

Stigma, Prejudice, and Childhood Obesity

Tools to Increase Sensitivity in Health Care Delivery

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RUDD CENTER

FOR FOOD POLICY
& OBESITY



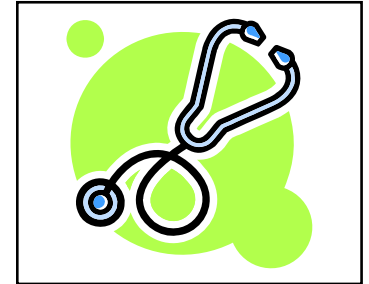
Yale University



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Objectives

- 🍎 Sources of weight bias in health care
- 🍎 How bias affects physical & emotional health
- 🍎 Provider strategies to reduce weight bias
- 🍎 System approaches to address 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**

The Science on Weight Bias

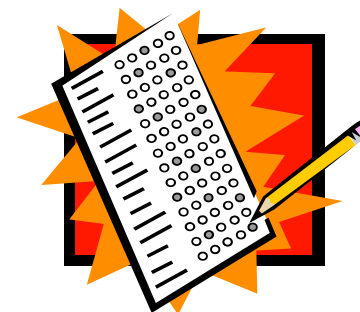
Substantial Evidence of Bias in:

- 🍏 Employment
- 🍏 Education
- 🍏 The Media
- 🍏 Interpersonal Relationships
- 🍏 **Health care**
- 🍏 Youth

Puhl & Brownell (2001); Puhl & Heuer (2009)

How is Bias Measured?

- 🍎 **Self-Report Surveys**
- 🍎 **Experimental Research**
- 🍎 **Population Studies**
- 🍎 **Implicit Associations Test (IAT)**



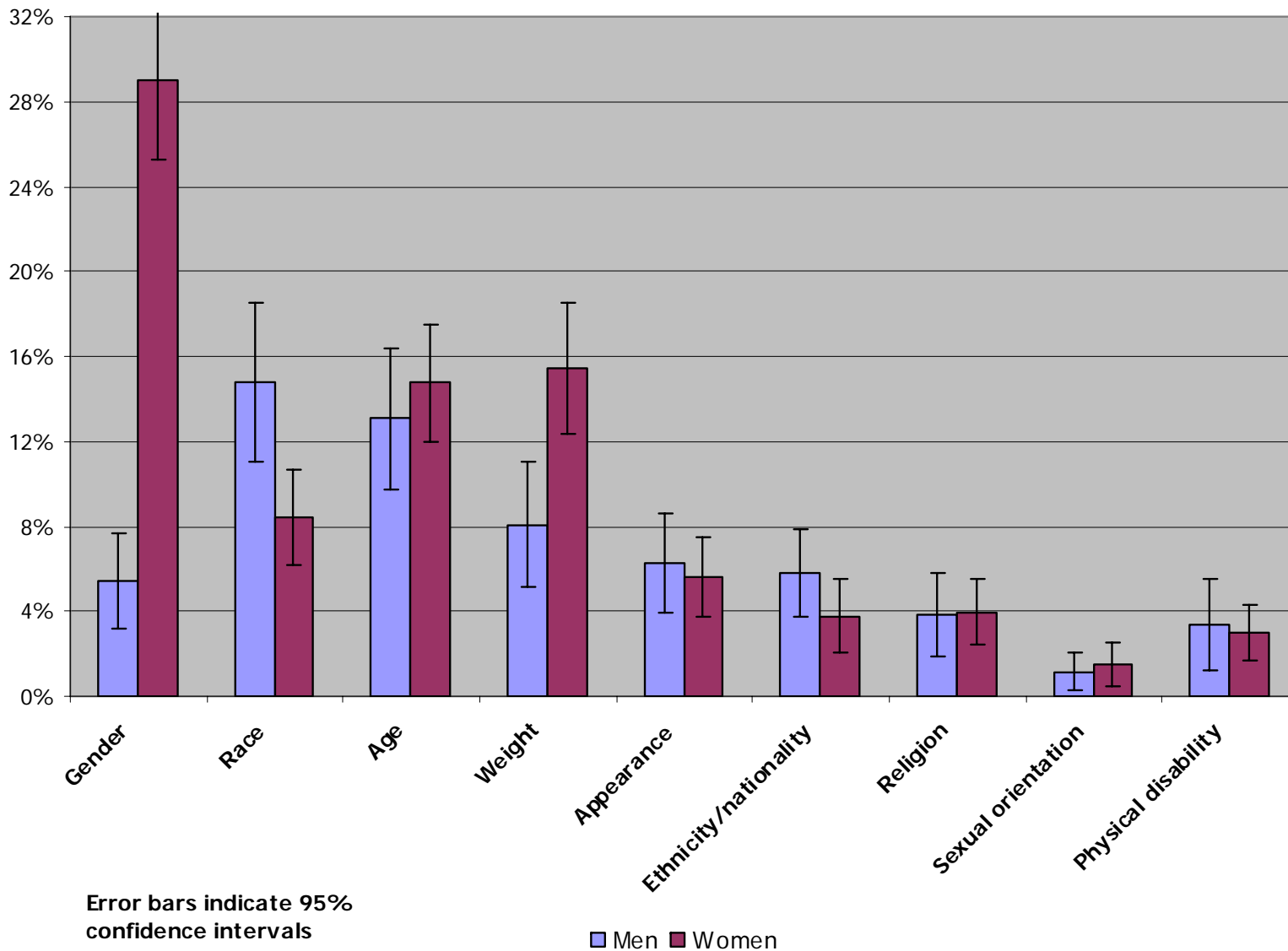
Why Care?

