

# Weight Bias in Clinical Care:

## *Improving Health Care for Patients with Overweight and Obesity*



### ***Learning Objectives:***

- 1) Recognize the sources of weight bias and stigmatization in health care settings.
- 2) Describe the adverse consequences of weight stigma on patients' emotional and physical health.
- 3) Identify personal assumptions about obesity and body weight, and how these views can influence patient care.
- 4) Improve communication skills to facilitate productive discussions with patients about weight-related health.
- 5) Implement clinical strategies to help patients with obesity set appropriate goals for lifestyle behavior change.
- 6) Identify strategies to improve accessibility and comfort for patients with obesity in the medical office environment.
- 7) Educate medical students about weight bias and provide resources for further training on this topic.

**Conflict of Interest Policy:** All faculty members participating in CME activities provided by the University of Connecticut School of Medicine are required to disclose to the program audience any actual or apparent conflict of interest related to the content of their presentations. Program planners have an obligation to resolve any actual conflicts of interest and share with the audience any safeguards put in place to prevent commercial bias from influencing the content. The activity director nor the planning committee members have a financial interest/arrangement or affiliation with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. *This CME activity has no commercial support associated with it.*



Developed by the Rudd Center for Food Policy and Obesity at UConn:

Rebecca M. Puhl, PhD., *Deputy Director*

Young Suh, MS, *Research Associate*

**Accreditation:** *The University of Connecticut School Of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.*

*The University of Connecticut School of Medicine designates this internet enduring material activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

# Course Overview

Weight bias can affect provider-patient interactions and interfere with clinicians' delivery of care for patients with overweight and obesity. In treating this patient population, it is important for health professionals to become aware of weight bias and be prepared to effectively address this issue in health care.



## *What can I expect from this course?*

This course is designed to help you learn about the sources and consequences of weight bias in health care settings, and provide you with strategies and resources to help improve delivery of care for patients with overweight and obesity. Additionally, as today's health providers can help align medical education with future patient needs, different approaches for reducing bias among medical students are discussed.

*This course is designed to increase awareness of weight bias in health care settings, reduce weight bias among health professionals and trainees, and help clinicians improve delivery of care for patients with overweight and obesity.*

### Course Content:

**Part 1.** *Weight Bias in Health Care*

**Part 2.** *Consequences of Weight Bias for Patients*

**Part 3.** *Increasing Self-Awareness of Weight Bias*

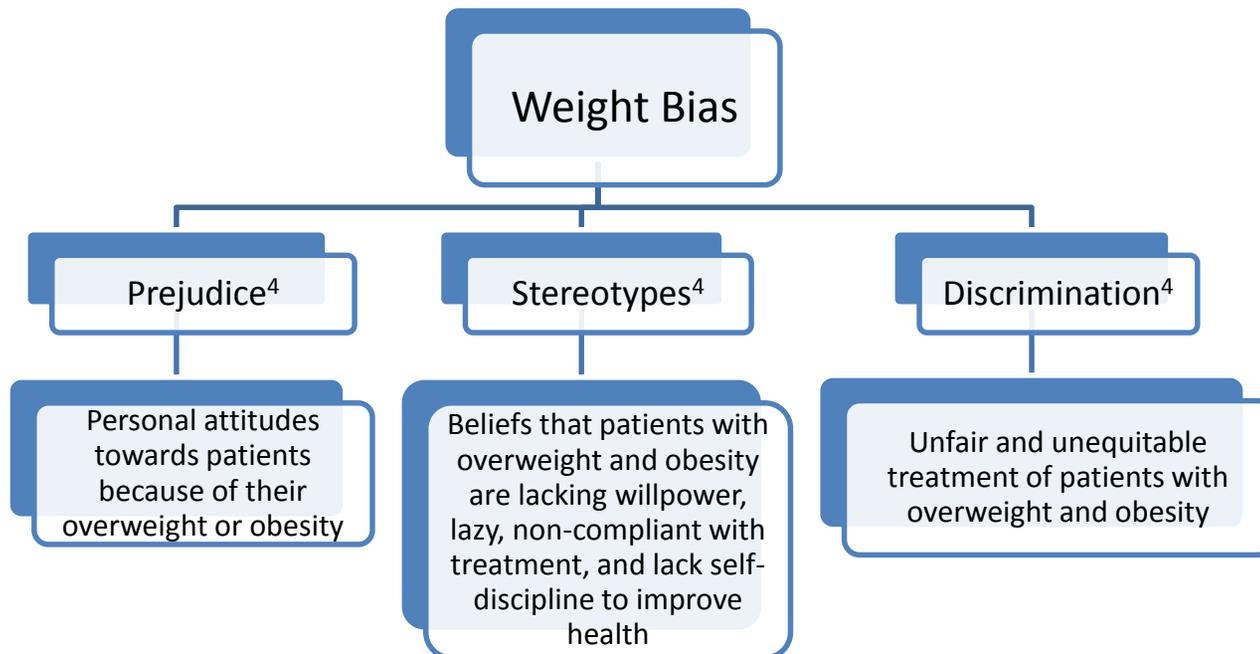
**Part 4.** *Improving Provider-Patient Interactions and Weight Management Counseling*

**Part 5.** *Office Environment Strategies to Reduce Weight Bias*

# Course Overview

## Introduction:

Given the complexity of obesity treatment and the difficulties that many patients face in achieving significant long-term weight loss, it can be challenging for health care providers to effectively help patients who struggle with weight. Health providers often report feeling frustrated<sup>1-3</sup> in treating patients with obesity, which can manifest as overt or subtle forms of weight bias towards patients. As a result, patients of higher weight become vulnerable to prejudice and negative stereotypes and experience discrimination because of their weight.



Advocate for a certain group of patients facing disparities in health care, *would you?*

Knock down a barrier that was preventing your patients from receiving high quality of care, *would you?*

Educate your patients to adopt healthy lifestyle changes, *would you?*

Train future health providers to care for all patients in a non-judgmental and respectful manner, *would you?*

# Course Overview – Weight Bias in Health Care

## *Why Care About Weight Bias in Health Care?*

1. Research indicates weight bias is common in health care settings.
2. Personal weight biases can affect the delivery and quality of care for patients with overweight and obesity.
3. Experiencing weight bias in health care may lead patients to:
  - ✗ Feel discouraged from making positive lifestyle changes.
  - ✗ Avoid seeking routine or preventive care.
  - ✗ Engage in unhealthy eating and weight control behaviors, and avoid physical activity in response to stigma.
  - ✗ Experience negative psychological consequences.
4. With increased self-awareness of personal attitudes about body weight and by implementing appropriate and sensitive communication strategies with patients with overweight and obesity, bias can be reduced and patients' quality of care can be optimized.

*Today,*

*in your waiting room...*

**1 of 3**

pediatric patients

*and*

**2 of 3**

adult patients

*have overweight or obesity<sup>5</sup>*

*Weight bias is an important clinical concern for all health care providers.*

# Part 1:

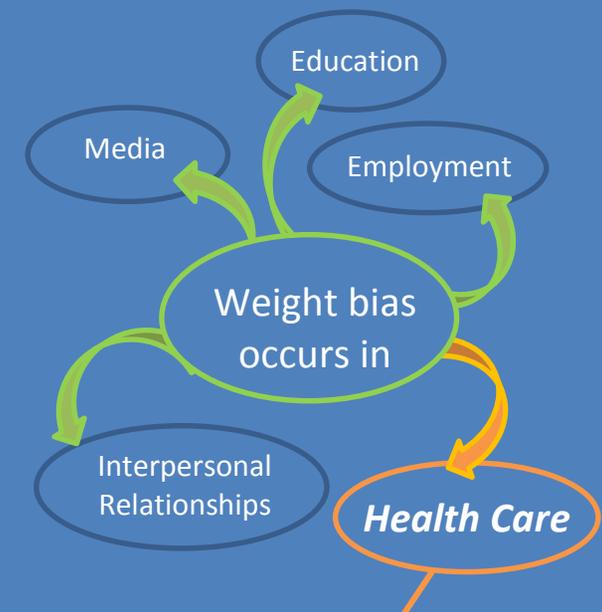
## *Weight Bias in Health Care*

### ***What does the science say about weight bias?***

There is considerable scientific research on weight bias. Studies have documented weight bias in multiple domains of life including employment, education, and health care.<sup>6-9</sup> Weight bias is also perpetuated in the popular media, news media, and expressed even in interpersonal relationships with family and friends.<sup>10,11</sup>

While this course focuses on specifically health care practices, it is important to recognize that individuals with obesity experience weight bias in *multiple forms throughout many aspects of their daily lives*.

***Let's begin to review the research on weight bias in health care.***



Weight bias has been documented in,<sup>6, 12-14</sup>

Physicians  
Nurses  
Dietitians  
Gynecologists  
Bariatric Specialists  
Psychologists  
Professionals treating eating disorders  
Medical students

# How Prevalent is Weight Bias among Health Professionals?

Studies have documented pervasive negative attitudes and stereotypes toward patients with obesity among health care professionals.<sup>1,8,16-19</sup>

A 2012 study of over 2,000 medical doctors found moderate to strong implicit anti-fat bias at levels comparable to weight bias documented in the general population.<sup>20</sup> Weight biases were present among doctors regardless of their own body weight and gender.



*Two in three* physicians have low expectations for patients achieving and maintaining weight loss.<sup>21</sup>

## Research Highlight

A 2006 study surveyed 2,449 women with overweight and obesity about their experiences of weight bias.<sup>15</sup>



<u>Bias from...</u>	<u>% of women reporting bias</u>
- Doctors	69
- Nurses	46
- Dieticians	37
- Health	21

*In fact, over half of the surveyed women reported experiencing bias from doctors on multiple occasions.*

## Causal Attributions of Obesity and Weight Bias

Weight bias is more likely to be expressed when individuals with obesity are blamed for their weight because of factors such as overeating or sedentary behavior.<sup>22-24</sup> Research suggests that providers may attribute obesity to behavioral factors rather than other uncontrollable factors,<sup>25-27</sup> which can exacerbate weight bias in health care.

However, becoming aware of the complex and uncontrollable factors contributing to obesity – such as biology, genetics, and the environment – can help mitigate weight bias.<sup>28-30</sup> Furthermore, by sharing information about the complexity of obesity with patients, providers can help patients with obesity in their weight management efforts.<sup>23</sup>

### Causal Beliefs about Obesity:

Lack of self-discipline  
Poor eating/activity



**More** stereotyping & stigma

Biological, genetic,  
environmental causes



- **Greater** understanding of complex etiology
- **Reduced** stigma



Among patients with obesity:

- **Reduced** self-blame
- **Increased** self-efficacy for weight loss

*Personal lifestyle behaviors reflect only one contributing factor for weight and health.*

*What factors might contribute to obesity?*

- Low access to affordable healthy foods
- Medications causing weight gain
- Sleep deprivation
- Marketing of unhealthy foods
- Metabolic and endocrine dysfunctions
- Genetics
- Age

## How is Weight Bias Expressed in Health Care?

Weight bias can occur in multiple forms and from different health professionals, and can be expressed in both subtle and overt ways.

