Weight Bias:

PROVIDING BETTER CARE FOR PATIENTS WITH OBESITY

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Disclosure

- I have NO financial disclosure or conflicts of interest with the material in this presentation

Session Objectives

Differentiate between weight bias, weight stigma, and weight discrimination

Describe the impact of weight bias on patients' physical and emotional health

Recognize how weight bias can negatively influence care for patients with obesity

Reflect upon your own practices of working with patients with obesity

Novel Use of Interprofessional Education Simulation for Weight Bias Training

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INTRODUCTION AND OBJECTIVE

The **objective of this study** was to assess and compare the impact of an (IPE) simulation activity to a traditional style lecture on students' weight related attitudes and perceptions.

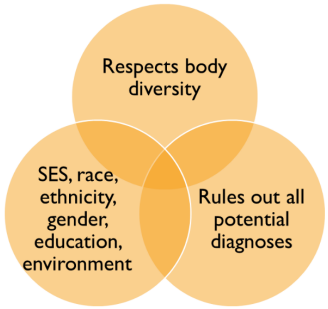
Providers Who Have Weight Bias[3-7]:

- Spend less time with patients with higher BMI
- Engage less during health education
- Make inappropriate recommendations
- Possess a myopic view limiting potential diagnoses
- Deny patients of appropriate medical care

Weight Bias is Correlated with Health Risks.[2]

Metabolic changes: AM cortisol, Serum cortisol, F^2 isoprostane, CRP levels → Increases binge-eating & substance abuse → higher levels of stress and depression → Predicts future weight gain

Health Centric Approach to Patient Care: [2,3,6]



IPE simulation WB training utilizing standardized patients with obesity is superior to the traditional lecture model

Pre-intervention Questionnaire

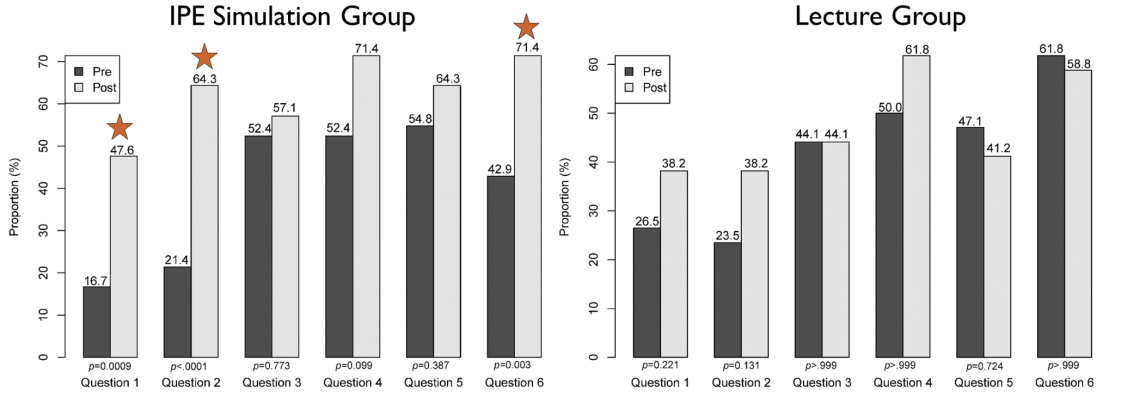
IPE Simulation (n=43)
- SP patient encounter
- Group debriefing
- SP feedback
- Educational presentation on WB

Lecture (n=35)
- 2 hr didactic lecture
- WB
- Provider experience
- Perceived causes of obesity

Post-intervention Questionnaire

Characteristics	IPE N (%)	Lecture N (%)	p-value
Male Female Unknown	11 (26) 31 (72) 1 (2)	14 (40) 21 (60) 0	0.20
Caucasian Asian African American Hispanic Other	35 (81) 4 (9) 2 (5) 2 (5) 0	28 (80) 2 (6) 3 (9) 0 2(6)	0.37
Age (mean, SD)	24.77 (3.08)	25.46 (2.81)	0.31
BMI ≥25 **BMI** <25	15 (35) 28 (65)	13 (37) 22 (63)	0.37
Medical school Nursing Pharmacy Physician Assistant Unknown	11 (26) 13 (30) 10 (23) 7 (16) 2 (5)	0 0 0 35 (100) 0	<0.001

Perceived treatment outcomes of obesity scale questions



*p values were generated from McNemar's test

See resources for survey questions 1-6

DISCUSSION

Weight bias **negatively impacts** patient provider relationships, hinders appropriate medical care, and **leads to poor patient outcomes.**

Weight bias **develops early on in medical training;** therefore, it is imperative to address this with early educational intervention.

Weight bias training among healthcare programs **positively impacts the attitudes** of students towards patients who are obese

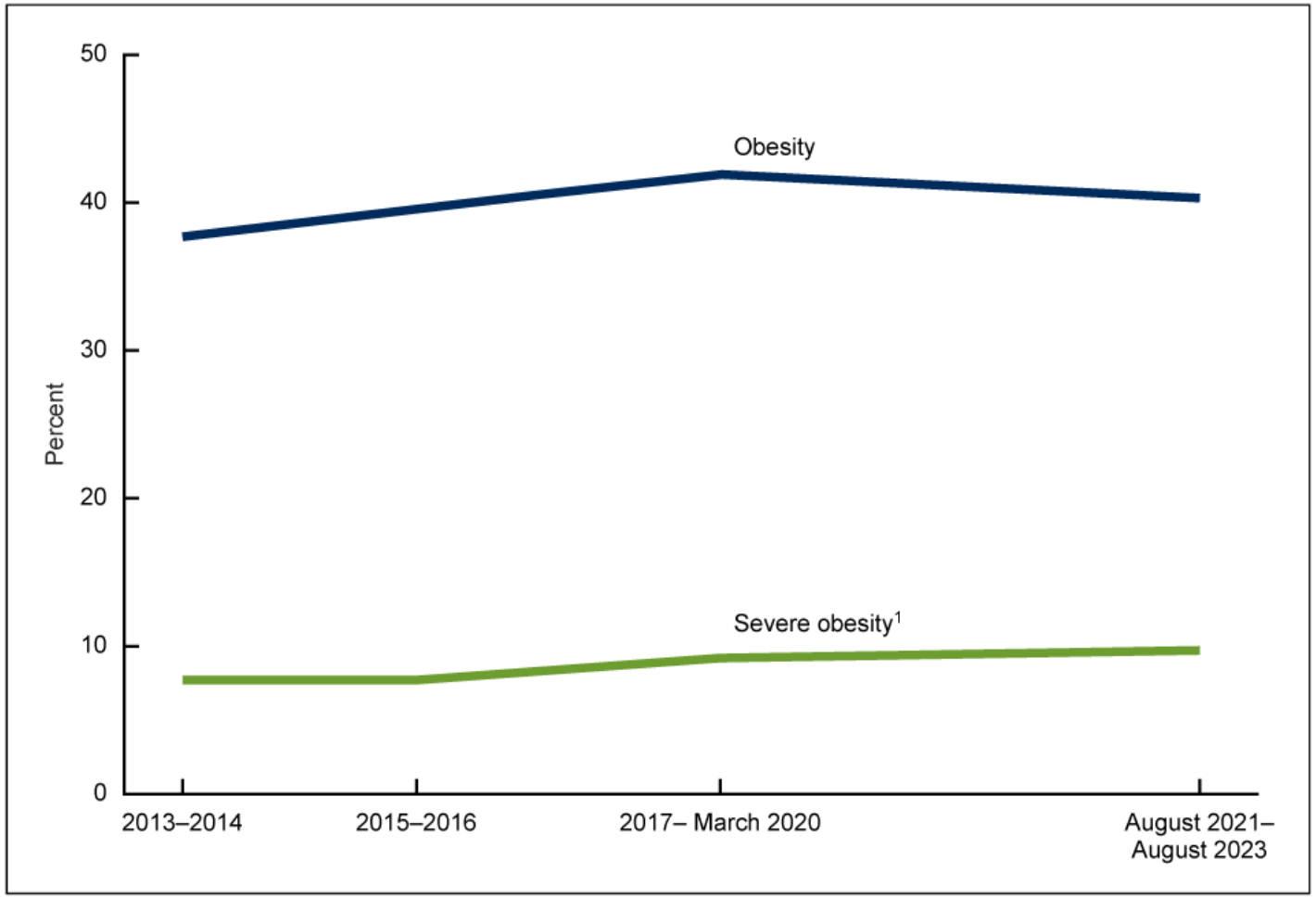
Incorporating IPE weight bias simulation with SPs may be an **effective education style for medical trainees**