- 🍏 **Fosters blame and intolerance**
- 🍏 **Hurts quality of life for adults and children**
- 🍏 **Poses serious consequences for health**

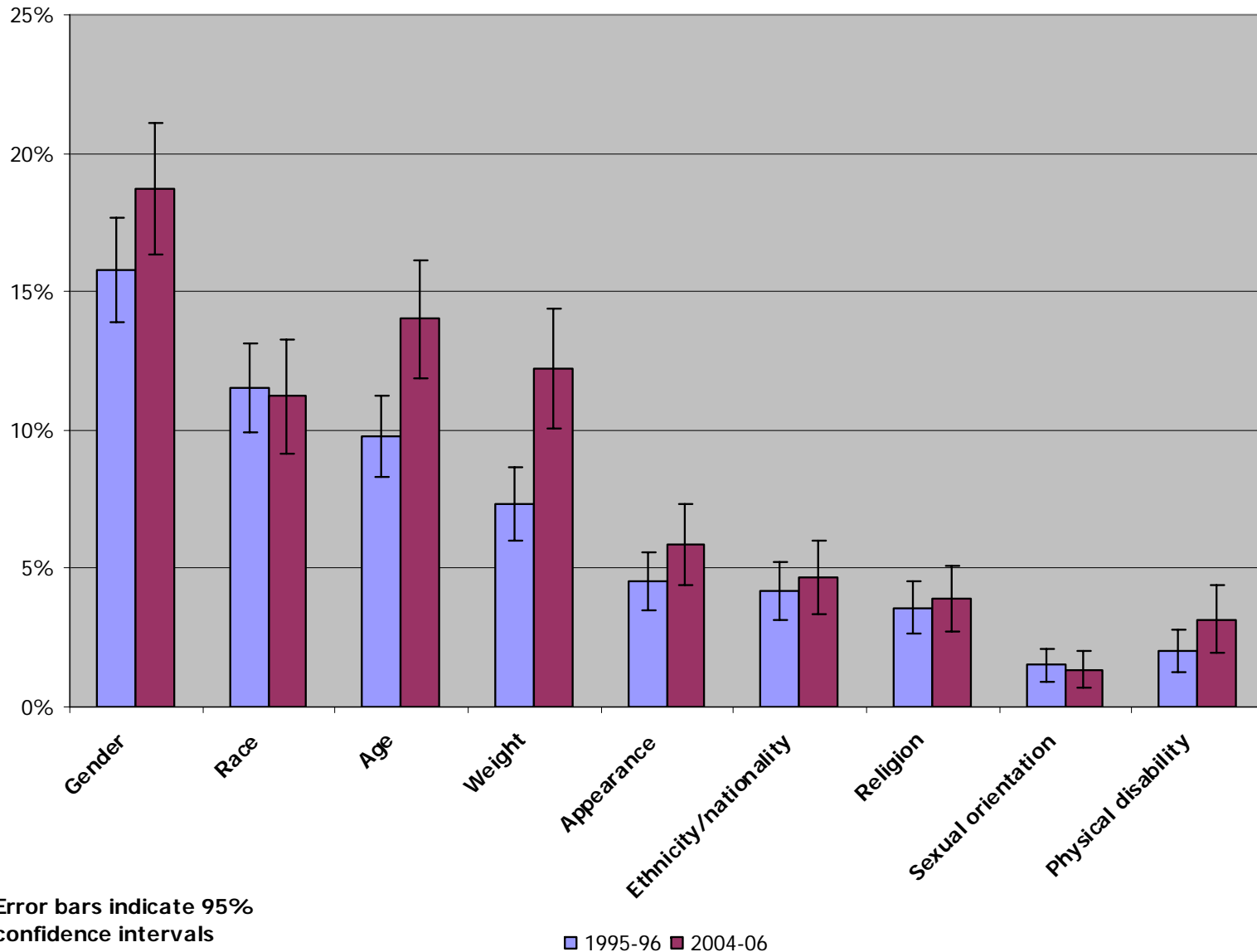
Prevalence of Weight Discrimination

- 🍏 **2,290 American Adults, 25-74 years old**
- 🍏 **Nationally representative sample (MIDUS)**
- 🍏 **Experiences of discrimination due to multiple characteristics**
- 🍏 **Institutional and interpersonal forms of bias**

Rates of Perceived Discrimination Among Americans Aged 35-74
Data for 2004-2006



Puhl, Andreyeva, Brownell (2008).
International Journal of Obesity.



Andreyeva, Puhl, Brownell (2008).
Obesity.

Error bars indicate 95% confidence intervals

■ 1995-96 ■ 2004-06



Weight bias documented in studies of:

- 🍏 **Dietitians**
- 🍏 **Psychologists**
- 🍏 **Nurses**
- 🍏 **Medical Students**
- 🍏 **Physicians**

Dietitians

Registered dietitians express:

Negative attitudes

Beliefs that obesity is caused by emotional problems

Pessimism about adherence

Dietetic students view obese patients to be:

Overeaters

Lacking in self-control and willpower

Unattractive

Insecure

Slow



Influence of Patient Weight on Treatment Perceptions

Methods:

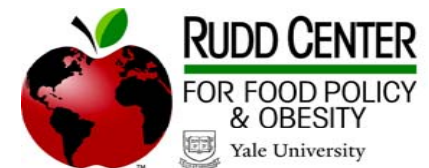
- 🍎 Evaluated mock health profiles that vary only by weight characteristics & gender (wt, BMI, %BF)
- 🍎 182 Dietetics students randomly assigned to view one of four patient profiles
- 🍎 Asked about treatment perceptions and attitudes toward obese patients

- 🍏 Obese patients viewed as less likely to comply with treatment recommendations
