



Check Your 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.
- ▶ Disclaimer:
 - ▶ This is NOT a weight management/weight loss lecture.

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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

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Obesity Prevalence

Figure 4. Trends in age-adjusted obesity and severe obesity prevalence among adults aged 20 and over: United States, 1999–2000 through 2017–2018

Survey years	Obesity ¹ (%)	Severe obesity ¹ (%)
1999–2000	30.5	4.7
2001–2002	30.5	5.1
2003–2004	32.2	4.8
2005–2006	34.3	5.9
2007–2008	33.7	5.7
2009–2010	35.7	6.3
2011–2012	34.9	6.4
2013–2014	37.7	7.7
2015–2016	39.6	7.7
2017–2018	42.4	9.2

¹Significant linear trend.
 NOTES: Estimates were age adjusted by the direct method to the 2000 U.S. Census population using the age groups 20–39, 40–59, and 60 and over. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db360_tables-508.pdf#4.
 SOURCE: NCHS, National Health and Nutrition Examination Survey, 1999–2018.

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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

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What is Weight Bias?

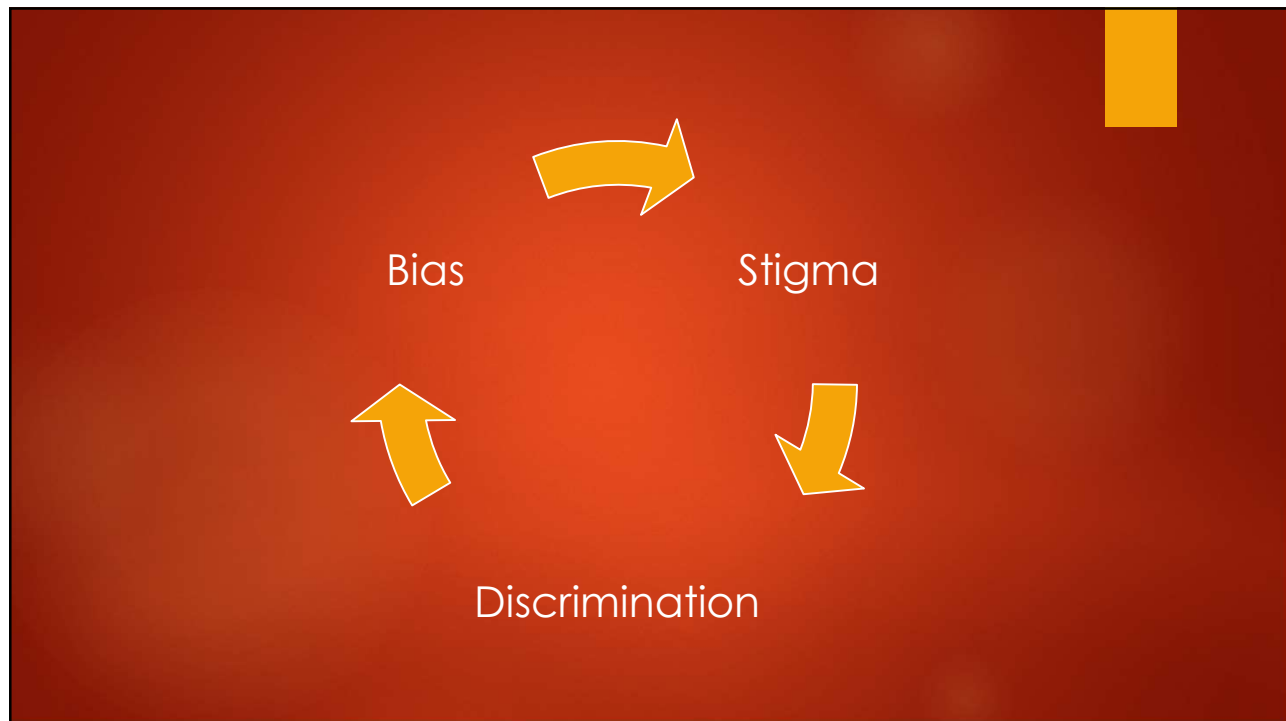
- ▶ “Negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are overweight and obese”¹