### *Provider Attitudes and Comments from Providers*

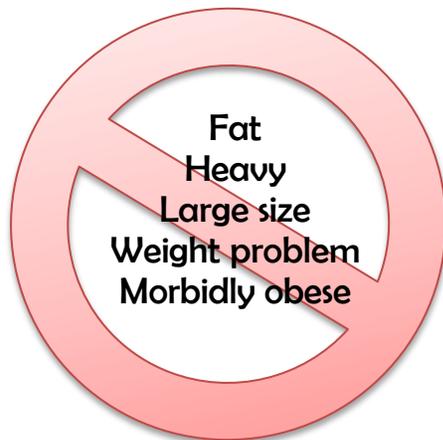


### *Language*

### *Weight bias can be expressed as...*



- Negative weight-based assumptions (e.g., that obesity is an issue of self-discipline)
- Stereotypes about individuals with obesity (e.g., lazy, lacking willpower)
- Judgments that patients with obesity are non-compliant with treatment



- Insensitive language about excess body weight (e.g., referring to a patient as “fat”)
- Expressing insensitive jokes that place individuals with obesity as the target of humor or ridicule

## How is Weight Bias Expressed in Health Care?

### *Medical Equipment*



- Medical equipment that is too small to be functional for patients with obesity (e.g., patient gowns, examination tables, blood pressure cuffs, speculum, and scales)

### *Weighing Procedures*



- Being weighed is a sensitive experience for many patients with overweight and obesity. Some patients may even avoid medical care because they do not want to be weighed.
- Making negative comments or facial gestures while weighing their patients, which leads to embarrassment and shame.

# How is Weight Bias Expressed in Health Care?

## Office Environment



- Medical examination and waiting rooms can be unwelcoming to patients with obesity.
- Common reasons include negative attitudes by office staff, waiting room chairs that are too small, and reading materials that stigmatize weight.

## Health Services and Care



- Providers may incorrectly assume that patients with obesity have lower motivation for health behavior changes, poorer treatment compliance, and poorer adherence to medications, compared to thinner patients.
- Consequently, providers may spend less time in appointments educating patients, and avoid discussions about weight-related health.

## Research Highlight

A study evaluated 255 physicians on their attitudes about patients with obesity and obesity management.<sup>1</sup>

<i>Physicians' attitudes</i>	<i>% of physicians reporting agreement</i>
Treatment for obesity is ineffective	51%
Patients are unlikely to be succeed in losing weight	34%
Patients lack discipline to lose weight	78%
Patients are not motivated to lose weight	52%

## Physicians

Studies show that physicians hold negative attitudes and stereotypes about patients with obesity and view them as,<sup>1,8,15,16,18,20,31-35</sup>

*Less* compliant

*Less* motivated



*Most commonly reported by physicians to be their frustrations for treating patients with obesity*

*Less* disciplined

*Less* adherent to medications

*Less* trustworthy

*More* annoying

Additionally, as patients' BMI *increases*, physicians report,<sup>17,36</sup>

*Less* patience

*Less* desire to help the patient

*Less* respect for patients

*Greater* perception of patient as a waste of time

*"I became very frustrated when a doctor disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems."*

*- Patient reporting weight bias*

## Physicians' Weight Management Practices

Although patients with obesity frequently identify their primary care provider as their source of information for weight management, research demonstrates that physicians' attitudes may influence the quality of care for these patients.



For instance, studies indicate that providers may,<sup>37-41</sup>

- Fail to document obesity in patients' charts
- Avoid discussions about weight loss
- Spend less time providing health education
- Underutilize practices that promote lifestyle changes (e.g., referrals to nutritionists)

## Research Highlight

A national sample of nearly 2,500 patients with obesity were asked about their physicians' obesity care practices.<sup>42</sup>



- About *one in three* received a diagnosis for obesity
- About *one in five* received counseling for weight reduction, diet, or exercise

## Consequences for Patient-Provider Relationships

In addition to weight management practices, weight bias can have negative implications for the quality of patient-provider relationships.



### Research Highlight

A 2014 national study of 600 U.S. adults with overweight and obesity examined the influence of perceiving weight-related judgment from their primary care physicians.<sup>46</sup>

*Compared to those who did not feel judged, patients who felt stigmatized about their weight were **45% less likely to report high trust in their primary care physician.***

A lack of trust between patients and physicians can affect patient health outcomes such as use of preventive health screenings.<sup>47</sup> Thus, it is important for physicians to be aware of how their weight-related attitudes and beliefs affect their personal interactions with patients.

Research<sup>43-45</sup> suggests that patient-provider relationships with,

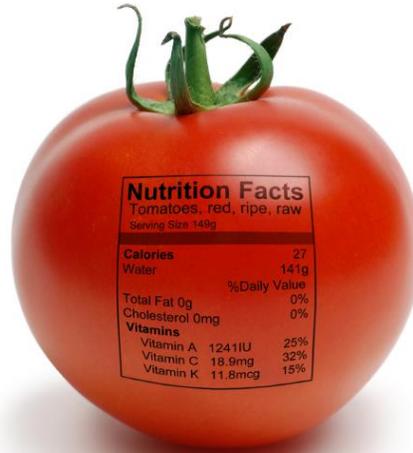
**Low** trust, rapport, and communication

*may...*

**Reduce** patients'

- Use of preventive health services
- Understanding and adherence to medical regimes
- Overall patient satisfaction
- Control of HbA1c levels, among patients with diabetes

Dietitians have demonstrated biased attitudes towards patients with overweight and obesity, while dietetic students report levels of weight bias comparable to that reported in the general US population.<sup>48-51</sup>



Some *registered dietitians* report,<sup>50,52</sup>

- Beliefs that emotional problems cause obesity
- Ambivalence about patients' compliance with weight loss programs

Among *dietetic students*, research has documented that patients' weight can bias students' health evaluations and perceptions. Compared to non-obese patients, students perceive patients with obesity as,<sup>48</sup>

- Less likely to comply with treatment recommendations
- Having poorer diet quality and health status

## Research Highlight

A study of 182 dietetic students surveyed participants' extent of agreement with negative descriptors of people with obesity.<sup>48</sup>

*Findings indicate weight bias even among dietetic students.*

Negative adjective on Fat Phobia Scale	% agreement
Lazy	41
No willpower	41
Unattractive	54
Poor self-control	65
Slow	68
Overeats	81
Insecure	80
Low self-esteem	75
Lacks endurance	72

# Psychologists

Studies have documented weight bias among psychologists, which can subsequently influence treatment decisions and quality of therapy.

In studies that assign therapists to evaluate identical cases about a patient with or without obesity, psychologists often rate the patient with obesity as having,<sup>55,56</sup>

- **More** negative attributes
- **More** severe psychological symptoms
- **More** pathology
- **Worse** prognosis

In fact, these biases may be implicit and automatically triggered when interacting with patients with obesity. A recent study presented psychology students with images of individuals of higher weight or normal weight. Students were *faster and made less errors in associating individuals with overweight with negative attributes* (e.g., failure, bad, and unmotivated), compared to positive attributes (e.g., successful, good, motivated).<sup>57</sup>

Psychology students similarly assume negative stereotypes and assumptions about individuals with obesity such as their,<sup>53,54</sup>

- Poor self-control
- Tendency to overeat
- Low self-esteem
- Sedentary lifestyles

Weight bias has also been documented among nurses and trainees, who express stereotypes that patients with obesity are,<sup>57-66</sup>

- Non-compliant
- Overindulgent
- Lazy
- Unsuccessful



*Patients reports of weight bias from nurses:<sup>63</sup>*

*“They couldn’t get it in the crook of my arm and they made a comment that if I wasn’t so fat their needles would work.”*

*“I was horrified when she called for the cow canvas.”*

*“But it was like...basically, we don’t want to do anything that is going to expose us to your excess weight!”*

## Research Highlight

In one study of 551 registered nurses and trainees,<sup>59</sup>

**54%** believed that patients with obesity *should be put on a diet during hospitalization*

**18%** *preferred not to care* for patients with obesity

**16%** *felt uncomfortable* when caring for a patient with obesity

## Medical Students

The prevalence of weight bias is evident even among medical students. In fact, medical students report personally engaging in and observing peers, clinicians, and educators making fun of patients with obesity or overweight.<sup>69</sup>



Medical students report perceiving patients with obesity as,<sup>65,67,68,70-72</sup>

- More depressed
- Less compliant with treatment
- Unwilling to make diet changes
- Lacking in self-control
- Unpleasant

Despite recent findings that a majority of medical students exhibit implicit (74%) and explicit (67%) weight bias,<sup>71</sup> some research suggests that most medical students remain unaware of their weight bias.<sup>67</sup>

## Research Highlight

In a 2014 study, health professional trainees including Physician Associate, Clinical Psychology, and Psychiatric Residency, were asked about observations of negative comments and jokes about patients with obesity during training.<sup>13</sup>

About *two in three* students report observing weight bias from *peers and health care providers*.

*Nearly half* of students report observing weight bias from their *instructors*.

## Providers' Personal Weight and Implications

As in the general public, overweight and obesity are prevalent among health care providers. Providers' own body weight can influence their beliefs about their patients of higher weight status, and have implications on their weight management practice and quality of relationship with patients.

Research suggests that providers with overweight or obesity may have,<sup>73-77</sup>



## Research Highlight

An experiment of 358 adults evaluated the implications of physicians' body weight on the quality of patient-provider relationship.<sup>77</sup>

Compared to participants who were assigned physicians with normal weight, adults assigned physicians with overweight or obesity felt,

- Less trust for physicians
- Less willing to follow medical advice
- More inclined to change providers

*Findings were significant regardless of patients' own body weight*

## Special Consideration: OBGYN Practices

General issues of weight bias and patient discomfort can be intensified in the OBGYN setting.

In response to such stigmatization, women with obesity and overweight report *avoiding or even cancelling* routine gynecological exams, pap smears, and mammography.<sup>78-82</sup>



Particularly, given the risks associated with obesity in pregnancy and greater concern for mental health during this period,<sup>83,84</sup> providers need to be particularly cognizant of weight stigma and its negative impact on quality of care for pregnant women.

Studies have documented weight bias from maternity care providers towards pregnant women with obesity, including<sup>85,86</sup>

- Assuming patients' lack of motivation for weight management
- Feeling repulsed by patients
- Delivering poor quality of post-natal care for patients
- Providing inadequate health education about gestational weight gain, exercise, and diet during pregnancy

*“He [obstetrician] used to have me in tears - every time I'd go and see him, he'd tell me I was putting on too much weight, and he would literally shout at me. I don't smoke, I've never drunk throughout; it was the only thing that I was doing wrong, and he used to have me in tears.”<sup>87</sup>*

- Sally

*Woman sharing experience of maternity care*

## Special Consideration: Bariatric Surgery

Research indicates significant levels of weight bias even among health providers specializing in obesity care.<sup>14</sup> For example, specialists report perceiving individuals with obesity as *lazy, stupid, and worthless*.



