Gaps Between Public Health Policy and the Reality of Obesity

*The Necessity of Advocacy*

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Disclosures

- Professional fees
  - Gelesis
  - Johnson & Johnson
  - Novo Nordisk
  - Nutrisystem
  - The Obesity Society

- Personal biases that favor:
  - Evidence-based interventions, both prevention and treatment
  - Respect for people living with obesity
  - Critical thinking about all evidence
Presentation Objectives

• Review the history of efforts to address the obesity epidemic
  – Policy, prevention, and clinical care
  – Objective outcomes

• Discuss the challenge of prevailing bias
  – Research agendas and funding
  – Lived experiences with obesity
  – Health policy related to obesity
  – Clinical care

• Identify indications of progress

• Discuss the essential role of advocacy
Obesity Is Not What We Thought It Was

A Brief History of Efforts to Overcome Obesity
Four Decades of Relentlessly Rising Obesity

Source: CDC NHANES data
Infant and Adult Obesity

Obesity is the most important nutritional disease in the affluent countries of the world. In the absence of an internationally agreed criterion for diagnosis an exact figure for prevalence cannot be given, but surveys in Britain and the United States show that about a third of the population is overweight to an extent associated with diminished life expectancy.¹

The exact significance of hyperplastic and hypertrophic obesity is still not clear, but on balance the evidence suggests that we need to be more vigilant in preventing obesity throughout childhood. Probably the obese adult can never be “cured”, but most obesity could, with care, be prevented.

doi: 10.1016/S0140-6736(74)93004-9
Four Decades of Ineffective Efforts to Reduce Obesity

- **1974**
  Most Obesity Could, with Care, Be Prevented

- **1986**
  “Unique Merits of Low Fat for Weight Control”
  doi: 10.1016/0306-9877(86)90125-8

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doi: 10.1093/ajcn/68.4.899
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- **2003**
  Low Carb Diets Gain Prominence

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**A Randomized Trial of a Low-Carbohydrate Diet for Obesity**

Gary D. Foster, Ph.D., Holly R. Wyatt, M.D., James O. Hill, Ph.D., Brian G. McGuckin, Ed.M., Carrie Brill, B.S., B. Selma Mohammed, M.D., Ph.D., Philippe O. Szapary, M.D., Daniel J. Rader, M.D., Joel S. Edman, D.Sc., and Samuel Klein, M.D.

May 22, 2003
DOI: 10.1056/NEJMoa022207
Four Decades of Ineffective Efforts to Reduce Obesity

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• 2010
  Let’s Move! doi: 10.1089/chi.2012.0800.obam
Now: Turning to Plant-Based Diets to Reduce Obesity and Save the Planet

“The Global Syndemic represents the paramount health challenge for humans, the environment, and our planet in the 21st century.”

The Lancet

The best science for better lives
Big Promises for Plant-Based Diets To Reduce Obesity and Save the Planet

Compared with typical Western diets with high amounts of animal products, healthy plant-based diets are not only more sustainable, but have also been associated with lower risk of chronic diseases such as obesity, type 2 diabetes, cardiovascular disease, and some cancers.

If widely implemented, interventions and policy changes that shift the globe towards healthy plant-based dietary patterns could be instrumental in ensuring future personal, population, and planetary health.

Prevalence of BMI < 25 May Be Bottoming Out

Sources: Fryar et al, NCHS E-Stats, 2020
But Obesity and Severe Obesity Are Still Growing

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But Obesity and Severe Obesity Are Still Growing

Obesity Will Reach 50% Prevalence by 2030

Growing Fastest, Severe Obesity Will Reach 25%

"Building on our previous work, we have been able to document the steadily rising levels of severe obesity, modeled on adult criteria of class I, II, and III obesity, with the rise of children with severe obesity having been the most significant."

