

Health Care Systems and Policy: Role of Leadership in the Obesity Crisis

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Abstract

Sato's article "Decline in Physical Activity after Age 35 Increases the Risk of Obesity, Insulin Resistance, and Diabetes" highlights the obesity and diabetes crises, offering strategies to mitigate these illnesses through health promotion programs and personal motivation. To promote population behavior change, approaches that include societal, structural and personal influences are imperative. This commentary adds to Sato's recommendations, while providing a broader public health perspective that could help health leaders curb the trajectory of the obesity and diabetes epidemics.

Keywords: Diabetes care, Epidemiology of diabetes, Obesity, Physical activity

Introduction

Sato's enlightening article "Decline in Physical Activity after Age 35 Increases the Risk of Obesity, Insulin Resistance, and Diabetes: A Cross-sectional Analysis of the MIDUS Study" brings the Obesity Crisis in the United States (US) back to the forefront of our attention [1]. The incidence of obesity and diabetes continue to rise nationally and globally, and the physical ramifications of obesity and associated health problems, including diabetes, have been studied for decades [2–5]. However, health leaders have the opportunity to curb this course.

Sato suggests strategies for mitigating the obesity and diabetes epidemics, emphasizing health promotion programs and relieving personal barriers to regular physical activity [1]. However, the primary goal of health promotion programs is population behavior change. The question of how to promote physical activity and the role of leadership in this process remains. This article adds to Sato's recommendations, while providing a broader public health perspective.

Sato refers to maintaining motivation and identifying personal values to sustain prolonged physical activity habits [1], which are crucial, but typically not adequate. The Influencer model emphasizes strategies leaders should take to promote population behavior change. The model provides a framework to motivate and empower people by highlighting strategies leaders can take when addressing societal, structural and personal barriers [6]. While determining individual values and goals promotes personal motivation, integrating social and environmental support is imperative.

Governmental policies can provide environmental influence on obesity and diabetes. In the US, most obesity related policies target the school environments [7]. Free school meals have been shown to decrease child obesity rates [8]. The increasing number of physical activity programs in schools have also curbed childhood obesity [9]. Healthy nutrition and physical activity are key factors to instill in youth to encourage healthy weight through adulthood. However, our society needs more systems to help individuals maintain these behaviors.

Recent policies targeting unhealthy food taxes harness environmental motivation to improve obesity and diabetes. Sugar taxes implemented in multiple cities throughout the United States have been successful [10–13]. However, research indicates that the health benefits from such taxes did not persist long-term [14]. Therefore, more robust efforts utilizing multiple sources of support from health leaders are indicated.

Health providers have both the clinical expertise and social influence to change patient behaviors. Using non-judgmental language and working to limit biases can improve care and enhance participation in healthy behaviors [15]. Social determinants of health are upstream factors that influence weight. Negative or unfavorable social determinants of health, i.e. no insurance, low income, low literacy, food insecurity, etc., have been correlated with obesity [16]. Addressing socioeconomic factors and potential barriers to behavior change is of utmost importance for successful health promotion, too [17,18]. Unfortunately, there is a pervasive negative stigma linked with obesity that health providers and the lay community perpetuate, which can diminish self-efficacy and treatment compliance [19,20]. The loneliness and isolation crisis has now elucidated the detrimental emotional and mental effects that can be connected with this negativity.

The U.S. Surgeon General formally identified loneliness and social isolation as an epidemic in 2023, citing strong associations with increased mortality, chronic disease burden, and diminished quality of life [21]. Research indicates social isolation and loneliness have profound implications for cardiometabolic health [21]. Furthermore, studies have demonstrated that loneliness and social isolation are associated with increased incidence of type 2 diabetes, even after adjusting for body mass index and traditional risk factors [22,23]. Individuals experiencing social isolation are more likely to engage in sedentary behaviors, experience barriers to physical activity, social withdrawal and exhibit reduced adherence to preventive care and treatment regimens [24]. Therefore, a paradigm shifts for addressing obesity and related behaviors could benefit from multiple perspectives [25].

