Since early 2015, Ted Kyle, RPh, MBA; and Joseph Nadglowski, Jr., OAC President and CEO, have participated with a distinguished group of thought leaders on the “Awareness, Care and Treatment In Obesity management (ACTION) Study” to investigate the barriers to obesity management from the perspective of people with obesity, healthcare professionals and employers.

Four years after the American Medical Association decided to regard obesity as a chronic disease, we have a serious action gap. Making it very clear was the publication of “Perceptions of the Barriers to Effective Obesity Care: Results from the National ACTION Study” and its related presentations at ObesityWeek, the largest scientific meeting on obesity.

The good news is that three major groups all regard obesity as a disease: people who have it, healthcare providers and employers. Yet, despite growing recognition of obesity as a disease, they leave it to patients alone to deal with it. Lead study author Lee Kaplan, MD, PhD, reflected on this gap, saying, “We need to fundamentally rethink obesity so that the public and healthcare community understand more about the biology, chronicity and overall health impact of this disease.”
Since the inception of the Obesity Action Coalition (OAC), we have always considered obesity a disease. The ACTION Study furthered our belief, but it also brought to light many other issues impacting individuals affected by obesity. The ACTION Study survey research assessed self-reported attitudes and responses to obesity with the following results:

- Among healthcare providers, 80 percent regard obesity as a chronic disease with an impact on health and life expectancy.
- For people living with obesity and for employers, the numbers are a bit smaller. Among people with obesity, 65 percent regard it as a disease. For employers, the number is 64 percent.

From our opinion, it was positively encouraging to see these groups recognizing obesity as disease, but digging into the follow-up questions, we saw some major disconnects/barriers that present opportunities for action. We’ll highlight a few in this article.

The disease of obesity is a lifelong disease that many of us begin to experience early on in childhood. In addition to the physical limitations that obesity often includes, individuals affected also frequently experience weight bias. The internalization of this bias, especially from a young age, can greatly impact how, and if, someone is going to address their weight with the help of a healthcare provider.

What did the research say?

The research looked specifically at why people with obesity don’t seek help. The disconnect was obvious. The main reason cited by patients was “managing weight is my own responsibility.” In fact, 82 percent of people with obesity felt “completely responsible” for dealing with it. It’s long been true that the public regards obesity simplistically as a matter of personal responsibility. These findings suggest that view is still dominant among people who are living with obesity. Adding to the failure to seek help was the view held by healthcare providers that people with obesity don’t seek help because they are too embarrassed to talk about it.

Obesity is one of the few diseases that we often feel is completely “our fault.” The truth is that there are many factors that impact someone’s weight. Working with a qualified healthcare provider to help you with your weight is one of the most important steps you can take to improve your weight and health. The simple truth is that we must address this disease with all hands on deck because obesity is not a simple issue that anyone should try to fix on their own.
Unfortunately, many of us self-diagnose our obesity by either weighing ourselves on a scale or calculating our body mass index (BMI); however, we rarely have a formal diagnosis from a healthcare provider. This is one of the major barriers when it comes to addressing obesity, as we often diagnose ourselves and then immediately try to do something about our weight with products and gimmicks that promise fast weight-loss, which can often be very unhealthy and actually harm us.

**What did the research say?**

Although all ACTION Study patient participants had obesity based on self-reported height and weight, only slightly more than half reported having a formal diagnosis of the disease of obesity by their healthcare professional (HCP).

Unfortunately, the expectation that people self-diagnose themselves with obesity is a major part of the problem. People are not expected to diagnose themselves with other chronic diseases, and this is an example of how obesity may be called a disease by healthcare professionals but isn’t always treated as one. In addition, putting the requirement of diagnosis of obesity in the hands of a healthcare professional may help us better deal with the limitations of BMI.
The patient-HCP dialogue about obesity was another area that showed interesting data and definite room for improvement. If you have ever tried to talk to your HCP about your weight, you know that the talk can often be frustrating and end with your HCP saying “eat less and move more.”

**What did the research say?**

First, less than three quarters of people with obesity reported that they had spoken with an HCP about their weight in the last five years.

