

# Progress and Challenges in the Chronic Disease of Obesity

Ted Kyle, RPh, MBA

# Disclosures

- **Professional Fees**
  - 3D Communications
  - Eisai
  - EnteroMedics
  - Novo Nordisk

# Presentation Objectives

---

- Describe how obesity has come to be regarded as a disease
- Discuss the implications of weight bias and stigma in policy and clinical care
- Discuss policy efforts to improve access to evidence-based obesity care

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



- **Untreated obesity harms every body system**
- **Chronic diseases resulting from obesity cost more than \$1 trillion annually**

# 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?

# 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

# 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

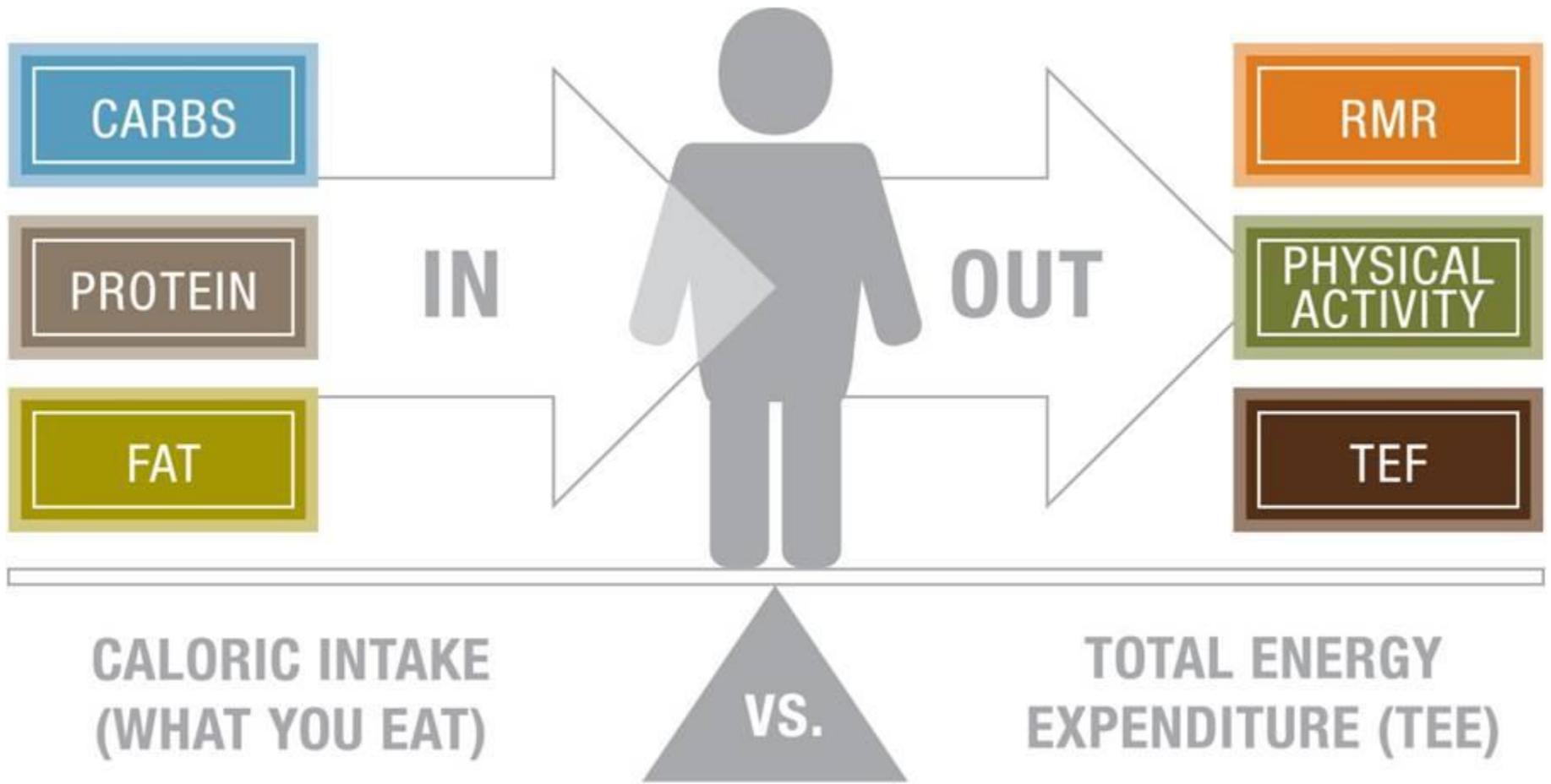
# Isn't Obesity Just the Result of Eating More Calories than You Burn?