- 🍏 Obese patients' diet quality and health status rated poorer than non-obese patients, despite identical nutritional and health information across weight categories

Percent of participants who agreed/strongly agreed with negative adjectives in the Fat Phobia Scale (N = 182).

Negative Adjective on Fat Phobia Scale	% Agreement
Lazy	41
No willpower	41
Unattractive	54
Poor Self-control	65
Slow	68
Having no endurance	72
Inactive	77
Weak	31
Self-indulgent	47
Likes food	80
Shapeless	36
Overeats	81
Insecure	80
Low self-esteem	75

Puhl, Wharton, & Heuer (2009)



Psychologists

Ascribe to obese patients...

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



Nurses



Nurses view obese patients as:

Lazy Lacking in self-control Non-compliant

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”

Brown, 2006; Bagley, 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



Blumberg & Mellis, 1980; Keane, 1990; Wigton & McGaghie, 2001

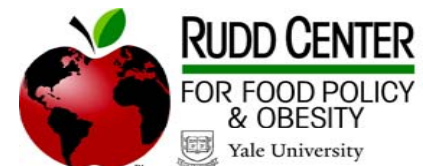
Medical Students

Students reported that directing derogatory humor toward obese patients is acceptable, but that patients with cancer are “off limits” as targets for humor.... Except if the cancer patient is obese:

Interviewer: *“So cancer trumps everything else? What if there were a morbidly obese cancer patient?”*

Students: *“We would still make fun of them for being obese”*

Wear et al., 2006



Medical Students

Experimental research:

Randomly assigned to view videos of confederate obese or average weight patients, visiting a physician for the first time.