REFERENCES AND RESOURCES

Obesity Prevalence

- Obesity: 40.3%
- Severe obesity: 9.7%
- Overweight + Obesity: 73.6%
  - 2017-2018 data

Figure 4. Trends in age-adjusted obesity and severe obesity prevalence in adults age 20 and older: United States, 2013–2014 through August 2021–August 2023



[1]Significant linear trend ($p < 0.05$).
NOTE: Estimates are age adjusted by the direct method to the U.S. Census 2000 population using the age groups 20–39, 40–59, and 60 and older.
SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 2013–2014 through August 2021–August 2023.

BMI Classification

- For adults ages 20 and older

BMI	Classification
18.5-24.9	Normal weight
25-29.9	Overweight
30+	Obese
40+	Extreme obesity

besity Health Risks[27]

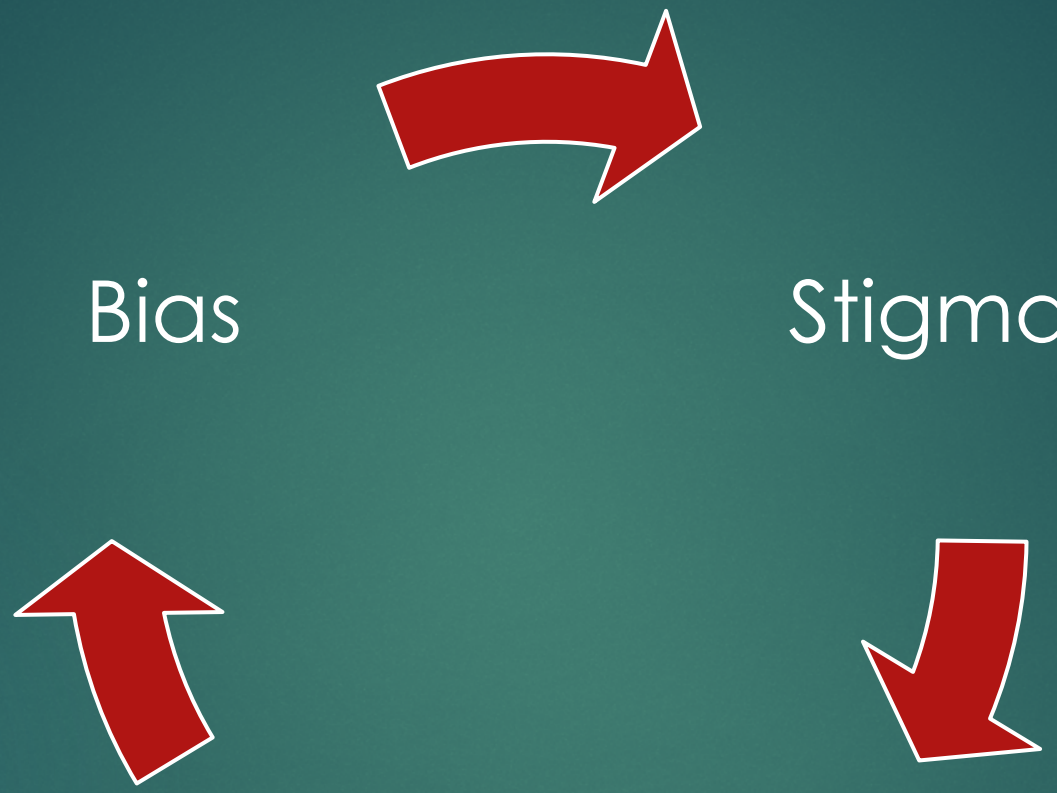
- Obesity is associated with excess morbidity and mortality
- Treatment of obesity-related complications represents an enormous economic burden
- Obesity affects psychosocial function (due to underlying stigma/bias)
- Obesity and central adiposity are associated with many comorbid conditions:
  - Type 2 DM
  - HTN
  - Heart disease (CHD, heart failure, A fib)
  - Stroke
  - Obstructive sleep apnea
  - Venous thromboembolism
  - Cancer
  - Osteoarthritis
  - Hepatobiliary disease
  - Gastroesophageal reflux
  - Asthma
  - Chronic kidney disease

hat is Weight Bias?

