



What Has Changed in 20 Years of Obesity Patient Advocacy?

From invisibility to a central role



Disclosures

- **Professional fees**
 - Amgen
 - Boehringer Ingelheim
 - Emerald Lake Safety
 - Novo Nordisk
 - Nutrisystem
 - Roman Health Ventures
- **Personal biases that favor:**
 - Evidence-based interventions, both prevention and treatment
 - Respect for people living with obesity
 - Critical thinking about all evidence

Presentation Objectives

- Examine progress in:
 - The understanding of obesity
 - Obesity care
- Explain how patient advocacy has played a central role
- Describe unfinished business



High Trestle Trail Bridge, photograph by Tony Webster / Wikimedia Commons

2005: Fear and Blame for Persons Living with Obesity

U.S. Surgeon General Carmona calls obesity ‘the terror within’

Shared By: [Will Sansom](#)

March 1, 2005



Carmona

U.S. Surgeon General Richard H. Carmona, who visited the Health Science Center for a Feb. 24 symposium on obesity in the Hispanic population, suggested that if the public viewed the current epidemic of obesity with the same seriousness as potential acts of bioterrorism, the United States would take a solid and necessary step toward becoming a healthier nation.

“Obesity is the terror within,” said Vice Adm. Carmona, an Arizona trauma surgeon appointed by President Bush in 2002 to head the U.S. Public Health Service. “It is eroding our society. It will bring a disease burden we can’t afford.”

2025: Persons Living with Obesity at the Center

 **frontiers** | Frontiers in Public Health

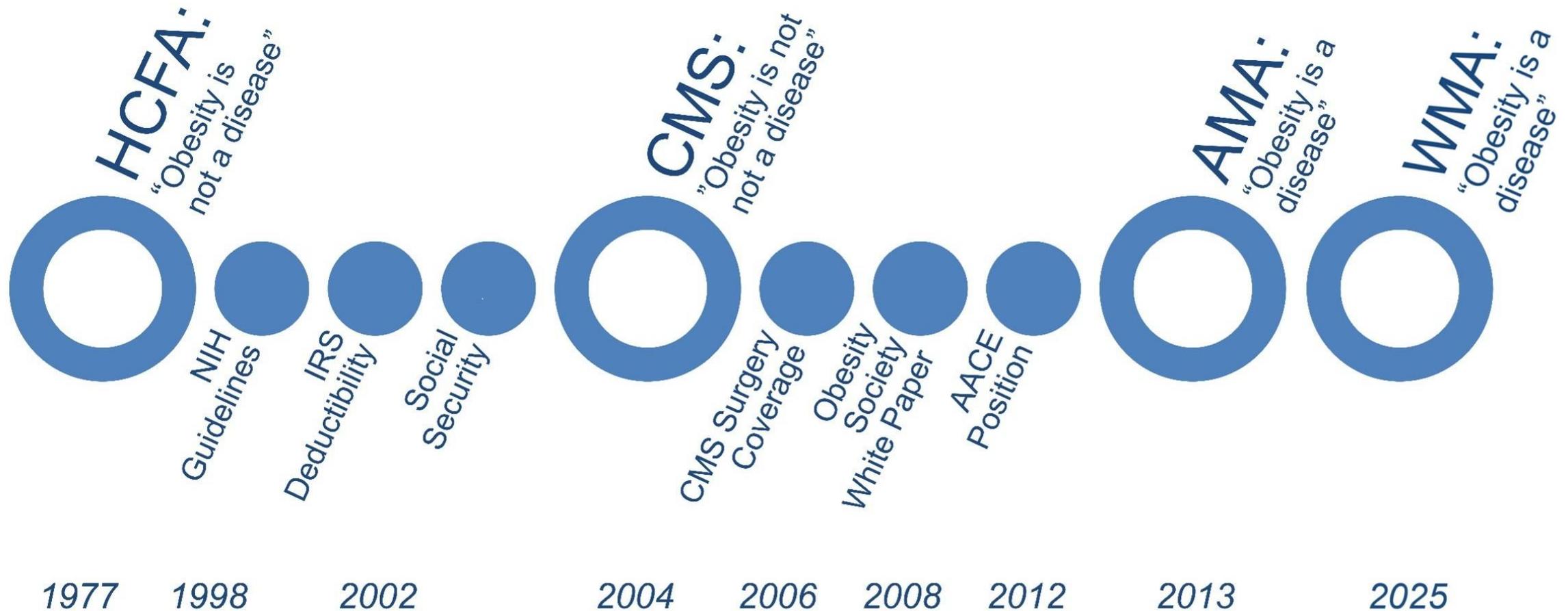
Tackling the complexity of obesity in the US through adaptation of public health strategies

Jamy Ard^{1*}, Amber Huett-Garcia² and Michele Bildner³

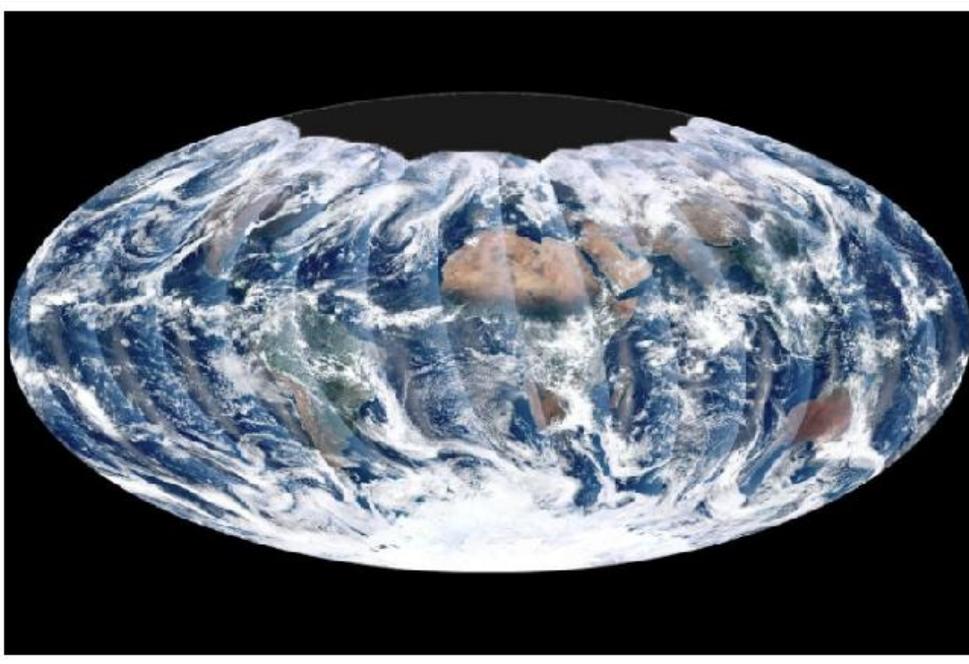
PUBLISHED 01 April 2025



The Progress Is Not Uniform, But It Is Global



The Progress Is Not Uniform, But It Is Global



Source: ConscienHealth, 2025.10.15

A Turning Point: WMA Recognizes Obesity as a Chronic Disease

The [World Medical Association \(WMA\)](#) has just taken a significant step forward in how the world's medical community understands and responds to obesity. Its newly adopted *Statement on Obesity*, approved this week at the WMA General Assembly in Porto, reframes obesity not as a social or lifestyle problem, but as a complex, chronic disease that requires evidence-based medical care.

