

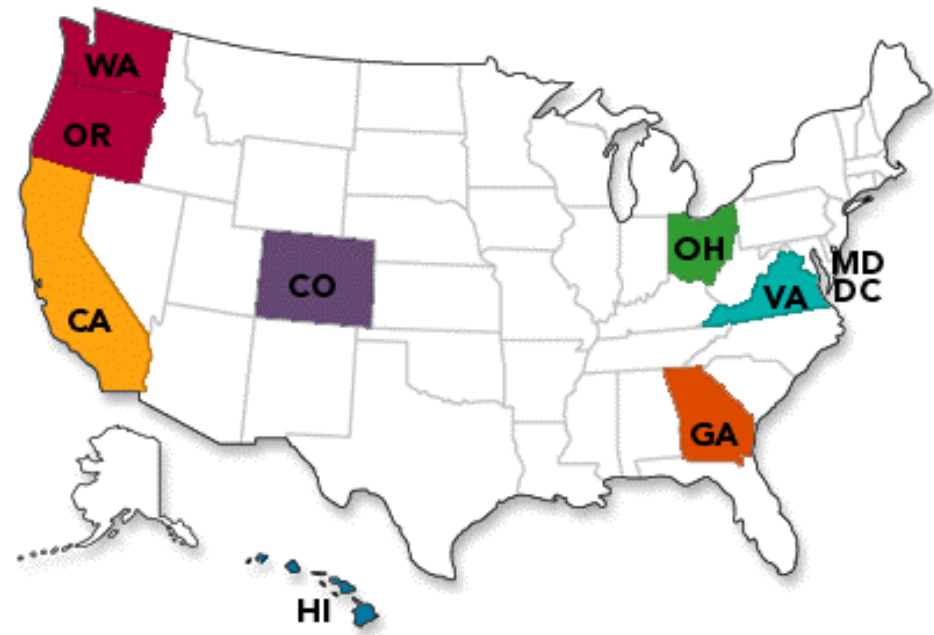


Tools to Increase Sensitivity in Health Care Delivery

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Kaiser Permanente
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Kaiser Permanente: Snapshot

- 8 regions serving 9 states and the District of Columbia
- 8.9 million members (as of 2/11)
 - Over 6 million in CA
- 15,000 physicians (we hire just 11% of MD applicants in California)
- 164,000 employees (including 45,000 nurses)
- 35 medical centers (with hospitals)
- 454 medical offices (ambulatory care buildings)
- \$44 billion operating revenue (2010)



- KP currently has close to 2 million children and adolescent members.
- Most recent data suggests that approximately 35% of KP pediatric members are overweight or obese.



Who says it is important to address in clinical setting

WILLIAM PERMANENTE.

