Weighty Words: Addressing Weight Bias in Primary Care

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Recommended Citation
Jahnavi, Jharna, "Weighty Words: Addressing Weight Bias in Primary Care" (2023). Family Medicine Clerkship Student Projects. 917.
https://scholarworks.uvm.edu/fmclerk/917

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**THE PROBLEM**

**Weight bias** in healthcare impacts a great proportion of patients:

- In some ways, weight bias often goes unaddressed compared to other forms of discrimination and spans across diverse groups of people resulting a **double burden** of bias in patients with intersecting marginalized identities.

It is essential that providers and healthcare workers are better trained in **building inclusivity** for patients of all weights and body types to improve healthcare access and acceptance.

- Patients who experience weight bias in the office are less likely to return for routine preventative care and less likely to feel safe and comfortable with their providers.

This project addresses issues in **cultural competency** as well as **medical practice transformation** (AHEC scholars core topics).
The public health cost of weight bias in healthcare:

- Patients with low BMI or high BMI are less likely to seek primary care, speak to their providers honestly about their health and mental health, are lost to follow-up, and continue to mistrust the medical system.

Weight bias impacts other conditions:

- Patients who experience weight bias are also dealing with a multitude of other medical concerns and the stigma especially towards obese patients results in feelings of blame and isolation and greatly impacts body image.

Weight based discrimination affects 34 million people and accounted for $206 billion in financial costs and $224 billion in well-being costs in the United States\(^1\).

In Connecticut, the CDC reports in 2016 that 34.1% of adults were “overweight” and 26.3% had “obesity” (this is based on BMI parameters\(^2\)).
COMMUNITY PERSPECTIVES & SUPPORT FOR PROJECT

The following are clips of quotes and paraphrases from audio interviews of members of the practice:

What are barriers to achieving healthy weight?

Doctor: access to health care and the ability to see a doctor or nutritionist or get bloodwork done, how are you going to know how much weight is impacting you and plan to get started and have a plan. Also, people are working 2-3 jobs, when are they going to have time to exercise or meal prep - usually people go for quick takeout/fast-food.

Medical assistant: our society is so grab and go and everything is fast food

Clerical staff: they feel like doctors don’t take their feelings into consideration, body dysmorphia is definitely a thing…The type of food we eat, different cultures eat differently, and exercise…and a lot of times its not even that its just hormonal, or bad genes

The organization “Stopweightbias” voiced support for this project and sent me a number of resources to include:

Fact sheets
Media portrayals
Resources for health care professionals
New video on clinical trials

How do you talk to patients about their weight?

Doctor: I let them bring it up first because you need to build a rapport before talking about that, especially not knowing what their past experiences have been with health care workers and how they’ve been treated because of their weight. If there’s abnormalities in their blood-work then go into why they’re prediabetic and discuss how weight can impact this but also there are a lot of other factors are also at play

Medical assistant: I worked in endocrinology, and we talked about lifestyle more than anything else, we would go over sleep, what they were eating, what time they were eating, and if they were eating enough

Clerical: Doctors have to be sensitive on how they bring it up, its not always because they eat too much, you have to be delicate because people are going to take it to heart and feel like you’re not helping to work on. Providers know better also that everybody is different

Why is weight such a delicate topic?

Medical assistant: because it’s a combination of health and how people view themselves and how society views you, especially now with the whole body positivity/shaming and what’s defined as healthy

Clerical staff: some people overweight are aware and self-conscious and slamming it in their face everyday is going to make them feel crappy and hurt themselves because self esteem can be so low. Society is definitely taking it into more considerations like mannequins at stores that are different body types.

What are your tips for patients in talking to providers about their weight?

Doctor: saying everything you’ve done already and what you’ve struggled with in the past and your thought process on weight gain and then have the provider fill in the blanks. Sometimes if you go to someone saying you want to lose weight, they’ll just tell you to diet and exercise and if they know that you’ve tried this for a while now, then they can get a better understanding that you’re not just thinking about this today and have been thinking about it for months so they can better help you

Medical assistant: mental health is a big part of this in general and behavioral therapy can be really helpful

Clerical staff: some providers are very insensitive… providers tell you you’re overweight because it can affect your cardiovascular health…with all of the weight loss tips, people come in saying I heard that I can take this med and lose weight but they don’t know the side effects of that and want the easy way out – providers should say that should be the last resort. They should check to see what is causing it and what should be targeting to work on. Providers know better also that everybody is different

How are you or your office inclusive?

Doctor: in our office we make sure the rooms and chairs and everything are big enough to accommodate people of all sizes. We weigh everyone as part of our vitals, but we don’t force anyone if they’re feeling uncomfortable, we just ask what your weight is measured at home and we’ll write it down. These are the basic things.

Medical assistant: sharing my own personal experiences with weight loss and trying to relate as much as possible

Clerical staff: rooms that are for bigger people, and chairs, and different cuffs for blood pressure
Prior implicit bias quizzes became popular to bring implicit biases into our consciousness, but these did not provide further specific education on how to improve communication with patients.

Weight bias is often a difficult, or *weighty topic if you will*, to discuss and this quiz brings some levity to the issue and normalizes these conversations about weight bias.

