Weight Bias in Health Care Settings

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Objectives

• Where bias exists
• How bias affects physical & emotional health
• Whether bias affects quality of care
• What providers can do
What is Weight Bias?

- Negative attitudes affecting interactions
- Stereotypes leading to:
  - stigma
  - rejection
  - prejudice
  - discrimination
- Verbal, physical, and relational forms
- Subtle and overt expressions
Why Care?

- Fosters blame and intolerance
- Hurts quality of life for adults and children
- Has serious medical and emotional effects
The Science on Weight Bias

Substantial Evidence of Bias in:

- Employment
- Education
- The Media
- Interpersonal Relationships
- HEALTH CARE

Puhl & Brownell (2001)
Weight bias documented in studies of:

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

Registered dietitians express:
- negative attitudes
- beliefs obesity is due to emotional problems
- pessimism about adherence

Dietetic students view obese patients to be:
- overeaters
- lacking self-control & willpower
- unattractive
- insecure
- slow

Berryman et al., 2006; McArthur et al., 1997; Oberreider et al., 1995
Psychologists

Ascribe to obese patients...

- more pathology
- more severe symptoms
- more negative attributes
- worse prognosis

Davis-Coelho, Waltz, & Davis-Coelho, 2000; Hassel, Amici, Thurston, & Gorsuch, 2001
Nurses

- Nurses view obese patients as:
  non-compliant  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”

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

Believe obese patients to be...
- poor in self-control
- less likely to adhere
- sloppy
- awkward
- unsuccessful
- unpleasant

Physicians view obese patients as:

- non compliant
- lazy
- lacking in self-control
- weak-willed
- unsuccessful
- unintelligent
- dishonest

Campbell et al., 2000; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Maiman et al., 1979; Price et al., 1987
Physicians as a Source of Bias:

A study surveying 2,449 overweight and obese women listed 22 individuals (e.g., family members, employers, doctors, educators, strangers) and asked how often they were sources of weight stigmatization.

52% reported doctors had stigmatized them on more than one occasion

Puhl & Brownell, 2006
# 2,449 Obese and Overweight Women

<table>
<thead>
<tr>
<th>Source of Bias</th>
<th>Ever Experienced</th>
<th>More than Once &amp; Multiple Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td>72</td>
<td>62</td>
</tr>
<tr>
<td>Doctors</td>
<td>69</td>
<td>52</td>
</tr>
<tr>
<td>Classmates</td>
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<td>56</td>
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<td>Sales clerks</td>
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<tr>
<td>Friends</td>
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<td>42</td>
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<tr>
<td>Co workers</td>
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<td>38</td>
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<tr>
<td>Mother</td>
<td>53</td>
<td>44</td>
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<tr>
<td>Spouse</td>
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<td>32</td>
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<td>Servers at restaurants</td>
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<tr>
<td>Nurses</td>
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<td>34</td>
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<tr>
<td>Members of community</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td>Father</td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Employer/supervisor</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>Sister</td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Dietitians/nutritionists</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Brother</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Teacher/professors</td>
<td>32</td>
<td>21</td>
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<tr>
<td>Authority figure (e.g. police)</td>
<td>23</td>
<td>15</td>
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<tr>
<td>Mental Health Professionals</td>
<td>21</td>
<td>13</td>
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<tr>
<td>Son</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Daughter</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>13</td>
</tr>
</tbody>
</table>

Puhl & Brownell, 2006
Reactions of Patients

- Report feeling berated & disrespected by physicians
- Parents of obese children feel blamed and dismissed
“I think the worst was my family doctor who made a habit of shrugging off my health concerns... The last time I went to him with a problem, he said, "You just need to learn to push yourself away from the table." It later turned out that not only was I going through menopause, but my thyroid was barely working.”

“I asked a gynecologist for help with low libido. His response "Lose weight so your husband is interested. That will solve your problem". I changed doctors after that! And I've told everyone I know to stay away from that doctor.”

“I became very frustrated when a doctor disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems.”

“Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation.”
Is Care Affected?

