Fat Shaming:

Undressing the Body Bias in Medicine

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Objectives

- Understand the meaning of weight bias
- Understand how health care providers play a role in weight bias
- Understand the health effects of weight bias
- Understand ways to minimize weight bias in the clinical setting

Obesity Epidemiology

- In 2015~2016 the prevalence of obesity was 39.8% and obesity affected about 93.3 million US adults.[1]
- For children and adolescents aged 2-19 years the prevalence of obesity was 18.5%. Obesity affected about 13.7 million children and adolescents[1].

Obesity: Health Sequelae

- High cholesterol
- Type 2 diabetes
- High blood pressure
- Heart disease
- Stroke
- Certain Cancers
- Sleep apnea and breathing disorders
- Gynecological problems, such as infertility and irregular periods
- Erectile dysfunction and sexual health issues
- Nonalcoholic fatty liver disease
- Osteoarthritis

Why Talk About Weight Bias?

Weight Bias:
Occurs Everywhere

- Bias occurs EVERYWHERE
  - Work
  - Relationships
  - Education
  - Popular culture
  - Health care
- Bias exists with many human or personality traits, however unlike many others, body size cannot easily be hidden from others.

Weight Bias:
Far Reaching Consequences

Research demonstrates that weight bias has consequences in areas ranging from:

health and psychology to *economic and employment* and beyond.

- Viral Video

Weight Bias:
Far Reaching Consequences

Research demonstrates that weight bias has consequences in areas ranging from *health and psychology* to *economic and employment* and beyond:

- One study showed "overweight respondents were 12 times more likely than normal weight respondents to report weight-related employment discrimination, obese were 37 times more likely, and severely obese more than 100 times more likely.[21]"
- Late-teen obesity is indirectly associated with 3.5% lower hourly wages for both genders.[22]

Health Care Professionals & Weight Bias

Evaluating the Evidence

Self-Reflection

We all have bias

Food for Thought:
The Importance of Self-Reflection

- What is our role in weight bias?
- What stereotypes do we hold about obesity?

- **ATOP: Attitudes Towards Obese Persons** Self Assessment Tool
http://www.uconnruddcenter.org/resources/bias_toolkit/module1.html

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Food for Thought:
The Importance of Self-Reflection

Source: UConnRuddCenter.org

- What are my views about the causes of obesity?
- Do I believe common stereotypes about obesity (e.g., eating too much or lack of motivation) to be true or false?
- Do I make assumptions about an individual's character, intelligence, abilities, health status, or lifestyle behaviors based only on his or her weight?
- How do my views and assumptions about obesity affect my attitude towards individuals of higher weight status?
- How do I feel when I work with patients of different body sizes?
- Could my attitude about obesity impact my ability to help my patients?
- What barriers do I face in addressing weight with my patients with obesity?

How Do We Show Bias?

How Do We Show Bias?
What We Think, Do and Say

- Negative weight-based assumptions (e.g., obesity is an issue of self-discipline)
- Stereotypes about individuals with obesity (e.g., lazy, lacking willpower)
  - "ignorant, incompetent"
- Judgments that patients with obesity are non-compliant with treatment
- Insensitive language about excess body weight (e.g., referring to a patient as "fat")
- Insensitive jokes that place individuals with obesity as the target of humor or ridicule

Source: University of Connecticut, Rudd Center
http://www.uconnruddcenter.org/files/Pdfs/CME%20Complete%20with%20links.pdf

How Do We Show Bias?
What We Think, Do and Say

- Spend less time with patients[16]
- Sit further away, use less visual contact, be less engaging[17]
- Attributing obesity solely to behavioral factors rather than including uncontrollable factors (this can exacerbate weight bias in health care).
  - The complex nature of obesity may not always be addressed.[17]
- Obesity is ignored- not addressed or acknowledged (education, sharing of literature, etc.)

