

# Health Equity Coverage Recommendation Form

**Title:** Health Equity in Obesity

**Date of Last Review:** 4/1/24

## Research Section

### Background

According to the [World Health Organization](#) obesity is a chronic complex disease defined by excessive fat deposits that can impair health. Individuals who are classified as obese are more likely to suffer from high blood pressure, high levels of blood fats, diabetes and LDL cholesterol – all risk factors for heart disease and stroke.<sup>1</sup>

**Inequities discussed on the [Office of Minority Health Website](#)<sup>2</sup>**

#### **Obesity and Black/African Americans:**<sup>3</sup>

- African American women have the highest rates of obesity or being overweight compared to other groups in the United States. About 4 out of 5 African American women are overweight or obese.
- In 2018, non-Hispanic Black Americans were 1.3 times more likely to be obese as compared to non-Hispanic white Americans.
- In 2018, African American women were 50 percent more likely to be obese than non-Hispanic white women.
- From 2015-2018, non-Hispanic Black females were 2.3 times more likely to be overweight as compared to non-Hispanic white females.
- In 2018, African Americans were 20 percent less likely to engage in active physical activity as compared to non-Hispanic white Americans.

#### **Obesity and American Indians/Alaska Natives:**<sup>4</sup>

- American Indian/Alaska Native adolescents are 30 percent more likely than non-Hispanic white adolescents to be obese.
- American Indian/Alaska Native adults are 50 percent more likely to be obese than non-Hispanic white adults.

#### **Obesity and Hispanic Americans:**<sup>5</sup>

- Among Hispanic American women, 78.8 percent are overweight or obese, as compared to 64 percent of non-Hispanic white women.
- In 2018, Hispanic Americans were 1.2 times more likely to be obese than non-Hispanic white Americans.
- From 2013-2016, Hispanic children were 1.8 times more likely to be obese as compared to non-Hispanic white children.
- In 2018, Hispanic women were 20 percent more likely to be overweight as compared to non-Hispanic white women.
- In 2017, Hispanic high school students were 50 percent more likely to be obese as compared to non-Hispanic white youth.

### **Review of current, peer-reviewed evidence from established sources**

- In 2021, [Min](#) et al published a systematic review on racial-ethnic disparities in obesity and biological, behavioral, and sociocultural influences in the United States.<sup>6</sup> Forty-seven studies met the inclusion criteria and were systematically reviewed. After a short leveling-off during 2009–2012, the US national prevalence of obesity has steadily increased. Obesity and severe obesity prevalence increased in Mexican American (MA) men, MA boys, and MA girls and became similar to or surpassing non-Hispanic Black (NHB) groups. Substantial racial/ethnic disparities remained in the past decade. Even at the same level of BMI, MAs and non-Hispanic Asian Americans had a higher percent of body fat and metabolic syndrome than other ethnic/racial groups. NHB’s cultural preference for a large body significantly associated weight misperception and lower weight control practices. In addition to socioeconomic status, health behaviors, neighborhood environments, and early childhood health factors explained substantial racial/ethnic differences in obesity. Differences in biological, behavioral, and sociocultural characteristics should be considered in future public health intervention efforts to combat obesity in the USA. Modifiable health characteristics noted in the discussion include early education on reducing high sugar beverages, fast food intake, promote sufficient sleep, integrate physical activity daily, and have healthy food and beverage options.
- A review by [Hsu](#) et al found that Asian Americans have a higher prevalence of type 2 diabetes at relatively lower BMI cut points than white Americans.<sup>7</sup> Given that established BMI cut points indicating elevated diabetes risk are inappropriate for Asian Americans, establishing a specific BMI cut point to identify Asian Americans with or at risk for future diabetes would be beneficial to the potential health of millions of Asian American individuals.

