

# Obesity, Weight Bias, and Sound Health Policy

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# The Obesity Care Continuum

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



# More Information

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

# Three Objectives

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- Describe why & how to deal seriously with obesity
- Identify the problems bias creates and strategies for overcoming it
- Review policy priorities for addressing obesity

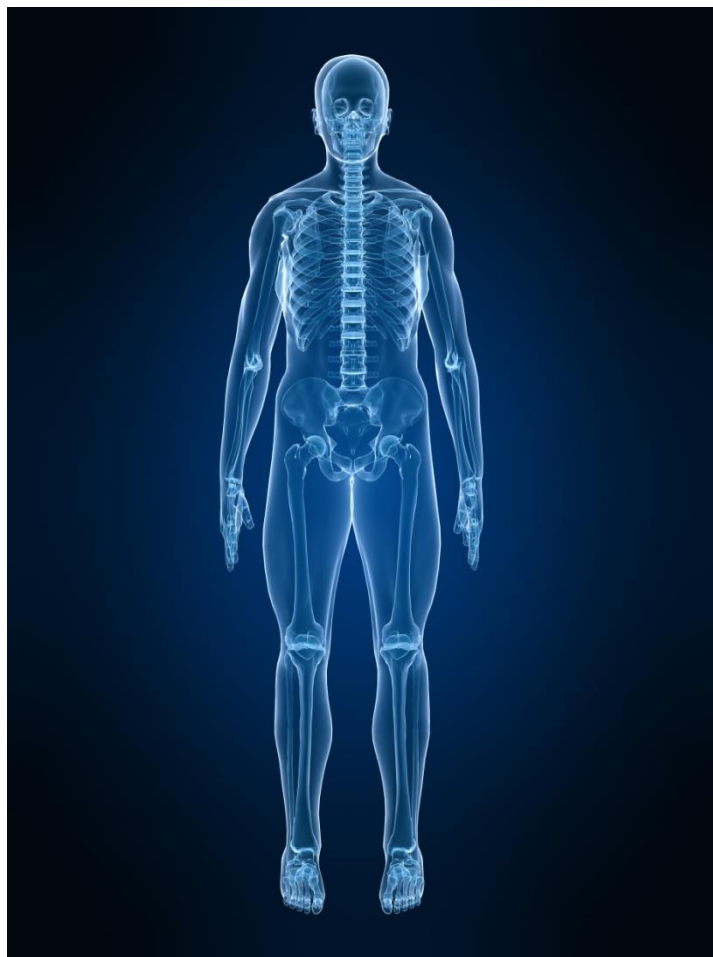
# Obesity Is the Biggest Threat to American Health for This Century



- Prevention is necessary
- And insufficient by itself
- Two thirds of the population is already affected

# Untreated Obesity Harms Nearly Every Organ System

- Pulmonary
- Nonalcoholic fatty liver
- Gall bladder disease
- Gynecologic
- Osteoarthritis
- Dermatologic
- Gout



- Intracranial hypertension
- Stroke
- Cataracts
- Cardiovascular
- Diabetes
- Pancreatitis
- Cancer
- Phlebitis

