Weight, Weight Bias, and Obesity

The challenge of obesity in the healthcare system

Keith Bachman, MD FACP
“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”

— The Rev. Dr. Martin Luther King, Jr. (1964)
Goals today

- Review sources of weight bias in healthcare
- Identify the results of bias in healthcare quality and safety
- Discuss some strategies useful in our organization
What feelings does this image evoke for you?
Weight bias (or weight stigma): “negative judgments of an overweight or obese individual based on social attitudes or stereotypes,”
A mixed response to the notion of weight bias amongst providers

- Skeptical
- Justified
- Unfairly accused
- Uncomfortable
- Allied with the patient
Many perspectives on obesity

Clinician
Employer
Patient/person
Excess weight increases risk of:

- Pulmonary disease
  - asthma
  - obstructive sleep apnea
  - hypoventilation syndrome

- Obstructive sleep apnea
- Hypoventilation syndrome

- Nonalcoholic fatty liver disease
  - steatosis
  - steatohepatitis
  - cirrhosis

- Gall bladder disease

- Gynecologic abnormalities
  - abnormal menses
  - Infertility and PCOS
  - Pregnancy complications
  - Stress incontinence

- Osteoarthritis

- Skin

- Plantar Fasciitis

- Erectile Dysfunction

- Thrombosis and phlebitis
  - venous stasis
  - edema

- Idiopathic intracranial hypertension
- Stroke; Dementia
- Cataracts, Macular Degen
- Coronary heart disease
  - Diabetes
  - Dyslipidemia
  - Hypertension

- Chronic Kidney Disease
- Pancreatitis

- Cancer
  - breast, uterus, colon
  - esophagus, pancreas
  - gallbladder
  - kidney

- Thrombosis and phlebitis
- Venous stasis
- Edema
Obesity is associated with work loss

Average Days of Work Missed Due to Illness

- Underweight (<18.5)
- Healthy (18.5-24.9)
- Overweight (25-29.9)
- Obese (30-39.9)
- Extremely Obese (40+)

From HealthMedia Succeed data.
Individual perspective

- Social ramifications
- Educational impact
- Economic impact
- Health impact
- Psychological impact
Population perspective: Prevention

BMI categories:
- BMI < 25
- BMI 25-29
- BMI 30-39
- BMI > 40
- Unmeasured

KPNW 2005
Implicit Associations Test (IAT) helps understand latent bias

https://implicit.harvard.edu/implicit/demo/index.jsp
## Word Categorization

<table>
<thead>
<tr>
<th>Insects</th>
<th>Flowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad</td>
<td>Good</td>
</tr>
<tr>
<td>O</td>
<td>wonderful</td>
</tr>
<tr>
<td>O ✔️</td>
<td>Roach</td>
</tr>
<tr>
<td>O ✔️</td>
<td>nasty</td>
</tr>
<tr>
<td>O</td>
<td>Daisy</td>
</tr>
<tr>
<td>O</td>
<td>joyful</td>
</tr>
<tr>
<td>O</td>
<td>Tulip</td>
</tr>
<tr>
<td>O</td>
<td>terrible</td>
</tr>
</tbody>
</table>
Guidelines

Go fast
Try not to make mistakes
Don’t correct errors
Don’t skip any items
Quick check through circle
<table>
<thead>
<tr>
<th>Insects</th>
<th>Flowers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good</strong></td>
<td><strong>Bad</strong></td>
</tr>
<tr>
<td>O ✓</td>
<td>Wonderful O</td>
</tr>
<tr>
<td>O ✓</td>
<td>Roach O</td>
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<tr>
<td>O ✓</td>
<td>Nasty O ✓</td>
</tr>
<tr>
<td>O ✓</td>
<td>Daisy O ✓</td>
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<tr>
<td>O ✓</td>
<td>Joyful O</td>
</tr>
<tr>
<td>O ✓</td>
<td>Tulip O</td>
</tr>
<tr>
<td>O ✓</td>
<td>Terrible O</td>
</tr>
<tr>
<td><strong>Fat People</strong></td>
<td><strong>Thin People</strong></td>
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<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>fat</td>
<td>slim</td>
</tr>
<tr>
<td>obese</td>
<td>thin</td>
</tr>
<tr>
<td>large</td>
<td>skinny</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lazy</strong></th>
<th><strong>Motivated</strong></th>
<th><strong>Stupid</strong></th>
<th><strong>Smart</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>slow</td>
<td>determined</td>
<td>dumb</td>
<td>intelligent</td>
</tr>
<tr>
<td>lazy</td>
<td>motivated</td>
<td>stupid</td>
<td>smart</td>
</tr>
<tr>
<td>sluggish</td>
<td>eager</td>
<td>dense</td>
<td>bright</td>
</tr>
</tbody>
</table>
Implicit Attitudes: General Population