From Social to Medical

For decades, global statements on obesity have focused mainly on prevention – urging governments to tax, regulate, and educate their populations. While these steps matter, they left a gap in acknowledging the clinical realities of people living with obesity. The new WMA statement fills that gap. It clearly describes obesity as “a widespread, long-term chronic disease” with biological, psychological, developmental, and social roots – and

That's progress. The WMA now explicitly recognizes the need for physicians and other health professionals to provide comprehensive, compassionate care using evidence-based tools — from behavioral therapy to pharmacotherapy and metabolic surgery. Earlier statements stopped short of naming that responsibility.

What Has Changed?
**Let's Review
This Wild Ride**



The Giant Racer, painting by Cyril Power / WikiArt



Old Bourke Hospital Bed, photograph by Matthew Perkins, CC BY-NC 2.0 via flickr

Our Wild Ride The Failure of Health Systems in Obesity

Since Forever, Health Systems Assumed Preventing Obesity Could Be Simple

1974

“Most Obesity Could, with Care, Be Prevented”

doi: [10.1016/S0140-6736\(74\)93004-9](https://doi.org/10.1016/S0140-6736(74)93004-9)

THE LANCET

Volume 303, Issue 7845, 5 January 1974, Pages 17-18

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](https://doi.org/10.1016/S0140-6736(74)93004-9)

And Treatment Was Seen as Futile

April 28, 1993

JAMA[®]

Futility and Avoidance

Medical Professionals in the Treatment of Obesity

Arthur Frank, MD

JAMA. 1993;269(16):2132-2133. doi:10.1001/jama.1993.03500160102041

Abstract

TWENTY years ago, I changed course in my internal medicine practice and decided, rather deliberately, to work on the problem of obesity. My friends, my colleagues, and my family thought I was crazy. The warnings were clear. "Don't risk your credibility and your career." "Don't venture into a part of medicine that no one takes seriously." "Don't move into the world of quacks and charlatans."

So Health Professionals Rarely Even Diagnosed It

 JAMA Internal Medicine

Research Letter

FREE

February 9, 2009

Underdiagnosis of Obesity in Adults in US Outpatient Settings

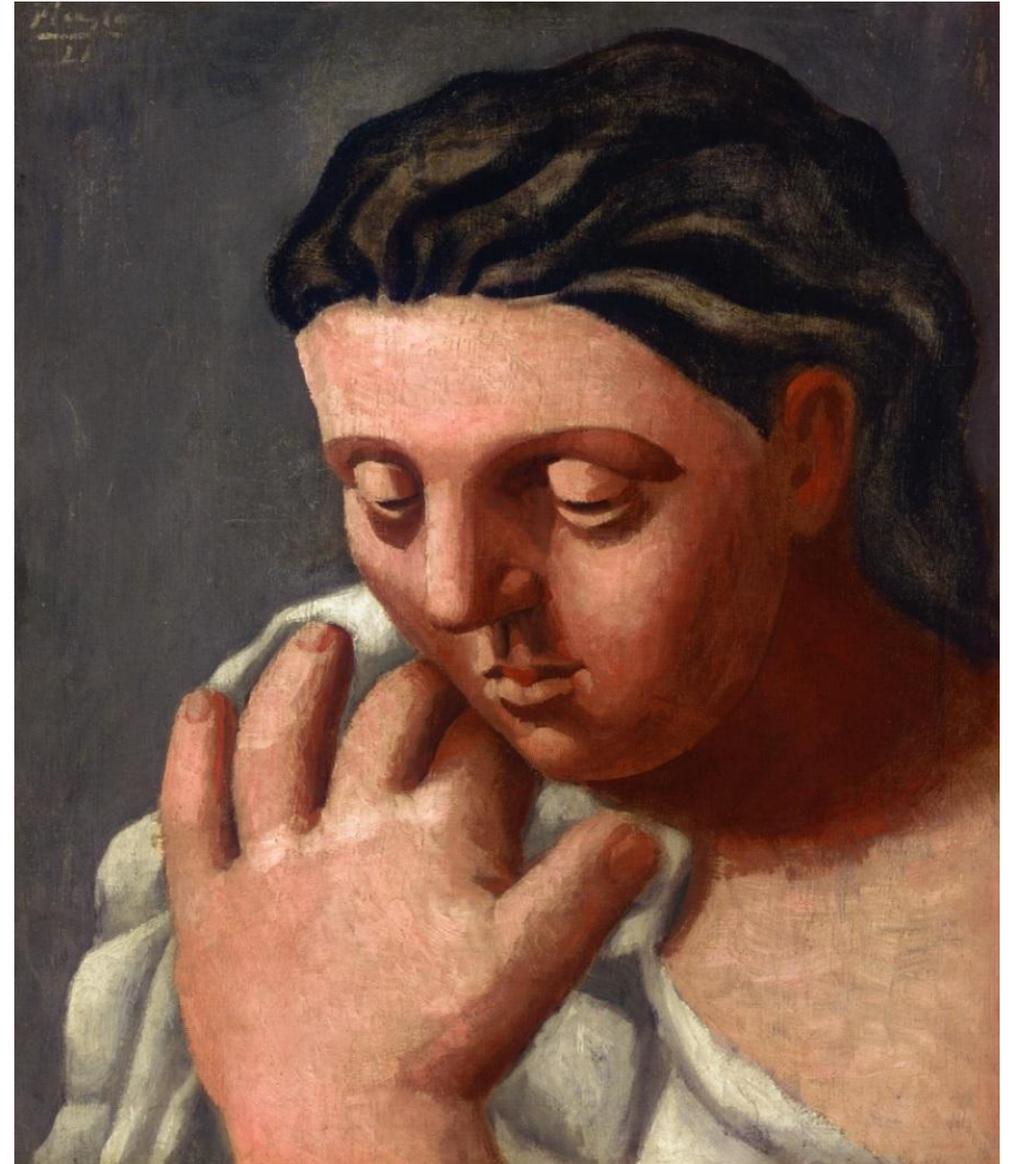
Jun Ma, MD, PhD; Lan Xiao, PhD; Randall S. Stafford, MD, PhD

Article Information

Arch Intern Med. 2009;169(3):312-316. doi:10.1001/archinternmed.2008.582

The Failure of Health Systems to Address Obesity Starts with Pervasive Bias

- About people living with obesity
- About obesity itself



Woman's Head and Hand, painting by Pablo Picasso / WikiArt

Key Facts About Obesity vs Prevailing Bias

- It is undeniable that obesity is a chronic disease.

