

OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Overcoming Bias and Stigma in Obesity

Sharon M. Fruh, PhD RN, FNP-BC, FAANP
Professor, Associate Dean for Research, Evaluation, and Development
College of Nursing, University of South Alabama

AAPA **THE OBESITY SOCIETY** **NACE**

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

1



Biography

Dr. Fruh's research focus is obesity stigma/bias and obesity prevention. Her research has identified the need for educational resources to reduce obesity stigma/bias. She has mentored DNP students from across the country related to reducing obesity stigma/bias and improving outcomes for individuals with obesity.

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

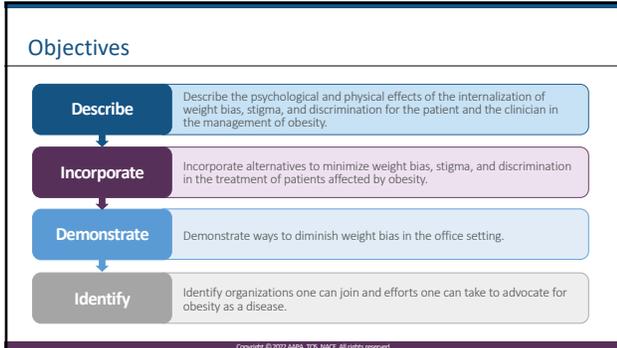
2

Disclosures

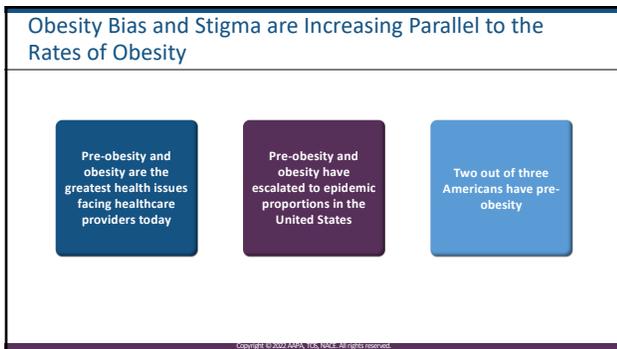
- **NovoNordisk:** advisory board for obesity

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

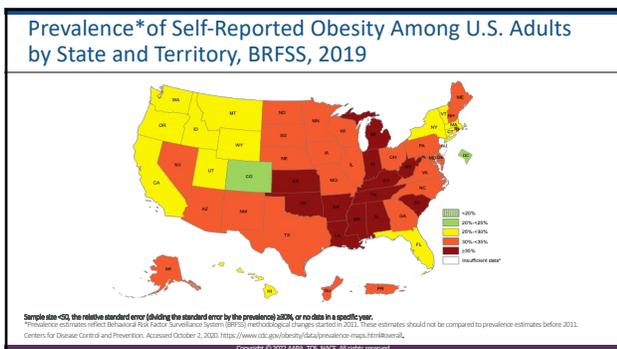
3



4



5



6

The Prevalence and Scope of Obesity: Related to Age

40% of young adults (aged 20-39 years)

45% of middle-aged adults (aged 40-59 years)

43% of older adults (over 60 years of age)

© Obesity Action Coalition
Centers for Disease Control (CDC), 2020. Accessed September 24, 2020. <https://www.cdc.gov/obesity/data/adult.html>
Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

7

The Prevalence and Scope of Obesity: Related to Children

- Obesity has increased exponentially in children over the past 20 years
- Modeling of growth rates project that 57% of children today are likely to have obesity by the time they reach 34 years of age
- For the first time, the current generation of children is not expected to outlive their parents
 - Related to developing obesity at younger ages and thus having the disease for longer periods of time, and increasing chances of developing comorbid conditions
- Projected decrease in quality of life and substantial economic burden

Source: U.S. Food and Drug Administration Center for Food Policy & Obesity

Oldransky S, et al. N Engl J Med 2005;353(11):1138-1146; Ward ZL, et al. N Engl J Med 2017;377(22):2145-2153.
Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

8

The Prevalence and Scope of Obesity: Related to Children and Risk of Weight-based Teasing

Increased rates of pre-obesity and obesity in children puts them at high risk for weight-based teasing and bullying

Children often shamed/teased by parents, siblings, and peers

Weight-based teasing can lead to many long-term negative emotional consequences for children

Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

9

Learning Objective

Describe the psychological and physical effects of the internalization of weight bias, stigma, and discrimination for the patient and the clinician in the management of obesity.

Copyright © 2007 AAPA, TCR, NACE. All rights reserved.

