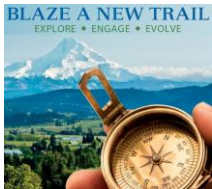
Replacing Bias with Evidence in Obesity Policy & Practice

The Academy of Nutrition & Dietetics Weight Management DPG Symposium

Ted Kyle, RPh, MBA *April 17, 2015*



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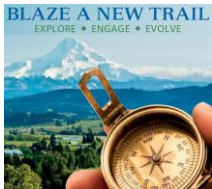
Disclosure

- **Advisor to**
  - Anyone who listens
  - 3D Communications, Eisai, EnteroMedics, GSK, Center for Medical Technology Policy, IOM Roundtable on Obesity Solutions, Novo Nordisk, The Obesity Society, Obesity Action Coalition, Obesity Care Continuum
- **Outspoken advocate for**
  - People with obesity
  - Obesity research
  - Evidence-based treatment & prevention



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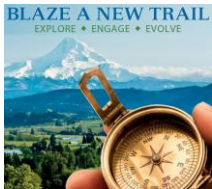

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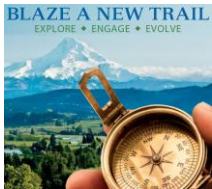
Three Objectives

- Identify how bias undermines evidence-based policy and practice in obesity
- Describe a more evidence-based approach to obesity policy and practice
- Understand major policy goals of the Obesity Care Continuum



Obesity Policy and Practice

How Bias Undermines Evidence

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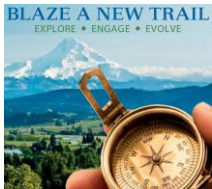
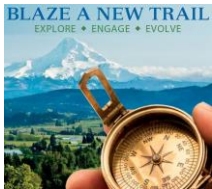


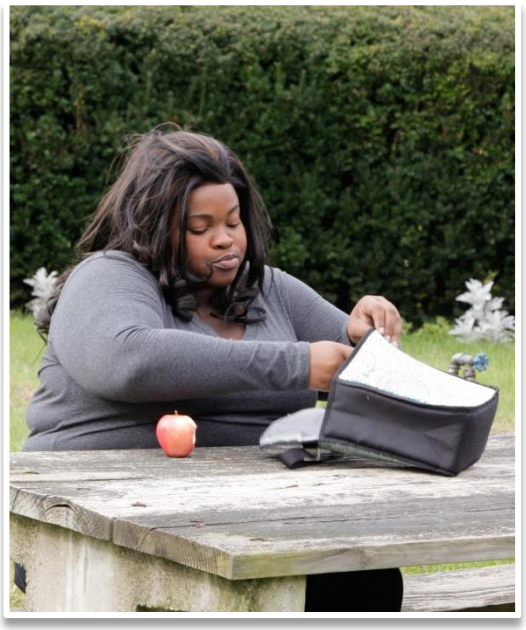
Overview

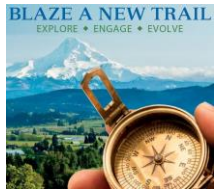
- What is weight bias?
- Why does it matter?
- How can it be reduced?



What Is Weight Bias?

- Negative attitudes toward individuals with obesity
- Stereotypes leading to:
  - Stigma
  - Rejection
  - Prejudice
  - Discrimination
- Verbal, physical, relational, online
- Subtle and overt

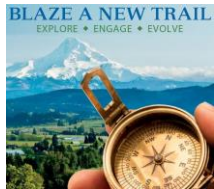




Weight Bias Invades Every Corner of Life

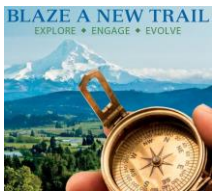
Substantial evidence of bias in:

- Media
- Employment
- Education
- Healthcare
- Interpersonal Relationships
- Youth



Weight Bias in the Media

- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity

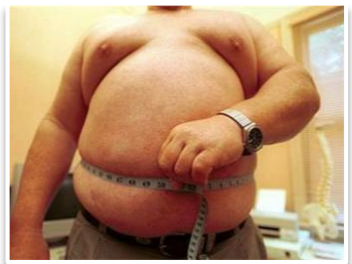


News Media Images Are Powerful









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Biased Images Promote Prejudice

Findings

- 72 percent of images stigmatized individuals with obesity
- 65 percent of videos stigmatized adults with obesity

Experimental studies

- Stigmatizing images worsen public attitudes
- Non-stigmatizing images improve attitudes
- Public prefers non-stigmatizing images

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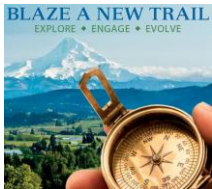
Sources: Heuer, McClure & Puhl; 2011, J Health Commun.
Puhl et al; 2013, *J Health Commun*.
Puhl, Peterson, Luedicke; 2013, Am J Preventive Medicine



Weight Bias in the Workplace

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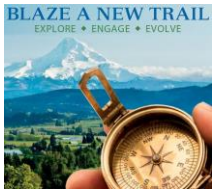
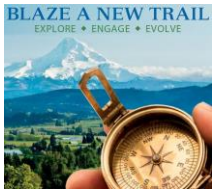


What Does the Science Say?

