Informing the Public and Breaking Through Scientific Misinformation about Obesity: The Role of Media

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Disclosures

• Professional fees
  – 3D Communications
  – Eisai
  – EnteroMedics
  – Novo Nordisk
  – Nutrisystem

• Personal biases that favor:
  – Evidence-based interventions, both prevention and treatment
  – Respect for people living with obesity
  – Critical thinking about all evidence
Presentation Objectives

• Provide perspective on obesity:
  Critical thinking and objective reporting

• Describe the role of bias

• Identify opportunities for media to better inform the public
Two Kinds of Bias Are Pervasive in Nutrition and Obesity

• Intellectual bias favoring personal convictions
• Weight bias directed at people with obesity

God Judging Adam, Etching by William Blake / WikiArt
The Impact of Bias Starts with Research & Scientific Literature

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

“Many conjectures commonly advanced as recommendations to reduce weight gain or promote weight loss – ‘eat breakfast every day,’ ‘eat more fruits and vegetables’, ‘eat more meals with family members’, ‘reduce fast food availability’ ‘eliminate vending machines from schools,’ etc. – 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
Rocket Science Is Complicated
But Obesity Is Not So Simple
Obesity Grows from Complex, Adaptive Systems

Some Myths to Discard

• Obesity is primarily the result of bad choices
• Promoting breastfeeding prevents obesity
• Skipping breakfast causes weight gain
Obesity Is Primarily the Result of Bad Choices?

Environment • Choices • Genes

- 10%
- 20%
- 70%
Obesity Is Primarily the Result of Bad Choices?

- Genetic Risk: 70%
- Environmental Triggers: 20%
- Personal Choices: 10%
Obesity: Well-Understood as a Highly Heritable Disease

Body Mass in Twins

Monozygotic Twins (Intrapair Correlation = 0.66)

Dizygotic Twins (Intrapair Correlation = 0.26)

Source: Borjeson M, The aetiology of obesity in children, 1976
“Obesity is, like essential hypertension, a complex multifactorial disease where genetic factors promote sensitivity or resistance to obesity in a toxic environment. This concept of a genetic resistance versus sensitivity to obesity helps explain why many people remain thin in a toxic environment whereas others develop profound obesity.”

– Allyn Mark, Dietary Therapy for Obesity, 2008
Some Presumptions to Test

- Taxes on SSBs and junk food will prevent obesity
- Low-fat dairy leads to better health outcomes
- Promoting fruits and vegetables reduces obesity
Some Facts to Rely Upon

• Inheritance is not destiny
• Healthy dietary patterns matter more than individual foods
• You can’t outrun a bad diet
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.”

– Kirk et al
Qual Health Res, 2014
Competing Narratives Affect Public Perceptions about Obesity

- Moral failure
  “A disgusting failure of personal responsibility”
- Addiction
  “Hooked on junk food & sugary drinks”
- Toxic environment
  “Too much unhealthy food, exercise impossible”
- Medical
  “Blaming, not helping people with this disease”

Source: Thibodeau et al, 2015
Key Elements of Bias Against People with Obesity

• Blame directed at people with obesity
• Assumptions of
  – Laziness
  – Poor discipline
• Social rejection
Weight Bias Flows from Common Assumptions About People with Obesity

Untitled, photograph by Boohoomian / flickr

Photograph courtesy of the UCONN Rudd Center
Weight Bias Flows from Common Assumptions About People with Obesity
Health Professionals Harbor Bias Against Patients with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed

- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010.
Encountering Bias  
Discourages Patients from Seeking Care

• Delaying appointments
• Avoiding routine preventive care
• Seeking care in emergency departments
• More frequent doctor shopping
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.”
Conclusions

• Obesity is complex and counter-intuitive

• Critical thinking can help distinguish between myths, presumptions, and facts

• Bias hampers clinical care and critical thinking about obesity
Opportunities

Media can help better inform the public

• Tell the story of real people without promoting bias and stigma
• Employ critical thinking
• Distinguish between myths, presumptions, and facts

Targets of Opportunity, photograph by Randy Robertson / flickr
More Information

- [www.conscienhealth.org/news](http://www.conscienhealth.org/news)
- [Facebook.com/ConscienHealth](http://www.conscienhealth.org/news)
- [@ConscienHealth](http://www.conscienhealth.org/news)
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