Furthermore, recent students have documented that having any history of obesity and the method of weight loss (lifestyle changes vs surgery) are important factors contributing to weight stigmatization of individuals who have successfully lost weight.<sup>87,90-92</sup>

These findings highlight the need to educate and train health professionals to provide stigma-free care in their pre- and post-operative care. Increased awareness of and competency to address lingering stigma after surgery can also help professionals to support patients adjust to the physical, emotional, and even social changes following surgery.

Patients seeking weight loss surgery often report differential treatment in medical settings based on their weight.<sup>88,89</sup>

In one study of adults with obesity seeking weight loss surgery,

*61% reported receiving inappropriate comments about their weight from their doctors.*<sup>89</sup>

# Part 2:

## *Impact of Weight Bias on Patients*

Weight bias leads to negative psychological, social, economic, and physical health consequences for individuals with obesity, and can also have an impact on health care utilization.



The section will review the scientific evidence regarding the impact of weight bias on the behavior, life outcomes, emotional and physical health of individuals with obesity.

## Consequences for Health Care Utilization

Research shows that weight bias in health care is a barrier for health care utilization.

Compared to women of lower body weight, women with obesity are,<sup>1-7</sup>

*Less likely* → to seek routine preventive health services and cancer screenings

*More likely* → to cancel and delay appointments  
→ to report lower quality of received care

According to research,<sup>2,4,8-10</sup> some women with obesity delay preventive health services because of,

1. Previous experiences of feeling disrespected from providers
2. Embarrassment of being weighed
3. Negative attitudes by providers
4. Medical equipment too small to be functional for their body size

## Research Highlight

In a recent study,<sup>11</sup> adults were asked,

*If your doctor described your weight in a way that makes you feel stigmatized, how would you react?*

<u>Reactions</u>	<u>Adults</u> n = 1064
<i>I would be upset/embarrassed</i>	41%
<i>I would seek a new doctor</i>	21%
<i>I would avoid future doctor appointments</i>	19%

**The language providers use about weight is important**

## Reactions of Patients to Experiences of Weight Bias

Patients with  
obesity report...<sup>10,12-18</sup>

Being blamed for their weight and related problems

Feeling judged about their weight, thus becoming less trusting of their doctors

Feeling upset by comments about their weight

Perceiving a lack of empathy from providers

Receiving negative judgment by providers because of their weight

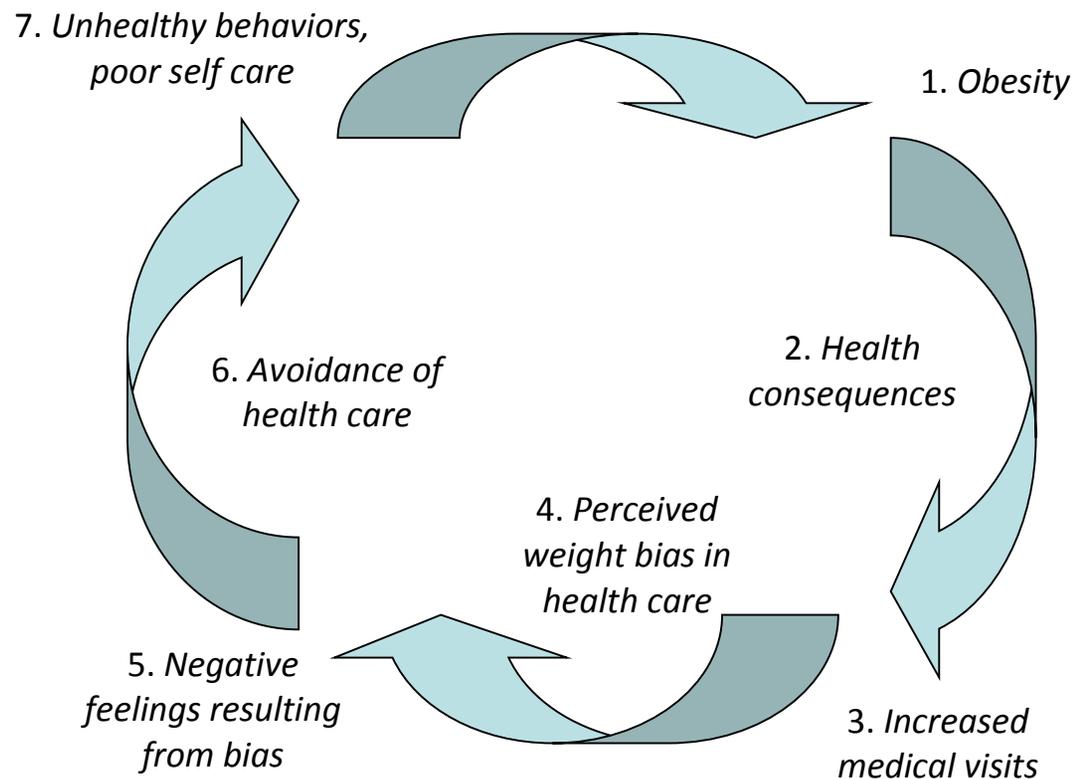
Feeling as if they will not be taken seriously

Being reluctant to discuss their weight concerns



## Cycle of Bias and Obesity

In light of this evidence, it is possible to conceptualize in a cycle of obesity and bias in health care settings.



The cycle of obesity and bias in healthcare settings *begins at the top right hand corner of the diagram with obesity.*

*The health consequences of obesity increase health care utilization with more frequent medical visits to facilities and provider contacts.*

*When a patient perceives weight bias in a health care encounter, this can result in negative emotional responses, which may in turn increase avoidance of future health care services.*

*Avoidance of care can in turn exacerbates poor self-care behaviors and could contribute to additional complications and co-morbid conditions of obesity.*

## Personal Impact of Weight Bias

*What are the personal consequences of weight bias?*

Research<sup>19</sup> demonstrates that influence of weight bias on health consequences related to,



Psychological



Social



Economic and educational



Physical health

*These adverse outcomes can reduce the quality of life and impact both short- and long-term well-being.*

### *Did you know...*

Individuals with obesity experience different types of weight stigma in their daily lives.<sup>20</sup>

- *Direct stigma*
  - Being laughed at when exercising or eating in public
  - Stigmatizing comments at school and in the workplace
- *Environmental Stigma*
  - Inappropriately-sized equipment and facilities at gyms and medical offices
  - Unsuitable seating in modes of public transportation and other public venues
- *Indirect stigma*
  - Being avoided or excluded in social situations
  - Being ignored by customer service staff

## Psychological Consequences of Weight Bias

Research has consistently documented an association between weight bias and adverse psychological consequences. Specifically, individuals who are stigmatized because of their weight are at risk for,<sup>21-30</sup>

- Depression
- Anxiety
- Poor body image
- Substance abuse
- Low self-esteem
- Suicidal thoughts and behaviors

These findings have been demonstrated in both clinical and non-clinical samples of individuals with overweight and obesity, and persist even after controlling for variables such as BMI, obesity onset, gender, and age.<sup>24,31,32</sup> Thus, psychological outcomes are not associated with body weight per se, but rather are linked directly to experiences of weight stigma.



### Research Highlight

In a 2009 nationally representative study of more than 22,000 adults, perceived weight bias was associated with,<sup>33</sup>

- Mood disorders such as,
  - Major depressive episode
  - Manic or hypomanic episodes
- Anxiety disorders such as,
  - Social phobia
  - Panic disorder
  - Generalized anxiety disorder
- Substance dependence for,
  - Nicotine
  - Alcohol

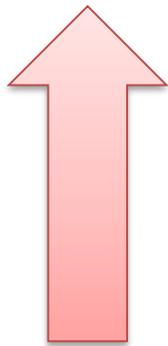
*Findings were significant regardless of perceived stress, social support, and BMI.*

## Psychological Consequences of Weight Bias Internalization

Internalization of weight bias is the extent to which a person engages in self-stigma, attributing negative weight-based stereotypes toward oneself and blaming oneself for being stigmatized.

Research<sup>34-42</sup> indicates that,

**Greater weight  
bias internalization**



*Increases risk for*



- **Psychological consequences** such as lower self-esteem and higher depression and anxiety
- **Binge eating**
- **Avoidance of exercise** such as lower willingness and motivation to exercise, and lower perceived competence in physical activity

### Research Highlight

In a 2012 study<sup>36</sup> of 100 treatment-seeking participants with obesity and binge eating disorder, findings found that,

- Individuals seeking weight-loss treatment endorsed higher levels of self-stigma, compared to those not seeking treatment
- Regardless of other risk factors such as depression, self-esteem, and personal anti-fat attitudes, internalization of weight bias uniquely influenced eating disorder pathology

## Educational and Economic Impact of Weight Bias

Educational and economic disparities exist between individuals with and without obesity.

In education, studies have documented that compared to students of lower body weight, students with obesity face,<sup>43-49</sup>

- Lower expectations from teachers
- Lower likelihood of being admitted and completing college, despite equivalent application rates and academic credentials
- Lower grades in middle school, community college, and university, despite similar standardized test scores, personalities, and well-being

In the workplace, compared to normal weight employees, adults with obesity,<sup>50-57</sup>

- Are rated more negatively and less likely to be hired, despite identical qualifications
- Face inequalities in wages, promotion potential and benefits eligibility

In one nationally representative study of 2,838 adults,<sup>51</sup> those with overweight were **12 times more likely to report experiencing discrimination based on their weight**, compared to those with normal weight. Furthermore, the likelihood of discrimination increased at higher weights, ranging from 37 to 100 times more likely.

*Did you know...*

*Weight discrimination extends*

*...even into higher education*

Despite recommendation letters of comparable quality, female applicants with a higher BMI received fewer post-interview offers of admission into graduate school.<sup>49</sup>

*...even into hiring practices*

Human resource staff in charge of hiring underestimate the occupational prestige of individuals with obesity and are more likely to disqualify them from being hired.<sup>55</sup>

## Social Impact of Weight Bias

Research<sup>28,58-65</sup> shows that individuals with overweight and obesity experience,

- Impaired social relationships such as few friends, lacking intimacy and romantic relationships
- Feelings of rejection and withdrawal due to body weight
- Loneliness



Studies have documented *multiple perpetrators* of weight bias:

- Adults with overweight and obesity report that perpetrators of weight bias commonly include *family members* (72%), *friends* (60%), and *spouses* (47%).<sup>66</sup>
- Youth with overweight and obesity report that perpetrators of weight-based teasing and bullying most commonly include *peers* (93%) and *friends* (70%). However, 42% of surveyed youth indicated *physical education teachers* and *coaches* as sources of bias, while 37% and 27% indicated *parents* and *teachers* as perpetrators, respectively.<sup>67</sup> Thus, youth may be vulnerable to weight victimization at school and at home.

Weight bias may be experienced from:

Friends

Parents and siblings

Spouses

School teachers

Sports coaches

## Health Consequences of Weight Bias – Eating Behaviors

Research with adults with overweight and obesity have documented the contribution of weight stigmatization to binge eating<sup>39,68-72</sup> and immediate food consumption.<sup>66,73-75</sup> In one study of 2400 adults with overweight and obesity, nearly 80% reported coping with weight bias by eating more food, while 75% reported refusing to diet.<sup>66</sup> Furthermore, individuals who internalize the negative stereotypes report more frequent binge eating.<sup>34-39</sup>

### Experiment Highlight

In a 2011 experimental study,<sup>73</sup> 39 women who were either normal weight or with overweight watched a video with either weight stigmatizing or neutral content, and were then provided with snacks to eat ad libitum.

