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Meaningful Lives As We Age

Advocating for Science-Based Person-Centered Obesity Care: A Conversation with Ted Kyle

Applications from the GSA KAER Toolkit on the Management of Obesity in Older Adults
Momentum Discussions Podcast from the Gerontological Society of America
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Announcer:
Welcome to the Gerontological Society of America's Momentum Discussion, where we explore groundbreaking topics in the field of aging.

Jen Pettis:
Welcome to this GSA Momentum Discussions podcast, *Advocating for Science-Based Person-Centered Obesity Care: A Conversation with Ted Kyle*. GSA thanks Novo Nordisk for their support of today's podcast. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America or GSA. I'm pleased to serve as a host for today's Momentum Discussion. I'm delighted to be joined today by Ted Kyle. Ted has been working in obesity policy and innovation for more than two decades. He founded ConscienHealth in 2009 as a pharmacist and innovation professional. He works with health and obesity experts for better care and prevention. Ted is active in the Obesity Action Coalition, serving on the National Board of Directors for 12 years and as its chair. He advises the Obesity Society on advocacy and consults with organizations to help address the needs of people living with obesity.

As a tireless advocate, he publishes a widely read daily commentary at ConscienHealth, which reaches a diverse audience of thought leaders in health and obesity. His peer-reviewed publications relate to obesity weight bias in health policy. I must admit, I read that blog every single morning. I'd also like to thank our colleagues at Obesity Action Coalition or OAC for recommending Ted as a guest for this podcast. OAC is a more than 85,000 member-strong nonprofit organization dedicated to serving the needs of every individual affected by obesity. Ted is a super active member of that organization. Welcome, Ted. I'm so glad you could join me.

Ted Kyle:
Thank you so much for having me. I can't think of a better way to spend my time this afternoon.

Jen Pettis:
Thank you so much. I understand, Ted, that in addition to your decades of working in obesity care, obesity is a personal topic for you. Can you share a bit with our listeners about your personal journey with obesity?

Ted Kyle:
Just about every member of my family, including myself, has been affected in one way or another by obesity and its effects on health. I had loved ones die from complications of obesity, and this is not a dramatic thing. It is just something that happens when you are susceptible to this condition, and it progresses and causes other complications. I have sought care for obesity for more than 20 years. In the last few years, I have progressed into Medicare, which, as you know, makes it difficult to access obesity care because the benefits of obesity care were designed at a time when people were not taking obesity seriously and when there were not a lot of good treatments for obesity. It puts treatments that we know are powerful for improving a person's health out of reach. I do the best I can, and I've managed, I think, to avoid some complications of obesity. I have real concerns that I can't fully meet with the options that are available to me. Yes, this is very personal.

Jen Pettis:
Ted, as a follow-up to that, you mentioned the treatments. People with Medicare can't access obesity management medications, but aren't there other services related to obesity care that they also can't access, such as therapy? Can you speak to that a little?

Ted Kyle:
In general, coverage of comprehensive obesity care is very poorly covered. To get coverage of intensive behavioral therapy is difficult - at a level of intensity that has an effect. Medicare did a demonstration project that showed that intensive behavioral therapy for obesity makes a real difference and saves money. The last time I looked, not more than 1% of the people who could benefit from it received it. That's because of the way the benefit is structured. People don't take it seriously in designing the plans under Medicare for addressing obesity.

Jen Pettis:
Okay. Thanks for the additional information. Often, I think obesity is seen as a lifestyle problem (e.g. people would achieve a healthy weight if they just ate less and moved more. It's that simple.) But it's not. How does this false belief impact people living with obesity, perhaps healthcare proprietors and policymakers?

Ted Kyle:
Forever, it has been assumed that obesity is just a lifestyle problem. As time has gone by, we've come to understand that it's a biological problem. People who are susceptible biologically and genetically have the table set for them to develop obesity. The environment triggers it, the environment we all live in. Some people are more susceptible to the triggers in that environment than others. Then, people can choose what they want to do about it. But just like the environment can trigger cancer or other chronic diseases, when our environment triggers obesity in a susceptible individual, it's kind of absurd to say, "Just go lose some weight, and you'll be fine." But that is the advice that people have received for years. That kind of thinking puts people in a position of thinking, well, there's something wrong with my character. I'm not working hard at this. I'm not good enough to overcome this and I ought to be. That creates something we call self-stigma that gets in the way of overcoming a condition. Imagine if we stigmatize people with cancer as if it were their fault. It doesn't help people achieve good health.

Jen Pettis:
Ted, what messages do you have for people who are living with obesity around the idea that "if you just ate less and moved more, you'd be fine?" What messages do we want to share with people who live with obesity about exactly what you said, that it's not their character flaw? What messages do we have for those folks?