# 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:

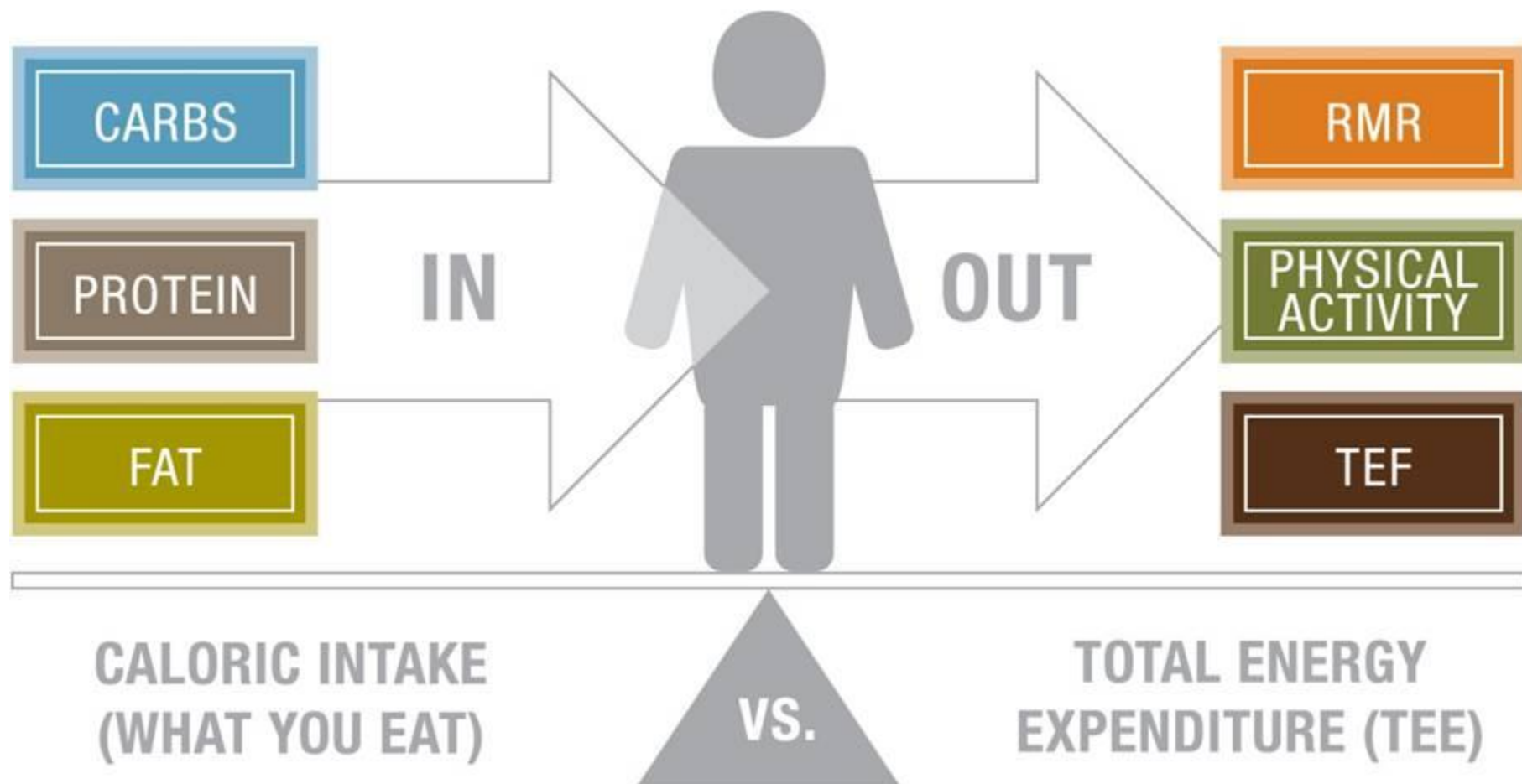
- ✓ Characterized by abnormal accumulation of fat
- ✓ Impairs normal metabolic function
- ✓ Causes harm to virtually every organ system