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

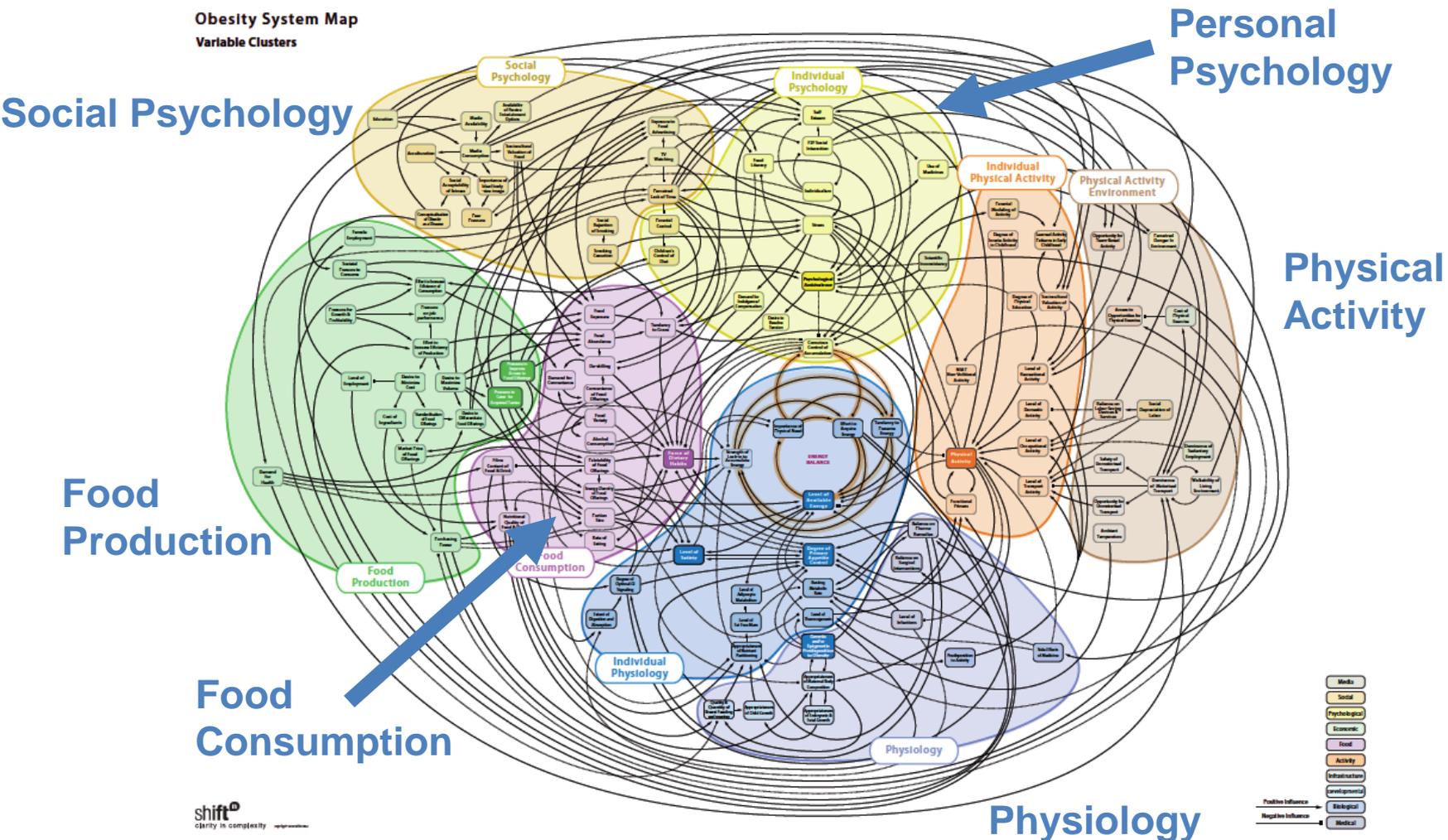


# Energy Balance Is More than Just Diet and Exercise



# Weight Regulation Is a Complex Adaptive System

Obesity System Map  
Variable Clusters



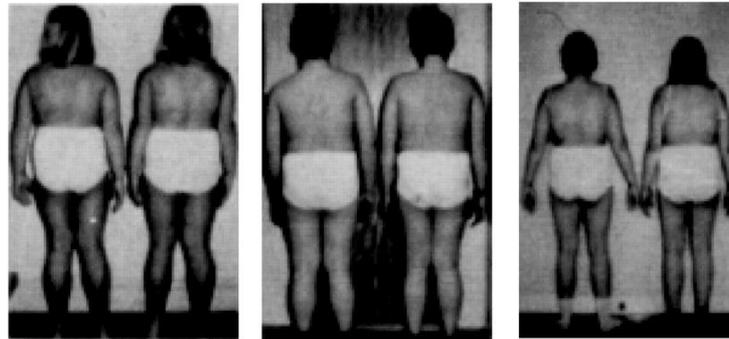
- Meats
- Social
- Psychological
- Economic
- Food
- Activity
- Infrastructure
- Developmental
- Biological
- Medical

Positive Influence  
Negative Influence

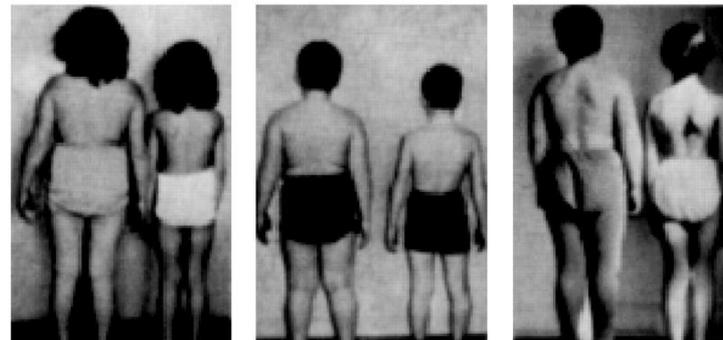
shift<sup>o</sup>  
clarity in complexity

