



Weight bias

5As Team learning modules

Weight bias is defined here as beliefs about a person's values, skills, abilities, or personality based on their body weight and shape. Weight bias is a common issue in North America and can impact a patient's health, their access to health care, and their sense of wellbeing or safety. Weight bias can also impact a health care provider's treatment of their patients, often unconsciously.

This session's speaker is Dr. Mary Forhan, an occupational therapist with more than 15 years of clinical experience in the areas of psychosocial and physical rehabilitation. Mary has experience working as a project coordinator with the Obesity Canada on projects including weight bias and stigma; interprofessional education in bariatric care and strategic directions for rehabilitation in bariatrics. Mary is now an assistant professor at the University of Alberta, Department of Occupational Therapy, Faculty of Rehabilitation Medicine.

This module contains:

- A link to the video on weight bias
 - <https://www.youtube.com/watch?v=RhPOz9hUAsY>
- A PowerPoint presentation (page 2-20) that covers the following topics:
 - Recognizing weight bias
 - Evaluating the physical environment for barriers to persons with obesity
 - Common bias pitfalls
 - The impact of bias on patients
 - The weight bias cycle
 - Strategies to reduce weight bias
- A discussion guide for further reflection (page 21)
- A resource list for additional information (page 22-23)

Weight Bias: Clinical Experiences and Solutions

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Learning Objectives

- Recognize antecedents to weight bias in clinical settings.
- Become more aware of your own attitudes toward and beliefs about persons with obesity.
- Learn about the impact of weight bias on engagement in primary health care.
- Be able to identify and apply strategies to reduce weight bias in primary health care settings.

Defining Weight Bias & Stigma

Weight Bias:

Beliefs about a persons values, skills, abilities and personality based on their body weight and shape.

Stigma:

The disapproval or discontent with a person or group based on perceptions and stereotypes.

Weight Bias: Sources, Environments & Consequences

Sources



- Physicians
- Dietitians
- Nurses
- Psychologists
- Medical Students
- Psychologists

Environments



- Primary Health Care
- Tertiary Care
- Acute Care
- Long-term Care
- Home Care, Community Care

Consequences



- Patients feel disrespected
- Parents of children with obesity feel blamed
- Avoidance of health care

Weight Bias from Health Professionals

Physicians

Evidence shows that physicians (including obesity experts) view patients with obesity as:

- Lazy
- Non-compliant
- Lacking in self-control
- Having no will power
- Unintelligent
- Dishonest
- Unsuccessful

Ref. Schwartz, Chambliss, Brownell, et al., 2003; Hebi & Xu, 2001

Patient Experiences with Physician Based Weight Bias

- In a study of 2449 women with obesity, 52% reported being stigmatized by doctors on more than one occasion.
- Patients reported feeling berated and disrespected by physicians.
- Patients of children with obesity reported feeling blamed and dismissed by physicians.

Ref. Puhl & Brownell, 2006; Bertaki & Azari, 2005; Turner, Salisbury, Shield, 2011

Testimonial from a Patient

“My GP and MDS staff have been the most demeaning toward me . Complaining they have to change blood pressure cuffs and difficulty getting blood and other samples. NOT pursuing a course of treatment because I am overweight. Seeing weight gain as end result rather than a symptom of an underlying issue. Faced with disbelief when asked for calorie intake and amount of exercise”.

Bias from Dietitians

Registered dietitians and students reported beliefs about persons with obesity as:

- Expected not to adhere to recommendations
- Lacking self-control
- To be unattractive
- Always overeat

Ref. Berryman et al., 2006; McArthur et al., 1997

Bias from Psychologists

- Evidence shows that psychologists reported the following beliefs about persons with obesity:
- More pathology
- More severe psychological symptoms
- More negative attributes
- Worse psychological prognosis compared to patients without obesity

Ref. Davis-Coelho, Waltz, Davis-Coelho, 2000; Hassel, Amicic, Thurston, Gorsuch, 2001.

Bias from Medical Students

Evidence shows that medical students believe that patients with obesity:

- Have poor self-control
- Are less likely to adhere
- Are sloppy/awkward
- Are unpleasant
- Are unsuccessful

Ref. Wigton & McGaghie, 2001.