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Key Facts About Obesity vs Prevailing Bias

- It is undeniable that obesity is a chronic disease.
- Obesity is driven by powerful underlying biology, not choice.

*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

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Key Facts About Obesity vs Prevailing Bias

- It is undeniable that obesity is a chronic disease.
- Obesity is driven by powerful underlying biology, not choice.
- The many health effects of excess weight can start early.

The New York Times

OPINION
GUEST ESSAY

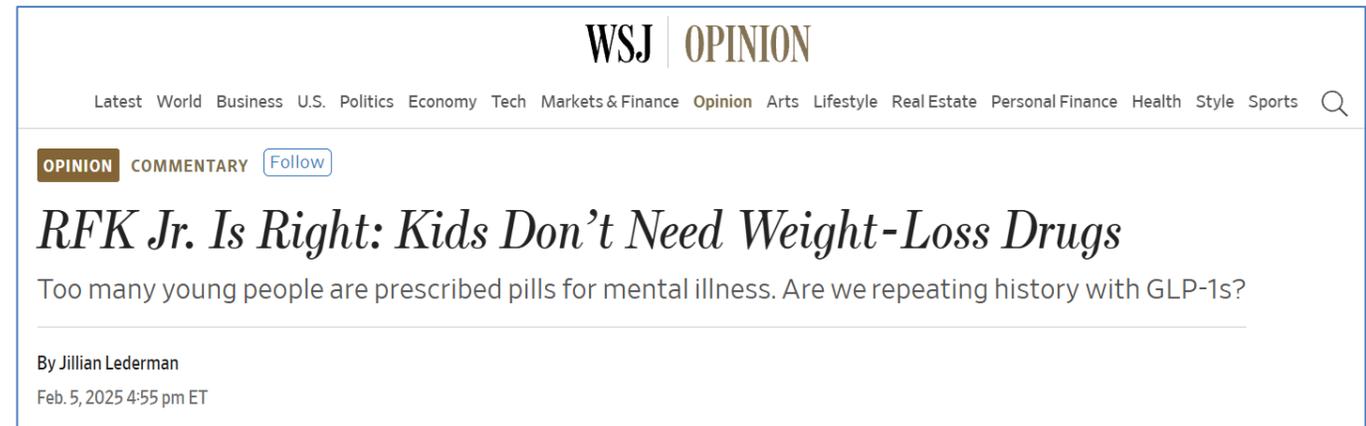
Why the New Obesity Guidelines for Kids Terrify Me

By Virginia Sole-Smith

Ms. Sole-Smith is the author of the forthcoming book "Fat Talk: Parenting in the Age of Diet Culture."

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The screenshot shows a WSJ Opinion article. At the top, it says 'WSJ | OPINION'. Below that is a navigation bar with links for 'Latest', 'World', 'Business', 'U.S.', 'Politics', 'Economy', 'Tech', 'Markets & Finance', 'Opinion', 'Arts', 'Lifestyle', 'Real Estate', 'Personal Finance', 'Health', 'Style', and 'Sports'. The article is categorized as 'OPINION COMMENTARY' with a 'Follow' button. The title is 'RFK Jr. Is Right: Kids Don't Need Weight-Loss Drugs' and the subtitle is 'Too many young people are prescribed pills for mental illness. Are we repeating history with GLP-1s?'. The author is 'By Jillian Lederman' and the date is 'Feb. 5, 2025 4:55 pm ET'.

Key Facts About Obesity vs Prevailing Bias

- It is undeniable that obesity is a chronic disease.
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- The many health effects of excess weight can start early.
- **Obesity is treatable.**

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I No Longer Think GLP-1s Are the Answer

— The drugs "work" but may be working against us long-term

by Christopher McGowan, MD

January 30, 2025 · 4 min read

The result? Many patients cycle on and off treatment, and in the end, the only thing they've lost is money -- upwards of **\$12,000 per year** (if their insurance doesn't cover it, and most plans don't).

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- **Obesity is treatable.**

“Bariatric surgery remains underutilized despite its proven efficacy in the management of obesity... overestimations of surgical risks and postoperative complications are common.”

[Home](#) > [Obesity Surgery](#) > [Article](#)

Providers' Knowledge and Perceptions of Bariatric Surgery: a Systematic Review

[Review](#) | [Open access](#) | Published: 23 September 2023

Volume 33, pages 3571–3601, (2023) [Cite this article](#)



[Obesity Surgery](#)

Key Facts About Obesity vs Prevailing Bias

- It is undeniable that obesity is a chronic disease.
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- The many health effects of excess weight can start early.
- Obesity is treatable.
- **Weight bias, stigma, and discrimination are harmful.**

“ Medicine, in particular, has to speak up and say that there are going to be consequences if you are morbidly obese. ”

Arthur L. Caplan, PhD

On Medscape, Oct 22, 2022

Key Facts About Obesity vs Prevailing Bias

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- **Weight bias, stigma, and discrimination are harmful.**

“Sometimes patients need a spanking”

A leading metabolic surgeon
March, 2025

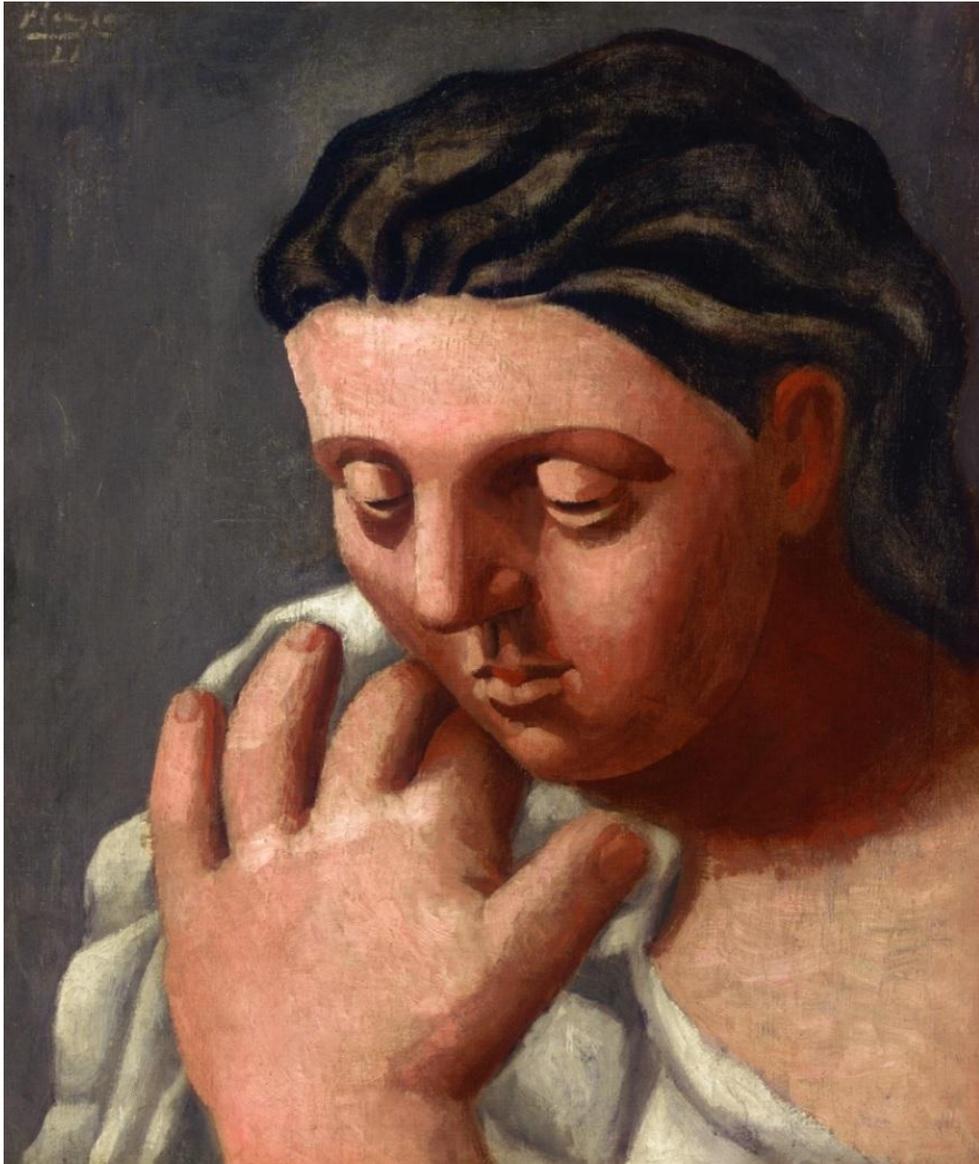
Prevailing Bias Often Wins Over Facts on Obesity

