

# 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

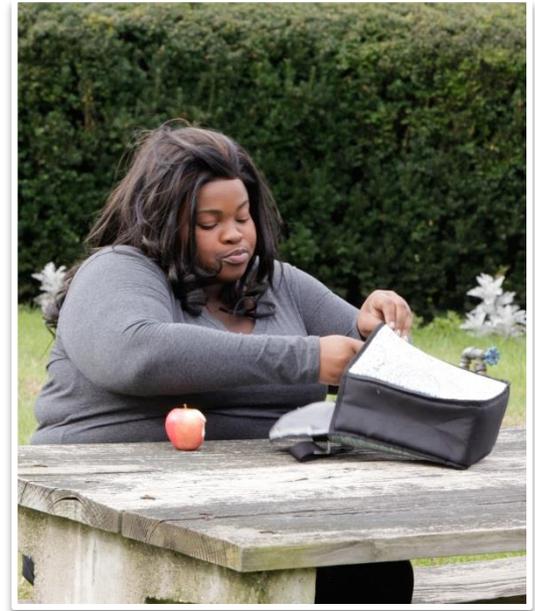


Giving Voice to People Living with Obesity

# 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

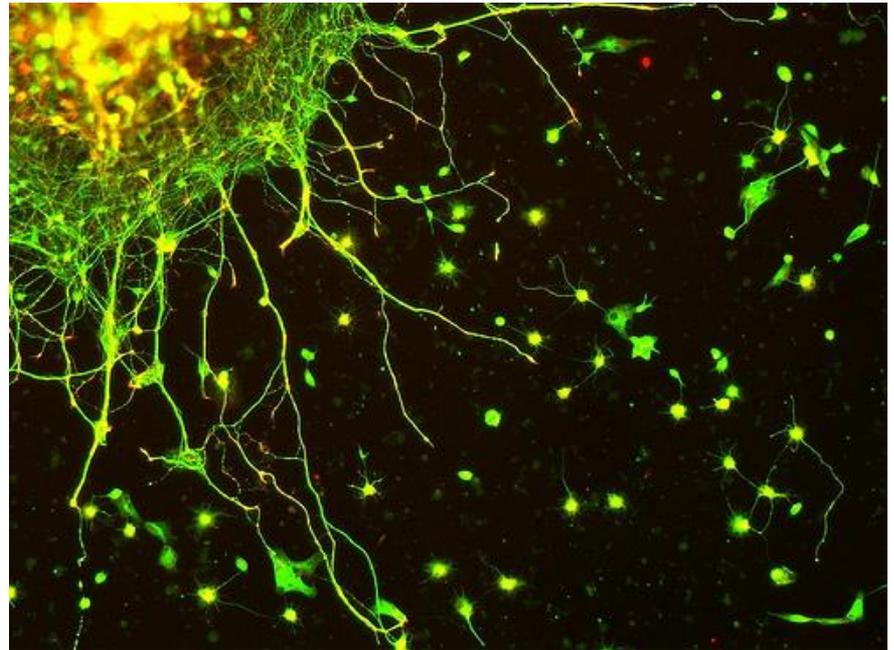
- It's no different from any other bigotry
- Violation of human dignity
- Dehumanizes people
- Waste of human potential
- Barrier to overcoming obesity