Impact of weight bias on care

- **Relationship between the practitioner and patient**
 - Decreased expectations of patient
 - Increased aggressiveness toward the patient (blame)
- **Neglect to explore all causes of health concerns**

“...the doctor should look at my life a bit more and not just tell me, you know you should not be eating so much” (Forhan, Risdon, Solomon, 2013).

- **Lack of respect for autonomy and individual differences**
 - One-size-fits-all approach to care
- **Decreased length of time spend with patient**
 - Discomfort spending time with a patient who has obesity
 - Lack of confidence working with patients with obesity

“I don’t think the medical profession knows what to do or have done enough to help people with weight” (Forhan, Risdon, Solomon, 2013).

Ref. Hebi, Xu, 2002; Bertakis, Azari, 2005

Impact of weight bias on patient behaviour/beliefs

- **Minimize seriousness of obesity**

“I am looking at myself and thinking, this can’t be right. Why are the red flags not going up in their head? I guess if he or she is not worried about it (obesity) why should I be worried about it?” (Forhan, Risdon, Solomon, 2013).

- **Not returning or Delaying Care**

“It’s all about finding that trusting doctor. If you don’t trust whom you are talking to or you don’t feel like they are listening to you then you don’t want to come” (Forhan, Risdon, Solomon, 2013).

- **Avoiding primary health care**

- **Unrealistic weight-loss expectations**

Ref. Sharma, Wharton, Forhan, et al., 2011; Drury, Louis, 2002; Adams, Smith, Wilbur, Grady, 1993; Olson, Schumaker, Yawn, 1994.

Reasons Patients Avoid or Delay Care

- Embarrassment of being weighed
- Disrespect from members of the healthcare team
- Implicit bias demonstrated by health care provider(s)
- Medical equipment is too small
- Unsolicited weight loss advice

“No one likes to hear, well oh, we have a larger cuff that we will use to take your blood pressure today. That can be awkward particularly if they say, oh, just a minute, I need to get the larger cuff”.

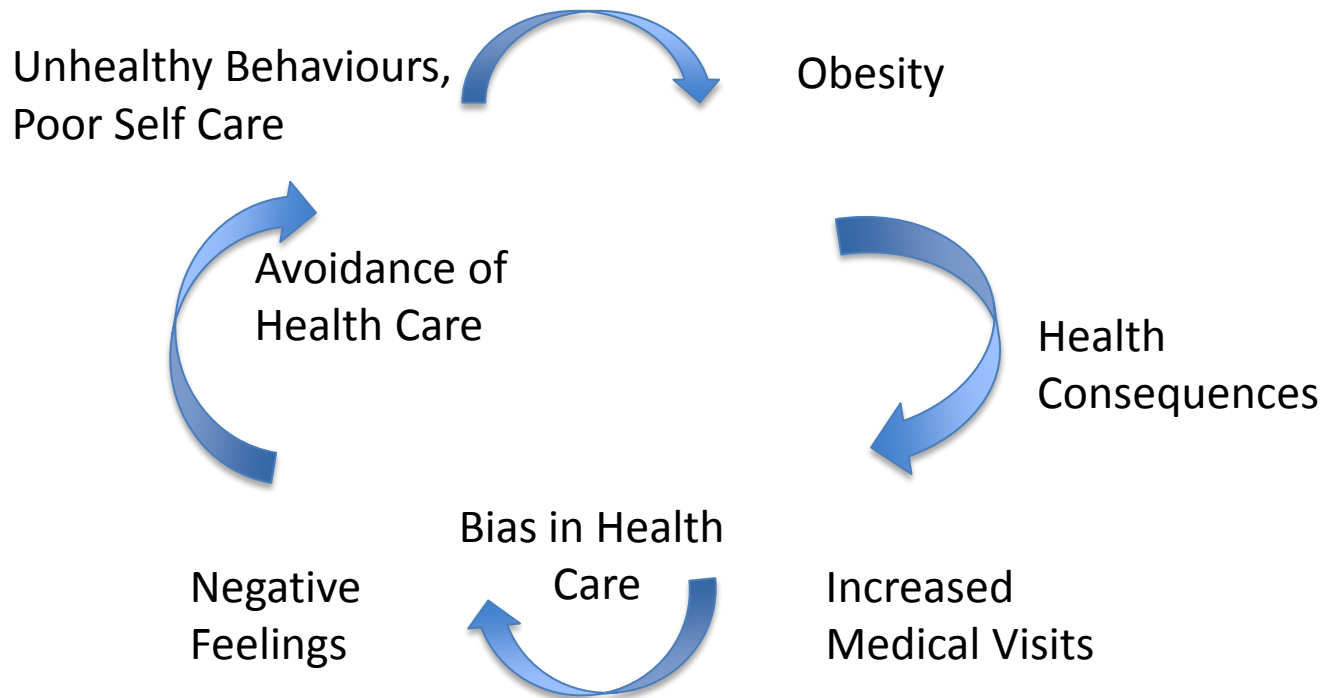
“Hearing from my doctor that they understand what it is like to have obesity is useless. Saying you understand when you don’t is a lie. You don’t understand, you can’t understand because you never went through it...it’s strange how words can have such an effect”.

“The first few times (I had my weight taken) it took me back a bit because the scale was in the hall. There use to be scales in the exam rooms. It would be better to have it in a more private area”

Ref. Amy et al., 2006; Forhan, Risdon & Solomon, 2013.

Cycle of Weight Bias and Obesity

(Puhl & Brownell, Weight Bias in Health Care Settings. www.yaleruddcenter.org)



Strategies to Reduce Weight Bias in Primary Health Care Settings

- Ask permission to talk about body weight.
- Ask the patient what their perspectives of their body weight are rather than assume they want to lose weight.
- Anticipate that patients with obesity will come to see you, don't react once they are already in your office.
- Be mindful of the negative experiences the patient with obesity brings with them to the office prior to even meeting you.
- Place the scale in a private area and, when feasible, weigh the patient during the visit, not on the way to your office.
- Refrain from sharing your own weight loss stories or anecdotal tips.
- Prior to posting anything in the office check the content (words and images) with others to determine the content could stigmatize patients with obesity.
- Focus on outcomes of health and wellness and less on weight and shape.

References

Adams CH, Smith NJ, Wilbur DC, Grady KE. (1993). The relationship of obesity to the frequency of pelvic examinations: Do physician and patient attitudes make a difference? *Women Health*;20:45-57.

Berryman D, Dubale G, Manchester D, Mittelstaedt R. (2006). Dietetic students possess negative attitudes toward obesity similar to nondietetic students. *J Am Diet Assoc*;106:1678-1682.

Bertakis KD, Azari R. (2005). The impact of obesity on primary care visits. *Obes Res*;13:1615-23.

Davis-Coelho K, Waltz J, Davis-Coelho B. (2000). Awareness and prevention of bias against fat clients in psychotherapy. *Professional Psychology: Research and Practice*;31:682-684.

Drury CA, Louis M. (2002). Exploring the association between body weight, stigma of obesity and health care avoidance. *J Am Acad Nurse Pract*;14:554-61.

Forhan M, Risdon C, Solomon P (2013). Contributors to patient engagement in primary health care: perceptions of patients with obesity. *Primary Health Care Research & Development*;14:367-372.

Hassel TD, Amici CJ, Thurston NS, Gorsuch RL. (2001). Client weight as a barrier to non-biased clinical judgement. *Journal of Psychology & Christianity*;20:145-161.

Hebi M, Xu J. (2002). Weighing the care: Physician's reactions to the size of the patient. *Int J Obes Relat Metab Disord*;25:1246-52.

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McArthur L, Ross J. (1997). Attitudes of registered dietitians toward personal overweight and overweight clients. *J Am Diet Assoc*;97:63-66.

Olson CL, Schumaker HD, Yawn BP. (1994). Overweight women delay medical care. *Arch Fam Med*;3:888-92.

Puhl RM, Brownell KD (2006). Confronting and coping with weight stigma: An investigation of overweight and obese adults. *Obesity*;14(10):1802-15.

Puhl RM, Heuer CA. (2009). The stigma of obesity: A review and update. *Obesity*;17:941-64.

Sharma S, Wharton S, Forhan M, et al. (2011). Influence of weight discrimination on weight loss goals and self-selected weight loss interventions. *Clin Obes*;1:153-60.

Schwartz MB, Chambliss HO, Brownell KD, et al. (2003). Weight bias among health professionals specializing in obesity. *Obes Res*;11:1033-9.

Turner KM, Salisbury C, Shield JP. (2011). Parent's views and experiences of childhood obesity management in primary care: A qualitative study. *Fam Pract*;29:476-81.

Wigton RS, McGaghie WC. (2001). The effect of obesity on medical student's approach to patients with abdominal pain. *J Gen Intern Med*;16:262-265.

Resources

Images that illustrate persons with obesity engaging in everyday activities. These images are available for free from the following sites under the heading “image gallery”:

www.obesitynetwork.ca

www.yaleruddcenter.org

Report from the Canadian Summit on Weight Bias and Discrimination 2011 available on-line from the Canadian Obesity Network

Educational resources for health professionals, educators and policy makers available from the Yale Rudd Center for Food Policy and Obesity. Tool kits for health care providers.

Discussion guide

This is a guide for questions and topics to consider after viewing Dr. Forhan's video and slide show on the topic of Weight Bias. These questions can be discussed in a group or on your own.

1. **Please take a moment on your own and consider what are the key messages you took from the speaker today** (tips, messages, tools)?
 - Of those tools and tips – how do you see yourself applying it in your practice?
 - Were you surprised by the evidence about weight bias amongst health care providers? Why or why not?
 - What are some ways that we can diffuse negative attitudes and beliefs about persons with obesity amongst our colleagues/coworkers?
 - How does a better understanding of weight bias and its impact on engagement in primary health care contribute to raising the issue of obesity with your patient?
 - What are some immediate and long-term changes that need to be considered to make the clinical environment we work in free from weight bias?
 - Is there anything you would like to learn more about on this topic?

2. **Goal Setting**
 - Take a few moments of quiet time to come up with your own goal concerning a change you feel you can implement in your practice regarding weight bias.
 - Can you anticipate difficulties with achieving this goal?
 - Are you confident you can reach your goals?

Resources

Articles:

- Adams CH, Smith NJ, Wilbur DC, Grady KE. (1993). The relationship of obesity to the frequency of pelvic examinations: Do physician and patient attitudes make a difference? *Women Health*;20:45-57.
- Berryman D, Dubale G, Manchester D, Mittelstaedt R. (2006). Dietetic students possess negative attitudes toward obesity similar to nondietetic students. *J Am Diet Assoc*;106:1678-1682.
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- Wigton RS, McGaghie WC. (2001). The effect of obesity on medical student's approach to patients with abdominal pain. *J Gen Intern Med*;16:262-265.

Websites:

- Obesity Canada: www.obesitynetwork.ca
- Canadian Summit on Weight Bias and Discrimination Summit Report: http://www.obesitynetwork.ca/files/Weight_Bias_Summit_Report.pdf
- Yale Rudd Center for Food Policy & Obesity: www.yaleruddcenter.org/
 - Preventing Weight Bias: <http://biastoolkit.uconnruddcenter.org/>
 - Having a Productive Conversation about Weight Bias: Dispelling the Myths: <http://www.uconnruddcenter.org/files/Pdfs/Parents-ProductiveConversationWeightBias.pdf>

- Promoting a Positive Office Environment:
<http://biastoolkit.uconnruddcenter.org/toolkit/Module-4/4-03-PromotingAPositive.pdf>
- Checklist for Assessing the Office Environment:
<http://biastoolkit.uconnruddcenter.org/toolkit/Module-7/7-05-ChecklistForAssessing.pdf>
- Mary Forhan's philosophy on health promotion and disease prevention for persons with obesity: www.youtube.com/watch?v=spvqrrugwNY&feature=youtu.be

Tools:

- BAOP: Beliefs About Obese Persons Scale* – (Yale Rudd Center for Food Policy & Obesity website): <http://biastoolkit.uconnruddcenter.org/toolkit/Module-1/1-08-SelfAssessmentTools/1-0804-BAOP.pdf>
- Attitudes Toward Obese Persons Scale* – (Yale Rudd Center for Food Policy & Obesity website): <http://biastoolkit.uconnruddcenter.org/toolkit/Module-1/1-08-SelfAssessmentTools/1-0802-ATOP.pdf>

*Allison, D.B., Basile, V.C., & Yuker, H.E. (1991). The measurement of attitudes toward and beliefs about obese persons. *International Journal of Eating Disorders*, 10, 599-607.