April 20, 2016

Weight Stigma and Health: Considerations for Clinical Care

Time: 12-1 PM EST
Moderator: Lisa Diewald MS, RD, LDN
Program Manager
MacDonald Center for Obesity Prevention and Education

MacDonald Center for Obesity Prevention and Education (COPE) Goals

Weight Stigma and Health: Considerations for Clinical Care

Objectives:
Following the webinar, the learner will be able to:

1. Define weight bias and stigma.
2. Understand how weight stigma negatively affects emotional and physical health.
3. Learn strategies for reducing weight bias and stigma.
CE Credits

Credits:
This webinar awards 1 contact hour for nurses and 1 CPEU for dietitians
Suggested CDR Learning Need Codes: 3020, 5370, 6000, 9020, Level 2

CE Credits

Notice:
• Villanova University is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation
• Villanova University College of Nursing Continuing Education/COPE is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration
• The American College of Sports Medicine’s Professional Education Committee certifies that Villanova University College of Nursing Continuing Education, Center for Obesity Prevention and Education (COPE) meets the criteria for official ACSM Approved Provider status (2015-December, 2018). Providership #698849

Weight Stigma and Health:
Considerations for Clinical Care

Rebecca L. Pearl, Ph.D.
Post Doctoral Fellow
Center for Weight and Eating Disorders
Perelman School of Medicine
University of Pennsylvania
Weight Stigma and Health: Considerations for Clinical Care

Rebecca L. Pearl, Ph.D.
Center for Weight and Eating Disorders
Department of Psychiatry
Perelman School of Medicine at the University of Pennsylvania

COPE Webinar Series
April 20, 2016

Outline

- Understanding Weight Bias and Stigma
- Weight Stigma and Health
- Strategies for Reducing Stigma
Outline

- Understanding Weight Bias and Stigma
  - Definitions
  - Beliefs about causes of obesity
- Weight Stigma and Health
- Strategies for Reducing Stigma

Weight Bias and Stigma

- Negative attitudes toward individuals with excess weight
- Stereotypes:
  - Lazy
  - Incompetent
  - Lack willpower
- Devalued and ostracized

Blame and Personal Responsibility

- Common perceived causes for obesity include:
  - Laziness, lack of willpower, lack of motivation
  - Among people with and without obesity
- Emphasis on self-control, sign of personal weakness/failure
- These beliefs predict greater weight bias and less support for public policy

References:
Simple Problem of Self-Control?

- "40 years of testing the 'self-control' model... we're stuck."¹
- Majority of participants in weight loss trials return to or exceed pre-treatment weight within 3-5 years²

¹Lowe, TOS 2014; ²Byrne, Cooper, & Fairburn, 2004, AJRCA

Result of “Personal Irresponsibility?”

![Graph showing trends in health-related behaviors](source)

Source: Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention

Browne et al., 2010, Health Affairs

How has the Food Environment Changed?

- Availability
- Calorie density
- Portions
- Amount of processing
- Liquid calories
- Increased eating out
- Marketing
The Role of Genes

- Heritability estimates = 40-70%
  - Twin studies
  - Mouse research

Role of Biology

Fig. 7.5 Energy homeostasis systems that are significantly altered during maintenance of a 10% decrease in body weight compared to the lean control in lean weight. See text for details.

- Rosenbaum & Leibel, in Kushner & Bessesen (eds.), 2014
Forms of Weight Stigma

- Exposure to weight-stigmatizing media
Forms of Weight Stigma

- Exposure to weight-stigmatizing media
  - Affects weight-biased attitudes and policy support\(^1\),\(^2\)

\(^1\)Pearl, Puhl, & Brownell, 2012, Health Psychology
\(^2\)Brochu, Pearl, Puhl, & Brownell, 2014, Health Psychology
Forms of Weight Stigma

- Exposure to weight-stigmatizing media
  - Affects weight-biased attitudes and policy support
- Personal experiences with weight bias
  - Discrimination, teasing/bullying, unfair treatment
  - Occurs across multiple settings¹

¹Gearhardt, Bragg, Pearl, et al., 2012, Ann Rev Clin Psycho
Rates of Discrimination by Gender

Examples of Weight Bias Experiences

- Interpersonal
- Employment
Examples of Weight Bias Experiences

- Interpersonal
- Employment
- Education

Examples of Weight Bias Experiences

- Interpersonal
- Employment
- Education
- Health Care

Dear obese PhD applicants: if you didn’t have the willpower to stop eating carbs, you won’t have the willpower to do a dissertation #truth

2:23pm - 2 Jun 13
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.”


Patient Examples

“I asked a gynecologist for help with low libido. His response ‘Lose weight so your husband is interested. That will solve your problem.’”