Students rated obese patients as:

- less likely to make lifestyle changes
- less responsive to counseling
- less compliant with treatment

Physicians view obese patients as:



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



Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987

Physicians

Experimental Research:

Randomly assigned to view 1/6 patient vignettes that differed only by BMI and gender. Physicians rated heavier patients to be:

- *less self-disciplined*
- *less compliant*
- *more annoying*

As patient BMI increased, physicians reported:

- *liking their jobs less*
- *having less patience*
- *less desire to help the patient*
- *seeing obese patients was a waste of their time.*

Hebl & Xu, 2001

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.

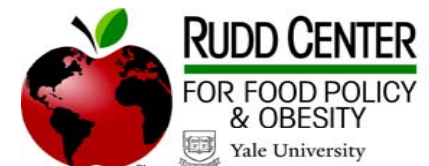


52% reported doctors had stigmatized them on more than one occasion

2,449 obese and overweight women

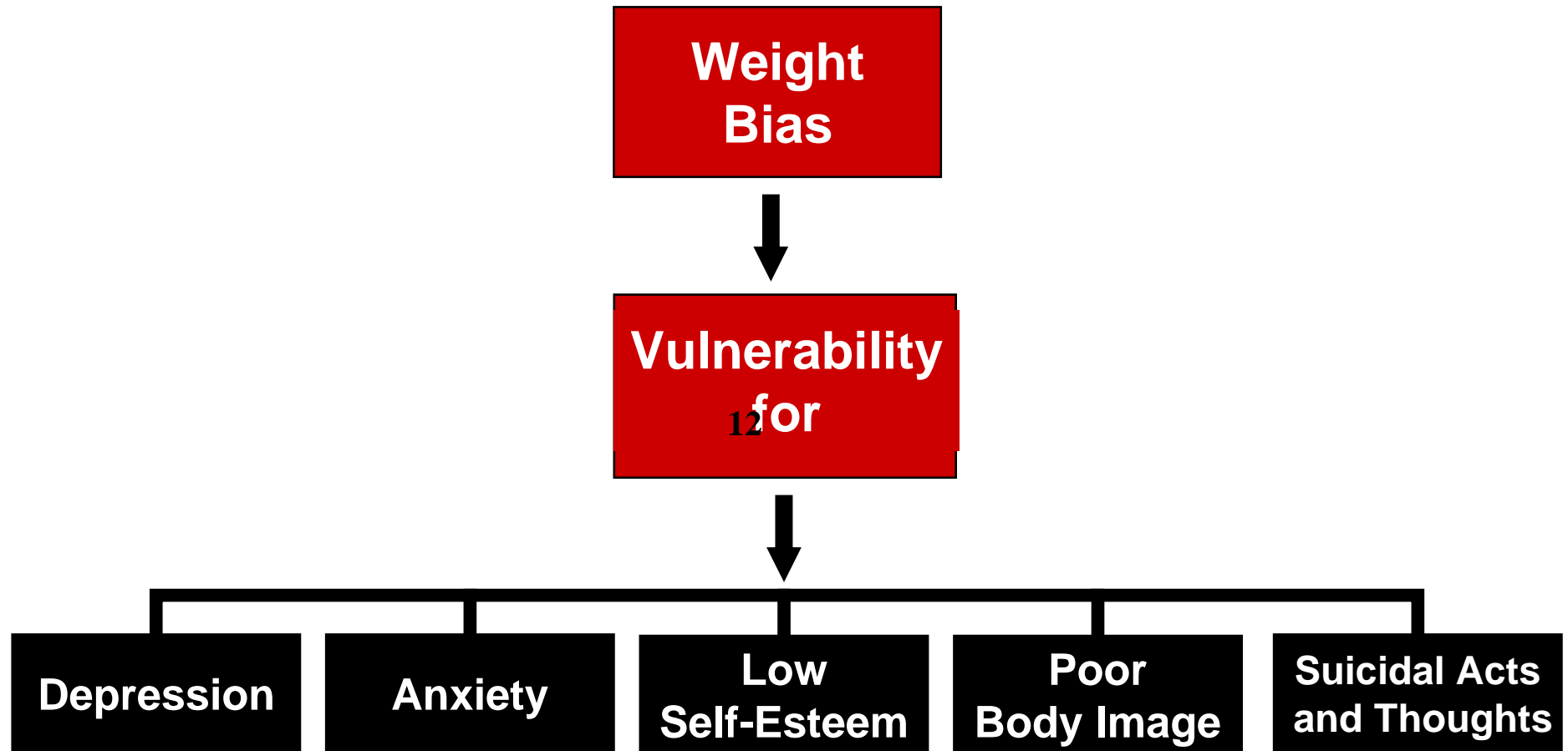
Source of Bias	Ever Experienced	More than Once & Multiple Times
Family members	72	62
Doctors	69	52
Classmates	64	56
Sales clerks	60	47
Friends	60	42
Co-workers	54	38
Mother	53	44
Spouse	47	32
Servers at restaurants	47	35
Nurses	46	34
Members of community	46	35
Father	44	34
Employer/supervisor	43	26
Sister	37	28
Dietitians/nutritionists	37	26
Brother	36	28
Teachers/professors	32	21
Authority figure (e.g. police)	23	15
Mental Health Professionals	21	13
Son	20	13
Daughter	18	12
Other	17	13