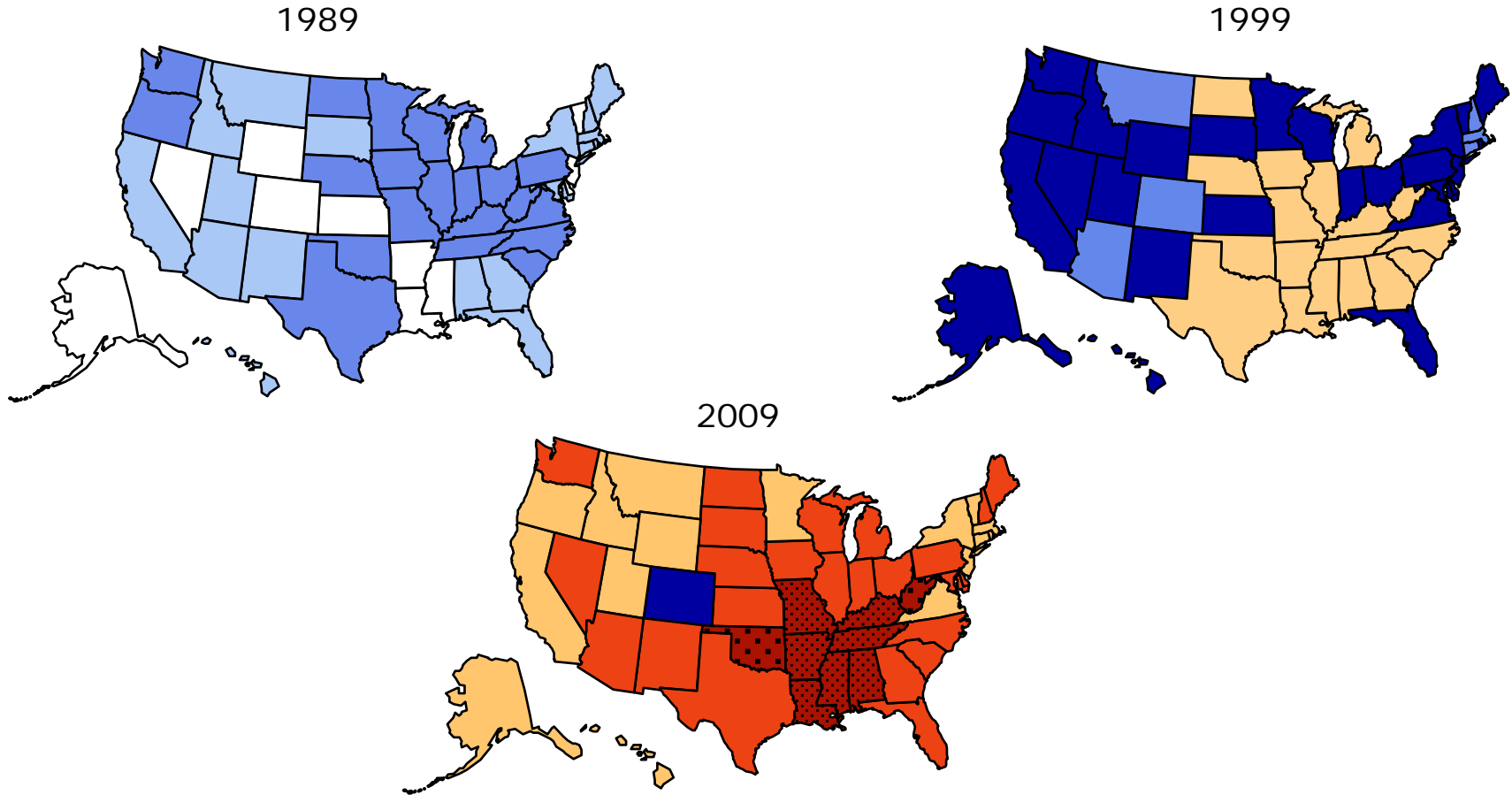
- Let's Move
- AAP
- CDC
- HRSA
- NICHQ
- Robert Wood Johnson Foundation
- The Obesity Society
- Alliance for a Healthier Generation
- Partnership for a Healthier America



- Sources of Bias in health care
- How bias affects physical & emotional health
- Provider strategies to reduce weight bias
- System approaches to address weight bias
- Bringing it all together