- Skinner et al, Pediatrics, 2018
The Pandemic Made Things Worse for the Youngest Children with the Most Obesity

Source: Lange et al, 2021.09.17, MMWR
Older Children May Have Experienced Less Effect on Obesity

Source: Lange et al, 2021.09.17, MMWR
Why Has Progress Been So Elusive?
Obesity Is Not What We Thought It Was

The Challenge of Bias
About Obesity and Against the People Who Have It
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 Get in the Way of Reducing the Harm of Obesity

• Intellectual bias favoring personal convictions

• Weight bias directed at people with obesity
People Typically View Obesity as the Result of Poor Choices
“Let’s confront the elephant in the room. Healthcare policy should promote personal responsibility, rather than encourage free riders. In America we are free to overeat and under-exercise but we have no right to make innocent bystanders pay for the consequences.”

– Marilyn M. Singleton, MD, JD
Past President, Association of American Physicians and Surgeons
Jan 11, 2020
The Truth Is That

Obesity Is a Highly Heritable Chronic Disease

- Heredity plays a dominant role in obesity risk
- But environmental factors serve to activate it
- Of course, people can choose what to do about it

Heritability 70%

Source: Musani, Erickson, and Allison, 2008, AJCN
Is It All About Energy Balance?
Is It All About Energy Balance?

NOT EXACTLY!
How About Carbs and Insulin?

Dynamic Phase of Obesity Development in the Carbohydrate-Insulin Model

1. HIGH-GLYCEMIC-LOAD DIET
2. Insulin to glucagon ratio
3. Insulin sensitivity greater in adipose (vs. muscle, brain)
4. Genetic, perinatal factors, Dietary protein effects
5. GIP-dominant incretin secretion
6. Preference for fast-digesting carbohydrates
7. Central ANS
8. Energy intake
9. Energy expenditure

Source: Ludwig et al, AJCN, 2021.09.13
How About Carbs and Insulin?

Low-carbohydrate ketogenic diets in body weight control: A recurrent plaguing issue of fad diets?
Yves Schutz  |  Jean-Pierre Montani  |  Abdul G. Dulloo

4.6  |  **Limits of the carbohydrate-insulin model**

The carbohydrate-insulin model of obesity, which often forms the basis for limiting dietary CHO and hence for promoting low-CHO diets,\(^9\) considers the insulin released by CHO-containing meals to exert only “anabolic” effects—by diverting fuel substrates to storage in adipose tissues thereby leading to a state of cellular starvation in metabolically active tissues that would trigger increased appetite and
In Fact, Multiple Factors Are Driving Obesity Rates
Interacting with Complex, Adaptive Systems

Bias Influencing Clinical Care and Lived Experience

Obesity Is Not What We Thought It Was
Health Professionals Harbor Bias Against Patients with Obesity

Presumptions that larger patients are:

- 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.
Prevalent Bias About 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
Living with Discrimination Makes People Sicker

Pathways from stress to obesity

Source: Tomiyama, 2019, Ann Rev Psych
Bias Drives Policy Decisions That Affect Clinical Care

“Prevention obviously has to be the primary strategy for dealing with obesity, because there’s just too much obesity to treat.”

Nathalie, photograph © Garen Dibartolomeo
Good Obesity Care Requires Access To the Full Range of Obesity Care Tools

- Self-Care
- Professional Lifestyle Therapy
- Pharmacotherapy
- Surgical Care
- Post Surgery Care
Bias Makes It Easy for Health Systems to Discourage 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
• But obesity complications are fully covered
For Obesity
the Standard of Care Is No Care

- Most PCPs do not routinely address obesity
- If they do, they merely instruct the patient to lose weight
  - Referral to IBT is uncommon
  - Most physicians will not consider drug therapy
  - Few are considered for surgery
Self-Care Is Often the Only Option Available for Obesity
A Sample of “Patient Counseling” Delivered on the Way Out the Door

April 5, 2018

Patient Information
For:  ● ● ●  DOB:  ● ● ● ● ● ●

Healthy Eating

Healthy Eating for a Healthy Weight

Your BMI today: 26.97

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<th>Normal</th>
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<th>3rd Most Recent</th>
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<tr>
<td>Your past BMI</td>
<td>&lt; 25</td>
<td>26.97</td>
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- below 23 is underweight
- 23 to 24.9 is normal
- 25 to 29 means you’re overweight
- 30 or more indicates obesity

A healthy lifestyle involves many choices. Among them, choosing a balanced diet or eating plan. So how do you choose a healthy eating plan? Let’s begin by defining what a healthy eating plan is.