Addressing the loneliness epidemic represents an opportunity to improve obesity and diabetes. Health system leaders are uniquely positioned to implement structural interventions that foster social connection, including group-based diabetes and weight management programs, social prescribing initiatives, and community health worker-led support models. Routine screening for social isolation and loneliness in primary care settings may further enable early identification of patients at elevated risk for poor outcomes [22]. Investments in community infrastructure, reimbursement for group visits and social care interventions, and integration of social determinants of health into chronic disease management frameworks are critical [20]. Leadership strategies that prioritize inclusivity, reduce stigma, and

promote social belonging align with broader public health goals and may enhance the effectiveness of obesity and diabetes management.

Health at Every Size model supports weight inclusivity, deemphasizing biometric weight measures while favoring behaviors associated with beneficial health outcomes [26,27]. While research results regarding cardiovascular improvements, perception of body image and total caloric intake are inconsistent, the physical activity and psychological benefits are well established [28–30]. Health promotion programs founded upon HAES principles might garner greater success.

The obesity and diabetes epidemics are complex and multifactorial. Therefore, this requires an approach that addresses individual, social, and structural determinates of health. Sato's article highlights the importance of physical activity to mitigate the obesity and diabetes crises in the United States. While engaging resources to improve personal motivation can be effective, social and environmental support to improve behaviors are necessary, as well. The negative stigma associated with obesity and diabetes can contribute to the isolation crises in the United States. Health leaders have the opportunity to have a positive influence, and addressing loneliness is a foundational component of sustainable, population-level health improvement. Incorporating weight inclusive elements in physical activity programs can also be beneficial.

References

1. Sato T. Decline in Physical Activity after Age 35 Increases the Risk of Obesity, Insulin Resistance, and Diabetes: A Cross-sectional Analysis of the MIDUS Study. *J Diabetes Clin Res* 2025; 7:27–37.
2. Ahmed SK, Mohammed RA. Obesity: Prevalence, causes, consequences, management, preventive strategies and future research directions. *Metabol Open.* 2025 Jun 14; 27:100375.
3. Parums DV. Editorial: Global Obesity Rates Continue to Rise with Challenges for New Drug Treatments Including GLP-1 Receptor Agonists. *Med Sci Monit.* 2025 Aug 1;31: e950816.
4. The Lancet Diabetes Endocrinology. Redefining obesity: advancing care for better lives. *Lancet Diabetes Endocrinol.* 2025 Feb;13(2):75.
5. DeCleene NK, Kahn E, Yuan CW, Gakidou E, Mokdad AH, Murray CJL, et al. US State-Level Prevalence of Adult Obesity by Race and Ethnicity From 1990 to 2022 and Forecasted to 2035. *JAMA.* 2026 Mar 17;335(11):975–85.
6. Sherman PJ. The Influencer Model: How to create enduring change. *Quality Progress.* 2023 Dec 1;56(12).
7. Cleveland LP, Grummon AH, Konieczynski E, Mancini S, Rao A, Simon D, et al. Obesity prevention across the US: A review of state-level policies from 2009 to 2019. *Obes Sci Pract.* 2022 Jun 15;9(2):95–102.