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

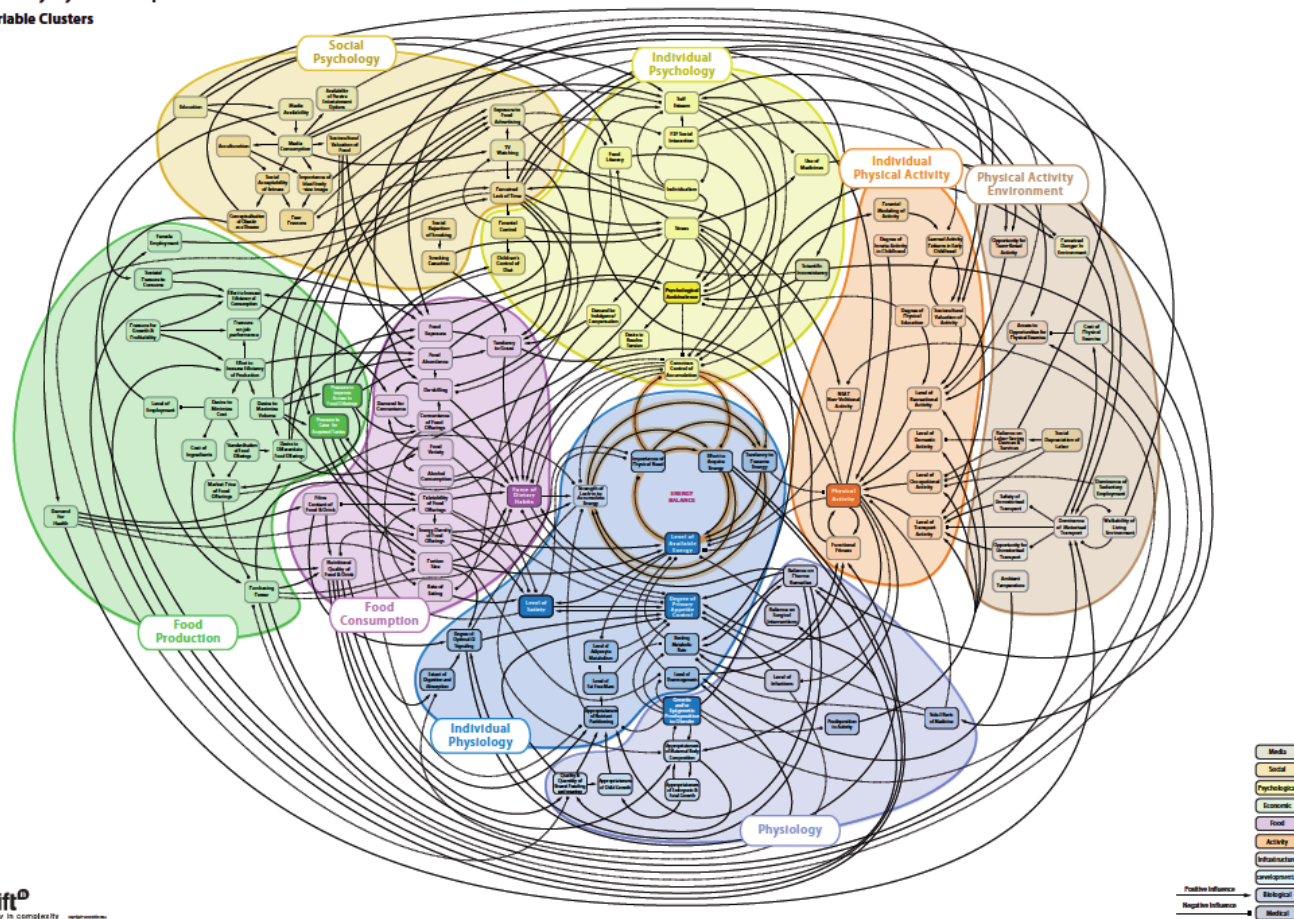


# Energy Balance Is More Than Just Diet and Exercise



# Weight Regulation Is a Complex Adaptive System

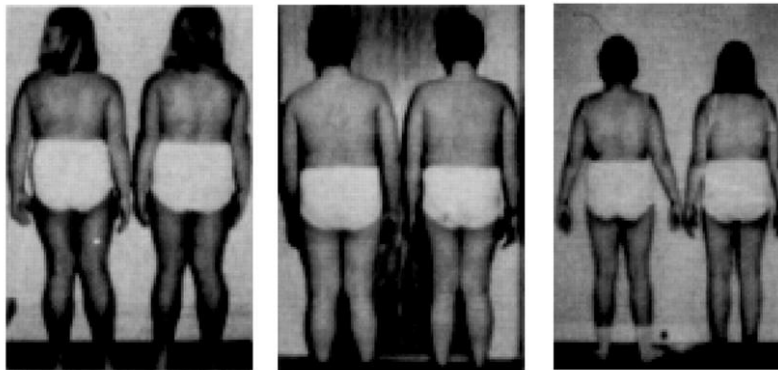
Obesity System Map  
Variable Clusters



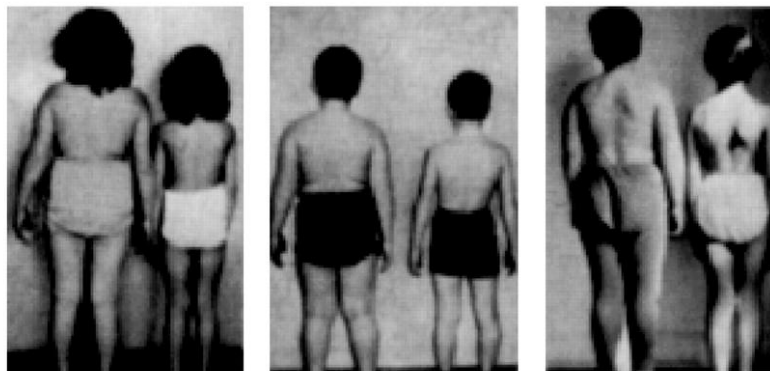
shift<sup>®</sup>  
clarity is complexity

# 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

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- **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 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 bingeing on food or eating lots of candy, ice cream or Cheetos...*

