



LEGACY
HEALTH

Moving from Weight-Based Stigma to Patient Empowerment in Obesity Treatment

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Disclosures:
NONE



Objectives

- Recognize stigma associated with obesity and its effects on emotional and physical health.
- Self-reflect upon potential personal biases that could affect patient care.
- Discuss methods for intervening with patients seeking obesity treatment in a sensitive, motivating, and empowering manner.
- Brainstorm ideas for addressing weight-based stigma on a broader level.



WEIGHT-BASED STIGMA: WHAT IS IT?



Weight-Based Stigma

Perceptions of People with Obesity

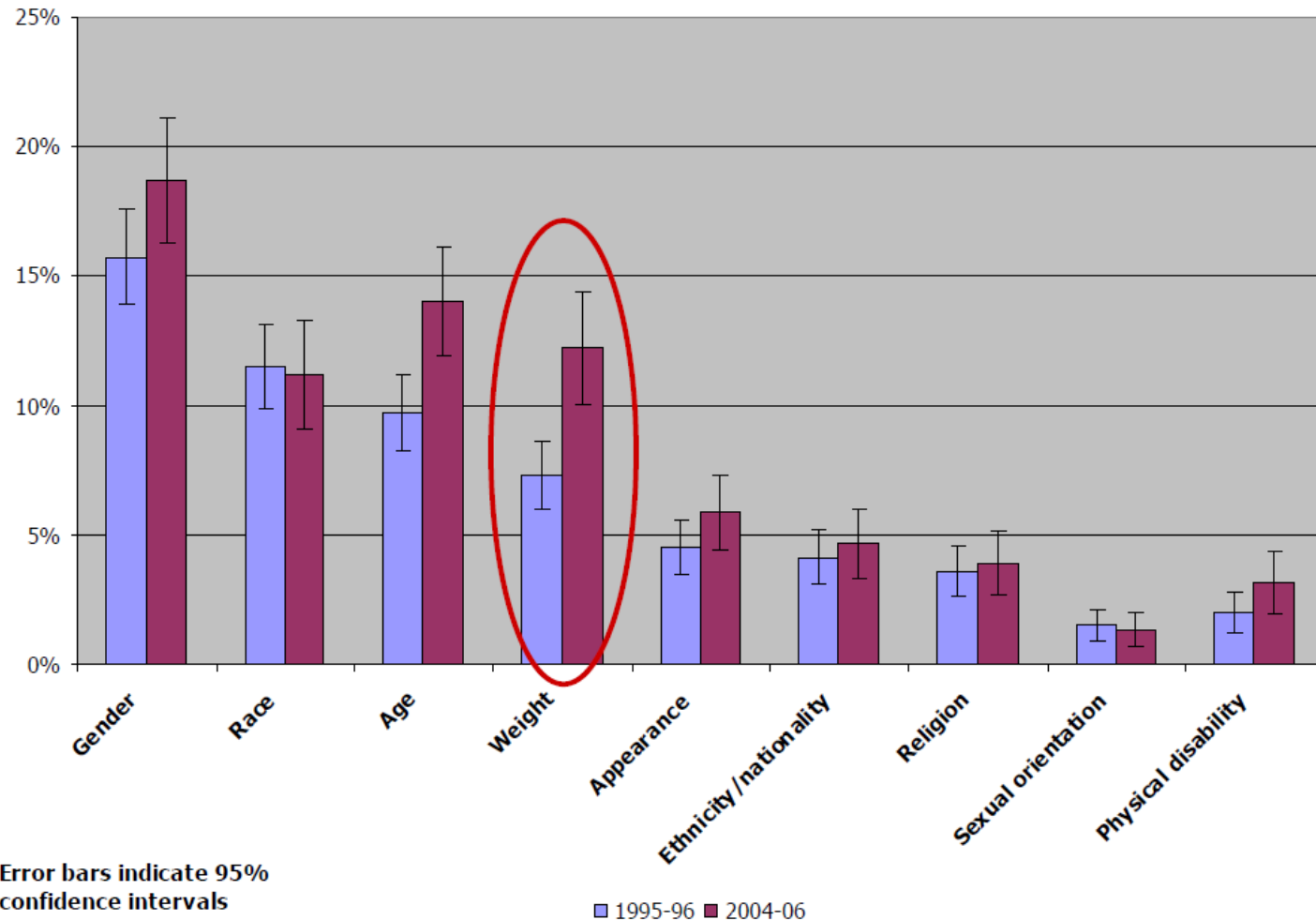
- Lazy/unmotivated
- Gluttonous, lacking in willpower
- Unattractive
- Slow, stupid, incompetent
- Immoral/bad