Forms of Weight Stigma

- Exposure to weight-stigmatizing media
  - Affects weight-biased attitudes and policy support

- Personal experiences with weight bias
  - Discrimination, teasing/bullying, unfair treatment
  - Occurs across multiple settings

- Weight bias internalization
  - Self-directed stigma
Weight Bias Internalization

“No matter how many friends I had, or how good I was at what I was doing, or how successful I was, I always felt that I wasn’t successful enough or had enough friends or people really liked me, because I was overweight.”

“I hated myself more than people hated me.”

“We’re made to feel like we’re worthless”

Outline

- Understanding Weight Bias and Stigma
- Weight Stigma and Health
  - Effects on mental and physical health
  - Health care settings
- Strategies for Reducing Stigma
Stigma as an Enemy of Health

- Form of chronic stress
- Recognized as detrimental in the context of other problems:
  - HIV
  - Mental illness
  - Drug addiction
  - Alcoholism
  - Leprosy
  - Cancer

Weight Stigma as a Motivator of Health?

- According to England’s public health minister...

  “Anne Milton told the BBC the term fat was more likely to motivate them into losing weight.

  She said it was important people should take ‘personal responsibility’ for their lifestyles.” (2010)

Weight Stigma and Health

- Media
  - Increased caloric consumption
  - Heightened cortisol response
  - Reduced confidence to engage in health behaviors

Weight Stigma and Health

Experiences
- Mental health
  - Depression
  - Anxiety
  - Suicidal ideation
  - Body dissatisfaction
  - Disordered eating
  - Substance use
  - Low self-esteem
- Binge eating
- Avoidance of exercise
- Poor weight loss treatment outcomes
- Increased risk of weight gain and obesity over time

Hatzenbuehler et al., 2009, Obesity; Eisenberg, Neumark-Sztainer, & Story, 2003, Arch Pediatr Adolesc Med; Durso et al., 2012, Obes Facts; Vartanian & Shaprow, 2008, J Health Psychol; Wott & Carels, 2010, J Health Psychol; Sutin & Terracciano, 2013, PLoS ONE

Weight Stigma and Health

HPA axis activation
- Increased cortisol
- Increased oxidative stress (F2-isoprostanes)
- Independent of adiposity
- Systemic inflammation
  - C-reactive protein

Conclusion: Stigma is stressful

Tomiyama et al., 2014, Health Psychology; Sutin et al., 2014, Obesity

Weight Stigma and Health

Internalization
- Mental health
- Binge eating
- Reduced motivation to exercise
- Poor health-related quality of life
- Poor bariatric surgery outcomes

Weight Bias in Health Care Settings

- Documented in studies of:
  - Dietitians
  - Psychologists
  - Nurses
  - Medical Students
  - Physicians
  - Clinicians/Researchers Specializing in Obesity

Health Care Providers

- 4,700 1st year medical students in 49 schools¹
  - Explicit and implicit weight bias
  - More negative attitudes toward obesity in comparison to race, sexual orientation, and SES
- Study of 2,000 physicians (MDs)²
- Nursing students hold negative attitudes toward children with overweight/obesity³

Health Care Providers

- Attendees at The Obesity Society Annual Meeting¹
  - Greater levels of explicit prejudice in comparison to 12 years prior
- Dietetic students²:
  - View patients with obesity as less likely to comply with treatment recommendations
  - Perceive them to have poorer diet, even when present with equivalent information as nonobese patients
- Dietitians and nutritionists tend to view obesity as a result of internal factors rather than genetics³

¹Phelan et al., 2014, Obesity; ²Sabin, Marini, & Nosek, 2012, PLoS one; ³Snethen et al., 2014, J Nursing Edu
In one study of 2500 women recruited from a weight loss support group:

- 69% reported experiencing stigmatization by a doctor
- 52% reported this happened more than once
- Doctors were 2nd leading source of stigmatization

Puhl & Brownell, 2006, Obesity

Women with obesity reported delaying use of preventive services despite high access due to:

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

Amy et al., 2006, Int J Obesity

Providers:
- Ambivalence about treatment
- Less time spent with obese patients
- Less discussion
- Reluctance to perform certain screenings
- More tests ordered
- Less intervention

Patients:
- Less preventive health care services & exams
- Less cancer screens, pelvic exams, mammograms
- More likely to cancel and delay appointments
- Have less trust in PCPs
- Lose less weight

Adams et al., 1993; Campbell et al., 2002; Duby & Louis, 2002; Fawcette et al., 1985; Galasko et al., 1989; Hebl & Xu, 2001; Gudzune et al., 2014; Patient Education and Counseling; Gudzune et al., 2014; Prevention Medicine; Hsiao & Hsiao, 1987; Olsson et al., 1994; Ouellette et al., 2005
Outline

- Understanding Weight Bias and Stigma
- Weight Stigma and Health
- Strategies for Reducing Stigma

Challenges to Discussing Weight

- Discomfort with the topic
- Lack of training
- Lack of time
- Not always clear what the best advice is

