Understanding Weight Stigma and Strategies to Improve Patient Care

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What is weight stigma?

Weight Stigma:

Societal devaluation of people because of their body weight or body size

Common weight-based stereotypes:

People with higher weight viewed as…

- Lazy
- Lacking self-discipline and willpower
- Unmotivated to improve health
- Personally to blame for their weight

Teasing
Bullying
Rejection
Prejudice
Unfair treatment
Discrimination

Pearl, *Soc Issues Pol Rev* 2018; Puhl, *Obesity* 2009.

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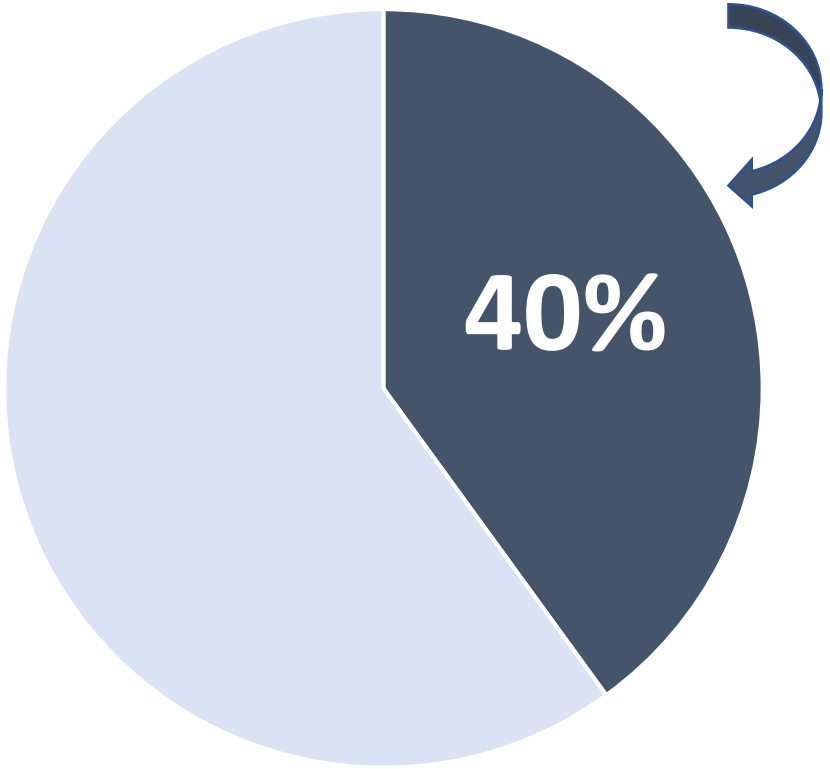
Prevalence of weight stigma

Percentage of American adults in the general population who experience weight stigma



Among adults who have obesity, prevalence rates of weight discrimination range from 19%-40%.

Puhl et al., *J Pub Health Pol,* 2014; Puhl et al., *Int J Obes* 2015; Himmelstein, Puhl, Quinn. *Am J Prev Med,* 2017; Spahlholz et al., *Obes Rev* 2016.

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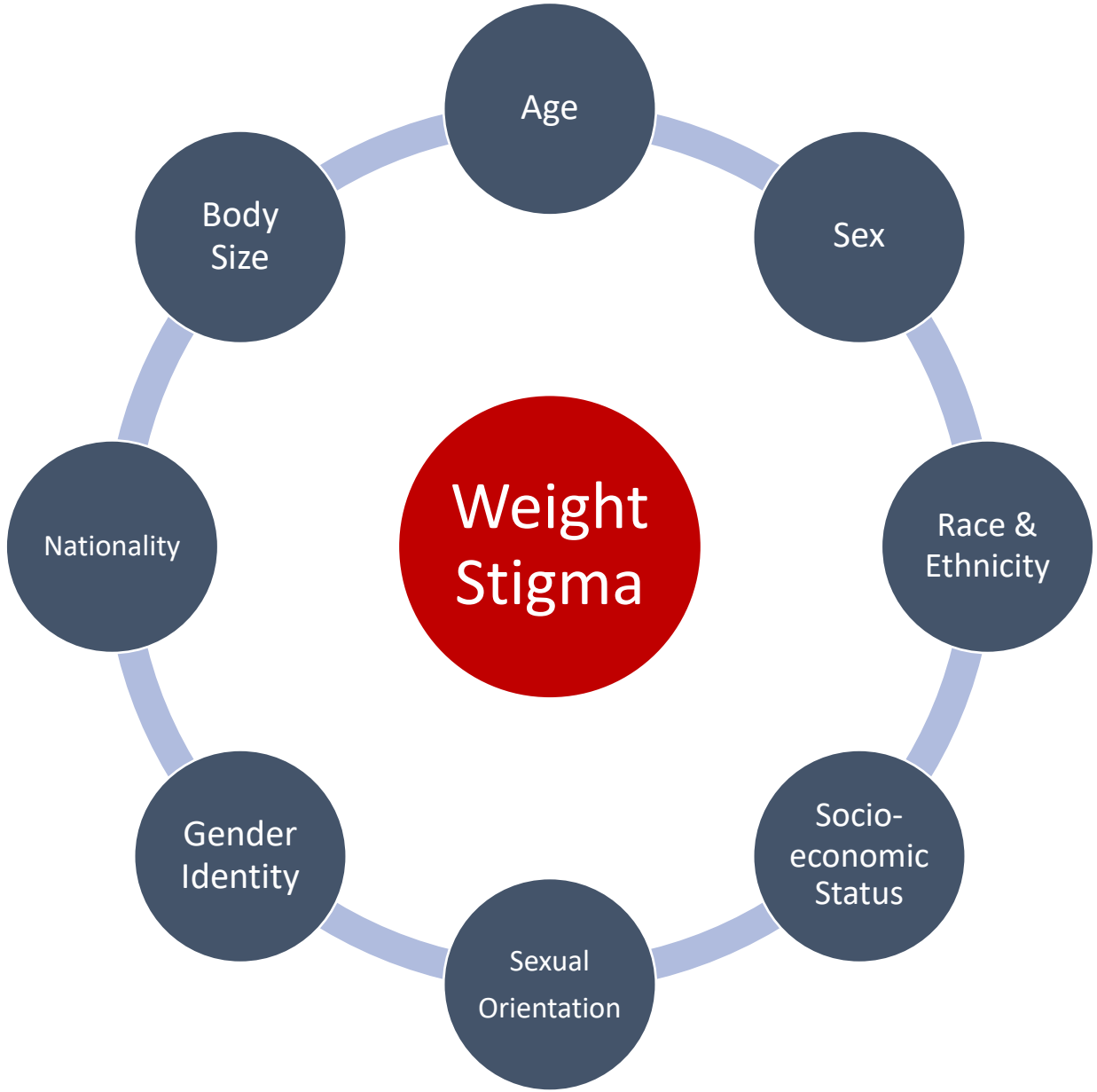
Weight stigma can affect anyone



Austen et al., *Body Image* 2020; Brewis et al., *Global Health* 2018; Himmelstein et al., *Obesity* 2018; Jackson et al., *Int J Obesity* 2015; Puhl et al., *Int J Obesity* 2021; Puhl et al., *Obesity* 2019; Puhl et al., *Ped Obes* 2019.

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Weight stigma exists across the lifespan

Negative weight stereotypes begin in young children

Stereotypes worsen, leading to teasing and bullying

Bullying and exclusion from social groups

Weight stigma institutionalized as discrimination in employment, healthcare, education

Weight stigma and discrimination remain present

Bensley et al., *Appetite* 2022; Charlesworth & Banaji, *Psychol Sci* 2022; Mysher-Eizenman et al., *J Pediatr Psychol* 2004; Jackson et al., *Int J Obesity* 2015; Paxton & Damiano, *Adv Child Dev Behav* 2017; Thompson et al., *Educ Rev* 2020.

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Where does weight stigma occur?

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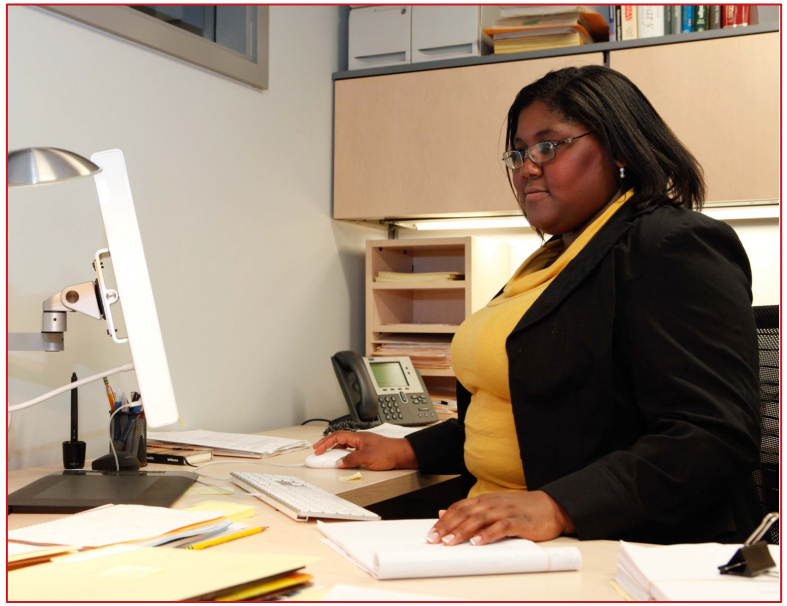
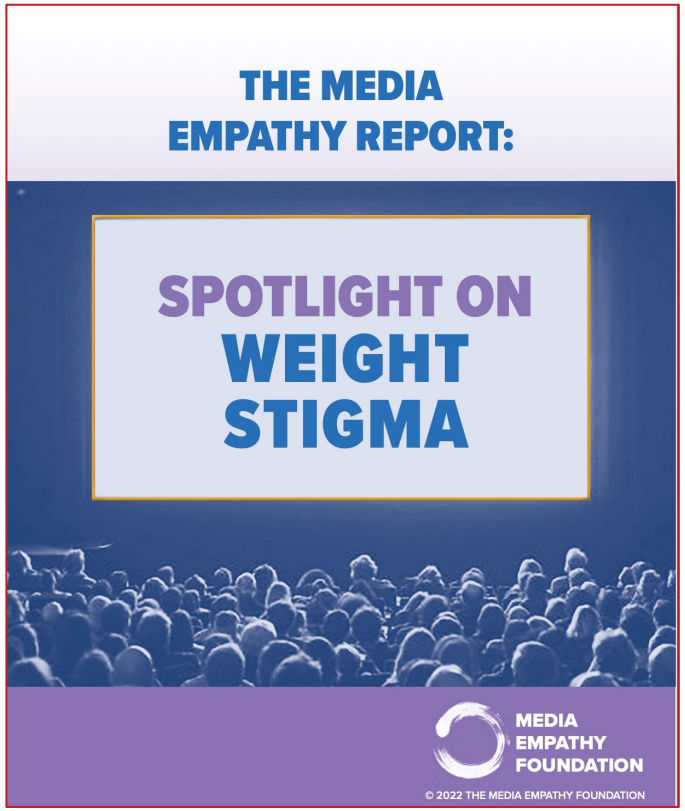
In the workplace



Roehling et al., *Employee Resp Rights* J 2013; Rudolph et al., *J Voc Beh* 2009; Vanhove & Gordon, *J App Soc Psyc* 2014.

In the media



https://www.mediaempathy.org/weight-stigma/

Television and Film

- Depict characters with larger body sizes in stigmatizing ways
- Reinforce negative weight stereotypes based on body size

News Media

- Oversimplify causes of obesity
- Reinforce personal responsibility narrative
- Ignore complex contributors to body weight

Social Media

- Body shaming is commonplace
- Promotes unrealistic ideals of body size

Kite et al., *E Clinical Medicine* 2022; Media Empathy Foundation 2022; Throop et al., *Obesity* 2014.

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In interpersonal relationships

Weight stigma within families:

- Critical and judgmental remarks about weight
- Weight-based teasing and rejection
- Can be long-lasting through childhood, adolescence, and early adulthood
- Harmful health consequences
  - Psychological distress
  - Disordered eating behaviors

Lawrence et al., *Soc Sci Med- Qual Res Health* 2022; Lessard et al., *J Adolesc Health* 2021; Puhl et al., *Nutrients* 2022; Yourell et al., *Adol Res Rev* 2021.

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In healthcare

- Weight-biased attitudes from healthcare professionals
- Poorer clinician-patient communication and reduced quality of patient care
- Adverse health consequences for patients and avoidance of healthcare

Alberga et al., *Prim Health Care Res Dev* 2019; Phelan et al., *Obes Rev* 2015; Phelan et al., *Obesity* 2014; Sabin et al., *Plos One* 2012.

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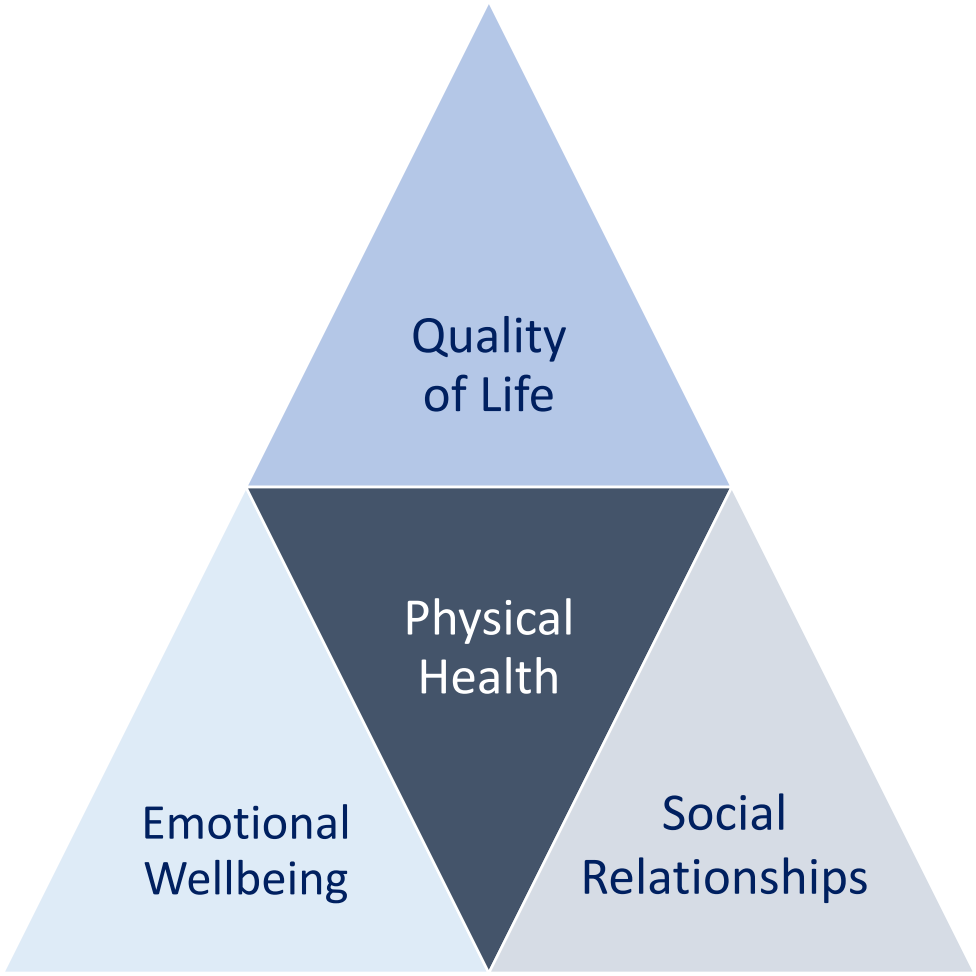

How does weight stigma contribute to poor health?