### **Review of clinical practices guidelines from professional associations and societies in regard to these findings**

#### **American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO):**

In 2022, ASMBS and IFSO published [clinical guidelines](#) on indications for metabolic and bariatric surgery. They offer the following recommendations based on clinical evidence and expert opinion:<sup>8</sup>

- Metabolic and Bariatric Surgery (MBS) is recommended for individuals with BMI  $\geq 35$  kg/m<sup>2</sup>, regardless of presence, absence, or severity of co-morbidities.
- MBS is recommended in patients with T2D and BMI  $\geq 30$  kg/m<sup>2</sup>.
- MBS should be considered in individuals with BMI of 30–34.9 kg/m<sup>2</sup> who do not achieve substantial or durable weight loss or co-morbidity improvement using nonsurgical methods.
- Obesity definitions using BMI thresholds do not apply similarly to all populations. Clinical obesity in the Asian population is recognized in individuals with BMI  $>25$  kg/m<sup>2</sup>. Access to MBS should not be denied solely based on traditional BMI risk zones.

**National Institute for Health and Care Excellence (NICE):**

The 2023 evidence-based [NICE guideline](#) for the identification, assessment, and management of obesity gave the following recommendations for bariatric surgery:<sup>9</sup>

Bariatric surgery is a treatment option for people with obesity if all of the following criteria are fulfilled:

- They “have a BMI of 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 39.9 kg/m<sup>2</sup> with a significant health condition that could be improved if they lost weight **and**
- Consider referral for people of South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background using a lower BMI threshold (reduced by 2.5 kg/m<sup>2</sup>) than in recommendation 1.10.1 to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at a lower BMI.”

**Do any of these findings relate to any of our current policies?**

Yes, we have currently updated our Bariatric Surgery policy to include the following note: Lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) should be considered for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, African-Caribbean, Native Hawaiian, Pacific Islanders, or American Indians/Alaska Natives family backgrounds

This note is largely based on NICE guidelines, taking into account minority populations within the United States as well.

**Summary**

Obesity is a chronic complex disease that is associated with high blood pressure, high levels of blood fats, diabetes and LDL cholesterol – all risk factors for heart disease and stroke. Obesity disproportionately affects BIPOC populations especially individuals who identify as Black/African American, American Indians/Alaska Natives, and Hispanic American. Differences in obesity rates between unique racial and ethnic groups appear to be multifactorial and include variables such as socioeconomic status, health behaviors, neighborhood environments, and early childhood health factors. Considering these different rates in obesity due to racial and ethnic differences the National Institute for Health and Care Excellence (NICE) developed guidelines in 2023 with the recommendation that bariatric surgery be considered for individuals with South Asian, Chinese, other Asian, Middle

Eastern, Black African or African-Caribbean family backgrounds at lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) than other racial or ethnic groups. PHP plans to incorporate this guideline recommendation into the Company line of business of our Bariatric medical policy.

**Recommendation:**

**Address discrepancies in BMI thresholds among minority races and ethnicities in the Bariatric surgery policy. Currently the policy holds the following note:**

“Lower BMI thresholds (usually reduced by 2.5 kg/m<sup>2</sup>) should be considered for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, African-Caribbean, Native Hawaiian, Pacific Islanders, or American Indians/Alaska Natives family backgrounds.”

## References

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9. National Institute for Health and Care Excellence. (2023). Obesity: Identification, Assessment and Management. NICE Guideline, No. 189.  
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### CORE Revision History Section

DATE	SUMMARY OF CHANGES
03/25/2024	Initial Review.

Disclaimer: Providence Health Plan (PHP) and Providence Health Assurance (PHA) CORE forms serve as guidance for the administration of plan benefits. CORE forms do not constitute medical advice nor a guarantee of coverage. PHP and PHA CORE Medical Policy forms are based upon CMS guidelines and published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last CORE update. PHP and PHA CORE Coding Policy forms are based on national coding standards and CMS guidelines. PHP and PHA reserve the right to determine the application of CORE forms and make revisions to its CORE forms at any time.

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