



VILLANOVA UNIVERSITY
M. LOUISE FITZPATRICK COLLEGE OF NURSING
MACDONALD CENTER FOR OBESITY
PREVENTION AND EDUCATION (COPE)

Why have this workshop?

- Nursing represents the largest sector of the health professions
- The pervasive reach of nursing care makes nurses an ideal audience for nutrition competency training which can ultimately improve patient care and health outcomes

Why talk about obesity?

- Prioritizing obesity education within nursing curricula and continuing education positions healthcare professionals to combat the surging obesity epidemic.

Why talk about obesity?

- Bipartisan Policy Center: Provider Competencies for the Prevention and Management of Obesity establishes competencies in obesity care for healthcare training.
- "Urgent call to action" aims to equip nurses with the tools to combat obesity and help shape the future health of this country (State of Obesity Report, 2017).

[https://www.lsuhscc.edu/administration/academic/cipecp/docs/Provider-Competencies-for-the-Prevention-and-Management-of-Obesity\(1\).pdf](https://www.lsuhscc.edu/administration/academic/cipecp/docs/Provider-Competencies-for-the-Prevention-and-Management-of-Obesity(1).pdf)

Agenda

- What is weight bias?
- What observations have you made about weight bias in healthcare?
- Consequences of weight bias in healthcare?
- Weight Bias sensitivity training-Video
- Steps to reduce weight bias in your practice.

Weight Bias

Weight bias refers to negative stereotypes directed toward individuals affected by excess weight or obesity, which often lead to prejudice and discrimination.

Observations?

- What observations have you seen regarding weight bias in healthcare?

Weight Bias

- According to the CDC, 2/3 of American Adults are overweight or obese.
- Weight bias is found in many settings: work environments, educational settings, media, and the healthcare arena
- Negative stereotypes suggest that obese persons are to blame for their weight
- This form of bias is rarely challenged and leads to rejection, prejudice, and discrimination

Weight Bias has been documented in

Physicians
Nurses
Medical Students
Psychologists
Dietitians
Fitness Professionals

Puhl & Brownell, 2001; Puhl & Heuer, 2009

Providers have been documented to view obese patients as

- Noncompliant
- Lazy
- Lack self-control
- Awkward
- Weak willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010

How is patient care affected?

- Providers tend to:
 - Spend less time in appointments
 - Engage in less discussion with patients
 - Assign more negative symptoms
 - Be less likely to send for additional testing

Bacquier et al., 2005; Berrakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987

Consequences for Weight Bias

- Patients may avoid or delay preventative services
- These decisions are attributed to:
 - Patients feeling disrespected from providers
 - Negative provider attitudes
 - Feeling embarrassed to be weighed
 - Office spaces/medical equipment too small for obese persons

– Amy et al. (2006) Int J Obesity

Questions to Consider

- What are your current views about patients with obesity?
- How comfortable are you working with your patients of different sizes?
- What kind of feedback do you give your patients with obesity?
- Are you sensitive to the needs and concerns of individuals with obesity?

www.uconnruddcenter.org/weightbias

Video

- [Weight Bias In Healthcare Video](#)

• Source: UConn Rudd Center for Food Policy & Obesity

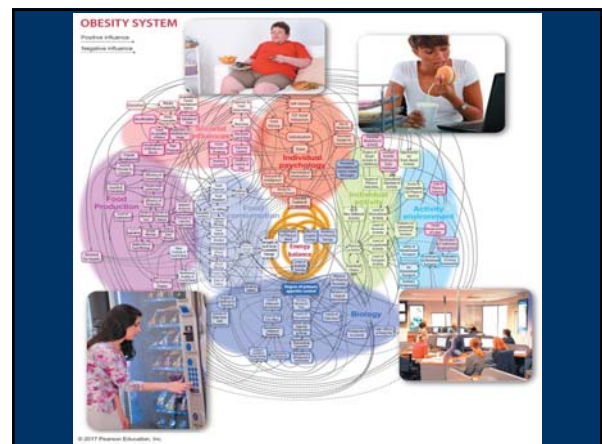
After the video: Discussion Questions

- Have you experienced any challenges in providing treatment to patients with obesity? If so, what were these challenges? How did you deal with these obstacles?
- What do you think are the most common stereotypes about individuals with obesity? Do you believe that these stereotypes are generally true or false?
- Do you think that stereotypes about persons with obesity could affect the way that they are treated by health professionals? If yes, in what ways do you think their care may be compromised? If no, why not?

After the video: Discussion Questions

- In light of the challenges that providers confront when treating patients with obesity, what kind of strategies can providers use to ensure sensitive, compassionate care that is free of weight bias?
- How can health care providers improve their communication strategies with patients with obesity to encourage healthful behavior change?

