make a difference. Supporting programs that promote healthy eating and exercise is fundamental. Employers who support this approach will reap the benefits.”

“In the absence of supportive programs, many overweight, obese or sedentary employees may fall prey to unrealistic or unhealthy approaches to weight loss that are unproven and have no scientific basis,” said Reality Coalition co-chair MRC Greenwood, PhD. “This is a double loss to our economy – employees waste money on ‘hype’ and employers have even less healthy employees. Cooperative, health and realistic programs are our best hope – they can make a difference and should be everyone’s business.”

¹ Gates D, Brehm B, Hutton S, Singler M, and Poeppelman A. Changing the work environment to promote wellness: a focus group study. AAOHN J. 2006 Dec; 54(12):515-20.

²US Department of Health and Human Services. Prevention Makes Common “Cents”. 2003. Accessed at <http://aspe.hhs.gov/health/prevention/>.

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; NAASO, 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/nccdphp/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.