# 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

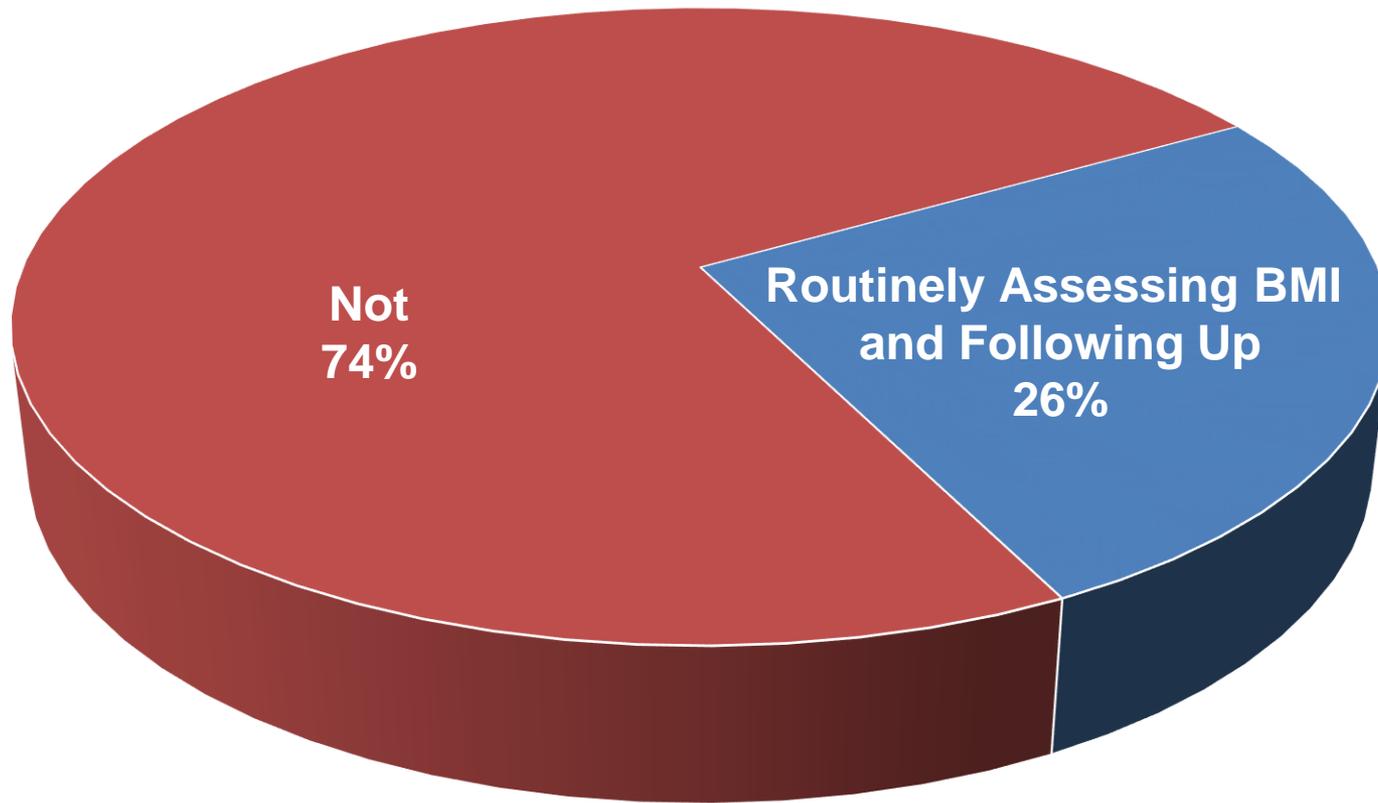
# Our Sick Care System Treats the Results of Obesity

- **Heart disease**
  - Dyslipidemia
  - Hypertension
  - Coronary Artery Disease
  - \$444 billion
- **Diabetes**
  - Heart attacks
  - Strokes
  - Kidney failure
  - Amputations
  - \$245 billion
- **Cancer, liver disease, and more**