<i>Participant Weight/Type of video watched</i>	<i>Kilocalories consumed</i>
Overweight/Stigmatizing	302.8
Overweight/Neutral	89.0
Normal weight/Stigmatizing	170.4
Normal weight/Neutral	144.7

Women with overweight who watched the stigmatizing video **ate three times more** kilocalories, compared to those who watched the video with neutral content

### Did you know...

Experiences of weight bias and subsequent negative affect may elicit coping strategies involving unhealthy eating behaviors such as,

- *Increased food consumption*
- *Binge eating*
- *Refusal to diet*

Similarly, youth of all body weights who experience weight-based teasing are at an increased risk for having or later developing disordered eating behaviors (e.g., binge eating and emotional eating).<sup>76-82</sup>

## Health Consequences of Weight Bias – Physical Activity

Adults who experience weight stigma, compared to those without such experiences, report,<sup>83</sup>

**Less** { Desire for physical activity  
Perceived competence for exercising

In particular, adults with greater internalization of weight stigma report,<sup>40-42</sup>

**Lower** { Motivation for physical activity  
Self-efficacy for physical activity  
Levels of physical activity



For youth, experiences of weight teasing negatively influence their attitudes toward and engagement in physical activity.<sup>84-89</sup>

One research study found that **84%** of adolescents report witnessing their peers with overweight being teased during physical activity at school.<sup>59</sup>

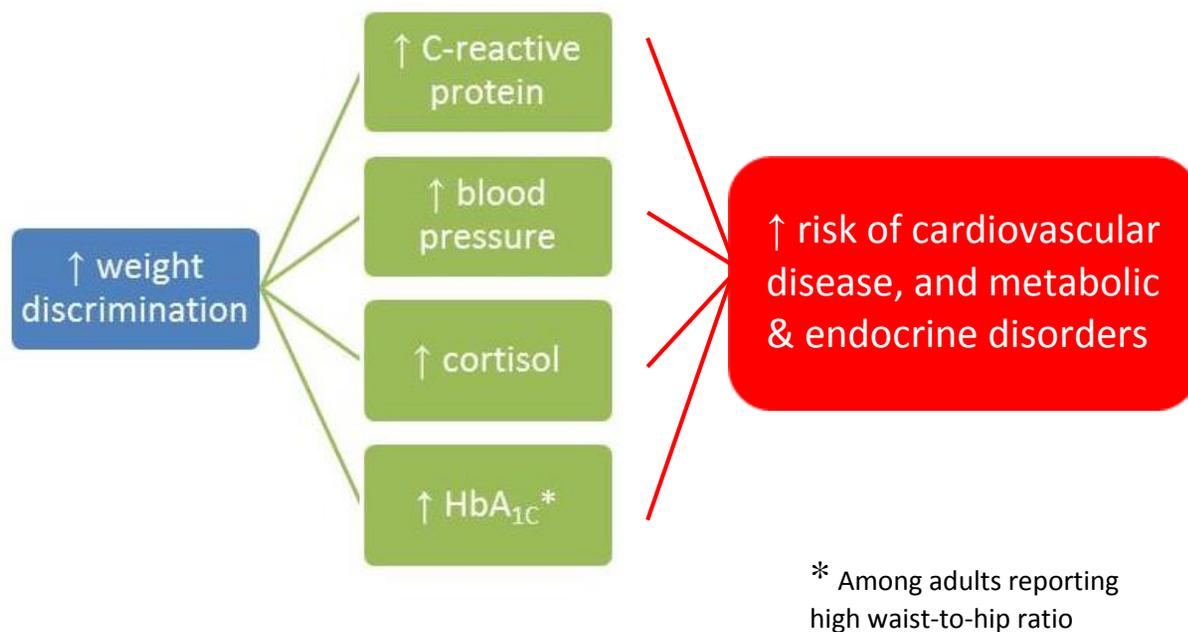
### Research Highlight

In a study of 394 adolescents who had reported being teased about their weight during the past year,<sup>77</sup>

- Both boys and girls who felt more negative affect in response to teasing experiences were *more likely to cope with teasing through avoidance of school activities*, including avoiding participating in physical activities and going to gym class.

## Health Consequences of Weight Bias – Physiological Stress

Research has recently begun to substantiate the physiological effect of experiences of weight stigma.



Experiments have documented the effect of weight stigmatization on blood pressure<sup>90,91</sup> and cortisol reactivity.<sup>92,93</sup> In a 2014 experiment, 123 women viewed either a weight stigmatizing or neutral video.<sup>92</sup> Findings showed that compared to the neutral video, the stigmatizing content elicited greater cortisol reactivity for women across the weight spectrum. Similar findings evidence the detrimental impact of stigma on C-reactive protein<sup>94</sup> and glycemic control (indexed by HbA<sub>1c</sub>).<sup>95</sup>

### Did you know...

Discrimination based on weight may have a unique effect on physiology.

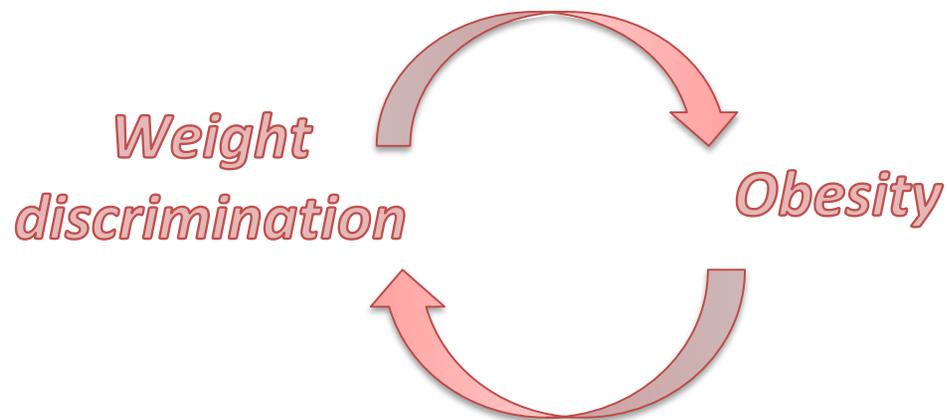
In a nationally representative study of 7,394 adults with overweight and obesity,<sup>94</sup>

*weight discrimination was associated with **higher** levels of circulating C-reactive protein.*

However, experiences of discrimination based on race and age were *unrelated* this physiological measure.

## Impact of Weight Bias on Obesity

With implications of weight bias on health behaviors, recent studies have begun to examine obesity as outcomes of stigma.



Among adults, research suggests a clear link between weight discrimination and obesity<sup>96,97</sup> and weight gain<sup>96,98</sup> over time. In a 2013 nationally representative study examining longitudinal outcomes of adults who reported experiencing different forms of discrimination,<sup>97</sup> *those who reported weight discrimination were 2.5 to 3 times more likely to become or remain obese*, compared to adults who had not experienced such discrimination.

Similarly for youth, weight teasing contributes to later overweight and obese. Especially for girls, those who were previously weight teased experienced an increased risk of *64-66% for overweight and obesity*.<sup>99-101</sup>

## Research Highlight

In a second longitudinal study of 2,944 adults,<sup>96</sup> people reporting perceived weight discrimination experienced

- 6.67 times greater odds of becoming obese
- Significant increases in weight by on average, 1.66 kg
- Significant increases in waist circumference by on average, 1.12 cm



## Understanding How Weight Bias Impacts Health

In summary, weight bias contributes to a range of adverse health behaviors and outcomes. Taken together, these consequences may impair health in ways that increase morbidity and mortality.

### Weight bias, stigma, and discrimination

#### Negative consequences across multiple domains of life

- Poor access to & delivery of health care
- Diminished income & education
- Harmful impact on physiology
- Reduced use of health care
- Diminished self-esteem

#### Poor health outcomes

- Elevated risk for disease
- Psychological disorders
- Diminished social support
- Poor recovery from disease

#### Morbidity & Mortality

---

*The negative impact of bias on income, education, health care, psychological well-being, and physiology, can reduce the quality of life for persons with obesity, increase their risk for worse life outcomes, and exacerbate obesity.*

---

## Special Consideration: Weight Bias in Youth

Children with overweight and obesity are frequently teased and bullied.<sup>29</sup> Research suggests that in comparison to other forms of victimization, parents are most concerned about weight-related teasing and bullying,<sup>107</sup> and teachers view weight-based bullying to be the most problematic form of bullying in the classroom.<sup>108</sup>

Despite many parents identifying their physicians to be the best source for addressing their child's weight, some parents leave the doctor's office unsatisfied for reasons including feeling blamed for not providing a healthy diet and causing their child's overweight.<sup>10,110,111</sup>

### Research Highlight

*"If your doctor referred to your child's weight in a way that makes you feel stigmatized, how would you react?"<sup>111</sup>*

<b>Reaction</b>	<b>% of parents*</b>
<i>Be upset/embarrassed</i>	37%
<i>Seek a new doctor</i>	35%
<i>Avoid future appointments with doctor</i>	24%

\*reporting "likely" or "very likely"

*How can I support healthy behavior changes for a child with overweight without reinforcing their previous experiences with weight bias?<sup>112,113</sup>*

- ✓ Provide specific strategies that help parents monitor and measure improvements in their child's eating and exercise behaviors.
- ✓ Emphasize positive habits that their child enjoys or already engages in.
- ✓ Use sensitive language to describe the child's weight-related health.

## Special Consideration: Weight Bias in Youth

Using a *sensitive communication* approach for discussions about weight is key to establishing a relationship with families so that they can be better informed and supported in their efforts for effective weight management.

**During your discussion, keep in mind,<sup>111</sup>**

1. Appropriate, neutral weight-related terminology



*Weight*



*Fat*



*BMI*



*Morbidly  
Obese*

2. Non-judgmental attitude that avoids blaming or shaming parents

*Resources of helpful  
communication strategies*

*For use by pediatricians:*

[How to Talk to Parents](#)

[Having a Productive Talk with  
Parents](#)

*To share with parents:*

[Be Informed and Assertive](#)

[Addressing Weight Bias at  
the Doctor's Office](#)

[Talking with the Doctor about  
my Child](#)

# Part 3:

## *Increasing Self-Awareness of Weight Bias*

### **Overview**

Increasing awareness of personal attitudes about body weight is an important first step in understanding and reducing weight bias. Even the most enlightened, intelligent, and well-intentioned professionals may harbor some bias, often in subtle ways that they are unaware of.

This portion of the course will help you assess your personal attitudes about body weight and people with obesity. Becoming aware of personal attitudes can help to improve communication with patients of diverse body weight.