The intervention was a quiz for all staff and providers to learn what the current literature\(^3\) says about the best inclusive language and behaviors to address weight bias in healthcare.
RESULTS/RESPONSE DATA — SAMPLES OF QUIZ

**Weight Bias In Healthcare**

This quiz is for all healthcare staff to improve their own weight bias and stigma towards patients. The focus is on the best terminology to use and is based on the following review article by Puhl et al 2020 "What words should we use to talk about weight? A systematic review of quantitative and qualitative studies examining preferences for weight-related terminology", Thumbtack citation for this quiz: https://images.app.goo.gl/FUT1777mGts7RnDy9

5 minutes ago

1. **What can be impacted by the words used to describe a patient's weight?**
   - loneliness, motivation, mental health, portion sizes, activity level, discrimination
   - self perceptions, attitudes, behavior

2. **Which words were more favorably viewed?**
   - thin, normal weight
   - fat, overweight
   - overweight
   - obese

3. **Which phrasing did patients prefer from their providers?**
   - Your weight may be damaging your health
   - You are suffering from obesity
   - Your weight may be damaging your health
   - You are above your healthy weight

4. **Which terminology did patients prefer from their providers?**
   - Fatness, excess fat, large size
   - Obesity, heaviness
   - Weight, heaviness, obesity, BMI

5. **Which phrasing did patients prefer from their providers?**
   - Your weight may be damaging your health
   - You are suffering from obesity
   - You are above your healthy weight

Link to quiz here: https://www.buzzfeed.com/jharnajj/weight-bias-in-healthcare-a631gmf2sn
Due to time constraints the impact of this project could not be evaluated.

Due to the lack of research data on weight bias in the population my family practice clinic served, I was unable to create a more tailored version of the quiz to improve the connection to the community.

However, based on the support for the project and the community perspectives, this topic needs to be heavily focused on in medical education and across all levels of healthcare staff.
Based on this research conducted by my PHP group, this is still a vital issue in health care.

Future interventions should be designed in a workshop style to improve providers’ inclusive language regarding body weight, body type, body image.

Introduction
The prevalence of weight bias in healthcare professions negatively affects patients. Studies show that physicians hold negative bias, both explicit and implicit, about people with higher BMIs. This bias translates to less rapport-building, poorer communication, misdiagnoses, and less time spent in appointments for patients with higher BMIs. Research consistently demonstrates that individuals who experience weight bias delay receiving necessary medical care, experience poor mental health impacts, and report worse communication with their healthcare providers. Despite these impacts, there remain significant gaps in the literature for characterizing weight bias among various healthcare professionals and pre-professionals.

Our study aims to characterize and understand weight bias in local healthcare practitioners and medical students. We also explored awareness of bias, confidence in navigating bias, and tools participants believe will be effective in reducing the impact of weight bias.

Methods

- Literature Review supported 2 quantitative data collections, instruments
- Attitudes Toward Obese Patients (ATOP) & Perceived Weight Bias in Healthcare
- Adapted to a 7 items Likert questionnaire
- Quantitative data analysis
- REDCap survey distributed via email to medical students and primary care physicians
- Participants' data was entered into REDCap.
- Researcher performed statistical analyses in SPSS.
- Paired t-tests performed in MATLAB Qualitative data collected using a uniform, agreed upon system by three independent coders

Results
- The figures A, B, C, above show the results of the quantitative data.
- A: Preclinical students and physicians have less bias than clinical students.
- B: Physicians have more confidence navigating weight bias than preclinical students.
- C: Figure D shows qualitative data. The salient codes in this analysis included a perception that more training is needed (n=11), that there is weight bias in healthcare (n=10), that weight bias is a difficult topic to discuss (n=4), that existing trainings are poor (n=2), that there is no need to mitigate bias (n=2) and training needs to be tailored to different healthcare jobs (n=2).
- 72.1% of all survey respondents indicated that weight bias is a problem, demonstrating an awareness of weight bias.
- Respondents predict that workshops (64.8%), speaker series (42.4%), and implicit association tests (34.4%) would be effective interventions.

Conclusion
- Our quantitative results suggest preclinical students have less weight bias compared to clinical students, and physicians have the least bias. It is possible that longitudinal clinical exposure may serve as a mitigating factor for weight bias. As this is a cross-sectional observation, preclinical students may engage in more weight bias discussions, thus contributing to their lower levels of bias. Compared to preclinical students, our results also suggest that physicians are more inclined to believe that weight bias is an issue and feel more confident in their ability to handle weight bias.
- Our qualitative results suggest the overall sentiment regarding weight bias is that it is present and concerning, but that existing methods for mitigating bias must improve.
- Respondents indicated that workshops would be most effective in addressing bias.
- The findings from this study will inform future weight bias studies and interventions to improve weight bias in the healthcare setting.

Future Directions
Few studies have evaluated weight bias-mitigating interventions. The current study develops a baseline for weight bias among local healthcare practitioners and students and explores methodological preferences for urgently needed programs to mitigate weight bias in both the clinical setting and for medical trainees.

Future studies will examine the clinical significance of our present findings and translate these findings into actual improved outcomes for patients.

References
REFERENCES


INTERVIEW CONSENT

All individuals interviewed and quoted in this project were consented