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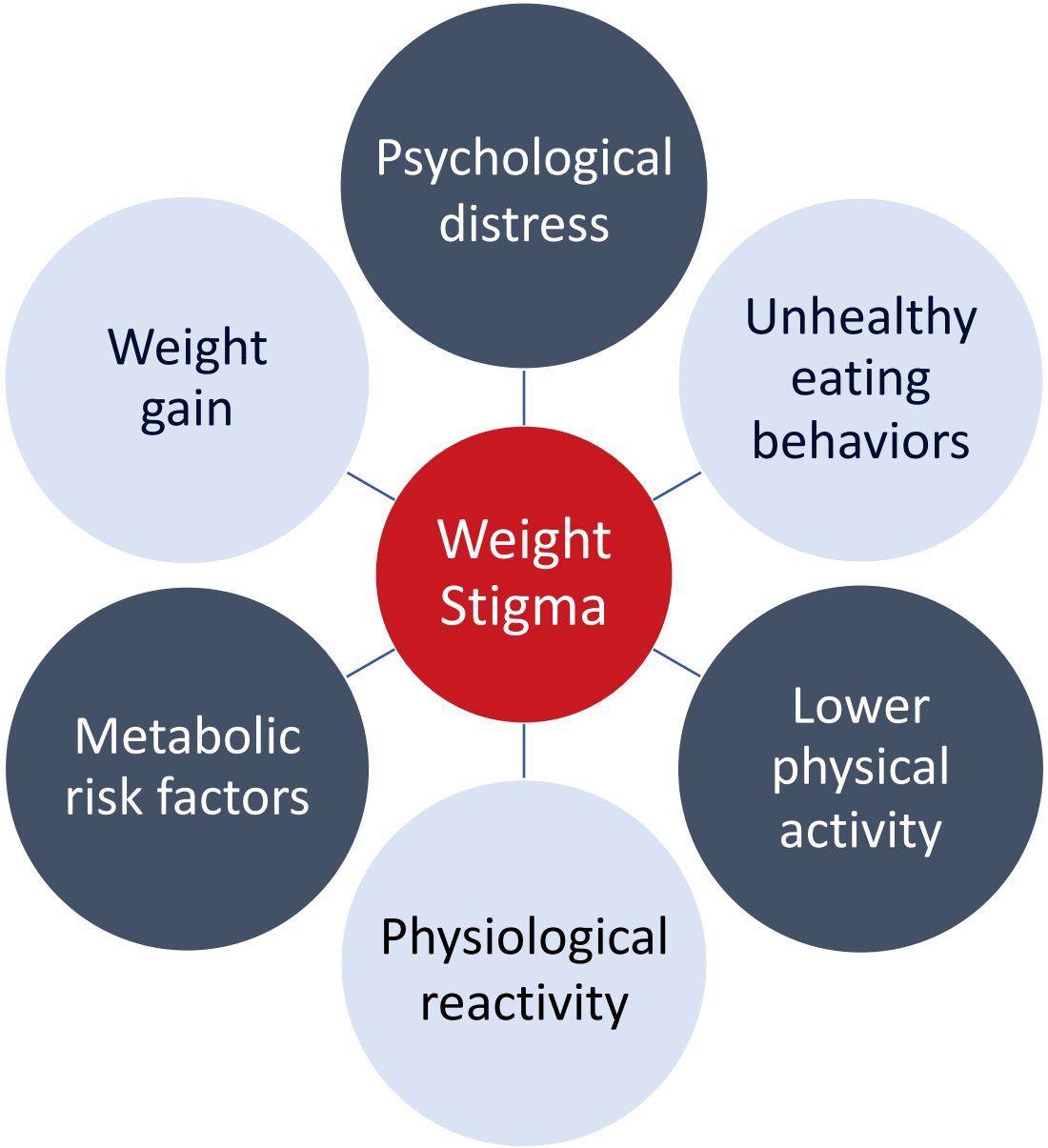
How does weight stigma affect people's health?



Emmer et al., Obes Rev 2020; Udo & Grilo, J Psychosom Res 2017; Wu & Berry, J Adv Nurs 2018; Zhu et al., Stigma and Health 2022.

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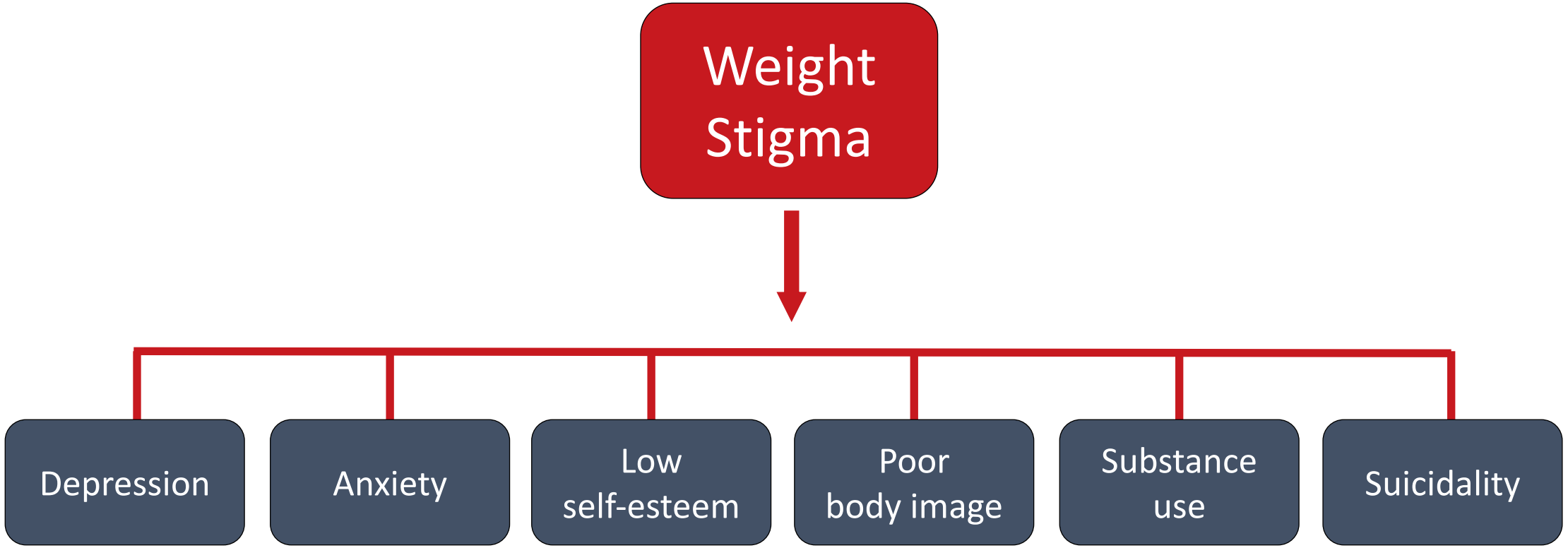
Psychological distress



Alimoradi et al., *Clin Nutr* 2019; Emmer et al., *Obes Rev* 2020; Hatzenbuehler et al., *Obesity* 2009; Hunger et al., *Stigma and Health* 2020.

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Weight gain and obesity

Longitudinal Evidence

Project EAT-IV
(*Eating & Activity in Teens and Young Adults*)

N=1,830 adolescents followed for 15 years

Adolescence	Adulthood
Weight-based teasing in adolescence (mean age: 15 years) →	Odds of obesity 2x higher in both women and men (mean age: 31 years)

*Adjusted for baseline body weight, race, SES, and age

Puhl, Wall, Chen, Austin, Eisenberg, Neumark-Sztainer. *Prev Med* 2017

English Longitudinal Study of Ageing

N=2,944 adults aged >50 followed for 6 years

Perceived weight discrimination →

Significant increases in:
- body weight
- waist circumference
- odds of developing obesity

*Adjusted for baseline BMI, age, sex, and wealth

Jackson, Beeken, Wardle. *Obesity* 2014

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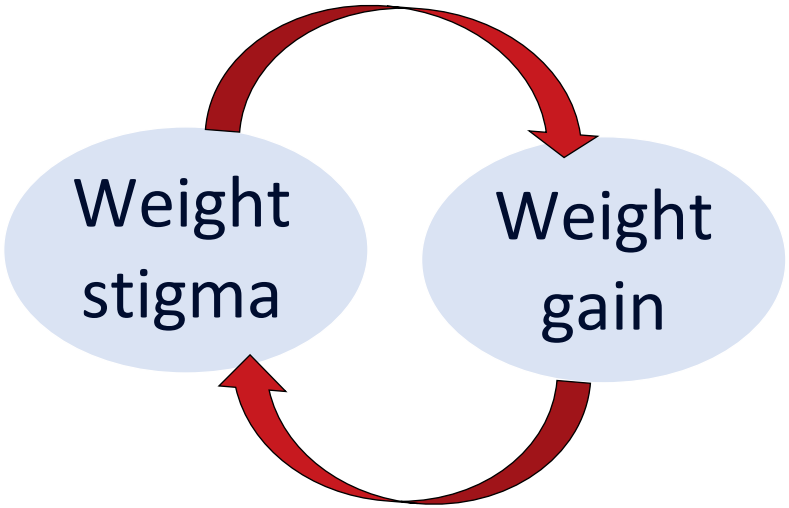
Weight gain and obesity



Experiencing weight stigma predicts increased weight gain and obesity over time, regardless of baseline BMI, age, race/ethnicity, and socioeconomic factors.

Weight stigma is a psychosocial consequence of obesity, but also a psychosocial contributor to obesity.

Hunger & Tomiyama, *JAMA Pediatr* 2014; Jackson et al., *Obesity* 2014; Puhl et al., *Am Psychol* 2020; Sutin & Terracciano, *Plos One* 2013.

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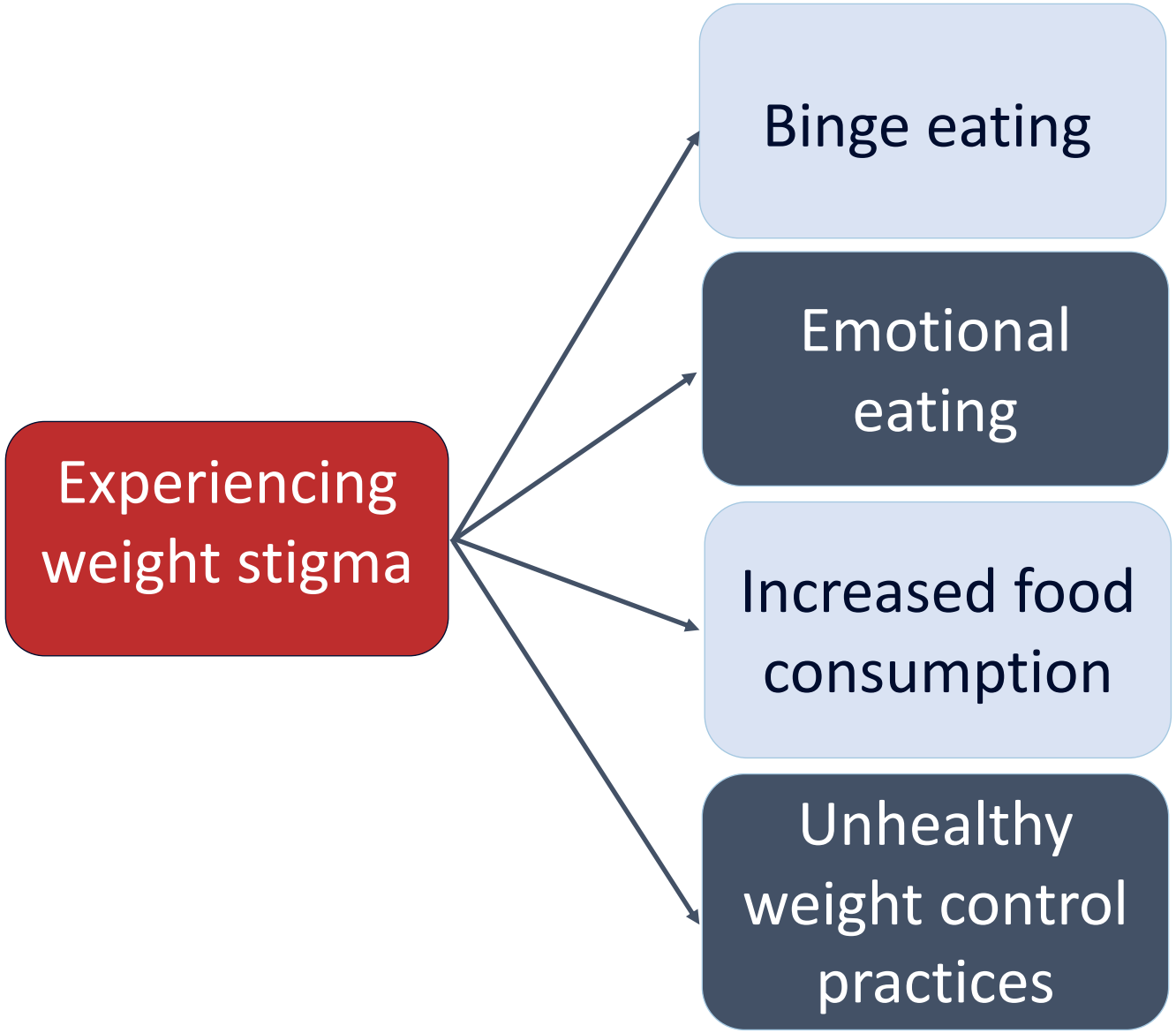
Weight stigma leads to unhealthy eating behaviors



Araiza & Wellman, *Appetite* 2017; Lee et al., *Int J Obes* 2021; Nolan & Esherman, *Appetite* 2016; Puhl et al., *Prev Med* 2017; Schvey et al., *Obesity* 2011; Vartanian & Porter, *Appetite* 2016; Wellman et al., *Appetite* 2019.