Population Studies

Experimental Research

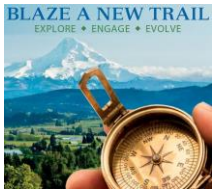
Inequitable hiring practices
Prejudice from employers
Lower wages
Disciplinary action
Wrongful job termination



Discriminatory Hiring Practices

Job candidates with obesity are:

- Less likely to be hired
- Ascribed more negative attributes
- Perceived as poor fit for position
- Assigned lower starting salary
- Evaluated less favorably,
  even when compared to thin applicants
  who were *unqualified*



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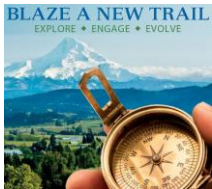
Sources: Finkelstein, Frautschy Demuth, Sweeney (2007);
Kutcher & DeNicolis Bragger (2004); Sartore & Cunningham. (2007).

Reports of Workplace Discrimination

2,449 women with excess weight:

- Weight prejudice from employers: **43%**
- Weight prejudice from co-workers: **54%**

Puhl & Brownell (2006). *Obesity.*



Weight Bias in Healthcare

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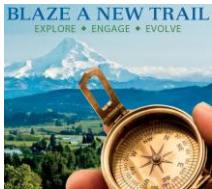
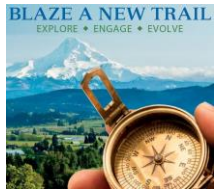


Weight Bias Documented in Healthcare Professionals

- Physicians
- Nurses
- Medical Students
- Psychologists
- Dietitians
- Fitness Professionals

Source: Puhl & Brownell, 2001; Puhl & Heuer, 2009.



Providers Harbor False Assumptions about Patients with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Sources:
Berryman et al., 2006; Creel & Tillman, 2011; Ferrante et al., 2009; Gujral et al, 2011; Hebl & Xu, 2001; Huizinga et al., 2009, 2010; Miller et al., 2013; Pantenburg et al., 2012; Pascal & Kurpius, 2012; Phelan et al., 2014; Puhl et al., 2013, 2014;

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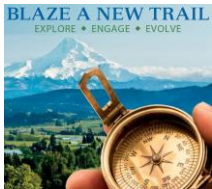
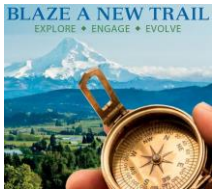


Physicians

- **View Patients with Obesity as…**
  - Less self-disciplined
  - Less compliant
  - More annoying
- **As patient BMI increases, physicians report:**
  - Having less patience
  - Less desire to help the patient
  - Seeing patients with obesity was a waste of their time
  - Having less respect for patients

Source: Hebl & Xu, 2001; Huizinga et al., 2009.



Nurses

- View patients with obesity as:
  - Lazy
  - Lacking in self-control/willpower
  - Non-compliant
- In one study…
  - 31% "would prefer not to care for obese patients"
  - 24% agreed that obese patients "repulsed them"
  - 12% "would prefer not to touch obese patients"

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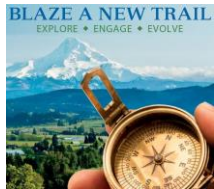
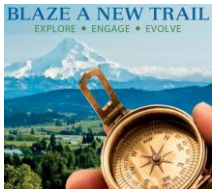
Sources: Poon & Tarrant, 2009; Brown, 2006; Bagley, 1989; Hoppe & Ogden, 1997; Maroney & Golub, 1992



Dietitians

- **Dietetic students given patient profiles identical except for weight and gender**
- **People with obesity assumed to be:**

- Less healthy
- Inferior in diet
- Less compliant
- Low in self-control
- Poor in endurance
- Low in self-esteem
- Unattractive
- Slow
- Insecure
- Inactive



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Source: Puhl et al, *JAND* 2009.03

Weight Bias in Education

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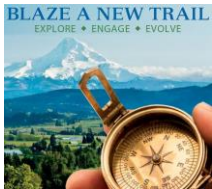
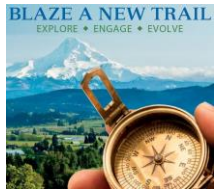


Students with Obesity Face

- Harassment and bullying
  - From other students
  - From teachers
- False and low expectations from teachers
- Barriers to opportunities

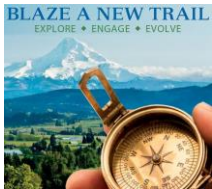
Source: Puhl, Peterson, Luedicke, *Pediatrics,* 2012



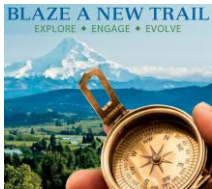
Weight Bias Persists in Universities

- **Candidates for undergraduate admission**
  - **Identical but for weight status**
  - **Candidates with obesity judged less qualified**
- **Study of graduate psychology programs**
  - **Interviews favored thinner candidates**
  - **Regardless of qualifications**

Source: Burmeister et al, *Obesity,* 2013; Puhl & King, Best practice & research Clinical endocrinology & metabolism, 2013.



Why Does Weight Bias Matter?