Number of Items Correctly Classified

- Fat People + Bad
- Fat People + Good
### Implicit Attitudes: Health Professionals

Schwartz et al., 2003.

<table>
<thead>
<tr>
<th>Positive Attribute</th>
<th>Negative Attribute</th>
</tr>
</thead>
<tbody>
<tr>
<td>good/bad</td>
<td>motivated / lazy</td>
</tr>
<tr>
<td>smart / stupid</td>
<td>valuable / worthless</td>
</tr>
</tbody>
</table>

The chart shows the distribution of implicit attitudes towards health professionals, comparing positive and negative attributes.

- **good/bad**: The positive attribute is slightly higher than the negative attribute, with the positive attribute starting around 14 and the negative attribute starting around 12.
- **motivated / lazy**: The positive attribute is higher, starting around 18, compared to the negative attribute starting around 16.
- **smart / stupid**: The positive attribute is slightly lower, starting around 12, compared to the negative attribute starting around 14.
- **valuable / worthless**: The positive attribute starts around 14, slightly higher than the negative attribute starting around 12.
Discrimination prevalence survey

- Nationally represented sample, N 2280
- Assessed sources of bias in women
  - Gender 28%
  - **Weight** 15%, Age 14%, Race 8%
  - Sex orientation, disability, religion all < 5%
- Discrimination more common in higher BMI strata, more common in women at all BMI strata
- Prevalence of weight bias has increased by 50% between 1995 and 2005
Where can we find bias in healthcare settings?

Pretty much anywhere we look!
Healthcare providers are common sources of stigma

Study: 2449 adult women provided with list of 22 different individuals (family members, employers, doctors, educators, strangers) and asked how often they were sources of stigmatization.

Doctors were the second most frequent source reported, with over 50% stating that doctors had stigmatized them on more than one occasion.
### 2,449 Obese and Overweight Women

<table>
<thead>
<tr>
<th>Source of Bias</th>
<th>Ever Experienced</th>
<th>More than Once &amp; Multiple Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td>72</td>
<td>62</td>
</tr>
<tr>
<td>Doctors</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>Co-workers</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td>Mother</td>
<td>53</td>
<td>44</td>
</tr>
<tr>
<td>Spouse</td>
<td>47</td>
<td>32</td>
</tr>
<tr>
<td>Servers at restaurants</td>
<td>47</td>
<td>35</td>
</tr>
<tr>
<td>Nurses</td>
<td>46</td>
<td>34</td>
</tr>
<tr>
<td>Members of community</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td>Father</td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Employer/supervisor</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>Sister</td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Dietitians</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Brother</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Teacher</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>Authority figure (e.g. police)</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td><strong>21</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td>Son</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Daughter</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>13</td>
</tr>
</tbody>
</table>

Puhl & Brownell, 2006
Nurses and Psychologists

Nurses report that they view obese patients as non-compliant, overindulgent, lazy, unsuccessful.

- 31% “would prefer not to care for obese patients
- 24% agreed that obese patients “repulsed them”
- 12% “would prefer not to touch obese patients”

Psychologists ascribe obese clients to have more pathology, more severe symptoms, more negative attributes, and worse prognosis.

( Puhl 2009)
Physician’s Attitudes

Self-report studies show that physicians view obese patients as:

- non-compliant
- dishonest
- lazy
- lacking in self-control
- unintelligent
- Unsuccessful

Physicians report “less respect”, less likely to spend time, or perform certain screenings such as mamm and pap tests

(Huizenga 2009, Puhl 2009)
What do patients experience?

Feel berated & disrespected by providers

Upset by comments about their weight from doctors

Perceive that they will not be taken seriously

Report that their weight is blamed for all problems

Reluctant to address weight concerns

Parents of obese children feel blamed

Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005
“I think the worst was my family doctor who made a habit of shrugging off my health concerns...The last time I went to him with a problem, he said, "You just need to learn to push yourself away from the table." It later turned out that not only was I going through menopause, but my thyroid was barely working.”