How Do We Show Bias?
Clinical Environment

- Waiting room chairs, that are too small
- Equipment that is too small: BP cuffs, speculums, exam tables, etc.
- Gowns that don't fit
- Being weighed in public places
  - Only 9% of surveyed providers in one study reported having access to a scale that could weigh over 350 pounds.[25]
- Reading material in waiting rooms not inclusive

Health Care Providers & Weight Bias: The Evidence

- A study of overweight and obese women found that **52% experienced weight-related stigma from a physician** on multiple occasions. It was also noted that physicians are one of the **most commonly reported sources of weight bias**.[3]

- In one study (1982), physicians were mailed anonymous questionnaires and asked to specify categories/characteristics of patients to which they responded negatively.
  - **One third listed obesity as a condition they responded negatively to.**
  - It was also the fourth most common category listed- it ranked behind only drug addiction, alcoholism, and mental illness.[4]

Health Care Providers & Weight Bias: The Evidence

- Data from office visits of 40 doctors and 238 patients enrolled in a randomized controlled trial was analyzed to evaluate patient-physician communication. Independent variable was BMI and the outcome was physician respect for the patient.
  - Researchers found that **higher patient BMI was associated with lo**wer physician respect.[5]

Health Care Providers & Weight Bias: The Evidence

- A study of 586 nurses investigated beliefs about obesity and **found that patient noncompliance was rated as the most likely reason for obese patients' inability to lose weight.**[6]
- Another study found that physicians were significantly **less likely to build emotional rapport** with overweight and obese patients.[7]

Health Care Providers & Weight Bias: The Evidence

- A study showed an established and consistent body of evidence demonstrating **weight bias among exercise and nutrition professionals.**[8]
- In another study evaluating medical students' views, when asked to "Describe your initial reaction when you see a 350-pound person on the street," **fifty-nine percent of the responses were derogatory, the most common negative response (22%) was disdain or disgust.**
  - Students rated moderately obese people in neutral to negative terms, whereas **morbidly obese people were rated mostly in negative terms.**
  - Positive attitudes were expressed toward the average weight individuals.[9]

How Does Weight Bias Affect Our Patients?

How Provider Bias Affects Patient Care

Doctor Shopping

- One study found that overweight and obese patients had more visits with different PCPs over a 24-month period than those of normal weight,
- Overweight and obese members who engaged in doctor shopping had significantly more ED visits as compared to normal weight members who did not doctor shop.[10]

- Raises questions about continuity of care, preventive health services, utilization of services

How Provider Bias Affects Patient Care

Delay in Preventive Care

- In one study obese women reported they:
  - Delay cancer-screening tests and felt their weight is a barrier to obtaining appropriate health care- this increased as BMI increased. (Most women had health care)
  - Women reported that barriers related to their weight include:

  disrespectful treatment, embarrassment at being weighed, negative attitudes of providers, unsolicited advice to lose weight, and medical equipment that was too small.

- Women who delay were less likely to have timely pelvic examinations, Paps, and mammograms than the comparison group, even though they reported that they were concerned about cancer symptoms.[11]

How Provider Bias Affects Patient Care

Delay in Preventive Care, continued…

- Evidence on weight-related disparities in quality of care is mixed.

- Many studies have shown a delay in care due to concerns about weight bias, but some have not.

  - One study found **no evidence** that obese or overweight patients were less likely to receive recommended care relative to normal-weight patients. Moreover, success rates were marginally higher for obese and/or overweight patients on several measures (lipids, HbA1C testing).[12]

** Why the difference? Differences in study design (self reporting vs other), outcomes (cancer screenings vs other)

How Provider Bias Affects Patient Care

Cancelling appts

- An observational study wanted to determine whether women delay or avoid necessary health care because they are overweight. 310 responses were received from 409 potential respondents.
  - 12.7% reported delaying or **cancelling a physician appointment** because of weight concerns.
  - An additional 2.6% kept their appointments but refused to be weighed.[13]

How Provider Bias Affects Patient Care

EMPATHY

- One study showed that PCPs demonstrated less emotional rapport with overweight and obese patients than for normal weight patients.
  - Concern: low levels of emotional rapport in primary care visits with overweight and obese patients may **weaken the patient-physician relationship**, diminish patients' **adherence to recommendations**, and decrease the effectiveness of **behavior change counseling**.[14]

How Provider Bias Affects Patient Care

Weight Loss Efforts May Be Hindered

- … "findings suggest that stigmatizing obesity has negative behavioral consequences that may increase, rather than decrease the weight of overweight individuals".[15]