# 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**



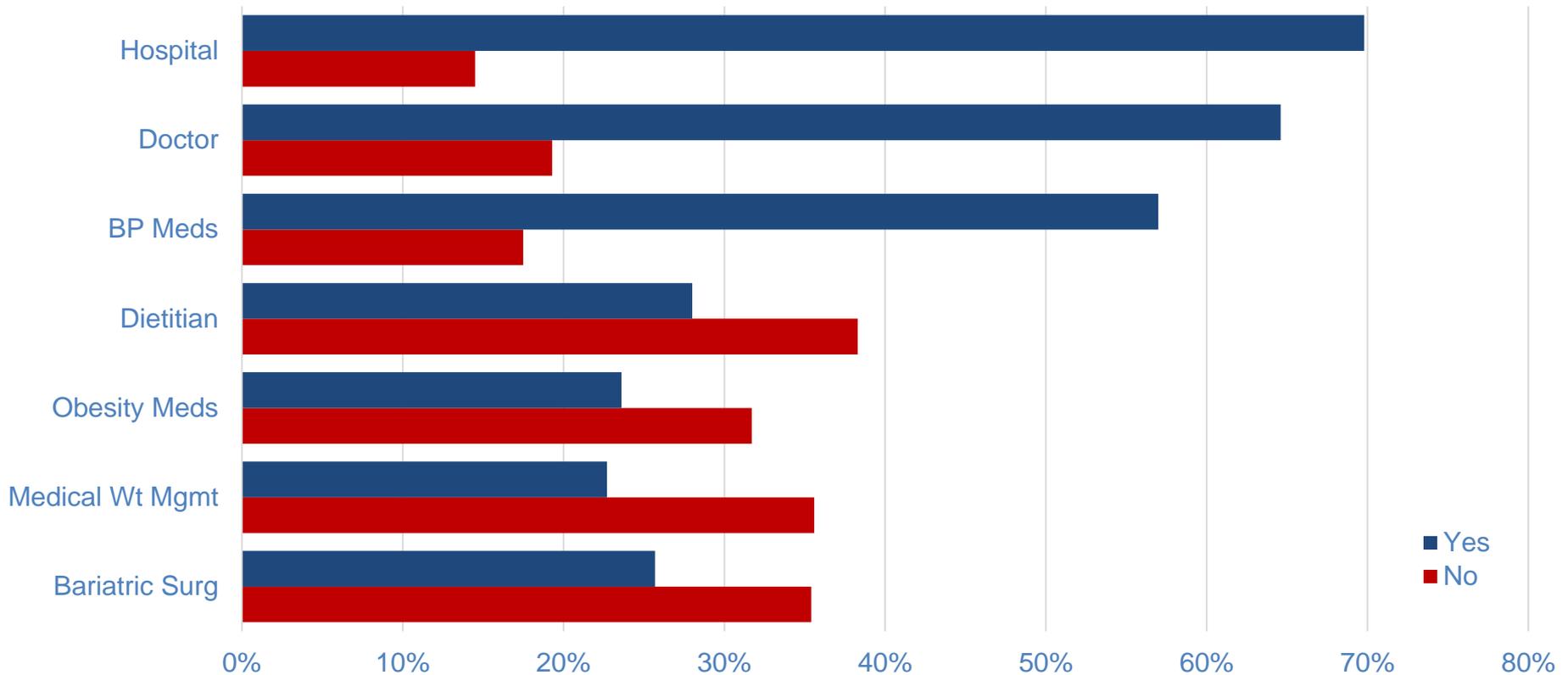
# Health Plans Discourage People from Seeking Obesity Treatment