***The following pages contain questions and resources for self-reflection. Please take the time to read each question and consider your answer.***

*Am I immune to weight bias?*

*How does my practice reflect my own attitudes?*

*In what ways might I be unintentionally communicating bias?*

## Implicit and Explicit Weight Bias

Although health providers may not intentionally express their biases, research suggests that some physicians and medical students unconsciously hold negative beliefs about individuals with obesity (called implicit weight bias).<sup>1,3-8</sup>

In one study of over 2,000 health providers, both strong explicit and implicit weight biases were pervasive; in fact, *physicians exhibited weight biases to an extent comparable to the general population.*<sup>3</sup> Such biases can affect the quality of patient-provider relationship and have implications for patients' health care experience and outcomes.

*How might implicit weight bias affect patient-provider relationship?*

During medical visits with patients with overweight or obesity,

Physicians with *greater implicit weight bias*

may

- Sit further away
- Use less visual contact
- Be less engaging
- Share less health-related information

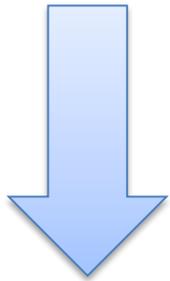
*Even without the intention to discriminate, some research<sup>9</sup> shows that implicit attitudes may result in discriminatory behavior.*

## Research Highlight

In 2001<sup>1</sup> and 2013,<sup>2</sup> over 200 obesity-related professionals (e.g., researchers and clinicians) attending a national obesity conference were surveyed about the extent of their implicit and explicit weight bias.

Compared to attitudes of professionals reported in 2001,<sup>2</sup> some of the same weight biases had worsened 13 years later:

Less  
implicit bias



In 2013, attendees showed improvements on some aspects of implicit weight bias

**But...**

More  
explicit bias



In 2013, more attendees reported

- Beliefs that people with obesity are lazier than individuals of lower weight
- General bad feelings toward people with obesity

*Over time...*

the number of patients with overweight and obesity has *increased*

*But,*  
*weight bias among physicians continues to be present and can harm patient health outcomes and experiences of health care.*

## Questions for Self-Reflection about Obesity

*Please ask yourself the following questions:*

- 1. What are my views about the causes of obesity?*
- 2. Do I believe common stereotypes about obesity (e.g., eating too much or lack of motivation) to be true or false?*
- 3. Do I make assumptions about an individual's character, intelligence, abilities, health status, or lifestyle behaviors based only on his or her weight?*
- 4. How do my views and assumptions about obesity affect my attitude towards individuals of higher weight status?*

*To continue learning about your personal attitudes, you can consult a Rudd Center guide that provides descriptive examples of several validated and structured self-assessment surveys:*

[Assessing Weight Bias](#)

## Questions for Self-Reflection about your Patients and Practice

5. *How do I feel when I work with patients of different body sizes?*
6. *Could my attitude about obesity impact my ability to help my patients?*
7. *Do I consider all of a patient's presenting problems, in addition to weight?*
8. *What kind of feedback do I give to patients with obesity?*
  - *Do I encourage healthy behavioral changes?*
  - *Am I sensitive to the needs and concerns of my patients?*
9. *What barriers do I face in addressing weight with my patients with obesity?*

People can often have biases against individuals with obesity that are so automatic that we're not aware of them. These are called implicit attitudes and they can even contradict the attitudes that we consciously express.

Assess your personal implicit attitudes by completing the [Implicit Attitudes Test \(IAT\)](#)

You can download a printable version of the [IAT](#) [here](#)

# Part 4:

## *Strategies for Improving Patient-Provider Interactions and Weight Management Counseling*

### **Overview:**

People with obesity frequently feel judged, ashamed and blamed about their body size. It is important that the health care environment be a setting where patients are respected regardless of their body size, and can feel comfortable to ask questions not only about weight management, but a full spectrum of wellness issues.

***This section will provide you with strategies to help foster respectful communication with patients of higher weight, and to promote productive and positive patient-provider interactions.***

*How can I discuss weight-related health in a way that is compassionate and motivating for my patients?*

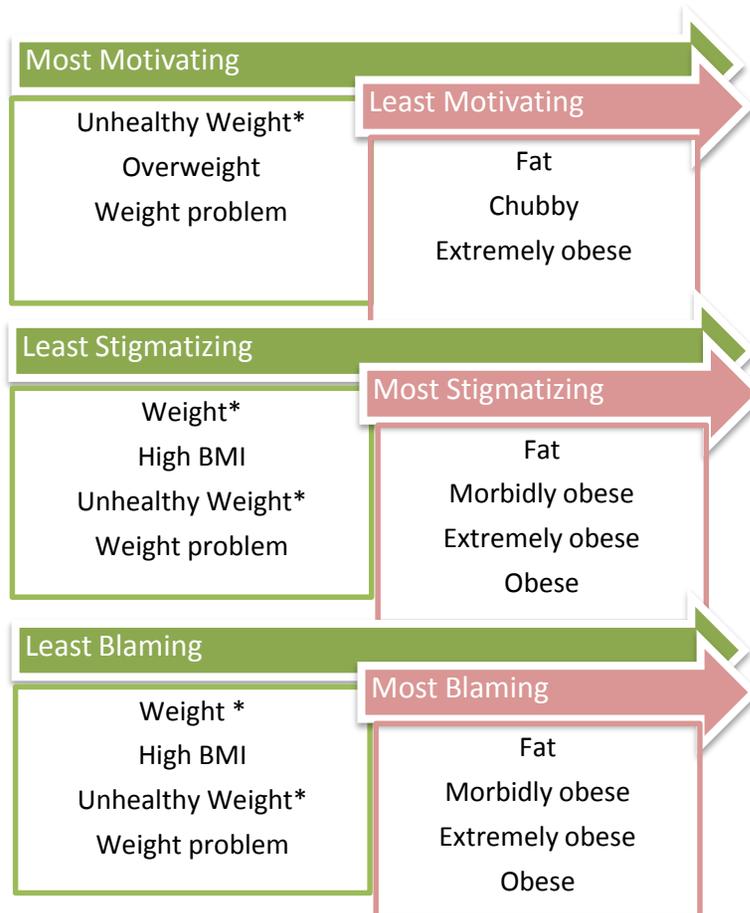
*What are the implications of initiating discussions about weight for my patients' health care experience and health outcomes?*

*What are some strategies that I can use during patients' medical office visits to support their efforts for weight management?*

## Which Words to Use?

Using appropriate and respectful language about body weight can facilitate a productive and positive conversation with patients.

Research has documented that certain words used to describe body weight may be perceived by patients to be stigmatizing and blaming, whereas other terminology may be viewed as motivating and encouraging.<sup>1-11</sup> *Consider the following words in your discussion:*



\*These items are generally the most preferred by adults when discussing their own weight and by parents when discussing their child's weight.. Note that these words are more neutral descriptions of body weight.

To help patients feel comfortable and motivated for lifestyle changes, it is important to use sensitive and straightforward language about weight:

### Most Desirable terms referring to weight

- ✓ Weight
- ✓ Excess weight
- ✓ Overweight
- ✓ BMI (if thoroughly explained)
- ✓ Unhealthy weight

### Most Undesirable terms referring to weight

- ✗ Fat
- ✗ Fatness
- ✗ Excess fat
- ✗ Large size
- ✗ Weight problem
- ✗ Heaviness
- ✗ Obesity
- ✗ Morbidly Obese
- ✗ Extremely obese

## Talking about Weight with Patients

Talking about weight can be a challenge, for both patients and providers. Certain words to describe body weight may be perceived as judgmental or blameful by patients, which can in turn jeopardize important discussions about health. Many physicians report having little training on obesity,<sup>12-15</sup> and as a result may be reluctant to initiate conversations about weight, feel anxiety or discomfort in raising the topic, or unsure about how to discuss weight-related health in ways that are empowering and supportive to patients.<sup>16-19</sup>

### Research Highlight

*“If your doctor referred to your (or your child’s) weight in a way that makes you feel stigmatized, how would you react?”*

In 2010, two national samples of 1,064 adults<sup>3</sup> and 427 parents<sup>1</sup> were asked about their preferences and perceptions of words used by their health care providers to describe excess weight.

Reaction	% of parents*	% of adults*
<i>Be upset/embarrassed</i>	36.8	40.0
<i>Seek a new doctor</i>	34.7	20.0
<i>Avoid future appointments with doctor</i>	24.0	19.0

\*proportion of participants indicating ‘likely’ or ‘very likely’

*Visit these Rudd Center resources:*

- [How to have a productive conversation about weight bias](#)
- [How to Talk to Parents about their Child's Weight](#)

*Share these resources with your patients:*

- [How to talk to your doctor about weight](#)
- [If you have ever been a target of weight bias in health care](#)
- [How to talk with your doctor](#)

## Initiating Discussions about Weight

### Considerations for how to approach conversations about weight:

*Instead of starting the conversation like this,*

- × Mrs. S., we need to talk about your obesity.
- × Mr. J., you haven't lost any weight. We need to discuss your weight problem



*Try initiating a conversation like this,*

- ✓ Mrs. S., would it be okay if we talk about your weight?
- ✓ Mr. J., how are you feeling about your weight at this time?
- ✓ How does your weight affect your quality of life?

*To help increase patients' comfort level in discussing weight, try asking,*

- ✓ People have different preferences when it comes to talking about their body weight. Are there any words that you would prefer that I use to talk about your weight?
- ✓ Are you comfortable if I use terms like 'weight' and 'BMI'?

*Resource for Discussions about Weight:*



Strategies to Overcome and Prevent (STOP) Obesity Alliance's "Why Weight? A Guide to Discussing Obesity & Health with Your Patients"

provides useful examples of conversation starters to,

- Build rapport
- Begin discussions about weight
- Address realistic goals
- Discuss culture, tradition, and social support

# People-First Language for Obesity

Given that people-first language affects attitudes and behavioral intentions toward persons with disability,<sup>20</sup> it is standard to address the person first (e.g., as “person with a disability”), rather than labeling the individual by his or her condition. Such labelling of individuals by their obesity can exacerbate the already pervasive extent of weight bias in health care. By adopting people-first language, health professionals can treat patients with obesity the same respect and dignity as patients with other diseases. *Think about times when you discuss obesity with other health professionals, trainees, or patients with obesity.*

**Patients with obesity are often labeled by their disease and referred to as,**

**Instead, try using people-first language and referring to your patients as,**

“Obese patients”



“Patients with obesity”



“Treating the obese diabetic”



“Treating the patient with obesity and diabetes”

“Identifying treatments for the ‘obese’”



“Identifying treatments for individuals with obesity”

**The following organizations support “People-First Language for Obesity”**

- The Obesity Society,
- The Obesity Action Coalition,
- Academy of Nutrition and Dietetics,
- American Society of Bariatric Physicians,
- American Academy of Orthopaedic Surgeons, and
- American Society for Metabolic and Bariatric Surgery.

## Did you know...

Despite being widely adopted for most chronic diseases, and mental and physical disabilities, individuals with obesity are still largely referred to as “obese people” or “the obese.”