- It is undeniable that obesity is a chronic disease.
- Obesity is driven by powerful underlying biology, not choice.
- The many health effects of excess weight can start early.
- Obesity is treatable.
- Weight bias, stigma, and discrimination are harmful.
- *“Weight loss is the answer”*
- *“Let’s make the healthy choice the easy choice”*
- *“Maybe they’ll grow out of it”*
- *“Prevention is the best answer”*
- *“They did this to themselves”*



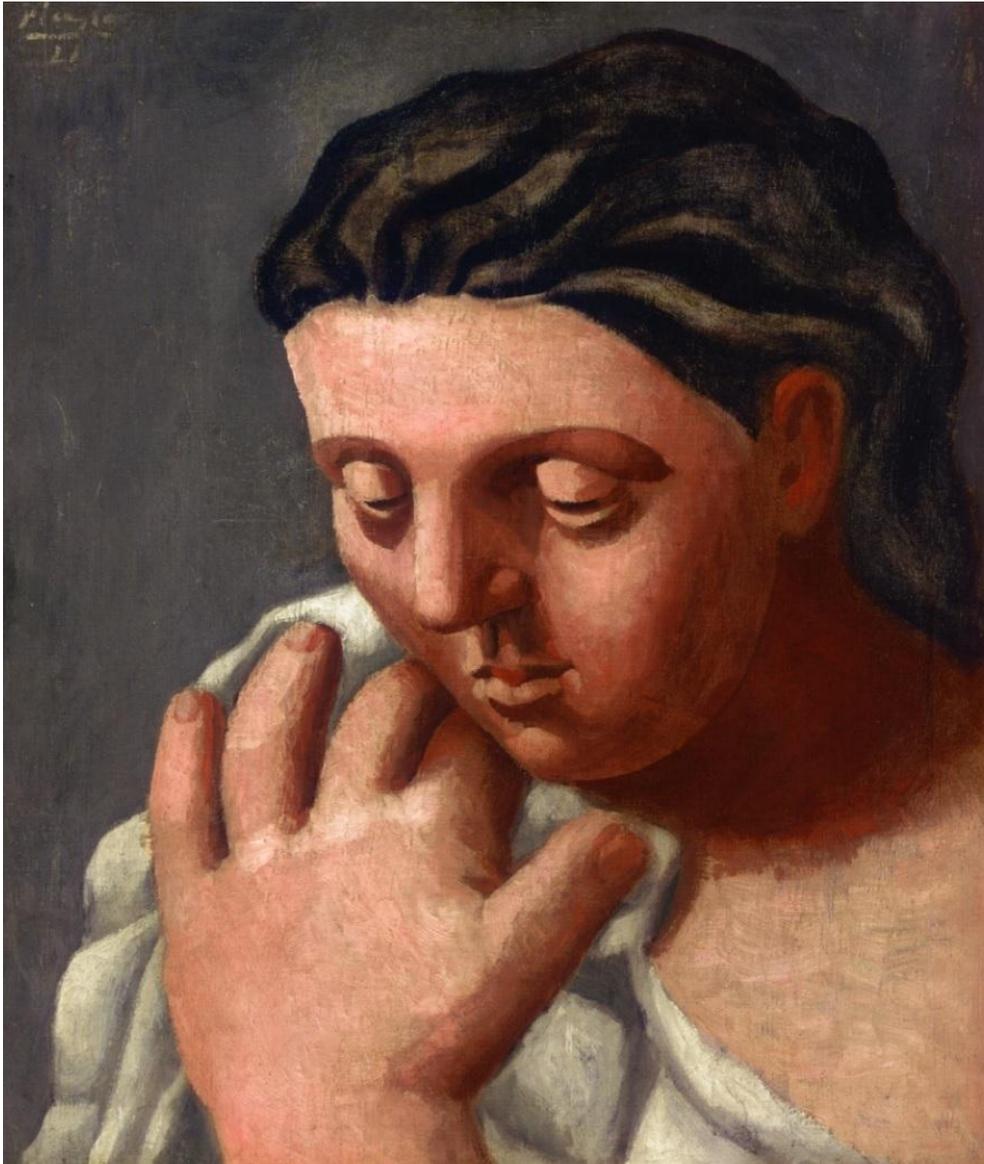
Rose and Amélie, painting by Edvard Munch / WikiArt

What Has Changed? Current Dynamics in Obesity Care



Woman's Head and Hand, painting by Pablo Picasso / WikiArt

Current Dynamics
**Obesity Medicines
Are Changing the
Lived Experience
of Obesity**



Woman's Head and Hand, painting by Pablo Picasso / WikiArt

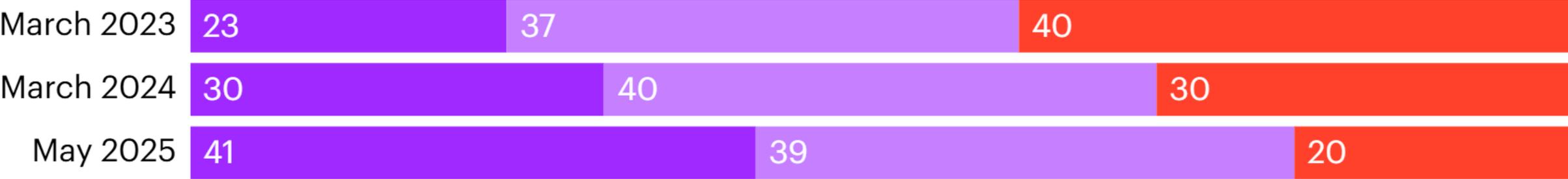
“The lived experience of obesity is clearly much more complex than the typical societal narrative, and just like in other areas of healthcare, the lived experience offers a richness of information that should be better understood and translated. This may also help to regain compassion and empathy in both wider and focused healthcare approaches related to obesity.”