- "Negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are overweight and obese"[1]

eight Stigma & Discrimination

- Stigma
  - "Refers to social devaluation and denigration of individuals because of their excess body weight, and can lead to negative attitudes, stereotypes, prejudice, and discrimination."[2]
- Discrimination
  - "Overt forms of weight-based prejudice and unfair treatment (biased behaviors) toward individuals with overweight or obesity".[2]


Bias
Stigma
Discrimination

eight Bias

- Explicit vs. Implicit
- Measuring Implicit Bias
  - Harvard Implicit Association Test (IAT)[3]
    - https://implicit.harvard.edu/implicit/
  - Weight IAT—
    - Distinguish faces of people who are obese and people who are thin
    - "Often reveals an automatic preference for thin people relative to fat people"
  - Several other validated questionnaires and scales exist

evalence of Weight Bias, Stigma, scrimination

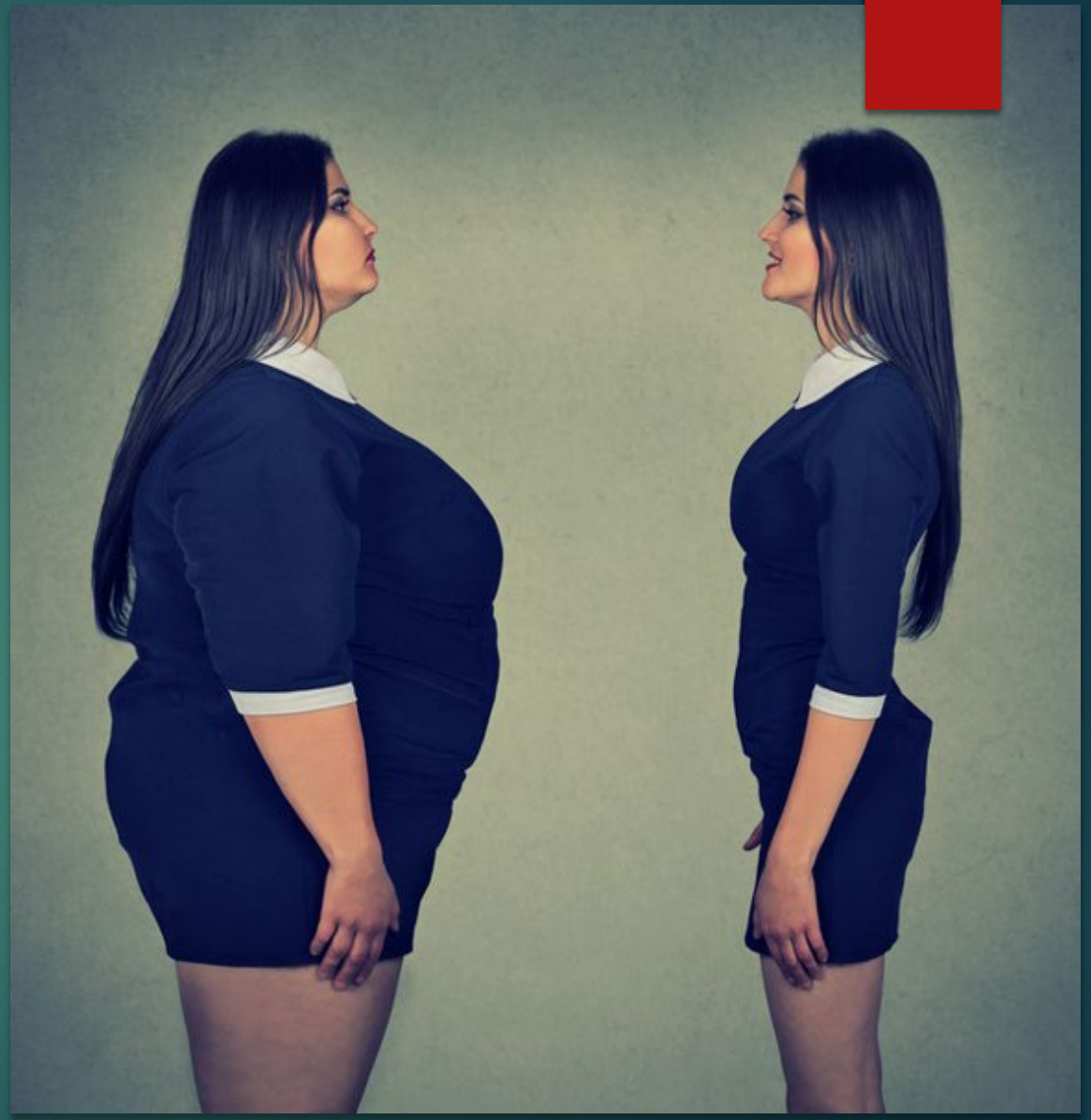
- Weight discrimination: 19-42%[4]
  - 3rd most common type of discrimination among women[7]
  - 4th most common type of discrimination among all adults[7]
- Weight Bias: 40-50%[2]
  - Increasing rates with increasing BMI
  - Women > Men

eight Stigma Occurs in All Ages

- Weight stigma occurs across all age groups[25]
- Negative weight stereotypes start early in childhood
  - Children as young as age 3 show negative biases towards peers of larger body sizes
- Through adolescence, children of higher body size can be teased, bullied, and face exclusion or social isolation
  - Continues through adulthood

eight-Based ereotypes

azy
Glutinous
ack of will power
esponsible
nmotivated
on-compliant
oor at self-management
t fault for their weight
Choose" to be obese
Just eat better and exercise
ore"



Source: https://10x.diet/blog/

ssuming Voluntary Control

- Common assumption that obesity is caused by overeating and sedentary lifestyle
  - "voluntary"
- Fails to recognize contributors to obesity[1]
  - Genetic/epigenetic
  - Sleep deprivation
  - Circadian dysrhythmia
  - Psychologic stress
  - Endocrine disrupters
  - Medications

versimplification of Body Weight

- Body weight = calories in – calories out
  - Assumes completely controllable by deciding to eat less, move more
- Disregards
  - Factors that influence food absorption
  - Homeostasis
  - Physical activity only contributes to ~30% of total daily energy expenditure

besity Pathogenesis

- Endocrine society scientific statement[28]
  - Obesity is a chronic disease
  - It is a disorder of the energy homeostasis system
    - Impacted by many factors
  - It is NOT passive accumulation of excess weight

