

Policy Impact of Weight Bias

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IOM Roundtable on Obesity Solutions

The Obesity Care Continuum

*Advocating for policy driven by evidence,
rather than bias*



**eat[®]
right.** Academy of Nutrition
and Dietetics

Agenda

Describe the impact of bias on:

- **Research**
- **Prevention**
- **Access to care**
- **Quality of care**
- **Conflicting agendas**

What Is Obesity?

- A behavioral problem?
- The result of bad choices?
- The condition of being grossly fat or overweight?
- A bogus diagnosis?
- A disease of excess adipose tissue?

A complex, chronic disease

- Defined by excess adipose (fat) tissue
- > 100 potential causes
- Many subtypes
- Not fully understood
- Badly misunderstood by the public

What Makes Obesity a Disease?

A disease:

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

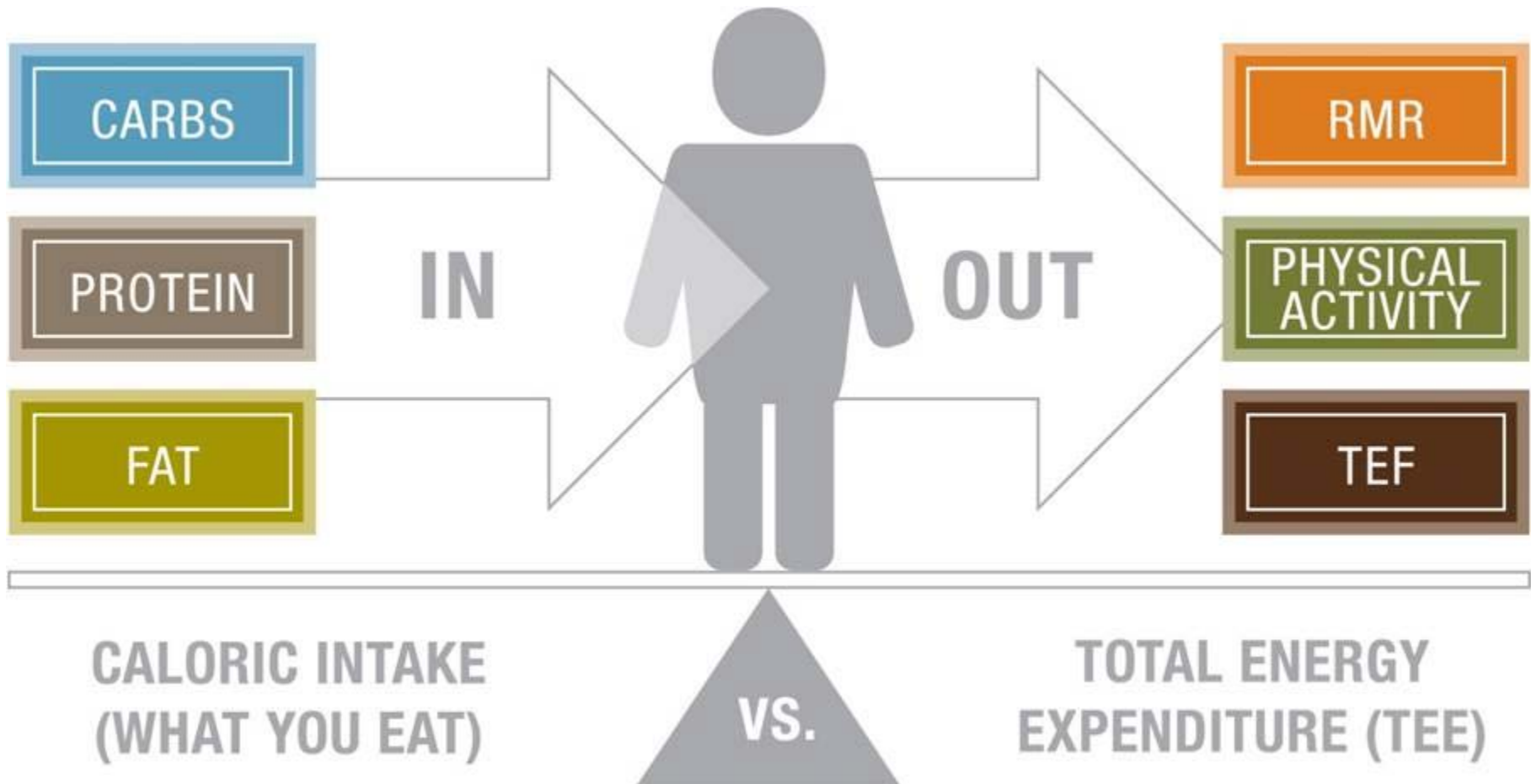
Obesity:

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

Isn't Obesity Just the Result of Eating More Calories Than You Burn?

