

# 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**

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- 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

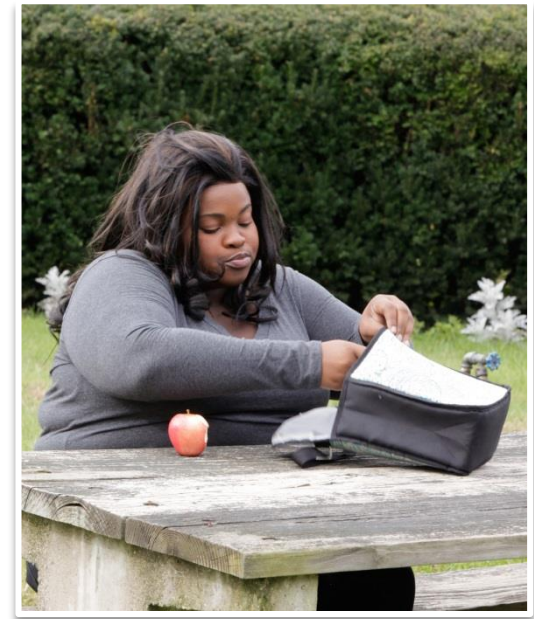
- Describe how a high prevalence of both explicit and implicit weight bias leads to discrimination in education, healthcare, employment, and social interactions
- Describe the value of a strong voice for people affected by obesity as an input into obesity-related health policies
- Describe key milestones 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

Population Studies

Experimental Research

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

# Students with Obesity Face

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



Source: Puhl, Peterson, Luedicke, *Pediatrics*, 2012

# 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



Source: Burmeister et al, *Obesity*, 2013; Puhl & King, Best practice & research Clinical endocrinology & metabolism, 2013.