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Eating as a coping response to weight stigma

N=2,449 women in a self-help weight loss support program

"How do you cope with weight stigma experiences?"

79% reported eating:

"turning to food" as coping mechanism

Puhl & Brownell, *Obesity* 2006

N=2,378 adults in a national community sample

Increased weight stigma

↓

Coped by engaging in:
Disordered eating behaviors
Increased eating and food intake

Himmelstein et al., *Am J Prev Med* 2017.

These coping responses can become long-term patterns in reaction to weight stigma

Puhl et al., *Prev Med* 2017.

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Lower physical activity

Negative feelings about engaging in physical activity

Lower intentions to be physically active

Avoidance of exercise

Bevan et al., I*nt J Environ Res Public Health* 2021; Han et al., *BMC Obesity* 2018; Pearl et al., *Obesity* 2021

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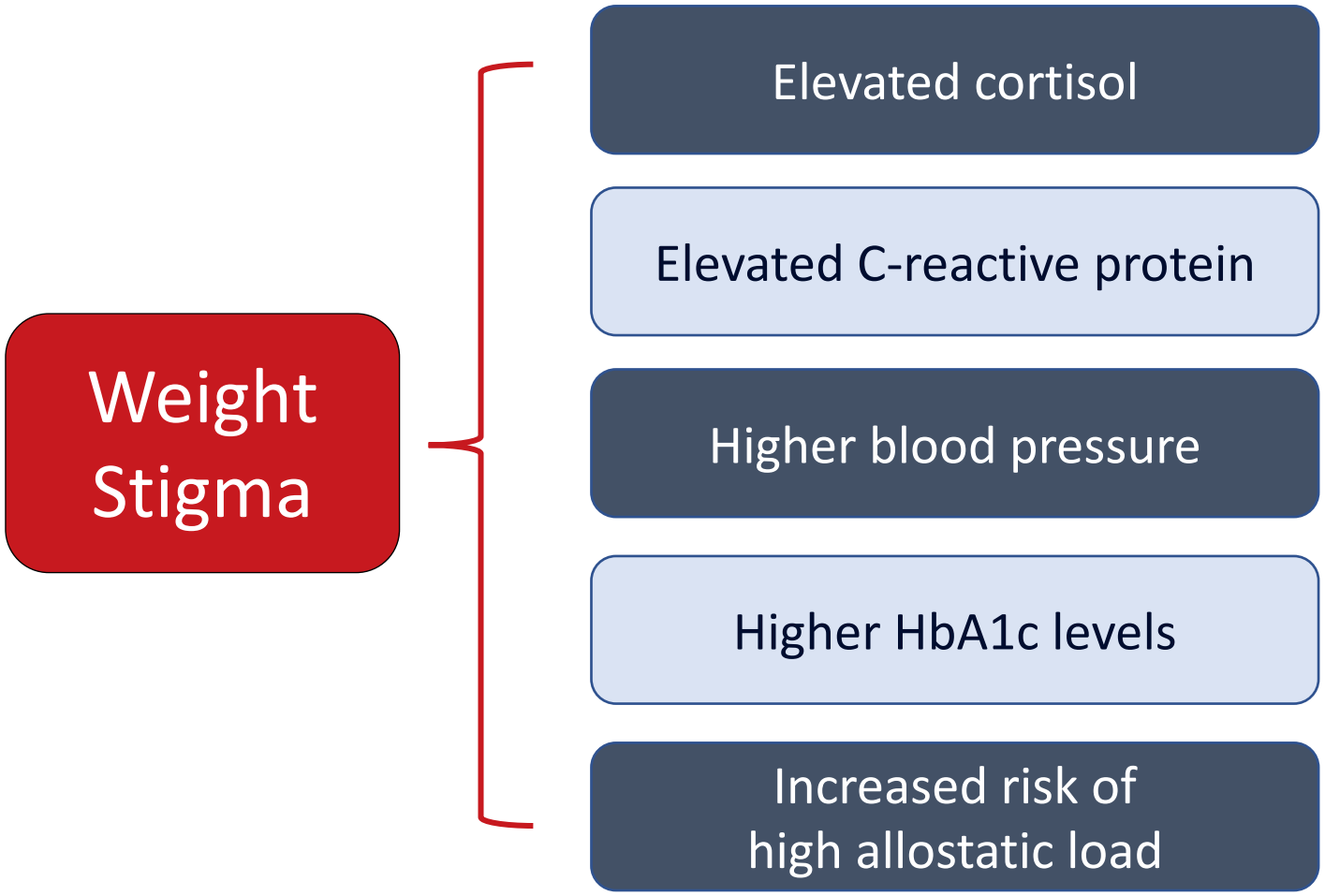
Physiological reactivity



Increased risk of mortality independent of BMI

Daly et al., *Psychol Sci* 2019; Jackson & Steptoe, *Psychoneuroendocrinology* 2018; Jackson et al., *Obesity* 2016; McCleary-Gaddy et al., *Ann Beh Med* 2018; Nicolau et al., *Physiol Behav* 2023; Sutin et al., *Obesity* 2014; Sutin et al., *Psychol Sci* 2015; Tomiyama, *Ann Rev Psychol* 2019; Tomiyama et al., *BMC Med* 2018; Tomiyama et al., *Health Psychol* 2014; Tsenkova et al., *Ann Behav Med* 2011; Vadiveloo & Mattei, *Ann Behav Med* 2017.

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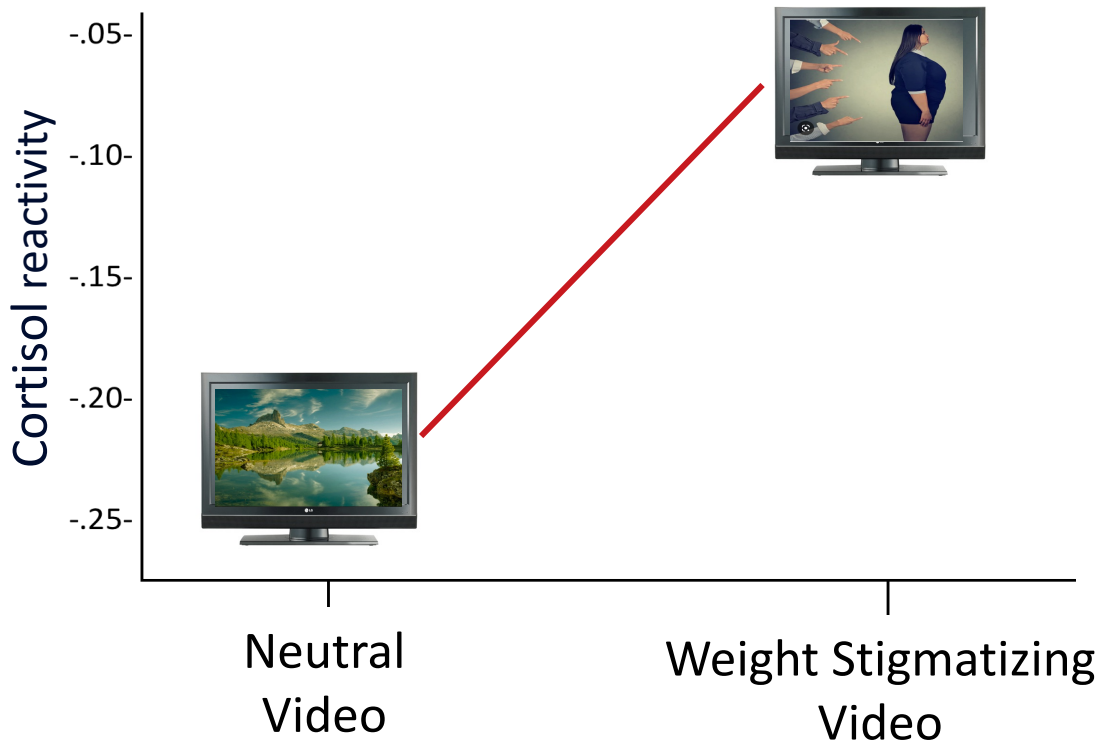
Media exposure to weight stigma increases physiological reactivity

Cortisol Reactivity



N = 128 women of different body sizes

Schvey et al., *Psychsom Med* 2014

Blood Pressure

versus

Weight stigmatizing video

Neutral video

For women with high blood pressure, watching the stigmatizing video led to increases in:

- Systolic blood pressure
- Diastolic blood pressure
- Ambulatory blood pressure
- Heart rate

N = 50 women with obesity, with either normal or high blood pressure

Panza et al., *J Psychom Res* 2023

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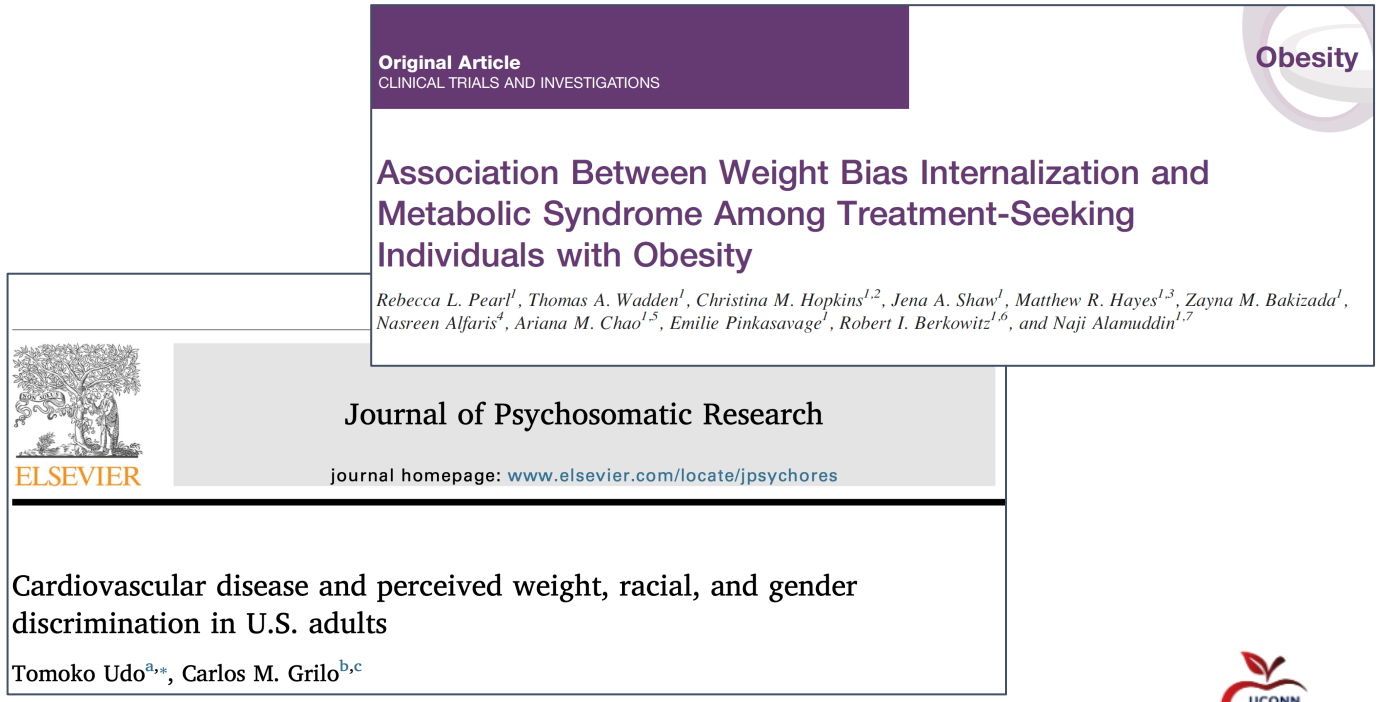
Poor cardio-metabolic health

Weight stigma may increase risk of:

- Metabolic syndrome
- Cardiovascular disease
- Myocardial infarction



Original Article
CLINICAL TRIALS AND INVESTIGATIONS

Obesity

Association Between Weight Bias Internalization and Metabolic Syndrome Among Treatment-Seeking Individuals with Obesity

Rebecca L. Pearl[1], Thomas A. Wadden[1], Christina M. Hopkins[1,2], Jena A. Shaw[1], Matthew R. Hayes[1,3], Zayna M. Bakizada[1], Nasreen Alfaris[4], Ariana M. Chao[1,5], Emilie Pinkasavage[1], Robert I. Berkowitz[1,6], and Naji Alamuddin[1,7]

ELSEVIER

Journal of Psychosomatic Research

journal homepage: www.elsevier.com/locate/jpsychores

Cardiovascular disease and perceived weight, racial, and gender discrimination in U.S. adults

Tomoko Udo[a,*], Carlos M. Grilo[b,c]

Pearl et al., *Obesity* 2017; Udo & Grilo, *J Psychosom Res* 2017

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Internalization of weight bias

Societal and/or interpersonal experiences of weight stigma

Negative external judgments become an internalized process of negative self-judgment

- Awareness of stereotypes
- Apply stereotypes to oneself
- Self-directed stigma and self-blame

Prunty et al., *Obes Res Clin Pr*act 2020; Puhl et al., *Obesity* 2018.