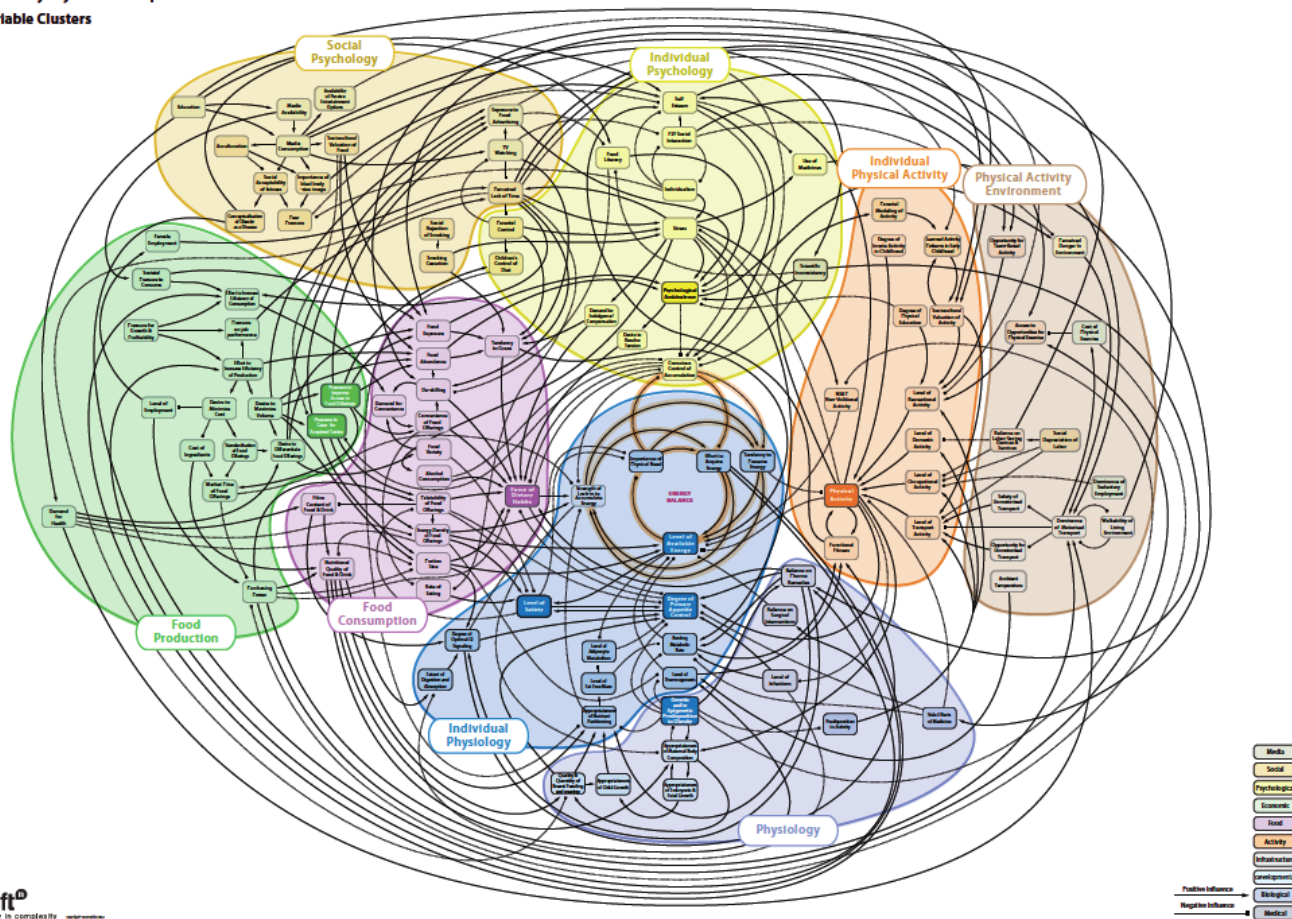


Energy Balance Is More Than Just Diet and Exercise



Weight Regulation Is a Complex Adaptive System

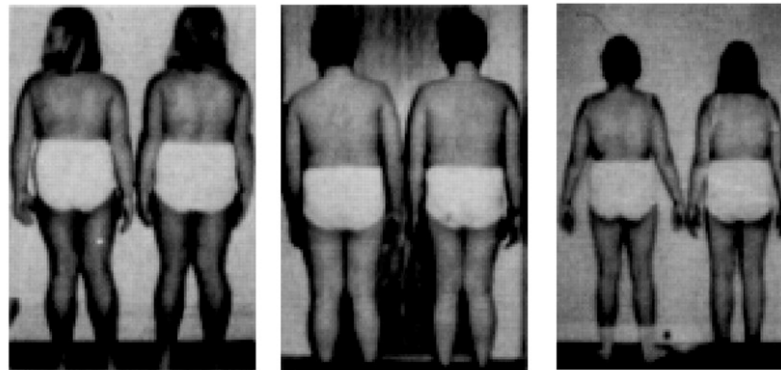
Obesity System Map
Variable Clusters



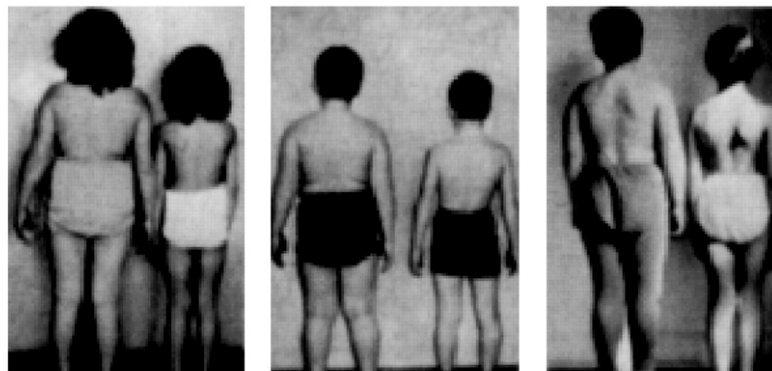
shift[®]
clarity is complexity

About 60% of Obesity Risk Is Inherited

Body Mass in Twins



Monozygotic Twins (Intrapair Correlation = 0.66)



Dizygotic Twins (Intrapair Correlation = 0.26)

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
- **Personal choices still matter**

The Dominant Paradigm

With the exception of obesity caused by a known pathology, such as hypothyroidism (which, while making weight loss more difficult, would certainly not completely prevent it), it is largely caused by poor decisions—like binging on food or eating lots of candy, ice cream or Cheetos...