eight Bias in the Medical ommunity

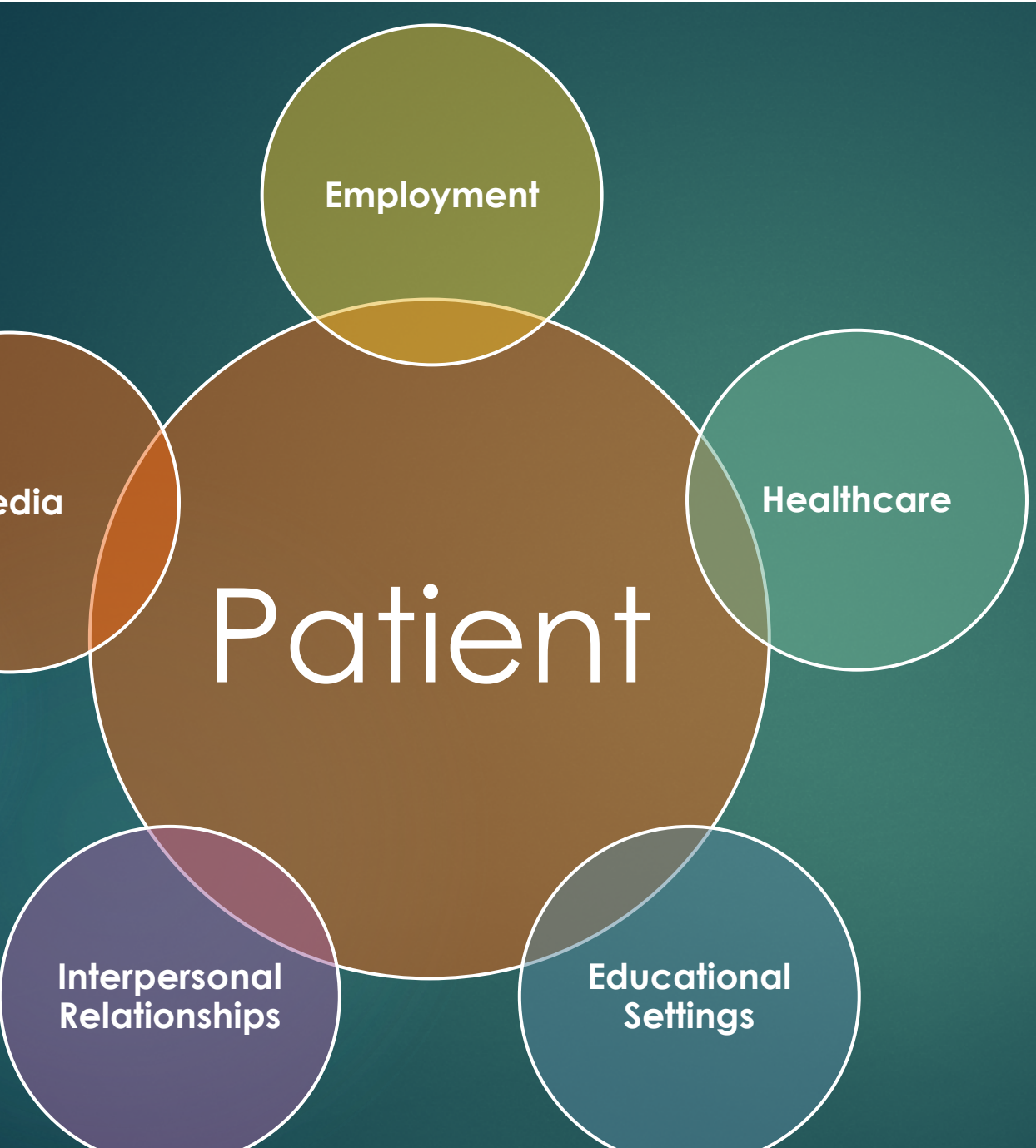
- 69% women in 1 survey reported stigmatization by physicians[8]
- Exists across the healthcare team
  - Primary care providers, endocrinologists, cardiologists, nurses, dietitians, mental health professionals, medical trainees, and researchers[2]
  - Even present in those that specialize in treating obesity

edical Professionals with Weight as [9,10,11]

- Spend less time in appointments with patients with obesity
- Provide less health education
- Report less respect for patients as BMI rises
- Demonstrate less emotional rapport
- Use less patient-centered communication
- Engage in less discussion and intervention

atients with Reported Weight as[2,12]

- Experience poor treatment outcomes
- More likely to avoid or delay future care
- Less likely to receive age-appropriate cancer screenings
- Negative consequences of WB may be more harmful than obesity itself



Domains of Impact[4]

hysical Health Consequences of eight Bias

- Compared to patients that did not experience weight discrimination:[2]
  - Higher circulating levels of C-reactive protein and cortisol
  - Higher long-term cardiometabolic risk
  - Increased mortality
  - Increased obesity and weight gain over time

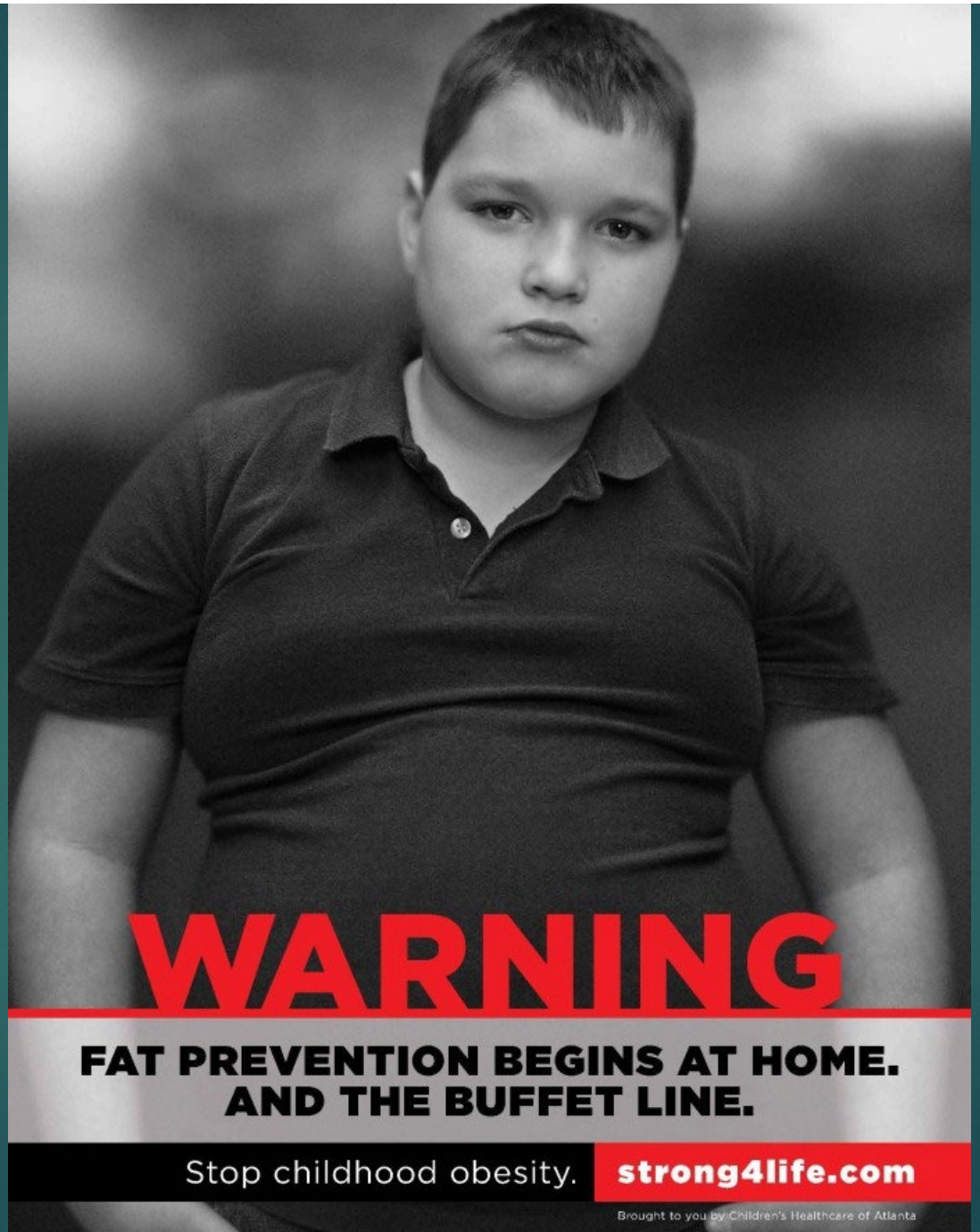
ental Health Consequences of eight Bias[2,6]