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Weight 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

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Weight 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

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Prevalence of Weight Bias, Stigma, Discrimination

- ▶ Weight discrimination: 19-42%⁴
 - ▶ 3rd most common type of discrimination among women⁷
 - ▶ 4th most common type of discrimination among all adults⁷
- ▶ Weight Bias: 40-50%²
 - ▶ Increasing rates with increasing BMI
 - ▶ Women > Men

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Weight-Based Stereotypes

- ▶ Lazy
- ▶ Glutinous
- ▶ Lack of will power
- ▶ Irresponsible
- ▶ Unmotivated
- ▶ Non-compliant
- ▶ “Choose” to be obese
- ▶ “Just eat better and exercise more”

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Assuming Voluntary Control

- ▶ Common assumption that obesity is caused by overeating and sedentary lifestyle
 - ▶ “voluntary”
- ▶ Fails to recognize contributors to obesity¹
 - ▶ Genetic/epigenetic
 - ▶ Sleep deprivation
 - ▶ Circadian dysrhythmia
 - ▶ Psychologic stress
 - ▶ Endocrine disrupters
 - ▶ Medications

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Oversimplification 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

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Weight Bias in the Medical Community

- ▶ 69% women in 1 survey reported stigmatization by physicians⁸
- ▶ Exists across the healthcare team
 - ▶ Primary care providers, endocrinologists, cardiologists, nurses, dietitians, mental health professionals, medical trainees, and researchers²

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Medical Professionals with Weight Bias^{9,10,11}

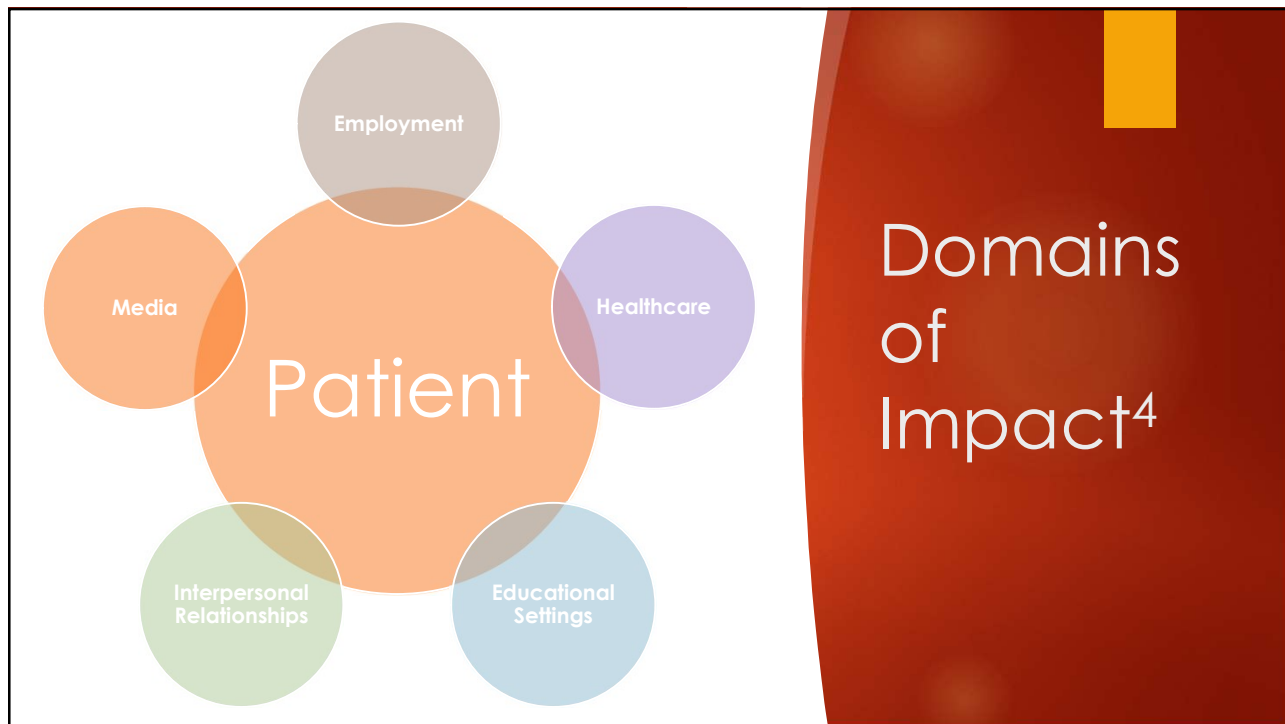
- ▶ Spend less time with patients with obesity
- ▶ Provide less health education
- ▶ Demonstrate less respect
- ▶ Demonstrate less emotional rapport

