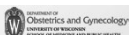


Stigma, Bias, & People First Language



- Bias: prejudice in favor of or against one thing, person, or group compared to another
- Weight bias is a bias against those who carry extra weight.
- Based on false assumptions about causes of obesity.
- Can be:
 - Explicit and intentional
 - OR
 - Implicit and unintentional.

Image from: <http://www.uconn Rudd Center for Image Library?>
<https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-obesity-stigma-brochure/>
<https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-obesity-stigma-brochure/>



Stigma, Bias, & People First Language

- Weight bias and stigma can
 - Impact clinical approach
 - **KEEP PATIENTS FROM SEEKING HEALTHCARE**
 - In one sample of American adults surveyed online, when asked what they'd do if they felt stigmatized about their weight from their doctor:
 - 19% would avoid future appointments and
 - 21% would find new provider



Pearl RL. 2017. Association between weight bias internalization and metabolic syndrome among treatment-seeking individuals with obesity. *Obesity*. 25: 317-322.
 Fuhr R, Peterson JL, Ludtke J. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obes*. 2015;39(12):1875-1881.

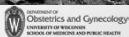


Stigma, Bias, & People First Language

- Weight bias and stigma can
 - Impact clinical approach
 - **KEEP PATIENTS FROM SEEKING HEALTHCARE**
 - → Increased morbidity and mortality



Pearl RL. 2017. Association between weight bias internalization and metabolic syndrome among treatment-seeking individuals with obesity. *Obesity*. 25: 317-322.
 Image from: <http://www.uconn Rudd Center for Image Library?>



Stigma, Bias, & Person First Language

- Physicians are not immune to weight bias

Table 2. Beliefs of patient weight on physician attitudes and decisions of care.

	Average Mean ± SD N=100	Standard Deviation SD=10	95% CI Mean ± 1.96 SD	95% CI Mean ± 1.96 SD	P	100,000	P
1. I would avoid future appointments	53.8*	22.0*	32.2*	75.4*	0.00	0.00	0.00
2. I would find a new provider	27.0*	18.0*	10.0*	34.0*	0.00	0.00	0.00
3. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
4. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
5. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
6. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
7. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
8. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
9. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
10. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
11. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
12. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00
13. I would tell my doctor about my weight	53.0*	18.0*	18.0*	38.0*	0.00	0.00	0.00

Habi MR, Xu J. Weighing the care: Physicians' reactions to the size of a patient. *Int J Obes*. 2001;25(8):1246-1252.
 doi:10.1038/sj.ijo.081681



Stigma, Bias, & Person First Language

- Physicians are not immune to weight bias

Table 2. Physicians' beliefs about the personal characteristics of obese individuals

Adjectives	Mean ± SD	1	2	3	4	5	6	7	1 to 3	5 to 7
Awkward . . . Graceful	4.8 ± 1.0	0.5	0.9	3.1	33.9	37.3	20.3	4.1	4.4	61.7
Unattractive . . . Attractive	4.7 ± 1.0	0.5	1.0	6.3	38.9	31.6	16.9	4.8	7.8	53.2
Ugly . . . Handsome	4.6 ± 0.9	0.5	1.7	1.7	46.6	33.6	12.6	3.2	3.9	49.5
Noncompliant . . . Compliant	4.6 ± 1.1	0.5	2.5	8.1	38.0	28.4	18.5	3.9	11.2	50.8
Weak-Willed . . . Strong-Willed	4.5 ± 1.0	0.7	2.0	5.1	48.0	27.0	14.1	2.9	7.8	44.0
Lazy . . . Industrious	4.2 ± 1.0	1.0	3.6	7.7	58.0	21.2	6.3	2.2	12.3	29.7
Sloppy . . . Neat	4.2 ± 1.0	1.2	4.3	7.7	52.2	25.0	7.1	2.6	13.1	34.7
Unpleasant . . . Pleasant	3.4 ± 1.1	3.9	18.5	22.1	46.4	6.1	2.2	0.7	44.6	9.0
Dishonest . . . Honest	3.4 ± 1.0	6.0	16.2	13.9	60.5	2.0	0.9	0.5	36.1	3.4

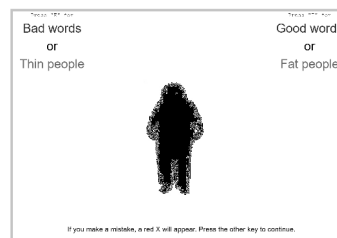
Higher score = more like the first word in the adjective pair

Foster GD, Wadden TA, Makris AP, et al. Primary care physicians' attitudes about obesity and its treatment. *Obes Res*. 2003;11(10):1168-1177.