# 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

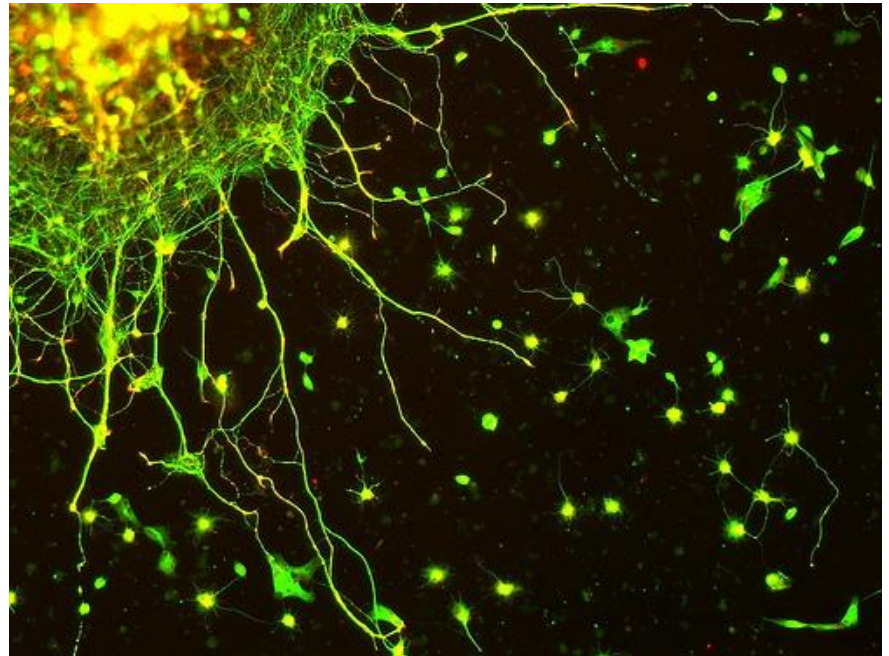




# Except for Our Biases

## 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 Prevailing Bias Toward Obesity

*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**



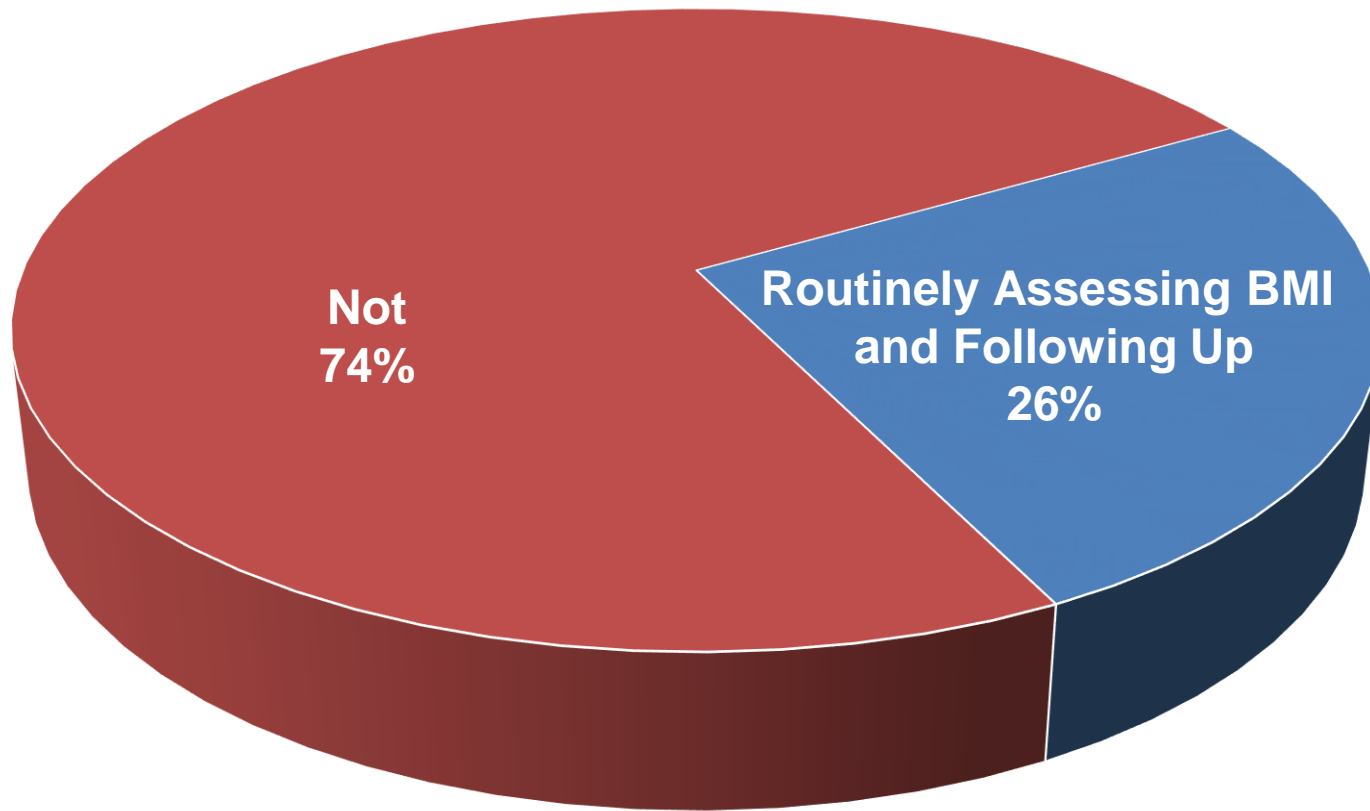
4<sup>th</sup>

CANADIAN OBESITY SUMMIT

APRIL 28–MAY 2, 2015 | THE WESTIN, TORONTO, ON