# About 60% of Obesity Risk Is Inherited

## Body Mass in Twins



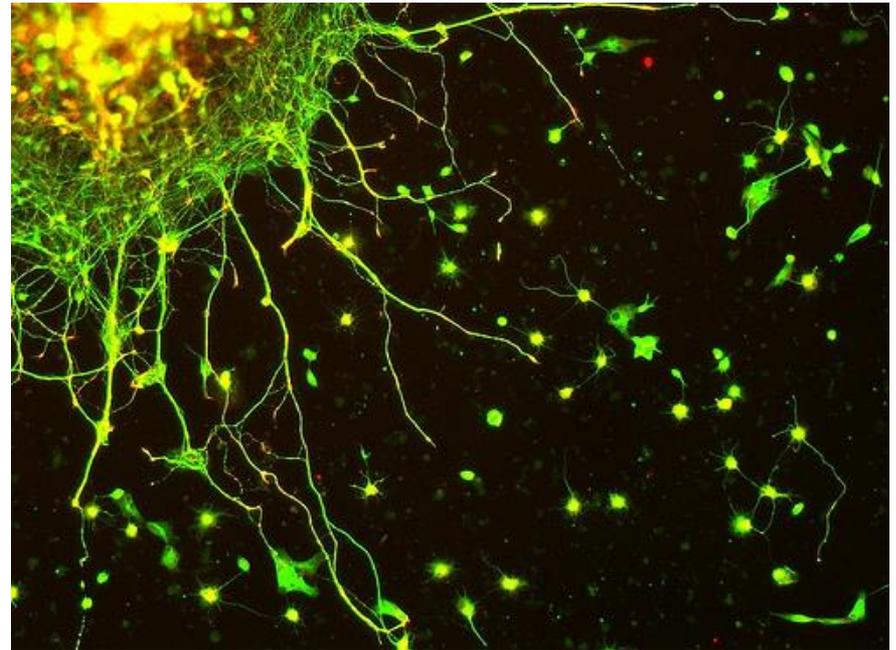
**Monozygotic Twins (Intrapair Correlation = 0.66)**



**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
  - Many other factors
- **Personal choices can help or hurt**



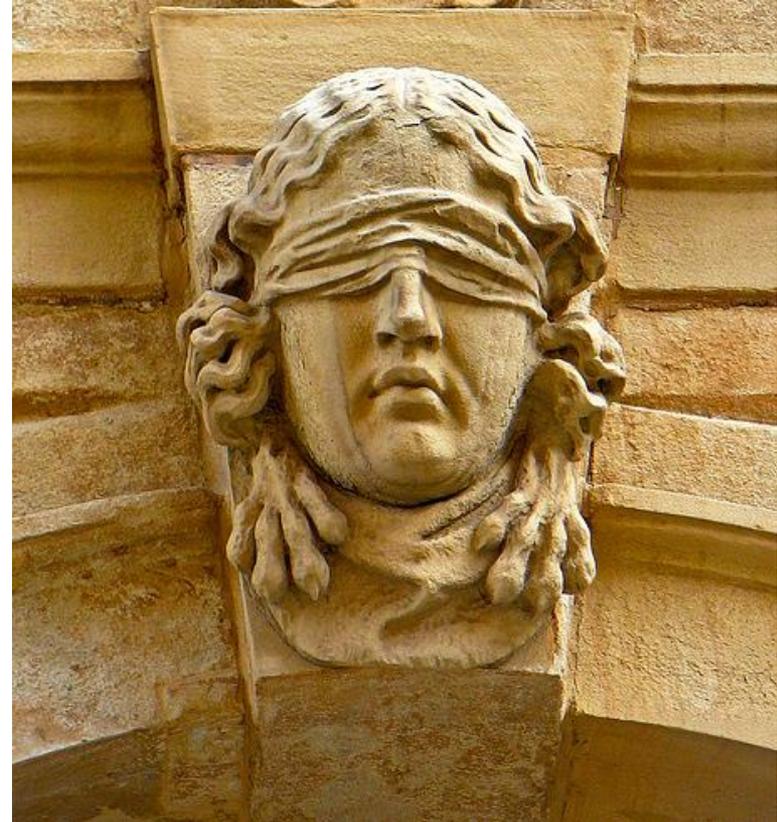
# How Bias Undermines Progress Against Obesity

Progress and Challenges in the Chronic Disease of Obesity

# What Is Bias?

Bias is an inclination or outlook to present or hold a **partial perspective**, often accompanied by a **refusal to consider** the possible merits of **alternative points of view**. Biases are learned implicitly within cultural contexts. People may develop biases toward or **against** an **individual**, an ethnic **group**, a nation, a religion, a social class, a political party, theoretical **paradigms** and **ideologies** within academic domains, or a species.

– Adapted from  
*Psychology: Contemporary Perspectives*  
Paul Okami



# Two Kinds of Bias Are Pervasive in Obesity

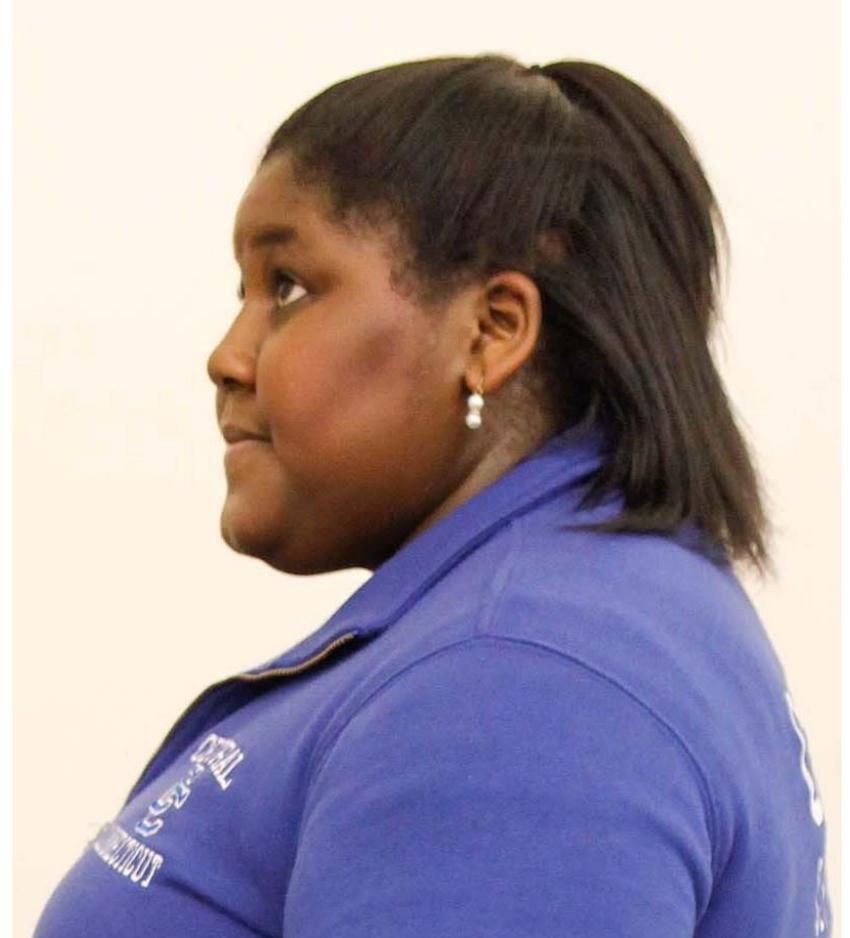
- **Weight bias directed at people with obesity**
- **Intellectual bias favoring personal convictions**