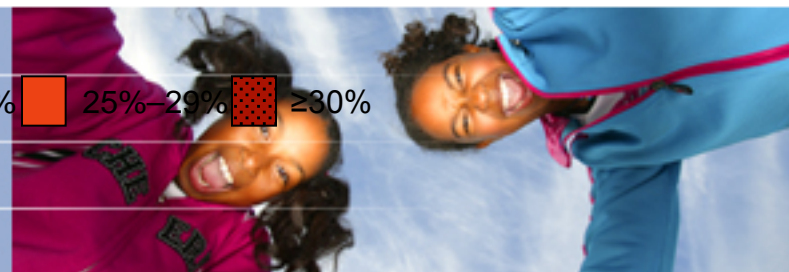


Obesity Trends* Among U.S. Adults

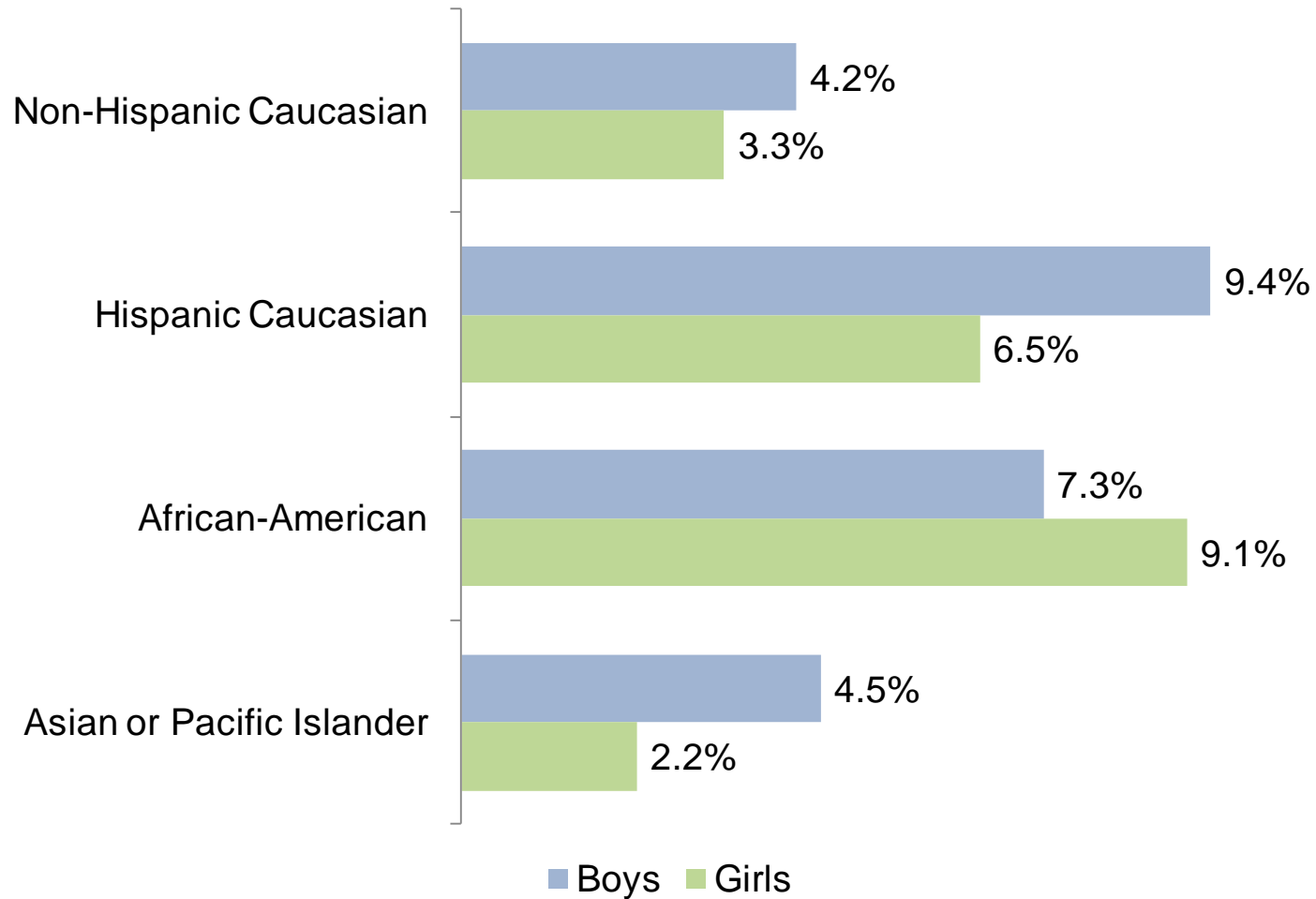


*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person

Source: CDC



