**Abstract**

**Background:** Obesity is a complex problem and the subject of contentious policy debates. Scientific understanding of obesity is incomplete. Policy stakeholders hold contrasting views that influence investment in research, prevention, and treatment. This study examines the prevalence of views on obesity as a personal, community, or medical problem in the general public and among healthcare professionals as indicators of informed thinking that may influence future public perceptions.

**Methods:** Through a validated online survey, a sample projectable to the U.S. adult population of 10,556 general population (POP) and 1,077 healthcare professional (HCP) respondents was asked whether they viewed obesity primarily as a personal, community, or medical problem. The HCP sample included registered nurses (RN), physicians (PHY), dietitians and nutritionists (DN), and Healthcare Policy and Management professionals (HPM). We compared both POP and HCP respondents by their views of the problem using chi-square tests with standardized residuals for categorical variables. Analyses were also stratified according to gender, urban density, and age.

**Results:** More POP than HCP respondents (40% v 29%, p < 0.001) view obesity as a personal problem of bad choices. HCPs were closely divided between views of obesity as a personal (29%), community (27%), or medical problem (32%). Among HCPs, PHYs were more likely (38% v 28%, p < 0.01) than RNs to view obesity as a medical problem. POP respondents that were female, younger, or urban were less likely (p < 0.01) to view obesity as a personal problem of bad choices. The most common response of HPMs was to view obesity as a personal problem.

**Conclusions:** These data describe conflicting views about obesity. The common view among HPM and POP respondents of obesity as primarily a personal problem of bad choices suggests that barriers remain to integrating obesity treatment into routine systems of medical care.

**Introduction**

Obesity is a complex chronic disease resistant to behavioral and medical treatment. Though accounts of medical obesity management dating to the early 20th century are documented and the National Institutes of Health published guidelines for the diagnosis and treatment of obesity in 1998, the American Medical Association did not recognize obesity as a disease until 2013. A recent study of public perceptions in Australia and the United States found that public perception of obesity as a personal problem of bad choices limits support for public health and clinical interventions to reduce obesity. Prior research supports the understanding that a public health problem becomes amenable to health policy solutions when the public understands the problem in systemic terms—invalidatory risk, universal risk, knowingly created risk—rather than exclusive terms of personal risk and responsibility.

This study examines the prevalence of views on obesity as a personal, community, or medical problem in the general public and among healthcare professionals as indicators of informed thinking that may influence future public perceptions.

**Methods**

A stratified sample representative of U.S. adults was recruited for an anonymous, voluntary online survey through Google Surveys. The general population sample of 10,556 adults (POP) and 1,077 healthcare professionals (HCP) was constructed to match U.S. population demographics based upon gender, age, and geographic location. Characteristics of the sample are summarized in Tables 1 and 2.

**Results**

More POP than HCP respondents (40% v 29%, p < 0.001) view obesity as a personal problem of bad choices (Figure 1). HCPs were closely divided between views of obesity as a personal (29%), community (27%), or medical problem (32%).

Among HCPs, PHYs were more likely (p < 0.05) than other HCPs to view obesity as a medical problem (Figure 2). DNs were more likely (p < 0.05) than PHYs or HPMs to view obesity as a medical problem. The most common response of HPMs was to view obesity as a personal problem.
The most common public view of obesity is that it is a personal problem caused by bad choices.

Female, urban, and younger people are more open to understanding obesity as a community problem.

Healthcare professionals, especially PHYs, are more likely to understand obesity as a medical problem.

PHYs are more likely than other HCPs to understand obesity as a medical problem.

DNs are more likely than PHYs or HPMs to understand obesity as a community problem.

Better public understanding of obesity as a community and medical problem will be necessary for advances in evidence-based public health and medical interventions to reduce obesity's impact.

Conclusions

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