Perceptions of People who are Thin

- Energetic/motivated
- In control
- Beautiful
- Smart
- Valuable
- Moral/good



Trends in rates of reported discrimination among adults ages 25-74 (N = 2962)





Two Types of Attitudes toward Obesity

- Explicit
 - Negative attitudes held in one's conscious awareness
 - Subject to social desirability
- Implicit
 - Negative attitudes held outside one's conscious awareness
 - Better predict prejudicial behavior for unconscious, automatic responses (i.e., microaggressions)
 - Smiling less
 - Reducing eye contact
 - Less time spent with a person



Weight-Related Microaggressions



Phil Prehn
@philprehn

 Follow

Being told your wife is attractive w/ the questioning voice tone clearly implying "how did YOU attract such a beauty?"

[#fatmicroaggressions](#)

1:08 PM - 12 Dec 2013

  5  10



Kate McKinney
@Katecake

 Follow

[#fatmicroaggressions](#) People loudly complaining how fat they are when they are the same size or smaller than you.

6:53 PM - 13 Dec 2013

  32



NaNoWriMo Victim
@sara4realz

 Follow

Disgusted looks from other diners when I am at a restaurant eating anything at all. [#fatmicroaggressions](#)

11:52 AM - 12 Dec 2013

  5  4

WEIGHT-BASED STIGMA: WHERE IS IT?

Sources of Stigma

Source of Stigma	Ever Experienced	Multiple Times
Family Members	72%	62%
Doctors	69%	52%
Classmates	64%	56%
Co-workers/Colleagues	54%	38%
Spouse	47%	32%
Employers/Supervisors	43%	26%
Dietitians/Nutritionists	37%	26%
Teachers/Professors	32%	21%
Mental Health Professionals	21%	13%



(Puhl & Brownell, 2006)



Discrimination in Education & Employment

- People with obesity are...
 - > Less likely to be accepted to college
 - > More likely to be wrongfully dismissed from college
 - > Less likely to be financially supported by parents, regardless of family's size, income, and education
 - > Less likely to be hired than people who have identical qualifications but are thin
 - > Viewed as less competent, which affects hiring, wages, and promotions





Weight Bias in Healthcare

Physicians

As BMI increases:

- See working with patients as a waste of their time
- Express less desire to help
- Convey less empathy
- Report having less respect for patients

Nurses

31 percent “would prefer not to care for individuals affected by obesity”

24 percent say that individuals affected by obesity “repulsed” them

12 percent “would prefer not to touch individuals affected by obesity”

Psychologists

Consider patients w/ obesity to have:

- More pathology
- More severe psychological symptoms
- More negative attributes
- Worse prognosis in treatment



Weight Bias in Healthcare

- Healthcare professionals specializing in obesity have strong negative attitudes
 - > **Implicit attitudes:**
 - Stereotypes of lazy, stupid, worthless
 - Factors associated with less implicit bias
 - Male
 - Older
 - Positive emotional outlook
 - Higher BMI
 - Having friends with higher BMI



WEIGHT-BASED STIGMA: WHAT DOES IT CAUSE?



Coping Responses to Stigma

Coping Responses to Stigma	Women	Men
Positive Self-Talk	92%	92%
<u>Eating</u>	<u>80%</u>	<u>79%</u>
Heading off negative remarks	89%	93%
Social support from non-overweight people	90%	85%
Seeing the situation as the other person's problem	86%	89%
Crying, isolating self	76%	75%
Negative self-talk	75%	69%
Avoiding or leaving situation	53%	46%



(Puhl & Brownell, 2006)