PATIENT CHALLENGES



Obesity is a Multifactorial Disease

- Variables include:
 - Biology
 - Physical activity environment
 - Individual physical activity
 - Individual psychology
 - Societal influences
 - Food environment
 - Food consumption

Metabolic Factors Influence Weight

- Relatively low metabolic rate
- Low level of spontaneous physical activity
- Low sympathetic nervous system activity
- Low fat oxidation
- Abnormally low level thyroid hormone
- Certain prescription medications

Physiologic Factors

- Hunger and satiety
- Proteins affect the regulation of appetite and storage of body fat
- Hunger hormones
 - **Leptin, Ghrelin, Peptide YY**

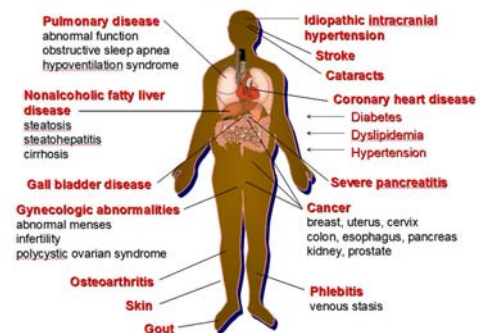
Individual Cultural and Economic Factors

- Religious beliefs
- Learned food preferences
- Fast-food culture
- Dining out
- Sedentary lifestyle
- Economic status
- Access to healthcare

Individual Psychological and Social Factors

- Appetite: psychological drive to eat
- Meal timing and size: portion distortion
- External cues: Sight and fragrance of foods
- Mood – depression, stress, anxiety
- Personal Barriers to physical activity
- Technological lifestyle
- Social pressures

Medical Complications of Obesity



Scenario

- June 10th, 2017:
- Patient Y presents at her follow up appointment for a follow up for her newly diagnosed diabetes. Following her intake, her report details her weight of 348 pounds (+7lbs since previous visit on May 2nd, 2017); BP 170/77mmHG, HgA1C 9.5.
- Patient appears uncomfortable when you enter the room and is avoiding eye contact.
- How do you navigate this conversation?

Sensitive Language

Consider this language in your discussions with patients about their weight:

- “Could we talk about your weight today?”
- “How do you feel about your weight?”
- “What words would you like to use when we talk about weight?”

<http://www.obesityaction.org/wp-content/uploads/Weight-Bias-in-Healthcare1.pdf>

Use People First Language

- Rather than saying “obese adults” use phrasing words such as “adults with obesity” or “adults who are overweight or obese”

Word Choice

Language to use ²⁰	Language to avoid
Overweight	Fat
Increased BMI	Obese
Unhealthy weight	Diet
Healthier weight	Exercise
Eating habits	
Physical activity	

Puhl R. Motivating or stigmatizing? public perceptions of weight-related language used by health providers. *International journal of obesity*. (2005). 2013;37(4):612-612; 612-619; 619.

Avoid Blame

- Most patients with obesity have tried numerous times to lose weight- and have been unsuccessful
- Conventional methods ineffective
- Need to consider genetic factors
- Often not related to a lack of discipline or willpower
- Complex condition attributed to by multiple environmental factors

The weight conversation

- Start by listening
 - start with an empathetic statement
 - ask permission before bringing up topic of weight
 - If the patient makes it clear they do not want to have this discussion today, respect that choice and table the conversation for another time.
- Assess Readiness
 - assess their readiness for behavioral change in order to inform the conversation.
 - One approach characterizes patients in one of five “stages of change”: pre-contemplation, contemplation, preparation, action, or maintenance.

STOP Provider Discussion Tool

STAGES OF READINESS FOR CHANGE



<http://i.pinimg.com/736x/27/c4/f5/27c4f52b62bb687967200f896ab417b8.jpg>

The weight conversation

- Communication strategies:
 - Motivational Interviewing
 - help motivate the patient in a collaborative nature, understand the patient's perspective, and assist the patient in finding his or her own solutions, while affirming the patient's freedom to change.
 - Constructive and respectful feedback
 - Clear and direct advice, with emphasis that patient makes ultimate choice to change.
 - Listen to and reflect on the patient's statements and feelings
 - Active listening
 - "What things would change if you accomplished your weight loss goals?"

STOP Provider Discussion Tool

The weight conversation

- Physical Activity
 - Ask patients how often they exercise each week and for how long
 - Discuss the health risks of a sedentary lifestyle and the importance of even a little bit of movement every day
 - Ask what small steps they could very easily take to incorporate more physical activity



Recap:

What to do and what NOT to do

- <http://whyweightguide.org/videos.php>

Implicit Weight Bias Test

- In order to effectively facilitate change in weight bias, providers must identify and overcome their own implicit and explicit weight-based biases.
- <https://implicit.harvard.edu/implicit/takeatest.html>

Resources to Address Weight Bias: Improving Obesity Care Continuing Medical Education (CME) Course

- Developed by the UConn Rudd Center for Food Policy and Obesity and the University of Connecticut School of Medicine, this free, one-hour, online accredited course is for health professionals (clinicians, nurses, social workers and dietitians, and trainees) to improve the quality of care for patients with overweight and obesity, and help reduce weight stigmatization in clinical settings.

<http://ruddcentercme.org/>

Final Tips

- Don't laugh at "fat" jokes.
- Make negative weight-related comments unacceptable.
- Avoid making comments about others' weight that tie to character.
- Stick up for others who are victims of weightism

What steps can you take to minimize weight bias in your practice?

- "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-- Maya Angelou

Resources

- [STOP Obesity Alliance](#)
- [Obesity Action Coalition](#)
- [UConn Rudd Center for Food Policy and Obesity](#)
- [The State of Obesity](#)
- [The Obesity Society](#)