Improving Care for Patients with High Body Weight

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A Call to Action

Stigma and Health

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

CONSENSUS STATEMENT

Joint international consensus statement for ending stigma of obesity


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

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Improving care for patients with high weight

Assumptions and Attitudes
Awareness of Bias
Communication and Counseling
Clinic Environment
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

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

Increases stereotyping and stigma of people with high body weight

- 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

UConn Rudd Center, Weight Bias in Clinical Care 2016.
Implicit Associations Test (IAT)

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good words</td>
<td>Friendship, Delightful, Love, Attractive, Happy, Beautiful, Friend, Smiling</td>
</tr>
<tr>
<td>Bad words</td>
<td>Sick, Disaster, Annoy, Selfish, Horrible, Scorn, Horrific, Negative</td>
</tr>
<tr>
<td>Fat people</td>
<td><img src="image" alt="Fat people" /></td>
</tr>
<tr>
<td>Thin people</td>
<td><img src="image" alt="Thin people" /></td>
</tr>
</tbody>
</table>

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

Project Implicit: https://implicit.harvard.edu/implicit/iatdetails.html
Practice conscious awareness

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

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

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

Downloadable Handout

Active 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

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
Weighing procedures

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

Staff training and education

Office Environment

Equipment and facilities

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
- Mirror mounted patient toilets in bathrooms
- Hand grab bars in bathrooms

Examination Room
- Sturdy step stool
- Large sturdy chair
- 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
- Nonslip platform with handles for support during weighing
- Accessible for patients with disabilities
- Located 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

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

Download our collection of free resources.