– Flint et al in *Diabetes, Obesity and Metabolism*, 2025

Awareness of New Obesity Medicines Is Growing

How much have you heard about or read in the news recently about an antidiabetic and weight loss drug called semaglutide (sold under the brand names Ozempic, Wegovy, and Rybelsus)? (% of U.S. adult citizens)

A lot A little Nothing at all



March 22 - 27, 2023
March 11 - 13, 2024
May 22 - 25, 2025

These Drugs Move Many People to Say They Are Life-Changing

“ Even though I started taking it for my heart health, I’ve been struck by how much better it has made me feel across the board. It’s made a significant impact on my overall health. Aches, pains and stiffness have vanished. Physically, I feel a decade younger, as well as clearer-headed and more optimistic than I’d been in years. As far as side effects, I’ve also lost around 20 pounds.

And it’s not just me; millions of Americans have experienced similar life-changing benefits, regardless of why they started on these medications. ”

The New York Times

John Fetterman: This Drug Changed My Life. More Americans Need Access.

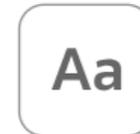
April 8, 2025



Weight-loss drugs draw Americans back to the doctor

By Deena Beasley

December 16, 2024 8:58 PM EST · Updated 5 months ago



More People Are Seeking Care

“This is a population that previously felt stigmatized by health care providers and often didn't return. But now that they're actually seeing themselves get healthier, asking clinicians questions and engaging more, I do think we're seeing new patients.”

*– Obesity Medicine Physician Rekha Kumar,
interviewed by Deena Beasley for Reuters,
December 17, 2024*

But These Medicines Are Out of Reach for Many People



Apple Out of Reach, illustration from ChatGPT 4o image generation

“The initiation of newer obesity medicines in overweight and obesity remains low, but uptake has increased exponentially since 2022. Our findings reveal significant disparities in obesity care, highlighting the importance of addressing inequities in obesity medicine access to improve obesity outcomes.”

– Radwan et al in *Diabetes, Obesity and Metabolism*, 2025

Health Systems Can't Yet Deliver Obesity Care at Scale

Obesity Care at Scale Will Profoundly Change Health Systems

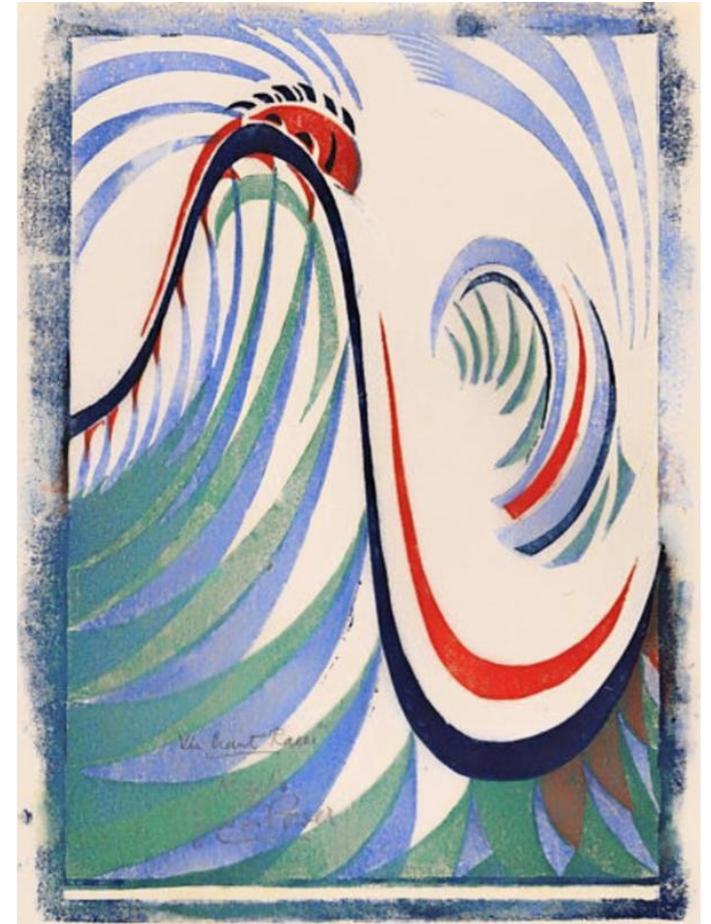
Think about it. Profound change is coming to healthcare and health systems because of the imperative for obesity care at scale. Right now, we are seeing only a faint glimmer of the changes that lie ahead.

That's because the biggest struggles with this change are very basic. Lilly and Novo Nordisk are straining to produce enough of their new obesity medicines to meet long-suppressed demand for obesity treatment. Only after these companies and their competitors begin to meet the demand will the full magnitude of change be apparent as it ripples through health systems.

The First Wave

The first wave of change to healthcare is most apparent in primary care and metabolic surgery.

Primary care has been so ill-equipped to provide adequate obesity care that many patient are seeking care in other settings. The most obvious of these is [telemedicine](#). Innovators like Ro, Form Health, and many others are investing in providing credible obesity care. If persons with obesity [may feel less stigma](#) in this setting, then this option may be a force for positive change.