10

Background

- With the increasing rates of pre-obesity and obesity, weight bias and stigma are also increasing at epidemic rates.

Copyright © 2007 AAPA, TCR, NACE. All rights reserved.

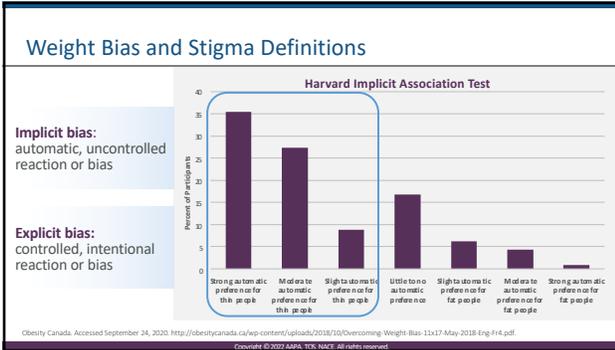
11

Weight Bias and Stigma Definitions

Weight Bias: Negative attitudes towards a person because of their weight	Weight Stigma: Stereotypes and labels assigned to people who have obesity	Weight Discrimination: Actions against people who have obesity that can cause exclusion or inequities
--	---	---

Obesity Canada. Accessed September 24, 2020. <http://obesitycanada.ca/wp-content/uploads/2018/10/Overcoming-Weight-Bias-11x17-May-2018-Eng-F14.pdf>. Copyright © 2007 AAPA, TCR, NACE. All rights reserved.

12



13

What percentage of women with obesity experience weight bias?

- A. <20%
- B. 21-45%
- C. 46-70%
- D. >70%

Copyright © 2002 AAPA, TDA, NACE. All rights reserved.

14

Weight Bias and Stigma

- Weight bias has more than doubled in the U.S. over the past 30 years
- Weight bias is viewed as socially acceptable by many
 - Individuals with obesity are often stereotyped as sloppy, lacking willpower, unmotivated, and unintelligent
- One study found that when children were presented with figure drawings of children with various disabilities and health conditions, the figure of a child with obesity was rated as the least liked
- A recent study in the U.S. found that 20-45% of women and 6-28% of men with obesity reported experiencing weight discrimination

Segal LM, et al. <https://healthequityglobalpolicyalliances.org/wp-content/uploads/2016/12/Stateofobesity2016.pdf>. Accessed December 3, 2020. P.H.I.P.M. Brownell KD. Obesity (Silver Spring). 2016;4(10):380-393. Lerner RS, Swankus LA. Obesity research. 2003;3(3):452-456. Copyright © 2002 AAPA, TDA, NACE. All rights reserved.

15

Weight Bias and Stigma are Evident in at Least Four Environments



Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

16

Weight Bias and Stigma: Media

- Media plays an important role in promoting weight bias and stigma
- Weight bias is commonly present in comedies, talk shows, movies, and cartoons
- Individuals with obesity are portrayed by the media in a stigmatizing manner, “as headless figures who are inappropriately dressed and eating unhealthy food”

INAPPROPRIATE IMAGES THAT PROMOTE WEIGHT BIAS AND STIGMA



Heiser CA, et al. J Health Commun. 2011;36(9):976-987. Poirier JL, et al. Health Psychol. 2012;31(5):822-829. Witt CB, Carols RA. J Health Psychol. 2010;15(4):628-634. Frish SM, et al. J Nurs Pract. 2016;11(7):425-432.

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

17

Weight Bias and Stigma: Media

- If obesity was truly regarded as a disease, the media would not make fun of people with obesity, just like they would not make fun of someone with diabetes
- Positive portrayals of individuals with obesity can play an important role in decreasing obesity stigmatization

APPROPRIATE IMAGES THAT DECREASE WEIGHT STIGMATIZATION



Heiser CA, et al. J Health Commun. 2011;36(9):976-987. Poirier JL, et al. Health Psychol. 2012;31(5):822-829. Witt CB, Carols RA. J Health Psychol. 2010;15(4):628-634. Frish SM, et al. J Nurs Pract. 2016;11(7):425-432.

Copyright © 2022 AAPA, TOS, NACE. All rights reserved.

18



Which of the following is an effect of weight bias?

- A. Perceived lack of academic ability that is unsubstantiated by standardized test scores
- B. Higher rates of unemployment
- C. Higher rates of bullying
- D. Inappropriate comments from healthcare providers
- E. All of the above

Copyright © 2007 AAPA, TOS, NACE. All rights reserved.

