Practical Approaches to Reducing Weight Bias in the Outpatient Setting

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Objectives

• Differentiate between implicit and explicit bias.
• Identify common sources of bias and stigma for individuals who are overweight or obese.
• Examine the impact of weight bias on patient care.
• Discuss the impact of weight bias and stigma on patient adherence to care recommendations.
• Identify strategies providers can use to ensure sensitive, compassionate and effective care that is free of weight bias.
Definitions

**Bias**: A tendency to believe that certain people or ideas are better than others that may lead to unfair treatment of certain individuals

**Weight bias**: Negative attitudes towards individuals who are overweight or obese

**Stereotypes**: The belief that most members of a group have some characteristic

**Explicit**: A stereotype that you deliberately think about and report

**Implicit**: A stereotype that is outside of conscious awareness and control

**Prejudice**: Reported and approved negative attitudes towards outgroups

**Stigma**: Mark of disgrace

Project Implicit
Sources of Weight Bias

• Employment settings
• Media
• Educational settings
• Interpersonal relationships
• Healthcare settings

Puhl, R.M., 2009
Employment

Individuals with obesity:

• Experience derogatory humor and pejorative comments from coworkers and supervisors

• Are less likely to be hired, are passed over for promotions, and experience wrongful termination

• Have lower wages

• Are considered to lack self-discipline, have low supervisory potential, poor personal hygiene, to be less ambitious, and less productive

Puhl, R.M., Heuer, C.A. 2009
Obesity Action Coalition
Employment

Out of 2,249 women surveyed:

• 25% experienced job discrimination
• 54% reported weight stigma from co-workers
• 43% reported weight stigma from supervisors

60% report experiencing weight stigma on more than 4 occasions

The relationship is linear: the greater a person’s weight the more likely they are to have experienced stigma

Puhl, R.M., Heuer, C.A. 2009
72% of photographs and 65% of videos paired with online news stories are stigmatizing. News photographs and videos portray individuals with obesity:

- Headless
- At unflattering angles
- In stereotypical behaviors (eating unhealthy foods or engaging in sedentary behavior)

UConn Rudd Center
## Interpersonal Relationships

<table>
<thead>
<tr>
<th>Source of Bias</th>
<th>Ever Experienced</th>
<th>Experienced Multiple Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>72%</td>
<td>62%</td>
</tr>
<tr>
<td>Doctor</td>
<td>69%</td>
<td>52%</td>
</tr>
<tr>
<td>Classmates</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Sales Clerks</td>
<td>60%</td>
<td>47%</td>
</tr>
<tr>
<td>Friends</td>
<td>60%</td>
<td>42%</td>
</tr>
<tr>
<td>Nurses</td>
<td>46%</td>
<td>34%</td>
</tr>
<tr>
<td>Employer</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Dietitians</td>
<td>37%</td>
<td>26%</td>
</tr>
<tr>
<td>Teachers/professors</td>
<td>32%</td>
<td>21%</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>21%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Puhl 2006
Sources of Bias in Healthcare

- Physicians
- Nurses
- Dietitians
- Mental Health Providers
- Medical Students

Stereotypes

Professionals from multiple health related disciplines endorse the following statements related to patients who are overweight or obese:

Lazy
Stupid
Worthless
Repulsive
Unmotivated
Sloppy

Lacking willpower
Non-adherent
Emotional
Ugly
Awkward
Insecure

Impact on the Provider- Patient Relationship

• Providers demonstrate less emotional rapport with patients who are overweight or obese
• Patient obesity is associated with decreased physician respect
• Physicians spend less time in appointments
• Physicians are reluctant to perform some health screenings

Consequences of Weight Bias

- Individuals who experience weight bias are at risk for: depression, anxiety, low self-esteem, social rejection, and suicidality.
- Individuals who experience weight bias are more likely to engage in: unhealthy weight control behaviors, binge-eating episodes, avoidance of physical activities.
- Patients with obesity are more likely to delay or cancel appointments and preventive health screenings.
- Women who are obese delay preventative gynecological care.