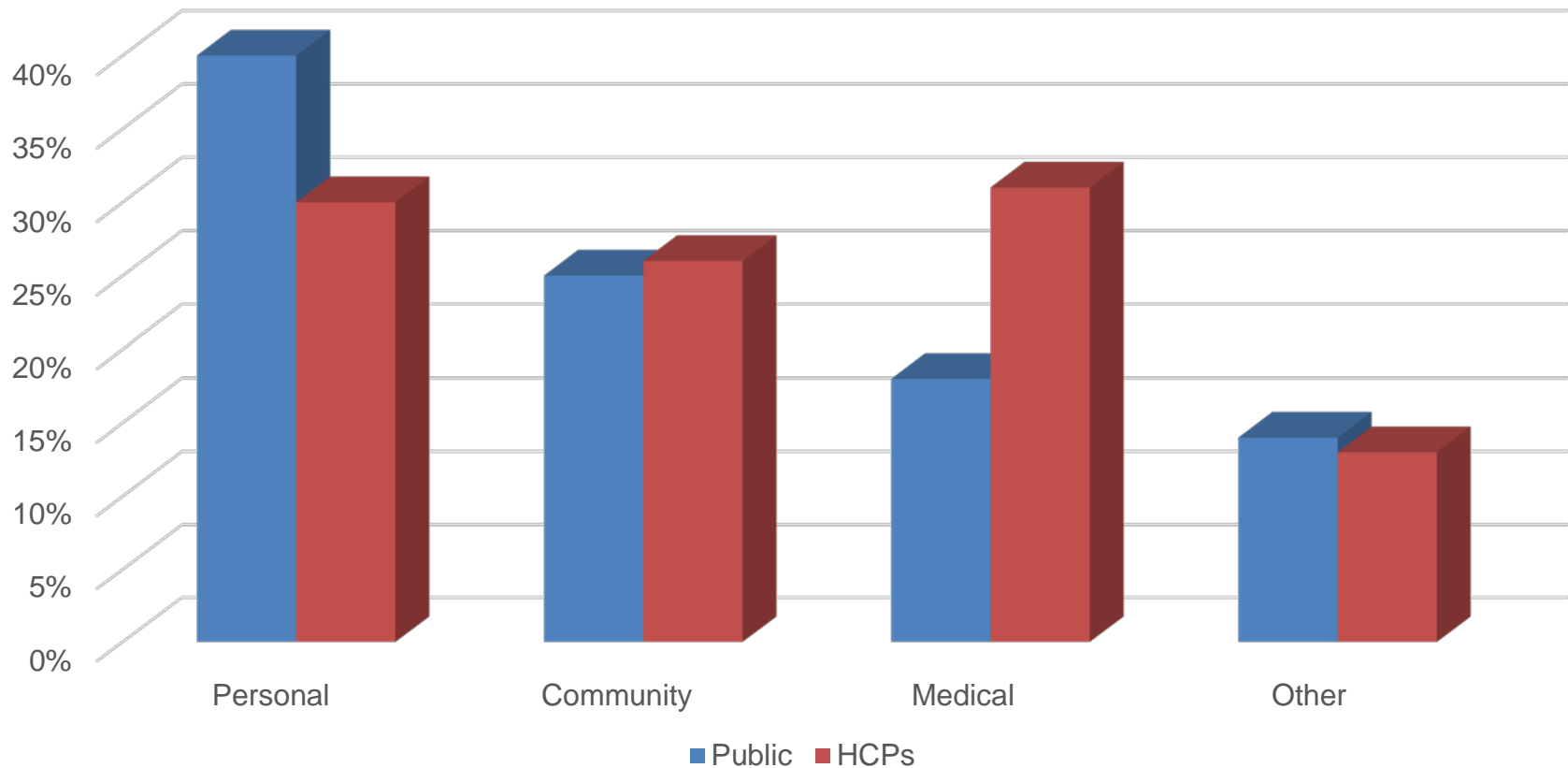
Keith Ablow, MD

What Best Describes the Kind of Problem You Think Obesity Is?

- A personal problem of bad choices
- A community problem of bad food and inactivity
- A medical problem

Shifting the Problem Frame Will Be Essential

2013



Impact of Bias on Research

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 – ‘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

The result of prevailing bias
that obesity is a simple matter of poor choices:

A Dearth of Curiosity about Obesity

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
- **Not fully understood**
- **> 100 potential causes**
- **Many subtypes**
- **Badly misunderstood by the public**

We Need More & Better Treatment Options

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

Impact of Bias on Prevention

Prevailing Bias Fosters Little 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

Key Findings

1. A gap in knowledge of what works against the obesity interferes with the pressing need to act.
2. Information from current evaluations is inadequate for decision makers.
3. Monitoring systems don't track progress adequately.
4. Investment in evaluation is too low and sporadic.
5. A systematic science approach is needed.
6. Existing systems lack leadership, coordination, infrastructure, guidance, accountability, and capacity.
7. Communities lack adequate guidance, capacity, data, and resources necessary to assess their needs and their progress.