- Poor body image
- Social isolation
- Depression
- Anxiety
- Substance use
- Lower self-esteem
- Avoidance of physical activity
- Maladaptive eating patterns
- Avoidance of medical care

blic Health essages

atients with obesity less likely to omply with stigmatizing public ealth messages[15]

ocus on making healthy ehavioral changes without ference to body weight or besity" is more otivating/positive[15]


WARNING
FAT PREVENTION BEGINS AT HOME.
AND THE BUFFET LINE.
Stop childhood obesity.
strong4life.com
Brought to you by Children's Healthcare of Atlanta

eight Stigma in Popular Media[24]

- People with higher body weights
  - Underrepresented
  - More likely to be teased or ridiculed about their weight
  - Often portrayed in a disparaging manner
- Weight loss advertising
  - White bodies are overrepresented as successful dieters
- 18 of the top 25 shows for teens included incidents of weight-related teasing

Social Media

- Be aware about how unhealthy social medias can impact health
  - Body shaming is common
  - Unrealistic ideals of body size promoted
- Exposure to weight stigmatizing media[23]
  - → Increased caloric consumption (?stress)
  - → Reinforces stereotypes
  - →May weaken weight-related self-efficacy and confidence in ability to achieve healthy eating and activity goals ("why try")
- Can promote common stereotypes such as: lazy, slovenly, lack of self-control
- Over half of Tweets containing the word "fat" were found to be negative[24]

mmary of ealth onsequences

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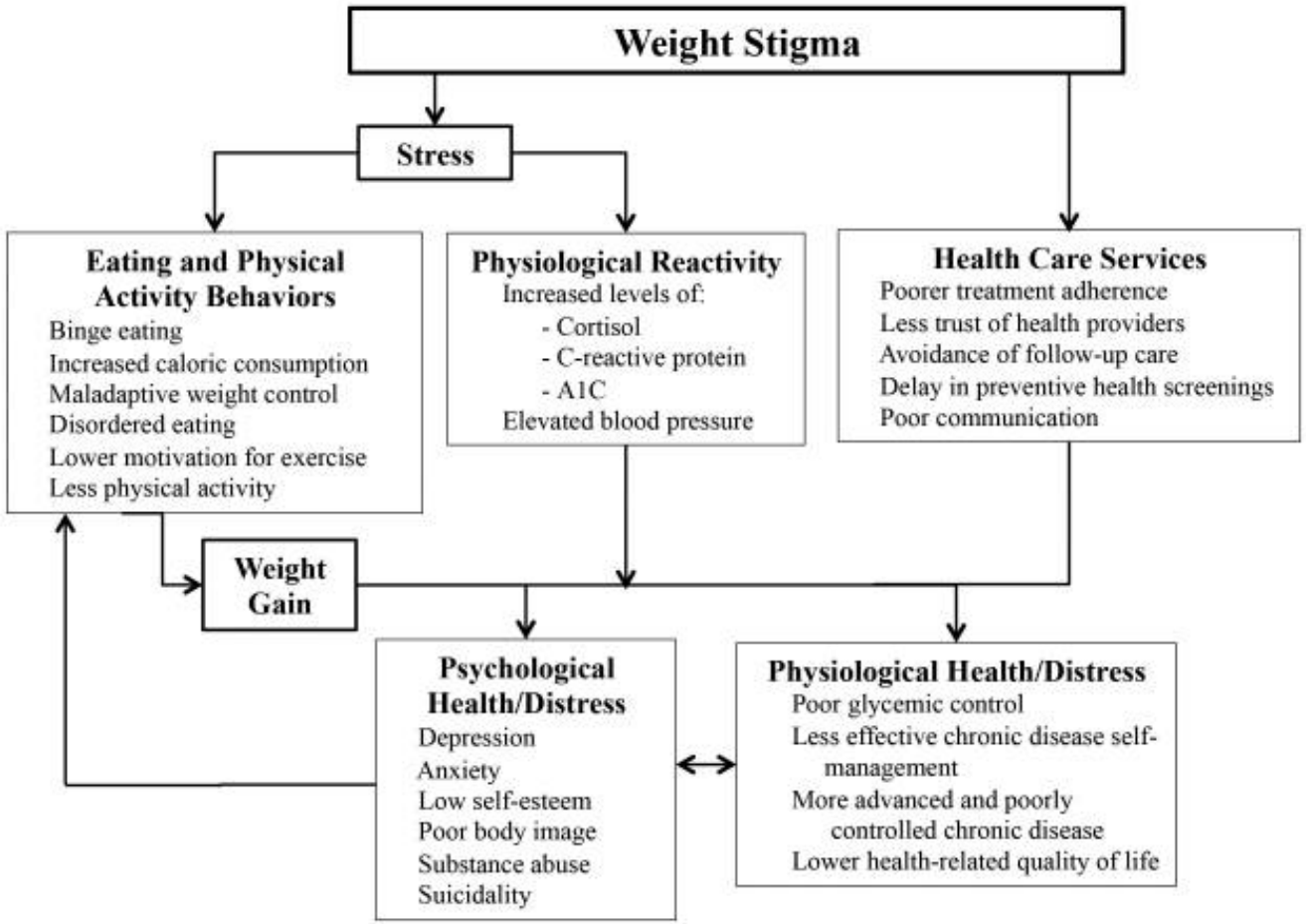