Puhl & Brownell, 2006



The Personal (and very real) Consequences

- ✓ **Psychological**
- ✓ **Social and Academic**
- ✓ **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 Academic Consequences

- 🍎 **Social rejection**
- 🍎 **Poor quality of relationships**
- 🍎 **Worse academic outcomes**
- 🍎 **School absences**

Gortmaker et al., 1993; Karnehed et al., 2006; Krukowski et al., in press; 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

Health Consequences

Impairs weight loss efforts:

- 🍏 higher caloric intake, less energy expenditure
- 🍏 higher program attrition, less weight loss
- 🍏 **BUT**, supporting patients with ways to adaptively cope with stigma can facilitate weight loss outcomes

..more health consequences

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

Possible Medical Impact

**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



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

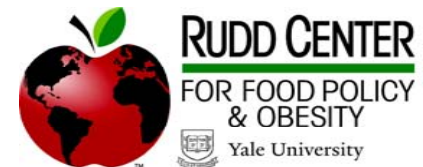


**Morbidity
and
Mortality**

Reactions of Patients

- **Feel berated & disrespected by providers**
- **Upset by comments about their weight from doctors**
- **Perceive that they will not be taken seriously**
- **Report that their weight is blamed for all problems**
- **Reluctant to address weight concerns**
- **Parents of obese children feel blamed and dismissed**

Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005



Patient Examples

"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."

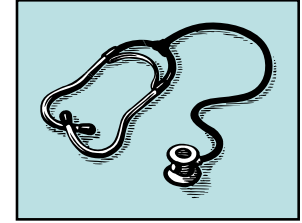
Is Care Affected?

Physician interactions with obese patients:

- less time spent in appointments
- less discussion with patients
- 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...

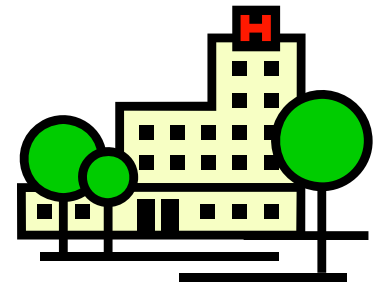
- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

and are more likely to...

- Cancel appointments
- Delay appointments and preventive care services

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000; 2005.

