Evidence Synthesis: National Practice Problem Obesity

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Epidemiological inquiry on the rising health crisis of obesity has shown that over 2 billion people, 30% of the global population, are overweight or obese today ([CDC], 2022). Data compared from 1989 to 2015 has shown that obesity rates have increased across the board in countries around the world and more than doubled in over 70 countries (Global Burden of Disease, n.d.). The New England Journal of Medicine (2017), obesity collaborators in the Global Burden of Disease (GBD) study, published that in 2015 4.0 million deaths and 120 million disability-adjusted life years (DALYs) worldwide were attributed to high BMI (Mokdad et al., 2018).

Research has shown that digital and electronic technology has shown promise in leveraging increased activity and self-efficacy with respect to dietary and physical activity interventions resulting in lowering BMI and maintaining sustained results (Bennett et al., 2018). Use of an evidence-based intervention such as a digital app provides behavioral interventions partnered with physical activity is shown to also increase patients' overall sense of well-being, and provides a social support component to improve weight loss (Bennett et al., 2018, Leahey et al. 2020, Staiano et al., 2018). Of note is that a recent systematic review of digital technology for weight loss results revealed that counseling along with digital technology vs. digital technology as a stand-alone intervention showed no difference in results (Patel et al., 2021).

The purpose of this paper is to provide a global, national, and local perspective on the growing national practice problem of obesity and by using a synthesis of research and non-research evidence present interventions that support the prevention and treatment of this health crisis.

Analysis of the Practice Problem

Evidence in the literature has shown that an increasingly sedentary lifestyle has contributed to the obesogenic nature of the American culture (Bennett et al., 2018, Leahey et al. 2020, Staiano et al., 2018).

From a national perspective, high BMI remains the number 2 risk factor driving the most death and disability combined in both 2009 and 2019; second only to tobacco use (Global Burden of Disease, 2019). In the United States obesity also ranks as the number one risk factor for attributable DALYs in 10 states (Mokdad et al., 2018). In the United States, there has been a steady increase in the prevalence of obesity from 30.5% in 2009 to 41.9% in 2020 with an estimated financial burden of almost 173 million dollars (CDC, 2022). In New Jersey (NJ) the overall prevalence rate of adult obesity is 28.3 % (CDC, 2022). These numbers are alarming and pose a threat to rolling back the gains in the average lifespan gained by the advances of modern healthcare (Mukherjee, 2017).

The economic impact of obesity treatment in NJ rose to 9 billion dollars in 2018, and it is a state with one of the highest childhood obesity rates of nearly 25% (Keep Nj Healthy, n.d.).

Given these alarming trends presented here in rising obesity rates globally, nationally, and locally it is imperative that deliberate efforts and novel approaches to reversing this trend move from the literature and are translated into clinical practice to improve patient outcomes.

Evidence Synthesis

Evidence in the literature provides insight into innovative behavioral interventions to address this national practice problem and there are several themes in the treatment of obesity that are consistent.

Main theme identification and salient points