Payers Are Desperate to Limit Access

The New York Times

OPINION
GUEST ESSAY

The Miracle Weight-Loss Drug Is Also a Major Budgetary Threat

March 4, 2024



But Resistance Is Futile

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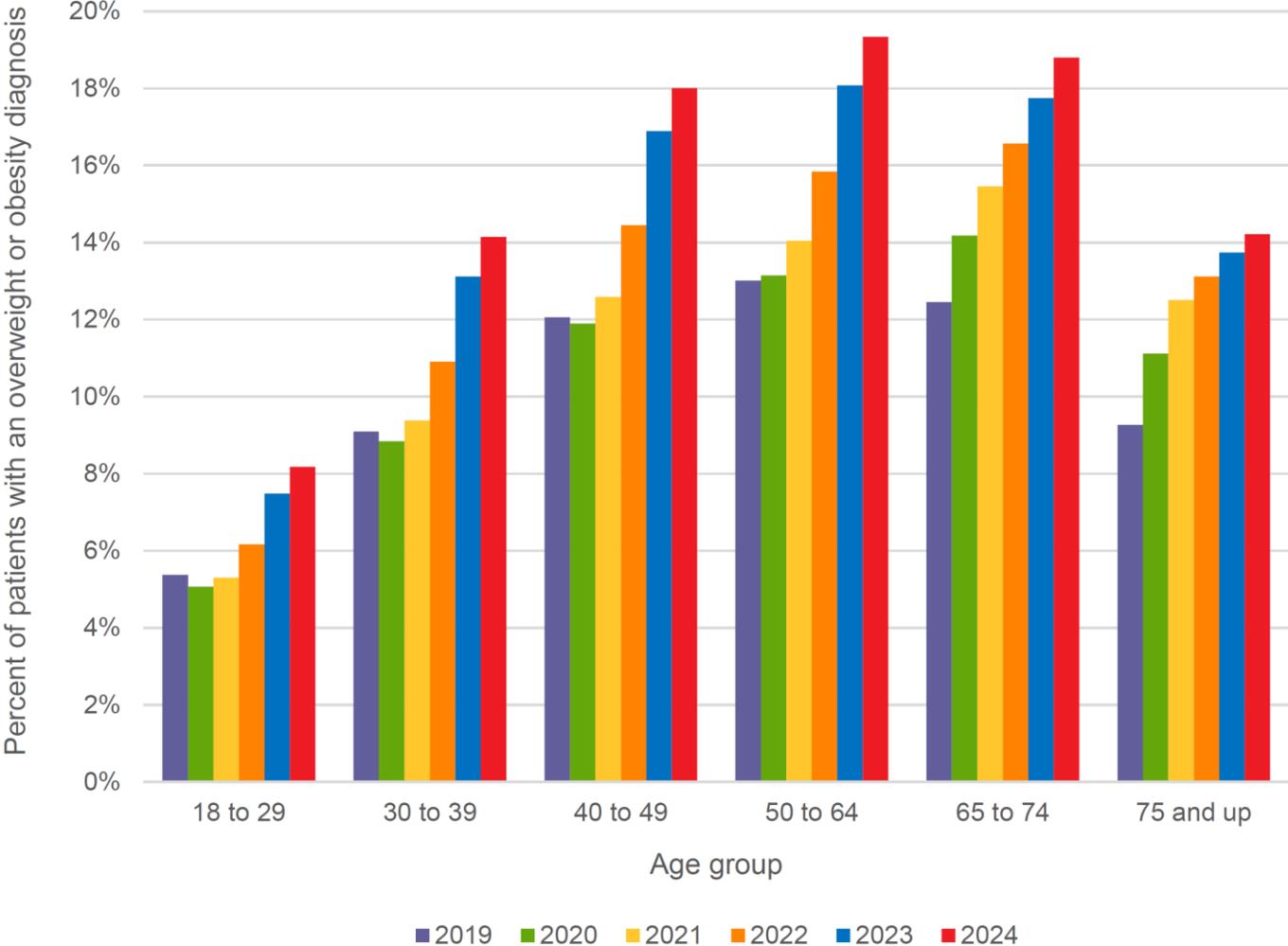
HEALTH | PHARMA

Should Everyone Be Taking Ozempic? Doctors Say More People Could Benefit

Anti-obesity drugs are showing promise for ever-expanding list of diseases

By *Peter Loftus* May 25, 2025 10:00 pm ET

With GLP-1s Approved for Obesity, the Rate of Diagnosis Has Risen 50% in Just Five Years



Source: FAIR Health white paper, Obesity and GLP-1 Drugs, May 27, 2025

Indeed, Resistance Is Futile

BenefitsPRO.

Survey: 36% of employers now cover GLP-1s for weight loss & diabetes

The average representation of GLP-1 drugs used for weight loss in total annual claims was 10.5% for 2025, an increase over the 2024 average of 8.9%.

By **Alan Goforth** | May 27, 2025 at 11:49 AM



Talk Talk, photograph by Thomas Hawk, CC BY-NC 2.0 via flickr

Where Does
All This Lead?
**Public
Discourse
About
Obesity**

The Once-Dominant Bias About Obesity Is Fading

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

More People Are Telling Their Story and Putting a Face on the Lived Experience of Obesity



Nathalie, photograph © Garen Dibartolomeo



Original Article |  Open Access |  

Blatant Dehumanization of People with Obesity

Inge Kersbergen , Eric Robinson

First published: 02 April 2019 | <https://doi.org/10.1002/oby.22460> | Citations: 45

Conclusions

This study provides the first evidence that people with obesity are blatantly dehumanized. This tendency to consider people with obesity as less human reveals the level of obesity stigma and may facilitate and/or justify weight discrimination.

Most People Now Reject Explicit Weight Bias

Dimension	Explicit Bias Trend 2007-2020	Implicit Bias Trend 2007-2020
Sexuality	↓	↓
Race	↓	↓
Skin Tone	↓	↓
Age	↓	↔
Disability	↓	↔
Weight	↓	↑ ↔

Explicit bias no longer goes unnoticed, but implicit bias is sneaky and prevalent

Source: Charlesworth & Banaji, 2022, *Psychological Science*

Effective GLP-1 Therapies Reveal the Flaws in Thinking Obesity Is Simply a Problem of Bad Behaviors

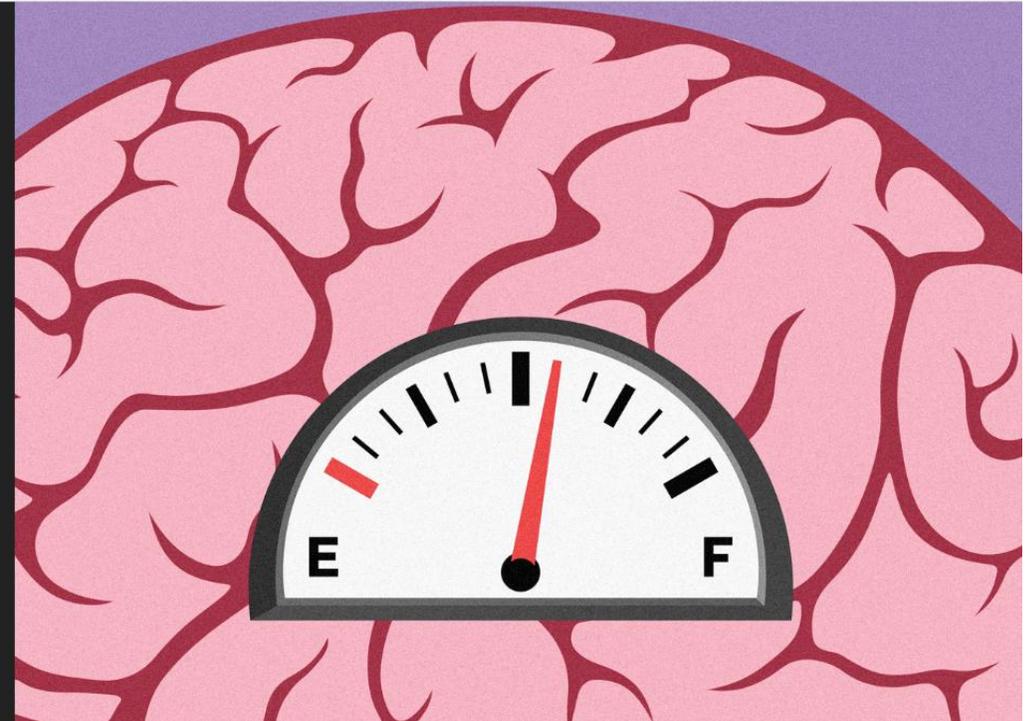
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Ozempic Settles the Obesity Debate: It's Biology Over Willpower