Stigma, Bias, & Person First Language

- Check your own implicit bias at:
 - <https://implicit.harvard.edu/implicit/selectatest.html>
 - OR Google "Implicit bias test"—1st link

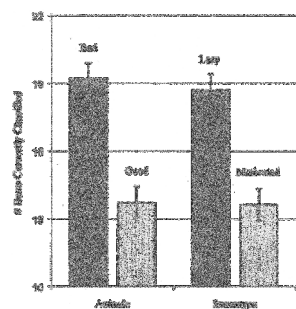


<https://implicit.harvard.edu/implicit/selectatest.html>



Stigma, Bias, & Person First Language

- Physicians are not immune to weight bias



Teachman BA, Brownell KD. Implicit Anti-fat Bias Among Health Professionals: Is Anyone Immune. *Int J Obes*. 2011;24(1-7):1525-1531.



Stigma, Bias, & People First Language

- People First: Remove the word "obese" from your lexicon
- Avoid labels because labels → bias and discrimination
- Person first language example: Person with obesity



Kyle TK, Puhl RM. Putting people first in obesity. *Obesity*. 2014;22(5):1211. doi:10.1002/oby.20727
 Willett GA, Huang KC, Helms LK. Supporting the callout for people first language in obesity. *Obes Res Clin Pract*. 2015;2(4):209. doi:10.1016/j.obcp.2015.08.009



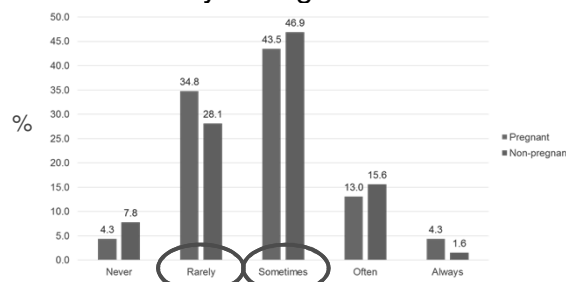
Barriers

- What are barriers to engaging patients regarding obesity?
 - Time
 - Perceived efficacy
 - Lack of training
 - Not sure how to bring it up
 - Not sure what language to use
 - Feel embarrassed



UW Healthcare Providers

Do you think there is enough time to address obesity during standard visit?



Slide credit: Nicholas Schmitt, Heidi Brown, Makeba Williams with the UW OBGYN Obesity Clinical Taskforce



Healthcare Providers

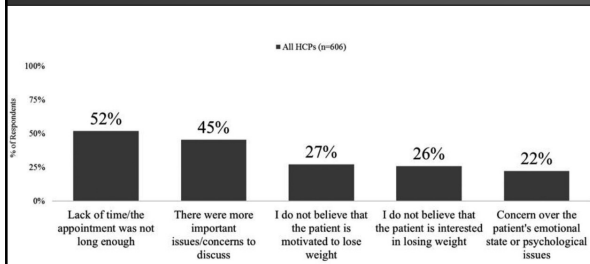
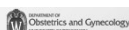


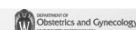
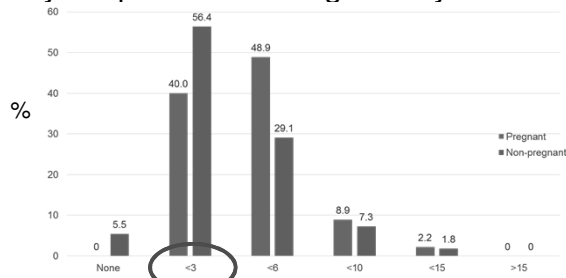
Figure 2 Top five reasons HCPs may not initiate discussion about weight loss. All HCPs (n = 606). HCPs, health care providers.

Kaplan LM, Golden A, Jinneth K, et al. Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study. *Obesity*. 2018;26(1):61-69. doi:10.1002/oby.22054



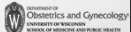
UW Healthcare Providers

During a standard visit, how much time do you spend discussing obesity?*



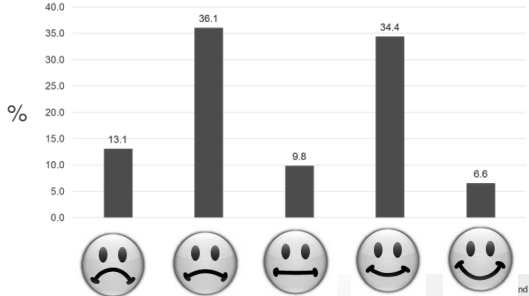
Barriers

- What are barriers to engaging patients regarding obesity?
 - Time
 - Perceived efficacy**
 - Lack of training
 - Not sure how to bring it up
 - Not sure what language to use
 - Feel embarrassed




UW Healthcare Providers

How confident are you that obese patients can change?