Weight Bias Contributes to Delayed Preventive Care



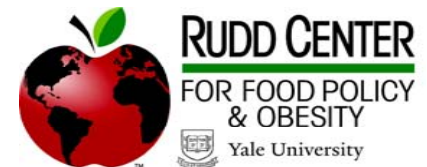
Study of 498 women:

Obese women delayed preventive services despite high access

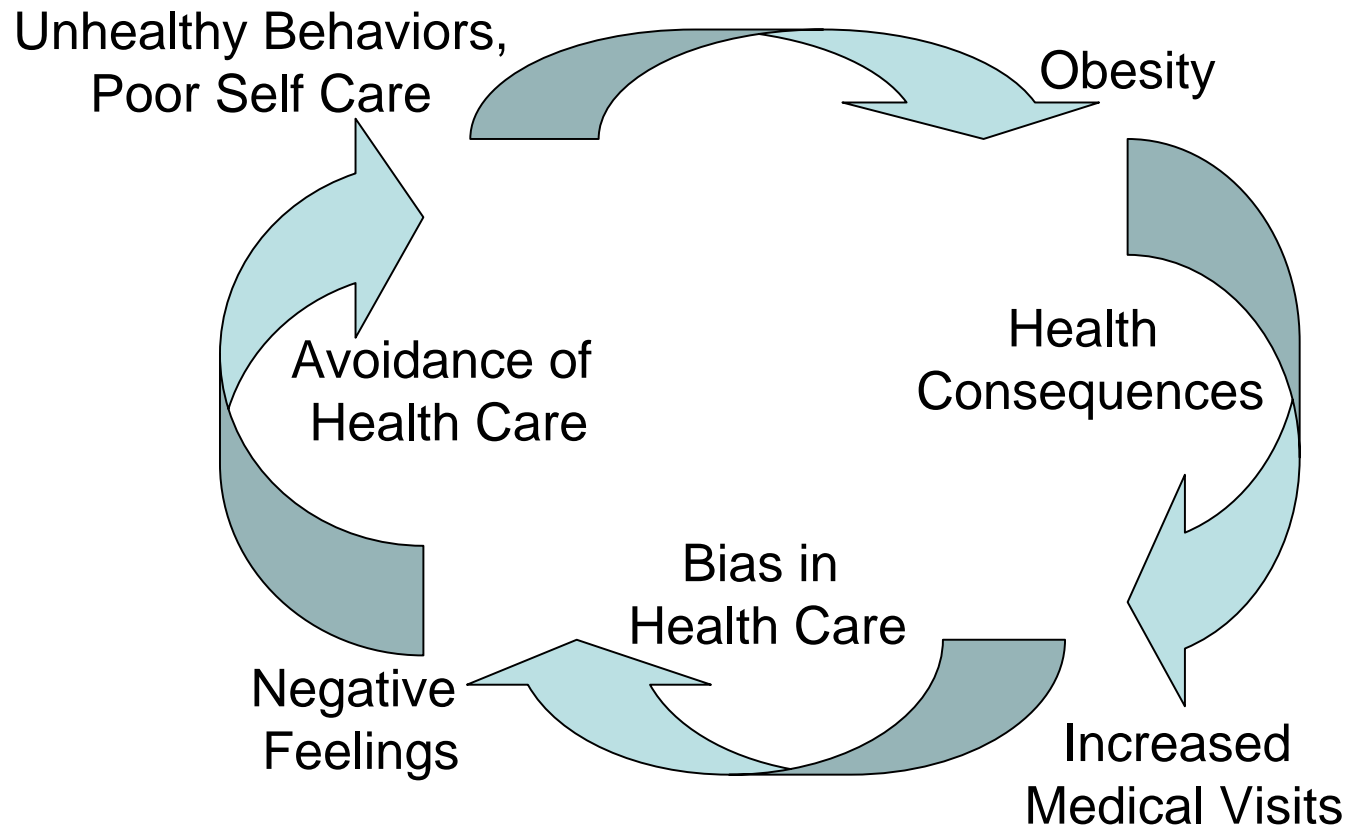
Women attributed their decisions to:

- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
- Unsolicited advice to lose weight

Amy et al., 2006



Cycle of Bias and Obesity



What can healthcare providers do?

4 practical steps identified

- 🍏 **Step 1:** Identify your personal attitudes about obese persons
- 🍏 **Step 2:** Get the facts
- 🍏 **Step 3:** Use optimal language and communication strategies
- 🍏 **Step 4:** Improve your office environment

Step 1: Identify your personal attitudes

Ask yourself:

- 🍏 How do I feel when I work with people of different body sizes?
- 🍏 Do I make assumptions regarding a child's (and family's) character, intelligence, health status, or behaviors based only on their weight?
- 🍏 Do my obese patients leave the office feeling empowered and more confident? Or otherwise?

Step 2: Get the facts!

