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

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%.

Weight stigma can affect anyone

Weight stigma exists across the lifespan

Age 3-5
Negative weight stereotypes begin in young children

Youth
Stereotypes worsen, leading to teasing and bullying

Adolescence
Bullying and exclusion from social groups

Adulthood
Weight stigma institutionalized as discrimination in employment, healthcare, education

Mid/late adulthood
Weight stigma and discrimination remain present

Where does weight stigma occur?
In the workplace

Unfair hiring practices

Wrongful termination

Lower salaries

Fewer promotions

Stereotyped by coworkers

In the media

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.

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

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

How does weight stigma contribute to poor health?

- Quality of Life
- Physical Health
- Emotional Wellbeing
- Social Relationships
How does weight stigma affect people’s health?

- Weight gain
- Unhealthy eating behaviors
- Metabolic risk factors
- Lower physical activity
- Physiological reactivity

Psychological distress

- Depression
- Anxiety
- Low self-esteem
- Poor body image
- Substance use
- Suicidality

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**
- Weight-based teasing in adolescence
  (mean age: 15 years)

**Adulthood**
- Odds of obesity 2x higher in both women and men
  (mean age: 31 years)

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


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
Weight gain and obesity

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

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

Hunger & Tomiyama, JAMA Pediatr 2014; Jackson et al., Obesity 2014; Puhl et al., Am Psychol 2020; Sutin & Terracciano, Plos One 2013.
Weight stigma leads to unhealthy eating behaviors

Experiencing weight stigma

- Binge eating
- Emotional eating
- Increased food consumption
- Unhealthy weight control practices

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


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

Lower physical activity

Negative feelings about engaging in physical activity

Lower intentions to be physically active

Avoidance of exercise

Bevan et al., Int J Environ Res Public Health 2021; Han et al., BMC Obesity 2018; Pearl et al., Obesity 2021
Physiological reactivity

- Elevated cortisol
- Elevated C-reactive protein
- Higher blood pressure
- Higher HbA1c levels
- Increased risk of high allostatic load

Weight
Stigma

Increased risk of mortality independent of BMI

Media exposure to weight stigma increases physiological reactivity

**Cortisol Reactivity**

- **Neutral Video**
- **Weight Stigmatizing Video**

*N = 128 women of different body sizes*

**Blood Pressure**

- **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*

Schvey et al., Psychsom Med 2014

Panza et al., J Psychom Res 2023
Weight stigma may increase risk of:

- Metabolic syndrome
- Cardiovascular disease
- Myocardial infarction
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

Internalized weight bias and health

Findings persist after accounting for BMI and experienced stigma

Internalized weight bias

- Psychological distress
- Disordered eating
- Barrier to weight loss
- Cardiometabolic risk

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
- Age, Sex
- Race/ethnicity
- Education
- Income

Behaviors
- Eating breakfast
- Dietary monitoring
- Self-weighing
- Physical activity

Weight stigma
- Experienced stigma
- Internalized stigma

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
Internalized weight bias interferes with weight management.

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

For every 1-unit increase in internalized weight bias, 28% lower odds of maintaining weight loss.

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

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
Pathway from weight stigma to weight gain

Weight stigma → Psychosocial distress → Internalized weight bias → Unhealthy coping strategies → Weight gain

Disordered eating
Unhealthy weight control practices
Less physical activity
Physiological stress

Puhl et al., Am Psychol 2020
Weight stigma is a public health issue

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

Patients view healthcare professionals as common sources of weight stigma

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

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

Patient perspectives of clinical encounters

- Insensitive language about weight
- Banal weight loss advice
- Negative judgement due to their weight
- Negative assumptions: unhealthy lifestyle, not trying, all symptoms due to weight

Patient experiences with healthcare professionals in clinical encounters

Patient experiences in primary care

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

- Disrespect from healthcare professionals
- Poor communication and low trust
- Anticipated differential treatment
- Ambivalence in using health services
- Barriers: being weighed, medical equipment too small
- Switching doctors due to negative experiences
- Avoidance and/or delay of healthcare

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

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

<table>
<thead>
<tr>
<th>Reaction to stigmatizing language</th>
<th>Adults (N=1,064)</th>
<th>Parents (N=445)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek a new doctor who is more sensitive about weight</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>Avoid future appointments with my doctor</td>
<td>19%</td>
<td>24%</td>
</tr>
</tbody>
</table>

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
↓
Healthcare avoidance
Higher clinical attrition

Verhaak et al., Int J Obesity 2022

All studies accounted for demographics and relevant covariates
Strategies to reduce weight stigma in healthcare must address communication:

- Self-awareness of bias
- Education about stigma
- Respectful language
- Supportive counseling
- Patient-centered approaches
A call to action
Improving care for patients with high weight

Assumptions and Attitudes

Awareness of Bias

Communication and Counseling

Clinic Environment

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?
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

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
### 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

#### SORT
- **good words and thin people**
- **bad words and fat people**
- **good words and fat people**
- **bad words and thin people**