# Weight Bias Flows from Common Assumptions About People with Obesity



Untitled, photograph by Boohoomian / flickr

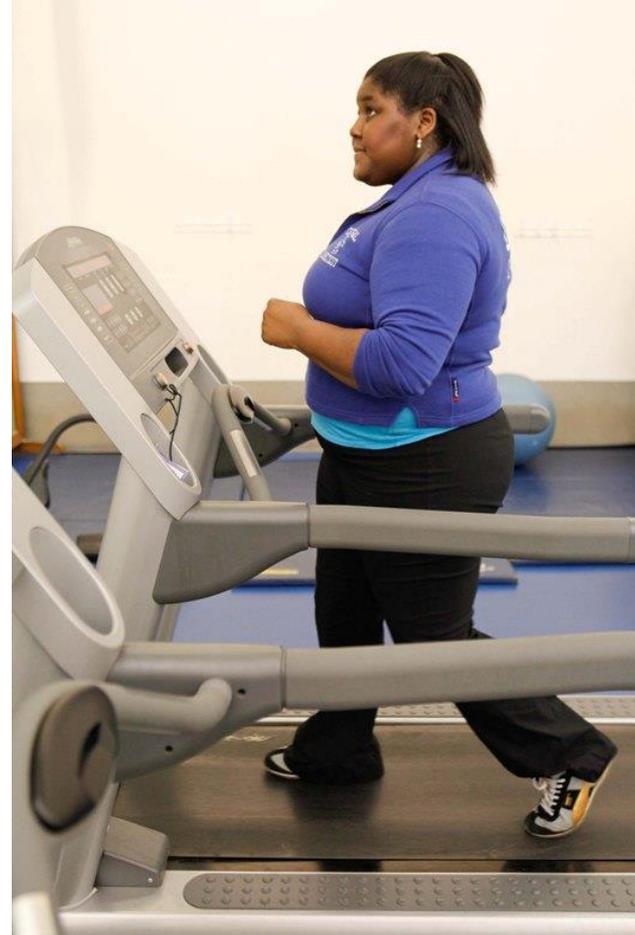


Photograph courtesy of the UCONN Rudd Center

# Appearances Tell You Nothing About a Person's Health or Lifestyle



Untitled, photograph by Boohoomian / flickr



Photograph courtesy of the UCONN Rudd Center

# 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.

# Health Professionals Harbor Bias Against Patients with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010.



# Encountering Bias

## Discourages Patients from Seeking Care

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



# 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.”***

# Weight Bias Makes the Obesity Worse



# Bias in Policy that Favors Personal Convictions over Evidence

Progress and Challenges in the Chronic Disease of Obesity

# The Impact of Bias Starts with Research & Scientific Literature

- Observational studies
- Short-term endpoints
- Surrogate endpoints
- Publication bias
- Repetitive studies 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

# Bias Has an Insidious Effect on Access to Effective Obesity Care

*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

# Self-Care Is Too Often the Only Option Available for Obesity



# Access to Evidence-Based Care Can Help People with Obesity



# For Obesity

## The Standard of Care Is No Care

- Most PCPs do not routinely address obesity
- If they do, they instruct the patient to lose weight
  - Referral to IBT is uncommon
  - Most physicians will not consider drug therapy
  - Few are considered for surgery



