Framing Obesity as a Health Issue

Differences in Public and Professional Perceptions between Canada and the U.S.

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Faculty/Presenter Disclosure

- Faculty: Ted Kyle

- Relationships with commercial interests:
  - Grants/Research Support: Obesity Action Coalition
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  - Other: none
Disclosure of Commercial Support

• This program has received financial support from no one in the form of anything.
• This program has received in-kind support from no one in the form of anything.

• Potential for conflict(s) of interest:
  – Ted Kyle has received nothing from any organization connected with this presentation.
  – No products will be discussed in this program.
Mitigating Potential Bias

• We have no commercial bias to mitigate in connection with this program.
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Background
Pervasive Bias Hampers Clinical Care and Obesity-Related Policy

• Blaming people living with obesity
• Counterproductive tension between prevention and clinical care
• Dysfunctional medical dialogue

“Our findings add to a growing body of literature that challenges a number of widely held assumptions about obesity within a health care system that is currently unsupportive of individuals living with obesity.”

Weight Bias Compounds the Harm of Obesity

Source: UConn Rudd Center
Understanding External Causes of Obesity Plays a Role in Bias

- People express bias when they perceive it as a choice
- People reject bias when they understand the external causes of obesity

Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.
Study Objectives

• Measure the prevalence of different perceptions of obesity

• Look for potential differences
  – Between the U.S. and Canada
  – Between the public and healthcare professionals
  – Between French and English-speaking Canadians
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Methods
Online and Smartphone Samples Obtained via Google Consumer Surveys

<table>
<thead>
<tr>
<th>Online Sample</th>
<th>Smartphone Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 8,670 Total</td>
<td>• 3,959 Total</td>
</tr>
<tr>
<td>– 2,817 CA POP</td>
<td>– 1,000 CA-Eng POP</td>
</tr>
<tr>
<td>– 3,850 U.S. POP</td>
<td>– 2,000 CA-Fr POP</td>
</tr>
<tr>
<td>– 1,000 CA HCP</td>
<td>– 959 CA-Fr HCP</td>
</tr>
<tr>
<td>– 1,003 U.S. HCP</td>
<td>Note: HCPs include physicians, RNs, dietitians/nutritionists, healthcare policy/mgmt</td>
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</tbody>
</table>
Questions

Which phrase comes closest to describing the type of problem that you think obesity is?

- Personal problem of bad choices
- Community problem of bad food & inactivity
- Medical problem
- A totally different type of problem

Quelle phrase tend à décrire le mieux, votre perception du genre de problème qu'est l'obésité?

- Un problème individuel fait de mauvais choix
- Malbouffe et inactivité: un problème social
- Un problème médical
- Un problème complètement différent
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Results
The Canadian Public Views Obesity More as a Community Problem than the U.S.

**Canada**

- Community problem of bad food & inactivity: 38.7% (+2.4/-2.3)
- Personal problem of bad choices: 31.7% (+2.4/-2.3)
- Medical problem: 15.7% (+2.0/-1.8)
- A totally different type of problem: 13.9% (+1.8/-1.6)

**United States**

- Community problem of bad food & inactivity: 29.8% (+2.0/-2.0)
- Personal problem of bad choices: 37.0% (+2.1/-2.1)
- Medical problem: 18.1% (+1.7/-1.6)
- A totally different type of problem: 15.1% (+1.6/-1.5)

**Weighted Sample:**
- Canada: n = 2,138
- United States: n = 2,540
French-Speaking Canadians Are Most Likely to View Obesity as a Community Problem

French-Speaking

- Malbouffe et inactivité: un problème social: 53.2% (+2.2 / -2.2)
- Un problème individuel fait de mauvais choix: 26.6% (+2.0 / -1.9)
- Un problème médical: 13.4% (+1.6 / -1.4)
- Un problème complètement différent: 6.8% (+1.2 / -1.0)

Smartphone Sample: n = 2,000

English-Speaking

- Malbouffe et inactivité: un problème social: 47.9% (+3.1 / -3.1)
- Un problème individuel fait de mauvais choix: 32.9% (+3.0 / -2.8)
- Un problème médical: 11.2% (+2.1 / -1.8)
- Un problème complètement différent: 8.0% (+1.8 / -1.5)

Smartphone Sample: n = 1,000
HCPs Hold Similar Views of Obesity in Both Countries

Canada

- Community problem of bad food & inactivity: 32.2% (+4.5/-4.2)
- Personal problem of bad choices: 28.7% (+4.5/-4.1)
- Medical problem: 24.2% (+4.4/-3.9)
- A totally different type of problem: 14.8% (+3.9/-3.2)

Weighted Sample: n = 576

United States

- Community problem of bad food & inactivity: 33.2% (+3.9/-3.7)
- Personal problem of bad choices: 29.2% (+3.7/-3.4)
- Medical problem: 23.5% (+3.5/-3.1)
- A totally different type of problem: 14.1% (+3.1/-2.6)

Weighted Sample: n = 676
HCPs in Canada Less Likely Than Public to View Obesity as a Community Problem

French-Speaking Canadians

<table>
<thead>
<tr>
<th>Problem Statement</th>
<th>Public</th>
<th>HCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malbouffe et inactivité: un problème social</td>
<td>53.2% (±2.2 / -2.2)</td>
<td>44.1% (±3.2 / -3.1)</td>
</tr>
<tr>
<td>Un problème individuel fait de mauvais choix</td>
<td>26.6% (±2.0 / -1.9)</td>
<td>27.1% (±2.9 / -2.7)</td>
</tr>
<tr>
<td>Un problème médical</td>
<td>13.4% (±1.6 / -1.4)</td>
<td>23.9% (±2.8 / -2.6)</td>
</tr>
<tr>
<td>Un problème complètement différent</td>
<td>6.8% (±1.2 / -1.0)</td>
<td>4.9% (±1.6 / -1.2)</td>
</tr>
</tbody>
</table>

Smartphone Sample: n = 2,000

n = 959
Conclusions

• Greater understanding of obesity as a community problem in Canada

• Especially among French-speaking Canadians

• Suggests greater appreciation for shared risks

• May offer opportunities for more effective strategies

• And for reducing bias
Thanks!

Ximena Ramos Salas
More Information

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