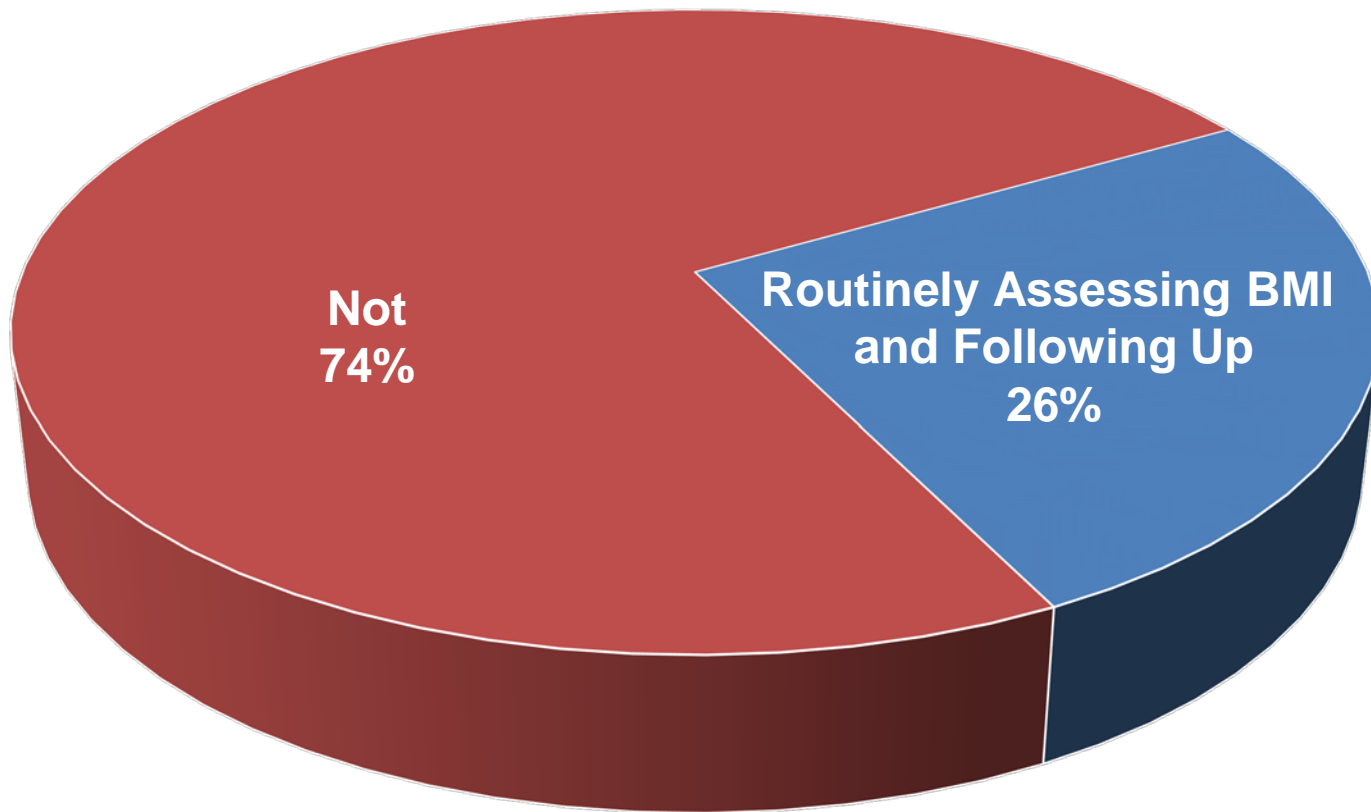
Impact of Bias on Access to Care

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

Primary Care Physician Practices



Encountering Bias

Discourages Patients from Seeking Care

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

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

Impact of Bias on Quality of Care

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.”

We Need to Use the Treatment Options We Have

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