Confidence Level (Smiley Face)	Percentage
Sad (frowny)	13.1%
Neutral (neutral)	36.1%
Neutral (neutral)	9.8%
Happy (smiling)	34.4%
Happy (smiling)	6.6%



Perceived efficacy of treatments

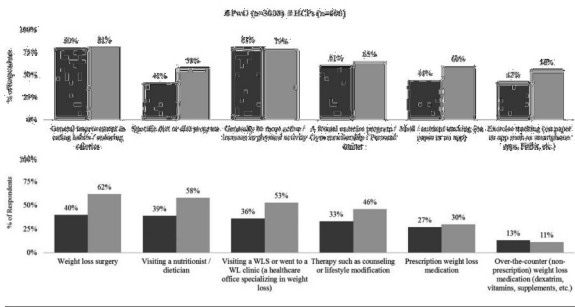
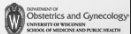


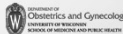
Figure 5 Perceived efficacy of weight loss treatments. Percent reporting that treatment is "completely effective." PwO, people with obesity; HCPs, health care providers.

Kaplan LM, Golden A, Jinneth K, et al. Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study. *Obesity*. 2018;26(1):61-69. doi:10.1002/oby.22054



Barriers

- What are barriers to engaging patients regarding obesity?
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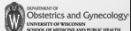
Healthcare Providers

TABLE 3 Reasons provided for PwO not seeking HCP help in weight loss, top five responses

PwO-provided reasons	PwO, not seeking treatment (n = 823), N (%)
I believe it is my responsibility to manage my weight	362 (44)
I already know what I need to do to manage my weight	308 (37)
I do not have the financial means to support a weight loss effort	186 (23)
I do not feel motivated to lose weight	173 (21)
I am embarrassed to bring it up	128 (15)

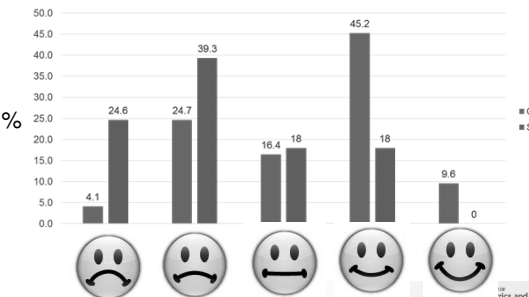
HCP-provided reasons	HCPs, total (n = 606), N (%)
They are embarrassed to bring it up	393 (65)
They do not feel motivated to lose weight	337 (56)
They do not believe that they can lose weight	333 (55)
They do not see their weight as a medical issue	331 (55)
They are not interested in losing weight	282 (47)

Kaplan LM, Golden A, Jinneth K, et al. Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study. *Obesity*. 2018;26(1):61-69. doi:10.1002/oby.22054



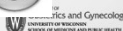
Background: Barriers

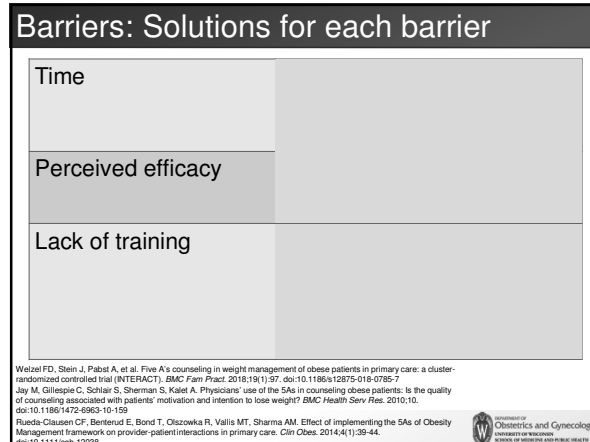
Self-reported comfort/success in addressing obesity with patients



Confidence Level (Smiley Face)	Comfort (%)	Success (%)
Sad (frowny)	4.1%	0%
Neutral (neutral)	24.6%	24.7%
Neutral (neutral)	16.4%	18%
Happy (smiling)	45.2%	18%
Happy (smiling)	9.6%	0%

Slide credit: Nicholas Schmitt, Heidi Brown, Makeba Williams with the UW OBGYN Obesity Clinical Taskforce





- ### Barriers: Solutions for time barrier
- When using motivational interviewing in brief encounters, 64% of studies showed an effect
 - Brief encounters=Encounters of only 15 minutes
- Rubak S, Sandboe A, Lauritzen T, et al. Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract.* 2005;55(513):305-312. doi:10.1093/bjgp/55.513.215.444

- ### Barriers: Solution for perceived efficacy
- Despite our lack of confidence that counseling patients about their weight will have an impact, evidence suggests it can be associated with behavioral change.
 - Patients who receive initial weight counseling from their PCPs are more likely to attempt weight loss than those who do NOT receive counseling.
- McGowan BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts.* 2016;9(3):182-192. doi:10.1155/2016/182192

- ### Barriers → Solutions for lack of training
- Tools
 - Environment
 - Preferred vocabulary
 - How to raise the topic
 - The 5 A's
 - Sample non-judgmental questions
 - Motivational interviewing
 - Technology

- ### Environment
- For people with obesity to feel welcome, we need to optimize the whole clinical environment, starting at the front door of the clinic and the waiting room.
 - Is the environment
 - Safe
 - Accessible
 - Accommodating
 - Comfortable
 - Non-shaming
 - Welcoming