# Treating Obesity? Not So Much

## Primary Care Physician Practices



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**



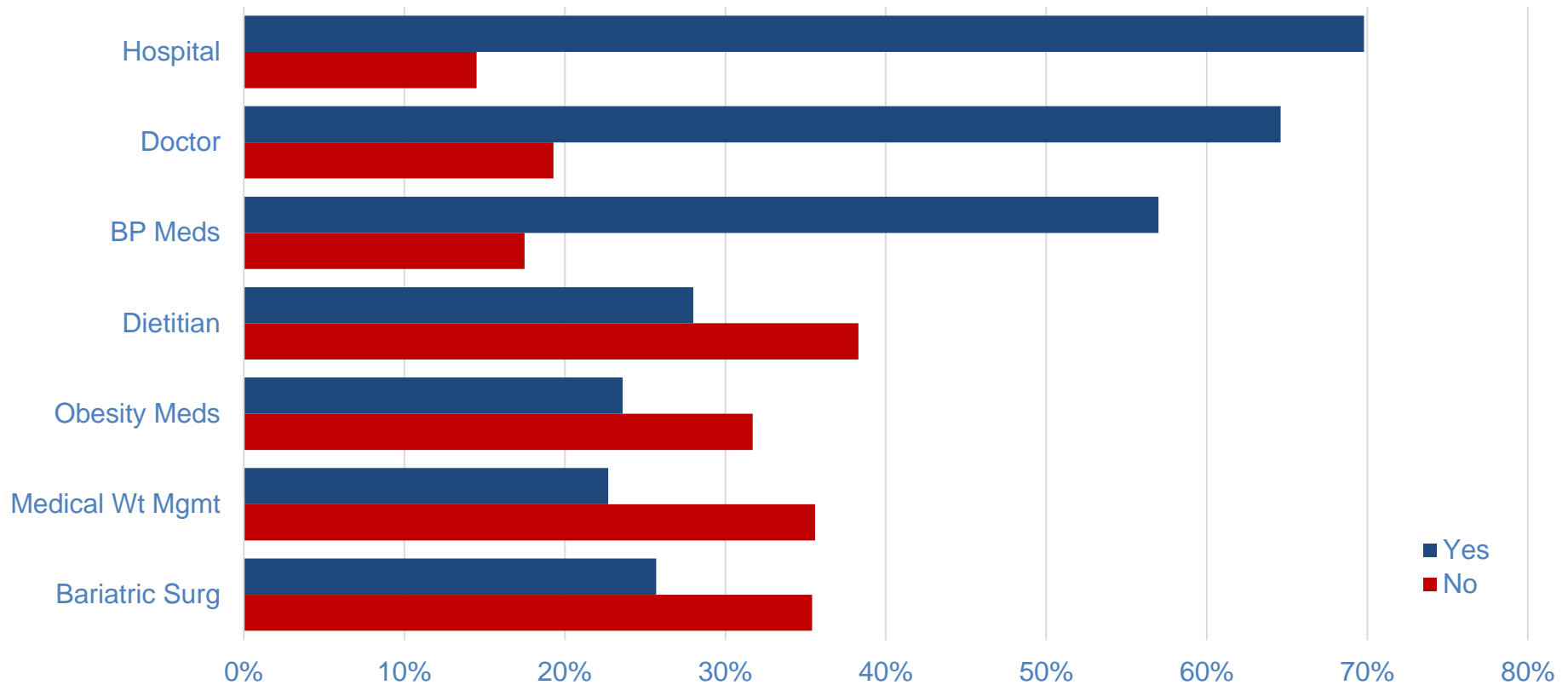
# Health Plans Discourage People from Seeking Obesity Treatment

- 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?”



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: Gudzone 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