- 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

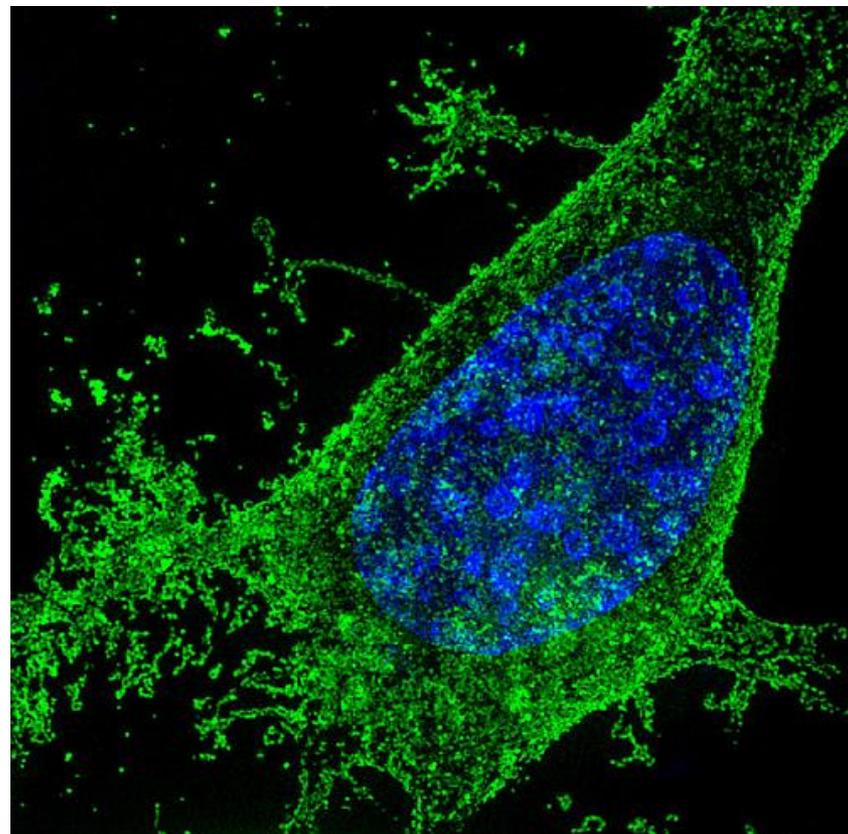


Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.