For example, in comparing search phrases in “Google Scholar” for research publications,<sup>21</sup> phrases that

### Labels by Disease

“Diabetic people” yields → 5,550 results

“Obese people” yields → 30,400 results

### Puts people first

“People with diabetes” yields → 121,000 results

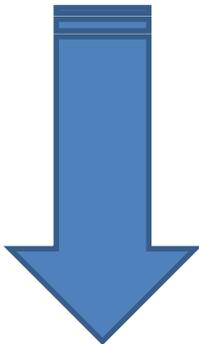
“People with obesity” yields → 2,000 results

## Sensitive Weighing and Measuring Procedures

Patients with obesity may feel anxious about being weighed and measured,<sup>22,23</sup> and even avoid medical appointments for this reason.<sup>24</sup> One study reported that 35% of women with obesity reported that having to be weighed was a reason they avoided medical appointments.<sup>24</sup> Thus, it is important that providers, nurses, and medical assistants are sensitive during these procedures.

### Before

procedure:



- Consider whether it is necessary to weigh and measure your patient by reviewing his or her medical chart
  - *Have there been significant changes in weight or waist circumference between visits?*
  - *When was this information last documented?*
- If necessary, ask for permission
  - *Do I have your permission to weigh and measure your waist circumference today?*
  - *Dr. X likes me to ask all the patients if it would be okay for me to measure your weight and waist circumference. Would this be okay with you?*

### During

procedure:



- Conduct weight measurements in a private location to ensure privacy
- Provide the option to patients of facing away from the scale if they would prefer
- Record weight and waist circumference without judgment (e.g., no negative comments or facial expressions)

### After

procedure:

- Ask if they would like to know their weight and waist circumference today
- Ask if they wish to discuss or have questions about their measurements or health

*For weighing and measuring your patients with obesity,*

### *Have you ever...*

- *Asked for permission before the procedure?*
- *Made an extra effort to find a private area that is away from other patients and staff?*
- *Unintentionally made hurtful comments or jokes after seeing the numbers?*
- *Asked if the patient would like to know their weight and waist circumference before telling them?*
- *Offered to discuss their weight and/or health?*

## Treatment Knowledge

Despite encountering many patients with obesity, diagnosis and treatment of obesity remains lower than it should be.<sup>25-27</sup>

Subsequently, research indicates that few patients receive counseling about weight, diet, and exercise from their primary care providers.<sup>18,19,26,28-30</sup> However, with greater knowledge about effective approaches for weight management, it is possible to integrate more behavioral counseling during office visits and better support patients' efforts to make lifestyle changes.<sup>18</sup>

### How might greater knowledge and competency in providing obesity care help?



### Did you know...

Some research reported a **36% decline in weight counseling**

between 1995 and 2008, particularly among patients with co-existing chronic conditions who may benefit from weight loss<sup>28</sup>

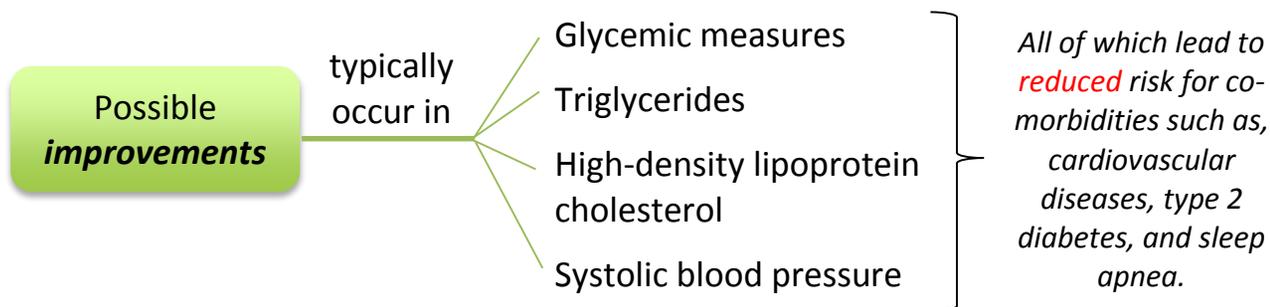
# Realistic Expectations for Achievable, Sustainable Weight Loss

Significant, long-term weight loss is not easily achieved, despite messages by the media and weight-loss industry that suggest otherwise.

To make recommendations about weight loss and goals that are achievable and sustainable, *consider the following information:*

**1. Expert medical panels concur that a weight loss of 5 to 10% of body weight should be considered a success<sup>34,35</sup>**

- Weight loss greater than 10% is not sustainable in most conventional weight loss treatments.<sup>36</sup>
- Modest weight loss can result in clinically significant health improvements,<sup>37-41</sup> even if patients remain 'overweight' or 'obese.'<sup>42</sup>



## Research Highlight

In a recent experiment of 59 adults,<sup>43</sup> the impact of a popular weight-loss reality TV show ("*The Biggest Loser*") on weight bias was evaluated.

Findings indicated that compared to those watching neutral content, adults who viewed 40 minutes of *The Biggest Loser* expressed:



- Dislike of people with overweight
- Belief in personal controllability of body weight

## Realistic Expectations for Achievable, Sustainable Weight Loss

### 2. ***“Healthy” BMI may not always mean “Ideal” BMI***

- Patients may have an ideal weight that they want to achieve, which may be significantly more than what is realistic to expect. When a goal is unrealistic, patients can feel discouraged and unsuccessful in their efforts for to make lifestyle changes.
- Instead of focusing only on weight loss, encourage goals focused on behavioral changes and improvements in health indices, such as blood pressure.

### 3. ***Recognize the difficulty of weight loss management***

- Although weight loss is difficult, maintaining weight loss may be even harder,<sup>44,45</sup> with only one in six adults with overweight or obesity maintaining weight loss of at least 10% for 1 year.<sup>46</sup> However, with appropriate strategies and support, patients are more likely to maintain weight loss or have a similar extent of success after re-gaining weight.<sup>44,47,48</sup>

### 4. ***Even after weight loss (through behavioral or surgical interventions), weight stigmatization can occur (called “residual stigma”)***<sup>49-52</sup>

- Regardless of current weight, individuals with any history of obesity can still experience weight stigma that harms their psychological health, including increased suicide attempts and likelihood of anxiety and depressive disorders.

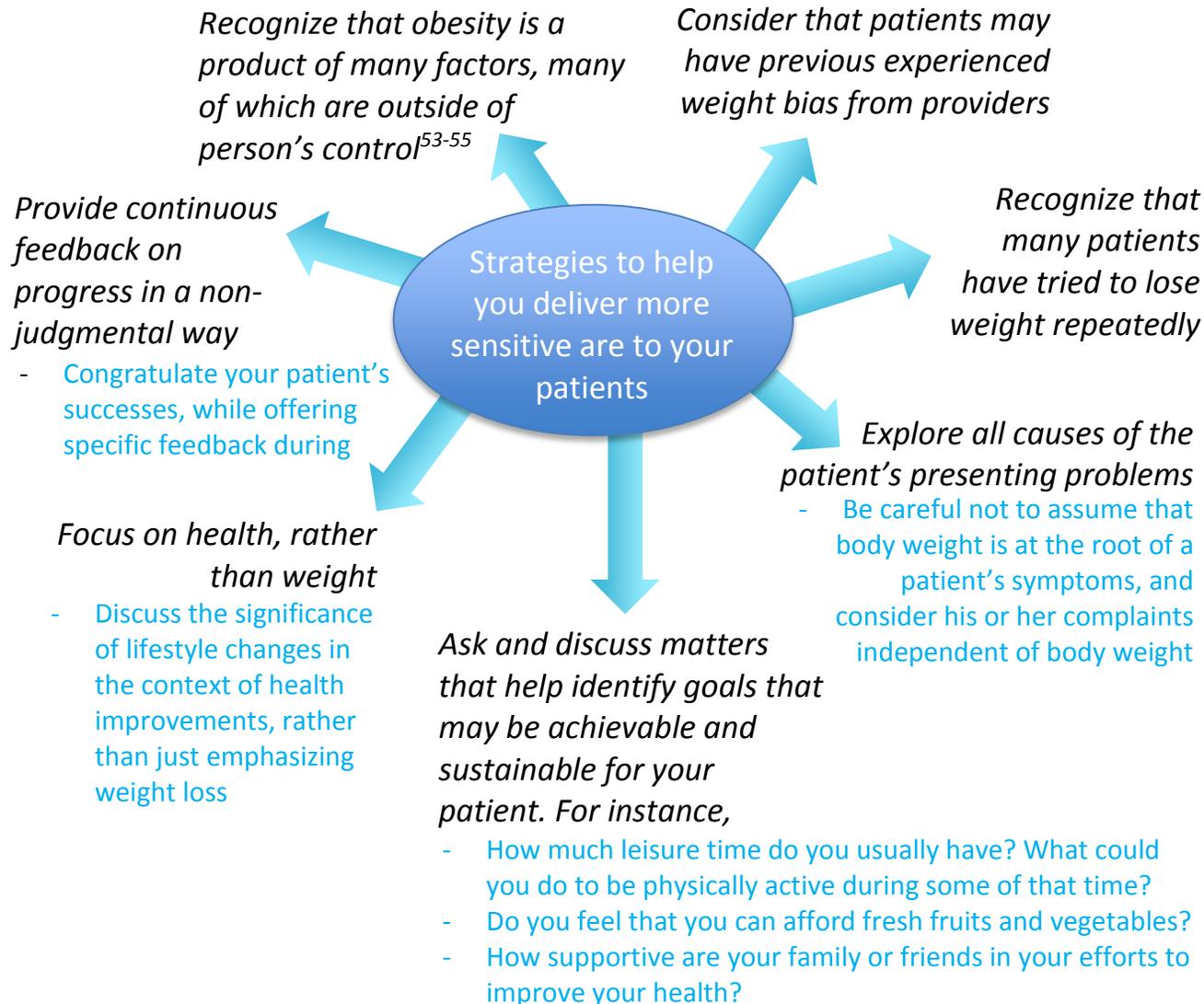
### *Did you know...*

Weight loss of approximately 10% is a typical and realistic outcome of the best behavioral and/or pharmacological treatments for weight loss.<sup>34,35</sup>

Following weight loss, patients may experience ongoing stigma and still be negatively stereotyped by others.<sup>49-52</sup>

## Key Strategies: Reducing Bias in Clinical Practice

Providers may not be aware of the ways in which they communicate weight bias to their patients.