Extreme Obesity in KP Children



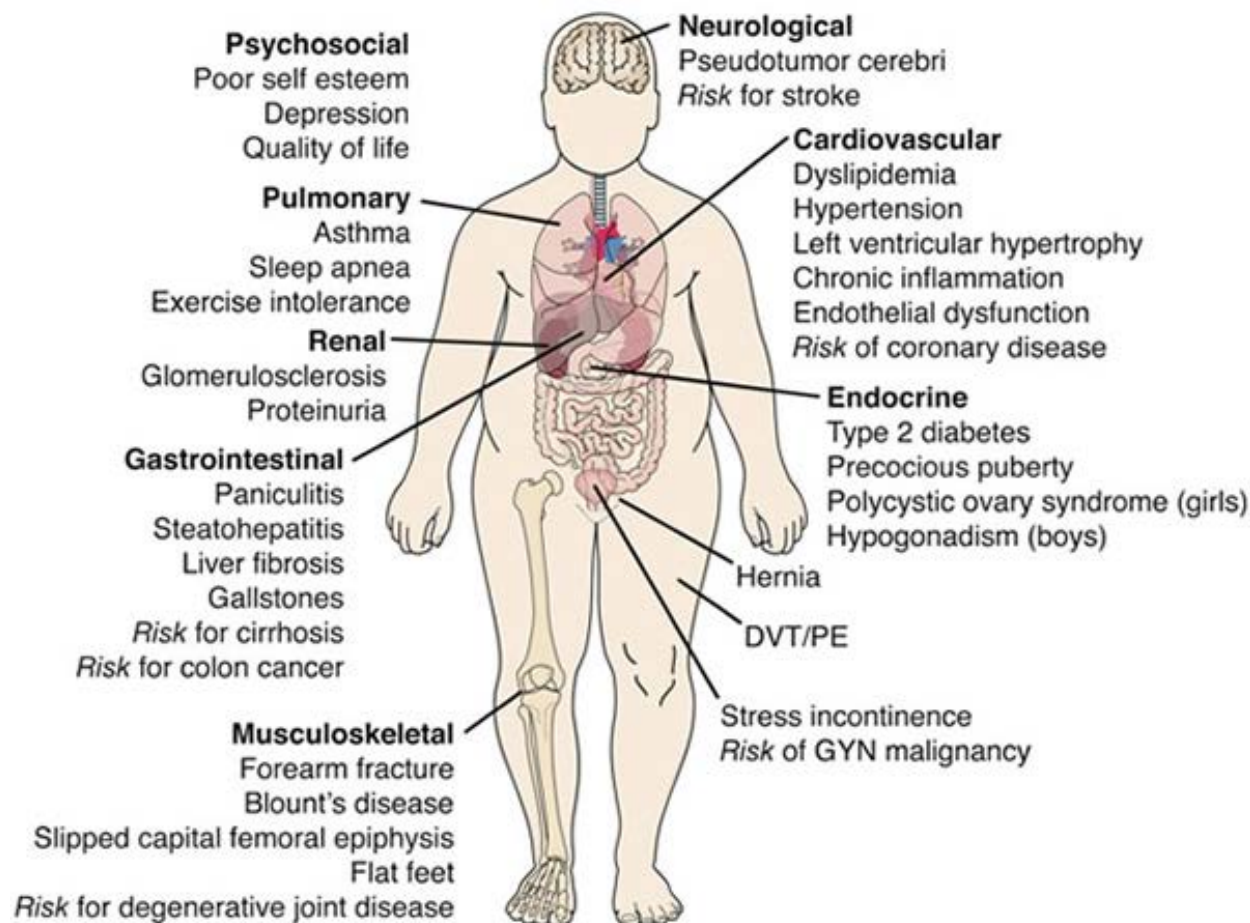
Source: Koebnick C. (July 2010). Prevalence of Extreme Obesity in a Multiethnic Cohort of Children and Adolescents, *Journal of Pediatrics*, V 57.