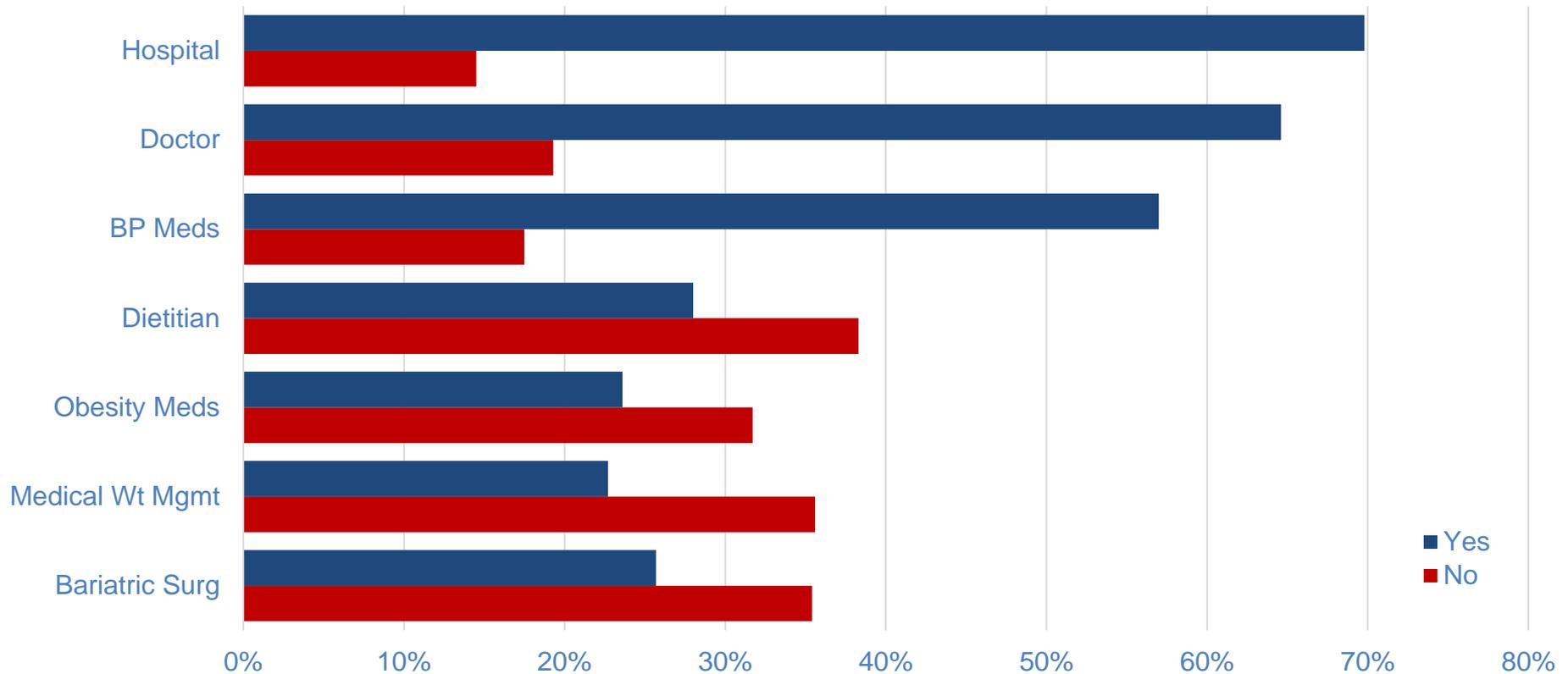
# Health Plans Have Long Discouraged People from Seeking Obesity Care

- Routine policy exclusions for obesity  
“Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- Requirements for pre-authorization



# General Population

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



Note that remaining respondents were unsure of coverage.

# Study Findings

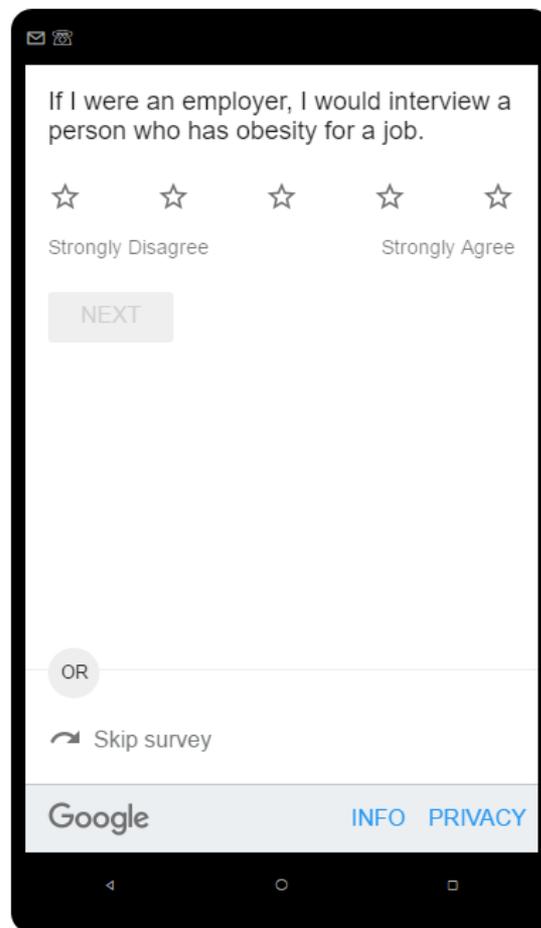
- **Consumers most often report not having health insurance that will cover obesity treatment**
- **Even when employers target BMI in wellness programs**
  - **As they increasingly do**
  - **Consumers often say their health insurance excludes obesity treatment**