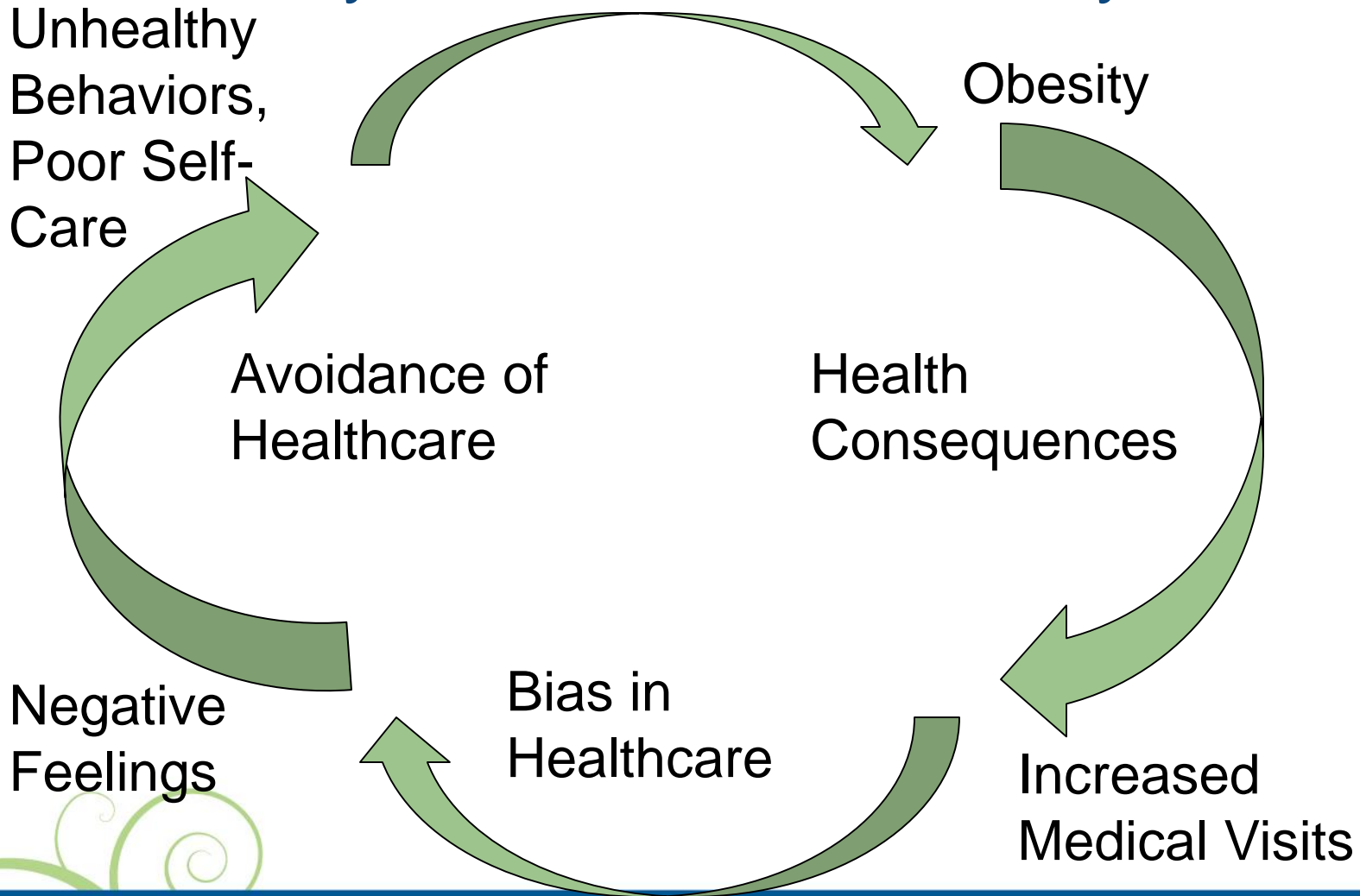


Consequences of Weight Bias in Healthcare

- For medical providers:
 - > Less time spent in appointments
 - > Less discussion with patients
 - > More assignment of negative symptoms
 - > Less intervention
- For patients:
 - > Reluctance to seek preventative care
 - > Greater delay in treatment
 - > Less likely to follow medical advice



Cycle of Bias and Obesity





**WEIGHT-BASED STIGMA:
WHERE DOES IT COME
FROM?**





Weight-Based Stigma in Children

- By 5-6, children are aware of the societal bias against people with obesity and generally express it themselves
 - > Bias increases with age
- 6th grade children rank children with obesity as the least desirable playmate
 - > More so than child with blindness, facial disfigurement, or in a wheelchair