Challenge Assumptions

- Weight alone does not provide information about health behaviors
  - Possible to be overweight and still engage in healthy eating and physical activity
- Don’t assume individual is not motivated
  - May have a long history of trying to lose weight
  - May have recently lost weight
- Explore all causes of health problems, not just weight
Starting the Conversation

☐ Ask questions
  ☐ Ask permission to discuss weight
  ☐ Bring up symptoms with curiosity, avoid lecturing
    ■ "How is this weight for you?"
  ☐ Use open-ended questions

☐ Use Motivational Interviewing (MI) techniques
  ☐ Assess readiness, confidence, importance of change

☐ Focus on behaviors, not weight
☐ Focus on health, not appearance

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Continuing the Conversation

☐ Provide information based on the individual's concerns and objective assessments

☐ Offer clear and direct advice
  ☐ Give options

☐ Express empathy, validate, encourage
  ☐ Remember likelihood of past stigmatization

☐ Manage expectations
☐ Develop concrete, achievable goals

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Respectful Language

☐ People-first language
  ☐ “Individuals with obesity” rather than “the obese”

☐ Ask the individual which terms are preferred
Respectful Language

<table>
<thead>
<tr>
<th>Terms to Avoid</th>
<th>Terms to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Morbidly) Obese</td>
<td>Overweight</td>
</tr>
<tr>
<td>Fat</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>Heavy</td>
<td>BMI</td>
</tr>
<tr>
<td>Weight problem</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Diet</td>
<td>Eating habits</td>
</tr>
</tbody>
</table>

Example

- Imagine a new patient comes in
  - Class II Obesity
  - Hypertension
  - Reports knee pain and difficulty breathing when walking

- Begin the conversation
  - Ask open-ended questions
  - Assess readiness, confidence, importance
  - Focus on behaviors, not weight
  - Use respectful language
Children and Parents

- Avoid placing blame on parents

You wouldn’t inject your children with junk

So why are you feeding it to them?

- Acknowledge difficulty in helping kids engage in healthy eating and physical activity
  - Marketing, access to snacks and SSB’s, etc.
  - Give strategies for discussing nutrition and encouraging physical activity that is fun

- Make it a family activity

- Assess for experiences of bullying or teasing

- Assess support system

Children and Parents

Internalized Stigma

- Be on the lookout

- Validate the difficulty in managing weight, emphasize the role of the environment

- Build confidence by setting specific goals

- If concerned about depression, refer for psychological treatment (but don’t assume everyone with obesity is depressed)

1 Pearl & Lebowitz, 2014, Psychological Health
Office Environment

- Weigh in private, be respectful of person’s space
  - Ask permission
  - Record weight without comment or judgment

Office Environment

- Have proper equipment
  - Gown sizes
  - Blood-pressure cuffs
  - Wide-based chairs
  - Accessible bathrooms
  - Higher capacity scales

Visual Portrayals

- Avoid images that perpetuate stereotypes
  - Pay attention to reading materials in the waiting room

- Use pictures that depict individuals as whole person
  - No “headless” images
  - Counter-stereotypical or neutral images
Visual Portrayals

http://www.uconnruddcenter.org/image-library

Everyday Life

- When someone makes a joke, don’t laugh
- Educate others about the complexity of obesity
What are your attitudes?
https://implicit.harvard.edu/implicit/

Resources
http://www.stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf
Questions?
rpearl@mail.med.upenn.edu

Evaluations and CE Certificates

- Those completing the webinar will be emailed a link to the evaluation.
- The email will be sent to the email address that you used to register for the webinar.
- Complete the evaluation soon after you receive the email. The evaluation does expire after 3 weeks. Once expired, you cannot obtain a certificate.
- Once the evaluation is completed, the CE certificate will be emailed separately within 2 or 3 business days.

COPE’s May Professional Webinar

Ron Z. Goetzel, Ph.D.
Senior Scientist
Johns Hopkins Bloomfield School of Public Health
Vice President, Truven Health Analytics

Workplace Health Promotion (Wellness) Programs:
Do they really work?
Date: Wednesday, April 20, 2016
Time: 12:00PM - 1:00PM EST
CE Credit: 1.0 contact hour, 1.0 CPEU
Upcoming COPE Conference

Moving People from Resistance to Willingness:
A Skills-based Motivational Interviewing Workshop

Nicholas Frye LCPC, NCC, DCC

Jennifer Christman, RDN, LDN

Date: Wednesday, July 13, 2016
Time: 9 AM-4 PM
Location: Villanova University College of Nursing
Driscoll Hall Auditorium
CE Credit: 5.5 contact hours, 5.5 CPEUs

Questions and Answers!

Moderator: Lisa Diewald MS, RD, LDN
Email: cope@villanova.edu
Website: www.villanova.edu/COPE

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