# 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**

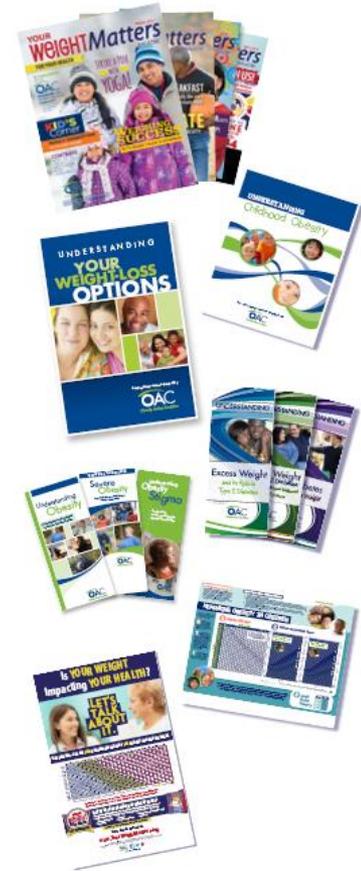


# Core Values

- 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**

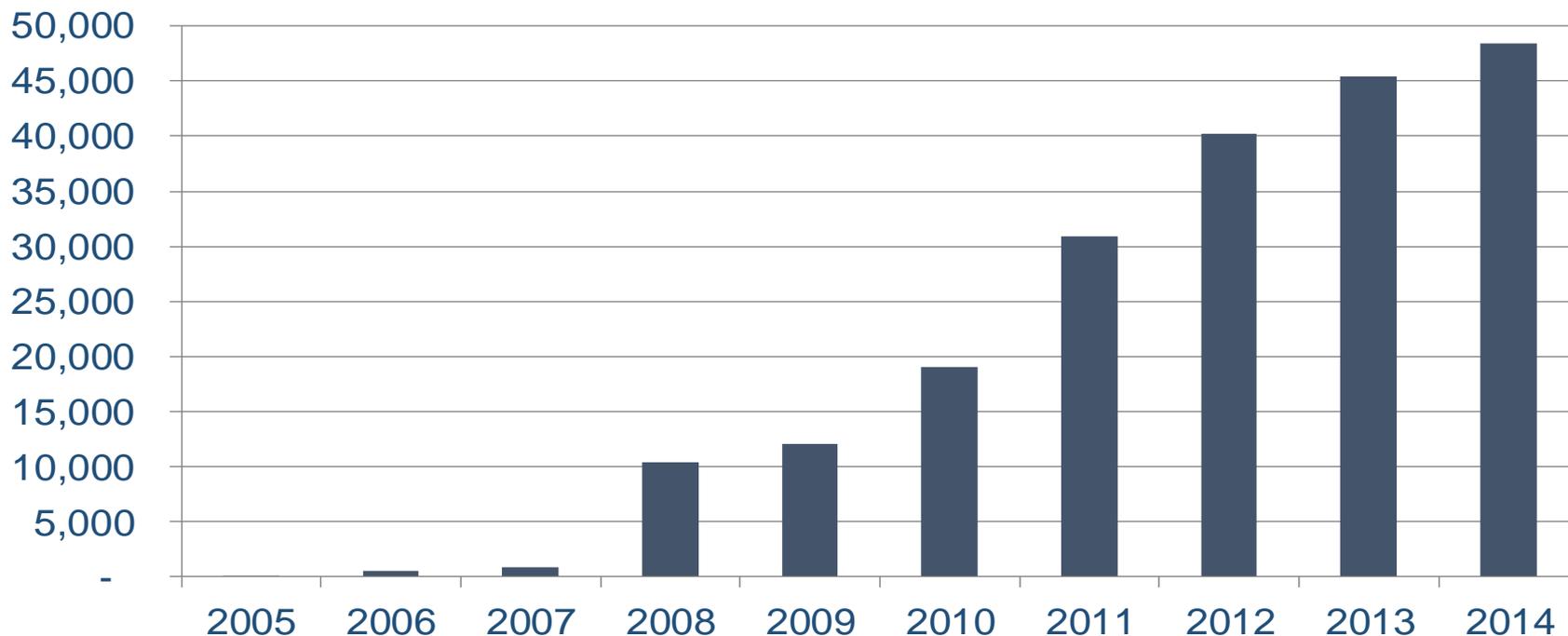


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# Key Milestones and Factors for Building a Strong Voice

# 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 doctors about their weight. Obesity strategies vary from person to person, but can include behavior modification, increasing physical activity, non-drug weight management, medically-supervised weight loss and/or weight loss surgery.

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

5'0"	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	
5'1"	98	108	118	128	138	148	158	168	178	188	198	208	218	228	238	248	258	268	278	288	298	308
5'2"	96	106	116	126	136	146	156	166	176	186	196	206	216	226	236	246	256	266	276	286	296	306
5'3"	94	104	114	124	134	144	154	164	174	184	194	204	214	224	234	244	254	264	274	284	294	304
5'4"	92	102	112	122	132	142	152	162	172	182	192	202	212	222	232	242	252	262	272	282	292	302
5'5"	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
5'6"	88	98	108	118	128	138	148	158	168	178	188	198	208	218	228	238	248	258	268	278	288	298
5'7"	86	96	106	116	126	136	146	156	166	176	186	196	206	216	226	236	246	256	266	276	286	296
5'8"	84	94	104	114	124	134	144	154	164	174	184	194	204	214	224	234	244	254	264	274	284	294
5'9"	82	92	102	112	122	132	142	152	162	172	182	192	202	212	222	232	242	252	262	272	282	292
5'10"	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290
5'11"	78	88	98	108	118	128	138	148	158	168	178	188	198	208	218	228	238	248	258	268	278	288
6'0"	76	86	96	106	116	126	136	146	156	166	176	186	196	206	216	226	236	246	256	266	276	286

**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 doctors about their weight. Obesity strategies vary from person to person, but can include behavior modification, increasing physical activity, non-drug weight management, medically-supervised weight loss and/or weight loss surgery.

OAC Obesity Action Coalition

**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)
-  [\*\*@ConscienHealth\*\*](https://twitter.com/ConscienHealth)
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<http://conscienhealth.org/wp-content/uploads/2015/05/oac.pdf>