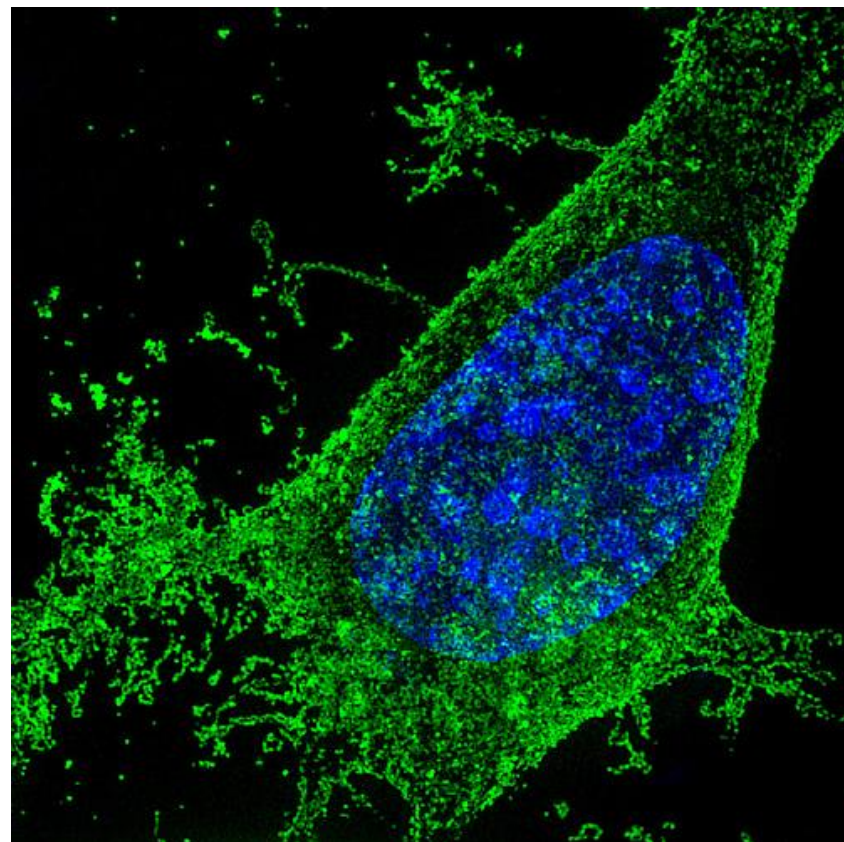


Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.

# 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



OAC Debuts Second National Television Public Service Announcement!

[CLICK HERE to Watch Now!](#)

YOUR WEIGHT Matters FOR YOUR HEALTH

# 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



**YWM**2015  
**OUR JOURNEY**  
RESTORE. REFRESH. RENEW.

**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**



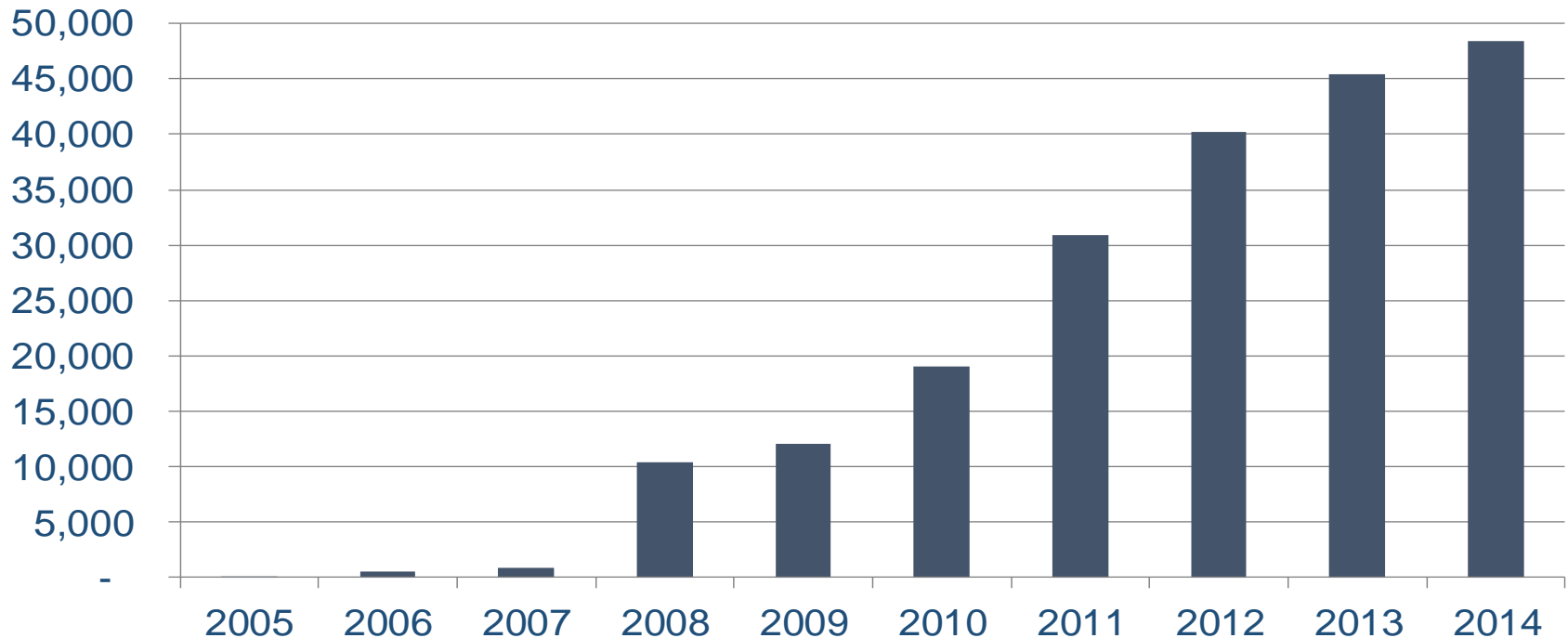
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# Key Milestones and Factors for Building a Strong Voice