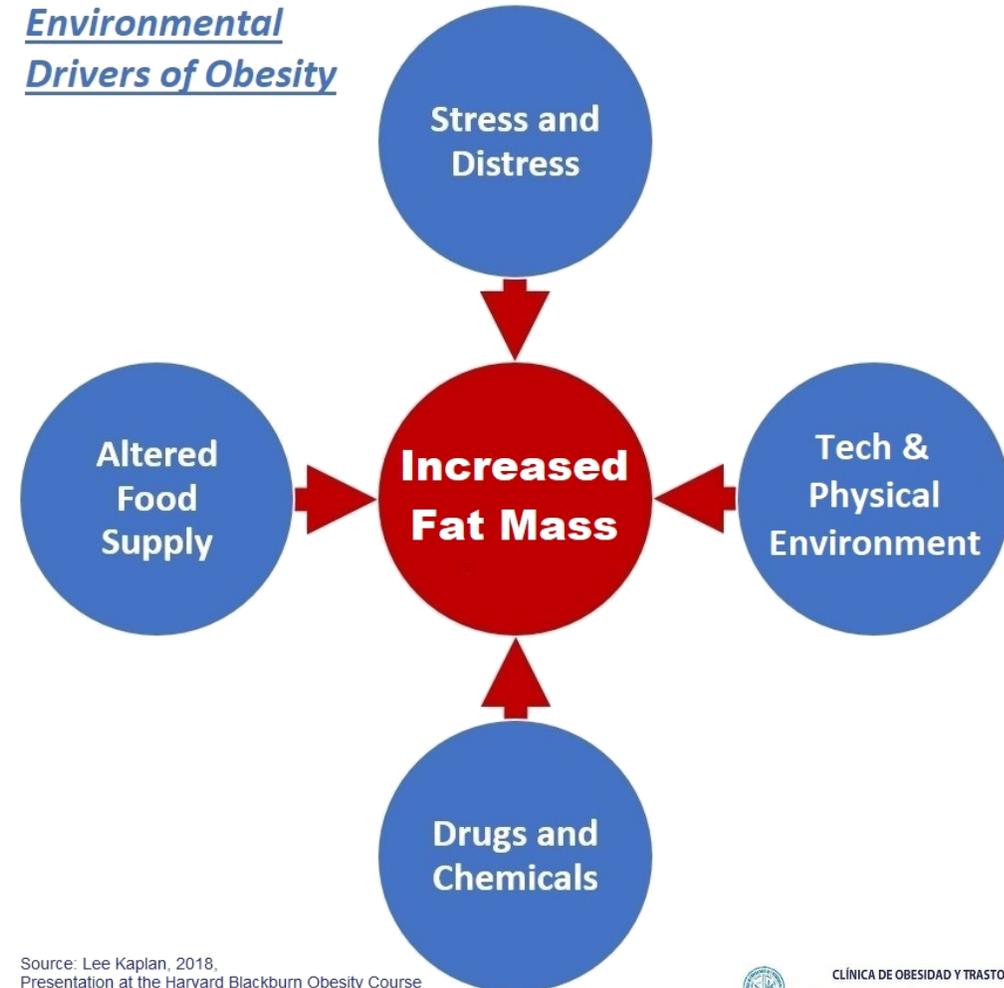
Weight-loss drugs affect the brain in ways that help researchers understand how the body regulates weight