- Type 2 diabetes
- Heart disease
- Hypertension
- Asthma
- Slipped capital femoral epiphysis
- Nonalcoholic steatohepatitis
- Polycystic ovary syndrome
- Sleep apnea
- Depression and low self-esteem





The Epidemic of Overweight and Obesity

KAISER PERMANENTE.



“Unless effective population-level interventions to reduce obesity are developed, the steady rise in life expectancy observed in the modern era may soon come to an end and the youth of today may, on average, live less healthy and possibly even shorter lives than their parents”

S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D. New England Journal of Medicine 2005



What We're Up Against



Many factors drive and shape health

Drivers of Health



Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993



Negative attitudes affecting interactions

Stereotypes leading to:

stigma

rejection

prejudice

discrimination

Verbal, physical, and relational forms

Subtle and overt expressions



Substantial Evidence of Bias in:

Employment

Education

The Media

Interpersonal Relationships

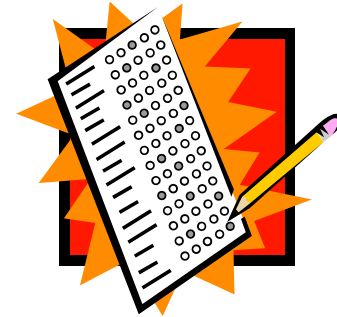
Health care

Youth



Self-Report Surveys

Experimental Research



Implicit Associations Test (IAT)



Fosters blame and intolerance

Hurts quality of life for adults and children

Poses serious consequences for health



2,290 American Adults, 25-74 years old

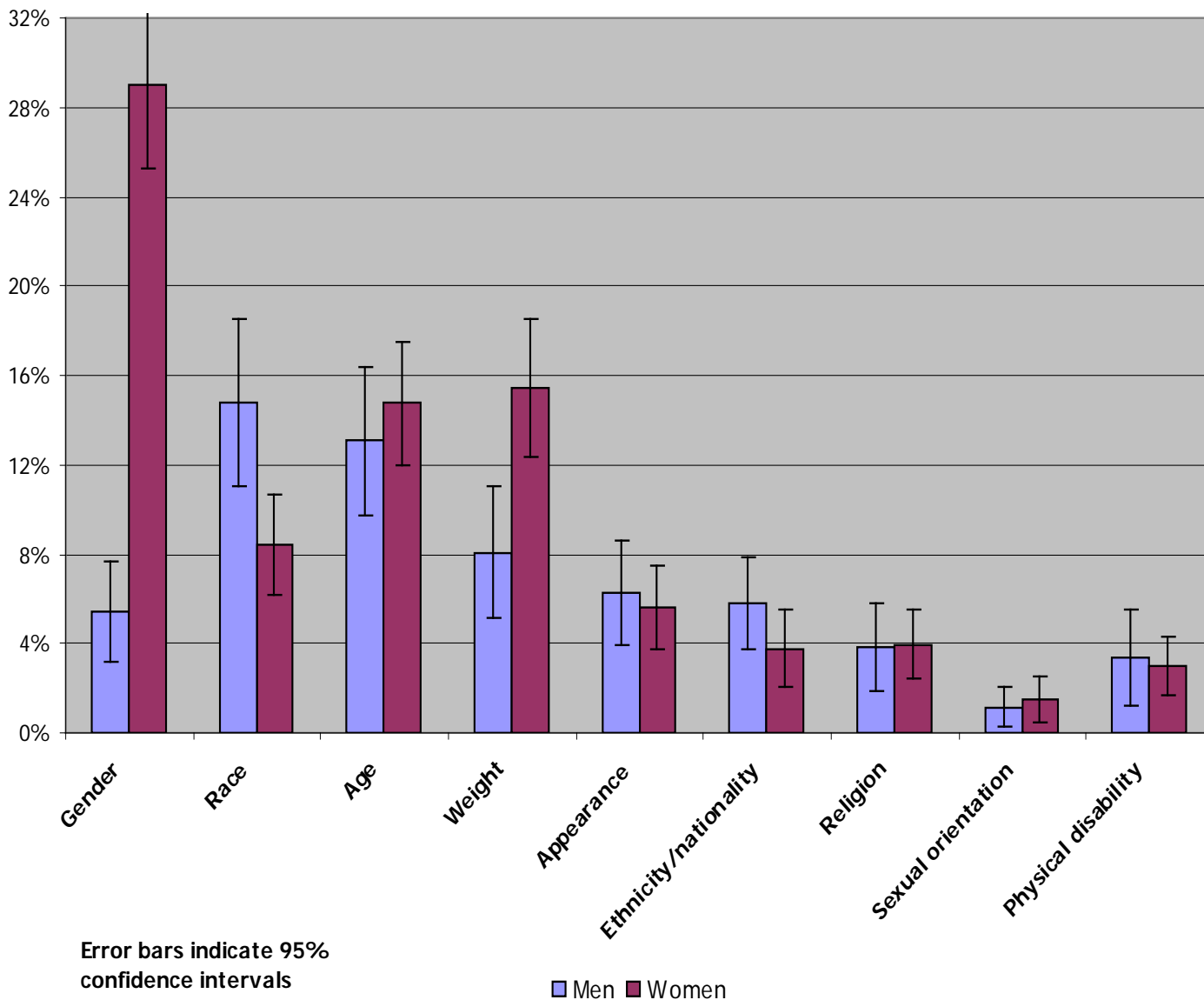
Nationally representative sample (MIDUS)