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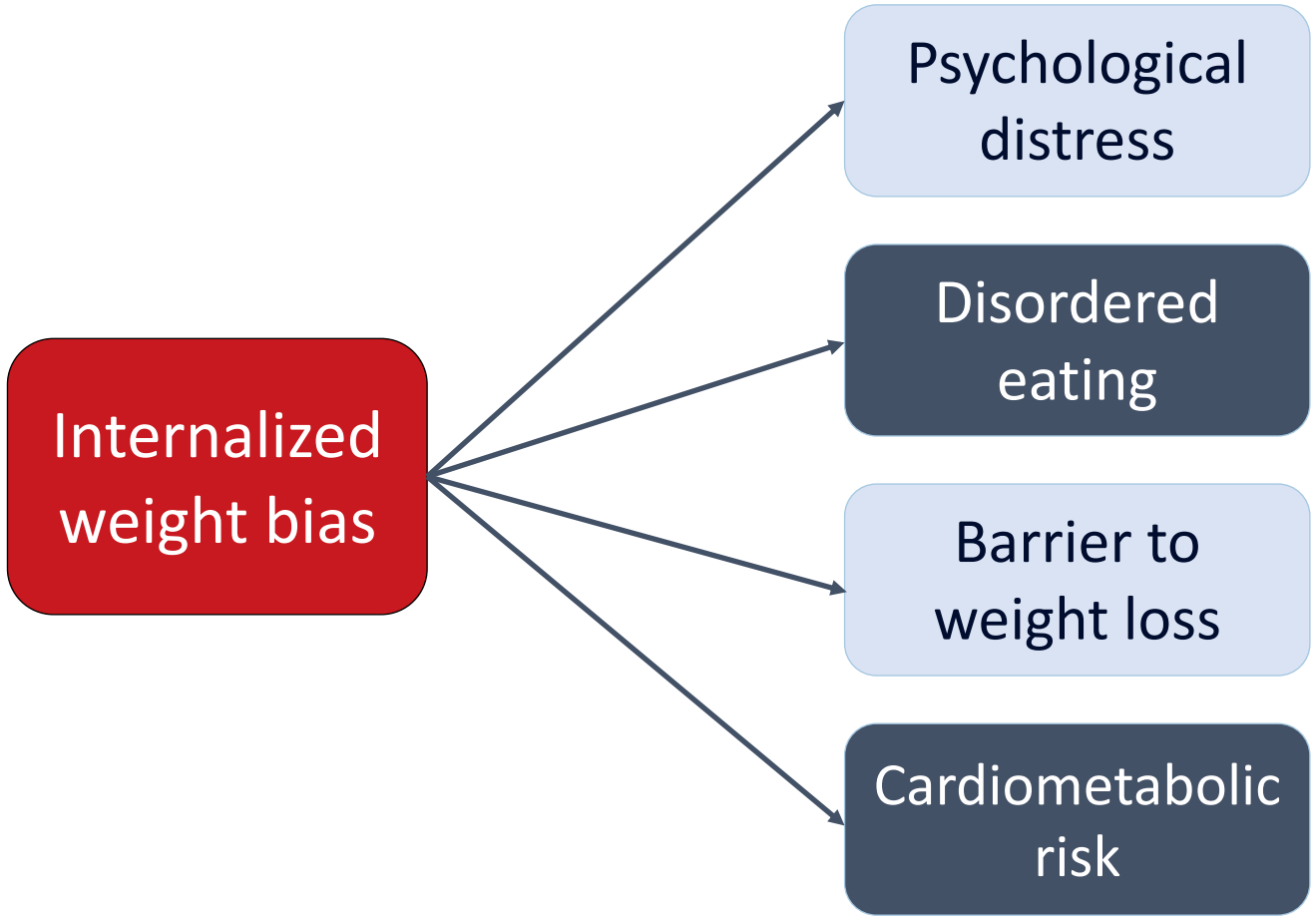
Internalized weight bias and health



Findings persist after accounting for BMI and experienced stigma

Bidstrup et al., *Int J Obes* 2022; Hayward et al., *Obesity* 2018; Keirns et al., *Stigma and Health* 2022; O'Brien et al., *Appetite* 2016; Pearl & Puhl, *Obes Rev* 2018; Pearl et al., *Soc Sci Med Popul Health* 2021; Pearl et al., *Obesity* 2017; Prunty et al., *Int J Obes* 2023.

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Interferes with weight management

- National, community sample of 549 adults who reported intentional weight loss of ≥10% in the past year
- 314 maintained weight loss, 235 re-gained weight:

What factors are related to weight loss maintenance (WLM)?

Demographics	*Behaviors*	Weight stigma
Age, Sex	Eating breakfast	Experienced stigma
Race/ethnicity	Dietary monitoring	Internalized stigma
Education	Self-weighing	
Income	Physical activity	
↓	↓	↓
Some predictive value for WLM	Did not predict WLM outcomes	Unique predictive value for WLM

Lillis et al., *J Health Psychol* 2020; Olson et al., *Obesity* 2018; *Puhl et al., *Ann Behav Med* 2017

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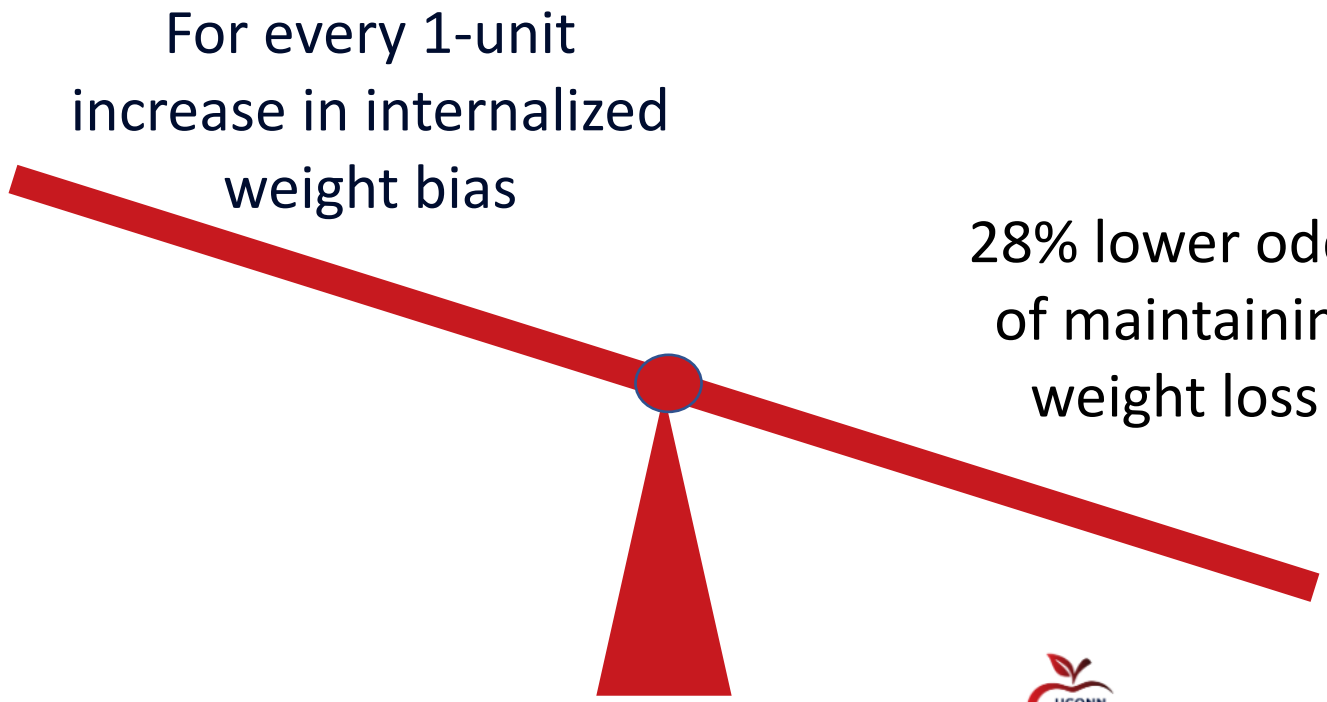
Internalized weight bias interferes with weight management

Internalized weight bias impairs efforts to sustain weight loss, independent of how much stigma people experience:



Puhl, Quinn, Weisz, Suh. *Ann Beh Med*. 2017

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Creates barriers for weight management

- U.S. adults engaged in weight management (N=18,769)
- Internalized weight bias was associated with:

Lower odds of achieving 5%-15% weight loss

Higher odds of 5%-10% weight gain

Poorer weight management behaviors, less food monitoring, lower eating self-efficacy

*Controlled for age, sex, race/ethnicity, education, marital status, BMI, overweight onset, program duration

Pearl et al., *Ann Behav Med* 2020; Pearl et al., *Soc Sci Med Popul Health* 2021.

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Internalized weight bias and coping strategies

Internalizing weight bias is associated with:

more use of maladaptive coping *strategies in response to stigma*

Maladaptive Coping:
- Avoiding exercise
- Disordered eating
- Self-blame
- Disengagement

less use of adaptive coping *strategies in response to stigma*

Adaptive Coping:
- Self-acceptance
- Positive self-talk
- Emotional support

Himmelstein et al., *Int J Behav Med* 2020; Himmelstein et al., *Health Psychol* 2018; Hayward et al., *Obesity* 2018

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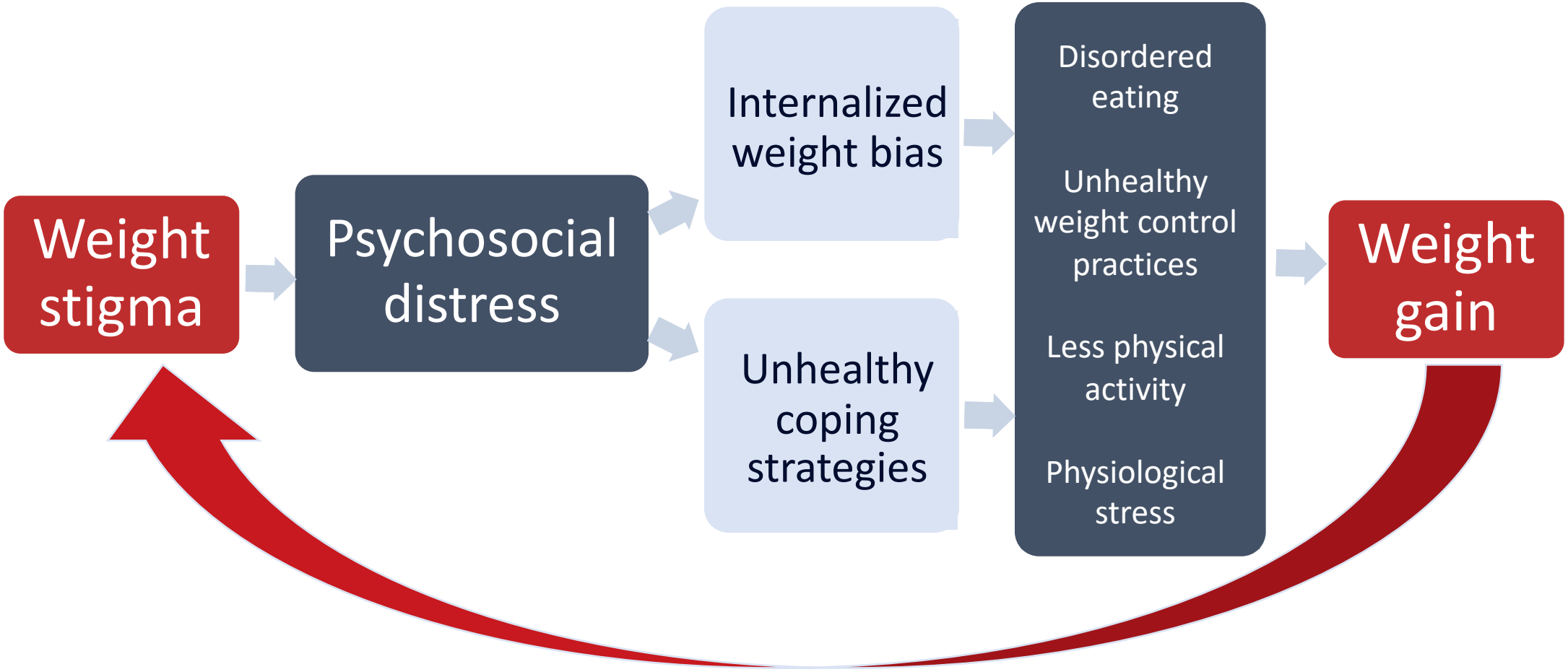
Pathway from weight stigma to weight gain