According to the Dietary Guidelines for Americans, a healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars
- Stays within your daily calorie needs
Bias Influencing Health Policy

Obesity Is Not What We Thought It Was
Bias Favors Simplistic Policy Solutions
Correlations Can Become Foundations for Policy

Surprised by diet soda tax, some health experts say: Why not?
Updated: JUNE 11, 2016 — 1:07 AM EDT
by Don Sapatkin, Staff Writer
Philadelphia City Council’s decision to include diet drinks in a proposed beverage tax took public.

If You’re Trying to Lose Weight, Avoid This One Food at All Costs
Toss out those Splenda packets, stat! They won’t move the scale in the right direction.
BY BROOKE NELSON
Myths and Presumptions Become the Basis for Policy Decisions

- Low-fat dietary recommendations
- Reliance on breastfeeding programs to prevent childhood obesity
- Investments to eradicate food deserts
- Restaurant menu labeling

Allegory, painting by El Greco / National Galleries Scotland
Fear and Dread Campaigns Are Unhelpful

BMI Measurement in Schools

Allison J. Nihiser, MPH; Sarah M. Lee, PhD; Howell Wechsler, EdD; Mary McKenna, PhD; Erica Odom, MPH; Chris Reinold, PhD, RD; Diane Thompson, MPH, RD; Larry Grummer-Strawn, PhD

CONCLUSION: Schools initiating BMI-measurement programs should adhere to safeguards to minimize potential harms and maximize benefits, establish a safe and supportive environment for students of all body sizes, and implement science-based strategies to promote physical activity and healthy eating.
Possible

Unintended Consequences of Screening

- Perception of overweight explains the association between high BMI, depression, and suicidality
- Risk/benefit assessment of screening should consider the possibility for unintended consequences
BMI Screening in Schools Has No Benefit and Possible Harm

Body mass index reports alone do not improve children’s weight status and may decrease weight satisfaction. To improve student health, schools should consider investing resources in evidence-based interventions.

Effect of School-Based Body Mass Index Reporting in California Public Schools
A Randomized Clinical Trial

Kristine A. Madsen, MD, MPH; Hannah R. Thompson, PhD, MPhil; Jennifer Linchey, MPhil; et al
So Where Do We Go from Here

The Pathway to Progress in Reducing the Harm of Obesity
In 1977, Obesity Was Officially Not a Disease

Milestones in Regarding Obesity as a Disease

- **1977**: HCFA: "Obesity is not a disease"
- **1998**: NIH Guidelines
- **2002**: IRS Deductibility
- **2004**: Social Security
- **2006**: CMS: "Obesity is not a disease"
- **2008**: CMS Surgery Coverage
- **2012**: Obesity Society White Paper
- **2013**: AAACE Position

Source: Kyle et al, Regarding Obesity as a Disease, *Endocrinol Metab Clin N Am*, 2016
Progress Since AMA Recognized Obesity as a Complex, Chronic Disease

- >5,000 board certified obesity medicine physicians
- AAPeds recognizes the value of bariatric surgery
- Growing regard for the lived experience
- Growing R&D investment by pharma
Explicit Bias Is Down, but Implicit Bias Is Growing

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Source: Charlesworth & Banaji, 2019, *Psychological Science*
Diverse Perspectives About Obesity

• Fat acceptance
Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®

Fencing at FNCE: HAES and Weight Management

Yesterday at FNCE, dietitians witnessed an event with a split personality. Was it a debate? Or was it a conversation? The title said it was both—a debate and a conversation on weight management and Health at Every Size®. (People in the HAES movement want you to know, that’s their trademark.)
Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®
- Self stigma

"I’ve struggled my entire life trying to manage my weight, and I suck at it."