Weight Bias in the Media: Starting Young



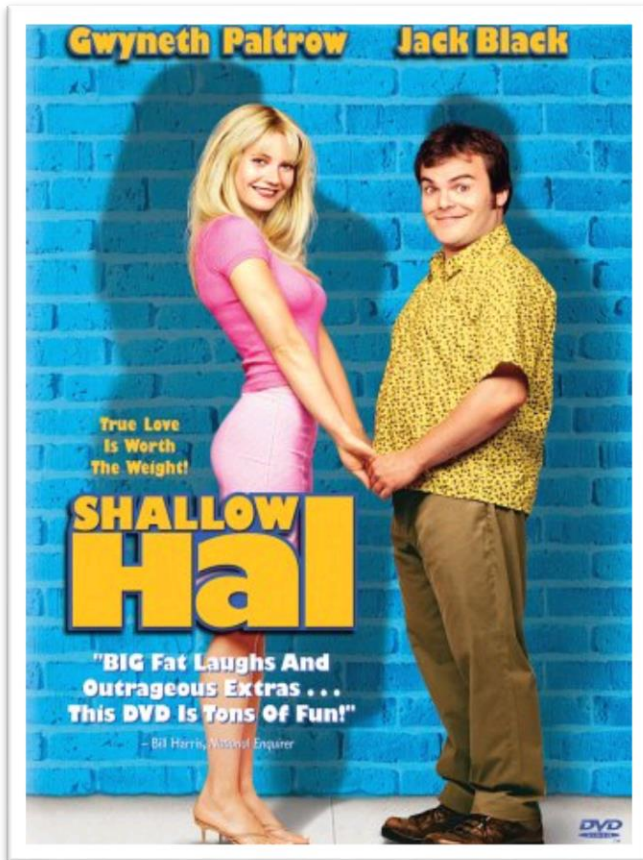
**“And here lately, please don't laugh, I use it on behalf
of the miserable, lonely and depressed. Pathetic.
Poor unfortunate souls
In pain, in need.
This one longing to be thinner
That one wants to get the girl
And do I help them? Yes, indeed!”**



Weight Bias in the Media: Starting Young



Weight Bias in the Media





Weight Bias in the Media

- Characters with obesity
 - > Appear much less than they are represented in the population
 - > More likely to be the object of humor
 - > Shown as overindulging in food
 - > Less likely to be in romantic relationships
- News stories about obesity
 - > Tend to blame the victim
 - > Show pictures of “headless,” disheveled people with obesity



Example of how *NOT* to portray people with obesity





WEIGHT-BASED STIGMA:
WHAT CAN WE DO ABOUT IT
ON A PERSONAL LEVEL?



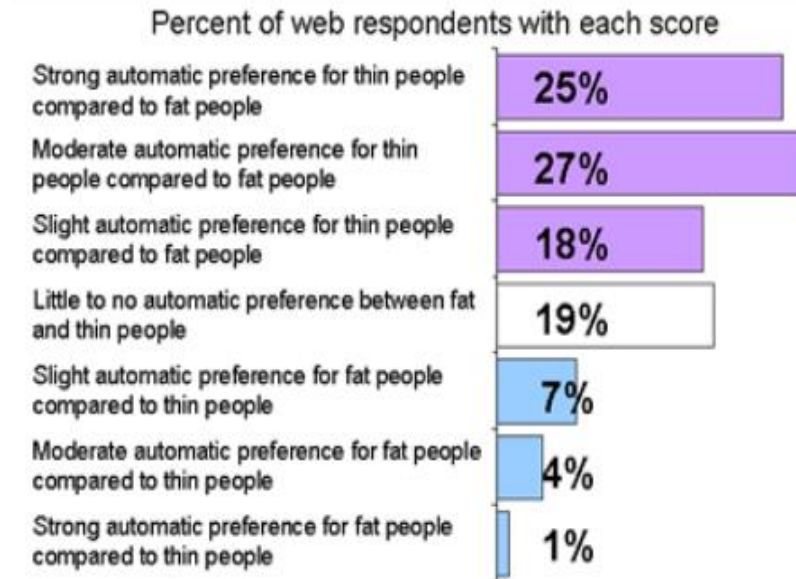
Self-Reflection

- How do I feel when I work with patients of different body sizes?
- Do I make assumptions regarding a person's character, intelligence, abilities, health status or behaviors based only on their weight?
- What stereotypes do I have about persons with obesity?
- What do I think is the cause of patients' obesity?
- Do I treat the individual, or only the condition?
- Do I give appropriate feedback to encourage healthful behavior change?
- How do my patients affected by obesity feel when they leave my office? Do they feel confident and empowered, or otherwise?



Implicit Associations

- Take the Implicit Association Test to further explore implicit biases
 - > <https://implicit.harvard.edu/implicit/selectatest.html>
 - > Choose “Weight IAT”





Changing Implicit Biases

- Avoid watching TV shows promoting negative stereotypes of people with obesity
- Seek out experiences that counter negative stereotypes (TV shows, books, movies, in-person experiences)
- Remain alert to biases and ensure it doesn't influence your behavior





WEIGHT-BASED STIGMA:
WHAT CAN WE DO ABOUT IT
ON A TREATMENT LEVEL?



Patients' Preferred Terms for Describing Obesity

- “Imagine that you are visiting your doctor for a check-up. The nurse has measured your weight and found that you are at least 50 lb over your recommended weight. The doctor will be in shortly to speak with you.”