Experiences of discrimination due to multiple characteristics

Institutional and interpersonal forms of bias



**Rates of Perceived Discrimination Among Americans Aged 35-74
Data for 2004-2006**



**Puhl, Andreyeva, Brownell (2008).
*International Journal of Obesity.***

Dietitians

Psychologists

Nurses

Medical Students

Physicians



Registered dietitians express:

- Negative attitudes
- Beliefs that obesity is caused by emotional problems
- Pessimism about adherence

Dietetic students view obese patients to be:

- Overeaters
- Lacking in self-control and willpower
- Unattractive
- Insecure
- Slow



Influence of Patient Weight on Treatment Perceptions

Methods:

Evaluated mock health profiles that vary only by weight characteristics & gender (wt, BMI, %BF)

182 Dietetics students randomly assigned to view one of four patient profiles

Asked about treatment perceptions and attitudes toward obese patients



- Obese patients viewed as less likely to comply with treatment recommendations
- Obese patients' diet quality and health status rated poorer than non-obese patients, despite identical nutritional and health information across weight categories



Percent of participants who agreed/strongly agreed with negative adjectives in the Fat Phobia Scale (N = 182).

Negative Adjective on Fat Phobia Scale	% Agreement
Lazy	41
No willpower	41
Unattractive	54
Poor Self-control	65
Slow	68
Having no endurance	72
Inactive	77
Weak	31
Self-indulgent	47
Likes food	80
Shapeless	36
Overeats	81
Insecure	80
Low self-esteem	75

Puhl, Wharton, & Heuer (2009)



Nurses view obese patients as:

Lazy Lacking in self-control

Non-compliant

31% “would prefer not to care for obese patients”

24% agreed that obese patients “repulsed them”

12% “would prefer not to touch obese patients”



A study surveying 2,449 overweight and obese women listed 22 individuals (e.g., family members, employers, doctors, educators, strangers) and asked how often they were sources of weight stigmatization.