Increasingly People Understand Multiple Factors Are Driving Obesity

Multiple factors are driving obesity rates

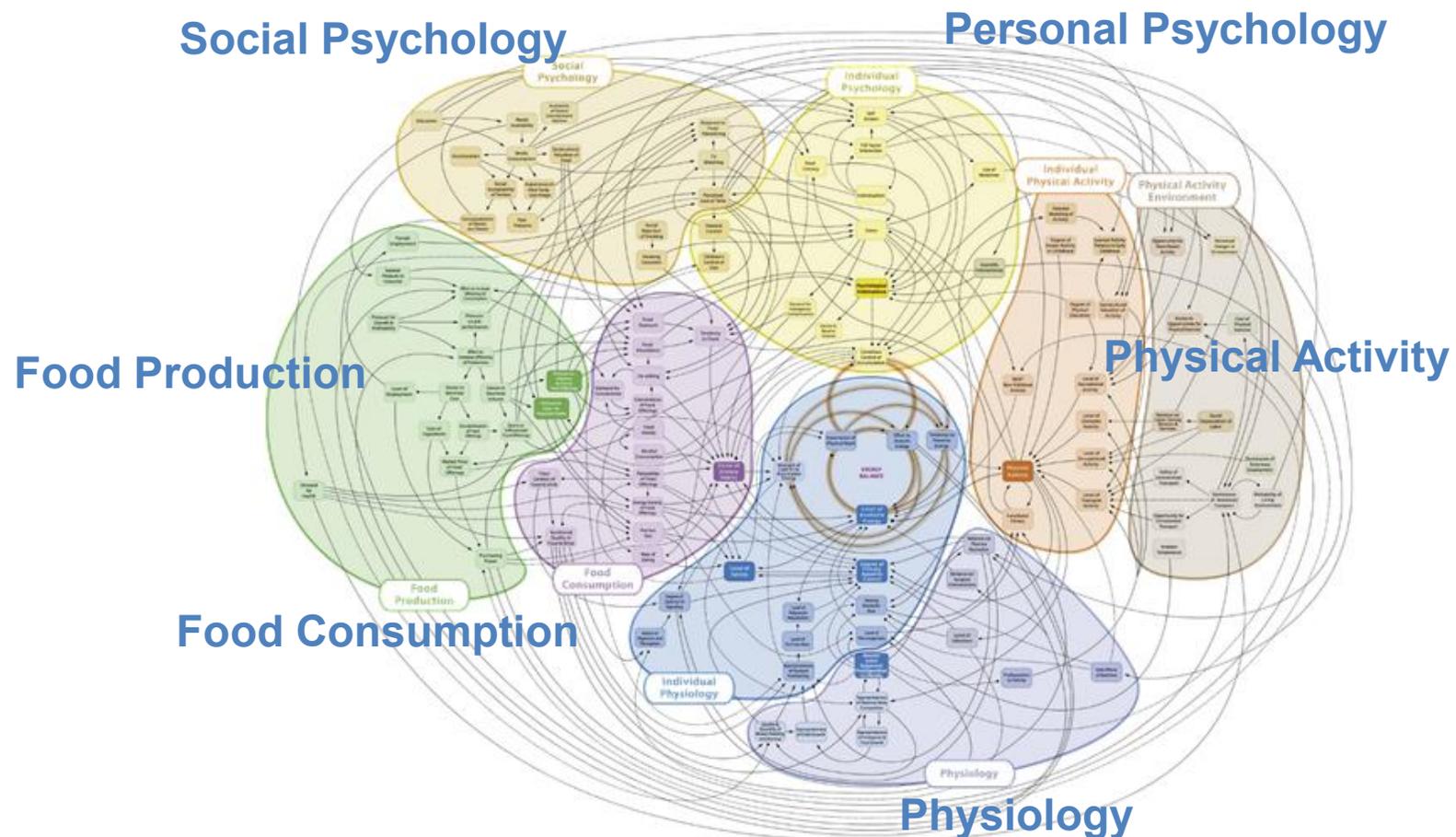
Environmental Drivers of Obesity



Source: Lee Kaplan, 2018.
Presentation at the Harvard Blackburn Obesity Course

Increasingly People Understand Multiple Factors Are Driving Obesity

Those factors interact with complex adaptive systems to drive obesity rates





Woman at a Vegetable Stand, painting by Pieter Aertsen / WikiArt

**Market Forces
May Prompt
Food Marketing
to Shift
from Volume
to Quality**

Barriers to Obesity Care Are Fading As Understanding of Obesity Grows



Obesity Research & Clinical Practice

Volume 18, Issue 2, March–April 2024, Pages 94-100



Benefits managers' attitudes toward
obesity treatment coverage

“Findings suggest that understanding obesity as a condition caused by biological factors as opposed to personal responsibility and behavior is associated with greater support for coverage of all its treatments..”

Advances Are Prompting New Thinking

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EXCLUSIVE PHARMA

Medicare Opens Door for Covering Obesity Drugs

The agency says health plans may pay for the drugs if used to prevent heart attacks and strokes

By Peter Loftus [Follow](#)

Updated March 21, 2024 3:19 pm ET



Advances Are Prompting New Thinking

THE HILL

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HEALTH CARE

RFK Jr. considering 'framework' for Medicaid, Medicare coverage of GLP-1s

BY SARAH FORTINSKY - 04/10/25 6:12 PM ET

Advances Are Prompting New Thinking

The Washington Post
Democracy Dies in Darkness

Health Health Care Medical Mysteries Science Well+Being

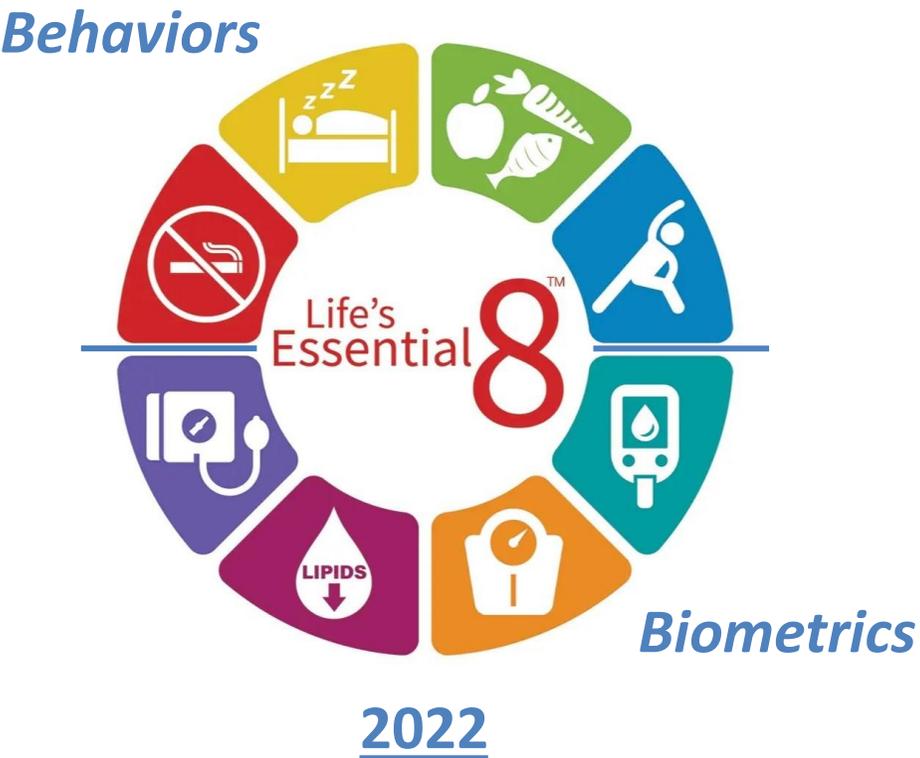
top EXCLUSIVE

Medicare, Medicaid plan to experiment with covering weight loss drugs

The Trump administration is planning an experiment to cover weight loss drugs under Medicare and Medicaid, potentially benefiting millions of Americans struggling with obesity.

Updated August 1, 2025

Shifting from Behavior to Biology, from Blame to Care





Stepping Back from the False Dichotomy of Prevention Versus Treatment

Source: Allison Hemenstall, MD, MPH, via Twitter

A Bumpy Ride Ahead to Claim the Potential of Obesity Care to Improve Population Health

Improving Population Health

- Scalable interventions that have long-term evidence of improved health outcomes

Reducing Costs

- Possible for some clinical subgroups; will improve as price of newer AOMs falls
- Until then, focus on improving affordability and treating those most likely to benefit

Enhancing Patient Care Experience

- Reducing weight stigma in health care

Fostering Care-Team Wellbeing

- Designing care pathways that are feasible and reduce clinician burnout

Health Equity

- Insuring opportunity for all people to access effective treatment

Building Scale for Comprehensive Obesity Care Will Define the Future



- Integration into primary care
- Telehealth models
- Comprehensive centers with integrated behavioral, medical, and surgical care providers

Photograph © Obesity Action Coalition / OAC Image Gallery

In Summary

Some Things Are Changing Greatly

- Lived experience more visible
- More options for obesity care
- Shifting dietary behaviors
- Food market dynamics
- Pressure on health systems
- Fading explicit bias
- Growing understanding of obesity



Farm Woman, painting by Pablo Picasso / WikiArt

Some Sticking Points Remain

- Persistent implicit bias
- Inequitable access to care
- Low utilization of surgery
- Inadequate systems for delivering obesity care at scale
- Room to grow for comprehensive, chronic obesity Care



Farm Woman, painting by Pablo Picasso / WikiArt

More Information

 conscienhealth.org/news

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For these slides:

<https://conscienhealth.org/wp-content/uploads/2025/10/XXIIObesidad.pdf>