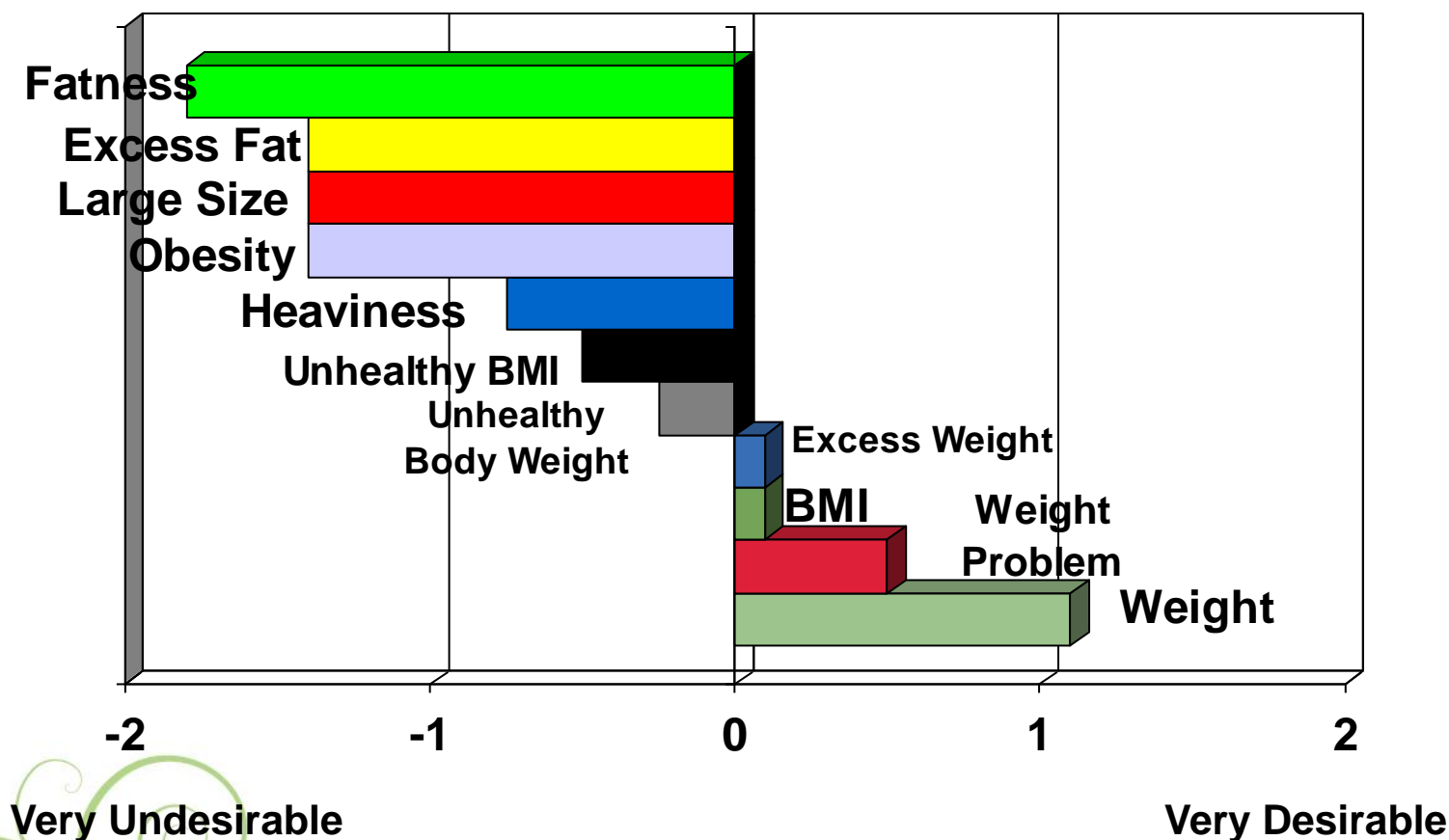
> Rate a list of terms to describe weight on how desirable or undesirable

- “Good morning. I want to talk with you about your...”

Weight	Heaviness	Weight problems
BMI	Excess weight	Fatness
Excess fat	Large size	Unhealthy body weight
Obesity	Unhealthy BMI	



Patients' Preferred Terms for Describing Obesity



(Wadden & Didie, 2003)



People-First Language

- Using “condition first” language equates people to their diseases or disabilities and contributes to weight bias
- Using “people-first” language conveys respect and sensitivity
 - > “How long have you been affected by obesity?” vs. “How long have you been obese?”
 - > “The patient with obesity...” vs. “The obese patient...”