Puhl et al., *Am Psychol* 2020

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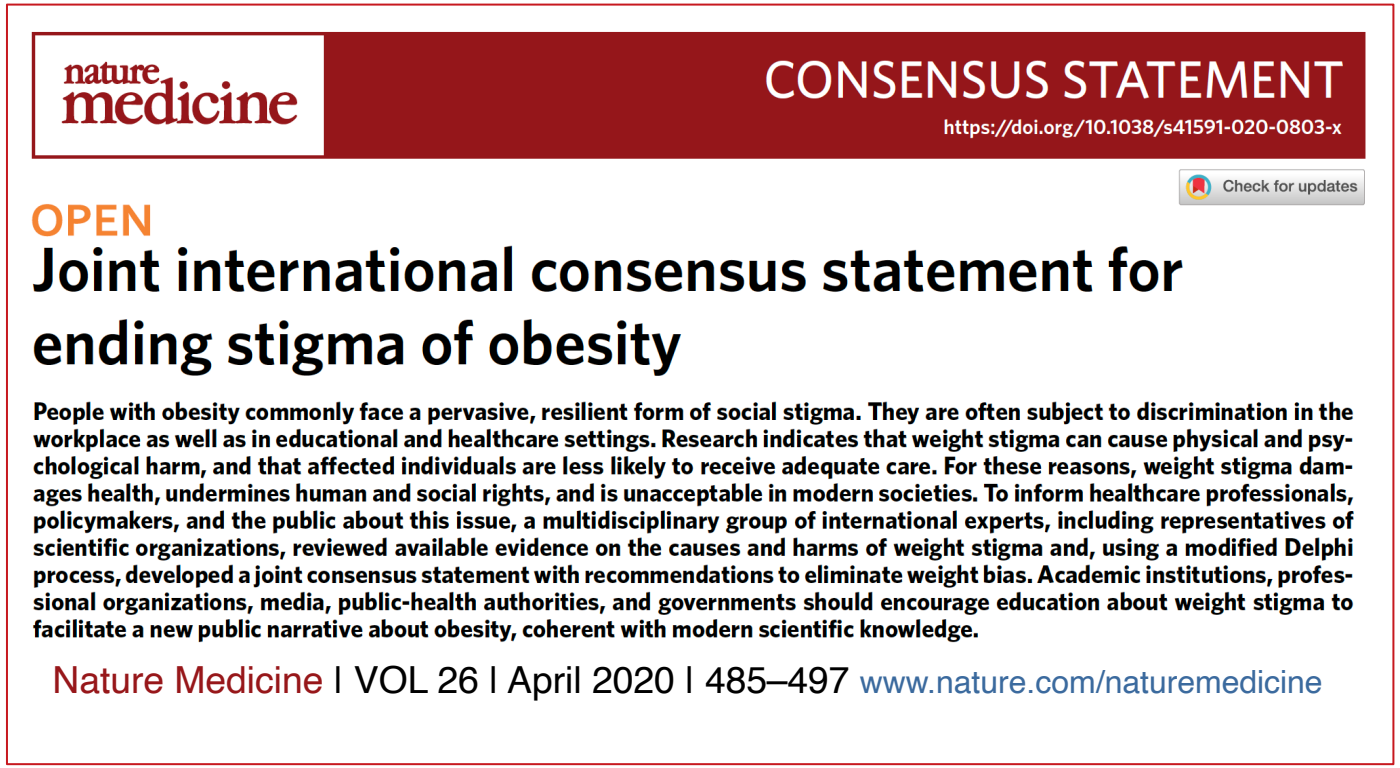
Weight stigma is a public health issue



nature medicine

CONSENSUS STATEMENT

https://doi.org/10.1038/s41591-020-0803-x

Check for updates

OPEN

Joint international consensus statement for ending stigma of obesity

People with obesity commonly face a pervasive, resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies. To inform healthcare professionals, policymakers, and the public about this issue, a multidisciplinary group of international experts, including representatives of scientific organizations, reviewed available evidence on the causes and harms of weight stigma and, using a modified Delphi process, developed a joint consensus statement with recommendations to eliminate weight bias. Academic institutions, professional organizations, media, public-health authorities, and governments should encourage education about weight stigma to facilitate a new public narrative about obesity, coherent with modern scientific knowledge.

Nature Medicine | VOL 26 | April 2020 | 485–497 www.nature.com/naturemedicine

Endorsed by over 100 professional scientific and medical organizations:

"Weight stigma represents a major obstacle in efforts to effectively prevent and treat obesity and type 2 diabetes. Tackling stigma is not only a matter of human rights and social justice, but also a way to advance prevention and treatment of these diseases."

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Research evidence documenting weight stigma in the healthcare setting highlights this as a complex problem that creates barriers for effective patient care.

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Healthcare professionals

Express stereotypes that patients with higher weight are:

- Lazy
- Unmotivated
- Lacking self-control
- Lacking willpower
- At fault for their weight
- Poor at self-management
- Less compliant

Doctors*
Nurses
Dietitians
Obstetricians
Mental health professionals
Physiotherapists
Occupational therapists
Exercise physiologists
Medical students

*Levels of weight bias in doctors are similar to the general population

(Sabin, Marini, & Nosek, *PLoS One* 2012)

Huizinga et al., *Obesity* 2010; Incollingo Rodriguez et al., BMC Pregnancy Childbirth, 2020; Jungnickel et al., *Ther Adv Endocrinol Metab* 2022; Lawrence et al., *Obesity* 2021; Mold & Forbes, *Health Expect* 2013; Mulherin et al., *BMC Pregnancy Childbirth*, 2013; Panza et al., *Obes Rev*, 2018; Phelan et al., *Obesity* 2014; Sabin, Marini, & Nosek, *PLoS One,* 2012; Tomiyama et al., *Obesity* 2015; Zaroubi, Samaan, & Alberga, *J Obes* 2021.

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Patients view healthcare professionals as common sources of weight stigma

Patient Sample (N)	Source of Weight Stigma	% of Patients Reporting Stigma
Adults engaged in commercial weight management (N=13,996)[1]	Doctors Nurses Dietitians	67% 32% 28%
Adults engaged in commercial weight management (N=18,796)[2]	Healthcare Professionals	46%
Women enrolled in a weight loss support organization (N=2,449)[3]	Doctors Nurses	69% 46%
Adults with type 2 diabetes (N=1,212)[4]	Doctors	44%
Patients with obesity (N=178)[5]	Healthcare Professionals	52%
Postoperative bariatric surgery patients (N=300)[6]	Doctors Nurses	62% 45%

[1]Puhl et al., *PLoS One* 2021; [2]Pearl et al., *Obes Sci Pract* 2019; [3]Puhl & Brownell, *Obesity* 2006; [4]Himmelstein & Puhl, *Diabet Med* 2021; [5]Pearl et al., *Obes Facts* 2018; [6]Raves et al., *Front Psychol* 2016.

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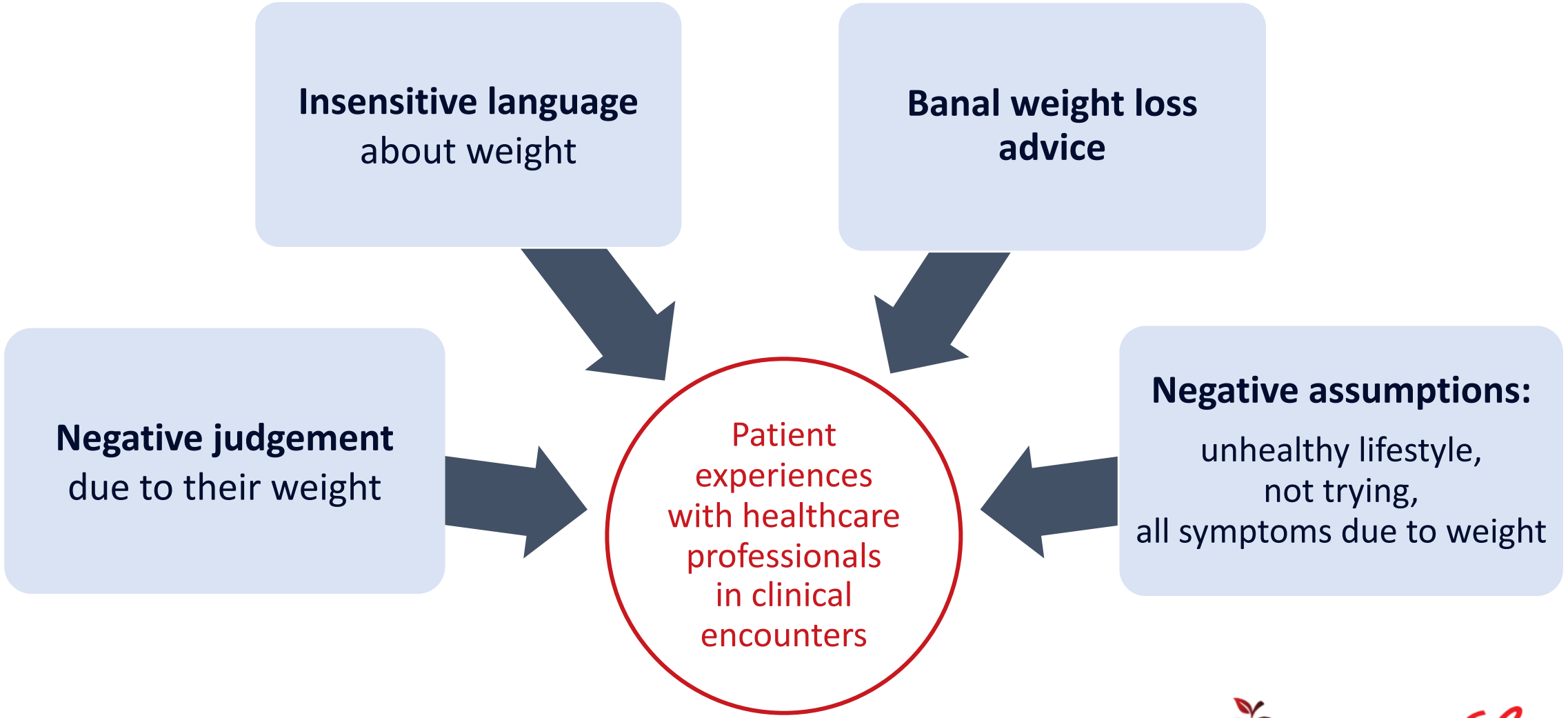
Weight stigma hinders healthcare delivery

Compared to healthcare delivery with lower BMI patients, when interacting with higher weight patients, clinicians:

- Spend less time in appointments
- Demonstrate less rapport
- Engage in less patient-centered communication
- Engage in less discussion and intervention
- Report lower respect for patients as their BMI increases

Amy et al., *Int J Obesity* 2006; Gudzune et al., *Patient Educ Counsel* 2014; Gudzune et al., *Obesity* 2013; Hebl & Xu, *Int J Obesity* 2001; Huizinga et al., *J Gen Intern Med* 2009; Phelan et al., *Obes Rev* 2015; Tilburt et al., *Patient Educ Counsel* 2019; Wong et al., *Patient Educ Counsel*, 2015.

Patient perspectives of clinical encounters



Ananthakumar et al., *Clin Obes* 2020; Farrell et al., *Obes Rev* 2021; Gudzune et al., *Pat Educ Couns* 2014; Incollingo Rodriguez et al., *BMC Pregnancy Childbirth*, 2020; Mold & Forbes, *Health Expect* 2013; Sagi-Dain et al., *Isr J Health Policy Res* 2022.

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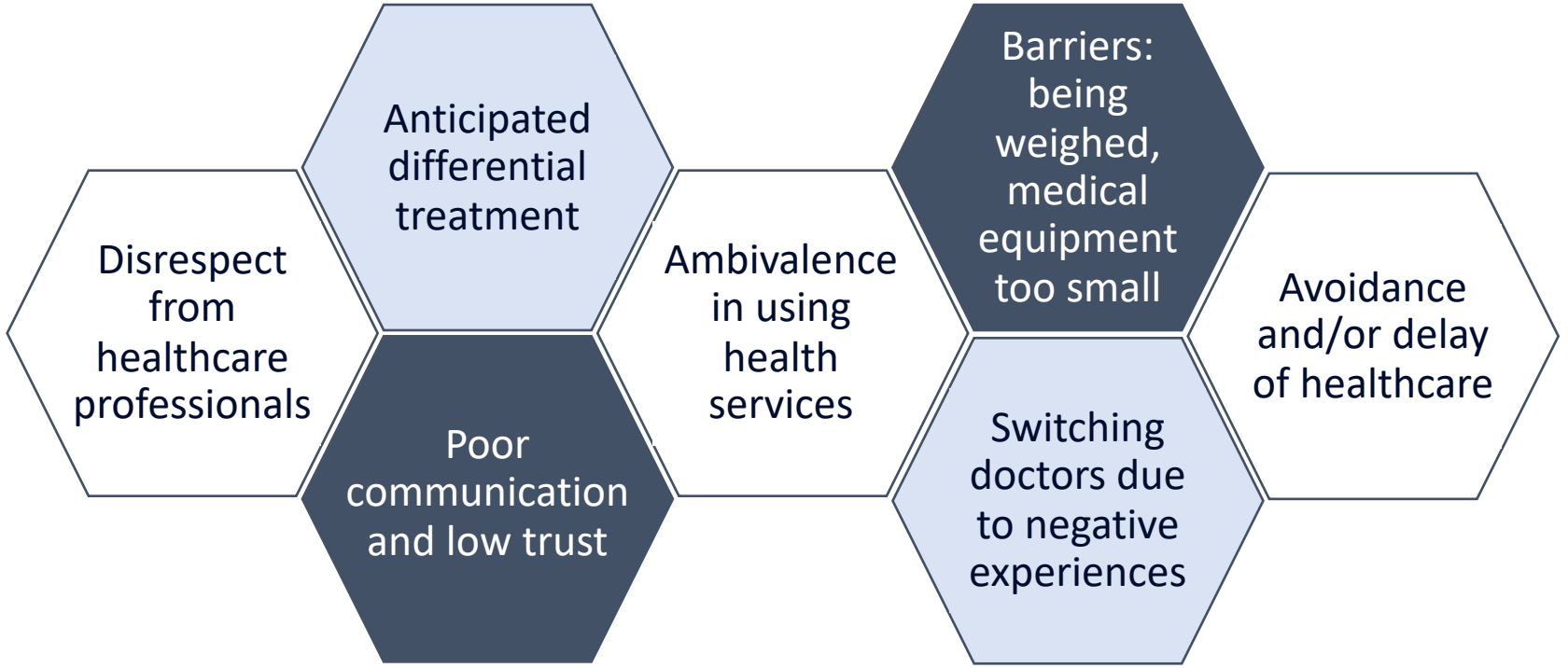
Patient experiences in primary care

Additional stigma-related themes affecting patient experiences in primary care[1]:



With each increase in a patient's BMI category, there is approximately a 2-fold increased likelihood of perceiving stigma in primary care[2]

[1]Alberga et al., *Primary Health Care Research & Development* 2019

[2]Ferrante et al., *Obes Sci Pract* 2016

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Patient avoidance of healthcare

N=498 White and Black women with BMI>25

- *Disrespect from healthcare professionals*
- *Unsolicited advice to lose weight*
- *Medical equipment too small for body*
- *Embarrassment at being weighed*

Contribute to delay and avoidance of preventive healthcare

Amy et al., *Int J Obesity* 2006

N=2380 primary care patients with BMI>25

- *Stigma experienced in healthcare*
- *Lower patient-centered communication*
- *Lower perceived respect from clinicians*

Mediate associations between patient BMI, avoidance of healthcare, and changing doctors

Phelan et al., *Obes Sci Pract* 2021

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Clinician communication plays a role

If your doctor referred to your (or your child's) weight in a way that makes you feel stigmatized, how would you react?