19

Weight Bias and Stigma: Education

- Youth with obesity are much more likely to be victims of bullying vs those without obesity
 - Girls are much more likely to be bullied or teased for their weight than boys
- Weight bias is viewed as the number one reason for bullying in youth
- Children who experience weight-based teasing typically have poorer academic performance
- One study found that children who gained weight from 5th to 8th grade had lower teacher ratings of their reading and math abilities, which was not substantiated on standardized test scores

van Den Berg P, et al. Obesity. 2008;16(2):53-53; Brakowski et al. Int J Pediatr Obes. 2009;4(4):274-280; Goldfield G, et al. Paediatr Child Health. 2010;15(5):283-288; Kenney GL, et al. Int J Obes. 2015;39(9):1428-1433.

Copyright © 2007 AAPA, TOS, NACE. All rights reserved.

20

Weight Bias and Stigma: Employment

- Individuals with obesity have higher unemployment rates and spend fewer years employed
- Women experience weight discrimination at lower body weights than men
- Individuals with higher levels of obesity experience greater weight-based discrimination
- A study of women with obesity found that 54% reported weight stigma from co-workers or colleagues and 43% reported weight stigma from employers or supervisors

Morris, S. Labour Economics. 2007;14(3):413-433; Spillholz L, et al. Obesity Reviews. 2016;17(1):43-55; Pflue, Harvard Business School, 2007. Yale University, New Haven, CT, USA.

Copyright © 2007 AAPA, TOS, NACE. All rights reserved.

21

Weight Bias and Stigma: Healthcare Provider Bias

- Providers with obesity-bias spend less time with patients, engage in less “patient-centered” communication, and are less likely to perform screenings and discuss health issues with patients
- Researchers are concerned that providers may over-attribute physical symptoms and problems to obesity and neglect referring patients for appropriate diagnostic testing and treatments
- One study found that 50% of primary care providers described patients with obesity as “awkward, ugly, and non-compliant”
- A study found that NPs describe patients with pre-obesity and obesity as “not fit for marriage, messy, and not healthy”

Foster GD, et al. *Obes Rev*. 2003;11(10):1168-1177. HHH MR, Xu J. *Int J Obes Relat Metab Disord*. 2001;25(8):1246-1252. Puhl RM, Brownell KD. *Obesity (Silver Spring)*. 2006;14(10):2820-2825. Ward Smith P, Peterson JA. *J Am Assoc Nurse Pract*. 2006;28(5):125-129. Puhl RM, et al. *Clin Diabetes*. 2016;34(1):44-50.

Copyright © 2022 AAPA, TNA, NACE. All rights reserved.

22

Weight Bias and Stigma: Impact on Clinical Practice

- One study recorded the responses of medical students who were shown virtual patients with shortness of breath
 - Patients who had obesity were more likely than patients with normal weights to receive lifestyle recommendations only, and less likely to receive appropriate medications
- A study with nurses found that most lacked training related to obesity management and only 2.3% provided information related to obesity management
- Providers are less likely to recommend anti-obesity medications and bariatric surgery
- In a study of primary care physicians, it was reported that they spend the least amount of time with patients who have obesity

Brown L, et al. *J Adv Nurs*. 2007;59(4):529-363. Ferrante RM, et al. *Obesity (Silver Spring)*. 2009;17(9):1710-1716. HHH MR, Xu J. *Int J Obes Relat Metab Disord*. 2001;25(8):1246-1252. Phelan SM, et al. *Obes Rev*. 2015;16(4):319-326. Puhl RM, et al. *Clin Diabetes*. 2016;34(1):44-50.

Copyright © 2022 AAPA, TNA, NACE. All rights reserved.

23

Weight Bias and Stigma: Patient Experiences

- Patients reported in one study that, after family members, healthcare providers are the top source of obesity bias
 - 53% of women with obesity reported receiving inappropriate comments from their healthcare providers related to their weight
 - Patients also report weight stigma from nurses (47%), dietitians (37%), and mental health professionals (21%)
- Younger women with obesity reported more stigma than individuals who were older
- Weight bias is a major barrier to healthcare utilization and worsens health outcomes for individuals with overweight and obesity
 - Less likely to schedule preventive exams (i.e. gynecological, breast, and mammographic exams)
 - More likely to cancel or not show up for appointments
- Percentage of women who reported delaying seeking healthcare increased as BMI increased

Foster GD, et al. *Obes Rev*. 2003;11(10):1168-1177. HHH MR, Xu J. *Int J Obes Relat Metab Disord*. 2001;25(8):1246-1252. Puhl RM, Brownell KD. *Obesity (Silver Spring)*. 2006;14(10):2820-2825. Ward Smith P, Peterson JA. *J Am Assoc Nurse Pract*. 2006;28(5):125-129. Ferrante RM, et al. *J Womens Health (Larchmont)*. 2006;15(5):511-541. Kim SP, et al. *Qual Health Res*. 2014;24(6):790-800. Drury CA, Louis M. *J Am Assoc Nurse Pract*. 2002;14(12):554-563. Kim JS, et al. *Qual Health Res*. 2015;25(4):790-800.

