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On behalf of the more than 75,000 members of the Obesity Action Coalition (OAC), I am pleased to submit the following comments regarding the Connecticut Office of Health Strategy's (OHS) draft Roadmap for Strengthening and Sustaining Primary Care.

We agree that action is needed to help Connecticut's dedicated primary care professionals to better meet the needs of their patients. The Roadmap has laid out a strategy, with actionable steps geared toward promoting more effective, efficient, and equitable primary care to better meet the needs of patients and sustain primary care professionals.

We applaud the OHS and the Primary Care Subgroup (PCSG) for outlining the core primary care practice team functions that focus on patient-centered care delivery and chronic disease management. We agree that care delivery must be "centered around what matters to the patient, developing trusted relationships with patients, making them feel heard and listened to, and instilling person-centered practices from the front desk to post-visit follow-up." This is especially true when primary care providers are diagnosing and developing treatment plans for patients affected by the disease of obesity.

Managing Obesity in the Primary Care Setting

As the OHS considers modifications to the draft Road Map, we suggest that they take advantage of several resources that can help primary care providers achieve the goals outlined in the document. For example, the OAC was proud to be one of the 12 primary care and obesity specialty organizations that participated in a series of roundtable meetings to discuss the key components of obesity treatment in primary care. Those discussions led to the creation of the STOP Obesity Alliance's Weight Can't Wait guide – a simple and practical guide for discussing and managing obesity in primary care settings, which also recognizes the significant time constraints on such provider/patient encounters.

Managing Chronis Disease & Ensuring Coverage of Comprehensive Obesity Treatment Tools

OAC supports "practice teams coordinating care for its patients between visits and across the continuum of care through qualified, embedded clinical care management personnel to support patients with chronic conditions and disabilities and patients experiencing transitions of care." We also agree that "care should be easily accessible and prompt, using multiple care modalities, including in-person, electronic and virtual visits, and including time outside of traditional work hours."

While management of chronic disease is a goal that is generally embraced by all policymakers, many do not realize that there remain significant coverage gaps surrounding obesity treatment. Throughout the past decades, the prevalence of obesity has skyrocketed across our country – with now nearly 30% of Connecticut citizens affected by obesity. Despite this fact, many policymakers continue to view obesity as a lifestyle choice or personal failing. These perceptions and attitudes have allowed health insurance plans to take vastly different

approaches in determining treatment coverage – even after growing data demonstrating a clear link between obesity and poor outcomes associated with COVID-19. In order for primary care providers to be successful at managing obesity, their patients must have access to and coverage of all of the evidence-based treatment tools, including robust intensive behavioral therapy and FDA-approved anti-obesity medications.

Addressing Obesity Bias and Stigma

Finally, it is critical that primary care providers do their best to be respectful to patient affected by overweight or obesity and truly listen to and hear what these patients are telling them. Too often, patients with overweight or obesity encounter disproportionate barriers to care because of pervasive weight bias and stigma. Assumptions that obesity can be prevented by self-control, that individual non-compliance explains failure at weight-loss, and that obesity is caused by emotional problems, are all examples of attitudes that contribute to negative bias.

Research suggests that beliefs about the causality and stability of obesity are also important factors contributing to negative attitudes. For example, studies show that individuals affected by obesity are more likely to be stigmatized if their overweight condition is perceived to be caused by controllable factors compared to uncontrollable factors (e.g., overeating versus a thyroid condition), and if obesity is perceived to be a condition of personal choice, versus a serious and complex chronic disease.

Unfortunately, weight stigma also exists in healthcare settings. Negative attitudes about individuals with excess weight have been reported by physicians, nurses, dietitians, psychologists and medical students. Research shows that even healthcare professionals who specialize in the treatment of obesity hold negative attitudes. These biases may have a negative impact on quality of healthcare for individuals affected by obesity. Some studies have indicated that these individuals are reluctant to seek medical care and may be more likely to delay important preventative healthcare services and cancel medical appointments. Weight bias has been reported as one reason for these negative experiences.

Again, we thank the OHS for developing the draft Roadmap for Strengthening and Sustaining Primary Care. OAC looks forward to being a helpful resource to OHS and the Primary Care Subgroup as you work toward improving the delivery of care in Connecticut.

Thank you,

Joe Nadglowski, OAC President and CEO