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Overcoming Congressional Inertia on Obesity Requires Better Literacy in Obesity Science

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Abstract

Obesity-focused health policies, including the landmark Treat and Reduce Obesity Act, have stalled at the federal level over the past decade. Congressional inaction on obesity reflects both misconceptions of obesity as a lifestyle choice and limited awareness for the burden obesity imposes on our healthcare system. Given these challenges, we argue that health professionals must bolster their efforts to partner with public figures with obesity and to directly educate the public. These strategies may help destigmatize obesity and build awareness of obesity as a disease. Furthermore, we suggest that these strategies may empower patients to flex their unrealized political muscle and demand more from their elected leaders. A bold, multilevel approach that elicits a public demand for change can propel obesity policy into the 21st century.

Keywords

health policy; public health; stigma

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Obesity is one of the most significant public health threats of our time. The disease impacts about 42% of American adults and costs the U.S. healthcare system an estimated \$260 billion annually.^{1,2} Comprehensively addressing obesity requires consideration of its multifactorial causes. But one of the most salient voids in present policy is that most patients do not have access to novel anti-obesity interventions, such as metabolic and bariatric surgery, pharmacotherapy, and intensive behavioral therapy (IBT). The bipartisan Treat and Reduce Obesity Act (TROA) thus represents a landmark piece of legislation by expanding availability to obesity medications and IBT.³ Despite being introduced annually into Congress since 2013, TROA and obesity-focused health policy have stalled at the federal level. In this perspective, we consider the challenges that frustrate congressional action on obesity and provide strategies to destigmatize obesity and spur public recognition of obesity as a disease.

The fundamental barrier to broad obesity action on Capitol Hill is widespread notions of obesity as a lifestyle issue rather than a disease.⁴ Obesity remains far from a free choice with genetic, psychological, sociocultural, economic, and environmental roots, but people with obesity are often seen as responsible for their own conditions. It is a common, unfortunate cultural assumption that obesity represents moral failing, laziness, and a lack of responsibility. In one memorable exchange, a legislative assistant described bariatric surgery as “a sign of a society that doesn’t understand itself” and chastised obesity treatment as “more money for failed systems.” These stigmatizing narratives not only reduce the likelihood that people with obesity seek out care but also unjustly shift the burden of action away from Congress.^{4,5} The lack of congressional action on obesity may emerge from naive notions that obesity is a refusal to “eat less, move more” and that federal policy solutions overreach on an individual-level concern.⁶

Consequently, obesity does not command sufficient attention among elected representatives. In the 117th Congress, TROA had 17 co-sponsors in the Senate and 125 co-sponsors in the House as of January 2022.³ Even with these broad bipartisan coalitions, the bill never earned a vote. Half of American adults will have obesity by 2030, and obesity-related conditions are responsible for 21% of healthcare spending.^{2,7} When we share these statistics with elected representatives, they always elicit surprise and concern but often without prompting durable change. Every congressional meeting typically involves rebuilding the wheel on why obesity merits Congress’ attention. We recognize that Congress is overwhelmed with countless high-priority issues, but we must also recognize that unabated continuation of present obesity trends will strain health care systems with insufferable financial burdens and rapidly deteriorating population health. Obesity demands more urgency, but how to build that urgency within Congress remains unclear.

We suggest that progress on obesity policy requires mutually reinforcing efforts to destigmatize obesity and build awareness of obesity as a disease. Candid discussions and prominent disease disclosures represent one encouraging mechanism to change public attitudes and drive action among politicians. For much of the 20th century, breast cancer was an unspeakable condition to be concealed, but in 1974, First Lady Betty Ford openly shared her breast cancer diagnosis and helped markedly reduce the associated stigma.⁸ Disease disclosures from public figures, such as Rock Hudson for HIV, Senator Bob Dole

for prostate cancer, and Michael Fox for Parkinson's, can help shift historically private discussions into the public sphere. Commanding certain eminence and cultural standing, celebrities and politicians can personalize a condition and help the public question their negative disease-related assumptions.

While some prominent individuals with obesity have come forward to share their experiences and combat stigma, such as Grammy Award-winning rapper Queen Latifah and comedian Rosie O'Donnell, these disclosures are few and far between. Healthcare professionals should more actively partner with public figures with obesity to help them share their experiences in an open, honest manner. There is precedent for these collaborations: the Prevent Cancer Foundation partnered with Senator Dole, and researchers working toward a Parkinson's cure regularly seek funding from the Michael J. Fox Foundation. Prominent obesity disclosures can help create a new example for the public, one not rooted in stigma and lifestyle assumptions but rather in respect and disease recognition.

To help shape that new memory, healthcare professionals should also actively seek out opportunities to educate the public themselves. From talks at community gatherings to interviews on national news, healthcare providers can spread the message that obesity is a chronic disease, much like hypertension, diabetes, and cancer. Providers can also frame obesity as a political issue, not merely a health one, to shift the burden of action onto public policy and change the narrative surrounding individual responsibility. Because obesity touches on all facets of society, there is always an occasion for this advocacy, whether the political headwinds concern government spending,² COVID-19,⁹ or national security.¹⁰ Change on Capitol Hill will only come if the public demands it. The goal of both prominent obesity disclosures and direct public education is to foster a less stigmatizing environment such that people with obesity can freely share their lived experiences. Such a shift would empower patients to flex their unrealized political muscle and demand more from their elected leaders, transforming obesity policy into a key issue to hold representatives accountable.

Obesity is one of the most significant public health threats of our time, not only because of its significant prevalence and associated costs, but also because of the great suffering it wreaks on all Americans. It is this human toll of obesity, both to patients and their families, that must motivate congressional action on improved policy. The experience with breast cancer and other stigmatized chronic conditions offers hope that the obesity narrative can be shifted and that success can be wrested from the jaws of apathy and neglect—but only with the concerted advocacy from healthcare professionals and patient advocates. We have immense hope in the future of obesity policy in the United States, if not only because the alternative is unacceptable.

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