Giving Voice to People Living with Obesity

The Obesity Action Coalition

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Faculty/Presenter Disclosure

- Faculty: Ted Kyle

- Relationships with commercial interests:
  - Grants/Research Support: Obesity Action Coalition
  - Speakers Bureau/Honoraria: none
  - Consulting Fees: 3D Communications, Eisai, EnteroMedics, Novo Nordisk, The Obesity Society
  - Other: none
Disclosure of Commercial Support

• This program has received financial support from no one in the form of anything.
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• Potential for conflict(s) of interest:
  – Ted Kyle has received nothing from any organization connected with this presentation.
  – No products will be discussed in this program.
Mitigating Potential Bias

• We have no commercial bias to mitigate in connection with this program.
Objectives

• Describe how a high prevalence of both explicit and implicit **weight bias leads to discrimination** in education, healthcare, employment, and social interactions

• Describe **the value of a strong voice** for people affected by obesity as an input into obesity-related health policies

• Describe **key milestones and factors** for a successful advocacy, education, and support organization that serves people living with obesity
Giving Voice to People Living with Obesity

How Bias Drives Discrimination and Undermines Progress
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
- Interpersonal Relationships
- Youth
- Healthcare
Weight Bias in the Media

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

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

Population Studies
Experimental Research
Students with Obesity Face

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

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

Healthcare Providers Express Bias Against People 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;
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
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
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
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
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

Not 74%

Routinely Assessing BMI and Following Up 26%

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
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
Poor Access to Care

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

- **Hospital**: 0%
- **Doctor**: 30%
- **BP Meds**: 40%
- **Dietitian**: 30%
- **Obesity Meds**: 40%
- **Medical Wt Mgmt**: 30%
- **Bariatric Surg**: 40%

Note: that remaining respondents were unsure of coverage.

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
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

Source: UConn 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*
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

Source: Gudzune et al, Prevent Med, 2014
Giving Voice to People Living with Obesity

The Value of a Strong Voice for People Living with Obesity
Sara FL Kirk:

“Being weight bias aware is about humanizing obesity”
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

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

Sources: Janet Turan, Reducing HIV-Related Stigma in Healthcare Settings, presented at the National Academies; Laura Nyblate, Research Triangle Institute
The Obesity Action Coalition

- Created in 2005
- After a legislator
- Pointed to the absence of a voice
- For people living with obesity in policymaking
Governance

- Board of Directors
  - 14 members
  - Both personal and professional experience in obesity
  - Independently selected and elected
  - Chairman of the Board to date has been someone with obesity
- 10 staff members
- Policy consultant in Washington, DC
- Started with 3 staff members
Core Values

• Individuals affected by obesity should be treated with the same level of **compassion, dignity and respect** as those with other serious medical conditions.

• **Access to evidence-based medical care** without undue limitations on access or excessive copays.

• **No stigma or discrimination** against people because of their weight or how they deal with it.
Effort Priorities

- Education
- Advocacy
- Support

Registration NOW OPEN!
Join Us to Learn More about the Latest Evidence-based Information to Help You on Your Weight-loss Journey!

CLICK HERE to Register Today
August 13-16 – San Antonio, Texas

OAC
4th CANADIAN OBESITY SUMMIT
APRIL 28–MAY 2, 2015 | THE WESTIN, TORONTO, ON
Giving Voice to People Living with Obesity

Key Milestones and Factors for Building a Strong Voice
OAC Membership Has Grown

Membership Growth by Year

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Education

OAC has distributed >1 million pieces of educational literature
Advocacy

- Confronting weight bias
- Improving access to care
- Fostering innovative medical care
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.”
Building Support and Community

- Social media
- Annual meeting
- Engagement with membership
Summary

• Pervasive bias compromises research, practice, health, and policy

• Humanizing obesity is key to reducing bias

• A strong voice for people living with obesity is essential

• Progress is coming from empowering people, confronting bias, access to care, innovative research
More Information

- www.conscienhealth.org/news
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