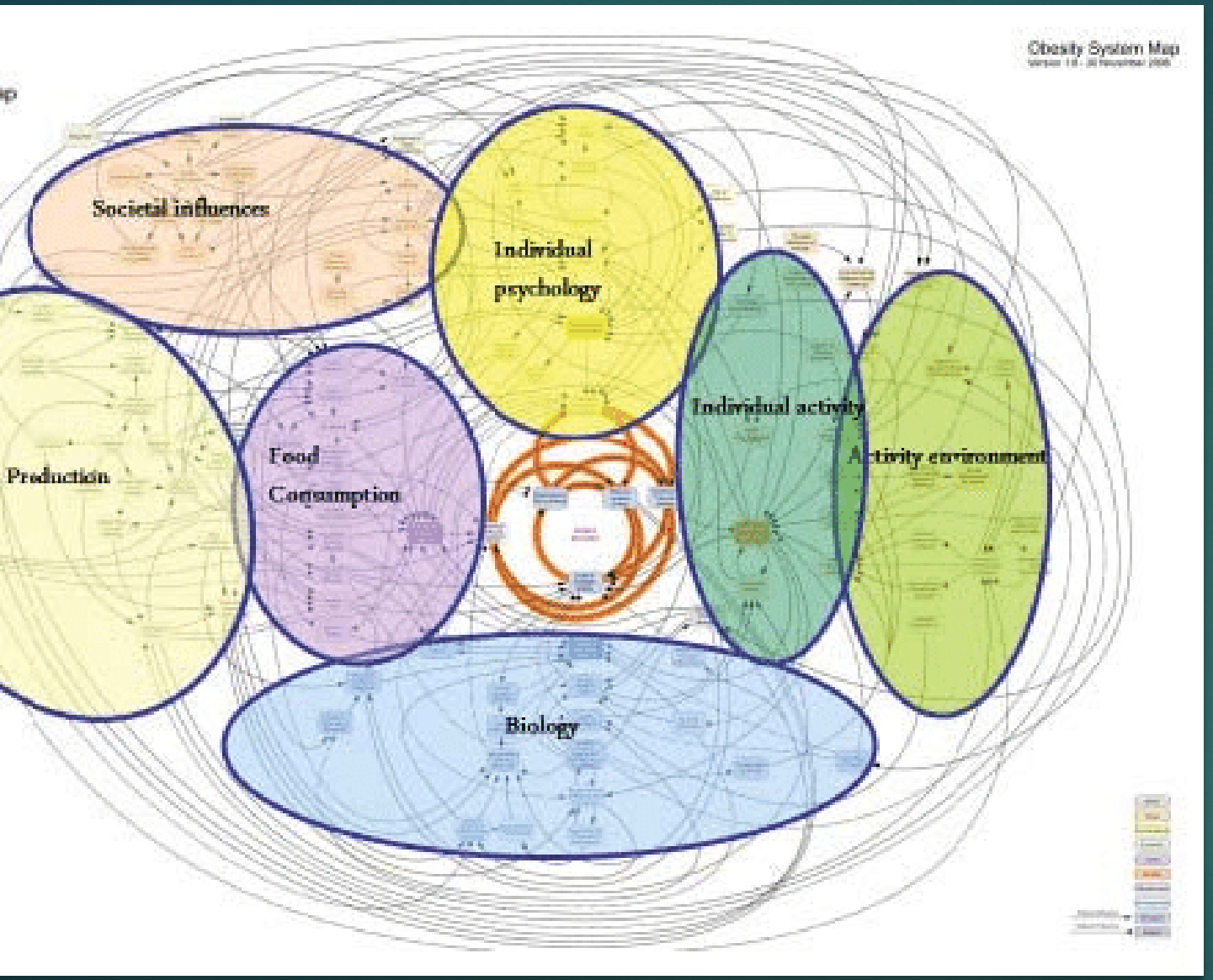
What Can HCP Do Better?

oint International Consensus atement Pledge[2]

- Treat patients with overweight/obesity with dignity and respect
- Refrain from using stereotypical language, images, and narratives
- Encourage and support educational initiatives aimed at eradicating weight bias through dissemination of current knowledge of obesity and body-weight regulation
- Encourage and support initiatives aimed at preventing weight discrimination in the workplace, education, and healthcare settings

neck Your Bias

- Take the Harvard Weight IAT, or another validated tool
- Self-reflect:
  - *What are my views about the causes of obesity?*
  - *Do I believe common stereotypes about obesity to be true or false?*
  - *How do I feel when I work with patients of different body sizes?*
  - *Do I unintentionally communicate bias through my actions or words?*
  - *What barriers do I face addressing weight with my patients with obesity?*



Recognize that Weight is Multi-Factorial

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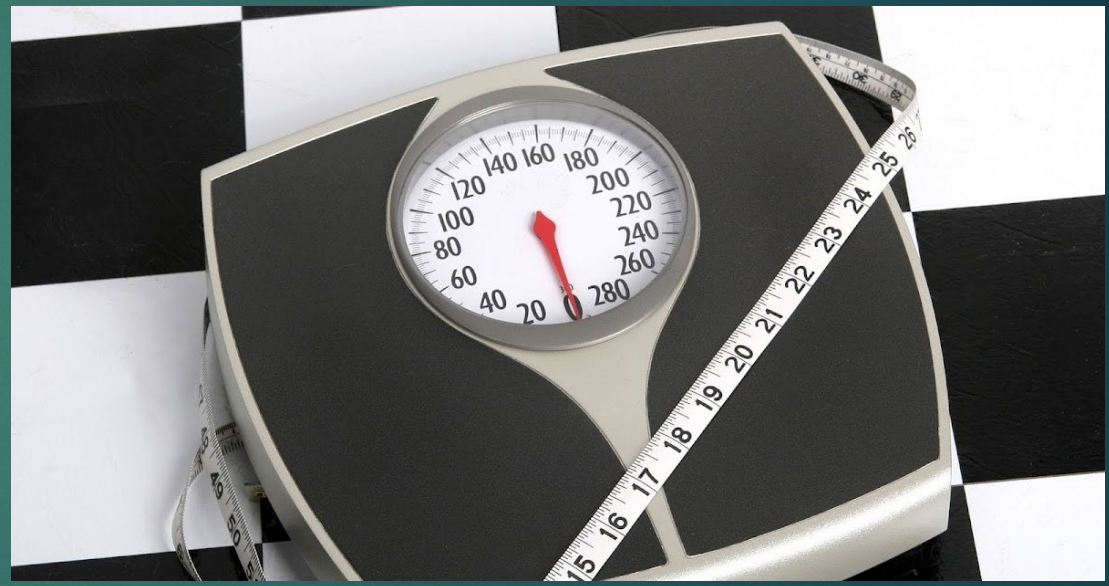
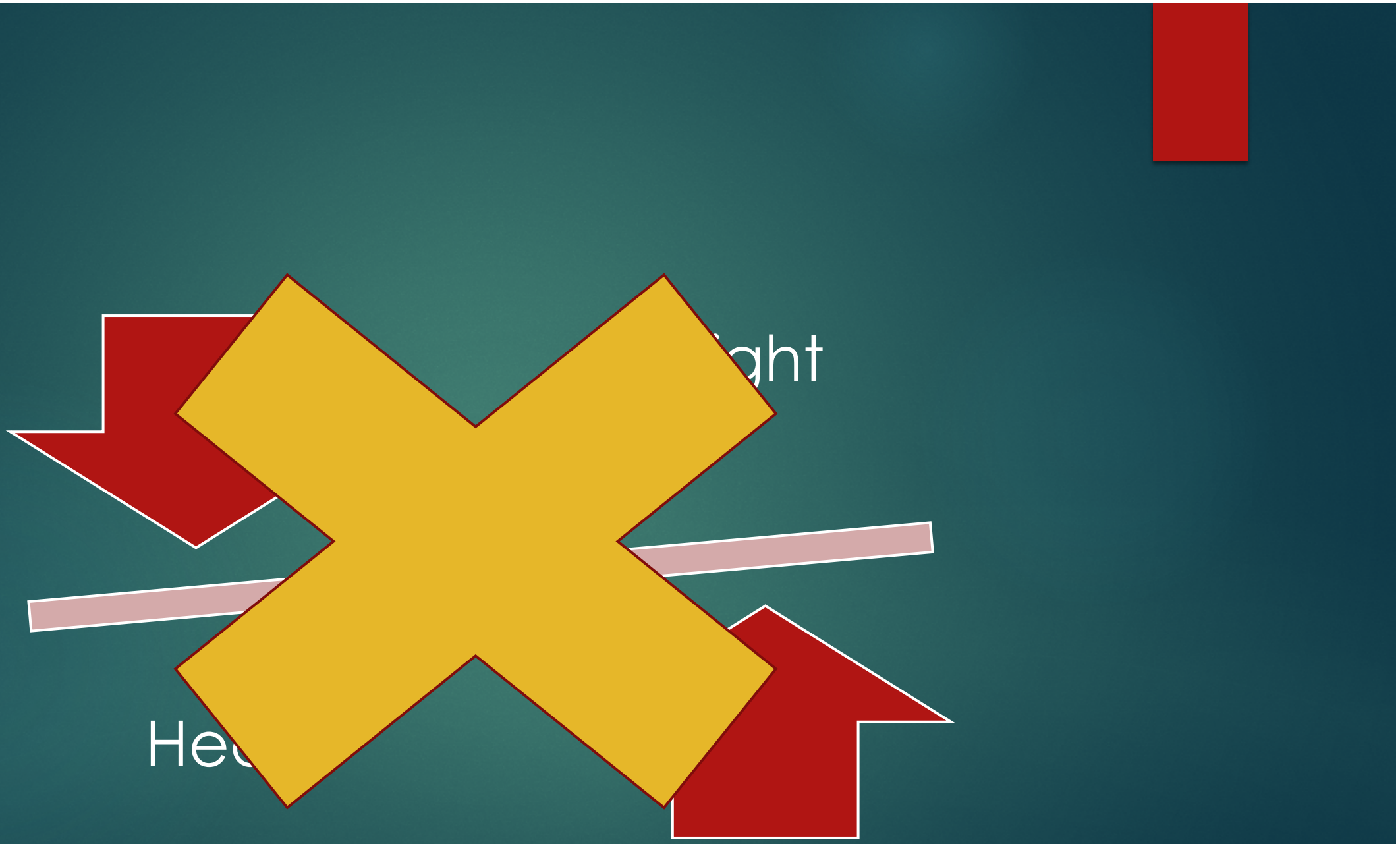
void a Weight-Centric Approach

