



Weight Bias in Health Care Settings: Implications for Treatment Providers

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Objectives

To increase awareness of:

- Weight bias among health care professionals
- How weight stigma affects quality of life
- How to improve attitudes among treatment providers



STIGMA OF OBESITY

STIGMA =

Negative attitudes that influence
our interpersonal interactions



Why Care about Weight Stigma?

Weight bias may:

- Create an atmosphere of blame and intolerance
- Negatively affect treatment of patients
- Increase reluctance of patients to seek needed health care services
- Result in subtle and overt forms of discrimination



Empirical Evidence of Obesity Stigma

Substantial evidence:

- Employment
- Education
- Health Care

(Puhl & Brownell, 2001)



Obesity Stigma in Health Care

- Negative attitudes among
 - physicians
 - nurses
 - psychologists
 - medical students
- Attitudes of patients toward providers
- Impact of stigma on health care services



Physicians

Self-report studies show that Physicians view obese patients as:

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



Physicians

Doctors are common sources of stigma:

- Study: 2449 adult women provided with list of 22 different individuals (family members, employers, doctors, educators, strangers) and asked how often they were sources of stigmatization.
- Doctors were the second most frequent source reported, with over 50% stating that doctors had stigmatized them on more than one occasion.

(Puhl & Brownell)



Nurses

Self-report studies show that Nurses view obese patients as:

- non-compliant, overindulgent, lazy, unsuccessful
- 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)



Psychologists

- In experimental studies comparing beliefs about obese vs. average weight patients, psychologists ascribe obese clients to have:
 - more pathology
 - more severe psychological symptoms
 - more negative attributes
 - worse prognosis in treatment

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



Medical Students

Self-report studies show that Medical Students view obese patients as:

- unpleasant
- sloppy
- awkward
- unsuccessful
- lacking in self-control

(Blumberg & Mellis, 1980; Keane, 1990; Oberrieder et al., 1995)



