



Individuals at risk for lifestyle diseases, such as obesity, cardiovascular disease and diabetes, need ongoing, engaged support by professionals who are well trained in weight management and physical activity, and who specialize in sustainable behavior change.

CHRONIC DISEASE AND OBESITY EPIDEMICS: The Role of Behavior-Change Facilitation

OUR POSITION

ACE seeks public policies that make highly qualified, science-based, interdisciplinary coaching, counseling and support for sustainable behavior change an integral component in both the prevention and management of chronic disease and obesity.

CALL TO ACTION

ACE urges federal and state government officials to advance public policies that effectively move behavior-change facilitation into the healthcare system for chronic disease and obesity prevention and management. Specifically, ACE calls for policies that:

- + **Ensure that chronic disease and obesity prevention programs that include behavior-change counseling for physical activity are supported and paid for, particularly in at-risk individuals.**
- + **Recognize and utilize health coaches and exercise professionals whose certification programs are accredited by the National Commission for Certifying Agencies (NCCA) and the International Organization for Standardization (ISO)/American National Standards Institute (ANSI), as well as other weight-management and behavior-change experts in communities, as a cost-effective part of healthcare delivery.**
- + **Incentivize medical professionals to refer to behavior-change programs facilitated by well-qualified health coaches and exercise professionals in order to address the large and growing population at risk for chronic disease and obesity.**

WHY

Research demonstrates that instilling sustainable healthy behavior patterns, including regular physical activity and sound nutrition, is key to the prevention and management of obesity and chronic disease.¹ Our nation's traditional reactive approach to healthcare—sick patients visit doctors for medical treatments—will not halt nor slow the obesity and chronic disease epidemics.

This approach of treating the consequences of chronic disease and obesity is simply not working and costs billions of dollars annually.² Despite this reality, the healthcare system is investing very little in primary prevention of lifestyle diseases, compromising quality of life on a grand scale.^{3,4,5} In order to reduce the incidences of obesity and chronic disease and subsequently lower the healthcare costs associated with them, we must begin to transition to a collaborative system centered around prevention and management.

Lifestyle diseases result from a complex mix of physiological, psychological, environmental, cultural and socioeconomic factors. To date, our healthcare system has relied heavily on expensive pharmaceuticals and, in some cases, even pricier surgeries as the first approach to obesity management. Little time, money or consideration has been given to behavior-change counseling to address the complexity of the problem at its root.³ Research shows that interventions that include behavior-change elements result in greater self-efficacy in individuals, which ultimately leads to sustainable, healthy lifestyle modifications.

The healthcare system must begin to invest in sustainable behavior change at the individual, family and community levels. Individuals at risk for lifestyle diseases, such as obesity, cardiovascular disease and diabetes, need ongoing, engaged support by professionals who are well trained in weight management and physical activity, and who specialize in sustainable behavior change. Behavior-change facilitation needs to be integral to the healthcare system, reimbursable by insurers, highly accessible and culturally appropriate for the communities in which it is provided.

RESEARCH

1. Bauer, U., Briss, P., Goodman, P., Bowman, B. 2014. Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. *The Lancet*, Volume 384, Issue 9937, Pages 45-52.
2. Cawley, J., Meyerhoefer, C. 2012. The medical care costs of obesity: An instrumental variables approach. *Journal of Health Economics*. Volume 31, Issue 1, Pages 219-230.
3. Schwartz, J. 2013. Wellness Coaching for Obesity: A Case Report. *Global Advances in Health and Medicine*, 2(4), 68-70.