Condition/Adjective	People First	Condition First
Autism/Autistic	4,030,000	579,000
Asthma/Asthmatic	3,570,000	125,000
Diabetes/Diabetic	4,920,000	230,000
Obesity/Obese	218,000	2,710,000





Making a Difference as a Provider

- Consider patients may have had negative experiences with other health professionals
- Learn about complex etiology of obesity; communicate this to patients and colleagues to avoid stereotypes that obesity is related to personal willpower
- Appreciate that small weight losses can result in significant health gains
- Recognize that many patients have tried to lose weight repeatedly
- Acknowledge the difficulty of lifestyle changes
- Emphasize behavior changes rather than just numbers on the scale
- *****Healthy behaviors are healthy regardless of weight change*****





Providing Advice & Support

- Focus on health rather than weight (non-dieting approach)
- Use motivational interviewing techniques
 - > Determine what types of changes the patient is ready to take on & start there
- Try to encourage positive small steps that the patient can build on over time (after experiencing some success)
- Avoid a “one size fits all” approach
 - > (e.g., 1500cal diet with 30 minutes PA daily for every patient)
- Reinforce efforts made in the right direction (focus on the positive)
- Provide referrals and information for further support & education





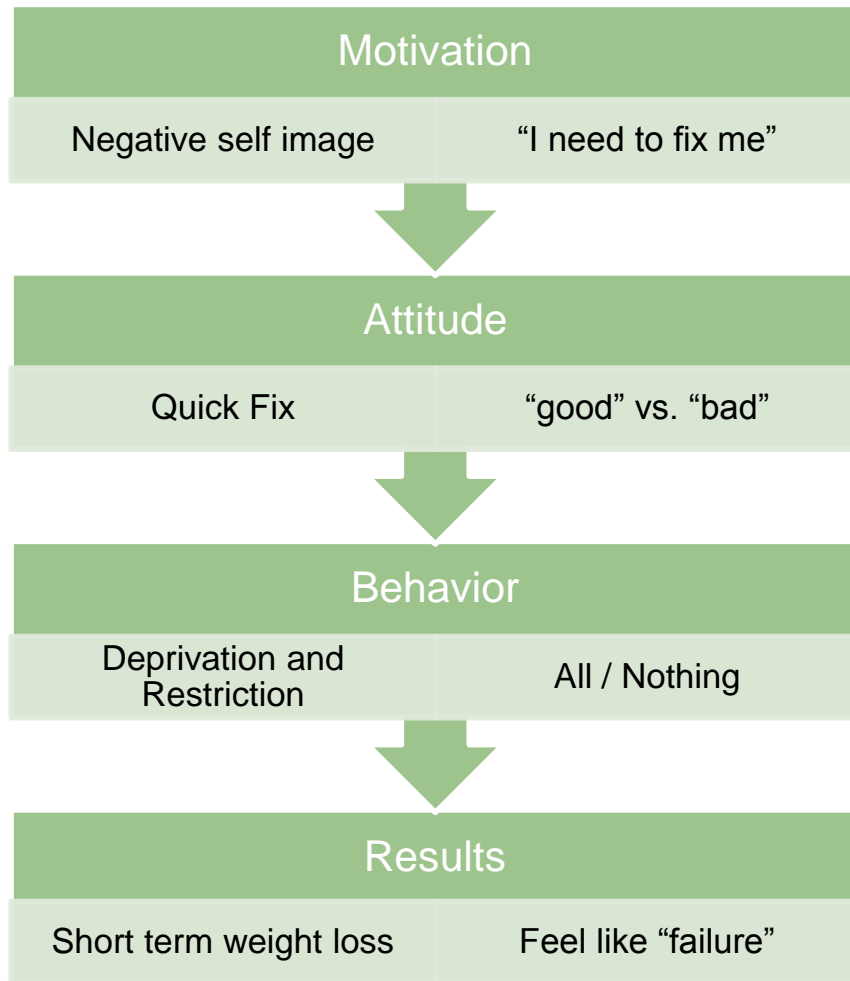
Non-Verbal Communication

- Be aware of common sources of non-verbal weight bias:
 - > Grunts/groans in transporting
 - > Eye-rolling
 - > Facial expressions
 - > Body language