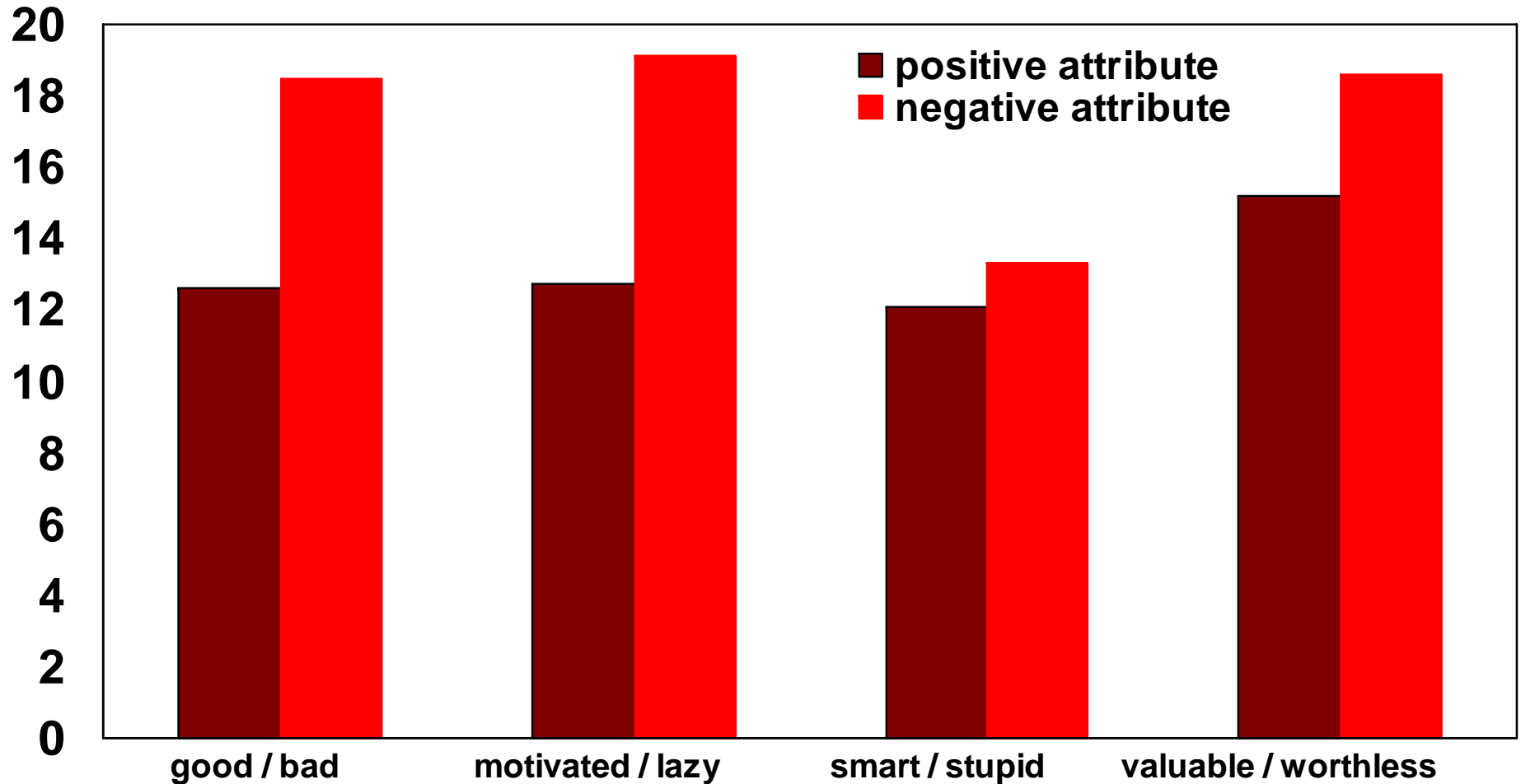
Medical Students

- Medical students evaluated case presentations with appearance of “patient” manipulated (average weight vs obese)
- Obese patients were perceived as
 - less attractive
 - more depressed
 - less likely to comply with diet and lifestyle recommendations

(Wigton & McGaghie, 2001)



OBESITY HEALTH PROFESSIONALS





Reactions of Obese Patients

- Feel berated and disrespected by physicians
- Low satisfaction of health care
- Parents of obese children report feeling blamed and dismissed by pediatricians

(Bertaki & Azari, 2005; Edmunds, 2005; Packer, 1990)



Obesity Bias in Health Care: Patient Experiences

... For some time I was experiencing pain in my foot. My doctor kept blaming it on my weight and told me to lose more. When I finally went to a specialist, I was quickly diagnosed with a foot condition that had nothing to do with my weight.

I had a physician suggest that I take antidepressants for weight loss. He also suggested liposuction. He didn't even comment on the fact that I had lost 20 lbs since I had last seen him.



Patient Experiences

- My regular doctor once said “you are a failure” after I was unsuccessful in losing weight with the aid of diet pills. This was devastating.
- 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.
- I happened to read a doctor's notes where he wrote, “she wants help to lose weight, but I don't think she can do it”. He didn't try to help me either.



Is quality of care affected?

- Physicians:
 - more often assign negative symptoms
 - less intervention
 - less discussion
 - less time spent
 - ambivalent about treatment roles
 - reluctant to perform certain screenings

(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)



Utilization of Health Care Services by Obese Women

- Less likely to obtain:
 - preventive health services & exams
 - pelvic exams, Pap smears, mammograms
- More likely to cancel or delay appointments
- 2/3 of patients indicated that “most doctors don’t understand how difficult it is to be overweight.”

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



Reasons for Delayed Health Care

- Surveyed 498 women; obese delayed preventive services despite high access to care.
- Obese women attributed these decisions to:
 - Disrespectful treatment by providers
 - Embarrassment of being weighed
 - Negative attitudes by providers
 - Medical equipment too small to be functional
 - Unsolicited advice to lose weight

(Amy et al., 2006, *International Journal of Obesity*)



Psychological Consequences

- Depression
- Anxiety
- Low self-esteem
- Social rejection and withdrawal
- Self-blame for others' negative reactions
- Increased eating



Quality of Life...