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Patients with Reported Weight Bias^{2,12}

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

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Physical Health Consequences of Weight Bias

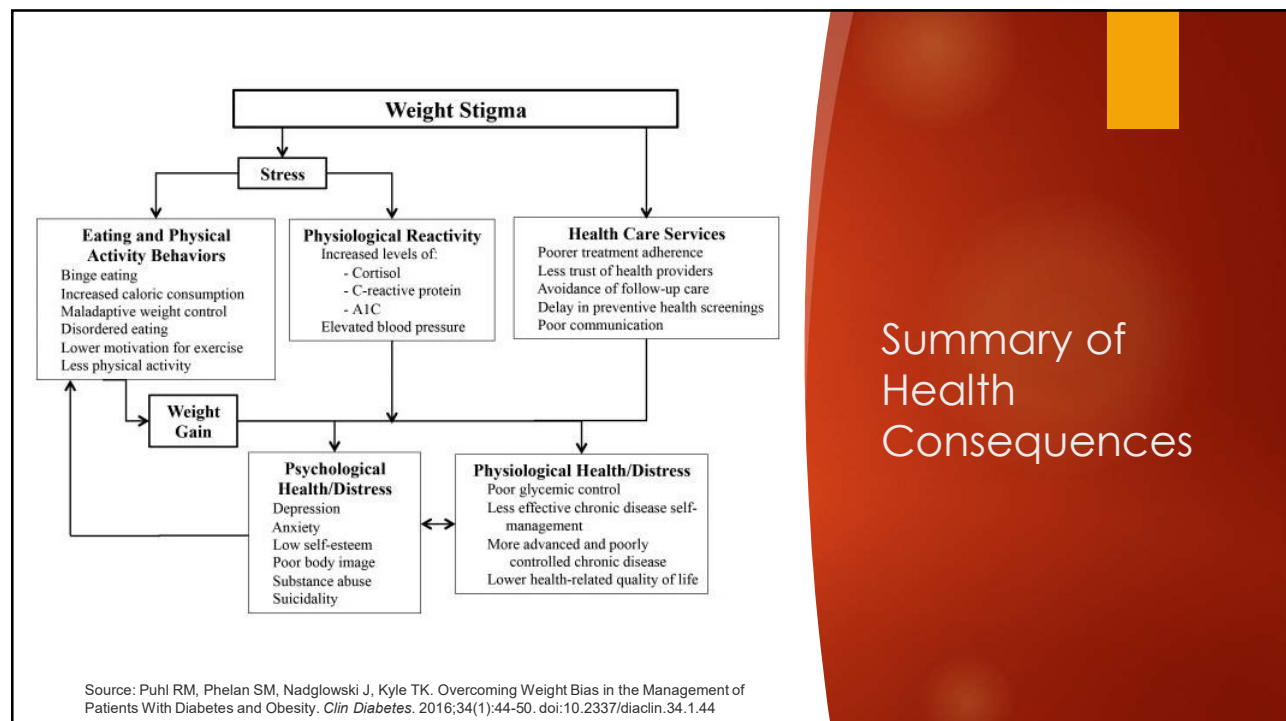
- ▶ Compared to patients that did not experience weight discrimination:²
 - ▶ Higher circulating levels of C-reactive protein and cortisol
 - ▶ Higher long-term cardiometabolic risk
 - ▶ Increased mortality
 - ▶ Increased obesity and weight gain over time

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Mental Health Consequences of Weight 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

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What Can HCP Do Better?

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Joint International Consensus Statement Pledge²

- ▶ 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

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Check 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?*

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