

# Improving Care for Patients with High Body Weight

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# A Call to Action

 AMERICAN PSYCHOLOGICAL ASSOCIATION

Stigma and Health

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

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ASO Position Statement: Weight stigma and discrimination

 nature medicine

CONSENSUS STATEMENT

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




**OPEN**


**Joint international consensus statement for ending stigma of obesity**

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

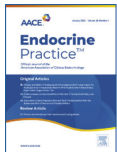
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 AACE

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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**

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



# Improving care for patients with high weight

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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

# 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?*

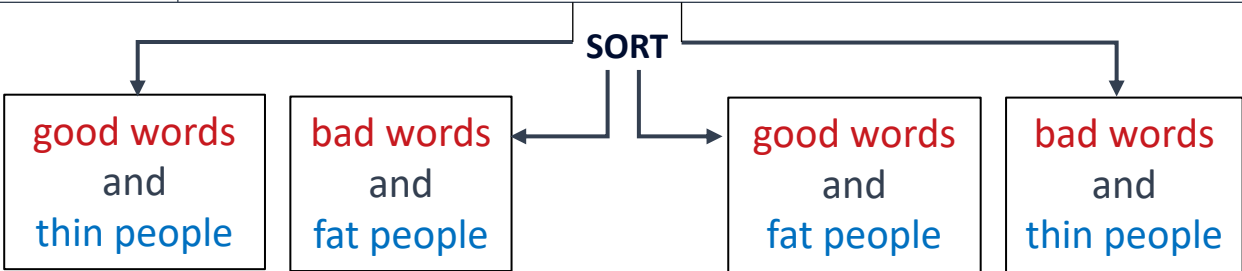
*How often do I consider my patient's perspectives about weight and their prior experiences?*