To take the IAT, visit: [https://implicit.harvard.edu](https://implicit.harvard.edu)

Project Implicit: [https://implicit.harvard.edu/implicit/iatdetails.html](https://implicit.harvard.edu/implicit/iatdetails.html)
Practice conscious awareness

- Acknowledge and accept that you have bias
- Recognize and challenge stereotypical thoughts
- Substitute stereotypical thoughts with new information learned
- Solicit feedback from others about your potential blind spots
- Engage with people of diverse body sizes
- Seek out accurate information to expand your views
- Continue to examine bias through ongoing, reflective practice

Supportive and Respectful Communication

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

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

- sex
- race and ethnicity
- age
- weight status
- prior experiences with weight
Use neutral words to describe weight

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

**Say This:**
- Weight
- High weight
- High body weight
- Unhealthy weight

**Not That:**
- Fat
- Fatness
- Obese
- Morbidly obese

Begin the conversation by asking permission

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.

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.

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

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.

People-first language for obesity

INSTEAD OF:  
He is obese.  
The obese patient.  
The obese diabetic.  
The obese population.  

SAY:  
He has obesity.  
The patient with obesity.  
The patient with obesity and diabetes.  
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

Consider language about health behaviors

<table>
<thead>
<tr>
<th>INSTEAD OF:</th>
<th>TALK ABOUT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘excuses’...</td>
<td>...strategies to minimize triggers</td>
</tr>
<tr>
<td>‘discipline’ or ‘self-control’...</td>
<td>...ways to practice healthy habits</td>
</tr>
<tr>
<td>‘cheating’...</td>
<td>...situations that create challenges in staying on track</td>
</tr>
<tr>
<td>‘resist temptations’...</td>
<td>...how to cope with emotions or cravings that influence eating behaviors</td>
</tr>
<tr>
<td>‘don’t overindulge’...</td>
<td>...ways to feel satisfied, not deprived</td>
</tr>
</tbody>
</table>

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

• 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

Prior experiences of weight stigma

✓ 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

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

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

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

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?

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)

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
### 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
Maximize success of communication with patients

- Acknowledge and accept that you have bias.
- Recognize stereotypical thinking. Catch yourself in the moment when a negative or judgmental thought comes up.
- When you recognize a bias, try to substitute this thought with a new, more positive or balanced one.
- Consistently consider the language you use to talk about obesity and people with higher body weight.
- Try to expand your horizons about potential body types you may have, and stretch all aspects of your knowledge and experience to be the best possible.
- Engage with people of diverse body sizes and expose yourself to people with different normal weight standards. Seek out accurate literature, stories, documentaries, and other information that can help you to expand your views and consider other perspectives.

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

- Large, study rooms and/or benches in waiting areas and examination rooms that can accommodate patients of all sizes.
- Elevator doors open in examination rooms.
- Extra-large examination tables to fit all examination rooms.
- Extra-large adult blood pressure cuff in every examination room.
- Extra-large scale that can support 300 lbs.
- Stools and bedside commodes for people of all sizes.
- Extra-large sinks in bathrooms.
- Doors and hallways that accommodate large size wheelchairs, walkers, scooters.

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

Recognize your own attitudes and assumptions about weight
Office Environment

Equipment and facilities

Weighing procedures

Staff training and education

Provide a safe and welcoming environment for patients with large body sizes

Clinic Assessment Checklist

- Large, sturdy chairs
- Large, sturdy tables
- Large examination tables with proper width and weight capacity
- Extra-large examination gowns
- Extra-long gowns and shoes
- Extra-long blood pressure cuffs
- Extra-long phlebotomy needles and tourniquets
- Accurate, high capacity scale that can support up to 500 lbs
- Wrist platform with handles for support during weighing
- Accessible for patients with disabilities
- Situated in a private area
- Staff trained in sensitive weighing procedures

UConn Rudd Center, Weight Bias in Clinical Care 2016.
Stop Obesity Alliance, Why weight? A guide to discussing obesity and health with your patients.
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.
## Guidance for respectful weighing of patients:

<table>
<thead>
<tr>
<th>Step</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure scale is located in an area that offers privacy and confidentiality</td>
<td></td>
</tr>
<tr>
<td>Determine whether patient needs to be weighed at visit</td>
<td></td>
</tr>
<tr>
<td>Ask patient’s permission to measure their weight</td>
<td></td>
</tr>
<tr>
<td>Offer option of blind weighing (facing away from scale)</td>
<td></td>
</tr>
<tr>
<td>Record patient’s weight without judgment</td>
<td></td>
</tr>
<tr>
<td>Ask patient if they would like to be informed of their weight</td>
<td></td>
</tr>
<tr>
<td>Ensure healthcare team is trained on sensitive weighing procedures</td>
<td></td>
</tr>
</tbody>
</table>

“May we measure your weight today?”

“Would you prefer to face away from the scale?”
Staff training and education

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

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

Download our collection of free resources

https://www.supportiveobesitycare.org