Weight Bias Matters Because

- It's no different from any other bigotry
- Violation of human dignity
- Dehumanizes people
- Waste of human potential
- Barrier to overcoming obesity

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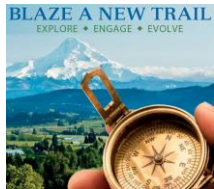
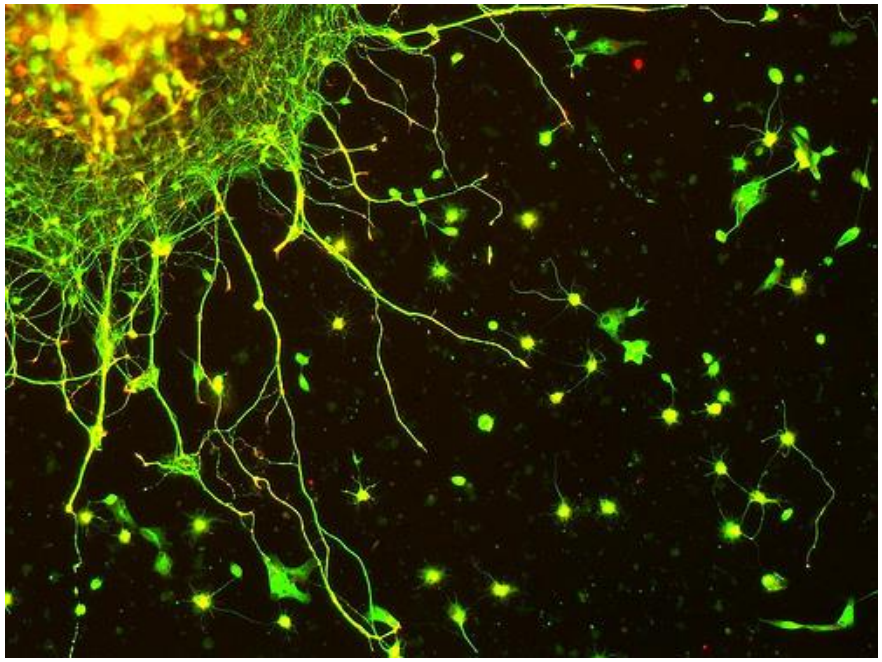
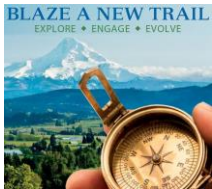


Except for Our Biases
Obesity Is Much Like Other Diseases

- **Biology is the dominant driver**
- **Environment shapes biological responses**
  - Food supply
  - Barriers to physical activity
  - Environmental pollution
  - Microbes
  - Trauma & stressors
  - Many other factors
- **Personal choices can help or hurt**





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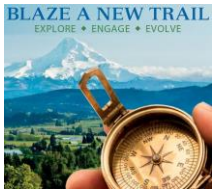
The Prevailing Bias Toward Obesity

The best place to start is by simply telling the patient the truth. "Sir or Madam, it's not OK to be obese. Obesity is bad. You are overweight because you eat too much. You also need to exercise more. Your obesity cannot be blamed on the fast food or carbonated beverage industry or on anyone or anything else. You weigh too much because you eat too much. Your health and your weight are your responsibility."

Robert Doroghazi, MD

***AJM*, Mar 2015**



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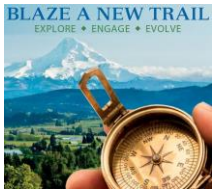
Pervasive Bias
Affects Every Aspect of Obesity

- Research affected by a dearth of curiosity
- Prevention efforts weakened by measurement gaps
- Access to care limited by patient experiences, provider bias, and health plans
- Quality of care suffers when patients are blamed
- Conflicting agendas complicate straightforward healthcare

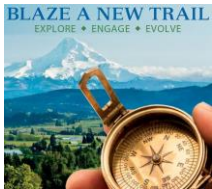


Prevailing Biases Influence Research Agendas and the Literature

- Observational studies
- Short-term endpoints
- Surrogate endpoints
- Publication bias
- Repetitive studies that build a bias of familiarity

"Many conjectures commonly advanced as recommendations to reduce weight gain or promote weight loss could be tested and we should challenge ourselves to do so more often"

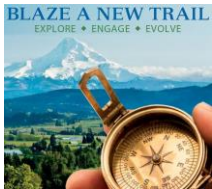
Casazza and Allison:
Stagnation in the clinical, community and public health domain of obesity



Prevailing Bias Limits Curiosity about What Works for Prevention

"The nation still lags behind international efforts in providing the leadership, guidance, support, and necessary infrastructure to support evaluation efforts."

- **IOM: Evaluating Obesity Prevention Efforts**



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Impact of Bias on Access to Care

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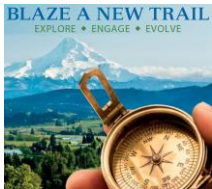
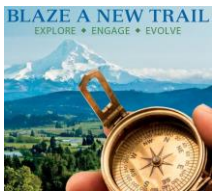