*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

# Implicit Associations Test (IAT)

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

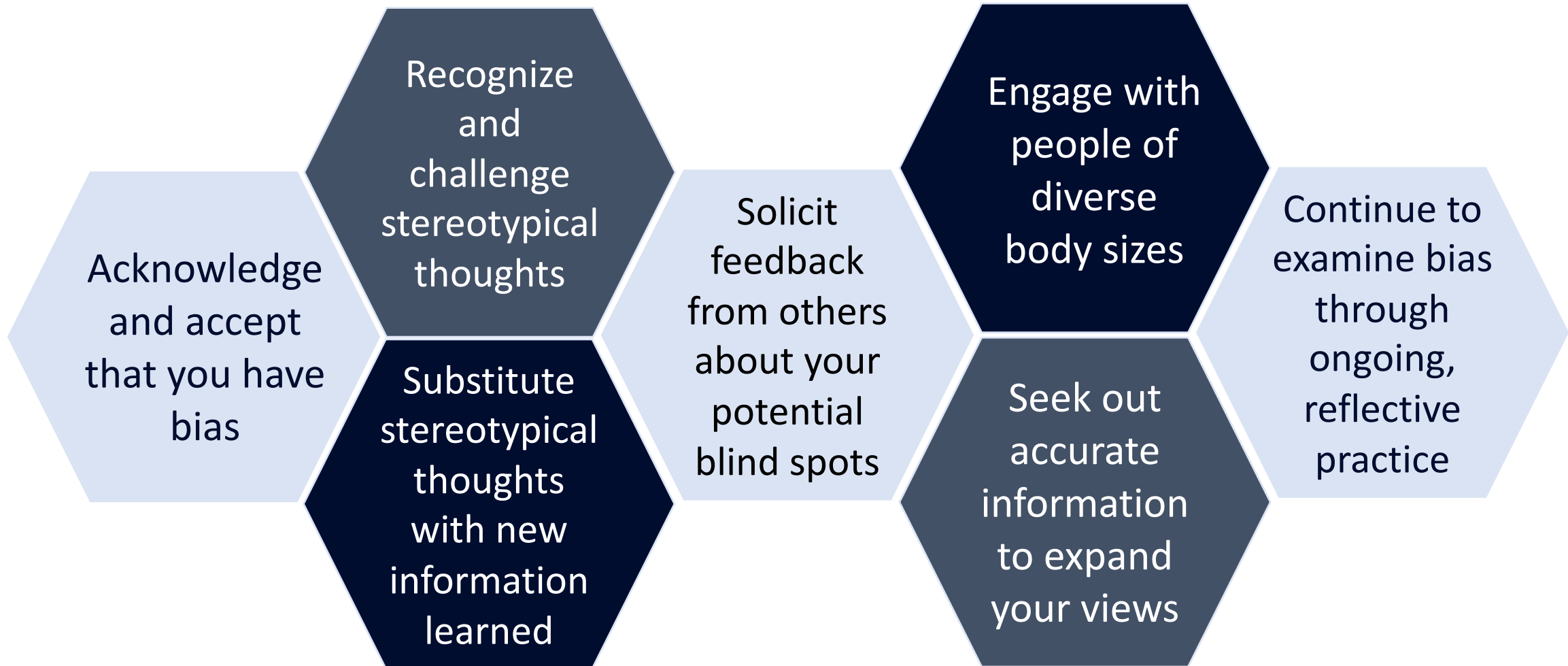


To take the IAT, visit:  
<https://implicit.harvard.edu>



# Practice conscious awareness

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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



# Weight-based terminology

## Use neutral terminology:

“weight”

“high weight” or “high body weight”

“unhealthy weight”

People have different preferences, which can vary according to characteristics like:

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

## Ask patient’s permission:

*Could we talk about your weight today?*

## Ask patient’s word preferences:

- *What words do you prefer to describe your weight?*
- *What words would you feel most comfortable using while we talk about your weight?*

# Focus on health and health behavior



## 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.

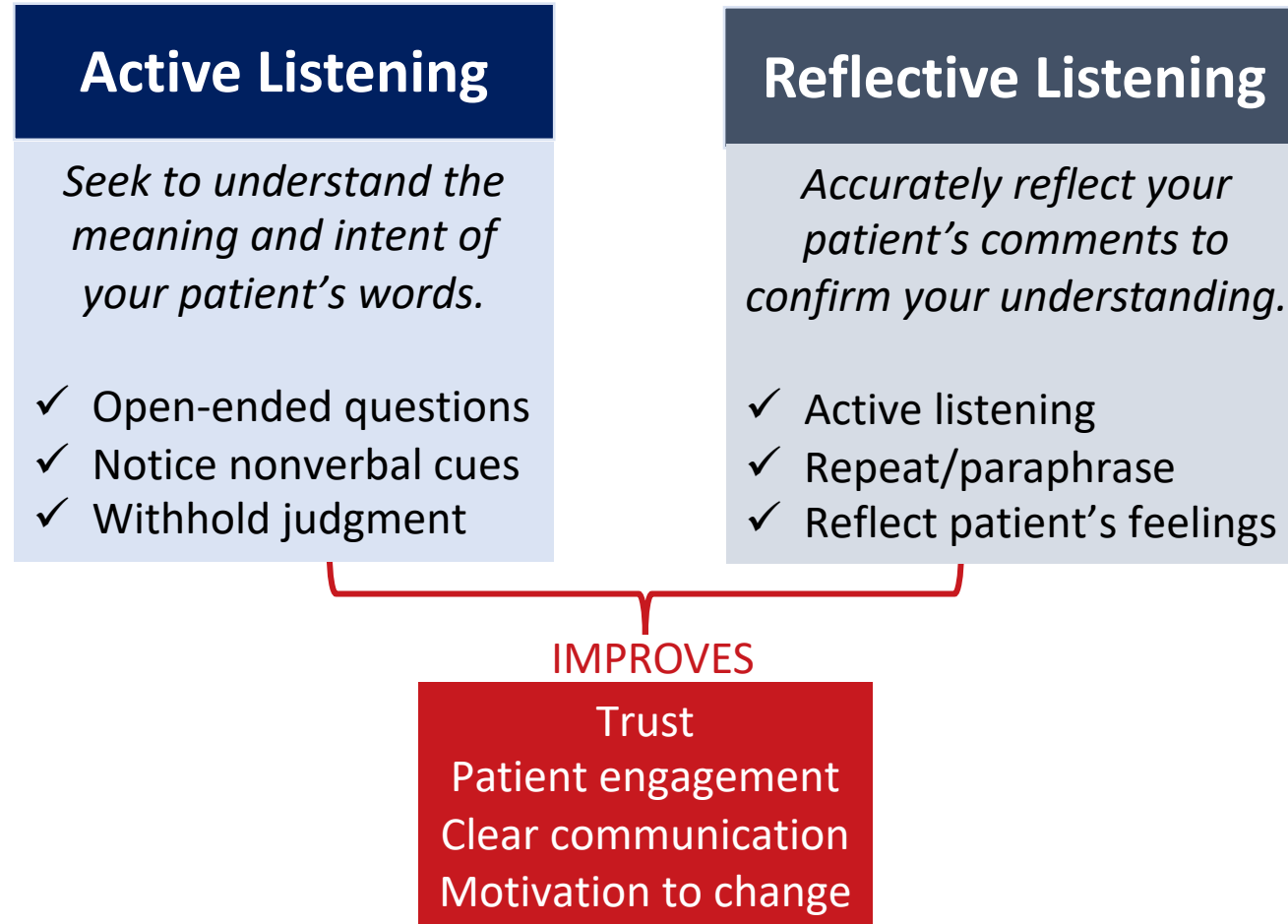
Under the newly adopted policy, the AMA recognizes issues with using BMI as a measurement due to its historical harm, its use for racist exclusion, and because BMI is based primarily on data collected from previous generations of non-Hispanic white populations. Due to significant limitations associated 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

