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

Speaker’s Notes:

The purpose of this talk is to provide a general overview of weight bias in health care settings and to address the following questions:

1) Who are the sources of weight bias in health care?
2) What are the emotional and physical health consequences of bias?
3) How does weight bias impact quality of care for obese patients?
4) What can providers do in their practices to reduce weight bias?
What is Weight Bias?

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

Speaker’s Notes:

Weight bias refers to negative attitudes that affect our interpersonal interactions in a detrimental way. A person who is stigmatized because he or she is overweight or obese, is ascribed negative stereotypes that increase vulnerability to unfair treatment, prejudice, and discrimination.

Examples of weight bias are often manifested as stereotypes, rejection, and prejudice towards children and adults because they are overweight or obese. Weight bias has multiple forms:

1) verbal teasing (e.g., name calling, derogatory remarks, being made fun of)
2) physical bullying and aggression (e.g., hitting, kicking, pushing, shoving)
3) relational victimization (e.g., social exclusion, being ignored or avoided, the target of rumors).

Thus, weight bias can emerge in subtle forms, and it can be expressed overtly.
Why Care?

- Fosters blame and intolerance
- Hurts quality of life for adults and children
- Has serious medical and emotional effects

Speaker’s Notes:

Why is this important issue to address with providers?

Weight bias is common in health care settings, and this creates an atmosphere of blame and intolerance toward patients who are overweight or obese. When providers associate patients with negative characteristics and stereotypes because of their weight, this often results in biased attitudes and unfair treatment. As this talk will later demonstrate, weight bias may have a negative impact on the quality of health care that obese patients receive.

Unfortunately, weight bias exists towards people of all ages – including very young children, as well as adult patients who are obese. Being a target of weight bias leads to multiple negative outcomes, including consequences for emotional, social, and physical health. Thus, it is critical for providers to be aware of this issue and to take steps to prevent bias in their practices.
The Science on Weight Bias

Substantial Evidence of Bias in:

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

Speaker’s Notes:

There is an impressive amount of scientific research on weight bias. Studies have demonstrated weight bias in multiple domains of living, including employment settings, educational institutions, and health care facilities. Weight bias is also perpetuated in the popular media, and is even expressed in close interpersonal relationships toward obese friends and family members.

Thus, while this talk addresses health care practices, it’s important to recognize that obese individuals face weight bias in many aspects of their daily lives.

Reference:
Weight bias documented in studies of:

- Dietitians
- Psychologists
- Nurses
- Medical Students
- Physicians

Speaker’s Notes:

Within health care settings, weight bias is pervasive among providers. Studies have demonstrated bias toward obese patients by dietitians, psychologists, nurses, medical students and physicians. These attitudes may have critical implications for whether obese individuals seek needed health care, as well as the quality of the care they receive. The following slides provide examples of weight bias among each of these provider groups.
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

Speaker’s Notes:

Dietitians, who often work with overweight and obese clients, have demonstrated weight bias. A self-report study of dietetic students revealed that they viewed obese patients to be overeaters, slow, insecure, lacking in self-control, lacking in willpower, and unattractive.

Studies of registered dietitians also demonstrate negative attitudes, as well as beliefs that obesity is caused by emotional problems, and ambivalence about obese clients’ abilities to follow through and comply with weight loss programs.

References:
Mental health professionals are not immune to weight bias. Several experimental studies assessed this by having psychologists read descriptions of hypothetical patients. Psychologists were randomly assigned to one of two conditions – in one condition they read about an obese patient and in the other condition they read about a non-obese patient. The patient descriptions were identical in each condition except for the patient’s body weight. Despite this, psychologists more frequently assigned negative attributes, more severe psychological symptoms, and more pathology to obese clients than to non-overweight clients.

References:


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”

References:

Speaker’s Notes:

Weight bias has also been reported by nurses. In self-report studies, nurses similarly view obese patients as non-compliant, overindulgent, lazy, and unsuccessful.

In one striking study of 107 nurses (Bagley, et al 1989), 31% said they would prefer not to care for an obese patient at all, 24% of nurses agreed that caring for an obese patient repulsed them, and 12% reported that they preferred not to even touch an obese patient Considering the utmost importance of health care for obese patients who face numerous health risks, this study is especially alarming.
Medical Students

Believe obese patients to be…

- poor in self-control
- less likely to adhere
- sloppy
- awkward
- unsuccessful
- unpleasant


Speaker’s Notes:

Medical students, who represent the upcoming generation of physicians, also share these attitudes. Studies show that medical students report that they believe obese patients have poor self-control, are non-compliant with treatment, are sloppy, awkward, unsuccessful, and unpleasant.