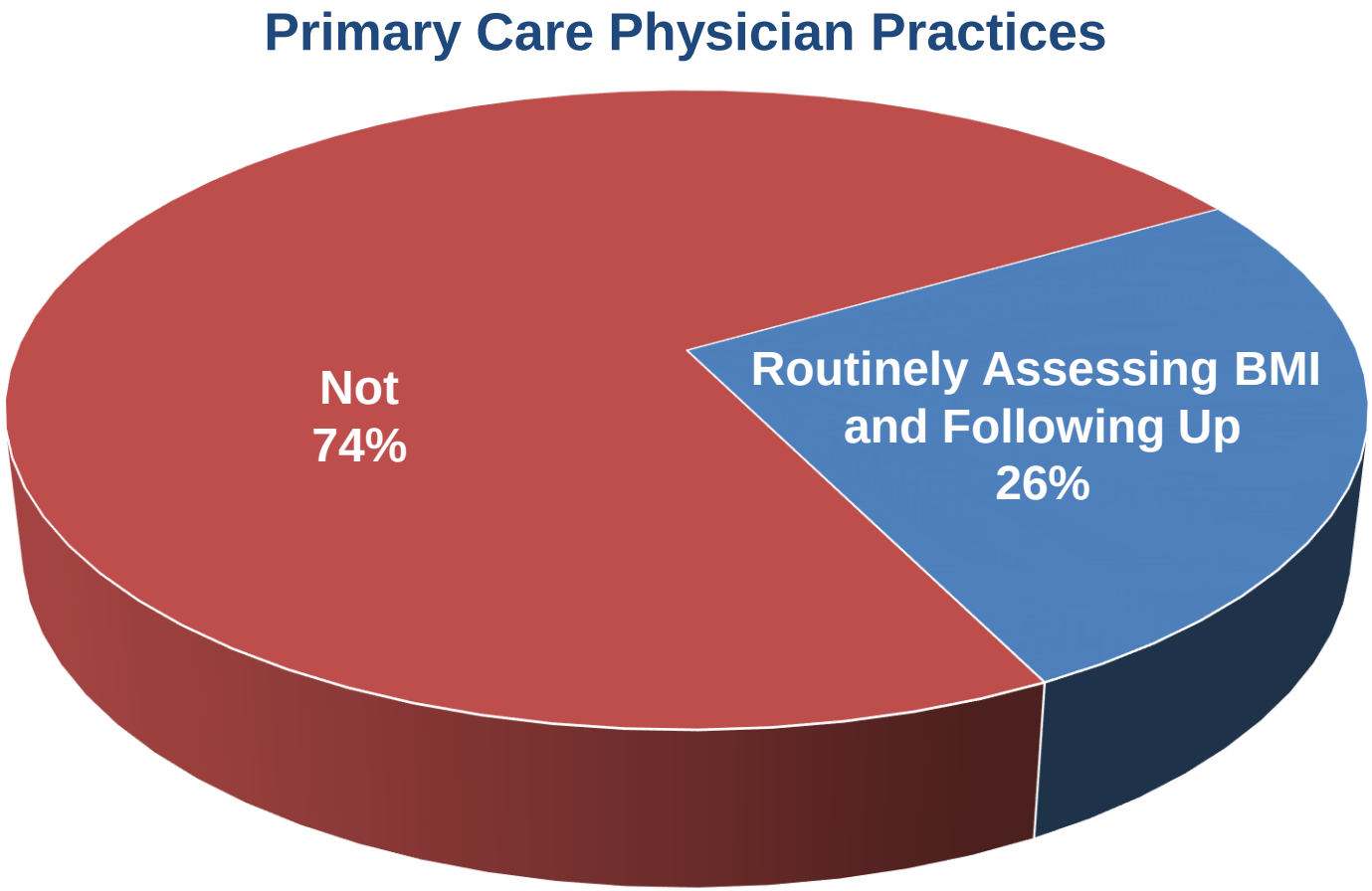
Our Sick Care System Treats the Results of Obesity

- Heart disease
  - Dyslipidemia
  - Hypertension
  - Coronary Artery Disease
  - $444 billion

- Diabetes
  - Heart attacks
  - Strokes
  - Kidney failure
  - Amputations
  - $245 billion
- Cancer, liver disease, and more



Treating Obesity? Not So Much



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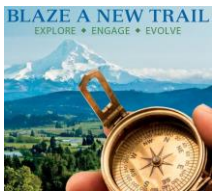
Source: Klabunde et al, 2014.01, *Am J Health Promotion*



Encountering Bias Discourages Patients from Seeking Care

- Delaying appointments
- Avoiding routine preventive care
- Seeking care in emergency departments
- More frequent doctor shopping

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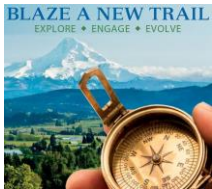
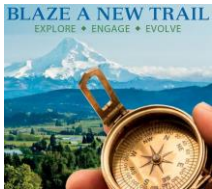


Health Plans Discourage People from Seeking Obesity Treatment

- **Routine policy exclusions for obesity**
  "Regardless of any potential health benefit"
- **Lifetime procedure caps**
- **High out of pocket costs**
- **Problematic reimbursement rates and procedures**