# Active and reflective listening

Effective listening is essential to patient-centered care



Downloadable Handout

**ACTIVE AND REFLECTIVE LISTENING TECHNIQUES**

Effective listening is key to successful communication with patients. By engaging in active and reflective listening techniques with your patients, you can demonstrate your support and understanding of the patient, build trust, promote positive patient engagement, and foster motivation to change.

**What is active listening and why is it important?**

Active listening involves being fully engaged and attentive to the patient, receiving and interpreting their words, body language, tone of voice, and facial expressions to understand the fullest meaning of their message. When we engage in active listening, we can improve our interpersonal relationships.

*Benefits of active listening for patient-provider interactions:*

- ✓ Promotes trust and respect
- ✓ Eases patient fear and anxiety
- ✓ Helps to reduce misunderstandings and resolve conflicts
- ✓ Improves interpersonal relationships
- ✓ Enables better care

Citations: Click [here](#) for a list of relevant published research citations.

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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

### Downloadable Handout

#### Creating SMART Goals for Health Behavior Change

When collaborating with patients to create goals for health behavior change, it is important to tailor specific goals to the patient and ensure that goals are feasible, appropriate, and clearly defined. The SMART criteria for goal specification involves setting goals that are Specific, Measurable, Achievable, Relevant, and Time-bound. These goal characteristics are described below.

- S** **SPECIFIC**  
Include how much and what types of behavior the patient should engage in. *E.g., Walk 30 minutes at lunch time, 5 days/week.*
- M** **MEASURABLE**  
The goal must be measurable to assess progress (e.g., using a number or percent). *E.g., Eat 1 serving of fruit at breakfast every day.*
- A** **ACHIEVABLE**  
Consider the patient's resources and barriers to identify realistic and attainable goals. *E.g., Meditate 10 minutes each morning before breakfast.*
- R** **RELEVANT**  
The targeted behavior must be relevant to the change the patient wants to achieve. *E.g., To lower cholesterol, limit fried foods to [target frequency].*
- T** **TIME-BOUND**  
Include a target date for goal initiation and a date to review progress. *E.g., Go to bed at 10:30 each night starting this Sunday. Reassess in 4 weeks.*

Ensure that health behavior goals align with the patient's needs and preferences, with consideration of physical, social, cultural, spiritual, and economic factors.

Citations: Click [here](#) for research cited in this resource.