INTERVENTION

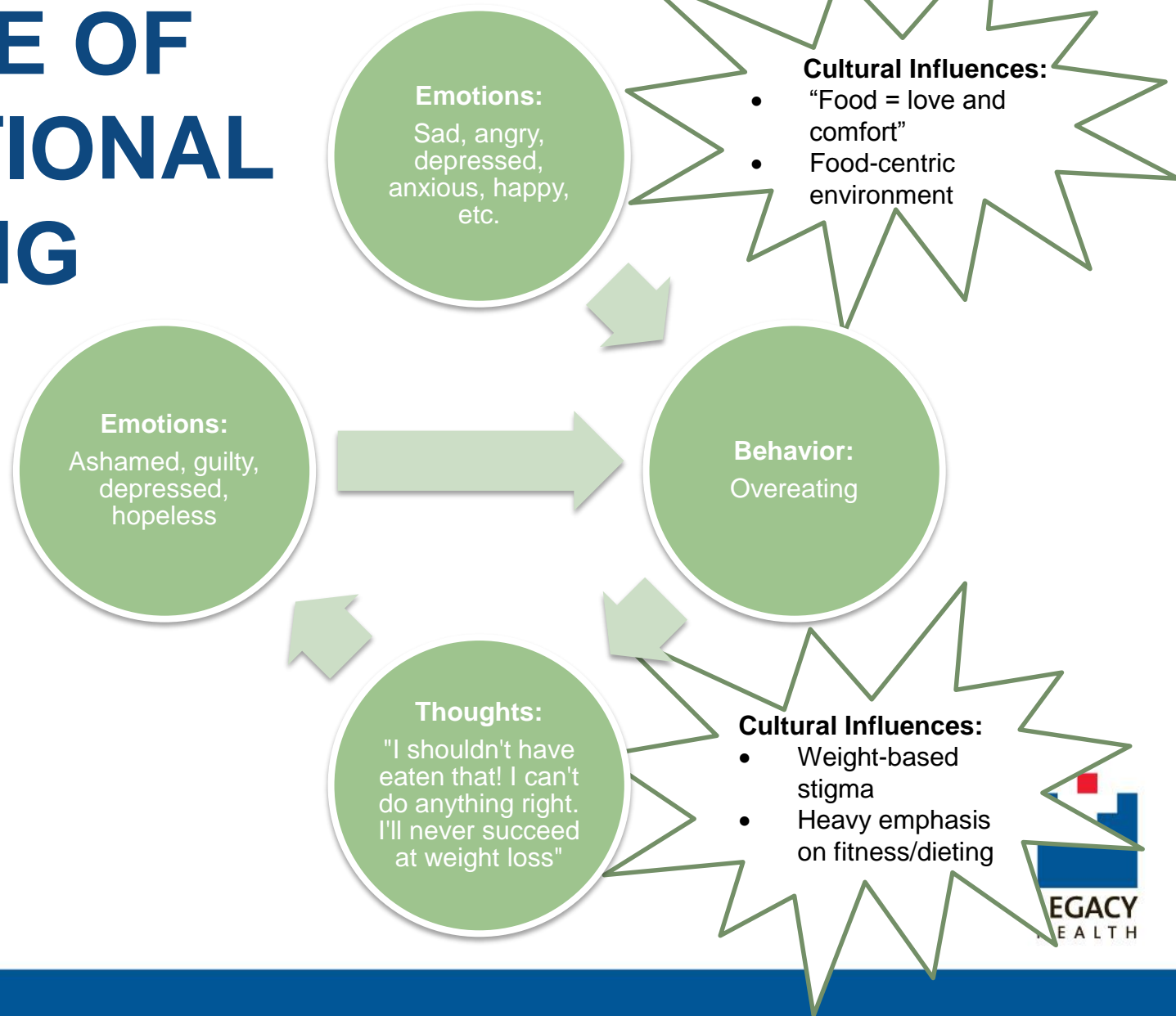
Diet World



Live-It World

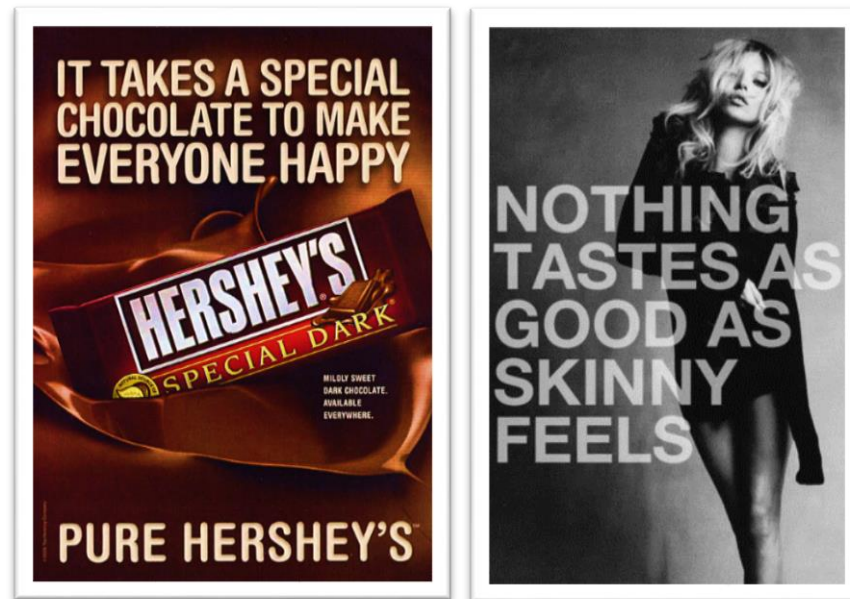


CYCLE OF EMOTIONAL EATING



Raising Patients' Awareness

Conflicting Media Messages



Common Media Messages Promoting Overeating



- “You deserve to indulge”
- “Eating this food will help you unwind and de-stress”
- “People who eat this food are sexy”
- “If this thin person can eat this luscious food, so can you”
- “This new food is only available for a short time; you must eat it before it’s gone”
- “This deal is too good to pass up”

Common Media Messages Promoting Fad Dieting

- “Thin people are happy”
- “You are going to lose weight quickly and easily”
- “There is something wrong with people who have extra weight and they need to be fixed”
- “Everyone should look like a supermodel”
- “If you use this product, you will be more sexually attractive”





“You Did Not Eat That”



youididnoteatthat

FOLLOW

Speaking the truth in this mixed up world of too many macarons and ice cream cones used as props. Because really... Youididnoteatthat@gmail.com
www.youididnoteatthat.com

265 posts

134k followers

367 following





Encouraging Patients' Self-Reflection

- What is the underlying message of this ad?
- What are they trying to sell me?
- How do I feel when I see this ad?
- Are the models shown airbrushed, photoshopped, and emaciated, or do they look like most people in our population?
- Who sets these standards of beauty, and do I subscribe to it? What is “perfect?” Can I be happy and not be “perfect?”
- What kind of data supports the weight loss strategy they are advertising?
- Is the diet too extreme to be sustainable in the long-term?
- What kind of weight loss is realistic for me, based on my age, genetics, how much weight I have to lose, etc.?



Improving Body Image

- Encourage patients to:
 - > **Counter negative self-talk**
 - Focus on positive features, physical and otherwise