Copyright © 2022 AAPA, TNA, NACE. All rights reserved.

24

Weight Bias and Stigma: The Negative Impact of Weight Shaming

- Shaming individuals with obesity can be detrimental to effective obesity management
- Patients with pre-obesity and obesity often face ongoing weight discrimination and bullying
- Shaming is NOT an effective tool for obesity management and can lead to the opposite outcome
- A study of women who reported negative weight stigma experienced more episodes of binge eating and were less likely to engage in obesity management
- Weight stigma and bias DO NOT encourage individuals to manage their weight
- Individuals who were shamed reported that eating more was a common coping strategy used to deal with obesity stigma

Puhl RM, et al. Obesity (Silver Spring). 2006;14(12):3822-3825. Puhl RM, et al. Obesity (Silver Spring). 2007;15(1):29-33. Copyright © 2007 AMA, FGA, NACE. All rights reserved.

25

Learning Objective

Incorporate alternatives to minimize weight bias, stigma, and discrimination in the treatment of patients affected by obesity.

Copyright © 2002 AMA, FGA, NACE. All rights reserved.

26

Strategies to Reduce Obesity Bias and Stigma: First Essential Step is to Address a Culture of Blame

- First way to address this is to identify that obesity is a disease:
 - The American Medical Association (AMA) recognized obesity as a disease in 2013



The benefits of this decision:

- 1) Increased expansion for coverage
- 2) Reduced exclusions of obesity-related treatment

Copyright © 2002 AMA, FGA, NACE. All rights reserved.

27

Strategies to Reduce Obesity Bias and Stigma: The Obesity Society (TOS) Council Statement Regarding Obesity as a Disease



Obesity:

- Is a complex condition that has many causal contributors
- Causes much impairment and suffering
- Often contributes to the development or worsening of other chronic diseases
- Leads to obesity-related stigma and bias

Alison Dill, et al. Obesity (Silver Spring). 2008;16(8):1163-1177.
Copyright © 2007 APA, TOS, NACE. All rights reserved.

28

Reflection

Do I make assumptions based only on weight regarding a person's character, intelligence, professional success, health status, or lifestyle behaviors?



Copyright © 2007 APA, TOS, NACE. All rights reserved.

29

Strategies to Reduce Obesity Bias and Stigma



- **Greater Knowledge:** One study found that providers with greater knowledge in obesity management were more likely to offer comprehensive care
 - These providers had greater confidence in treating patients and were more likely to prescribe anti-obesity medications or recommend bariatric surgery
- **Identify Own Bias:** The Obesity Society has helpful questions to identify bias; the Rudd Center has an 8-module tool kit self-assessment course to help prevent obesity bias in providers
- **Promote Positive Perceptions of Individuals with Obesity:** One study found that, when participants were provided with information regarding obesity as a complex disease with multiple causes (genetic, biological, and noncontrollable aspects), their negative attitudes decreased




PJN RM, et al. Health Psychol. 2005;24(5):517-525.
Copyright © 2007 APA, TOS, NACE. All rights reserved.

30

Strategies to Reduce Obesity Bias and Stigma



- **Understand the Patient's Point of View:** History of negative experiences with healthcare providers, have tried to lose weight repeatedly, non-supportive office environments, etc.
- **Online Educational Programs Can Help Reduce Obesity Bias:** Shown to be effective with healthcare providers and students; implementing online educational interventions is a promising way to reduce obesity bias
- **Motivational Interviewing:** An effective strategy viewed by patients as less threatening; is associated with greater patient adherence and outcomes
- **Go-to Source for Reducing Obesity Bias and Implementing Effective Obesity Management:** Providers need to be up-to-date on new information related to reducing obesity bias and stigma as well as obesity management education and treatment
- **Respectful and Compassionate:** Providers need to communicate with patients in a respectful and compassionate manner

PJAJ, RM, et al. Health Psychology, 2009,34(5):527-26. Fruh SM, et al. / Nurse Pract, 2016,32(7):425-432. Copyright © 2007 APA, Inc. All rights reserved.