Keith Ablow, MD

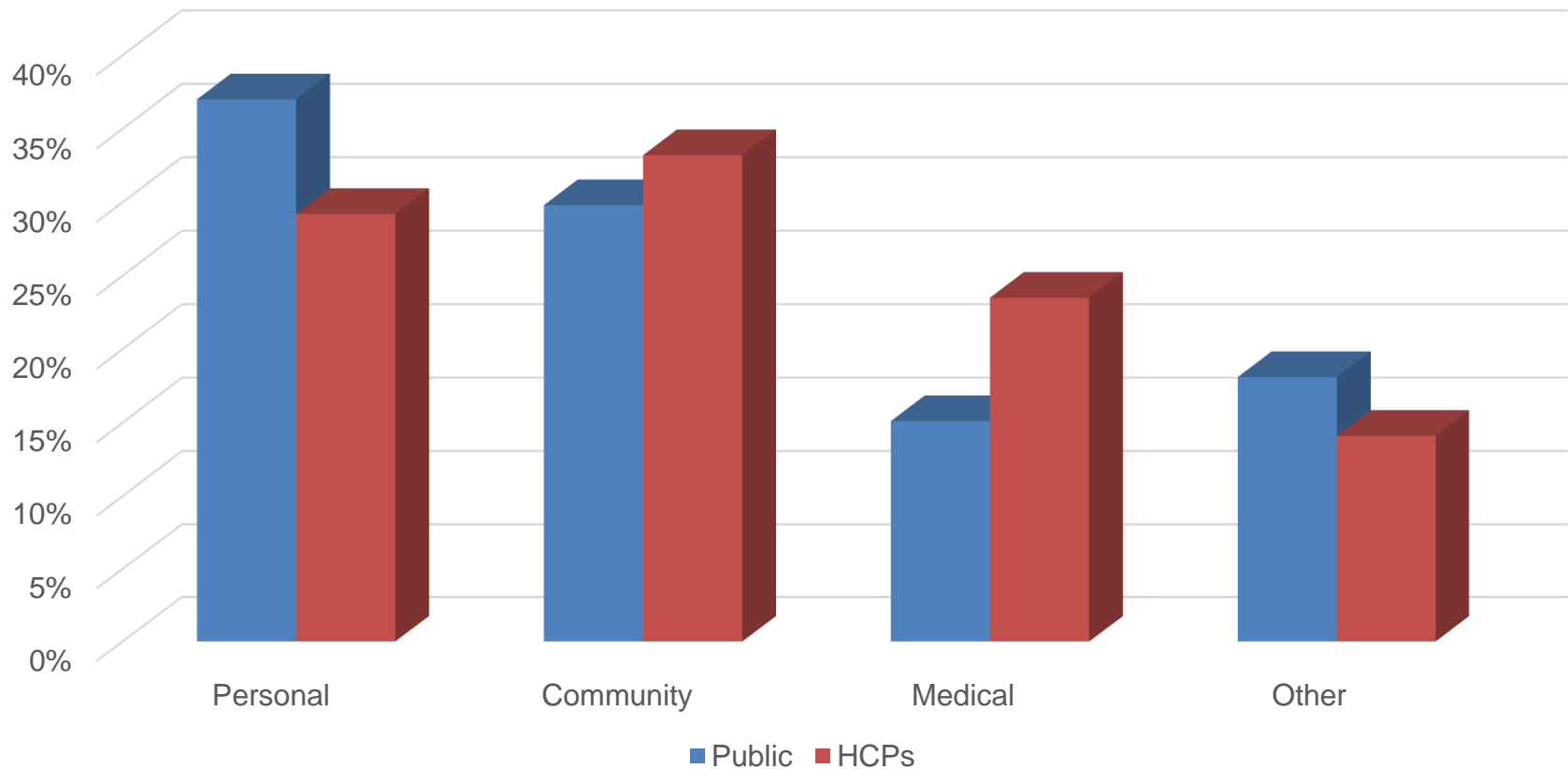
# What Best Describes the Kind of Problem You Think Obesity Is?