By the time these students are practicing physicians, a significant percentage of their patients will be overweight and obese, which is another reason why these attitudes are so concerning.

References:


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

Speaker’s Notes:

Finally, physicians are also sources of weight bias. In a number of studies, attitudes of physicians have been measured by having them complete anonymous self-report surveys which ask them how they feel about their obese patients. Physicians report numerous stereotypes including beliefs that obese patients are non-compliant, lazy, lacking in self-control, weak-willed, unsuccessful, unintelligent, and dishonest.

Some research has also examined physicians’ beliefs about the cause of obesity, which may reinforce negative attitudes. For example, several studies show that physicians have assumptions that 1) obesity can be prevented by self-control, 2) that it is a patient’s non-compliance which explains their failure to lose weight, and 3) that obesity is caused by emotional problems.

References:


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

Speaker’s Notes:

It is surprising how common this experience is for obese patients. A recent study assessed 2449 overweight and obese adult women to examine their experiences of weight bias. Participants were provided with a list of 22 different individuals (such as peers, family members, colleagues, employers, strangers, and health care providers), and they were asked how often each type of individual was a source of weight bias.

Participants reported doctors to be the second most frequent source of bias that they confronted.

Reference:
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>68</td>
<td>58</td>
</tr>
<tr>
<td>Classmates</td>
<td>64</td>
<td>56</td>
</tr>
<tr>
<td>Sales clerks</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>Friends</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>Co workers</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td>Mother</td>
<td>53</td>
<td>44</td>
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<tr>
<td>Spouse</td>
<td>47</td>
<td>32</td>
</tr>
<tr>
<td>Servers at restaurants</td>
<td>47</td>
<td>35</td>
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<tr>
<td>Nurses</td>
<td>48</td>
<td>33</td>
</tr>
<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>24</td>
</tr>
<tr>
<td>Brother</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Teacher/professor</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>Authority figure (e.g. police)</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>31</td>
<td>13</td>
</tr>
<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

Speaker’s Notes:

As this table shows, 69% of participants reported that they had experienced weight bias by a doctor, and over half the sample reported that this had happened multiple times. You can also see that other health care professionals were reported sources of bias – 46% of women reported bias by nurses, 37% by dietitians, and 21% by mental health professionals. This study highlights just how commonly weight bias is experienced by providers in comparison to other individuals.

Reference:

Speaker’s Notes:

How do obese patients respond to bias in health care settings? Limited research has examined their reactions. Not surprisingly, patients reported that they feel that they are disrespected by their physicians, and parents of obese children have also reported variable responses from pediatricians, including being blamed and dismissed by providers.

References:


(*It should be noted that there is some mixed findings on this issue. Several studies have not found a negative association between obesity and patient satisfaction, so more work is needed to examine this issue):


"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."

Speaker Notes:

Here are some examples of experiences of weight bias in patients’ own words. Obese adults were asked to describe their worse experience of weight bias.

Reference:

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

References:
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

Speaker’s Notes:

There are a number of studies that have reported some questionable medical practices by physicians. Findings include reports by physicians who state that they are ambivalent about treating obesity and that they spend less time in appointments, have less discussion, and assign more negative symptoms with obese patients compared to non-obese patients. They also report being reluctant to perform certain screenings, and indicate that they do not intervene as often as they think they should with obese patients. Thus, it is reasonable to question whether bias might be impacting quality of care.

References:
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

Speaker’s Notes:

What are the implications of weight bias by health care professionals? An important question to ask is whether biased attitudes impacts the quality of care provided to obese patients.

An increasing amount of research shows that obese women delay seeking preventative health care services such as mammograms, pelvic exams, and gynecological exams in comparison to non-overweight individuals. In addition, obese patients are more likely to cancel and delay medical appointments than thinner patients.

References:


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

Speaker’s Notes:

A central question that must be answered is what are the specific reasons why obese women are delaying, cancelling, or avoiding preventive health services. Do obese patients have equal access to services? Are there aspects of their health that create barriers to these services? Or is it bias?

A recent study suggests that weight bias in health care settings may be contributing to this problem. Obese women were surveyed about their health care experiences, and like other studies, they reported that they delayed preventive health services despite having high access to care. However, these women also attributed these decisions specifically to experiences of bias. (refer to slide)

In addition, the percentage of women who reported these as barriers increased with BMI. So, this provides some evidence that weight bias may be partially responsible for these health care decisions, which is not so surprising given how common weight bias appears among health care providers.