52% reported doctors had stigmatized them on more than one occasion



Unhealthy eating behaviors:

binge eating

unhealthy weight control practices

**coping with stigma with eating more and
refusing to diet**



Impairs weight loss efforts:

higher caloric intake, less energy expenditure

higher program attrition, less weight loss

BUT, supporting patients with ways to adaptively cope with stigma can facilitate weight loss outcomes



Avoidance of physical activity

Cardiovascular health

**elevated ambulatory blood pressure
increased physiological stress**

Poor quality of life overall

Bauer et al., 2004; Faith et al, 2002; Matthews et al., 2005;
Schwimmer et al., 2003,
Storch et al., 2006



Feel berated & disrespected by providers

Upset by comments about their weight from doctors

Perceive that they will not be taken seriously

Report that their weight is blamed for all problems

Reluctant to address weight concerns

Parents of obese children feel blamed and dismissed



Physician interactions with obese patients:

less time spent in appointments

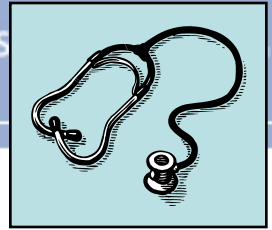
less discussion with patients

more assignment of negative symptoms

reluctance to perform certain screenings

less intervention





Obese patients are less likely to obtain...

Preventive health services & exams

Cancer screens, pelvic exams, mammograms

and are more likely to...

Cancel appointments

Delay appointments and preventive care services

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000; 2005.



4 practical steps identified

- **Step 1: Identify your personal attitudes about obese persons**
- **Step 2: Get the facts**
- **Step 3: Use optimal language and communication strategies**
- **Step 4: Improve your office environment**



Step 1: Identify your personal attitudes KAISER PERMANENTE.

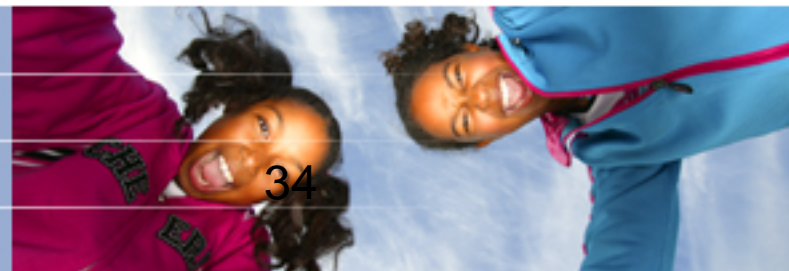
Ask yourself:

- **How do I feel when I work with people of different body sizes?**
- **Do I make assumptions regarding a child's (and family's) character, intelligence, health status, or behaviors based only on their weight?**
- **Do my obese patients leave the office feeling empowered and more confident? Or otherwise?**



Understand and recognize that:

- **Patients and families have already had negative experiences with health professionals**
- **Most patients have tried to lose weight repeatedly**
- **Overweight is a product of many factors**
 - **Genetics and environment are paramount**
- **Our environment makes lifestyle change really difficult.**



Step 3: Use optimal language and counseling strategies

- **Avoid language that places blame on patients/families**
- **Emphasize lifestyle change and health improvement**
- **Emphasize achievable behavior goals rather than weight.**



Research indicate neutral terms “*weight*” and “*BMI*” are preferred to more judgmental terms “*fatness*”, “*heaviness*” and “*obesity*”.