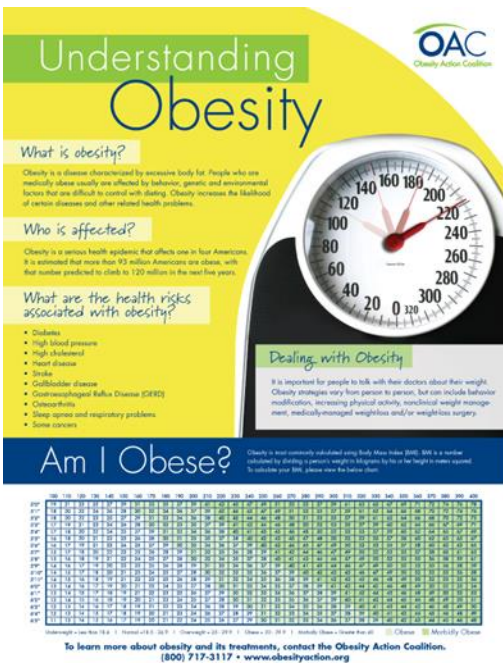
# OAC Membership Has Grown

## Membership Growth by Year



# Education

OAC has distributed >1 million pieces of educational literature



**Understanding Obesity**  
OAC Obesity Action Coalition

**What is obesity?**  
Obesity is a disease characterized by excessive body fat. People who are medically obese usually are affected by behavioral, genetic, and environmental factors that are difficult to control with dieting. Obesity increases the likelihood of certain diseases and other related health problems.

**Who is affected?**  
Obesity is a serious health epidemic that affects one in four Americans. It is estimated that more than 93 million Americans are obese, with that number predicted to climb to 120 million in the next five years.

**What are the health risks associated with obesity?**

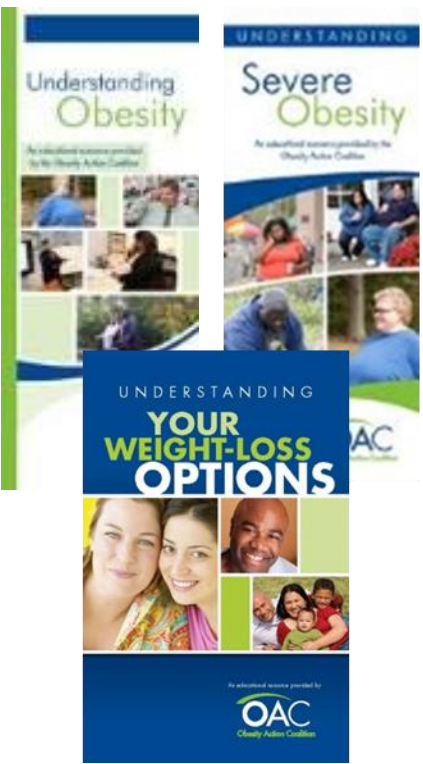
- Diabetes
- High blood pressure
- High cholesterol
- Heart disease
- Stroke
- Gallbladder disease
- Gastroesophageal Reflux Disease (GERD)
- Osteoarthritis
- Sleep apnea and respiratory problems
- Some cancers

**Dealing with Obesity**  
It is important for people to talk with their doctor about their weight. Obesity strategies vary from person to person, but can include behavior modification, increasing physical activity, non-drug weight management, medically-managed weight loss and/or weight loss surgery.

**Am I Obese?**  
Obesity is most commonly calculated using Body Mass Index (BMI). BMI is a number obtained by dividing a person's weight in kilograms by the height in meters squared. To calculate your BMI, please use the table below.