Reference:
In light of this evidence, it is possible to conceptualize a cycle of obesity and bias in healthcare settings. The cycle begins at the top right hand corner of the diagram with ‘obesity.’ The ‘health consequences’ of obesity increase health care utilization in terms of ‘increased medical visits’ to facilities and provider contacts. When ‘bias in health care’ is introduced, this results in ‘negative emotional responses’ by patients, which may in turn potentially increase ‘avoidance of health care’ services due these negative experiences. Avoidance of care in turn exacerbate ‘poor self-care behaviors’ and likely contributes to additional complications and co-morbid conditions of obesity.
How does weight bias affect obese people who confront so much stigma? There are a range of negative consequences of weight bias for both children and adults. Research demonstrates that weight bias is related to psychological, social, and even physical health consequences. These are described in the following slides.
There are a number of negative psychological consequences that exist for children and adults who face weight bias. Studies show that these individuals are more vulnerable to depression, anxiety, lower self-esteem, and poor body image.

In addition to these emotional consequences that might be expected, several studies demonstrate that obese youth who are victimized by peers because of their weight are 2-3 times more likely to engage in suicidal thoughts and behaviors than overweight children who are not victimized. It is important to note that these outcomes occur even when controlling for body weight, which means that teasing and victimization, rather than weight per se, is the variable predicting negative emotional well-being.

Selected References:
Social and Economic Consequences

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

Speaker’s Notes:

Weight bias also negatively impacts social relationships for overweight individuals. For example, obese children are rejected more often by peers than non-overweight students. They are also more likely to be socially isolated and are less likely to be nominated by their peers as friends than non-overweight students (Strauss & Pollack, 2003).

And, the impact of weight bias in employment and educational settings is considerable, which has major implications for economic and scholastic success. As an example, a large-scale study demonstrated that overweight 16-24 year-old males and females (N = 10,039) had lower household incomes seven years later, controlling for socioeconomic origins and academic test scores (Gortmaker et al., 1993).

References:


Health Consequences

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

References:

Speaker’s Notes:

Weight bias also has consequences for physical health. One consequence is that weight bias may lead to unhealthy eating behaviors. Overweight girls and boys who experience frequent weight-teasing are more likely to engage in unhealthy weight control and binge eating behaviors than overweight girls and boys who were not teased about their weight (Neumark-Sztainer et al., 2002). The relationship between weight teasing and unhealthy eating remained when accounting for their body weight, suggesting that the eating disturbances are not a function of children’s weight, but of others’ reactions to these children.

Research among adults also suggests this problem. In a sample of over 2000 overweight and obese women, 79% of the sample reported that they ate more food as a coping response in reaction to weight stigma, and 75% reported that they refused to keep dieting in response to stigma (Puhl & Brownell, 2006).

Some providers believe that weight bias may actually serve a positive function of motivating obese individuals to lose weight. However, this research suggests that the opposite is true: that weight bias may have a detrimental impact on eating, and possibly fuel obesity.
Speaker’s Notes:

In addition to unhealthy eating behaviors, there is also evidence to suggest that obese individuals are less likely to engage in physical activity because of weight stigma. Overweight youth attempt to avoid physical activities where victimization frequently occurs. Stigma expressed by PE teachers also leads students to avoid participating in PE classes (Bauer et al, 2004).

An area that has received very little attention is whether weight stigma may negatively impact cardiovascular health outcomes. A recent study found that adolescents who reported unfair treatment because of their weight and physical appearance had elevated ambulatory blood pressure, even after controlling for typical determinants of blood pressure including BMI, gender, race, physical activity, posture, consumption, and mood (Matthews et al, 2005). This has very important implications for health.

And, finally, obese children and adolescents display significantly lower scores on health-related quality of life (QOL) compared to non-obese children, on multiple domains including physical health, psychosocial health, emotional and social well-being, and school functioning (Schwimmer et al, 2003). An alarming finding of this research is that obese children have QOL scores comparable to children with cancer.

References:
Bauer KW, Yang YW, & Austin SB. “How can we stay healthy when you’re throwing all of this in front of us?” Findings from focus groups and interviews in middle schools on environmental influences on nutrition and physical activity. Health Education & Behavior. 2004; 31: 34-46.
Thus, taken together, the consequences of weight bias are significant for emotional, social, and physical health. This diagram summarizes these points and illustrates a potential model through which bias and stigma increase risk of morbidity and mortality. The negative impact of bias on income, education, health care, psychological well-being, and potentially even physiology, all reduce quality of life for obese persons and may increase a variety of risk factors that only worsen their life outcomes.
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

Speaker’s Notes:

What can health care professionals do to reduce weight bias and its negative consequences?