Impact of Bias Fostering Conflicting Agendas

Conflicting Agendas

Blame and Shame

- “Make obesity socially unacceptable”
- “Obesity is a choice, not a disease”

Fat Acceptance

- Obesity is a bogus diagnosis
- Purely a manifestation of weight bias
- Weight per se has no impact on health

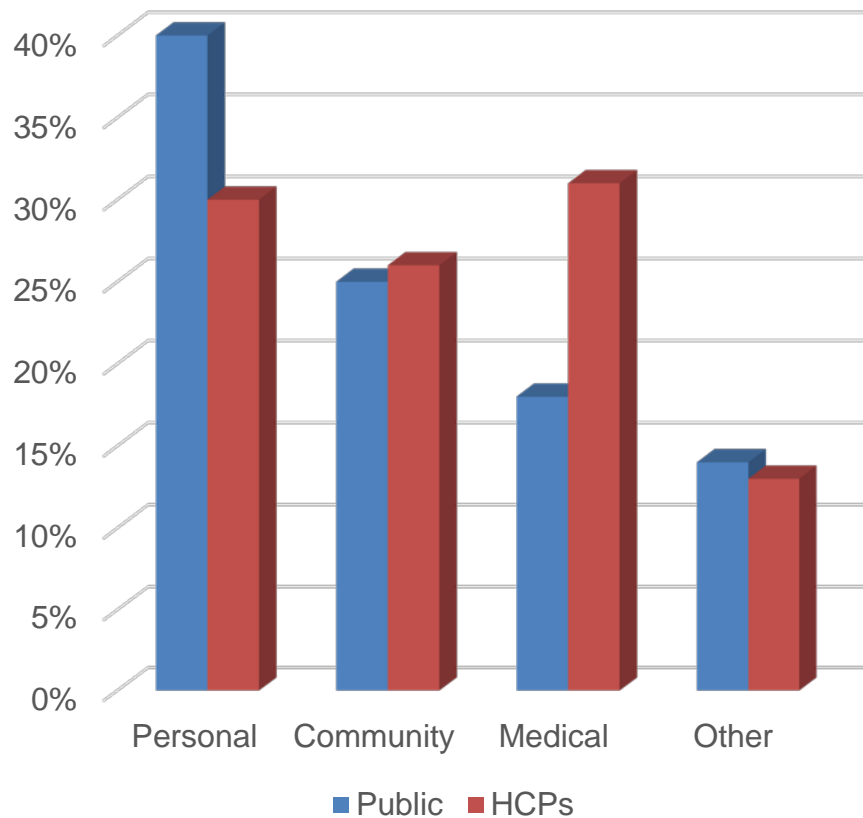
Summary

Impacts of Bias

- 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 interfere with straightforward healthcare

The Problem Frame May Be Shifting

2013



2014