Understand and recognize that:

- 🍎 Patients and families have already had negative experiences with health professionals
- 🍎 Most patients have tried to lose weight repeatedly
- 🍎 Overweight is a product of many factors
 - Genetics and environment are paramount
- 🍎 Our environment makes lifestyle change really difficult.

Step 3: Use optimal language and counseling strategies

Talking to patients:

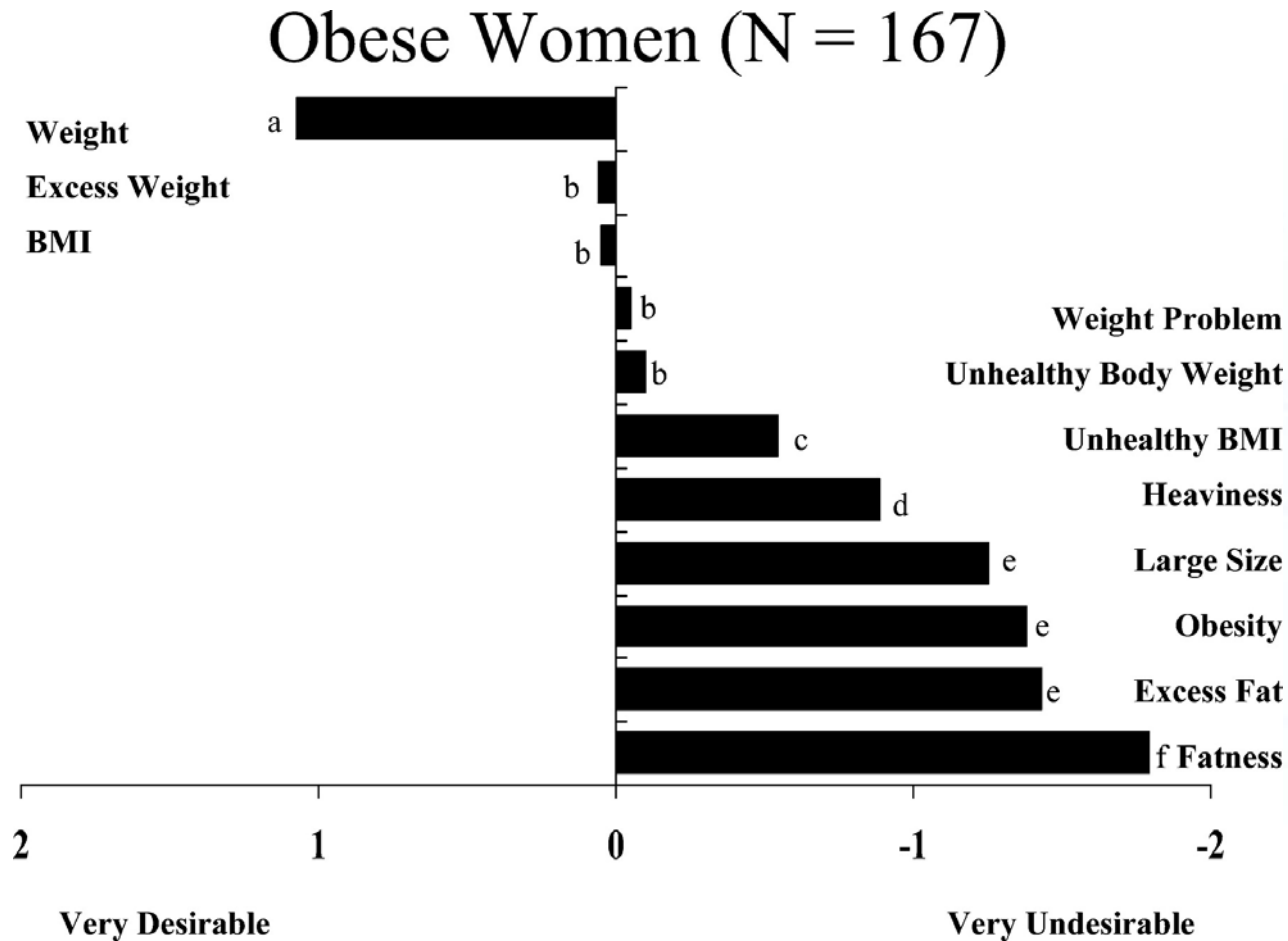
- 🍏 Avoid language that places blame on patients
- 🍏 Emphasize lifestyle change and health improvement
- 🍏 Emphasize achievable behavior goals rather than weight.

