Weight Bias in the Medical Setting

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Beliefs we’d like to challenge today.....

- Fat people always have health issues
- Fat people don’t really care about their health
- You can tell how healthy someone is based on their appearance
What is Weight Bias?

- Negative attitudes or stigma toward individuals based on weight or body size.

- Judgment of a person’s character, work ethics, and personality based on weight.
Weight Bias

- Explicit Bias – conscious discrimination or bullying
  - Example – not inviting a large neighbor to your weekly neighborhood mother’s group because you don’t want other women to think you would befriend a “fat person”

- Implicit Bias – unconscious inner attitudes we all carry about people who are different from us that influence our behavior in ways we often don’t recognize.
  - Example – assuming all large people wish they were thin
Consequences Of Weight Bias for Large People

- Internalized feelings of shame

- Inequalities in employment, healthcare, and educational settings – due to negative stereotypes that fat persons are lazy and incompetent
“Obese individuals are highly stigmatized and face multiple forms of prejudice and discrimination because of their weight. The prevalence of weight discrimination in the United States has increased by 66% over the past decade. Weight bias translates into inequities in employment settings, health-care facilities, and educational institutions.”
The Stigma of Obesity: A Review and Update
Rebecca M. Puhl and Chelsea A. Heuer

“... These stereotypes are prevalent and are rarely challenged in Western society..... obese persons [are] vulnerable to social injustice, unfair treatment, and impaired quality of life as a result of substantial disadvantages and stigma.”

doi:10.1038/oby.2008.636
Consequences of Weight Stigma

• Youth who are teased about their weight report more suicidal thoughts than peers who are not teased.

• Fat youth are liked less, chosen less as friends, and rejected more often by peers than “average weight” youth.

Fears caused by Weight Stigma

• A survey of parents found that one in 10 would abort a child if they knew it had a genetic tendency to be fat.

• Young girls have indicated in surveys that they are more afraid of becoming fat than they are of cancer, nuclear war or losing their parents.

Weight bias hurts people in all different body sizes

- Thinner people do not always get the medical care they need because they “look healthy”

- “Body policing” is an increasing phenomenon for people in many different types of bodies
Bias in Action

• Incentivizing workplace wellness can increase stigma for fat people

• Social stigma is as significant as SES in influencing population health
WHY NOT JUST LOSE THE WEIGHT?

Weight loss doesn’t fix weight stigma
Stigma and weight loss

- Several studies show that bias against fat people persists after weight loss, particularly for people who have lost weight through weight loss surgery (WLS).

- Poor body image persists after weight loss.
Food for thought

Is it ethical to tell people to manage stigma by trying to leave the stigmatized group?
Psychological consequences of Weight Bias

- Depression
- Anxiety
- Low self esteem
- Suicidal act and thoughts
- Poor Body image

All of these psychological states contribute to poor health outcomes and difficulties in good self care.
What people think about their bodies MATTERS
I think therefore I am: perceived ideal weight as a determinant of health. (2008)

Sec. analysis of the 2003 Beh.Risk Factor Surveillance System data to examine the impact of desired body weight, independent of BMI, on the amount of physically and mentally unhealthy days by race, ethnicity, and gender (200k).
• 66% of adults wanted to lose weight/26% were happy with their weight (including overweight and obese people)
• People who were happy with their weight, regardless of their weight, experienced fewer physically unhealthy days and mentally unhealthy days compared with persons unhappy with their weight regardless of how thin or fat they were.
• The difference between actual and desired body weight was a stronger NEGATIVE predictor than was BMI of mental and physical health....
I think therefore I am: perceived ideal weight as a determinant of health. (2008)

RESULTS/CONCLUSION:

......The desire to lose weight appears to be a powerful independent negative predictor of psychological and biological health.

Adults with Greater Weight Satisfaction Report More Positive Health Behaviors and Have Better Health Status Regardless of BMI (2013)

Cross-sectional analysis of data from the Aerobics Center Longitudinal Study (ACLS). Main Outcome Variables: Weight satisfaction, weight-related health behaviors, chronic health conditions, and clinical health indicators.
RESULTS/CONCLUSION: Greater satisfaction with one’s weight was associated with positive health behaviors and health outcomes in both men and women and across weight status groups.

This longitudinal study used data from 9,584 adults enrolled in the ACLS. Key variables included multiple measures of measured weight, self-reported goal weight, and incident diabetes.
RESULTS/CONCLUSIONS: Weight dissatisfaction, regardless of BMI, represents a potentially important negative psychophysiological modifier of the relationships between BMI and risk of Type 2 diabetes.
Healthcare Settings

- Are large patients made to feel welcome in healthcare settings or do we send an unwelcoming message with our:
  - Small chairs
  - Small blood pressure cuffs
  - Small gowns
  - Small MRI machines
  - Mammography and gynecologic exam equipment
  - Hoyer lifts
  - Attitudes
Physician Studies

“The weight of a patient significantly affected how physicians viewed and treated them. Although physicians prescribed more tests for heavier patients, they simultaneously indicated that they would spend less time with them, and viewed them significantly more negatively on 12 of the 13 indices.”

(Weighing the care: physicians’ reactions to the size of a patient.
Medical Students – GI issue

- More students thought obese pts would be unable to make lifestyle changes, would not be responsive to medical counseling, and would be less compliant with treatment.
- More students said they would not want the obese pt in their continuity of care practice.
- No difference in overall number of tests ordered.

[Gen Intern Med. 2001 Apr; 16(4): 262–265. The Effect of Obesity on Medical Students’ Approach to Patients with Abdominal Pain Robert S Wigton, MD, MS and William C McGaghie, PhD]
Nursing studies

“Registered nurses had significantly higher levels of fat phobia and more negative attitudes than did student nurses. The majority of participants perceived that obese people liked food, overate, and were shapeless, slow and unattractive. Additionally, over one-half of participants believed that obese adults should be put on a diet while in hospital.”

Pregnancy

“Women with higher BMI more likely to report negative experiences of care during pregnancy and after birth”

“Providers reported less positive attitudes toward caring for overweight and obese pregnant women”

Weight Stigma and Health Outcomes

- Increased BMI is associated with an increase in the delay/avoidance of health care.
- Exposure to stigmatizing materials $\rightarrow$ increased calorie consumption by fat women
- Experiencing weight stigma decreases activity/exercise levels
- Fatter people have a harder time getting health insurance
Are all fat people unhealthy?
Something to think about...

People who require medical care are usually ill, or in some level of distress. If the only fat people you see are those seeking care, or lying in a hospital bed, might your view of fat people be skewed?
How often do you see positive images of larger bodied people?

http://www.stockybodies.com/
So........

How do we improve health care experiences for larger-bodied people?
Chinese Nurses’ Study

- Nurses who believed obesity was beyond the person’s control were more likely to hold positive attitudes toward obese patients.

- “This study found that external weight locus of control may be the strongest predictor of positive attitudes, along with working in specialties involving more experiences in caring for obese patients. Future intervention efforts might aim to educate nurses about the complex etiology of obesity (i.e., genetics and environment) and increase nurses’ contact with obese individuals.”

What we say matters

“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. If not, we will only perpetuate the stigma we are claiming to abolish.”

We’d like to suggest...

Weight Neutral Health Care
What this could look like

- Focus on physical activity for the benefits it brings all people – improved energy, improved sense of well-being, improved sleep – not on the goal of physical activity for weight loss.

- Focus on actual health issues or genetic risks the patient has. If they have high cholesterol focus on changes in food choices for goal of improving cholesterol rather than goal of weight loss.
What if the patient brings up weight loss as a goal?

- Don’t make assumptions about what pt means.
- What is their story about their weight?
- Why are they asking this question now?
  - New med or medical problem that has caused recent increase in weight?
  - Have they been eating more because of recent stress?
  - Are they saying there is something new going on in their life they need help with?
  - Has a provider recommended weight loss. Why? How does the patient feel about this? Do they feel their provider will be angry if they don’t lose weight?
Health At Every Size ®
Health At Every Size®

- Weight Inclusivity
- Health Enhancement
- Respectful Care
- Eating for Well-being
- Life-Enhancing Movement
HAES is an evidence based approach to health and wellness

- www.sizediversityandhealth.org
- www.haescurriculum.org
Other resources:

National Association to Advance Fat Acceptance:  
www.naafaonline.com

HAES UK
Https://healthateverysize.org.uk/

The Healthy Bodies Curriculum
http://bodyimagehealth.org/
Online & media resources.....

Eat like you love yourself.
Move like you love yourself.
SKINNY SHAMING IS JUST AS NOT OK AS ANY OTHER SHAMING

Amanda’s Big Dream
Written by Judith Matz
Illustrated by Elizabeth Patch

Size Diversity

www.sizehasnosize.com
A Sampling of Body Positive Sites

- http://www.fatnutritionist.com/
- http://danceswithfat.wordpress.com/
- http://fiercefatties.com/
- http://www.bigfatblog.com/
- https://www.sizediversityandhealth.org/Index.asp
- http://fitfatties.ning.com/
- http://www.leblogdebigbeauty.com
- http://thebodypositive.org/
- http://stophatingyourbody.tumblr.com/
- http://www.bodylovewellness.com/
- http://www.tumblr.com/tagged/fatshion
- http://www.stockybodies.com/
- http://www.thefatchick.com
The Fit Fatties Forum
A website and FB page started by Jeannette DePatie and Ragen Chastain, two certified fitness professionals.

“A space where people who are interested in fitness from a HAES perspective can connect..... People of all sizes, ages, abilities, and activities have a place here. You can participate in discussions, check out our photo gallery and video channel .......and get answers to your questions from experts”