Help Prevent Diabetes. Treat Obesity.

Treat obesity like the chronic disease it is. ADA recognizes obesity is a common, chronic and progressive disease with many medical, physical and psychosocial issues.

Obesity is a major risk factor for type 2 diabetes

Obesity is a risk factor for heart disease, stroke, renal disease, non-alcoholic steatohepatitis, severe COVID-19, and 13 types of obesity-related cancer (which make up 40% of all cancers diagnosed).
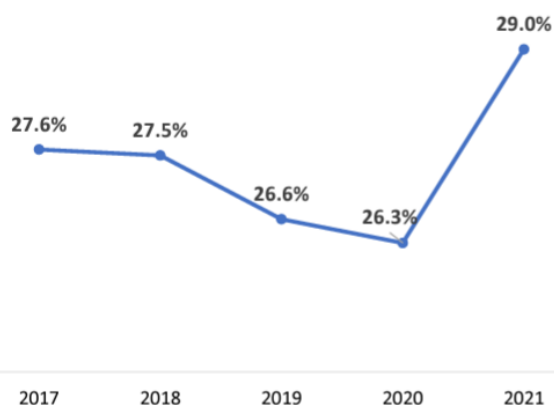
Obesity increases health care costs

People with obesity, per-patient-per-year health care expenditures are estimated to be $4,217 greater than in those without obesity.

Person-centered treatment for obesity

The *ADA Standards of Care 2024* support access to person-centered obesity treatment as determined by an appropriate health care professional including:

- *Obesity screening*
- *Intensive Behavioral Therapy* (IBT): evidence-based program or service including personalized nutrition, physical activity and behavioral change support
- *Medication*: FDA approved medications for obesity
- *Bariatric/Metabolic Surgery*

Vermont Obesity Rates Over Time, 2017—2021

Source: Trust for America's Health, "State of Obesity 2022: Better Policies for a Healthier America"
https://www.tfah.org/report-details/state-of-obesity-2022/

Obesity Epidemic in Vermont

- There are 165,000 people in Vermont, 33.6% of the adult population, who have prediabetes with blood glucose levels higher than normal but not high enough to be diagnosed as diabetes.

- Over 60% of Vermonters have overweight or obesity.

- More than 15% of Vermont children (10-17 yrs. old) have overweight or obesity, which is the highest amongst New England states.

- Obesity disproportionately impacts Vermonters with a disability (39%) compared people without a disability (25%).

- In Vermont, Black (28.6%), Hispanic (31.5%) and American Indian (31.6%) adults have higher rates of obesity.