- Reduced education/employment opportunities
- Lower income potential
- Limited access to public services
- Potential negative effects on physical health



Unhealthy Behaviors/
Poor self care

Obesity

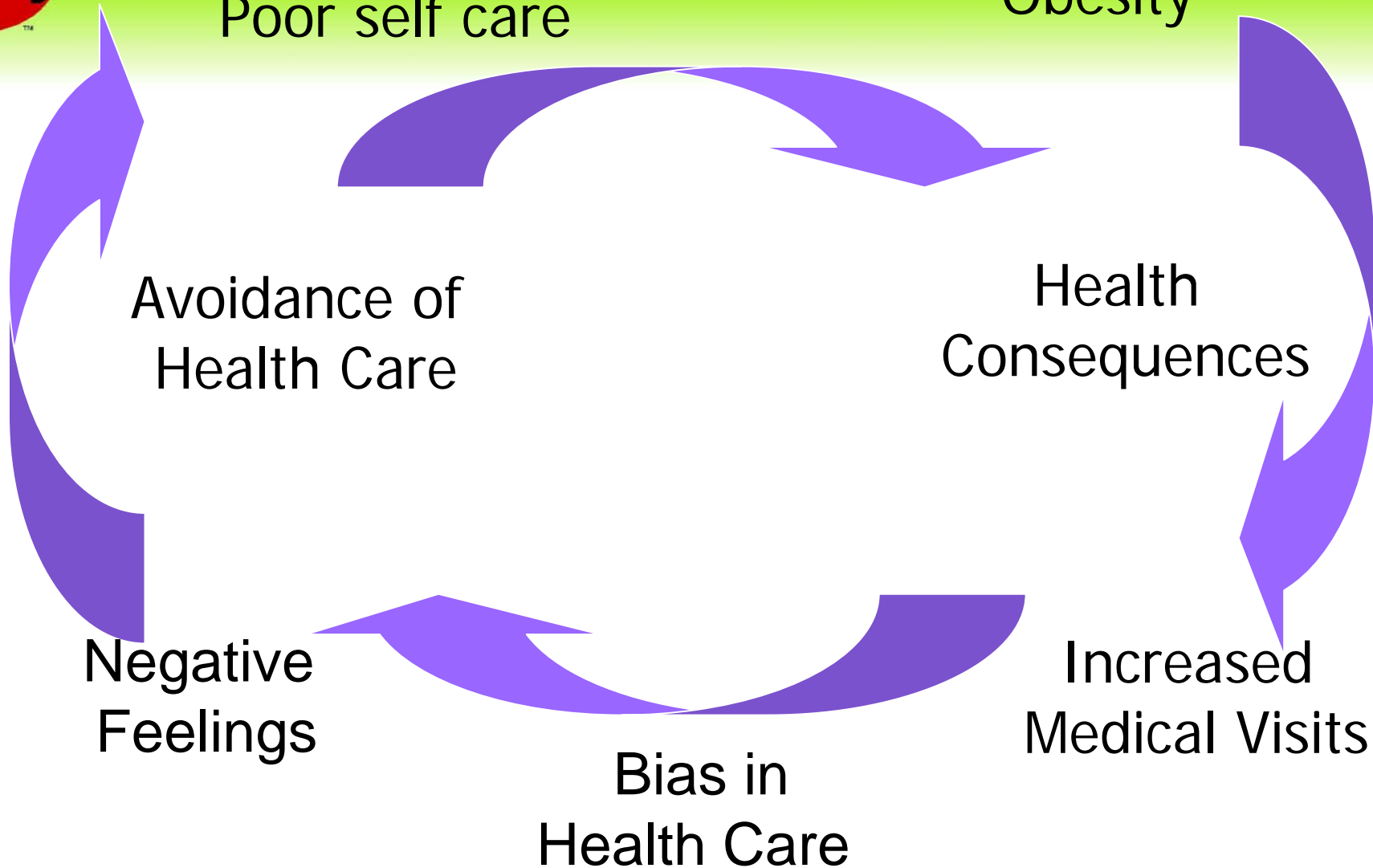
Avoidance of
Health Care

Health
Consequences

Negative
Feelings

Increased
Medical Visits

Bias in
Health Care





Origins of Weight Stigma

- Societal portrayals of overweight people
- Cultural value for thinness
- Psychological Theory