*In reducing weight bias in your practice, consider your patient's:*

- ✓ Past experiences of weight stigmatization from providers
- ✓ History of weight loss efforts
- ✓ Family history of obesity
- ✓ Food and social environment (at home, school, and work)
- ✓ All weight- and non-weight related health concerns

*For your patient's weight loss efforts,*

- ✓ Stay up-to-date about his or her progress
- ✓ Offer non-judgmental feedback
- ✓ Focus on health, not weight loss
- ✓ Aim to set achievable and sustainable goals

## Motivational Interviewing for Diet and Exercise, and Obesity

Motivational interviewing (MI) allows providers to encourage patients' self-efficacy and personal control to be successful in their efforts for health behavior changes. By using reflective listening, asking open-ended questions, and expressing empathy, you can evoke patients' own motivation, strengths, and aspirations for behavior change.<sup>53,54</sup>

To effectively conduct MI in a busy office practice, it is necessary for physicians to develop and practice the specific skills related to asking, listening to, and informing patients. Despite time constraints during patient visits, studies consistently show that counseling sessions ranging from 5 to 15 minutes can be effective in increasing adherence to treatment, improving health behavior habits, and achieving weight loss.<sup>55</sup>

Here are some examples of the types of questions to ask using a MI style when assessing ambivalence and motivation for lifestyle changes in patients with obesity:



- *How ready do you feel to change your eating patterns and/or lifestyle behaviors?*
- *How would you like your health to be different?*
- *What concerns do you have about eating healthier, exercising more, or losing weight?*
- *How can I help you succeed?*
- *Tell me about some barriers in your life for taking a first step?*

### Did you know...

Research consistently documents the benefits of MI for weight loss, and improvements in diet and physical activity. For example,

Among patients with overweight and obesity, a 2011 meta-analysis indicated that compared to patients in typical interventions, those receiving MI reported greater reduction in body mass, body weight, and BMI.<sup>56</sup>

In a 2009 review, MI alone or in combination with other interventions was associated with increased self-efficacy related to diet and exercise, increased physical activity, and fruit and vegetable consumption, and reduced caloric intake.<sup>57</sup>

Visit these detailed guides on motivational interviewing to begin:

[MI Strategies for Diet, Exercise, and Weight](#)

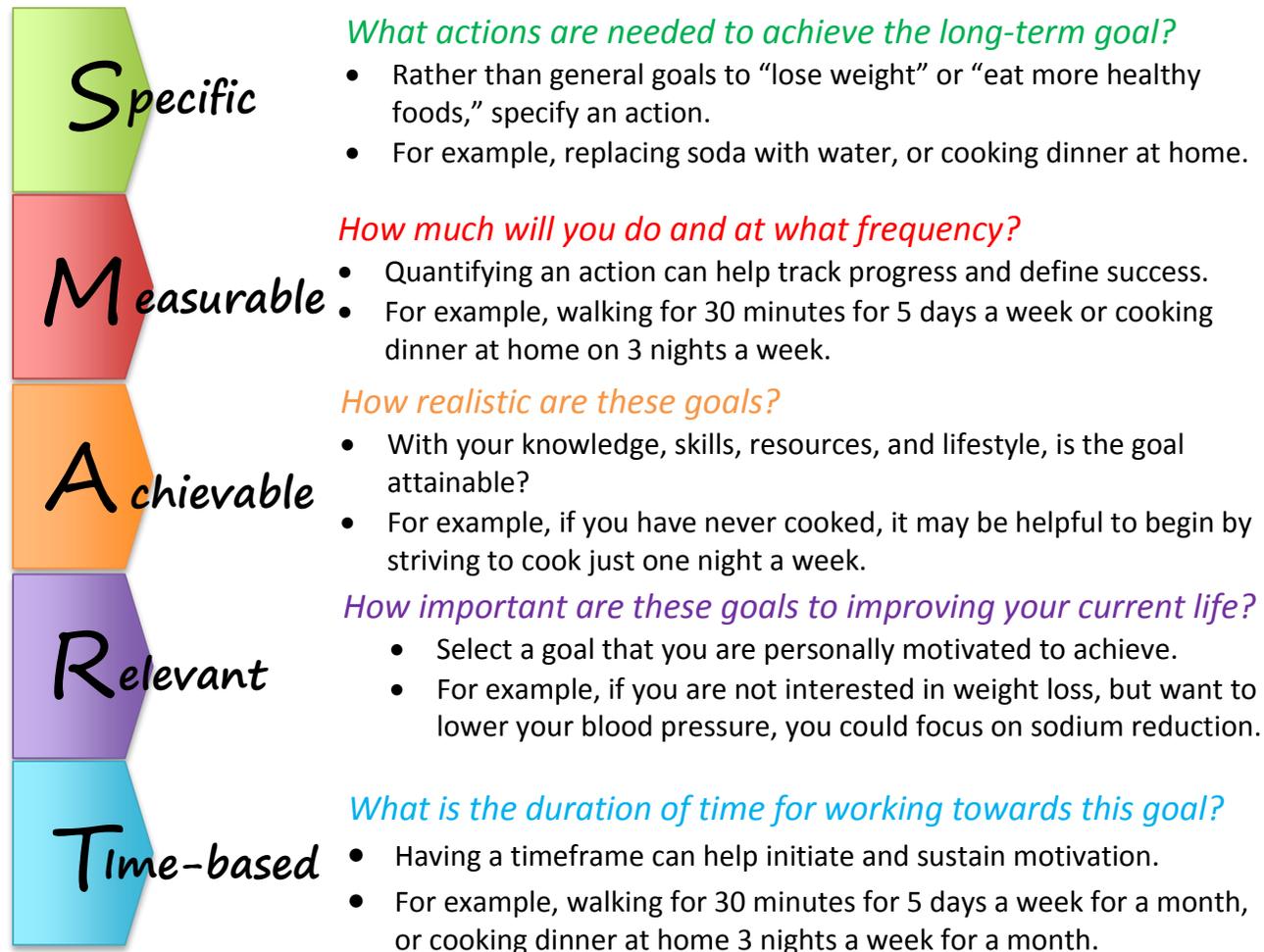
[MI: Example Scripts](#)

[Practicing a 12-minute MI Intervention Videos](#)

## Setting *S.M.A.R.T* Goals

As you and your patient work towards creating a plan to achieve long-term weight loss and physical health improvements, be sure to develop *SMART* diet- and exercise-related goals.

**With your patient, brainstorm and write down some goals using the following guidelines:**



## Examples of *S.M.A.R.T* Goals

*I will bring my lunch to work every day for this next month.*

*I will replace soda with water every day for the next two weeks.*

*I will ride my bike for one hour 3 times each week this month.*

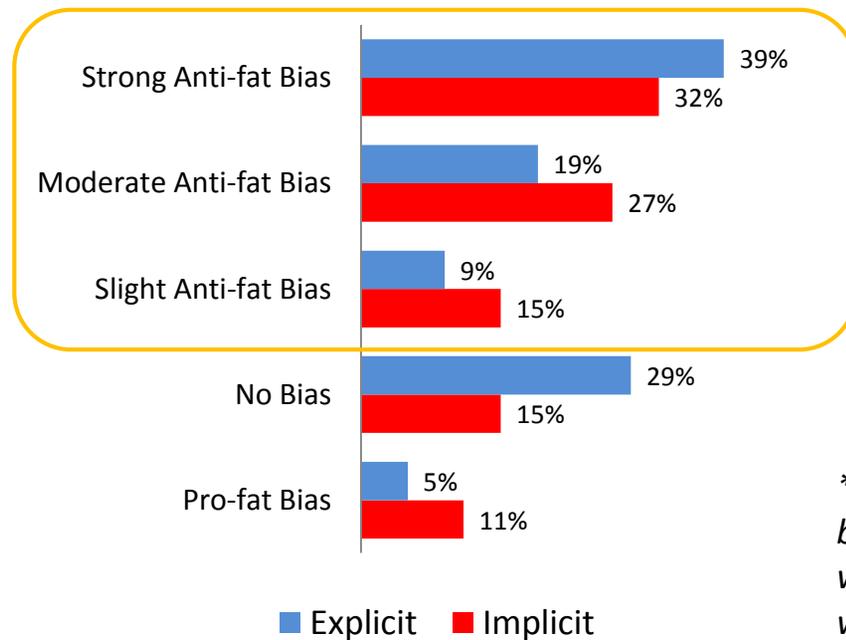
*I will eat 2 servings of fruits or vegetables with each meal, on 4 days each week this month.*

*I will use the stairs instead of the elevator for 5 times a week this month.*

Despite the prevalence of weight bias in medical education,<sup>58</sup> most medical schools do not address this issue and many students remain unaware of their weight biases.<sup>59-62</sup>

## Research Highlight

A 2014 study<sup>61</sup> of 4,732 first-year medical students from 49 medical schools were examined to measure explicit and implicit weight biases.



Majority of students express explicit and implicit weight bias

*\*Stronger weight bias among students who were male, white or Hispanic, and with lower BMI*

### Teaching Resources:

- ✓ ["Weight Bias in Health Care" Video](#)
- ✓ [Facilitated Video Discussion Guide](#)
- ✓ [Validated Measures to Assess Weight Bias](#)

## Physicians of the 21<sup>st</sup> Century: Training in Medical School

Efforts to address weight bias need to begin early in medical training, so that students are provided with appropriate education and opportunities to practice skills that promote sensitive and effective patient care.

In fact, recent studies with medical students evaluating education about weight stigma<sup>63-68</sup> indicate that changes can begin early, including:

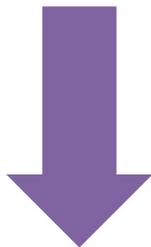


### INCREASES IN:

Empathy

Confidence in interacting with patients of higher weight

Understanding of the role of genetics and environment in obesity etiology



### DECREASES IN:

Negative stereotyping about personal characteristics of patients with obesity

Anti-fat biases

## Research Highlight

In a 2013 study,<sup>69</sup> 60 medical students completed an optional weight management experience that included an evaluation of their BMI, weight loss and health behavior goal setting, and self-monitoring (of calories, exercise, or weight loss).

Common themes that arose from this experience included,

- Better understanding of how to help patients and provide resources
- Increased empathy for patients
- Better able to educate and encourage patients
- Realization that dieting and exercise is difficult to sustain

## Strategies to teach students about weight bias:

### Educate about the Complexity of Obesity

- Explain the multi-faceted etiology of obesity
- Identify the environmental, biological, and genetic contributors of obesity, which have little to do with personal willpower or control

### Training for Patient-Centered Care

- Instill competency in counseling patients about lifestyle changes
- Develop motivational interviewing skills for discussing weight management efforts with patients

### Practice Interpersonal & Communication Skills

- Promote empathy and compassion for building rapport with patients and family
- Provide experiential learning opportunities with standardized patients
- Foster skills to effectively collaborate within an inter-disciplinary team (e.g., nutritionists, therapists, psychologists)

## Research Highlight

In 2011, a pilot program was launched to improve medical students' attitudes towards and care for patients with obesity.<sup>68</sup>

*The pilot program included:*

- Establishment of a longitudinal relationship with patient undergoing bariatric surgery
- Faculty mentorship
- Self-reflection journal

*Upon completion, common reflection themes included,*

- awareness of physicians' attitudes about obesity
- recognition of obesity stereotypes
- improved estimation of body mass index

## Physicians of the 21<sup>st</sup> Century: Training in Medical School

### Lead by Example

- Model sensitive and non-stigmatizing practices in your care
- Provide experiential opportunities such as discussing weight and health, and recording weight and height
- Facilitate discussions about patients with obesity in response to assigned readings or videos, or about first-hand experiences

### Encourage Personal Development

- Increase student awareness of personal weight biases
- Guide practices in self-reflection and perspective-taking
- Help identify personal and professional improvement goals



### Checklist:

Are my students able to...

