

Exploring Strategies for Sustainable Systems-Wide Changes to Reduce the Prevalence of Obesity: A Workshop

The Intersection of Obesity and Biased Mental Models,
Stigma, and Weight Bias

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Building.Belonging.Becoming.

- **Weight bias** – negative attitudes towards, and beliefs about, others because of their weight.
- **Obesity stigma** – social sign or label affixed to an individual who is the victim of prejudice.
- **Weight-based discrimination** – enactment of weight bias and stigma.



Patient Perspective on Obesity Narratives

It's simple: eat less, move more ...

- It makes it sound really simple, doesn't it?
- “This message says to me that public health professionals believe I did this to myself so they don't need to help me find evidence-based treatments - but for me the journey has NOT been simple. It has been difficult for me. Every day is difficult.”

What types of stigma and bias do patients with excess weight experience in healthcare?

How does the healthcare enterprise set up this bias?

How does this influence care-seeking behavior and treatment?

How can we do better?



Perceived acceptability of weight bias in the medical setting

My peers tend to have negative attitudes towards patients who are obese. 50%

If a person becomes obese, it's really their own fault, so it is acceptable to make jokes about their weight. 1%

It is acceptable to make jokes about patients who are obese. 3%

I have heard/witnessed **professors or instructors** making negative comments or jokes about patients who are obese. 40%

I have heard/witnessed **health care providers** making negative comments or jokes about patients who are obese. 65%

In the medical setting, patients who are obese are a common target of derogatory humor by **students, residents, and/or attendings**. 43%

I have heard/witnessed other **students making jokes** about patients who are obese. 63%

From over
100 post-
graduate
professional
health-related
students



Attitudes toward patients with obesity

I often feel frustrated with patients with obesity.	36%	
Patients with obesity can be difficult to deal with.	33%	
I feel that it is important to treat patients with obesity with compassion and respect.	95%	
I dislike treating patients who are obese.	13%	From over 100 post-graduate professional health-related students
I see no difference between patients with obesity and normal weight.	21%	
I feel that patients with obesity are often non-compliant with treatment recommendations.	36%	
I feel that patients with obesity lack motivation to make lifestyle changes.	33%	
Treating patients with obesity is professionally rewarding.	27%	
Patients with obesity tend to be lazy.	18%	
<i>I feel professionally prepared to effectively treat my patients with obesity.</i>	57%	
<i>I feel confident that I provide quality care to patients with obesity</i>	80%	

Weight bias in health care

Medical students' views

- Poor self-control, less likely to adhere, sloppy, awkward, unsuccessful, unpleasant.

Physicians' views (620 primary care physicians)

- Non-compliant, lazy, lacking in self-control, weak-willed, unsuccessful, unintelligent, dishonest.

These views inform how the health care system will interface with many patients regarding weight

Impact of weight bias on quality of care

*Like anti-Black implicit bias among physicians, there is strong implicit anti-fat bias among clinicians and researchers specializing in obesity**

- Ambivalence about treatment roles
- Less time spent with & less discussion with patients
- More ascribing of negative symptoms
- Reduced preventative health services and exams (fewer cancer screens, pelvic exams, mammograms)
- Less intervention