Another interesting disconnect was around who initiated the conversations about weight, with patients saying nearly half the time they did and healthcare providers saying they did two thirds of the time. While some of the data on who starts the conversation about obesity may not be critical, what is critical is that we make such conversations less sporadic.

On a positive note, healthcare providers claimed to be comfortable talking about weight – although a limitation of the study is that we didn’t look at the quality of such conversations. However, less than a quarter of people with obesity say a follow-up visit was scheduled after their HCP talked to them.

As you can see here, there is much room for improvement. Would it be okay to let a patient go undiagnosed or not have a conversation about cancer, diabetes or any other chronic disease for five years? The answer is no, and it shouldn’t be in obesity. Additionally, why are HCPs talking to patients about their weight but then never scheduling a follow-up appointment? This is another example of how obesity is not being treated as a chronic disease, as it wouldn’t be acceptable to diagnose someone with diabetes and then not schedule a follow-up.

While the U.S. maintains itself as one of the wealthiest countries in the world, we still have much work to do in the area of health insurance. Throughout the years, we’ve seen some positive movements to help people with obesity; however, people affected often face a constant struggle. In recent years, many employers have begun to move more toward “wellness programs,” but unfortunately, these programs are often lacking in offering real solutions for people affected by obesity. Our ACTION research only further enforced our beliefs on this issue.

**What did the research say?**

Two data points stood out when looking at people with obesity compared to their employers. Only 13 percent of the people with obesity in the ACTION Study reported their employer offers insurance coverage for the medical treatment of obesity, and despite lots of talk about obesity, only 17 percent reported that employer wellness programs were helpful in supporting weight management options. This was despite 64 percent of employers recognizing obesity as a disease and 72 percent claiming their wellness programs were useful for their employees with obesity.

While employers seem to have the desire to improve the health of their employees, their offerings are not effectively supporting the weight-loss efforts of those with obesity. This research also further enforced the reality that employers and insurance providers need to get serious about providing real coverage of science-based options for people with obesity.
It’s time for the OAC, our fellow obesity community advocacy groups and all our combined memberships to take action.

CLOSING THE GAPS: IT’S TIME FOR ACTION

The ACTION Study highlighted that while obesity is generally perceived to be a disease, it’s not always being treated as such. It’s time for the OAC, our fellow obesity community advocacy groups and all our combined memberships to take action. We need to deliver the following messages to the public, healthcare providers and employers:

- Obesity is complicated and so much more than a failure of personal responsibility.
- Self-blame and shame are part of the problem, not part of the solution.
- It is okay to ask for help for your obesity from your HCP.
- If you have obesity, it is an HCP’s responsibility to diagnose it and you should expect them to do so.
- HCP’s should be having non-judgmental conversations about obesity with specific advice and follow-up (or referral to specialty care).
- Employers should provide access to science-based obesity care and re-look at the design and implementation of wellness programs.

With more than 90 million adults impacted by obesity in the U.S., the time for action is now. The statistics on obesity’s impact in a variety of areas, such as health, finance, military and more, are simply staggering. We can no longer allow HCPs, employers, insurers and policy makers to ignore this epidemic. The ACTION Study is clear evidence that we have serious issues impacting people with obesity, but we do not have serious answers...yet.

About the Authors:

Ted Kyle, RPh, MBA, is a health policy and communications expert who serves as Treasurer of the OAC National Board of Directors. You can find his daily blog at https://conscienhealth.org/news/

Joe Nadglowski, OAC President and CEO, has more than 25 years of experience working in patient advocacy, public policy and education. As a patient advocate who has publicly shared his own personal experience with obesity as well as those of OAC’s members on many boards, taskforces, workgroups and public testimony, Mr. Nadglowski was the recipient of the 2012 Society for the Study of the Alimentary Tract (SSAT) Public Service Award. As part of his advocacy work, he has dedicated a significant part of his work toward the recognition of weight bias, its impact on those with obesity and our nation’s efforts to combat it.

This was a very large study with more than 3,000 people with obesity, 600 healthcare providers and 150 employers providing data. More details on the ACTION Study, including a full list of those involved with its design, data collection and publication can be found at www.actionstudy.com.