Ted Kyle:
It's simple. We've learned enough about obesity to know that it is just like any other chronic condition, and just like any other chronic condition, everybody can point to something they did that might affect their health. That kind of rumination doesn't do anything for you. The question becomes, what can I do about it? In the case of obesity, as with other chronic conditions, what you can do about it is seek competent medical help. Now, in the case of obesity, that's not all that easy because there are a lot of doctors out there who don't have the time or the insight to deal with obesity as a chronic disease. Finding somebody who will work with you to deal with that disease takes effort. I have to tell you, I was with a doctor for many, many years who didn't understand it at all. I knew more about obesity than he did. I moved on to another one that had a moderate level of understanding. Then, finally, in the last three years, I found a primary care physician studying to take the American Board of Obesity Medicine exam. She and I have great conversations, and we have a collaborative relationship that is centered on my health and my needs to cope with my susceptibility to obesity, which makes all the difference in the world.

Jen Pettis:
This provider you've found is wonderful. What message do you have for providers who may be holding on to false beliefs and outdated paradigms about obesity? How do you help them change their minds? Where do you lead them?

Ted Kyle:
For those providers? I would say three things. First, study up. Increase your medical knowledge of obesity, making you a more competent, competitive, and attractive provider. You will benefit your patients' health and the quality of care that you provide. One way to get a better understanding is to listen to your patients. Every provider has patients who are living with obesity. The best advice I ever heard about coping and dealing with people who are living with obesity is to listen more than you talk. It's a good idea to listen to people with that experience. There has to be some patience involved because for somebody to open up about their experience requires a degree of trust.

That trust is not always there right off the top. Finally, if you are not certain that you can provide good obesity care, and I'm talking about real medical obesity care, don't hesitate to refer someone to a colleague who is board-certified in obesity medicine. It's one of the fastest-growing specialties. It is an essential specialty. Obesity care does not need to be delivered solely by people with an obesity medicine specialty. However, a provider needs competence in the special requirements of delivering good obesity care.

Jen Pettis:
Thanks. I think you have begun to allude to this a bit, but I'd like to focus now on stigma and bias. Individuals with obesity and overweight face so much bias and stigma. Older adults, in particular, may have been facing this for years, if not decades. How do these issues, stigmas, and biases impact people living with obesity?

Ted Kyle:
When you spend a lifetime being told that you are less than because of the body that you inherited, you can be forgiven if you start to believe it. Then, the expectations for care that you might get are lowered. Even when somebody is strong and thinks they've got that all wrong, then it can cause people to avoid healthcare, to avoid healthcare systems because those experiences have uniformly tended to be stigmatizing. The research shows that there are delays in diagnosing all kinds of conditions. There's also good research to say that when people start believing what they think of them because of their body size, their health outcomes are worse. There are multiple reasons for that.

Jen Pettis:
What can we do as individuals, particularly in the healthcare arena, as individuals and organizations, to address stigma and bias? How can we improve the situation?

Ted Kyle:
People need to learn to stand up for themselves. Knowledge is power, and the more they understand about obesity the better. You mentioned the Obesity Action Coalition. It is all about providing education, elevating the voices of people with obesity, and equipping people to self-advocate and advocate for others. The end result of that is to expect good care. You might not find it from every provider, but when you have a provider that isn't giving you good care, who doesn't give you good respectful care, then you need to think about looking elsewhere. You must develop a real skill to advocate for yourself. It makes a big difference.

Jen Pettis:
Great. I recall a statement you made in a presentation; "Good obesity care requires access to the full range of obesity care tools." What do you mean by "full range of obesity care tools?"

Ted Kyle:
The full range of obesity care tools ranges from lifestyle support to medical therapy to surgical care. Different people need different elements of that in different amounts, but you need to go into it with the door open to all of those possibilities so that you can work with a provider who understands each of those elements well enough to get you to the approach that gives you the best possible health that you can attain.

Jen Pettis:
Okay, great. You already mentioned that Medicare doesn't provide coverage that allows older adults to access that full range of obesity tools. What would you say to policymakers about offering older adults access to the care they need?

Ted Kyle:
I would point to the proposed rule from the Center for Medicare and Medicaid Services, CMS, that basically says, no, these medicines for obesity that have been excluded forever from Medicare benefits are not simply for weight loss. They are for the treatment of this chronic condition called obesity, and therefore, they should be covered. Advocates in the obesity community have been talking to CMS about this for a decade or more. We were absolutely thrilled when folks in CMS said, "You know what? We may need to do this best idea they ever had."

Jen Pettis:
Terrific. That will be hopeful for all our older adults. Ted, I could talk to you for hours again because I read your blog daily and love it. We'll certainly put a link to it when we post this podcast to make sure that others can get a hold of it. What are some final thoughts you want to leave our listeners with?

Ted Kyle:
The most important thing to take to heart is that whatever the subject is related to obesity, the question to ask yourself is, are we approaching this just as we would any other chronic disease or condition? Or are we approaching it as if it were a behavior? It hasn't been very many years since one of the major medical organizations classified BMI as a behavior that you could change. Thank goodness they changed that. It's now counted just like blood pressure, blood lipids, or any other measure that is a risk factor for poor health and something you need to manage medically. Keep that in mind. It is not a behavior, and behavior is not irrelevant. You can have behavioral strategies that will improve your situation, but behavioral strategies won't overcome this disease for very many people any more than it cures heart disease or any of a gazillion other conditions that are medical conditions.

Jen Pettis:
Ted, thank you so much for joining me. We also want to thank those listening to this episode of the GSA Momentum Discussions podcast. We hope you found it informative and enjoyable.

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