Reaction to stigmatizing language	Adults (N=1,064)	Parents (N=445)
Seek a new doctor who is more sensitive about weight	21%	35%
Avoid future appointments with my doctor	19%	24%

Puhl, Peterson, & Luedicke, *Pediatrics* 2011; Puhl, Peterson, & Luedicke, Int J Obesity, 2013

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Internalized weight bias (IWB) plays a role

N=313 women (mean BMI=28)

Higher IWB

↓

Body-related guilt
Body-related shame

↓

Healthcare stress
Healthcare avoidance

Mensinger et al., *Body Image* 2018

N=13,996 adults in commercial weight loss program (mean BMI=30)

Higher IWB

↓

Healthcare avoidance
Less frequent checkups
Lower quality of care

Puhl et al., *PLoS One* 2021

N=120 patients in a medical weight loss program (mean BMI=41)

Higher IWB

↓

Higher clinical attrition

Verhaak et al., *Int J Obesity* 2022

All studies accounted for demographics and relevant covariates

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Addressing weight stigma in clinician-patient interactions

Strategies to reduce weight stigma in healthcare must address communication:

- Self-awareness of bias
- Education about stigma
- Respectful language
- Supportive counseling
- Patient-centered approaches

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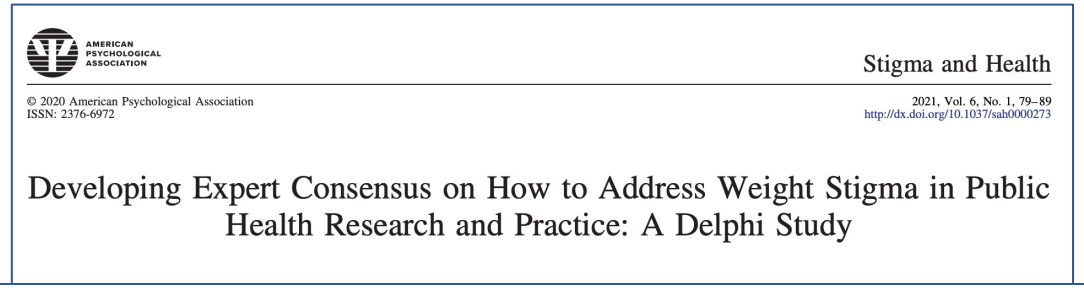
A call to action



AMERICAN PSYCHOLOGICAL ASSOCIATION

Stigma and Health

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http://dx.doi.org/10.1037/sah0000273

Developing Expert Consensus on How to Address Weight Stigma in Public Health Research and Practice: A Delphi Study

ASO

THE ASSOCIATION FOR THE STUDY OF OBESITY

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ASO Position Statement: Weight stigma and discrimination

nature medicine

CONSENSUS STATEMENT

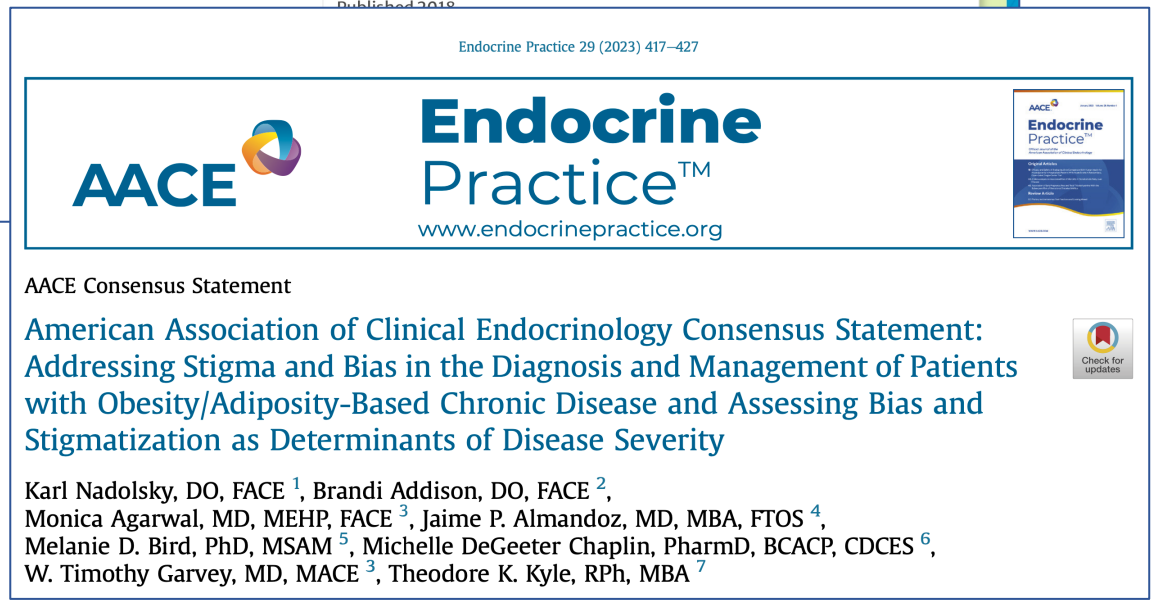
https://doi.org/10.1038/s41591-020-0803-x

Check for updates

OPEN

Joint international consensus statement for ending stigma of obesity

Francesco Rubino[1,2] ✉, Rebecca M. Puhl[3,47], David E. Cummings[4,5,47], Robert H. Eckel[6,7], Donna H. Ryan[8], Jeffrey I. Mechanick[9,10], Joe Nadglowski[11], Ximena Ramos Salas[12,13], Phillip R. Schauer[8], Douglas Twenefour[14], Caroline M. Apovian[15,16], Louis J. Aronne[17], Rachel L. Batterham[18,19,20], Hans-Rudolph Berthoud[21], Camilo Boza[22], Luca Busetto[23], Dror Dicker[24,25], Mary De Groot[26], Daniel Eisenberg[27], Stuart W. Flint[28,29], Terry T. Huang[30,31], Lee M. Kaplan[32], John P. Kirwan[33], Judith Korner[34], Ted K. Kyle[35], Blandine Laferrère[36], Carel W. le Roux[37], LaShawn McIver[38], Geltrude Mingrone[1,39,40], Patricia Nece[11], Tirissa J. Reid[41], Ann M. Rogers[42], Michael Rosenbaum[43], Randy J. Seeley[44], Antonio J. Torres[45] and John B. Dixon[46]



Endocrine Practice 29 (2023) 417–427

AACE

Endocrine Practice™

www.endocrinepractice.org

AACE Consensus Statement

American Association of Clinical Endocrinology Consensus Statement: Addressing Stigma and Bias in the Diagnosis and Management of Patients with Obesity/Adiposity-Based Chronic Disease and Assessing Bias and Stigmatization as Determinants of Disease Severity

Check for updates

Karl Nadolsky, DO, FACE [1], Brandi Addison, DO, FACE [2], Monica Agarwal, MD, MEHP, FACE [3], Jaime P. Almandoz, MD, MBA, FTOS [4], Melanie D. Bird, PhD, MSAM [5], Michelle DeGeeter Chaplin, PharmD, BCACP, CDCES [6], W. Timothy Garvey, MD, MACE [3], Theodore K. Kyle, RPh, MBA [7]

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Improving care for patients with high weight

Assumptions and Attitudes

Awareness of Bias

Communication and Counseling

Clinic Environment

Puhl, *Gastroenterol Clin North Am* 2023.

Assumptions and Attitudes

Examine your own assumptions and attitudes about body weight:

- *What are your beliefs about body weight and people with obesity?*
- *Where do your views about body weight come from?*
- *In what ways does your own experience with body weight affect how you view people with obesity?*
- *How might your assumptions about body weight affect your interactions with patients?*
- *How might your views about obesity affect decision making with regard to patient care?*

UConn Rudd Center, *Weight Bias in Clinical Care* 2016.

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Acknowledge complex etiology of obesity

Causal attributions for obesity:

- Individual choices, behaviors
- Lack of self-discipline, willpower, motivation

→ Increases stereotyping and stigma of people with high body weight

Interaction of environmental, genetic, biological, societal, psychological & behavioral factors

→
- Reduces weight stigma
- Improves understanding of complex etiology

→ For patients with high body weight:
- Reduces self-blame
- Increases self-efficacy for health behavior change

Ebneter et al., *Pers Individ Dif* 2011; Lippa & Sanderson, *Obesity* 2012; O'Brien et al., *Obesity* 2010; Pearl & Lebowitz, *Psychol Health* 2014; Persky & Eccleston, *Ann Beh Med* 2011.

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Awareness of implicit weight bias

Consider these questions:

How do I feel when interacting with patients of different body sizes?

How might my views about weight affect my body language, facial expressions, and reactions to patients?

How often do I consider my patient's perspectives about weight and their prior experiences?

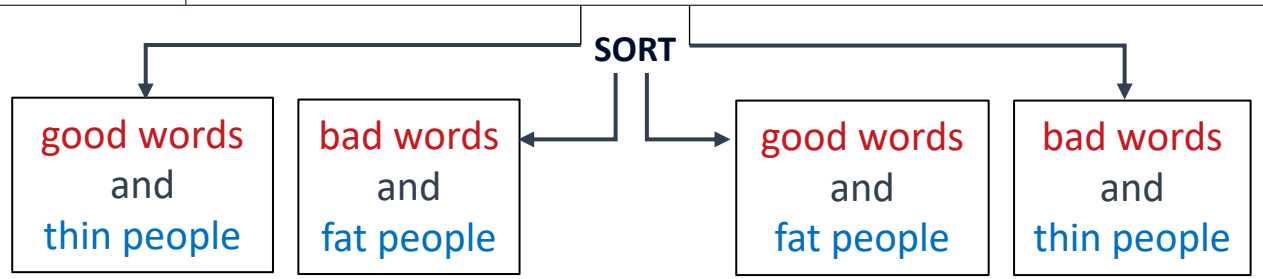
Be aware of how your assumptions and attitudes about weight can affect your:

- Body language
- Tone of voice
- Facial expressions
- Gestures
- Eye contact
- Spatial distance
- Comments about weight

UConn Rudd Center, *Weight Bias in Clinical Care* 2016.

Implicit Associations Test (IAT)

Category	Items
Good words	Friendship, Delightful, Love, Attractive, Happy, Beautiful, Friend, Smiling
Bad words	Sick, Disaster, Annoy, Selfish, Horrible, Scorn, Horrific, Negative
Fat people	
Thin people	



To take the IAT, visit:

https://implicit.harvard.edu

Project Implicit https://implicit.harvard.edu/implicit/iatdetails.html

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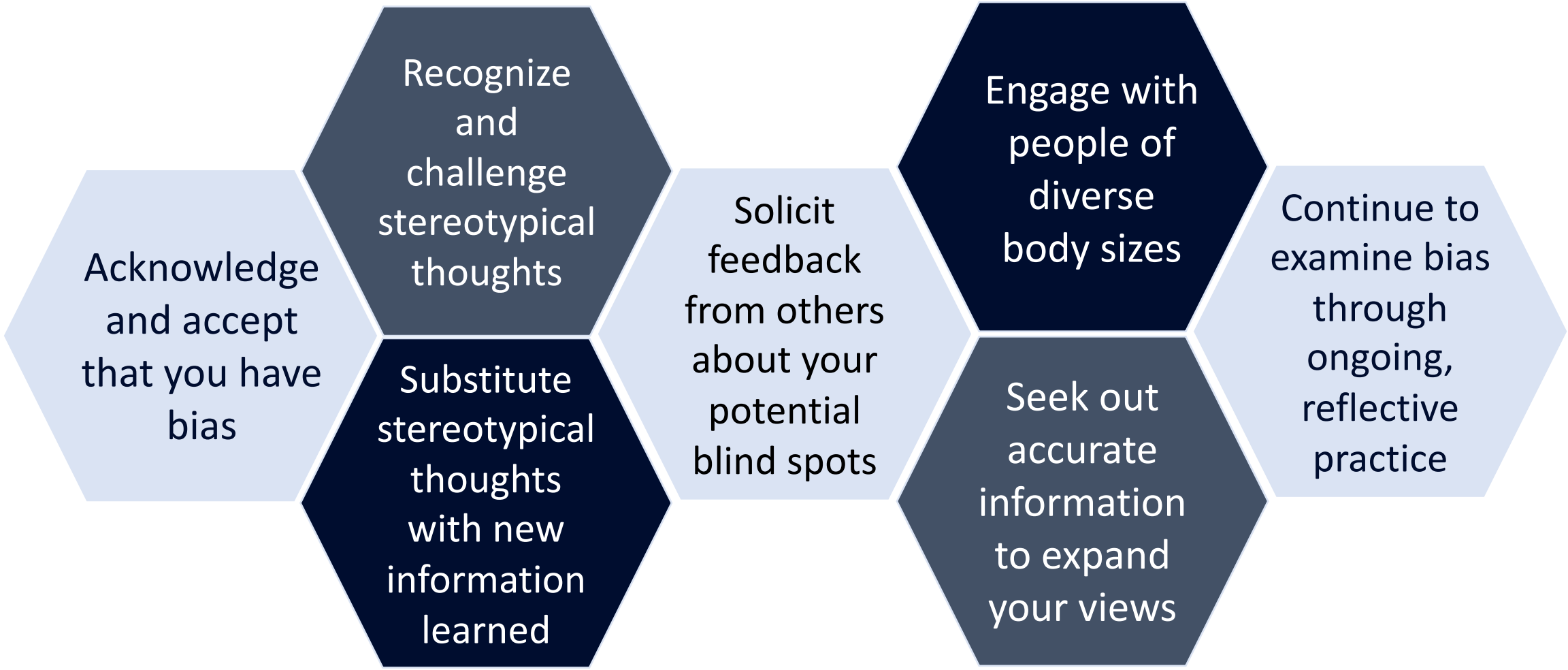
Practice conscious awareness



Gonzalez et al., *Med Teach* 2021; Gopal et al *Future Healthc J* 2021; Marcelin et al., *J Infect Dis* 2019; National Center of Cultural Competence.

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Supportive and Respectful Communication

- Respectful terminology and patient-centered language
- Emphasis on health and health behaviors
- Active and reflective listening
- Motivational interviewing

Puhl, *Obes Rev* 2020; Puhl, *Gastroenterol Clin North Am* 2023;
UConn Rudd Center, *Weight Bias in Clinical Care* 2016.