 - Remind them that how a body looks is only one small piece of it
 - Question beauty standards
 - > **View photographs of models in plus-sized clothing**
 - > **Do things that help them feel good about their bodies**
 - Manicures, massages, haircuts, new clothes, exercise
 - > **De-emphasize the number on the scale**
 - Track change through non-scale victories





Encouraging Patients' Assertiveness

- Assertiveness in relationships
 - > “I feel _____ when you _____ . Instead, can you _____ ?”
- Selectivity in healthcare providers
- Contacting patient advocates
- Advocacy/letter-writing





WEIGHT-BASED STIGMA:
WHAT CAN WE DO ABOUT IT
ON A BROADER LEVEL?



Advocacy

- Visit <http://www.obesityaction.org/advocacy>
- Letter-writing
 - > Legislators
 - > Government agencies (FDA, Medicare/Medicaid, NIH, etc.)
 - > Media
 - > Insurance companies
- Sign petitions
 - > Treatment to Reduce Obesity Act
 - > “Bias Busters”
 - E.g., “Fatbooth” app, “fat suit” Halloween costume
- Join/Give to the Obesity Action Coalition





Closing

- Weight-based stigma is pervasive and has far-reaching consequences for individuals struggling with obesity
- Sensitive obesity treatment involves striking a balance between cultivating an attitude of self-acceptance while supporting patients in reaching health goals
- Patient empowerment involves:
 - > Being aware of personal biases and striving to change them
 - > Helping patients to challenge pervasive weight-based stereotypes
 - > Advocating for change in laws, healthcare, and the media



Resources

- UCONN Rudd Center
 - > <http://uconnruddcenter.org/weight-bias-stigma>
 - > <http://biastoolkit.uconnruddcenter.org/>
- Obesity Action Coalition
 - > <http://www.obesityaction.org/>
- Project Implicit
 - > <https://implicit.harvard.edu/implicit/selectatest.html>
- “Eat, Drink, and Be Mindful” by Susan Albers



Questions?

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