

Perceptions of Obesity as a Policy Issue: Differences between Healthcare Professionals and the General Public

Theodore K. Kyle^a, Adam G. Tsai^b, Shahad Abdulnour^c, Bonnie Kuehl^d, Christine C. Ferguson^e

^aConscienHealth, Pittsburgh, PA, USA; ^bDepartment of Medicine, University of Colorado Denver, Denver, Colorado, USA; ^cInstitute of Medical Science, University of Toronto, Toronto, ON, Canada; ^dScientific Insights Consulting Group, Mississauga, ON, Canada; ^eSchool of Public Health and Health Services, George Washington University, Washington, DC, USA

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.

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 of obesity 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 documented¹ and the National Institutes of Health published guidelines for the diagnosis and treatment of obesity in 1998,² the American Medical Association did not recognize obesity as a disease until 2013.³ A recent study of public perceptions in Australia and the United States found that public perception of obesity as a problem of personal responsibility limits support for public health and clinical interventions to reduce obesity.⁴ 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 – involuntary risk, universal risk, knowingly created risk – rather than exclusive terms of personal risk and responsibility.⁵

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 indicator 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.⁶ The general population sample of 10,566 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.

Table 1: Respondent Demographic Characteristics

Characteristics	POP % (N) [N=10,556]	HCP % (N) [N=1,077]
Age		
18-24 years	8.7 (919)	9.4 (102)
25-34 years	15.8 (1,672)	18.2 (196)
35-44 years	13.5 (1,437)	14.5 (156)
45-54 years	22.2 (2,340)	22.0 (237)
55-64 years	27.2 (2,866)	25.3 (272)
65+	12.5 (1322)	10.5 (114)
Gender		
Male	50.8 (5,365)	49.5 (533)
Female	49.2 (5,191)	50.5 (544)
Geography		
Northeast	14.0 (1,473)	13.5 (146)
South	29.6 (3,128)	33.3 (358)
Midwest	32.1 (3,390)	31.3 (337)
West	24.3 (2,565)	21.8 (235)
Urban Density		
Urban	40.9 (4,314)	40.5 (436)
Suburban	47.3 (4,997)	25.0 (269)
Rural	11.8 (1,245)	34.5 (372)
Income+		
<\$25,000	7.9 (843)	12.4 (134)
\$25,000-\$49,000	53.0 (5597)	52.5 (566)
\$50,000-\$74,000	30.6 (3234)	26.2 (282)
\$75,000-\$99,000	6.9 (725)	7.9 (7.3)
\$100,000-\$149,000	1.5 (156)	1.7 (1.6)
>\$150,000	0.0 (5)	0.0 (0)

Table 2: Healthcare Professional Sample

Professional Roles	% (N) [N=1,077]
Physicians	30.2 (325)
Registered Nurses	32.8 (354)
Dietitians/Nutritionists	13.4 (145)
Healthcare Policy/Mgmt	23.5 (253)

Respondents were asked: “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 and inactivity
- Medical problem
- A totally different kind of problem

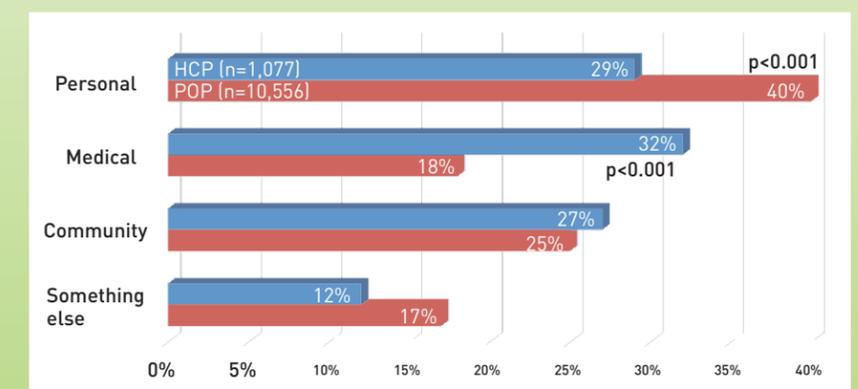
Those who responded “a totally different kind of problem” were then asked “If obesity is not a personal problem, medical problem, or community problem, what type of problem, if any, do you think it is?” The brevity of the survey is by design to minimize non-response bias.⁶

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 of obesity 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 (Figure 1). HCPs were closely divided between views of obesity as a personal (29%), community (27%), or medical problem (32%).

Figure 1: General Public vs. Healthcare Professional Views of Obesity



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.