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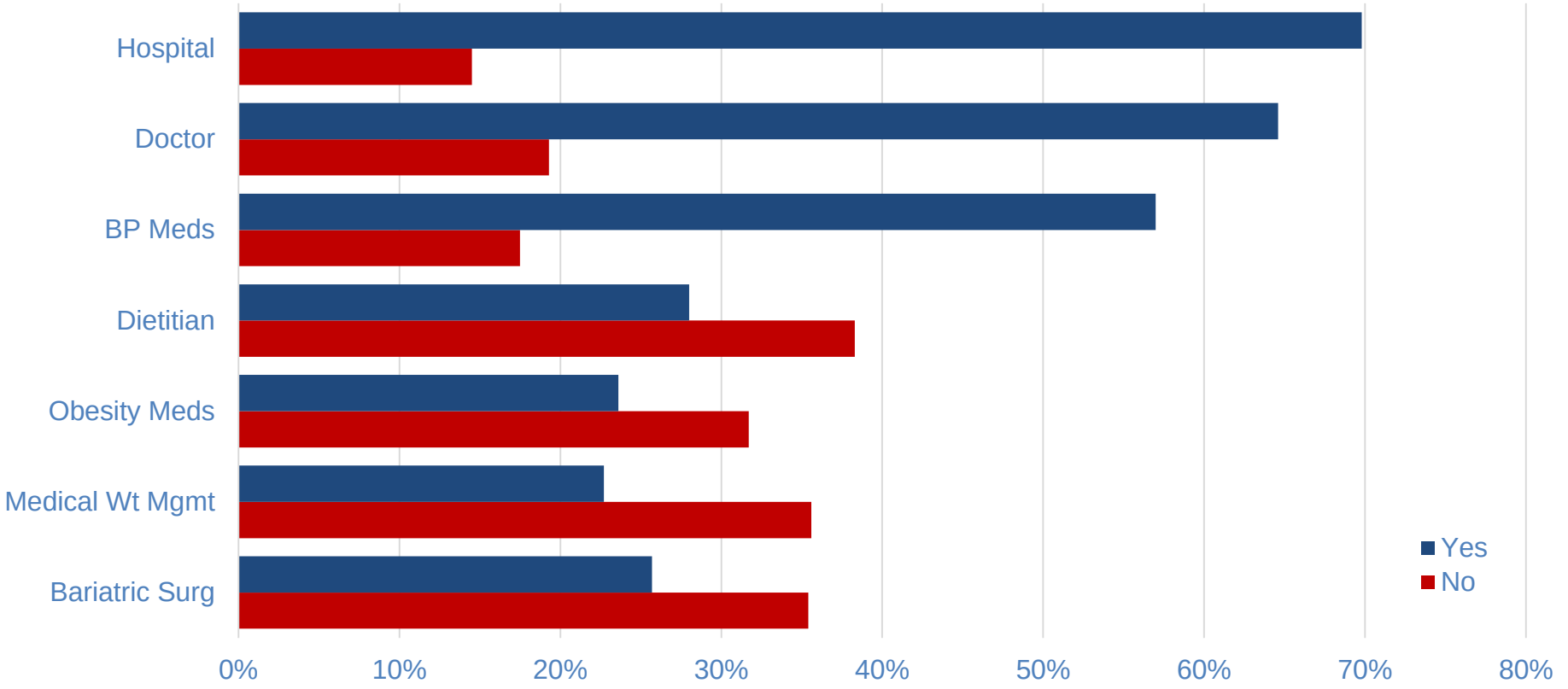
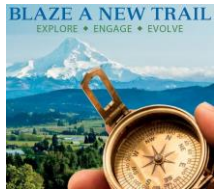
Poor Access to Care

“Do you have health insurance that would pay the cost of [ ] if you needed it?”



Note: that remaining respondents were unsure of coverage.



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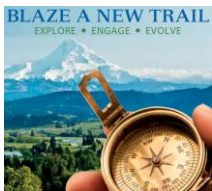
Source: ConscienHealth/OAC Research

As a Result
Self-Care Is Often the Only Option

- Self-care

- Intensive behavioral treatment
- Expert Clinicians
  (RDNs, Obesity Medicine Physicians)
- Pharmacotherapy
- Surgery



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Impact of Bias on Quality of Care

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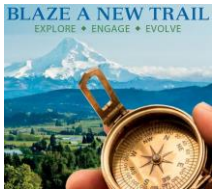
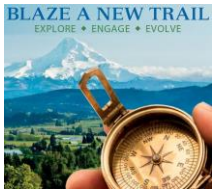


Bias Compromises Quality of Care

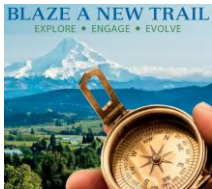
- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

"You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat."

Sources: Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005; Turner et al., 2012; Mulherin et al., 2013



Weight Bias
Makes the Obesity Worse



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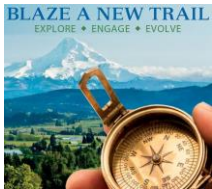
Source: Yale Rudd Center

Using Shame and Blame Against Obesity Is a Lie

Stigma sometimes rationalized as motivating:

"By trying to prevent stigmatization, they [advocacy groups] have encouraged overweight people to continue their unhealthy habits."

- **Robert Dorgazi, MD**
  ***AJM*, Mar 2015**



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Using Shame and Blame Against Obesity Is a Lie

- Research shows weight discrimination doubles the risk of developing obesity
- And triples the risk of persistent obesity
- Encouragement, not blame, is needed

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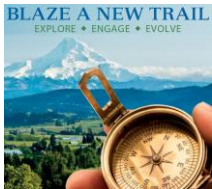
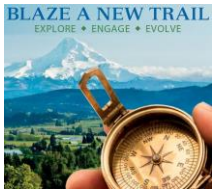
Source: Gudzune et al, Prevent Med, 2014



Obesity Policy and Practice

Following the Evidence



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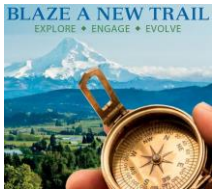
Replacing Bias with Evidence

- Defeating bias and stigma
- Building understanding of obesity
  - A complex, chronic disease
- Delivering evidence-based care
- Expanding and improving upon options



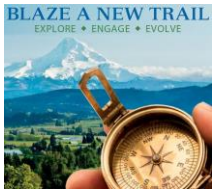
What Makes Obesity a Disease?