# Shifting Public Views of Obesity

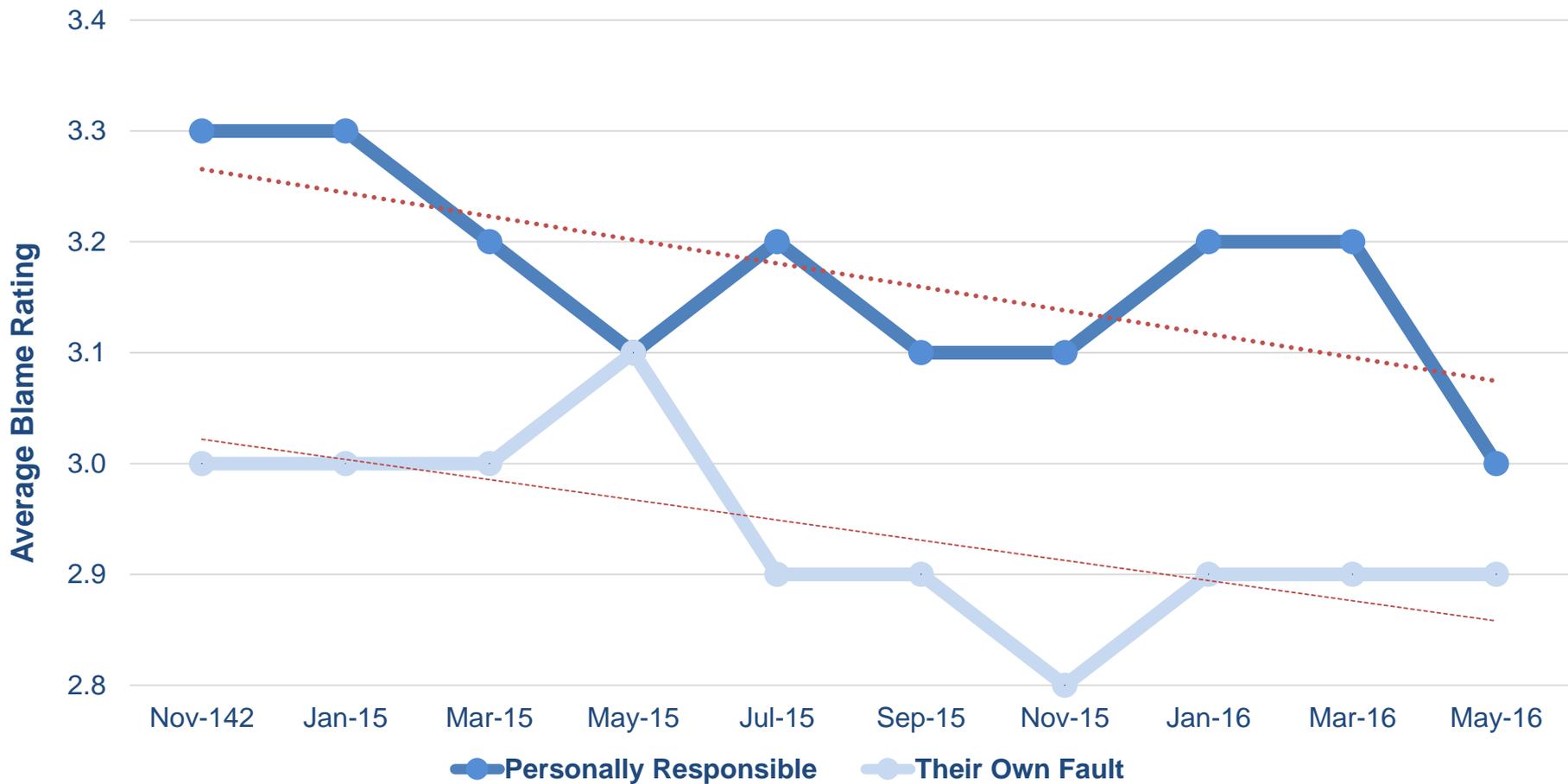
Progress and Challenges in the Chronic Disease of Obesity

# In Ongoing Tracking We Measure Signals of Bias and Stigma

- Standardized questions
- Tracking over time
- Utilizing Google Surveys
- Targeted survey of Paso del Norte region
  - More than 5,000 total respondents
  - Matched regional & national sample



# Measures of Blame for Obesity



# Competing Obesity Narratives

- **Moral Failure**

*"Obesity is such a big problem because too many people don't take personal responsibility for eating right and exercising. It's disgusting."*

- **Addiction**

*"Obesity is such a big problem because too many people get hooked on junk food and sugary drinks. They've become addicted and can't help themselves."*