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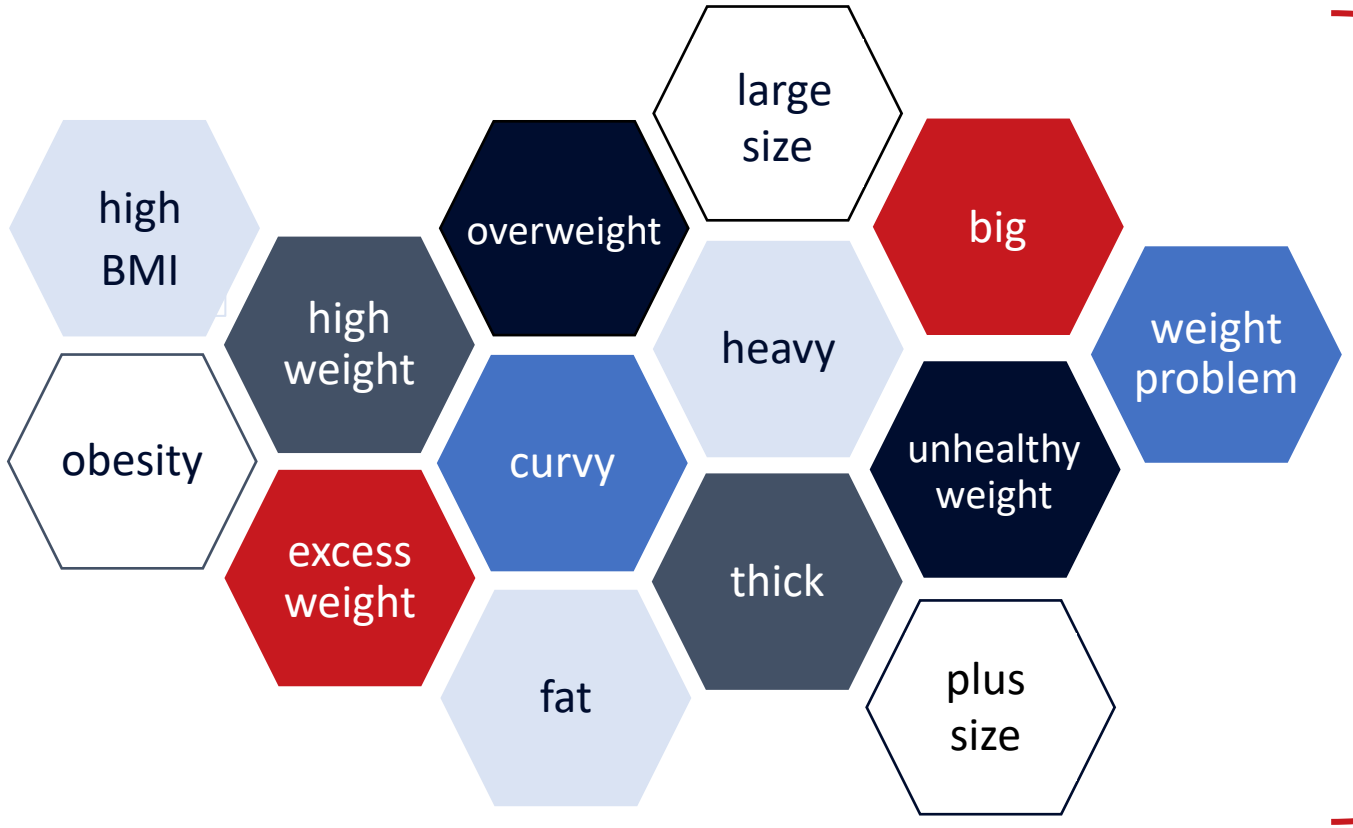
Respect diverse word preferences



People have different word preferences, which can vary according to their:

- sex
- race and ethnicity
- age
- weight status
- prior experiences with weight

Puhl, *Obes Rev* 2020; Meadows & Danielstottir, *Front Psychol* 2016; Brown & Flint, *Clin Obes* 2021.

Use neutral words to describe weight

- There is not a universally acceptable word or phrase for higher weight
- Default to neutral words

Puhl, *Obes Rev* 2020; Meadows & Danielstottir, *Front Psychol* 2016; Brown & Flint, *Clin Obes* 2021.

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Begin the conversation by asking permission

Acknowledge that weight is a sensitive topic, and why this discussion may be important for the patient's health:

For some people, _____ [weight-related health condition] can be influenced by their weight. I know that it can sometimes be difficult to discuss weight.

Ask the patient permission to discuss their weight:

Would it be okay if we talk about your weight today?

If the patient does not want to discuss weight, respect their decision:

That is okay.

followed by:

I'm here if you change your mind and would like to talk about this in the future.

Puhl, *Obes Rev* 2020; Stop Obesity Alliance, *Why weight? A guide to discussing obesity and health with your patients.*

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Ask patients what words they prefer

If your patient agrees to discuss weight, ask what words they prefer you use:

You can say this:

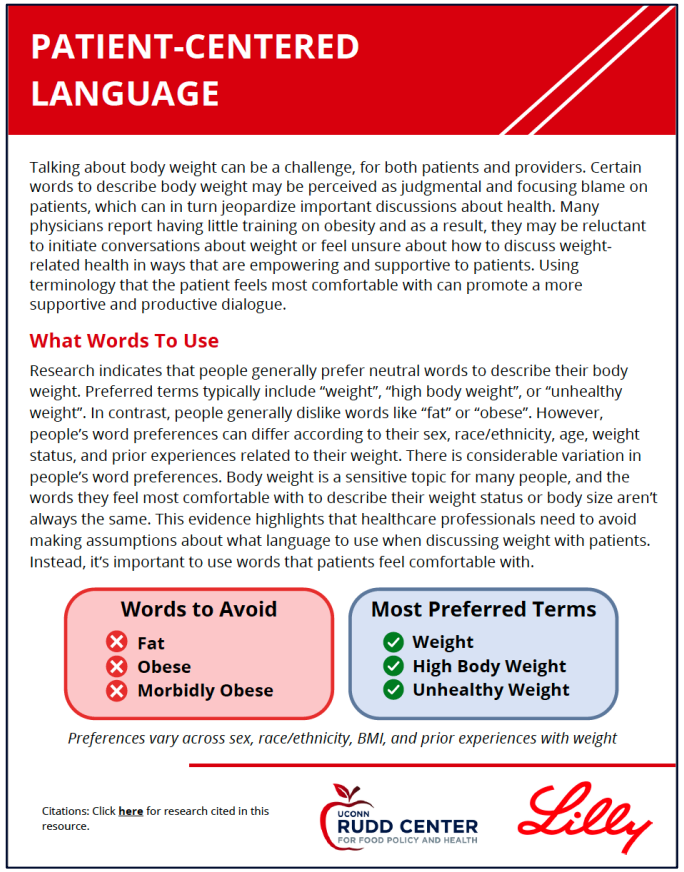
People have different preferences when it comes to the words used to describe their body weight.

Are there words that you would prefer I use to talk about your weight?

or

What words would you feel most comfortable with as we talk about your weight?

Downloadable Handout



PATIENT-CENTERED LANGUAGE

Talking about body weight can be a challenge, for both patients and providers. Certain words to describe body weight may be perceived as judgmental and focusing blame on patients, which can in turn jeopardize important discussions about health. Many physicians report having little training on obesity and as a result, they may be reluctant to initiate conversations about weight or feel unsure about how to discuss weight-related health in ways that are empowering and supportive to patients. Using terminology that the patient feels most comfortable with can promote a more supportive and productive dialogue.

What Words To Use

Research indicates that people generally prefer neutral words to describe their body weight. Preferred terms typically include "weight", "high body weight", or "unhealthy weight". In contrast, people generally dislike words like "fat" or "obese". However, people's word preferences can differ according to their sex, race/ethnicity, age, weight status, and prior experiences related to their weight. There is considerable variation in people's word preferences. Body weight is a sensitive topic for many people, and the words they feel most comfortable with to describe their weight status or body size aren't always the same. This evidence highlights that healthcare professionals need to avoid making assumptions about what language to use when discussing weight with patients. Instead, it's important to use words that patients feel comfortable with.

Words to Avoid

- Fat
- Obese
- Morbidly Obese

Most Preferred Terms

- Weight
- High Body Weight
- Unhealthy Weight

Preferences vary across sex, race/ethnicity, BMI, and prior experiences with weight

Citations: Click here for research cited in this resource.

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Puhl, *Obes Rev* 2020.

Use patient-centered communication

Facilitate the conversation in a non-judgmental, respectful way:

How are you feeling about your weight?

How does your weight affect your quality of life?

I'd like to learn more about your experiences with weight and health behaviors. What would be helpful for me to know?

Are there health behavior changes that you would like to make?

Let's create a plan together that works for you.

Miller & Rollnick, *Motivational interviewing: Helping People Change* 3rd ed., 2013; Freshwater et al., *Obesity Pillars* 2022.

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People-first language for obesity

INSTEAD OF:	***SAY:***
He is obese.	He has obesity.
The obese patient.	The patient with obesity.
The obese diabetic.	The patient with obesity and diabetes.
The obese population.	People who have obesity.

Endorsed by:

- American Medical Association
- American Academy of Orthopedic Surgeons
- American College of Obstetricians and Gynecologists
- American Society for Metabolic and Bariatric Surgery
- Association of Nutrition and Dietetics
- European Association for the Study of Obesity
- The Obesity Society
- Obesity Action Coalition
- Obesity Canada

American Medical Association, 2017; Kyle & Puhl, *Obesity* 2014.

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Consider language about health behaviors

INSTEAD OF:	***TALK ABOUT:***
'excuses'...	...strategies to minimize triggers
'discipline' or 'self-control'...	...ways to practice healthy habits
'cheating'...	...situations that create challenges in staying on track
'resist temptations'...	...how to cope with emotions or cravings that influence eating behaviors
'don't overindulge'...	...ways to feel satisfied, not deprived

UConn Rudd Center, *Weight Bias in Clinical Care* 2016.

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Acknowledge patients' prior experiences

Prior experiences of weight loss and weight regain

- *Many patients have previously implemented lifestyle changes*
  - Limited weight reduction
  - Weight regain
  - Frustration, shame, or discouragement

Prior experiences of weight stigma

- *Patients may have experienced weight stigma in healthcare*
  - Anticipate stigma from healthcare professionals
  - Hesitant to discuss weight
  - More likely to avoid healthcare topics or check-ups

- ✓ Acknowledge the patient's experiences
- ✓ Validate the patient's feelings
- ✓ Communicate without judgment
- ✓ Acknowledge the challenges of weight reduction
- ✓ Recognize the presence of weight stigma in society and healthcare
- ✓ Approach conversations with compassion

Puhl, *Gastroenterol Clin North Am* 2023; UConn Rudd Center, *Weight Bias in Clinical Care* 2016.

Focus on health and health behavior

AMA AMERICAN MEDICAL ASSOCIATION

AMA adopts new policy clarifying role of BMI as a measure in medicine

JUN 14, 2023

CHICAGO — Delegates at the Annual Meeting of the American Medical Association (AMA) House of Delegates adopted policy aimed at clarifying how body mass index (BMI) can be used as a measure in medicine. The new policy was part of the AMA Council on Science and Public Health report which evaluated the problematic history with BMI and explored alternatives. The report also outlined the harms and benefits of using BMI and pointed to BMI as an imperfect way to measure body fat in multiple groups given that it does not account for differences across race/ethnic groups, sexes, genders, and age-span. Given the report's findings, the new policy supports AMA in educating physicians on the issues with BMI and alternative measures for diagnosing obesity.

Under the newly adopted policy, the AMA recognizes issues with using BMI as a measurement due to its historical harm, its use for racist exclusion, and because BMI is based primarily on data collected from previous generations of non-Hispanic white populations. Due to significant limitations associated with the widespread use of BMI in clinical settings, the AMA suggests that it be used in conjunction with other valid measures of risk such as, but not limited to, measurements of visceral fat, body adiposity index, body composition, relative fat mass, waist circumference and genetic/metabolic factors. The policy noted that BMI is significantly correlated with the amount of fat mass in the general population but loses predictability when applied on the individual level. The AMA also recognizes that relative body shape and composition differences across race/ethnic groups, sexes, genders, and age-span is essential to consider when applying BMI as a measure of adiposity and

BMI alone is insufficient to assess health

- ✓ Focus on health, rather than BMI
- ✓ Emphasize health behavior changes
- ✓ Discuss goals in terms of improving health indices rather than weight loss
- ✓ Focus on non-scale victories
- ✓ Consider patient symptoms independent of BMI
- ✓ Avoid assuming that weight status is the cause of patient symptoms

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American Medical Association, 2023; Tylka et al., *J Obesity,* 2014

Active and reflective listening

Effective listening is essential to patient-centered care

Active Listening

Seek to understand the meaning and intent of your patient's words.

- ✓ Open-ended questions
- ✓ Notice nonverbal cues
- ✓ Withhold judgment

Reflective Listening

Accurately reflect your patient's comments to confirm your understanding.

- ✓ Active listening
- ✓ Repeat/paraphrase
- ✓ Reflect patient's feelings

IMPROVES

Trust
Patient engagement
Clear communication
Motivation to change

DeLillo et al., *Cogn Behav Pract* 2003; Doas, *Open J Nurs* 2015; Hashim, *Am Fam Physician* 2017; Pollack et al., *J Am Board Fam Med* 2011; Rosengren 2018.

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Using the OARS approach

O Open-ended questions	*How do you feel about your weight and health?* *Can you say more about that?* *Can you tell me more about_____?*
A Affirmative statements	*I can understand why you feel this way.* *I can see you are dedicated to improving your health.* *Thank you for your willingness to discuss this with me today.*
R Reflective listening	*I hear you saying that…* *So, you're feeling…* *It sounds like you feel _____ about _____*
S Summary reflections	*To summarize what you've said today, I hear you saying that…* *Here's what I've heard from you…* *So, my understanding of what you've described is_____. Is this correct?*

Miller & Rollnick, *Motivational interviewing: Helping People Change* 3rd ed., 2013; Freshwater et al., *Obesity Pillars* 2022.

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Motivational interviewing

What is motivational interviewing?