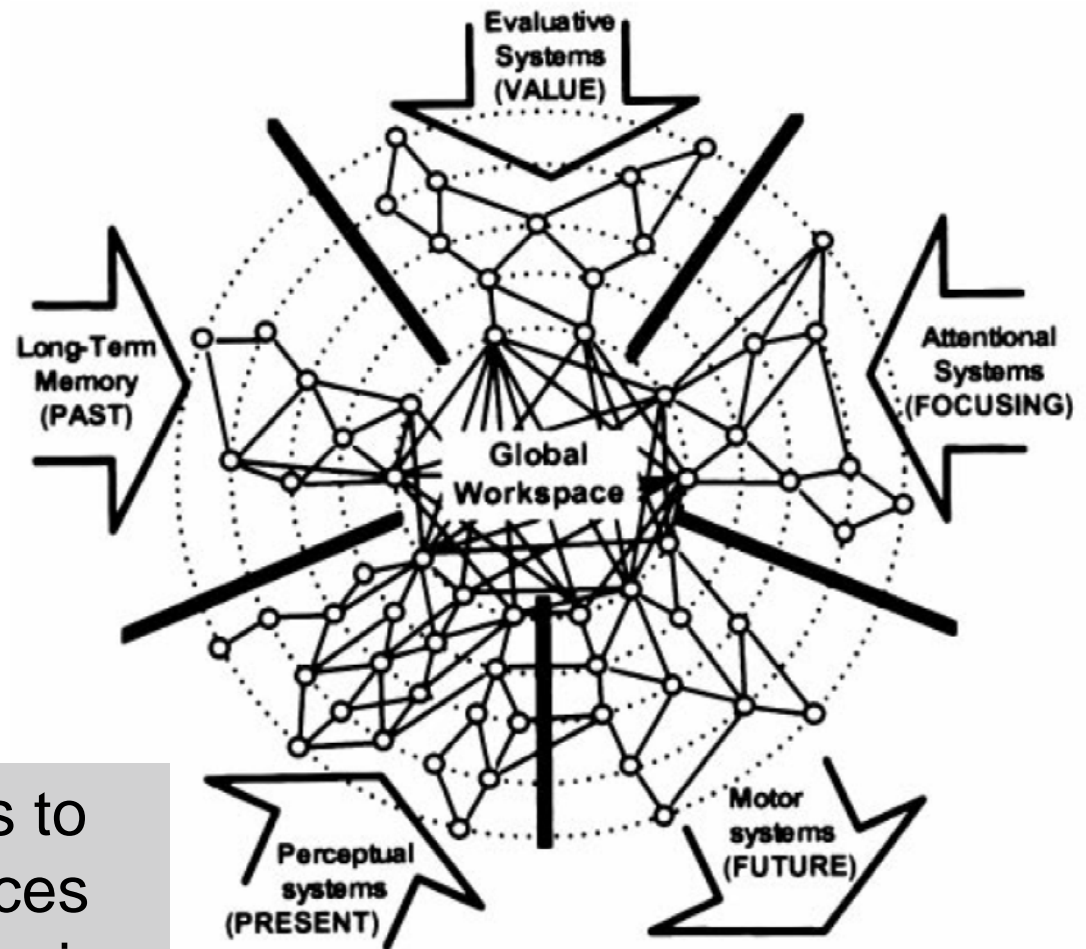
Weight-related barriers patients encounter in healthcare systems

- Unsolicited advice about losing weight
- Receiving inappropriate comments about their weight
- Being treated disrespectfully because of their weight
- Inaccessible equipment and facilities

Consequences of weight bias on overall health

- Negative consequences include shame and guilt, anxiety, depression, poor self-esteem and body dissatisfaction that can lead to unhealthy weight-control practices.
- Weight bias also negatively affects access to obesity treatment, educational attainment, employment opportunities, wage gap, quality of health care and more ultimately leading to inequalities.