- ✓ Understand how diet and exercise are among many different factors causing obesity?
- ✓ Identify plans and resources for health behavior changes?
- ✓ Make appropriate referrals?
- ✓ Use patient-centered communication skills to discuss weight-related health with patients?
- ✓ Acknowledge personal biases toward patients with overweight?
- ✓ Understand how weight affects patients' social and emotional experiences?
- ✓ Set goals for self-improvement?

## Case Example: Sherry

**Please read the case example and consider the questions below:**

Sherry is meeting with her doctor for a routine primary care visit. She is 28 years old, weighs 236 pounds and has a BMI of 39. She hasn't seen her doctor in 3 years. The last time she visited her doctor, he recommended that she lose weight. Sherry has made some healthy changes in her life, but she has been unable to maintain significant weight loss. She has stopped drinking sugary beverages, walks to work every day, and tries to make healthy food choices.

After looking over her chart, **her doctor says:**

*Everything here looks pretty good, except that your glucose is a little high. If you lose some weight, it probably won't develop into anything serious.*

**Sherry replies:**

*"I've tried to lose weight and it never works. I've lost over 30 pounds, but I just keep regaining it back."*

**Her doctor replies:**

*"You just need to try harder. Losing weight is a simple matter of eating less and exercising more. Why don't you try skipping desserts and doing some exercise? Maybe join a gym?"*

*Consider these questions:*

What assumptions is the doctor making about Sherry based on her weight?

Is the doctor underestimating how difficult it is for some people to lose weight? Why or why not?

How might Sherry react to her doctor's words? Will she be motivated to "try harder?"

What could her doctor have said instead that might motivate Sherry to continue to make healthier lifestyle changes?

# Part 5:

## *Office Environment Strategies to Reduce Weight Bias*

### **Overview**

Only one in 11 physicians have a scale in their medical office that goes over 350 pounds.<sup>1</sup> With more than two-thirds of American adults and one-third of youth with overweight and obesity, it is important to consider the physical environment in health care settings for patients of higher weight.

Providing proper seating in waiting rooms and appropriate medical equipment and accommodations in exam rooms for patients with obesity is an ethical responsibility. The purpose of this section is to guide health care providers and staff in providing safe and suitable environments for delivering healthcare to patients with obesity and overweight.

*How can we ensure that patients of all sizes receive thorough, respectful exams?*

*What are some important factors for equipping and setting up an office environment suitable for patients of diverse body sizes?*

Several studies of health care providers and hospital staff indicate that medical equipment is not readily accessible to accommodate patients with obesity.<sup>2-5</sup>

In a 2013 survey,<sup>5</sup> 125 health care providers across the US were asked about the availability of appropriate medical facilities and equipment in caring for patients with obesity.



*23% of health care providers indicated that their emergency rooms are not equipped to handle patients with a BMI > 40 kg/m<sup>2</sup>.*

Limited access to appropriately-sized equipment can contribute to negative patient health outcomes by,<sup>2,3,6,7</sup>

- Making patients feel embarrassed
- Causing inadequate or incomplete clinical exams and tests such as diagnostic imaging tests.

## Research Highlight

Health care providers report that medical equipment is not readily accessible to accommodate patients with obesity:<sup>4</sup>

- 91% did not have scales for patients over 350 pounds
- 79% did not have gowns for patients of higher weight
- 54% did not have armless waiting room chairs
- 20% did not have longer speculum for pelvis exams
- 17% did not have extra-large blood pressure cuffs

## Steps to Improve the Office Environment for Patients with Obesity

### 1. *Assess the environment*

Assess the office environment, and determine whether existing equipment is suitable for patients of higher weight. Try walking through your office from the perspective of a patient with obesity.

### 2. *Plan ahead*

Obtain necessary equipment for patients with obesity including large size blood pressure cuffs, exam specula, and gowns. Request that your staff use specific scripts to promote sensitive practices when weighing patients.

### 3. *Promote sensitivity*

Encourage all staff and clinicians to be sensitive to the needs of patients with obesity. Provide sensitivity training for providers and office staff where needed.

### 4. *Obtain feedback from patients*

Ask for assistance from a patient advocate or from a patient advocacy organization regarding the suitability of the office environment for patients with obesity. When performing patient satisfaction surveys, ask about the comfort of the office environment.

To assess your office environment, download this [Rudd Center Checklist](#)

You and your staff can use this resource to closely examine the office environment and medical equipment for patients with overweight and obesity.

## Promoting a Positive Office Environment for Patients with Obesity

Using the guidelines on the following pages can improve patient care in your office.<sup>8</sup>

### Create an accessible and comfortable office environment

- ✓ Provide sturdy, armless chairs and high, firm sofas in waiting rooms
- ✓ Provide sturdy, wide examination tables that are bolted to the floor to prevent tipping
- ✓ Provide extra-large examination gowns for patients.
- ✓ Install a split lavatory seat and provide a specimen collector with a handle or that fits on the seat. Properly mounted grab bars are needed to enable a person to get up more easily. It is important to install floor mounted toilets and well-supported toilet bowls.

### Use medical equipment that can accurately assess patients with obesity

- ✓ Use large adult blood pressure cuffs or thigh cuffs on patients with an upper-arm circumference greater than 34 cm.
- ✓ Have extra-long phlebotomy needles, tourniquets, and large vaginal specula on hand.
- ✓ Have a weight scale with adequate capacity (greater than 350 pounds) for patients with obesity.

*“Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation.”*

*-Patient reporting weight bias*

## Steps to Improve the Office Environment for Patients with Obesity

### Monitor obesity-related medical conditions and risk factors

- ✓ Conduct tests to assess type 2 diabetes, dyslipidemia, hypertension, sleep apnea, ischemic heart disease, and nonalcoholic steatohepatitis.
- ✓ Consider concerns of patients with obesity that may be overlooked such as lower extremity edema, thromboembolic disease, respiratory insufficiency (Pickwickian syndrome), skin compression (ulcers), and fungal infections.

### Offer preventive care services

- ✓ Allow adequate time during office visits for preventive care services.
- ✓ Recommend or provide preventive care services that are not compromised by the size of the patient (e.g., pap smears, stool testing).

### Encourage healthy behaviors

- ✓ Discuss the benefits of a modest 5 to 10% weight loss
- ✓ Emphasize healthy behaviors to prevent further weight gain, regardless of current weight loss efforts.
- ✓ Encourage realistic physical activity goals to improve cardiovascular health.
- ✓ Seek out professional resources to assist your patients and provide referrals to registered dietitians, certified diabetes educators, exercise physiologists, weight management programs, and support groups, as appropriate.
- ✓ Promote self-acceptance and encourage patients to lead a full and active life.

*Examples of specific and obtainable healthy behavior change goals for patients:*

- When dining out, order grilled instead of fried items
- Replace sodas and juice drinks with water
- Avoid eating while watching television
- Practice eating more slowly
- Take the stairs instead of the elevator as much as possible
- Walk 15 extra minutes – 5 days per week
- Park farther away from store entrances and walk
- Keep a food & physical activity diary for 3 days, then discuss it with a dietitian or other health professional

## Case Example: Tom

**Please read the case example and consider the questions to the right.**

Tom is 47 years old and weighs 357 pounds. He arrives at the office, and after checking in with the receptionist, he looks for a place to sit in the waiting room. He notices that all the chairs in the office are narrow and have armrests. His knees are hurting him and he can't continue to stand, so he awkwardly squeezes himself into the nearest chair.

When the nurse calls his name, she leads him to a scale in the hallway and asks him to get on it. Tom hesitates – he is ashamed of his weight and doesn't feel comfortable being weighed where others might pass by. Not wanting to draw attention to himself, he reluctantly steps on the scale. To his humiliation, the scale only weighs up to 350 lbs. The nurse shakes her head and notes 350+ lbs. on his chart.

The nurse then leads him into a small exam room where he struggles to take a seat on the narrow table. She reaches for the blood pressure cuff, then realizing her mistake, says, "One moment, I have to go get the big cuff."

When she returns and takes his blood pressure, it is 160/90. She comments, "Your pressure is too high, you're going to have to do something about that."

By the time the doctor arrives to see him, Tom is feeling anxious and frustrated, wishing he was someplace else. He tells the doctor the reason for his visit – he is experiencing worsening knee and back pain. The doctor begins to discuss a plan for addressing his pain and his elevated blood pressure, including losing weight through diet and exercise. But Tom doesn't want to listen. He asks his doctor for a prescription and leaves the office as quickly as possible.

1. What changes could be made to the office environment that might prevent Tom from becoming distressed?
2. How might this experience at the doctor's office change Tom's future health care utilization?
3. What kind of training could the doctor provide for his office staff to help them interact with obese patients more sensitively?
4. How could experiencing a more positive interaction with the nurse make Tom amenable to a discussion about diet and exercise with his doctor?

## Resources

The Rudd Center for Food Policy and Obesity has created several free educational online resources about weight bias for health care providers and medical students. We encourage you to use these resources or share them with colleagues and students.

### EDUCATIONAL VIDEO

This 17-minute video explains the nature and consequences of weight bias in health care settings, and summarizes strategies to reduce bias in patient care. In two published studies,<sup>9,10</sup> medical trainees who watched this video improved attitudes and beliefs about patients with obesity, and decreased negative stereotypes about patients with obesity.



### TOOLKIT FOR CLINICIANS

This toolkit provides clinicians across various practice settings with easy-to-implement solutions and resources to improve delivery of care for patients with overweight and obesity. They range from simple strategies to improve patient-provider communication and ways to make positive changes in the office environment, to profound ones, including self-examination of personal biases.



- To watch this video, please [click here](#).
- You may also request a free DVD copy of this video by e-mailing Young Suh at [young.suh@uconn.edu](mailto:young.suh@uconn.edu)
- To access the toolkit, please [click here](#).

# Thank you for completing this course!

*We thank you for taking the time to complete this course in an effort to increase your awareness of weight bias in health care settings. We hope that the information and strategies provided throughout this course will be helpful to you in your clinical practice.*

## *Printable Resources*

### *For Providers:*

- 1) [Assessing Weight Bias with Validated Measures](#)
- 2) [Checklist for Assessing the Office Environment](#)
- 3) [Promoting a Positive Office Environment for Patients with Obesity](#)
- 4) [Motivational Interviewing Strategies](#)
- 5) [Motivational Interview Example Scripts](#)

### *For your Patients:*

- 1) [How to be Informed and Assertive](#)
- 2) [How to Talk with your Doctor](#)
- 3) [Talking to your Doctor about your Weight](#)
- 4) [If you are the Target of Weight Bias](#)

### *For Pediatricians:*

- 1) [Pediatricians: How to Talk to Parents](#)

### *For Parents:*

- 1) [How to Talk to your Child about Weight](#)
- 2) [How to Talk to your Child about Weight Bias](#)
- 3) [Information about Weight Bias](#)
- 4) [Is your Child the Target of Weight Bias?](#)
- 5) [Ways to Combat Weight Bias](#)

*Due the growing prevalence of overweight and obesity, weight bias is an important clinical concern for all health care providers.*

*Please visit  
[www.uconnruddcenter.org](http://www.uconnruddcenter.org)  
for more information on  
weight bias*