Body Types on TV

- 275 episodes of top-rated TV shows on 6 broadcast networks were coded
- African Americans larger than Caucasians
 - Few large characters on television
 - Large characters were shown in stereotypical roles, ridiculed & shown eating
 - Fewer positive social interactions, romantic and sexual relationships

(Greenberg, Hofschire, Eastin, Lachlan, Brownell, 2002)



Cultural Influences

- The value of thinness in our society
- The myth of the infinitely malleable body
- Dieting/beauty industry: “If you only work hard enough”



Social Psychology: Attribution Theory

- How we explain the causes of negative events
 - Beliefs about individual responsibility
 - Belief in a “just world”; “People get what they deserve and deserve what they get”



Attributions About Obesity

- onset is controllable
- condition is reversible
- “if an obese person works hard enough, he or she can lose weight”



Research Evidence

- Anti-fat attitudes positive correlated with just world beliefs
- People are less likely to express negative attitudes if they perceive the cause of obesity to be uncontrollable
- Individualistic countries have more negative attitudes

(Crandall, 1994; Crandall & Moriarty, 1995; DeJong, 1993; Dion & Dion, 1987)



What can we do as Health Care Providers?

- Consider that patients may have had negative experiences with health professionals
- Recognize that being overweight is a product of many factors
- Explore all causes of presenting problems, not just weight
- Recognize that many patients have tried to lose weight repeatedly
- Emphasize behavior changes rather than weight
- Acknowledge the difficulty of lifestyle change
- Small weight losses can result in big health gains

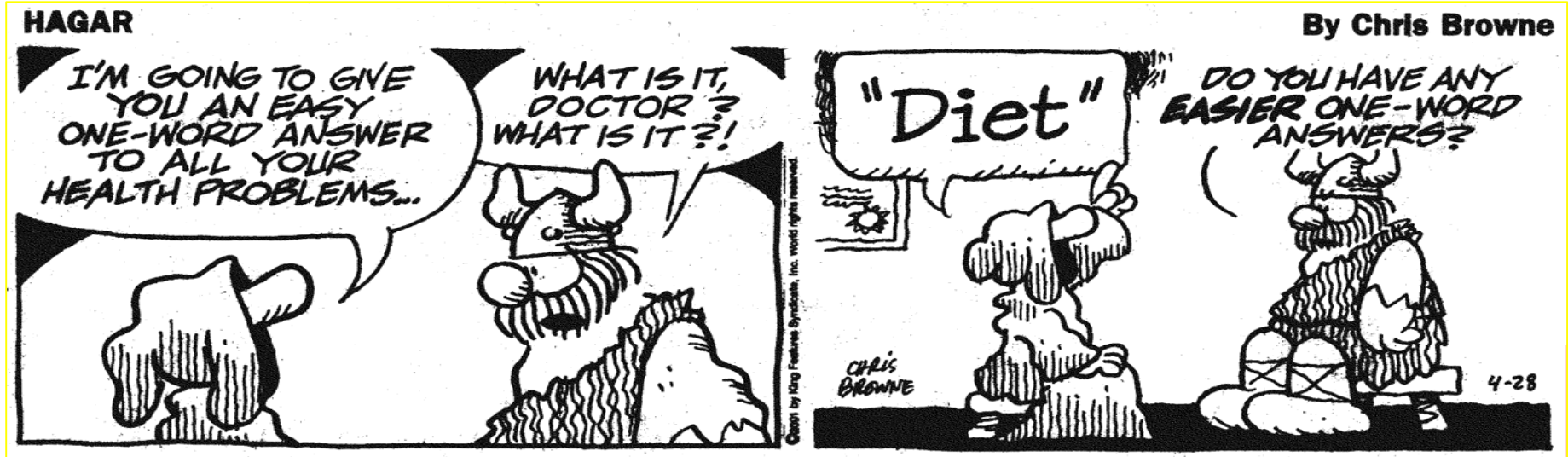


Identify personal biases

- Do I make assumptions based only on weight regarding a person's 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