“I asked a gynecologist for help with low libido. His response “Lose weight so your husband is interested. That will solve your problem”. I changed doctors after that! And I've told everyone I know to stay away from that doctor.”

“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.”

“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.”
Impact on Care

Obese patients are less likely to obtain...

- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

and are more likely to...

- Cancel appointments
- Delay appointments and preventive care services

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000; 2005.
Reasons for Delayed Health Care

- Surveyed 498 women who had high access to care. They reported delaying or avoiding care due to
  - Disrespectful treatment by providers
  - Embarrassment of being weighed
  - Negative attitudes by providers
  - Medical equipment too small to be functional
  - Unsolicited advice to lose weight

(Amy et al., 2006, *International Journal of Obesity*)
What do our patient’s tell us about their mammography (and other healthcare experiences)
Increased Medical Visits
Health Consequences
Avoidance of Health Care
Unhealthy Behaviors, Poor Self Care
Negative Feelings
Bias in Health Care
Increased Medical Visits
Health Consequences
Obesity

Cycle of Bias and Obesity
4 steps for decreasing bias in your practice
Step 1: Identify your personal attitudes about obese persons

Ask yourself the following questions:

- How do I feel when I work with people of different body sizes?
- Do I make assumptions regarding a person’s character, intelligence, professional success, health status, or lifestyle behaviors based only on their weight?
- What types of feedback do I give to obese patients? Does this feedback encourage healthful behavior change?
- How do I address the needs of my obese patients? Am I sensitive to their concerns?
Step 2: Get the facts and take action!

Facts
• Recognize that patients may have had negative experiences with health professionals
• Understand that being overweight is a product of many factors
• Recognize that many patients have tried to lose weight repeatedly
• Small weight losses can result in big health gains

Actions
• Explore all causes of presenting problems, not just weight
• Emphasize behavior changes rather than weight
• Acknowledge the difficulty of lifestyle change
Step 3: Use optimal language and communication strategies

- Use neutral terms: “weight” and “BMI”
  
  vs

- Judgmental terms: “fatness”, “heaviness”, “obesity”

- Consider asking: “What words would you like to use when we talk about weight?”
Patients’ Preferred Terms for Describing Their Obesity

Obese Women (N = 167)

Weight  
Excess Weight  
BMI

- Weight Problem
- Unhealthy Body Weight
- Unhealthy BMI
- Heaviness
- Large Size
- Obesity
- Excess Fat
- Fatness

Very Desirable  Very Undesirable

Wadden & Didie, 2003
Step 3: Use optimal language and communication strategies

• Avoid language that places blame on patients; choose language that promotes empathy

• Emphasize lifestyle change and health improvement

• Emphasize achievable behavior goals rather than weight.
Step 3: Use optimal language and communication strategies

Ask permission when broaching the topic of weight.

“Could we talk about your weight today?”

“How do you feel about your weight?”
Communicating Artfully
Step 4: Improve the office environment

1. Assess the environment
   - Use a checklist to assess the environment

2. Plan ahead
   - Obtain necessary equipment for obese patients including large size blood pressure cuffs, exam specula, and gowns.

3. Obtain feedback from patients
   - Ask for assistance from a patient advocate or from a patient advocacy organization. When performing patient satisfaction surveys, ask about comfort of the office environment.
Step 4: Improve the office environment

*Use “best practice” weighing procedures*

- Ask permission to weigh
- Weigh in private location
- Record weight silently, free of judgment or commentary
- Train others to do the same
Step 4: Improve the office environment
Sensitive Weighing Procedure

Scripts for Medical Assistants:

“Would you like to be weighed today?” “Do I have your permission to weigh you today?”

“Dr X likes me to ask all of his/her patients if it would be ok for me to weight and measure them. Would that be ok with you?”