1) Recognize that many patients have experienced bias with previous providers, and approach patients with sensitivity.

2) Provide patients and staff with accurate information about the causes of obesity, emphasizing a complex interaction of genetic and environmental factors. There are misperceptions even among health care professionals about what causes obesity.

3) It’s also important that providers become aware of their own use of language and assumptions which may contain bias.

4) Communicating empathy to patients who face stigma is important, and can improve provider-patient interactions.

5) Encouraging patients to seek support from others who are losing weight, or from a therapist, can be very helpful in helping them identify ways to cope with stigma.

6) Recognize how challenging it is to lose weight, and it is critical that providers acknowledge successes of patients no matter how small they may seem. Recognizing small success with patients (whether behavior changes or small weight losses) is key in helping patients feel rewarded for their hard work and taking charge of their health.

7) Finally, it is important to constantly reinforce healthy behaviors to patients – not just focusing on the number on the scale. Setting realistic behavioral goals with patients will help facilitate healthy lifestyle changes.
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?

Speaker’s Notes:

It is also important for providers to be aware of their own attitudes about weight, and to identify any personal biases that may exist.

The following questions are designed to challenge each of us to think about this issue (refer to slide).
Creating a Supportive Environment

Sensitivity when weighing obese patients
Appropriate medical equipment
Weight-friendly waiting room
Appropriate examination room

Speaker’s Notes:

There are also a number of key changes that can be made in health care settings to create a friendlier environment for obese patients and increase patient satisfaction with health care experiences.

1) Procedures for weighing patients: Providers should ensure that weighing takes place in a private setting, and that the patient’s weight is recorded silently, free of judgment and commentary. Scales must be sufficient to accommodate extremely obese patients.

2) Medical procedures: It is important that appropriately-sized medical equipment is available to accommodate obese patients. This includes large blood pressure cuffs, speculum, scales, and other devices required for routine medical procedures.

3) Waiting room: The waiting room should provide an atmosphere appropriate for patients of all sizes. This includes having sturdy, armless chairs, wide doors, large bathrooms, and overweight--friendly reading materials (e.g., materials that focus on health, rather than simply promotion of thinness).

4) Examination room: The exam room needs to be able to accommodate obese patients. This includes having an examination table that is sufficiently wide and bolted to the floor; a sturdy stool to help patients on to the table; large chairs, and sufficiently large gowns for obese patients.
Speaker’s Notes:

It is important that the patient's opinions, attitudes, and preferences be solicited and taken seriously even if the provider does not agree with them. The following principles promote patients’ active involvement in their health and address the challenges of changing patient behavior.

1) Physicians should acknowledge that patients may be actively involved in health maintenance long before they seek medical care.

2) Patients should be empowered to be active participants in their medical care.

3) Providers should critically evaluate their own assumptions and underlying values about what constitutes a "good" patient and consider how these assumptions and values affect their communication strategies.

4) The patient’s behavior change in the medical interaction should result from a process of negotiation between provider and patient.

Reference:
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”)

Speaker’s Notes:

To facilitate patient-provider interactions that are both productive and positive experiences, it may be useful to recognize and implement language about weight that patients prefer and feel comfortable with. Even subtle communication can have a negative impact on patients. Patients can be vulnerable to perceiving and interpreting comments by providers negatively, even if it was unintentional or intended neutrally.

Certain words to describe weight may be hurtful and offensive to patients because of their pejorative connotations. Using descriptors that are perceived negatively by patients may also jeopardize important discussions about health.

Prior to initiating conversations about weight with your patients, you may want to ask them what terms they would prefer you use when referring to their weight.

A study examined terms that obese patients found desirable or undesirable for describing obesity (Wadden & Didie, 2003). Desirable terms included “weight”, “excess weight” and “BMI”. Undesirable terms included “fatness”, “fat”, “weight problem”, “large size”, “obesity”.

Reference:

Speaker’s Notes:

In summary, this presentation has highlighted the pervasiveness of weight bias among health care providers, and has demonstrated the significant consequences associated with weight bias for overweight and obese patients. Providers have an important role to play in preventing this problem, and to increase sensitivity to this issue in their medical practices.

For additional information on weight bias, please consult the following resources: (refer to slide)

Book Reference: