Implicit Weight bias in Healthcare: How can RD/RDNs Minimize its Effect?

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Objectives

By the end of this presentation, participants will be able to:

1. Define and identify at least three consequences of weight bias.
1. Identify three ways RD/RDNs may implicitly perpetuate weight bias.
1. Analyze their words, behaviors, and omissions to formulated at least two action steps to minimize weight bias in their practice.

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Weight-Bias

"negative weight-related attitudes and beliefs that are manifested by stereotypes, rejection and prejudice towards individuals because they are overweight or obese"

(Puhl, Moss-Racusin, Schwartz, & Brownell, 2008, p. 347)

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Types of Weight Bias

Explicit Bias

- Definition - Consciously expressing a bias that one knows they have
- Examples -
  - Verbal Teasing
  - Physical Aggression
  - Relational Victimization

Implicit Bias

- Definition - Unconsciously held beliefs about the characteristics of a person or group of people
- Associations with weight:
  - Laziness
  - Unmotivated
  - Unhappy
  - Uneducated

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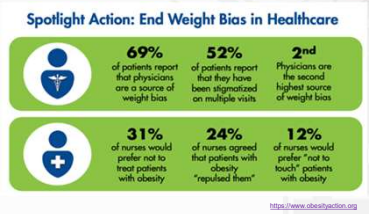
Prevalence



"Weight bias is still considered a socially acceptable form of prejudice today and is rarely changed"
(Obesity Action Coalition, 2012).

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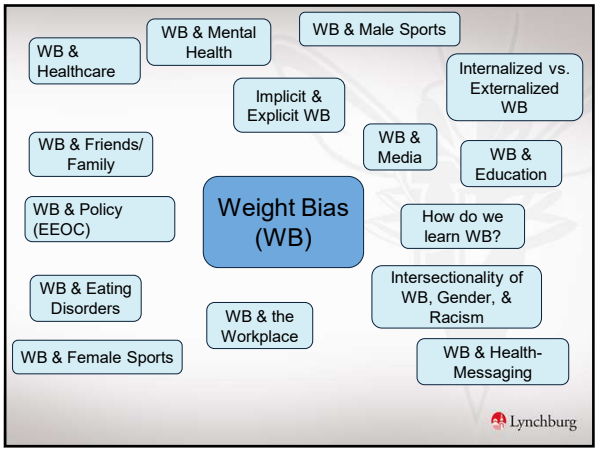

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How does bias develop?

- Construct of Bias - evolves from the formation of memory and attitudes (Banaji, 2001)
- Attribution Theory -Fritz Heider
  (Malle, 2011; McLeod, 2012; Pearl, 2018; Sikorski et al., 2011)
  - Cause and effect leads to assumptions about groups
  - Positive memories cause us to associate positive attitudes/beliefs towards a target.
  - Negative memories cause us to attribute negative attitudes/beliefs towards a target.

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Where does Weight Bias come from?

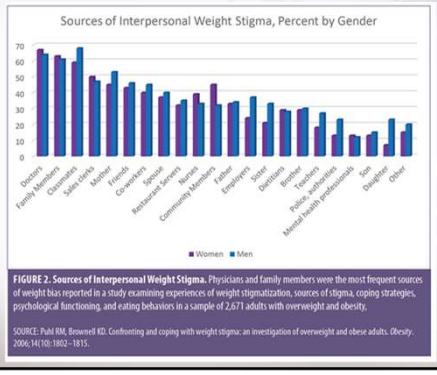

FIGURE 2. Sources of Interpersonal Weight Stigma. Physicians and family members were the most frequent sources of weight bias reported in a study examining experiences of weight stigmatization, sources of stigma, coping strategies, psychological functioning, and eating behaviors in a sample of 2,671 adults with overweight and obesity.

SOURCE: Puhl RM, Brownell KD. Confronting and coping with weight stigma: an investigation of overweight and obese adults. Obesity. 2006;14(10):1802–1815.

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What does Weight-Bias look like?

"I have always had to make a good second impression because my weight makes the first."
Brenndon - attendee at the "Weight of Living" Conference (Canadian Obesity Network Summit, 2017)

- Microaggression - *"She has such a pretty face"*
- Unsolicited advice - "*Have you tried___ diet?"*
- Inappropriate comments - *"You're fat because you eat too much."*
- Assumptions about the character of the individual - *lazy, sloppy, unfriendly, unmotivated* (Greenleaf, Starks, Gomez, Chambliss, & Martin, 2004)

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Weight Bias and Personal Responsibility Ideology

- Overweight/obesity is within an individual person's control, weight bias increases
- Overweight/obesity is attributed to primarily biology or genetic influence, weight bias is weaker

  (Alberga et al., 2016; Ata, Thompson, Boepple, Marek, & Heinberg, 2017; Ebneter, Latner, & O'Brien, 2011; Foster et al., 2003; McClure, Puhl, & Heuer, 2011; Puhl & Brownell, 2001)

Well-intentioned health messages portrayal of weight as within one's personal control and responsibility, perpetuate weight bias.

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Health Disparity Linked to Weight Bias

- Reduced or eliminate interactions with a health care provider resulting in underutilization of preventive care (Aldrich & Hackley, 2010; Blanton et al., 2016; DeBarr & Pettit, 2016)
- Increase in canceled appointments or delay seeking medical attention when needed (Amy et al., 2006; Friedman, Hemler, Rosetti, Clemow, & Ferrante, 2012)
- Reduced health care follow up after experiencing weight discrimination (Phelan et al., 2015; Waller et al., 2012)

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Health Consequences of Weight Bias

- Continued weight gain (Hunger, Major, Blodorn, & Miller, 2015)
- Linked with negative mental health outcomes including depression, anxiety, and poor self-esteem (Alberga et al., 2016; Hayward, Vartanian, & Pinkus, 2018; Puhl & Heuer, 2010)
- Initiation or perpetuation of an eating disorder (Alberga et al., 2016)
- Avoid exercise due to fear of public shaming (Alberga et al., 2016; Amy et al., 2006; Vartanian & Novak, 2011)

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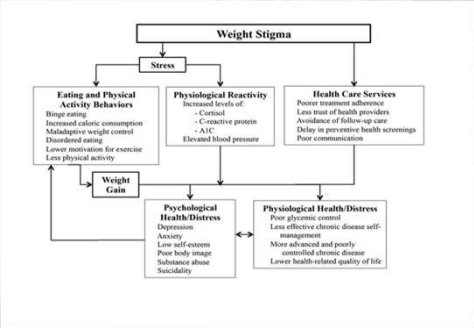
Health consequences resulting from experiences of weight stigma



(Puhl, Phelan, Nadglowski, & Kyle, 2016)

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Weight Bias and Substandard Health Care

- Distant interactions, less eye-contact and rapport building (Gudzun, Beach, Roter, & Cooper, 2012; Perskey & Eccleston, 2011)
- Assume overweight/obese patients are less likely to follow health care-related directives and therefore reduced efforts to educate patients related to health behaviors (Bertakis & Azari, 2005; Persky & Eccleston, 2011)
- Overweight patient pain reports are more likely to be attributed to attempts to avoid undesirable activity as opposed to truthful reporting of pain (Boyle, Janicke, Robinson, & Wandner, 2018)

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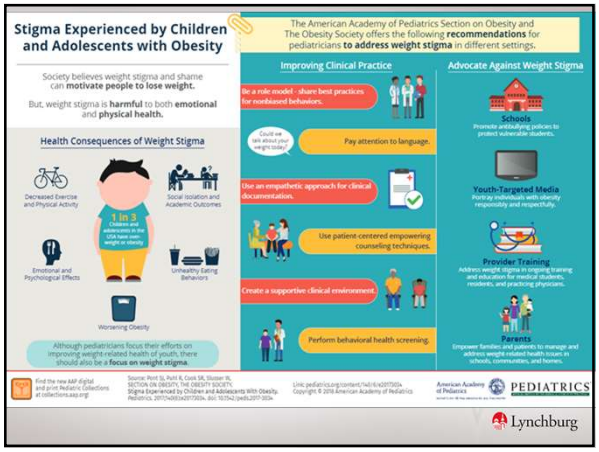

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How do we measure implicit bias?

Implicit Associations Test

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How could RD/RDNs unknowingly perpetuate weight bias?

- Language
- Treatment options
- Before and after pictures (Geier, Schwartz, & Brownell, 2003)
- Shock-tactics (Puhl, 2014)
- Excessive focus on the word "obesity" (Puhl, 2014)

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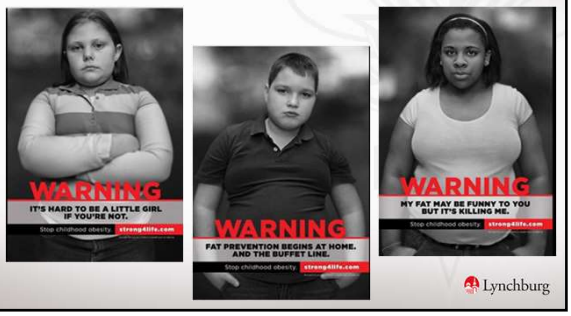
Georgia Children's Health Alliance & Children's Healthcare of Atlanta (Stein, 2012)



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Develop Your Action Plan

Step 1: Learn about ALL the causes of obesity

- Lack of physical activity
- Excessive food/beverage consumption
- Genetics
- Side Effects of medications
- Poverty
- Poor role modeling of caregivers
- Synthetic and metabolic disrupting chemicals
- Obesogenic environments (Zorbas et al., 2018)

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Develop Your Action Plan

Step 2: Look within and identify our own biases

- Become aware and alert to how we treat others differently related to size
- Look for the positive in other persons
- Become more relational
- Have the hard conversations about weight bias

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Develop Your Action Plan

Step 3: Watch your words

- Avoid "fat talk"
  - "I feel so fat in this outfit"
  - "I can't have one, I am on a diet"
- Use "People-First" language
  - "There are many obese and overweight people"
  - "There are many people affected by obesity"

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Develop Your Action Plan

Step 4: Celebrate what a person's body can do as opposed to what it can't do

- Offer options for activities so that each person feels like they can succeed
- Change the message from weight, size, and fat/obese to striving for a goal of health

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Develop Your Action Plan

Step 5: Change the focus to health, not weight

- Include images of larger persons portrayed in a positive light in educational materials
- Positive reinforcement of pro-health behaviors
- Emphasize strength and health-not appearance (Engeln, Shavlik, & Daly, 2018)

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Develop Your Action Plan

Step 6: Advocate on behalf of those dealing with weight bias

- Speak up when you see/hear weight bias comments
- Seek permission - Respect personal autonomy

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The Story of Ellen Maud Bennett

Ellen Maud Bennett, 64, died on May 11 after being diagnosed with inoperable cancer

The Canadian Press · Posted: Jul 30, 2018 11:00 AM NT | Last Updated: July 30, 2018

Ellen Maud Bennett died on May 11 at the age of 64. She said her dying wish was that 'women of size' should advocate for their health. (Legacy website)

https://www.cbc.ca/news/canada/newfoundland-labrador/fat-shaming-medical-1.4766676

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Ellen Maud Bennett

"A final message Ellen wanted to share was about the fat shaming she endured from the medical profession. Over the past few years of feeling unwell she sought out medical intervention and no one offered any support or suggestions beyond weight loss. Ellen's dying wish was that women of size make her death matter by advocating strongly for their health and not accepting that fat is the only relevant health issue."

https://www.legacy.com/obituaries/timescolonist/obituary.aspx?n=ellen-maud-bennett&pid=189588876

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Social Media Responses to Ellen's Obituary

Twitter thread - https://twitter.com/anne_theriault/status/1022356160953835520

"It wasn't until I started taking interest in my sister's health as an adult and took her to my doctor that we found she had several ailments that had been untreated for years because doctors refused to treat her and kept telling her to lose weight first." ~Twitter post

"My mother loathes going ot the doctor because of the fat-shaming. She also had to stop going for walks because randos in passing cars would hurl abuse at her."

"The medical community sucks for heavy women." Twitter poster who accused the focus on her weight of eclipsing a degenerative genetic condition. After a decade of being told to shed pounds, she was 43 years of age when she was finally properly diagnosed.

"When a doctor dismisses my symptoms, I say I want it noted in my chart--while I wait--that 'they have chosen' not to run any tests. They then run tests. I recommend this approach to anyone facing discrimination instead of diagnostics. (I have 2 autoimmune disorders.)"

https://www.theguardian.com/world/2018/jul/30/canada-ellen-maud-bennett-obituary-fat-shaming

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Resources to Address Weight Bias

- Rudd Center for Food Policy & Obesity: http://www.uconnruddcenter.org/
- Implicit Project - Harvard University: https://implicit.harvard.edu
- Obesity Action Coalition https://www.obesityaction.org/
- Weight Bias in Healthcare: A Guide for Healthcare Providers Working with Individuals Affected by Obesity

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