“Would you prefer if I weighed you facing away from the scale?”
A better set of vitals
Step 4: Improve the office environment
use a checklist to assess

Exam Room
✓ Stepstool with handle for exam table access
✓ Large size gowns
✓ Large and extra large adult and thigh blood pressure cuffs
✓ Long vaginal specula
✓ Wide examination tables, bolted to the floor
✓ Hydraulic tilt tables, if possible
✓ Sturdy armless chairs

Waiting Room
✓ Open arm chairs that can support more than 300 pounds
✓ Firm sofas that can support more than 300 pounds
✓ Ensure 6–8 inches of space between chairs
✓ Weight-sensitive reading materials
✓ Bathrooms with properly mounted grab bars and floor-mounted toilets

Scale
✓ Wide based scale that measures > 350 pounds
✓ Accessible for patients with disabilities
✓ Situated in a physical location that offers privacy and confidentiality
✓ Wide platform with handles for support during weighing
Health care system approaches

• Incorporating weight bias recognition and sensitivity into all weight management clinician and staff training

• Development of scripts and weighing procedures to ensure sensitivity while obtaining weights

• Working with clinic management and procurement staff to purchase size appropriate exam room equipment.

• Emphasizing healthy behavior changes and rather than weight loss.
Beyond the intimacy of patient care

- Don’t laugh at fat jokes.
- Make negative weight-related comments unacceptable.
- Avoid making comments about others’ weight that tie to character.
- Stick up for others who are victims of weightism.
"My doctor talks about nutrition and what to eat for my type, but not about dieting. She encourages exercise, but doesn’t push. I have been able to make beneficial changes in my diet under her nonjudgmental guidance."

"She is very respectful... my comfort seems to be a goal for her."

"Our pediatrician understands how hard it is to make changes, we really appreciate her support"
Conclusions

• This is not easy work!
• I believe that healthcare should be held to a higher standard
• Quality and safety are intertwined, and related to basic attitudes and practice we use when taking care of our patients
• A thoughtful proactive approach will get us far.
"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-- Maya Angelou
Weight Bias in Clinical Settings:  
Improving Health Care Delivery for Obese Patients

Course Description

Research shows that weight stigma in health care settings has a significant negative impact on obese patients’ health. Recognizing that providers face complex challenges in treating their obese patients, this course is designed to help clinicians improve delivery of care for this growing patient population. This course aims to increase awareness of the sources of weight bias in health care and provides a range of practical strategies to optimize the health care experience for overweight and obese patients.

Rebecca M. Puhl, Ph.D. – Director of Research and Anti-Stigma Initiatives, Yale Rudd Center for Food Policy & Obesity
Chelsea A. Heuer, M.P.H. – Research Associate, Yale Rudd Center for Food Policy & Obesity

This course is accredited by the Yale School of Medicine for AMA PRA Category 1 Credit™. After participating in the course, successfully taking the quiz and completing an evaluation, you will be able to print a Certificate of Credit. For more information, click here.
Additional Resources

Yale Rudd Center
www.YaleRuddCenter.org

Weight Bias Resources for Providers
http://www.yaleruddcenter.org/what/bias/toolkit/index.html

“Weight Bias: Nature, Consequences, and Remedies”
Guilford Press, 2005
"A dogma-busting book based on solid science."
—Glenn A. Gaesser, PhD

Provocative reading!

<table>
<thead>
<tr>
<th>MYTH</th>
<th>REALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat kills.</td>
<td>On average, &quot;overweight&quot; people live longer than &quot;normal&quot; weight people. (page 120)</td>
</tr>
<tr>
<td>Lose weight, live longer.</td>
<td>No study has ever shown that weight loss prolongs life. (page 135)</td>
</tr>
<tr>
<td>Anyone can lose weight if he or she tries.</td>
<td>Biology dictates that most people regain the weight they lose, even if they continue their diet and exercise programs. (page 164)</td>
</tr>
</tbody>
</table>

Fat isn’t the problem. Dieting is the problem. A society that rejects anyone whose body shape or size doesn’t match an impossible ideal is the problem. A medical establishment that equates “thin” with “healthy” is the problem. The solution?

Health at EVERY Size

Tune in to your body’s expert guidance. Find the joy in movement. Eat what you want, when you want, choosing pleasurable foods that help you to feel good. You too can feel great in your body right now—and Health at Every Size will show you how.

Health at Every Size has been scientifically proven to boost health and self-esteem. The program was evaluated in a government-funded academic study, its data published in well-respected scientific journals.

Health at Every Size is not a diet book. Read it and you will be convinced the best way to win the war against fat is to give up the fight.
Thank you!

thrive.