# 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

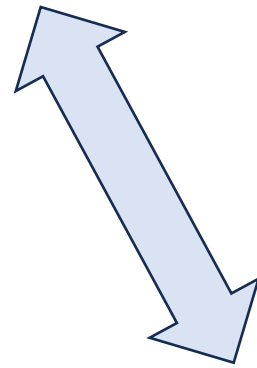
**Staff Training**

- 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

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Downloadable Handout

Equipment and facilities



Staff training and education



Weighing procedures

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

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



# 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?"*

# Staff training and education



Provide in-service education on weight bias for all personnel, including healthcare providers, 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.

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## IMPROVING PROVIDER-PATIENT COMMUNICATION

### Ways to Reduce Weight Stigma in Provider-Patient Communication

Weight stigma interferes with provider-patient communication and creates barriers to effective patient care. Patients of all body sizes deserve patient-centered care. The following strategies can improve provider-patient interactions and facilitate supportive and respectful care.

**Recognize that obesity has a complex etiology.** Obesity is not simply driven by the interaction of multiple factors such as food intake and physical activity, many of which are beyond an individual's control. These include factors such as genetics, environment, and social determinants of health.

**Listen carefully to the patient's concerns, questions, and comments.** Consider the patient's situation and context. Seek to understand the patient's experiences and perspectives. Engaging in reflective listening can ensure your understanding and that patients feel more supported.

**Recognize that many patients have implemented lifestyle changes in the past** and have experienced limited weight reduction over the long term despite their hard work, motivation, and commitment. Past experiences leave patients feeling discouraged, frustrated, and shamed in the medical system.

Citations: Click [here](#) for research cited in this resource.



## 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 conversations. Research shows that many physicians report having little training on how to initiate conversations about weight or related health in ways that are empowering and use terminology that the patient feels most comfortable with. Engaging in supportive and productive dialogue.

### What Words To Use

Research indicates that people generally prefer weight. Preferred terms typically include "weight". In contrast, people generally dislike people's word preferences can differ according to status, and prior experiences related to the people's word preferences. Body weight is a word they feel most comfortable with to describe their weight. This evidence highlights the importance of making assumptions about what language to use. Instead, it's important to use words that patients prefer.

### Words to Avoid

- ✗ Fat
- ✗ Obese
- ✗ Morbidly Obese

Preferences vary across sex, race/ethnicity

Citations: Click [here](#) for research cited in this resource.

## ACTIVE AND REFLECTIVE LISTENING TECHNIQUES

Effective listening is key to successful communication with patients. By engaging in active and reflective listening techniques with your patients, you can demonstrate your support and understanding of the patient, build rapport, and foster motivation to change.

### What is active listening and why?

Active listening involves being fully engaged, interpreting their words, body language, to understand the fullest meaning of their message and can improve our interpersonal relationships.

### Benefits of active listening

- ✔ Promotes trust and respect
- ✔ Eases patient fear and anxiety
- ✔ Helps to reduce misunderstandings
- ✔ Improves interpersonal relationships
- ✔ Enables better care

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## MOTIVATIONAL INTERVIEWING

Health care professionals can use motivational interviewing to support patients of all body sizes in making health behavior changes. Through a collaborative, interactive listening style, motivational interviewing can help patients build confidence in achieving goals, and assist the patient in making decisions.

### Examples of health behaviors that can be addressed

- Dietary patterns (e.g., food choices, portions)
- Fluid intake (e.g., water vs. sugar sweetened beverages)
- Physical activity (e.g., daily activities, exercise)

### Assessing Readiness for Health Behavior Change

Before you raise the topic of health behavior change, it's important to establish rapport and trust. Asking the patient for their perspective on health behavior change demonstrates respect for their autonomy. After obtaining detailed information from patients, following types of questions can help you assess a patient's readiness for making health behavior changes.

### Readiness for Change:

How is your current health behavior affecting you?

How would you like your health to be different?

How do you feel about changing your health behavior?

How ready are you to change your health behavior?

On a scale from 1-10, where 1 is not ready to change, how ready are you to change?

Citations: Click [here](#) for research cited in this resource.



## 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
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