A disease:

- ❑ Has characteristic signs and symptoms
- ❑ Impairs normal body functions
- ❑ Causes harm to health

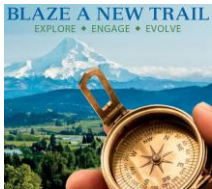
Obesity:

- ✓ Characterized by abnormal accumulation of fat
- ✓ Impairs normal metabolic function
- ✓ Causes harm to virtually every organ system



We Need a Better Understanding of Obesity

- A complex, chronic disease
  - ✓ Characteristic signs and symptoms
  - ✓ Impairs normal metabolic function
  - ✓ Causes harm to multiple body systems and premature death
- > 100 potential causes
- Many subtypes
- Not fully understood
- Badly misunderstood by the public



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Obesity Is a Disease, Not a Choice

Research shows

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

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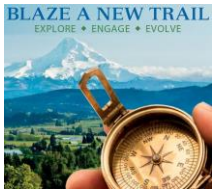
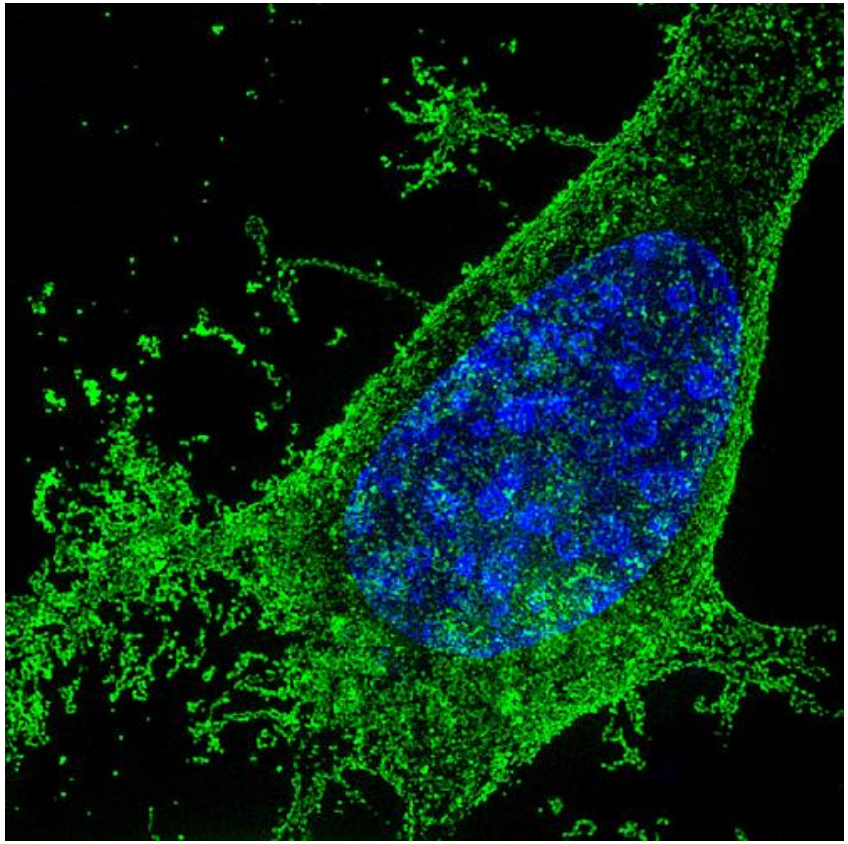
Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.



Experience with HIV Stigma Provides Useful Learning

Key Principles

- **Address Drivers**
  - Shame & blame
  - Misinformation
  - Fears
- **Connect people affected to experts & policymakers**
  - Prevention strategies
  - Role models
- **People affected at the center**
  - Build networks
  - Empower people affected
  - Address self-stigma



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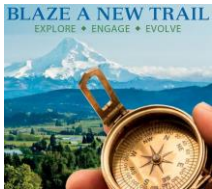
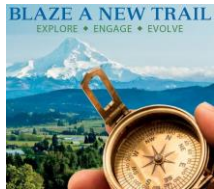
Sources: Janet Turan, Reducing HIV-Related Stigma in Healthcare Settings, presented at the National Academines; Laura Nyblate, Research Triangle Institute



Reject Labels
Use People-First Language

- Labels
  put people in a box
- “I know what kind of person you are”
- “Obese” is
  a label to reject
- Obesity is a disease, not an identity



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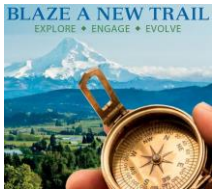
Source: Kyle & Puhl, Obesity 2014.