- Emphasizes weight and weight loss when defining health and well-being
- Not effective for most people due to high rates of weight regain and weight cycling
  - Further reducing health and well being




ght
Hec

on’t Rely on BMI Alone

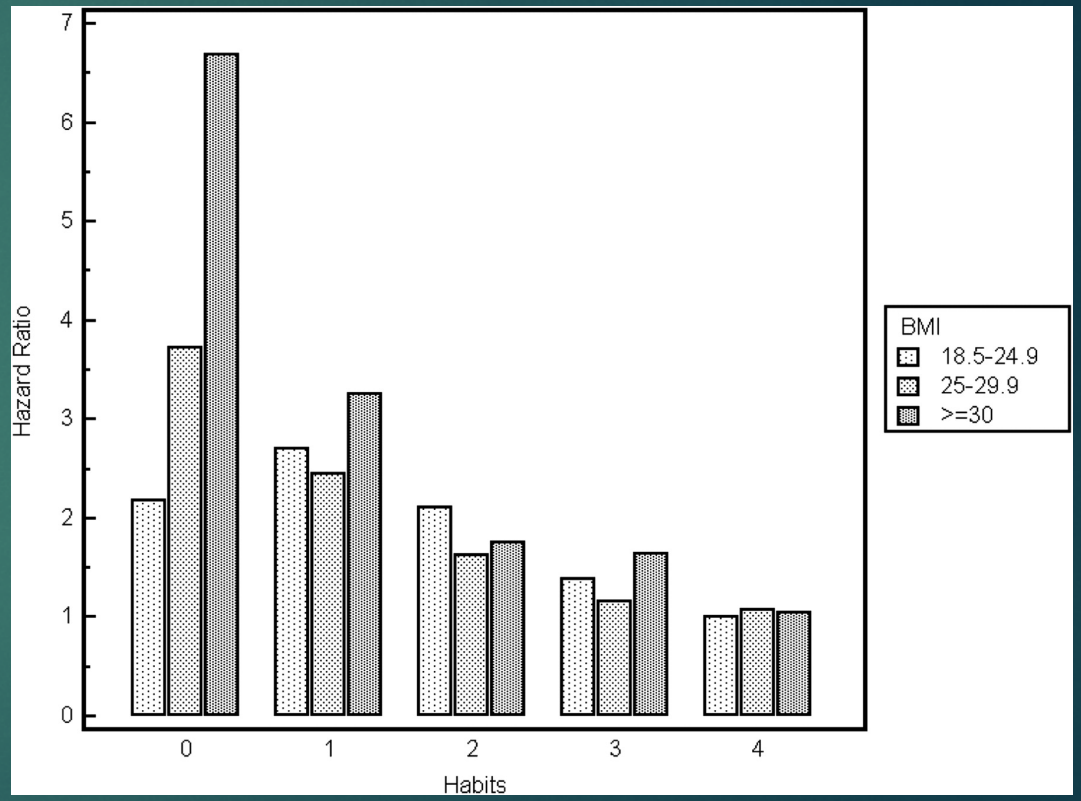
- AMA adopted policy clarifying the role of BMI as a measure in medicine in 2023[26]
- BMI is significantly correlated with fat mass in the general population, but loses predictability when applied at individual level
- BMI is an imperfect way to measure body fat
- Does not account for differences across race/ethnic groups, sexes, genders, age-span
- Look at other valid measures of risk
  - Measurements of visceral fat, body adiposity index, body composition, relative fat mass, waist circumference and genetic/metabolic factors

dopt a Health-
entric Approach

- ocus on health behaviors, health outcomes, nd quality of life rather than BMI or body weight
- ecognize health and well-being as multi-aceted
- im to reduce weight stigma and increase ealth access
- espect body diversity
- mpower patients to achieve health at any size
- xplore all causes of the patient's presenting roblem(s)
- espect the patient's decision on whether or not ney want to lose weight

ealthy Habits, BMI, and Mortality

- Healthy Behaviors are more important than weight across all BMI categories
  - > 5+ F/V servings/day
  - > 12 x month leisure time physical activities
  - Not smoking
  - < 0 -1 alcoholic drink/day for women and 2 for men
- Used NHANES III data, weighted sample size of 133 million, avg 170 month follow up



Hazard ratio for all-cause mortality by body mass index (kg/m2) and number of healthy habits (ie, fruits and vegetable intake, tobacco, exercise, alcohol)

ealth at Every Size® (HAES®)