Talking to patients

- 🍎 Research indicate neutral terms “*weight*” and “*BMI*” are preferred to more judgmental terms “*fatness*”, “*heaviness*” and “*obesity*”.
- 🍎 Consider this language:

“What words would you like to use when we talk about weight?”

Patients' Preferred Terms for Describing Their Obesity



Wadden & Didie, 2003

Talking to patients

Ask permission when broaching the topic of weight.

“Could we talk about your weight today?”

“How do you feel about your weight?”

Step 4: Improve the Office Environment

Use appropriate weighing procedures

Weigh in private location

Record weight silently, free of judgment or commentary

Consider if weight is really necessary for visit

Ask patients for permission to weigh



Step 4: Improve the Office Environment

Examine the physical office setting:

Appropriate medical equipment

Weight-friendly waiting room

Appropriate examination room



Step 4: Improve the Office Environment

Use appropriate weighing procedures

Weigh in private location

Record weight silently, free of judgment or commentary

Consider if weight is really necessary for visit

Ask patients for permission to weigh



Weighing Scripts for Nurses and Medical Assistants

- 🍏 *“Would you like to be weighed today?”*
- 🍏 *“Do I have your permission to weigh you today?”*
- 🍏 *“Dr X likes me to ask all of his/her patients if it would be ok for me to weight and measure them. Would that be ok with you?”*
- 🍏 *“Would you prefer if I weighed you facing away from the scale?”*

Health care system approaches

- 🍎 Incorporating weight bias recognition and sensitivity into all weight management clinician and staff training
- 🍎 Development of scripts and weighing procedures to ensure sensitivity while obtaining weights
- 🍎 Working with clinic management and procurement staff to purchase size appropriate exam room equipment.
- 🍎 Emphasizing healthy behavior changes and rather than weight loss.

What can parents do?

Parents should be encouraged to:

- 🍏 Build self-esteem in their child
- 🍏 Avoid making disparaging or critical comments about their own body size or shape
- 🍏 Intervene if bullying present.
- 🍏 Emphasize health and a healthy family lifestyle rather than an ideal of thinness.

Talking to educators

Physicians can advocate with educators to:

- 🍏 Encourage overweight students to succeed
- 🍏 Include examples of overweight role models
- 🍏 Teach weight tolerance
- 🍏 Support zero tolerance bullying policy
- 🍏 Critically examine the media portrayal of weight ideals

Conclusions

- 🍎 Weight bias is well documented in healthcare settings
- 🍎 Weight bias affects care quality
- 🍎 Careful attention to clinician communication and counseling strategies, improving the office environment, and system approaches will improve the healthcare of overweight children.

[http://learn.med.yale.edu/rudd/weightbias/course_description.asp](#)

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Weight Bias

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**Weight Bias in Clinical Settings:
Improving Health Care Delivery for Obese Patients**

Course Description

Research shows that weight stigma in health care settings has a significant negative impact on obese patients' health. Recognizing that providers face complex challenges in treating their obese patients, this course is designed to help clinicians improve delivery of care for this growing patient population. This course aims to increase awareness of the sources of weight bias in health care and provides a range of practical strategies to optimize the health care experience for overweight and obese patients.

Rebecca M. Puhl, Ph.D. – Director of Research and Anti-Stigma Initiatives, Yale Rudd Center for Food Policy & Obesity

Chelsea A. Heuer, M.P.H. – Research Associate, Yale Rudd Center for Food Policy & Obesity

This course is accredited by the Yale School of Medicine for AMA PRA Category 1 Credit™. After participating in the course, successfully taking the quiz and completing an evaluation, you will be able to print a Certificate of Credit. For more information, [click here](#).

Page 1 of 54

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Additional Resources

Yale Rudd Center

www.YaleRuddCenter.org

Weight Bias Resources for Providers

<http://www.yaleruddcenter.org/what/bias/toolkit/index.html>

New Educational Videos on Weight Bias

http://www.yaleruddcenter.org/what_we_do.aspx?id=254

Thank you!