- "Little evidence exists, however, that stigmatizing obesity promotes weight loss… experiencing weight-based stigmatization is associated with greater reports of **maladaptive eating behaviors** (e.g., Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Puhl & Brownell, 2006), increased motivation to avoid exercise (Vartanian & Novak, 2011; Vartanian & Shaprow, 2008), and **poorer weight loss outcomes** among adults in a weight-loss program."[15]

How Provider Bias Affects Patient Care

Psychological Impact

- In addition to reinforcing unhealthy behaviors, weight stigma poses a significant threat to psychological and physical health.
  - Depression
  - Anxiety
  - Low self-esteem & Body dissatisfaction

***not necessarily specific to health care providers weight bias**

- **Stigmatization:** Those who are obese may stigmatize themselves. "They shame and blame themselves for being fat and have the same sorts of thoughts about other people who are obese.[20]" (NY Times)

How Provider Bias Affects Patient Care

Missed Diagnosis?

- "My doctor blames everything on my weight"
  - *"In treating obese* patients, *too often doctors can't see past weight." BY* JENNIFER ADAEZE OKWEREKWU. STAT NEWS. JUNE 3, 2016

Eliminating Weight Bias & Improving Patient Care

1. Words Matter
2. How to Talk About Weight
3. People-First Language
4. Office Equipment
5. Our Beliefs

Words Matter

"Ultimately, whether you describe somebody as *"fat," "overweight" "obese," "big," "heavy," "voluptuous,"* or simply *"higher-weight,"* these labels all reflect certain culturally constructed values.

It behooves us to ask ourselves whether the words we use do indeed affirm the respect and human dignity of the target group, whether they place the group as equal to other social groups, and whether they promote or hamper the wellbeing and empowerment of that group."[18]

18. What's in a Word? On Weight Stigma and Terminology Angela Meadows 1 and Sigrún Daníelsdóttir. Frontiers in Psychology. OPINION published: 05 October 2016 doi: 10.3389/fpsyg.2016.01527

Words Matter

OK words:	Not ok words
Weight	Fat, Fatness
Excess weight	Excess fat
Overweight	Large size
BMI (if explained)	Weight problem
Unhealthy weight	Heaviness
	Obesity
	Morbidly Obese, Extremely obese

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How to Talk About Weight

- ☐ 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?
- ☐ 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’?

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How to Talk About Weight:
"People-First Language"

"People-first language is specifically aimed at avoiding discrimination against groups of individuals, so that they are not defined by their condition. For example, we refer to individuals as people with type 2 diabetes, rather than labelling them "type 2 diabetic.[23]"

23. Supporting the callout for people first language in obesity. Wittert GA[1], Huang KC[2], Heilbronn LK[1]. Obes Res Clin Pract. 2015 Jul-Aug;9(4):309. doi: 10.1016/j.orcp.2015.08.008

How to Talk About Weight:
"People-First Language"

- ***"Patients with obesity"*** vs "obese patients"
- ***"Treating the patient with obesity and diabetes"*** vs "treating the obese diabetic"
- ***"Identifying treatments for individuals with obesity"*** vs identifying treatments for the obese"

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 Orthopedic Surgeons, and American Society for Metabolic and Bariatric Surgery.

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Office Equipment

- 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.
- Properly mounted grab bars in bathrooms to enable a person to get up more easily.
- It is important to install floor mounted toilets and well-supported toilet bowls.

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Office Equipment

- 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.
- Extra-Wide seats in exam rooms

U Conn Rudd Center for Food Policy and Obesity[17]

Weighing Patients

- Consider whether it is necessary to weigh/measure your patient.
- If necessary, ask for permission "Do I have your permission to weigh and measure your waist circumference today?" Or, "Dr. X likes me to ask all the patients if it would be okay for me to measure your weight. Is this okay with you?"
  - 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/ expressions)

U Conn Rudd Center for Food Policy and Obesity[17]

We Must Change Our Beliefs and Behaviors

What is Needed?
Thoughts for the Future

- We, as health care providers, need to have more understanding about weight bias and the implications of weight bias
- We, as health care providers, need to examine the role we play in Weight Bias
- We, as health care providers, need more education about obesity and obesity management.
  - Providers said that they wanted information for themselves and for their patients. Providers wanted more evidence-based medicine about general care for the very obese. Many want more resources for their patients.[2]

With appropriate knowledge we CAN make a difference in the lives of our patients

Thank You!

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