People-First Language Is a Measure of Respect

- People who label others “obese” harbor more weight bias
- Shift the conversation from “being obese”
- Toward “obesity” as the foe



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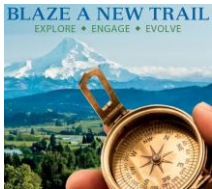
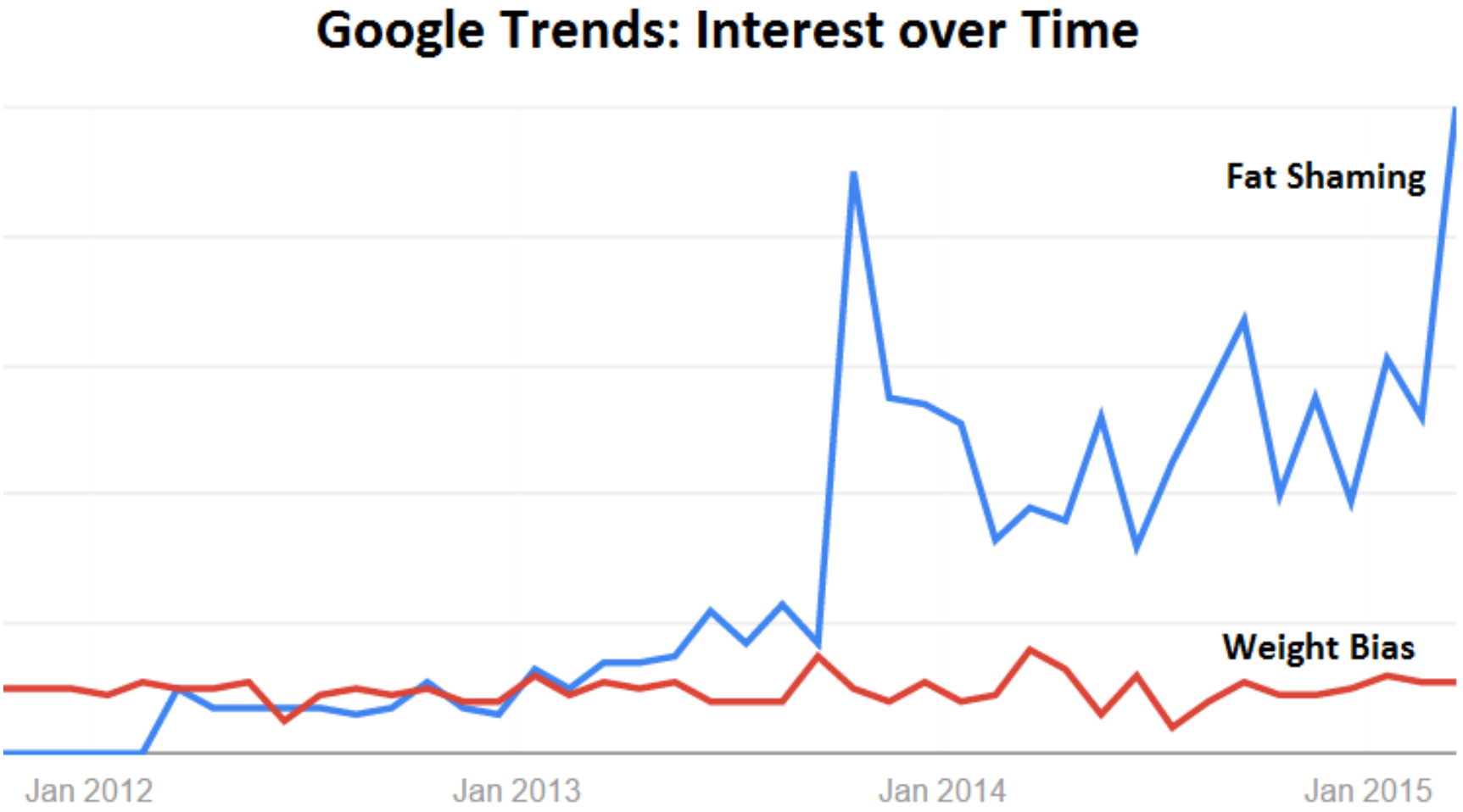
Sources: Kyle et al, Obesity Week Abstracts, 2013.

Assuring that Your Practice Is Bias-Free

- Awareness
- A welcoming physical environment
- Respectful language
- Clients at the center of everything you do



Repudiation of Bias & Discrimination



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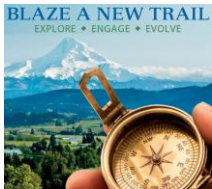
Critical Evidence Gaps

- Incomplete biological insight
- Prevention that makes a difference
- Differential diagnosis
- Individually tailored, effective treatment



Deeper Insight into the Biology of Obesity

- Greater knowledge of obesity's **genetic basis**
- More sophisticated models of **energy balance**
- Growing understanding of **neurohormonal pathways**
- Investigation of the role for **microbiota**
- Differentiation of distinct **subtypes**
- Transmission **across generations**
- Important leads for better **interventions**

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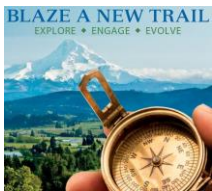

Evidence-Based Prevention

- Growing application of rigorous, objective effectiveness analysis
- Innovative experimentation

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AHRQ

Agency for Healthcare Research and Quality

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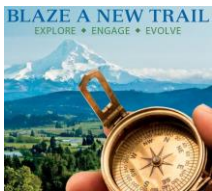