Physician interactions with obese patients:

- ambivalence about treatment roles
- less time spent
- less discussion
- more assignment of negative symptoms
- reluctance to perform certain screenings
- less intervention

Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987
Impact on Care

Obese patients are less likely to obtain...

- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

and are more likely to...

- Cancel appointments
- Delay appointments

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005
Understanding Delay of Care

Study of 498 women:
- Obese women delayed preventive services despite high access

The women attributed their decisions to:
- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
- Unsolicited advice to lose weight
Cycle of Bias and Obesity

Increased Medical Visits
Health Consequences
Obesity
Health Care Bias

Unhealthy Behaviors, Poor Self Care
Avoidance of Health Care
Bias in Health Care
Increased Medical Visits
Negative Feelings
The Personal (and very real) Consequences

- Psychological
- Social and Economic
- Medical
Cattarin & Thompson, 1994; Eisenberg et al., 2003; Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Hayden-Wade et al., 2005; Lunner et al., 2000; Neumark-Sztainer et al., 2002; Shroff & Thompson, 2004; Thompson et al., 1995; van den Berg et al., 2002; Young-Hyman et al., 2003
Social and Economic Consequences

- Social rejection
- Poor quality of relationships
- Worse academic outcomes
- Lower SES

Gortmaker et al., 1993; Karnehed et al., 2006; Pearce et al., 2002; Sargent & Blanchflower, 1994; Strauss & Pollack, 2003
Health Consequences

- Unhealthy eating behaviors
  - binge eating
  - unhealthy weight control practices
  - coping with stigma with eating more and refusing to diet

Haines, et al., 2006; Neumark-Sztainer et al., 2002; Puhl & Brownell, 2006
..more health consequences

- Avoidance of physical activity
- Cardiovascular health
  - elevated ambulatory blood pressure
  - increased physiological stress
- Poor quality of life overall

Bauer et al., 2004; Matthews et al., 2005; Schwimmer et al., 2003, Storch et al., 2006
Bias, Stigma, Discrimination

- Diminished Income, Education
- Reduced Use of Health Care
- Poor Access to, Delivery of Health Care
- Diminished Self-Esteem, Perceived Inadequacy
- Negative Impact on Physiology

Possible Medical Impact

- Poor Recovery From Disease
- Elevated Risk Factors
- Psychological Disorders
- Diminished Social Support

Morbidity and Mortality
What Health Care Providers Can Do

Integrate sensitivity into practice:

1) Consider patients’ previous negative experiences
2) Recognize that being overweight is a product of many factors
3) Explore all causes of presenting problems, not just weight
4) Recognize that many patients have tried to lose weight repeatedly
5) Emphasize importance of behavior changes rather than weight
6) Acknowledge the difficulty of making lifestyle changes
7) Recognize that small weight losses can improve health
Identify Your Attitudes

- Do I make assumptions based on weight regarding character, intelligence, professional success, health status, or lifestyle behaviors?

- Am I comfortable working with people of all shapes and sizes?

- Do I give appropriate feedback to encourage healthful behavior change?

- Am I sensitive to the needs and concerns of obese individuals?

- Do I treat the individual or only the condition?
Creating a Supportive Environment

- Sensitivity when weighing obese patients
- Appropriate medical equipment
- Weight-friendly waiting room
- Appropriate examination room
1) Acknowledge that patients may truly care about their health

2) Empower patients to participate in their medical care

3) Evaluate your own assumptions about what constitutes a "good" patient

4) Know that behavior change results from positive negotiation & interaction
How to Discuss Weight

*Use language that patients prefer:*

- Ask patients for permission to discuss weight
- Ask patients for preferred terms to describe their obesity (e.g., “excess weight,” “weight,” or “BMI”)
- Avoid hurtful or offensive descriptors of weight (e.g., “fatness,” “weight problem”)

Wadden & Didie, 2003
Additional Resources

Yale Rudd Center
www.YaleRuddCenter.org (click on Weight Bias)

NAASO: The Obesity Society
www.naaso.org/information/weight_bias.asp

“Weight Bias: Nature, Consequences, and Remedies”
Guilford Press, 2005