Supportive Health Care Settings

Guidelines for weighing obese patients

Routine medical procedures

Waiting room environment

Examination room equipment



Addressing Weight Stigma in Psychological Treatment

Treatment program for obese women:

2-3 individual assessment sessions

Nine 2-hour group sessions

Two individual sessions with clients

Aims:

improve self-esteem, increase activity level,
decrease depression & fat phobic attitudes among
obese clients

(Robinson & Bacon, 1996)



Treatment Program Model

- 1) Replace focus on dieting with healthy lifestyle behavior
- 2) Increase acceptance of natural body size & shape

Therapy components:

- increasing daily activities
- examining eating patterns
- understanding origins of negative attitudes
- redefining standards of beauty
- teach assertiveness skills to confront prejudice

(Robinson & Bacon, 1996)



Findings

Obese clients demonstrated significant improvement on all outcome measures:

- Increased range & frequency of physical activities
- Reduction in “fat phobia” attitudes
- Decreased symptoms of depression
- Increased self-esteem

(Robinson & Bacon, 1996)



Summary

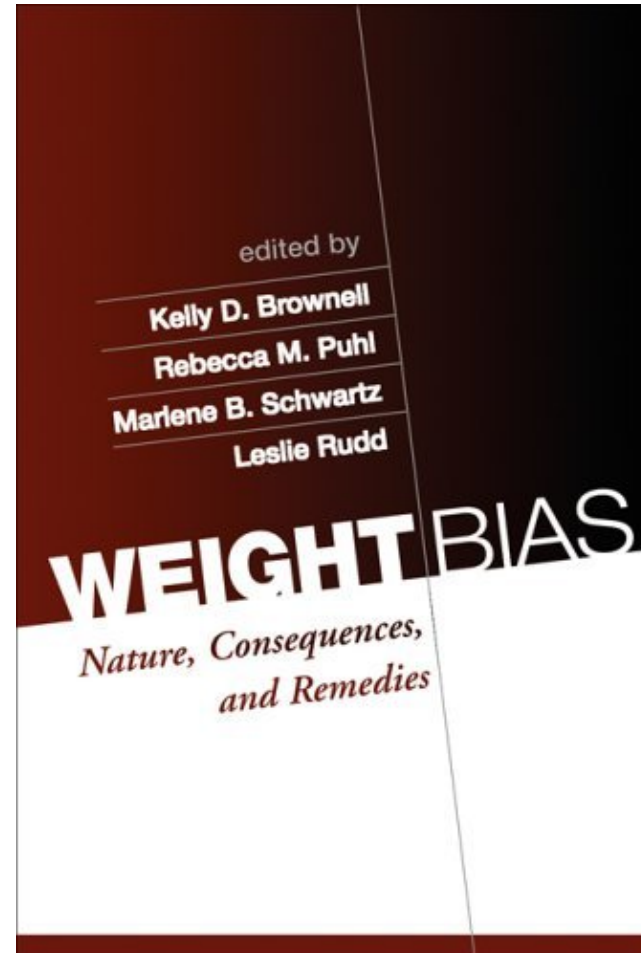
- Weight stigma is common in health care settings.
- Obesity bias may decrease quality and use of health care services for many individuals at increased risk.
- Health professionals can make a difference by becoming aware of their own biases, developing empathy, and working to address the needs and concerns of obese patients.



Additional Resources

www.yaleruddcenter.org

(click on Weight Bias)





Topics for Discussion

- Barriers in trying to change attitudes in health care settings
- Strategies to increase usage of preventive health services by obese patients
- Methods of reducing weight bias