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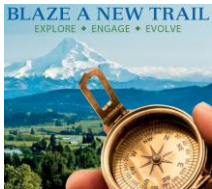
Integrated Treatment and Prevention

- Prevention and treatment intertwined
- Children are linked to the status of parents
- Interventions for one generation affect the other



Expanded Options for Treatment

Four new medications since 2012

- Qsymia
  phentermine/topirimate
- Belviq
  lorcaserin
- Contrave
  naltrexone/bupropion
- Saxenda
  liraglutide

Investigational

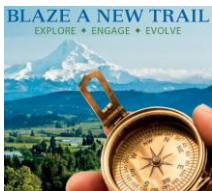
- Beloranib
- Early stage drugs

Expanding Surgical Options

- Growing use of gastric sleeve
- VBLOC implantable device

Investigational

- Gastric balloons
- Gastric sleeve
- Gastric aspiration



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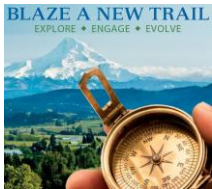
We Need to Use the Treatment Options We Have

- Self-care

- Intensive behavioral treatment
- Expert Clinicians
  (RDNs, Obesity Medicine Physicians)
- Pharmacotherapy
- Surgery



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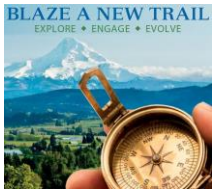
Better Access to Care

- The emerging specialty of obesity medicine
- Allied health certifications
- The Affordable Care Act
  - More people with insurance and medical care
  - Mandated preventive services
  - Prohibitions on discriminatory benefit design
- Slowly but steadily improving coverage



Medicare Has Two Big Gaps

- Skilled Providers for Counseling - RDNs
- FDA-approved obesity meds

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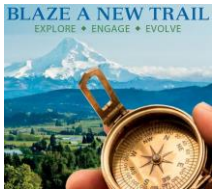
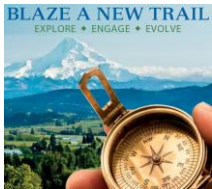
Treat and Reduce Obesity Act

- Legislative fix
- Addresses both gaps



We Need
More & Better Treatment Options

- Efficacy of behavioral treatment is modest
- Drugs are few, with modest efficacy
- Surgery unacceptable to many



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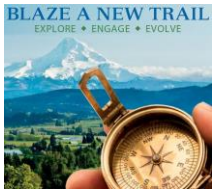
The Future of Obesity Treatment & Prevention

- Respect for the people affected
- Prevention with measurable effects
- Understanding of the disease in all forms
- Straightforward provision of care
- More options that work
- Healthier families, communities, schools



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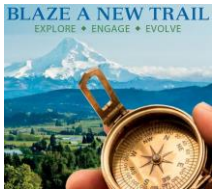
The Obesity Care Continuum

Critical Policy Goals



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The Obesity Care Continuum

Advocating for policy driven by evidence, rather than bias

ASMBS
American Society for Metabolic & Bariatric Surgery

AMERICAN SOCIETY OF BARIATRIC PHYSICIANS

OAC
Obesity Action Coalition

eat right. Academy of Nutrition and Dietetics

OBESITY SOCIETY
Research. Education. Action.

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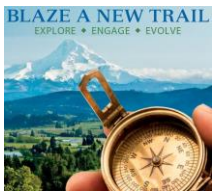
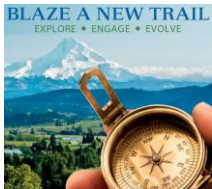


Critical Policy Goals

- Reduce bias and discrimination
- Improve access to evidence-based care
- Foster research into obesity and options for treatment and prevention



Bias and Discrimination Initiatives

- Public education & response
- Discriminatory wellness programs
- MA legislation
- Discriminatory health benefit design

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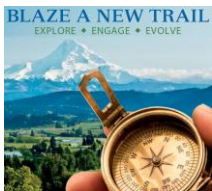
Chicago Tribune Editorial

Editorial

- Protection from discrimination “isn’t a good way to encourage self-discipline”

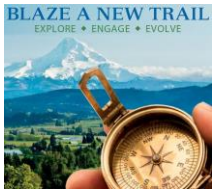
OCC Response

- “Treat individuals with obesity with the same respect you would afford individuals with other diseases.”



Access to Care Initiatives

- Treat and Reduce Obesity Act
- Federal Office of Personnel Management
- State Insurance & Employee Benefits
- ACA Implementation



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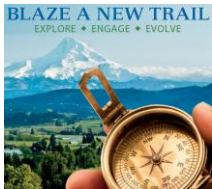
Research Initiatives

- Rally for Medical Research
- FDA dialog to foster innovation
- NIH collaboration for innovative obesity research



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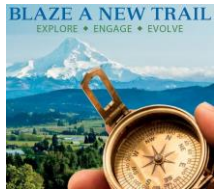
Summary

- Pervasive bias compromises research, practice, health, and policy
- Progress is coming from confronting bias, following evidence, innovative research
- Policy efforts focus on bias, access, and research



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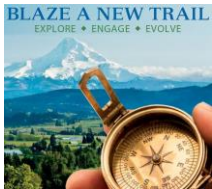

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