31

Strategies to Reduce Obesity Bias and Stigma: Respectful and Compassionate Communication

Encouraged Terms	Discouraged Terms
<ul style="list-style-type: none"> • Weight • Unhealthy weight • Overweight • Body mass index • Excessive energy stores • Affected by obesity • Eating habits/nutrition • Physical activity 	<ul style="list-style-type: none"> • Morbidly obese • Obese • Fat • Heaviness • Large size • Diet • Exercise

Adapted from Bays H, et al. 2020. <https://obesitymedicine.org/obesity-algorithm/>. Accessed December 1, 2020. Copyright © 2020 APA, Inc. All rights reserved.

32

Strategies to Reduce Obesity Bias and Stigma: Respectful and Compassionate Communication

- Consider the following language before discussing weight with patients:



- Make improved health the reason for the discussion

Fruh SM, et al. Obesity Stigma and Bias. / Nurse Pract, 2016,32(7):425-432. Copyright © 2007 APA, Inc. All rights reserved.

33

Learning Objective

Demonstrate ways to diminish weight bias in the office setting.

Copyright © 2007 APA, ICS, NACE. All rights reserved.

34

Strategies to Reduce Obesity Bias and Stigma: Clinical Office Setting (Waiting and Clinic Rooms)



- Wider chairs to accommodate all sizes
- Chairs and seating without arm rests
- Ample space between each chair
- Avoid reading materials that contain discriminating images
- Respectful communication with office staff and other healthcare providers (office staff and other healthcare providers need to be educated)

Puhj RM et al. Health Psychology, 2005,34(5):517-525. Puhj SM, et al. J Nurse Pract, 2016;12(7):425-432.
Copyright © 2007 APA, ICS, NACE. All rights reserved.

35

Strategies to Reduce Obesity Bias and Stigma: Weighing Procedures



- Weighing procedures: Avoid weighing patients in the hallways so that others can see them
- Never call out weights
- Have scales that are high-capacity (500-lbs or 750-lbs)

Puhj RM et al. Health Psychology, 2005,34(5):517-525. Puhj SM, et al. J Nurse Pract, 2016;12(7):425-432.
Copyright © 2007 APA, ICS, NACE. All rights reserved.

36

Strategies to Reduce Obesity Bias and Stigma: Equipment



- Sturdy, wide exam tables with sturdy stool or step with handles
- Measuring tape
- Blood pressure cuffs of all sizes (regular, large, thigh)
- Appropriate vaginal speculum size
- Hand-held Doppler assessment of fetal heart rate may not be feasible in some cases before 16-20 weeks; sometimes a transabdominal ultrasound is needed
- Proper sized gowns
- Bathrooms equipped with hand-rails that can comfortably accommodate individuals of all sizes
- Lab draw chair that will fit all individuals

PJNH RM et al. Health Psychology, 2008,34(3):517-525
Copyright © 2007 APA, Inc. All rights reserved.

37

Learning Objectives

Identify organizations and efforts one can take to advocate for obesity as a disease.

Copyright © 2007 APA, Inc. All rights reserved.

38

Resources

- People-first language:
 - Visit the Obesity Action Coalition Website: <https://www.obesityaction.org/>
- Additional resources:
 - University of Connecticut Rudd Center: <http://www.usconnrdcenter.org/>
 - George Washington University's Stop Obesity Alliance: <https://stoppublichealth.gwu.edu/>
 - OCAN
 - Stop Obesity Alliance
 - National Obesity Care Week
 - Obesity Medicine Association
 - The Obesity Society
- Treat and Reduce Obesity Act (TROA): <https://www.obesityaction.org/troa/>
 - TROA, if passed, would expand Medicare coverage to include:
 - FDA-approved prescription medications for chronic weight management
 - Intensive behavioral counseling services

Copyright © 2007 APA, Inc. All rights reserved.

39

Conclusion



- 01 Obesity is a multicausal disease
- 02 Obesity is associated with multiple risk factors
- 03 Individuals with obesity need obesity management support and the best treatment
- 04 Reducing weight bias and stigma can help improve health outcomes for individuals with obesity

Employ strategies to provide the best possible care (people-first language, self-reflection, making environmental accommodations, and training in obesity management)

Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

40

NPs and PAs Can Lead the Way



NPs and PAs have a great opportunity to be the go-to source for reducing obesity bias and implementing effective obesity management

Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

41

NPs and PAs Can Lead the Way



Educating staff and colleagues on reducing obesity bias and stigma

Copyright © 2022 AAPA, TCR, NACE. All rights reserved.

42