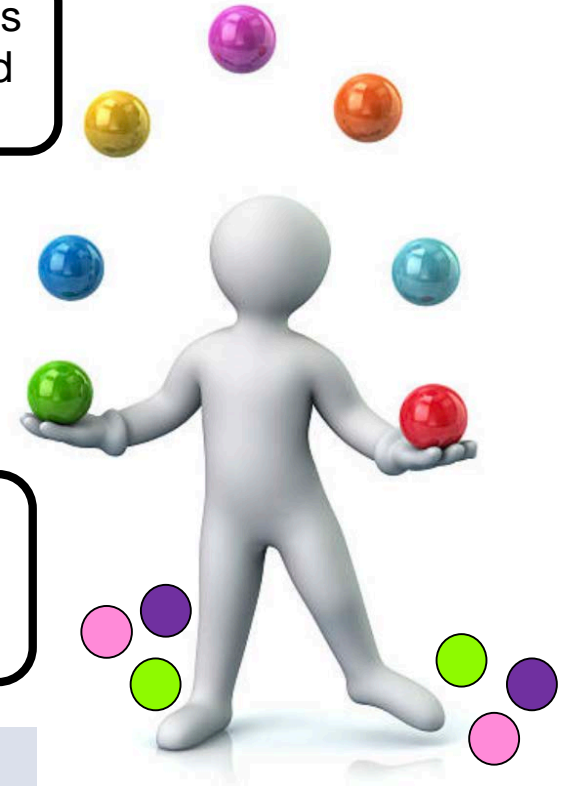
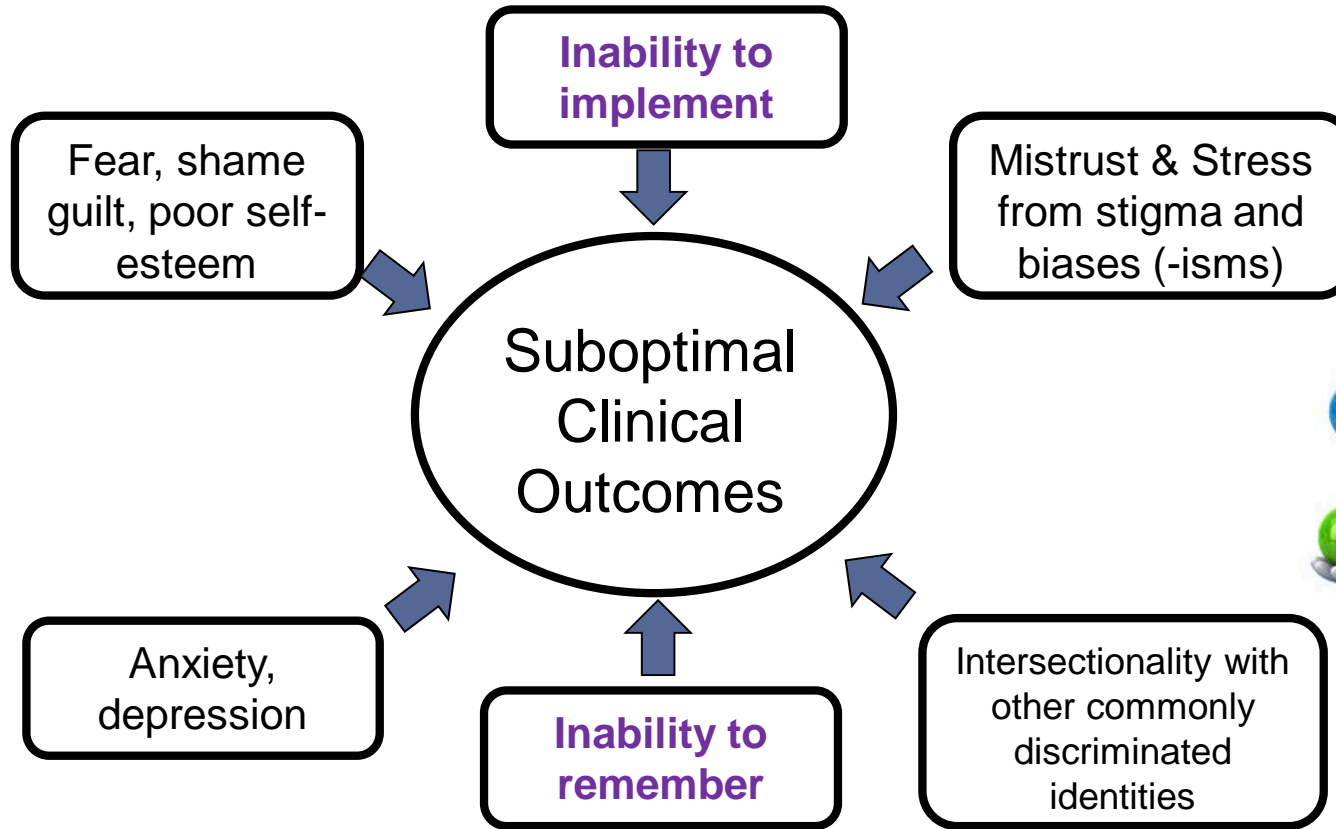
Weight Based Discrimination → Psychosocial Stress → Poor Cognitive Processing



Stress (to survive) leads to realignment of workspaces that limits cognitive processing



What might happen if/when a patient with excess weight makes it to their provider visit & then goes home?



Which ball(s) are your patient with excess weight and associated discriminatory burdens likely to drop
-Provider recommendations, f/u visit, meds/other?

For Countering Bias & Discrimination

- Overcoming Unconscious or Implicit Bias
 - Recognize it could be you
 - Focus on treating patients/peers/staff as individuals and not as a category.
 - Practice Empathy, Caring, Respect
- Unraveling the Institutionalization of Bias
 - Examine and revise health system policies
 - Recognize your role as a community resource and/or leader for health equity – Help change policies/practices that promote stigma, inequity and more
- Passivity is a choice – it is choosing to perpetuate structural biases and health disparities

Empathy is

seeing with the eyes of another,
listening with the ears of another,
and feeling with the heart of another.



Caring for Patients with Excess Weight

What many Patients have

- Discriminated Group
- Weight bias induced limited employment & educational attainment
 - Leads to under and un-insured and limited access to Care
- Mistrust of Care
- Impaired Cognitive Processing
- Multimorbidity

What many Patients need

- High Quality Care
- Treated with Respect
- Our Empathy
- Our Compassion
- Our Support
- To be given Hope
- ~~Judgement~~
- ~~Ire~~
- ~~Lecture~~

Tell your patients and colleagues that you treat them like family
And then do it!



Before you speak, think –
Is it necessary? Is it true? Is it kind?
Will it hurt anyone –



Will it improve on the silence?
- Sri Sathya Sai Baba