5'0"	100	125	150	175	200	225	250	275	300	325	350	375	400	425	450	475	500
5'1"	98	123	148	173	198	223	248	273	298	323	348	373	398	423	448	473	500
5'2"	96	121	146	171	196	221	246	271	296	321	346	371	396	421	446	471	500
5'3"	94	119	144	169	194	219	244	269	294	319	344	369	394	419	444	469	500
5'4"	92	117	142	167	192	217	242	267	292	317	342	367	392	417	442	467	500
5'5"	90	115	140	165	190	215	240	265	290	315	340	365	390	415	440	465	500
5'6"	88	113	138	163	188	213	238	263	288	313	338	363	388	413	438	463	500
5'7"	86	111	136	161	186	211	236	261	286	311	336	361	386	411	436	461	500
5'8"	84	109	134	159	184	209	234	259	284	309	334	359	384	409	434	459	500
5'9"	82	107	132	157	182	207	232	257	282	307	332	357	382	407	432	457	500
5'10"	80	105	130	155	180	205	230	255	280	305	330	355	380	405	430	455	500
5'11"	78	103	128	153	178	203	228	253	278	303	328	353	378	403	428	453	500
6'0"	76	101	126	151	176	201	226	251	276	301	326	351	376	401	426	451	500
6'1"	74	99	124	149	174	199	224	249	274	299	324	349	374	399	424	449	500
6'2"	72	97	122	147	172	197	222	247	272	297	322	347	372	397	422	447	500
6'3"	70	95	120	145	170	195	220	245	270	295	320	345	370	395	420	445	500
6'4"	68	93	118	143	168	193	218	243	268	293	318	343	368	393	418	443	500
6'5"	66	91	116	141	166	191	216	241	266	291	316	341	366	391	416	441	500
6'6"	64	89	114	139	164	189	214	239	264	289	314	339	364	389	414	439	500
6'7"	62	87	112	137	162	187	212	237	262	287	312	337	362	387	412	437	500
6'8"	60	85	110	135	160	185	210	235	260	285	310	335	360	385	410	435	500
6'9"	58	83	108	133	158	183	208	233	258	283	308	333	358	383	408	433	500
6'10"	56	81	106	131	156	181	206	231	256	281	306	331	356	381	406	431	500
6'11"	54	79	104	129	154	179	204	229	254	279	304	329	354	379	404	429	500
7'0"	52	77	102	127	152	177	202	227	252	277	302	327	352	377	402	427	500

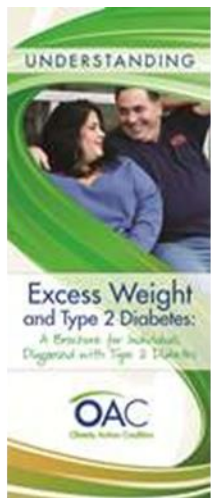
To learn more about obesity and its treatments, contact the Obesity Action Coalition. (800) 717-3117 • www.obesityaction.org



**Understanding Severe Obesity**  
An educational resource provided by the Obesity Action Coalition

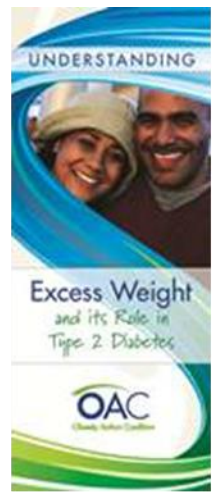
**UNDERSTANDING YOUR WEIGHT-LOSS OPTIONS**  
It is important for people to talk with their doctor about their weight. Obesity strategies vary from person to person, but can include behavior modification, increasing physical activity, non-drug weight management, medically-managed weight loss and/or weight loss surgery.

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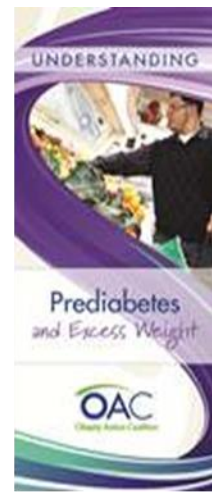
**UNDERSTANDING Excess Weight and Type 2 Diabetes**  
A Brochure for Individuals Diagnosed with Type 2 Diabetes

OAC Obesity Action Coalition



**UNDERSTANDING Excess Weight and its Role in Type 2 Diabetes**

OAC Obesity Action Coalition



**UNDERSTANDING Prediabetes and Excess Weight**

OAC Obesity Action Coalition

# 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](http://www.conscienhealth.org/news)
-  [\*\*Facebook.com/ConscienHealth\*\*](https://www.facebook.com/ConscienHealth)
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<http://conscienhealth.org/wp-content/uploads/2015/05/oac.pdf>