A goal-oriented, patient-centered, and interactive listening style

Objectives:

- Understand the patient's perspective
- Reduce patient ambivalence about health behavior change
- Promote patient motivation and confidence in achieving goals
- Identify potential barriers
- Assist patient to identify solutions
- Develop SMART goals (Specific, Measurable, Attainable, Relevant, Time-bound)

Bailey, *Am J Lifestyle Med* 2017; Bovend'Eerdt et al., *Clin Rehabil* 2009; DeLillo et al., *Cog Beh Pract* 2003; Freshwater et al., *Obesity Pillars* 2022; Miller & Rollnick, *Motivational interviewing: Helping People Change* 3rd ed., 2013; White et al., *Am J Lifestyle Med* 2020.

Summary: What to avoid

When communicating with patients about weight-related health, avoid the following:

- Focusing only on BMI and weight loss
- Oversimplifying the etiology of obesity and body weight regulation
- Making assumptions about a patient's current or past health behaviors
- Assuming that the patient wants to lose weight
- Weight terminology that patients dislike
- Language that implies blame or judgement of patients

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Summary: What to prioritize

Instead, prioritize the following in your communication:

- Establish rapport and trust
- Discuss benefits of health behavior change
- Use respectful, patient-centered language
- Acknowledge the complex etiology of obesity
- Ask permission to discuss patient's weight
- Respect patient's freedom to make own decisions
- Ask patient for preferred word to describe weight
- Collaborate to identify realistic, sustainable goals
- Engage in active and reflective listening
- Keep door open for future communication
- Prioritize health behaviors rather than BMI

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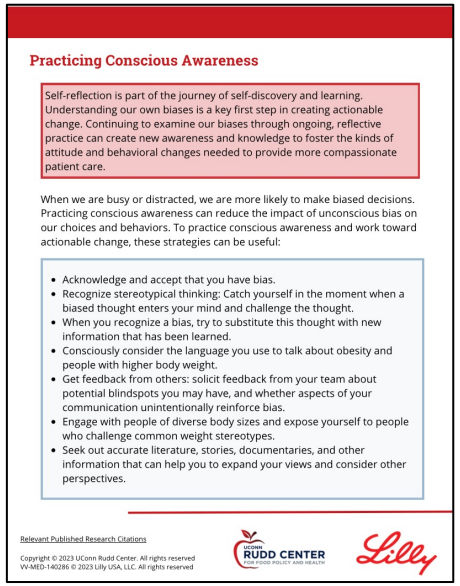
Maximize success of communication with patients



Practicing Conscious Awareness

Self-reflection is part of the journey of self-discovery and learning. Understanding our own biases is a key first step in creating actionable change. Continuing to examine our biases through ongoing, reflective practice can create new awareness and knowledge to foster the kinds of attitude and behavioral changes needed to provide more compassionate patient care.

When we are busy or distracted, we are more likely to make biased decisions. Practicing conscious awareness can reduce the impact of unconscious bias on our choices and behaviors. To practice conscious awareness and work toward actionable change, these strategies can be useful:

- Acknowledge and accept that you have bias.
- Recognize stereotypical thinking: Catch yourself in the moment when a biased thought enters your mind and challenge the thought.
- When you recognize a bias, try to substitute this thought with new information that has been learned.
- Consciously consider the language you use to talk about obesity and people with higher body weight.
- Get feedback from others: solicit feedback from your team about potential blindspots you may have, and whether aspects of your communication unintentionally reinforce bias.
- Engage with people of diverse body sizes and expose yourself to people who challenge common weight stereotypes.
- Seek out accurate literature, stories, documentaries, and other information that can help you to expand your views and consider other perspectives.

Relevant Published Research Citations

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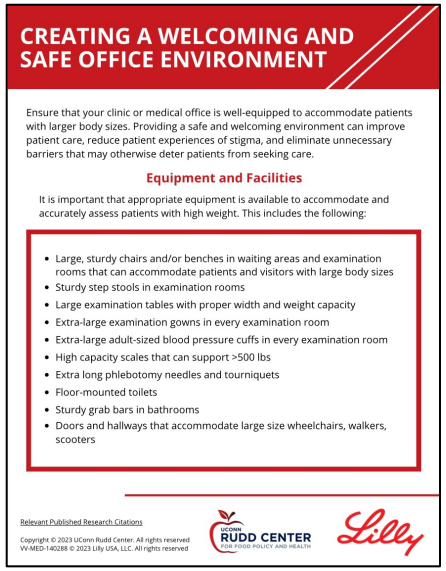
Recognize your own attitudes and assumptions about weight

Ensure the environment is welcoming and comfortable for patients of all body sizes



CREATING A WELCOMING AND SAFE OFFICE ENVIRONMENT

Ensure that your clinic or medical office is well-equipped to accommodate patients with larger body sizes. Providing a safe and welcoming environment can improve patient care, reduce patient experiences of stigma, and eliminate unnecessary barriers that may otherwise deter patients from seeking care.

Equipment and Facilities

It is important that appropriate equipment is available to accommodate and accurately assess patients with high weight. This includes the following:

- Large, sturdy chairs and/or benches in waiting areas and examination rooms that can accommodate patients and visitors with large body sizes
- Sturdy step stools in examination rooms
- Large examination tables with proper width and weight capacity
- Extra-large examination gowns in every examination room
- Extra-large adult-sized blood pressure cuffs in every examination room
- High capacity scales that can support >500 lbs
- Extra long phlebotomy needles and tourniquets
- Floor-mounted toilets
- Sturdy grab bars in bathrooms
- Doors and hallways that accommodate large size wheelchairs, walkers, scooters

Relevant Published Research Citations

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Try to set aside time for discussion, extending across visits if needed

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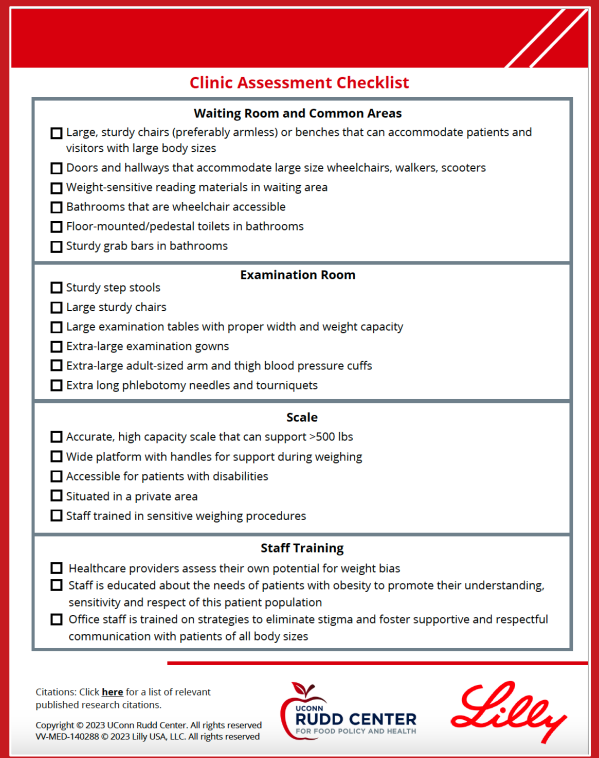
Office Environment



Clinic Assessment Checklist

Waiting Room and Common Areas

- ☐ Large, sturdy chairs (preferably armless) or benches that can accommodate patients and visitors with large body sizes
- ☐ Doors and hallways that accommodate large size wheelchairs, walkers, scooters
- ☐ Weight-sensitive reading materials in waiting area
- ☐ Bathrooms that are wheelchair accessible
- ☐ Floor-mounted/pedestal toilets in bathrooms
- ☐ Sturdy grab bars in bathrooms

Examination Room

- ☐ Sturdy step stools
- ☐ Large sturdy chairs
- ☐ Large examination tables with proper width and weight capacity
- ☐ Extra-large examination gowns
- ☐ Extra-large adult-sized arm and thigh blood pressure cuffs
- ☐ Extra long phlebotomy needles and tourniquets

Scale

- ☐ Accurate, high capacity scale that can support >500 lbs
- ☐ Wide platform with handles for support during weighing
- ☐ Accessible for patients with disabilities
- ☐ Situated in a private area
- ☐ Staff trained in sensitive weighing procedures

Staff Training

- ☐ Healthcare providers assess their own potential for weight bias
- ☐ Staff is educated about the needs of patients with obesity to promote their understanding, sensitivity and respect of this patient population
- ☐ Office staff is trained on strategies to eliminate stigma and foster supportive and respectful communication with patients of all body sizes

Citations: Click **here** for a list of relevant published research citations.

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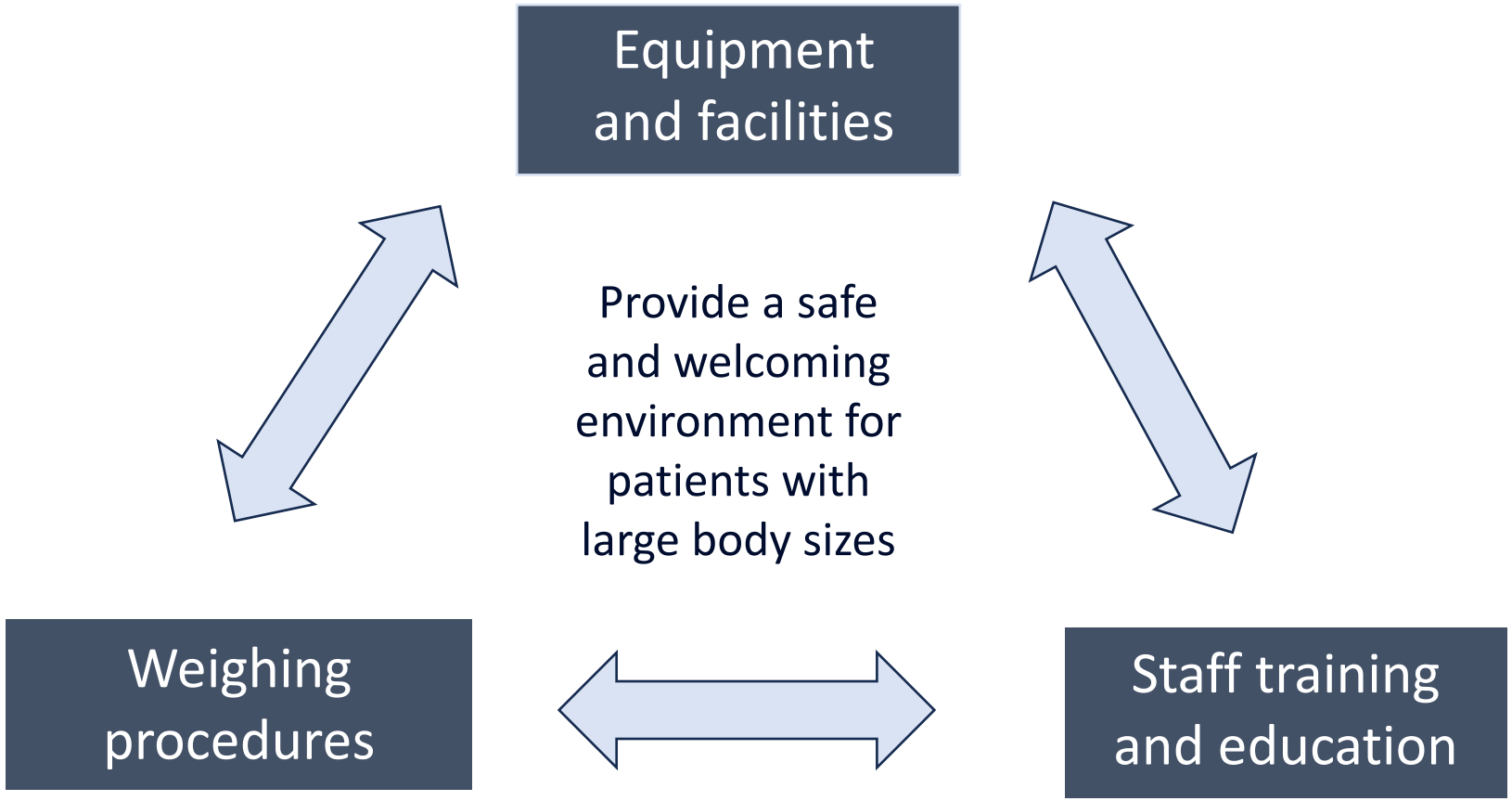
Downloadable Handout



UConn Rudd Center, *Weight Bias in Clinical Care* 2016.
Stop Obesity Alliance, *Why weight? A guide to discussing obesity and health with your patients.*

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Equipment and facilities

Accurately assess and accommodate patients with high weight with:

- ✓ Large, sturdy chairs or benches in waiting areas and examination rooms
- ✓ Sturdy step stools in examination rooms
- ✓ Large examination tables with proper width and weight capacity
- ✓ Extra-large examination gowns in every examination room
- ✓ Extra-large adult-sized blood pressure cuffs in every examination room
- ✓ High capacity scales with handles for support that measures >500 lbs
- ✓ Extra long phlebotomy needles and tourniquets
- ✓ Floor-mounted toilets
- ✓ Bathrooms with grab bars and split lavatory seats
- ✓ Doors and hallways without barriers that can accommodate large size wheelchairs, walkers, and scooters

Stop Obesity Alliance, *Why weight: A guide to discussing obesity and health with your patients;* UConn Rudd Center, *Weight Bias in Clinical Care;* 2023.

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Sensitive and respectful weighing procedures

Guidance for respectful weighing of patients:

Ensure scale is located in an area that offers privacy and confidentiality
Determine whether patient needs to be weighed at visit
Ask patient's permission to measure their weight
Offer option of blind weighing (facing away from scale)
Record patient's weight without judgment
Ask patient if they would like to be informed of their weight
Ensure healthcare team is trained on sensitive weighing procedures

"May we measure your weight today?"

"Would you prefer to face away from the scale?"

Stop Obesity Alliance, *Weight Can't Wait* 2020; UConn Rudd Center, *Weight Bias in Clinical Care* 2023.

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Staff training and education

Provide in-service education on weigh bias for all personnel, including healthcare professionals, medical assistants, front desk employees, and back office workers.

Provide training on strategies to eliminate stigma and foster supportive and respectful communication with patients of all body sizes.

Stop Obesity Alliance, *Weight Can't Wait* 2020; UConn Rudd Center, *Weight Bias in Clinical Care* 2023.

Download our collection of free resources

https://www.supportiveobesitycare.org

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