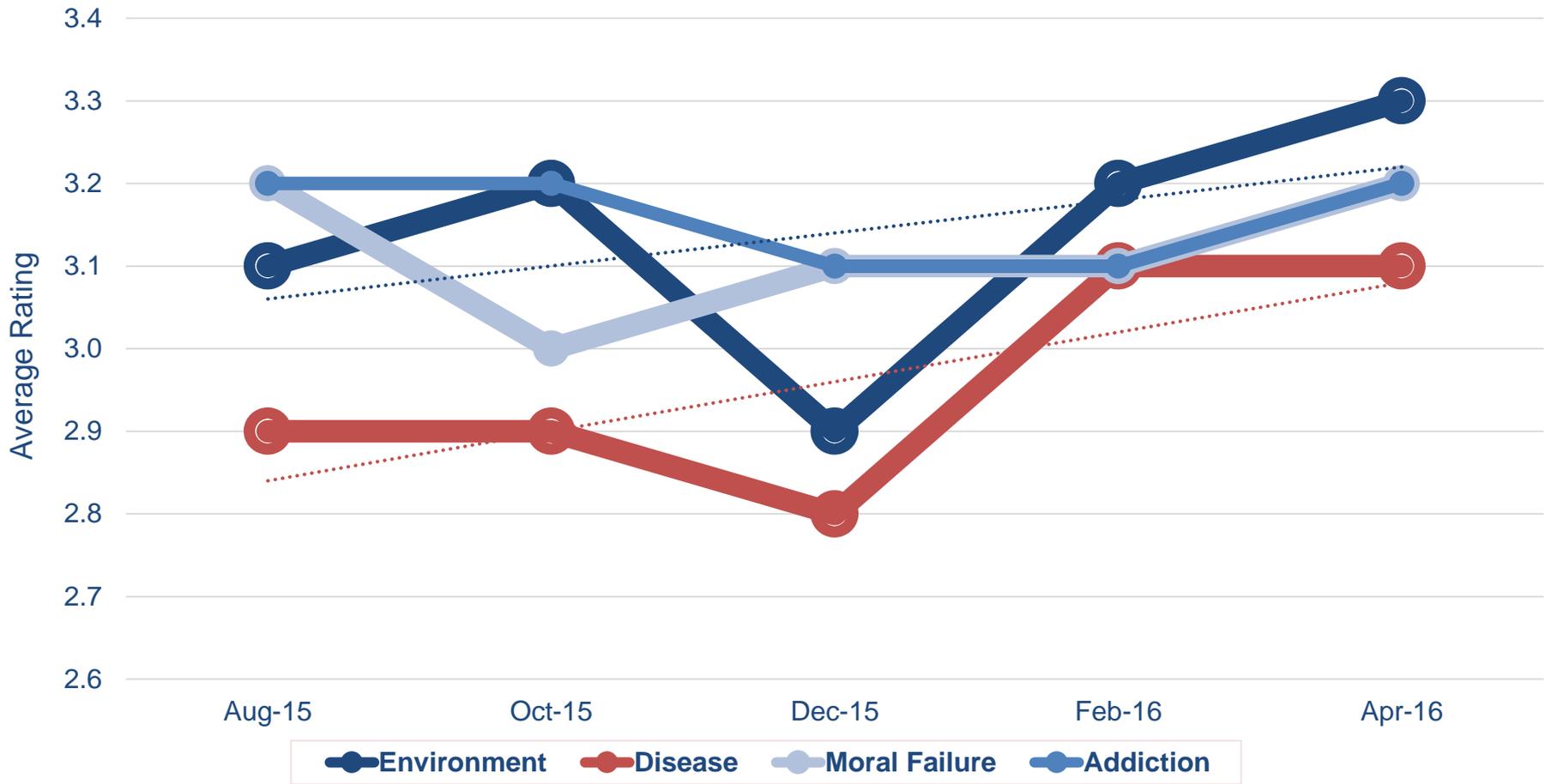
- **Environment**

*"Obesity is such a big problem because the food industry sells so much unhealthy food while modern lifestyles make adequate exercise impossible."*

- **Disease**

*"Obesity is such a big problem because too many people get blamed for this disease instead of getting the medical help they need."*

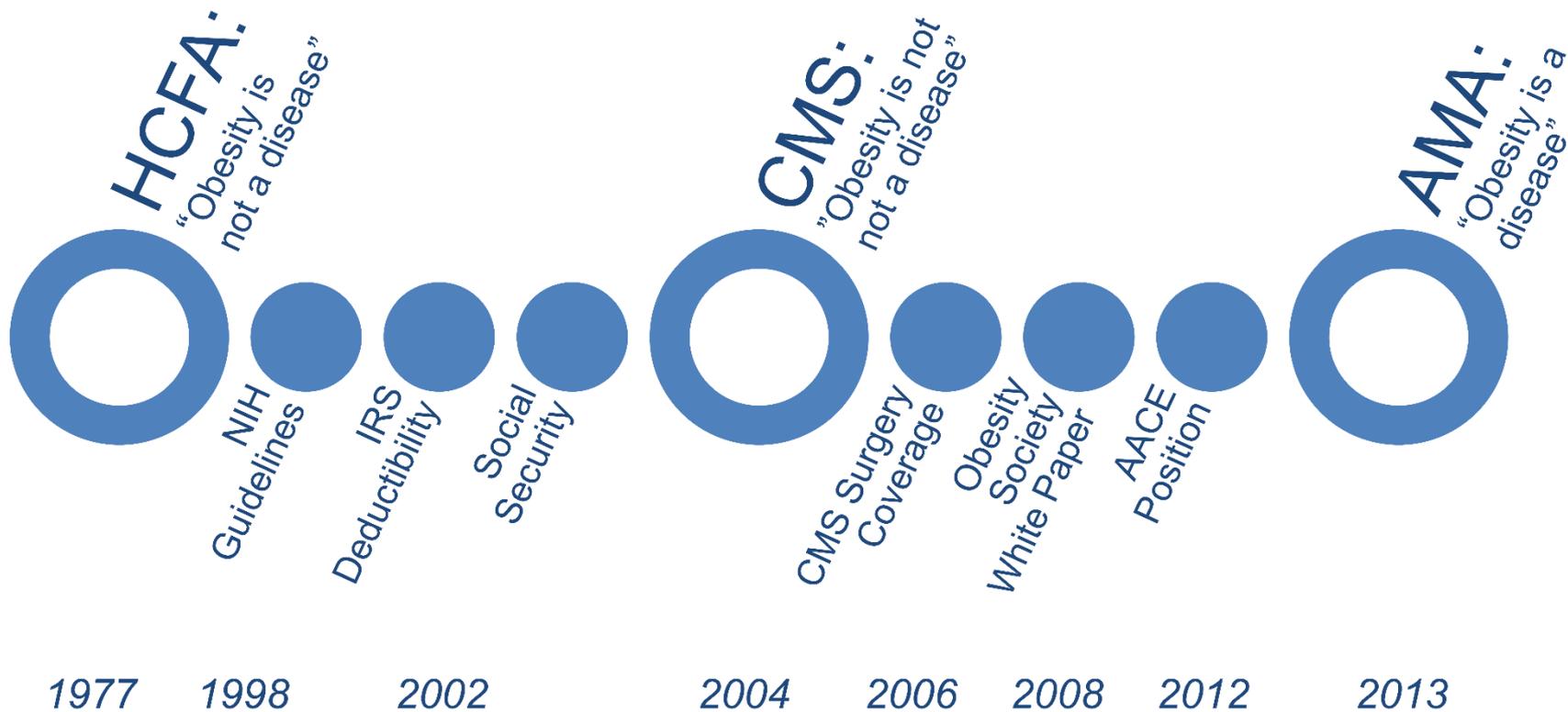
# Public Agreement with Obesity Narratives



