Introduction

• Bariatric behaviorist
• Owner of counseling practice
• Professional speaker & trainer
• The “Head work” piece of treating obesity and other health conditions
Introduction

• The “Why” of Obesity Sensitivity Training

• Our Stereotypes/Weight Bias

• Video: “A Disease Called Obesity”
  Reeger Cortell, F-CNP
A Disease called OBESITY
Objectives

• Increase awareness and understanding of weight stigma and weight bias in healthcare
• Understand how weight stigma and weight bias impacts our patient population
• Learn practical ways to improve our sensitivity and practice to our patients

Problem-------------------------------Solution
What is Weight Bias

• Weight bias refers to negative stereotypes directed towards individuals affected by excess weight or obesity which often lead to prejudice and discrimination.
• Weight bias is evident in many aspects of living such as healthcare, education, employment, the media and more.
Impact of Weight Bias

• The prevalence of weight discrimination in the United States is comparable to racial discrimination

• Patient stories of weight bias in healthcare
Weight Bias in Healthcare

- Current Research demonstrates that patients affected by obesity frequently feel stigmatized in healthcare settings.
- Research shows that even healthcare professionals specializing in the treatment of obesity hold negative attitudes.
- “Research has examined views and opinions of obesity surgery patients about the care they received before, during and after weight loss surgery. Patients report feeling misunderstood and mistreated by medical and non-medical staff involved in their treatment.”

Dieticians

- Registered Dieticians express:
  - Negative attitudes
  - Beliefs that obesity is due to emotional problems
  - Pessimism about adherence
Mental Health Professionals

- Ascribe to obese patients...
  - More pathology
  - More severe symptoms
  - More negative attitudes
  - Worse prognosis
• **Nurses view obese patients as:**
  - Non-complaint
  - Overindulgent
  - Lazy
  - Unsuccessful

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

Baglet et al. 1989; Hoppe & Ogden, 1997; Maroney & Golub, 1992
Medical Students

• View obese patients as
  ❖ Poor in self-control
  ❖ Less likely to adhere
  ❖ Sloppy
  ❖ Awkward
  ❖ Unsuccessful
  ❖ Unpleasant
  ❖ Responsible for symptoms

Physicians view obese patients as:

- Non-compliant
- Lazy
- Lacking self-control
- Weak-willed
- Unsuccessful
- Unintelligent
- Dishonest
Weight Bias and Patient Impact

• Quality of Care

“Providers spend less time in those appointments and engage in less health-related discussions with patients affected by obesity when compared with non-overweight patients. Providers themselves admit that do not intervene as much as they should” -OAC
Weight Bias and Patient Impact

• Effects of Weight Bias
  ❖ More vulnerable to depression, anxiety and low self-esteem
  ❖ Less likely to feel motivated to adopt a lifestyle change
  ❖ Turn to unhealthy eating patterns impairing weight loss efforts
  ❖ Avoiding/Canceling healthcare appointments for prevention and treatment
What Healthcare Providers can DO!

- Language usage
- Avoiding the blame game
- Education & Training
- Awareness of own bias
- The office environment
People-first language has been widely adopted for most chronic diseases and disabilities, but not obesity.

Referring to individuals as “obese” has shown to influence how individuals feel about their condition and how likely they are to seek medical care.
## The Power of Words

<table>
<thead>
<tr>
<th>Most Stigmatizing/Blaming Words</th>
<th>Least Stigmatizing/Blaming Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>Weight</td>
</tr>
<tr>
<td>Obese</td>
<td>Unhealthy weight</td>
</tr>
<tr>
<td>Morbidly Obese</td>
<td>High</td>
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</tbody>
</table>
## The Power of Words

<table>
<thead>
<tr>
<th>Least Motivating for Weight Loss</th>
<th>Most Motivating for Weight Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>Unhealthy Weight</td>
</tr>
<tr>
<td>Morbidly Obese/Chubby</td>
<td>Overweight</td>
</tr>
</tbody>
</table>
Could we talk about your weight today?
How do you feel about your weight?
What words would you like to use when we talk about your weight?
"Talking to Your Doctor about your Weight" form
Labeling individuals as obese creates negative feelings toward individuals with obesity, perpetuates weight bias and must be avoided.

Health care providers who use respectful communication with their patients such as people-first language, create positive and productive discussions about weight.
Avoid the Blame Game

- Avoid placing blame on patients for their excess weight, difficulty losing weight or regaining weight
  - It takes courage to walk through our doors: Validate It!
  - Recognize that Obesity is a disease and a product of many complex factors
  - Recognize that our patients have tried to lose weight repeatedly. Lack of successes is much more attributable to ineffectiveness of current conventional treatment options than personal discipline or willpower
Behavioral Health Resources

- Patient Resources
  - Behavioral Education Groups
  - Topic Groups
  - Individual Counseling Network
Staff Training

• Required yearly Obesity Sensitivity training

• Rudd Center
  ❖ Free on-line CME (1.0) Course “Improve Obesity care”
  ❖ Free on-line tool kit “Preventing Weight Bias: Healing without harming in Clinical Practice”
Identify Your own Bias

• How do I feel when I work with patients of different body sizes?
• Do I make assumptions regarding a person’s character, intelligence, abilities, health status or behaviors based on weight?
• What stereotypes do I have about persons with obesity?
• How do my patients affected by obesity feel when they leave my office?
• Do my patients feel confident, empowered or otherwise?
The Office Environment

- Large size gowns
- Large and extra large adult blood pressure cuffs
- Sturdy armless chairs
- Doors and hallways to accommodate large sized wheelchairs, walkers, scooters
- Wide based scale that measures >350 pounds
- Scale in location that offers privacy and confidentiality
Resources

- Obesity Action Coalition [www.oac.org](http://www.oac.org)
- The Rudd Center for Food Policy and Obesity [www.uconnruddcenter.org](http://www.uconnruddcenter.org)
- The Stop Obesity Alliance [www.stopobesityalliance.org](http://www.stopobesityalliance.org)