UConn Rudd Center for Food Policy and Obesity Preventing Weight Bias: Helping Without Harming in Clinical Practice; Amy, N.K., et al 2005
In Response to a Stigmatizing Experience

- 80% of women and 79% of men report eating
- 76% of women and 75% of men report crying/isolation
- 73% of respondents report negative self talk
- 75% refuse to diet
- 41% avoid/leave the situation

Strategies to Reduce Weight Bias

- **BECOME SELF-AWARE**
- Recognize the complex etiology of obesity and its multiple contributors, including genetics, biology, sociocultural influences, the environment, and individual behavior
- Consider that patients may have had negative experiences with health professionals, and approach patients with sensitivity and empathy
- Emphasize the importance of behavior changes rather than just weight
- Recognize that many patients with obesity have tried to lose weight repeatedly
- Explore all causes of presenting problems, in addition to body weight
- Acknowledge the difficulty of achieving sustainable and significant weight loss
- Recognize that small weight losses can result in meaningful health gains
- Create a welcoming environment

Rudd Center, Preventing Weight Bias Helping Without Harming in Clinical Practice
Self Assessment

• What assumptions do I make based only on weight regarding a person’s character, intelligence, professional success, health status, or lifestyle behaviors?
• Could my assumptions be impacting my ability to help my patients?
• How comfortable am I working with patients of different sizes?
• Am I sensitive to the needs and concerns of individuals with obesity?
• Do I consider all of the patient’s presenting problems, in addition to weight?
• What are my views about the causes of obesity? How does this impact my attitudes about individuals with obesity?
• Do I treat the individual or only the condition?
• What are common stereotypes about obese persons? Do I believe these to be true or false? What are my reasons for this?

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Implicit Attitudes

https://implicit.harvard.edu/implicit/
Practice with Empathy

Stigmatizing Language
• Weight problem
• Unhealthy body weight
• Unhealthy BMI
• Heaviness
• Large size
• Obesity
• Excess Fat
• Fatness

Preferred Language
• Weight
• Excess Weight
• BMI

Wadden, T. A., Didie, E., 2003
Practice with Empathy

Use people first language:

Instead of- “I am seeing the obese woman in room 4.”

Use- “The woman in room 4 is affected by obesity.”
Practice with Empathy

• Remember to ask permission to discuss a person’s weight.

• Examples of ways to start the conversation:
  – Mr. Thomas, would it be ok if we discussed your weight today?
  – Are you concerned about the effect your weight may have on your health?

STOP Obesity Alliance
Evidence Based Models of Health Behavior Change

• Providers commonly report a lack of patient motivation and non-adherence to care recommendations as areas of high frustration.

• Physicians predict that heavier patients would be less compliant and less likely to benefit from counseling.

• High levels of satisfaction have been found with non-judgmental psychological support and practical advice.

Hebl M.R., Xu J. 2001
Brown I et al. 2006
Evidence Based Models of Health Behavior Change

Models used extensively in evidenced based obesity medicine include:

- Cognitive behavioral therapy
- 5 As
- Transtheoretical model (stages of change)
- Motivational interviewing
What is Motivation?

• Motivation is a key to change.
• Motivation is multidimensional.
• Motivation is dynamic and fluctuating.
• Motivation is influenced by social interactions.
• Motivation can be modified.
• Motivation is influenced by the clinician’s style.
• The clinician’s task is to elicit and enhance motivation.
Patients are motivated.

• Most patients have tried to lose weight previously.
• There is mismatch between patients’ actual level of motivation and the perceived level of motivation by physicians.
• Befort et al, found that a motivational level of “10” was reported by 30% of females and 21% of males (physician ratings were 2.5% and 3.1% respectively).
Create a Welcoming Environment

- Provide wide-based, higher weight capacity chairs, preferably armless, available in the waiting area and other patient areas
- Consider specialized bariatric chairs, when possible
- Offer large size or even thigh-sized blood pressure cuffs
- Provide a higher capacity scale, ideally to >500 lbs. (be sure that the scale is situated in a private or near-private area to minimize the anxiety and discomfort associated with being weighed)
- Make bathrooms wheelchair accessible and ADA compliant and have pedestal toilets rather than wall-mounted toilets, if possible
- Have extra-large gowns available
- Educate your staff about obesity and weight bias

STOP Obesity Alliance
Why Weight? A Guide to Discussing Obesity and Health With Your Patients
Resources

• University of Connecticut Rudd Center for Food Policy and Obesity “Preventing Weight Bias: Helping Without Harming in Clinical Practice” http://www.uconnruddcenter.org/
• Strategies to Overcome and Prevent (STOP) Obesity Alliance “Why Weight? A Guide to Discussing Obesity and Health With Your Patients” http://www.stopobesityalliance.org/
• National Institute of Diabetes and Digestive and Kidney Diseases “Weight Control and Healthy Living: Medical Care for Patients with Obesity” http://www.niddk.nih.gov/health-information/health-topics/weight-control/medical/Pages/medical-care-for-patients-with-obesity.aspx
• Obesity Action Coalition http://www.obesityaction.org/
• Project Implicit https://implicit.harvard.edu/implicit/
References

References

• Kahan, S. Addressing Weight Bias in Health Care. American Society of Bariatric Physicians Fall Obesity Summit 2015.
• UCLA Center for Human Nutrition http://www.cellinteractive.com/ucla/physician_ed/ scripts_for_change.html
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