# Evidence of Progress in Access to Care

Progress and Challenges in the Chronic Disease of Obesity

# Milestones in Regarding Obesity as a Disease



# CMS Expanding Coverage of Diabetes Prevention & Obesity Care

☰ POLITICO

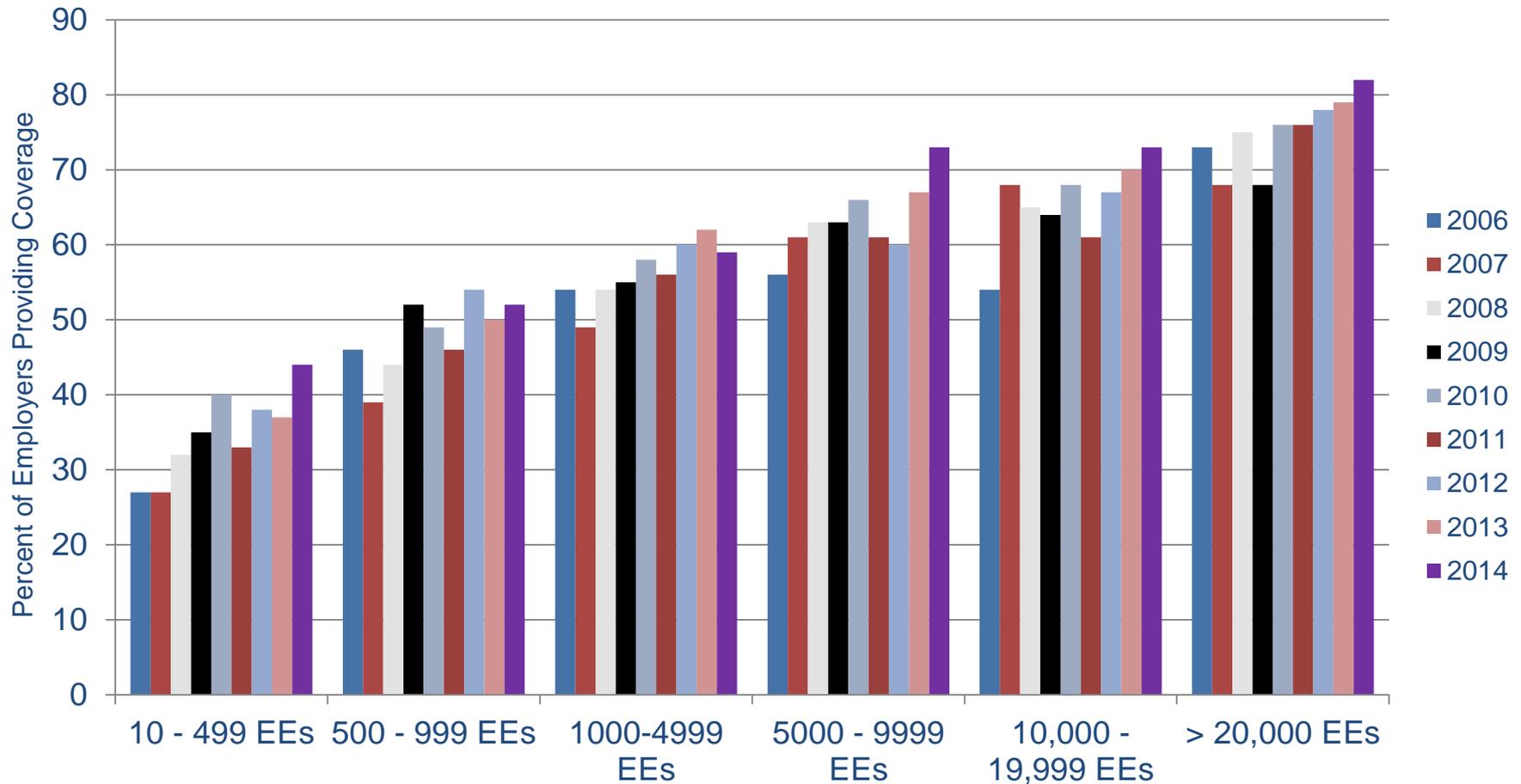


"This is the first-ever prevention program to be certified [as a money-saver] in this way," said HHS Secretary Sylvia Mathews Burwell. "Now we know this kind of prevention saves money." | AP Photo

## Diabetes prevention programs score Medicare endorsement

By DARIUS TAHIR | 03/28/16 06:07 PM EDT

# Bariatric Surgery Coverage in Employer Health Plans Steadily Improving



Source: Ethicon Mercer National Survey of Employer Sponsored Health Plans, 2006-2014

# Improvement in Obesity Med Coverage Largely Anecdotal

- Transparency lacking
- 2014: OPM warns against excluding obesity meds from federal employee plans
- 2015: NCOIL calls for coverage of the “full range of obesity treatments”
- Formularies with 74 million covered lives now include obesity meds
  - Aetna and Express Scripts began covering obesity meds in 2012
  - Saxenda was added to the CVS Caremark 2016 formulary

# Summary

- **Obesity is a complex chronic disease**
- **Blaming and shaming people with obesity**
  - Leads to worse health
  - Is all too common
- **Bias has fostered unhelpful policies**
- **We see encouraging signs of progress toward better policies and practices**

# More Information

---

- **More information:**  
**[www.conscienhealth.org/news](http://www.conscienhealth.org/news)**
- **For these slides:**  
**<http://conscienhealth.org/wp-content/uploads/2016/08/aade16.pdf>**