8. Localio AM, Knox MA, Basu A, Lindman T, Walkinshaw LP, Jones-Smith JC. Universal Free School Meals Policy and Childhood Obesity. *Pediatrics.* 2024 Apr 1;153(4): e2023063749.
9. Kobes A, Kretschmer T, Timmerman MC. The association between obesity-related legislation in the United States and adolescents' weight. *Health Policy Open.* 2021 Dec 1; 3:100056.
10. Liu EF, Young DR, Sidell MA, Lee C, Cohen DA, Barton LJ, et al. City-Level Sugar-Sweetened Beverage Taxes and Changes in Adult Body Mass Index. *JAMA Netw Open.* 2025 Jan 2;8(1): e2456170.
11. Zhao F, Gidwani R, Wang MC, Chen L, Nianogo RA. Evaluation of the Soda Tax on Obesity and Diabetes in California: A Cost-Effectiveness Analysis. *MDM Policy Pract.* 2025 Jan 13;10(1):23814683241309669.
12. Basu S, Seligman HK, Gardner C, Bhattacharya J. Ending SNAP subsidies for sugar-sweetened beverages could reduce obesity and type 2 diabetes. *Health Aff (Millwood).* 2014 Jun;33(6):1032–9.
13. Mackenbach JD, Stuber JM, Beulens JJJ. Evidence on the effectiveness and equity of population-based policies to reduce the burden of type 2 diabetes: a narrative review. *Diabetologia.* 2025 Feb;68(2):281–94.
14. Chung SH, Xu L. Impact of sugar-sweetened beverages tax on obesity and obesity-related health conditions: evidence from Washington State's soft drink syrup tax. *Health Econ Rev.* 2025 Oct 30;15(1):92.
15. Bannuru RR; Professional Practice Committee. Weight stigma and bias: standards of care in overweight and obesity-2025. *BMJ Open Diabetes Res Care.* 2025 May 16;13(Suppl 1):e004962.
16. Javed Z, Valero-Elizondo J, Maqsood MH, Mahajan S, Taha MB, Patel KV, et al. Social determinants of health and obesity: Findings from a national study of US adults. *Obesity (Silver Spring).* 2022 Feb;30(2):491–502.
17. Autret K, Bekelman TA. Socioeconomic Status and Obesity. *J Endocr Soc.* 2024 Oct 7;8(11): bvae176.
18. Adekunle OA, Le P, Gupta DY, Rothberg MB, Tran HT, Yue Y, et al. Socio-demographic and clinical factors associated with the receipt of anti-obesity medication prescriptions and metabolic and bariatric surgery among eligible all of Us participants. *Diabetes Obes Metab.* 2025 Sep;27(9):4978–88.
19. Winter VR, Ramos-Green M, Trout K, O'Neill E, Harrop E, Ellis-Ordway N, et al. Exploring Potential Solutions to Weight Stigma in Healthcare: A Mixed Methods Study. *Med Res Arch* 2025;13(10).
20. Appleton KM, Newbury A, Almiron-Roig E, Yeomans MR, Brunstrom JM, de Graaf K, et al. Sensory and physical characteristics of foods that impact food intake without affecting acceptability: Systematic review and meta-analyses. *Obes Rev.* 2021 Aug;22(8):e13234.
21. Office of the Surgeon General (OSG). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community [Internet]. Washington (DC): US Department of Health and Human Services; 2023.
22. Ezzatvar Y, Caballero Ó, Duclos-Bastias D, Yáñez-Sepúlveda R, García-Hermoso A. Loneliness and social isolation as risk factors for type 2 diabetes onset: A systematic review and meta-analysis. *Diabetes Res Clin Pract.* 2025 May; 223:112124.
23. Song Y, Zhu C, Shi B, Song C, Cui K, Chang Z, et al. Social isolation, loneliness, and incident type 2 diabetes mellitus: results from two large prospective cohorts in Europe and East Asia and Mendelian randomization. *EClinicalMedicine.* 2023 Sep 21; 64:102236.
24. Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med.* 2010 Jul 27;7(7):e1000316.
25. Bacon L, Aphramor L. Weight science: evaluating the evidence for a paradigm shift. *Nutr J.* 2011 Jan 24; 10:9.
26. Bombak A. Obesity, health at every size, and public health policy. *Am J Public Health.* 2014 Feb;104(2): e60–7.
27. ASDAH. Health At Every Size® Principles. Available from: <https://asdah.org/haes/>.
28. Ulian MD, Aburad L, da Silva Oliveira MS, Poppe ACM, Sabatini F, Perez I, et al. Effects of health at every size® interventions on health-related outcomes of people with overweight and obesity: a systematic review. *Obes Rev.* 2018 Dec;19(12):1659–66.
29. Dimitrov Ulian M, Pinto AJ, de Moraes Sato P, B Benatti F, Lopes de Campos-Ferraz P, Coelho D, et al. Effects of a new intervention based on the Health at Every Size approach for the management of obesity: The "Health and Wellness in Obesity" study. *PLoS One.* 2018 Jul 6;13(7): e0198401.
30. Bégin C, Carbonneau E, Gagnon-Girouard MP, Mongeau L, Paquette MC, Turcotte M, et al. Eating-Related and Psychological Outcomes of Health at Every Size Intervention in Health and Social Services Centers Across the Province of Québec. *Am J Health Promot.* 2019 Feb;33(2):248–58.