Photograph Andy Thornley / Wikimedia Commons
Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®
- Self stigma
- Disordered eating
Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®
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- Disordered eating
- Cycles of weight loss and gain

Yo-Yo Dieting: A Seductive Mix of Myth and Reality
Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®
- Self stigma
- Disordered eating
- Cycles of weight loss and gain
- Informed and engaged

Photograph © Obesity Action Coalition / OAC Image Gallery
Catastrophizing Obesity Causes Problems

Everything You Know About Obesity Is Wrong

For decades, the medical community has ignored mountains of evidence to wage a cruel and futile war on fat people, poisoning public perception and ruining millions of lives.
Weight Inclusive Health Trends

Maintenance Phase

Wellness and weight loss, debunked and decoded.

Subscribe on Apple Podcasts, Stitcher, Google Podcasts, or Spotify.
Catastrophizing Creates Emotional Triggers

UNIVERSITY PROPOSES BAN ON WORD ‘OBESITY’ TO FIGHT WEIGHT STIGMA AND FATPHOBIA IN PUBLIC HEALTH

‘Remember, you cannot tell someone’s health on the inside by looking at their size on the outside’

Source: The Independent, 2022.05.19
Opportunities

• Objectivity
  – Acknowledge evidence gaps
  – Use robust research to inform policy

• Curiosity
  – To better understand obesity
  – To build a stronger evidence base

• Care for people with obesity
  – Improve awareness of bias and eliminate it
  – Respect diverse perspectives
  – Translate robust evidence into practice

Respect, photograph © Nathan Siemers / flickr
Patients with Obesity Bring a Lifetime of Experiences into a Visit

“I don’t like going to the doctor to begin with. I’m really tired of ‘pop some pills, don’t do nicotine, and lose some weight.’ I’m a very modest person. Super uncomfortable with showing my body. I was having health issues and they were trying to eliminate possibilities.”
A Blood Pressure Cuff That Doesn’t Fit

First up: blood pressure. The nurse puts the cuff on my arm and it doesn’t work. She grabs a different one, apologizes it’s smaller, but the big one isn’t working. Why not go get a bigger one? But she uses the smaller one and it was so tight it bruised my arm.
Next up: EKG. She digs in a drawer in the room and pulls out a gown, says sorry, there aren't any bigger ones in here. Why not go get a bigger one? That one was so tight, I could barely get my arms in it. And I couldn't hold it shut (had to be open in the front) because it wasn't big enough. I was so embarrassed."
The shame was so intense; I couldn’t even advocate for myself and request things the right size. How can a nurse care so little about how things too small made me feel? And our clinic wonders why I don’t come in more often. Why would I?"
Overcoming Bias Requires a Systematic Effort

- Examine implicit biases
- Listen first to people living with obesity
- Practice the five A’s, asking first
- Meet patients where they are
- Make shared decisions a priority
The Critical Need for Advocacy
Empowering Families and Youth
The Impact on Families and Youth Is Great

Classmate’s bullying over weight led girl, 12, to kill herself, suit claims

Updated Apr 23, 2019; Posted Apr 22, 2019

11-Year-Old Commits Suicide After Incessant Bullying Over His Weight

Phillip Spruill Jr.’s little brother was also bullied with homophobic slurs.
How Well Does Health Policy Serve Basic Principles of Healthcare Ethics?

- **Autonomy**
  - Tell the truth and let people decide for themselves

- **Nonmaleficence**
  - Do no harm

- **Beneficence**
  - Do good

- **Justice**
  - Be fair and equitable


Awaiting Justice, photograph © Howard Ignatius / flickr
Key Problems with Policies for Obesity

- Relying on HEAL to prevent obesity
- Limiting treatment to diet & exercise

The Rising Tide, painting by Felix Vallotton / WikiArt
Advocacy Is Essential

- To demand respect for diverse lived experiences
- To bring accountability for policy outcomes
- To deliver better care, better health, and better lives

Respect, photograph © Nathan Siemers / flickr
Empowered Families and Youth Can Be the Most Effective Advocates for Change

• Ineffective policies
• Too few options
• Blame and shame
• Gross discrimination
• All compounded by self-stigma

Eugene, photograph © Garen Dibartolomeo
More Information

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