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

# Shifting the Problem Frame Will Be Essential

Sep 2014





# What Is Weight Bias?

- **Negative attitudes toward people with obesity expressed as:**
  - Rejection
  - Prejudice
  - Discrimination
- **False assumptions:**
  - Obesity is a choice, not a disease
  - Stereotypes of undisciplined, lazy, and uncooperative patients

# Weight Bias Affects Every Part of Life

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**Bias well-documented in:**

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

# Impact of Bias Is Pervasive

# 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**

# 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

# Bias Compromises Quality of Care

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- 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.”*



# Encountering Bias

## Discourages Patients from Seeking Care

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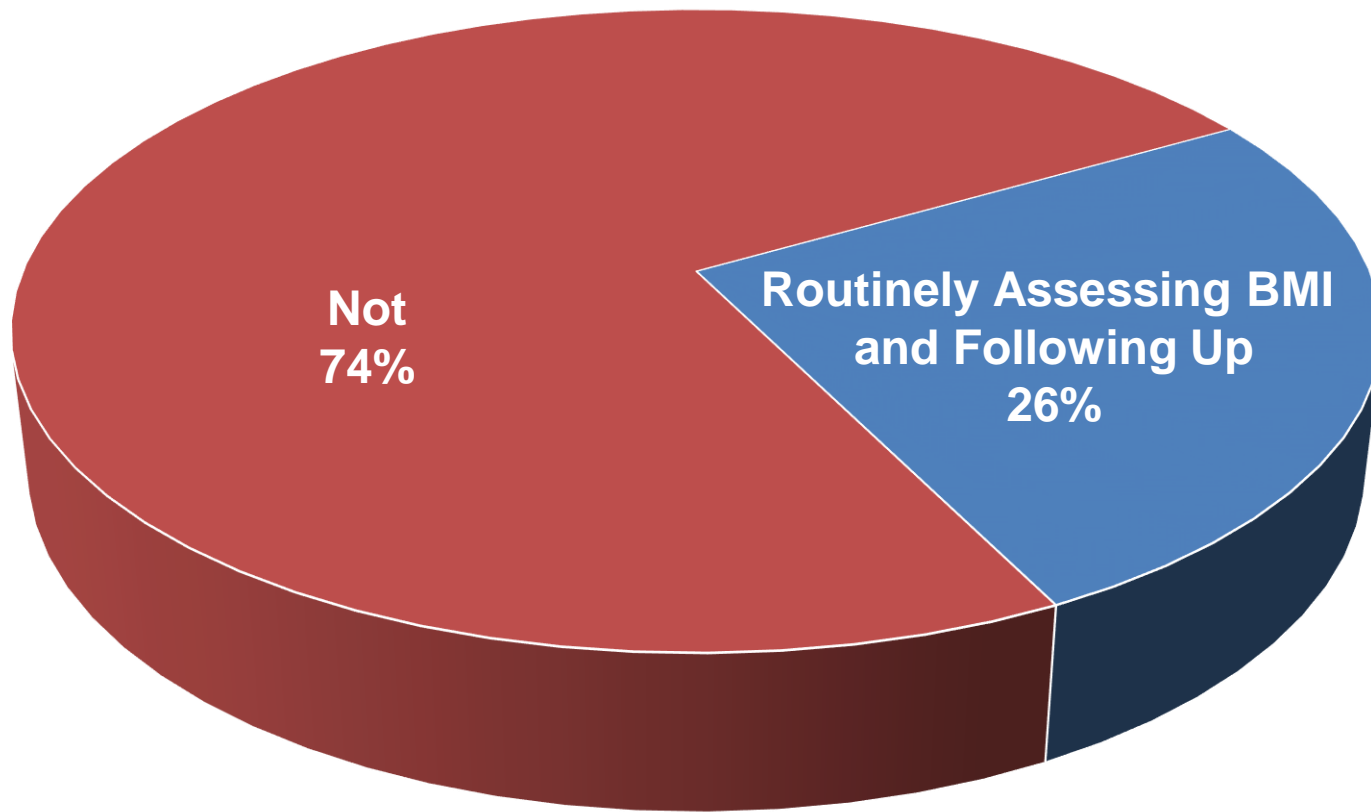
- Delaying appointments
- Avoiding routine preventive care
- Seeking care in emergency departments
- More frequent doctor shopping

# 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



# We Need to Use the Treatment Options We Have

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

***Simply telling someone with obesity to watch their diet and exercise is hardly more helpful than telling someone who's bleeding to avoid sharp objects.***

# 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

# Bias Creates 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

# Impacts of Bias

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- 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



Policy Priorities

# What Can Pennsylvania Do About Obesity?

# Top Priorities

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- **Reduce the impact of weight bias**
  - First do no harm
  - Prevent employment discrimination
- **Improved access to care**
  - Essential health benefits should include obesity treatment
  - State employee health benefits
- **Invest in community-based prevention that works**
- **Invest in research to solve the problem**