- Weight inclusivity
  - Accept/respect inherent diversity of body shapes and sizes
- Health enhancement
  - Support policies that equalize access to information/services
- Eating for well-being
  - Promote flexible, individualized, intuitive eating
- Respectful care
  - Acknowledge our biases and work to end weight discrimination, weight bias, and weight stigma
- Life-enhancing movement
  - Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement

Photo by RODNAE Productions from Pexels

utcomes of HAES® Interventions

Benefits

- Improvement in
  - Quality of life
  - Depression level
  - General well-being
  - Perceived stress
  - Self esteem
  - Total and LDL cholesterol

Further Study Needed

- Triglycerides
- Fasting glucose
- Blood pressure
- Other metabolic indices

Ulian et al, systematic review[22]

arting the Conversation[5]

- Patients can be apprehensive about talking about their weight due to past stigmatizing conversations
- Providers may feel unprepared or inadequately trained for these conversations
- Simply having a conversation about obesity can lead to weight loss
- A collaborative and supportive discussion is ideal
- Use techniques such as active and reflective listening, motivational interviewing

anguage Matters[5]

- Seek permission
- Use person-centered language
- Use language free from judgement or negative connotation
- Some words are unacceptable
- Avoid combat and humor
- Stick to the evidence
- Avoid blame, but don't generalize/stereotype
- Don't make assumptions

hoose Your Words Wisely

Less Stigmatizing

- Weight
- High weight
- Overweight
- Unhealthy weight

More Stigmatizing

- Fat/fatness
- Excess fat
- Chubby
- Obese
- Morbidly obese

reate a Welcoming and Safe ffice Environment

- Physical environment can promote weight bias
- Lack of privacy[16]
  - Location of scales
  - Undressing

- Waiting rooms/exam rooms may not be equipped to handle larger body sizes[16]
  - Gowns
  - Exam tables
  - Scales
  - Chairs
  - BP cuffs
- Educate support staff and other HCP

nsure Sensitive eighing/Measuring Practices

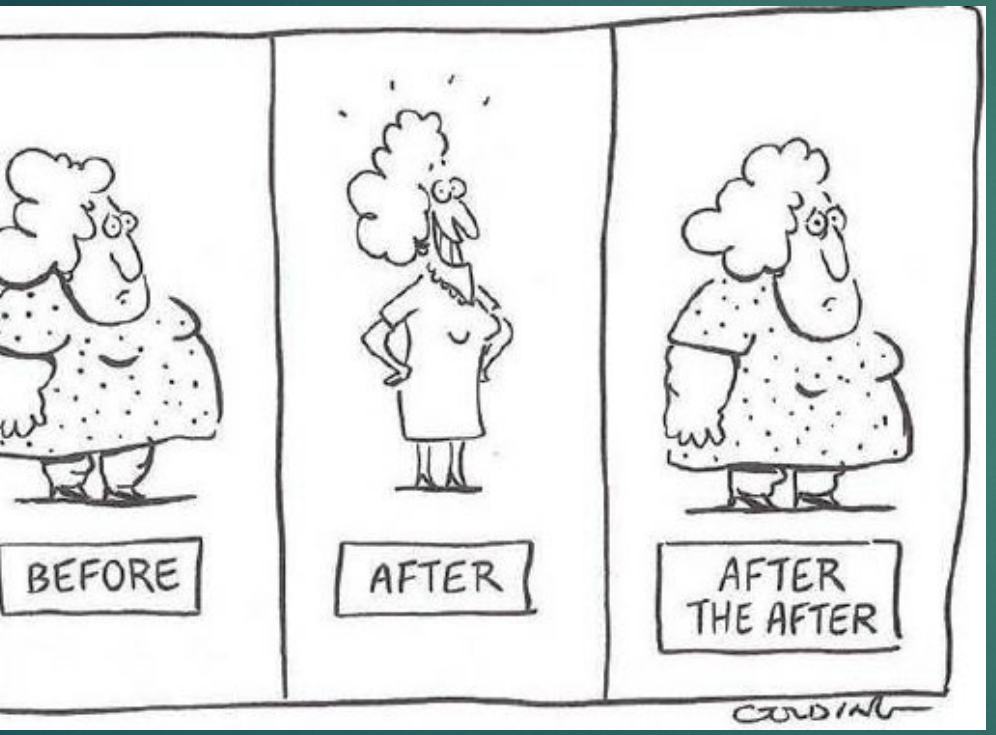
- Is it necessary?
- Ask for permission
- Conduct in private location
- Give option of facing away from scale
- Record weight and waist circumference without judgement
- Ask if the patient wants to know their results
- Ask if they wish to discuss their results

e Realistic with Weight anagement

- 5-10% weight loss is a success[17]
  - Improvement in metabolic parameters
    - Glycemic measures (drop A1C by 0.5)
    - 40 mg/dL drop in Triglycerides
    - 5 mg/dL increase in HDL
    - Decrease Systolic blood pressure by 5 mm HG
  - Reduction in comorbidities
    - Cardiovascular disease
    - Type 2 diabetes
    - Sleep apnea
- > 10% weight loss is often not sustainable
  - 1 in 6 adults with overweight or obesity maintain weight loss of at least 10% for 1 year [18]
- Achieving BMI < 30 may not be necessary

Example:
260#, 5'11, BMI 36.3,
5% loss = 13#
(new BMI 34.4)

obability of Attaining Normal eight/Maintaining Loss is Low



9 year follow up of 176,495 people in UK[20]

- Annual probability of achieving 5% wt loss (if class 1 obesity): 1 in 12 (men), 1 in 10 (women) BUT majority (78%) went on to regain that lost weight at 5 years
- Annual probability of achieving BMI < 25kg/m2 (if class 1 obesity): 1 in 210 (men), 1 in 124 (women)
- Weight cycling observed in 1/3 of ALL participants
- 61% of men and 59% of women who showed a decrease in BMI category subsequently went on to show an increase in BMI category

ggest Loser Study[19]

- Followed 14 Biggest Loser contestants for 6 years
- 13 of 14 regained weight
  - 4 of those heavier than before competition
- Large persistent metabolic adaptation was observed despite substantial weight regain
  - -499+/-207 kcal/day

Photo source: People.com

crease You Knowledge

- Supportive Obesity Care
  - Geared towards HCP
  - UConn Rudd Center for Food Policy and Obesity
- AAPA Obesity Toolkit
- Obesity Action Coalition
- Health at Every Size (HAES)®
- Obesity Medicine Association
  - They offer an NP/PA Certificate of Advanced Education
- Rethink Obesity
- STOP Obesity Alliance
- FORWARD Obesity Education Program

ummary

- Weight stigma is the social devaluation of people due to their body weight or size
- The prevalence is high, especially in women and higher BMI's
- It occurs in all age groups, and across all settings
- Obesity is a chronic disease with a multifactorial origin
- Weight stigma negatively impacts patient care and outcomes
- HCP can combat weight stigma through communication practices, and by creating a welcoming/safe office environment

Any Questions?

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