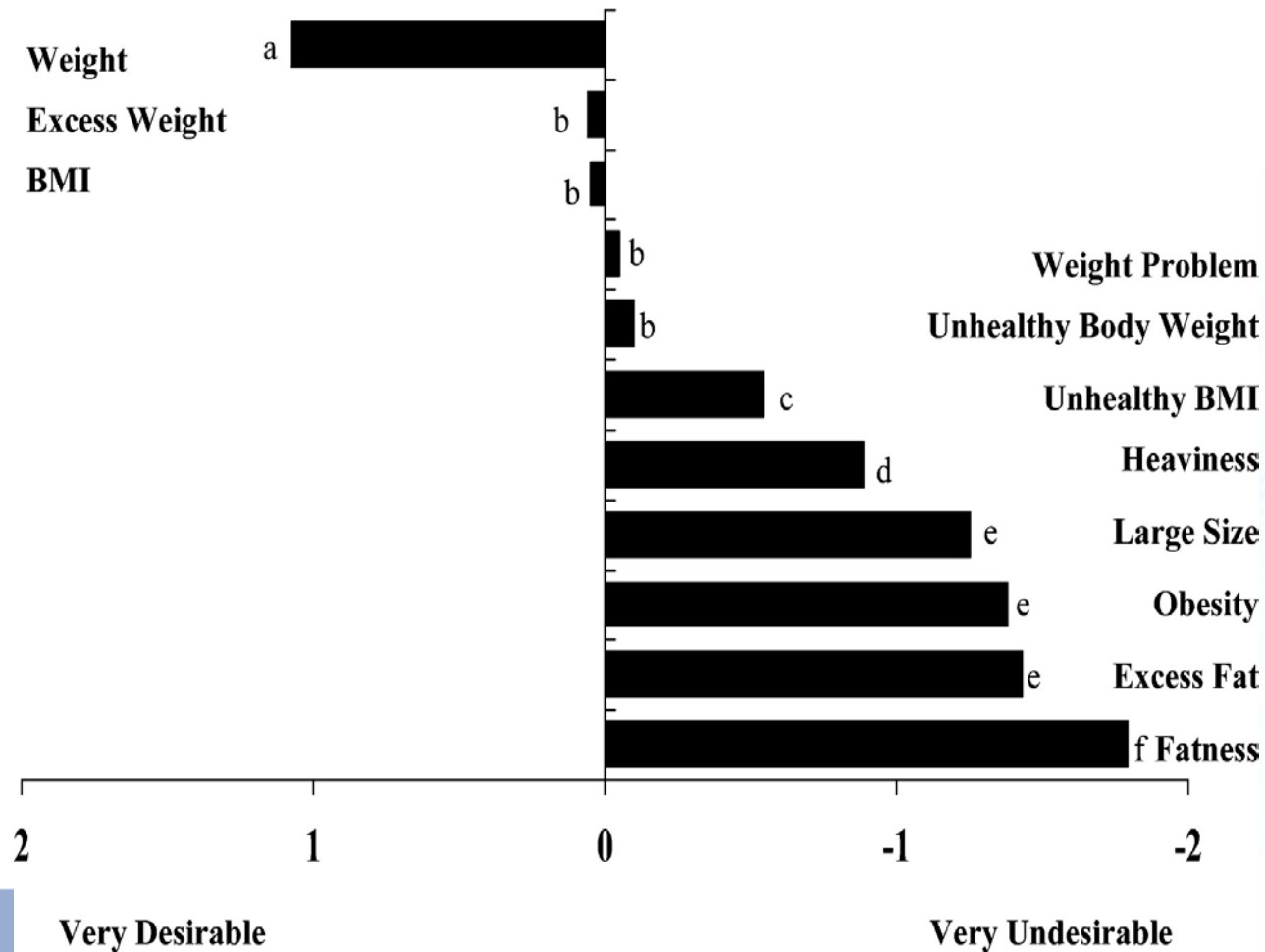
Consider this language:

“What words would you like to use when we talk about weight?”



Patients' Preferred Terms for Describing Their Obesity

Obese Women (N = 167)



Wadden & Didie, 2003



Ask permission when broaching the topic of weight.

“Could we talk about your weight today?”

“How do you feel about your weight?”



Use appropriate weighing procedures

Weigh in private location

Record weight silently, free of judgment or commentary



Consider if weight is really necessary for visit

Ask patients for permission to weigh



Examine the physical office setting:

Appropriate medical equipment

Weight-friendly waiting room

Appropriate examination room



Use appropriate weighing procedures

Weigh in private location

Record weight silently, free of judgment or commentary

Consider if weight is really necessary for visit

Ask patients for permission to weigh



- **Incorporating weight bias recognition and sensitivity into all weight management clinician and staff training**
- **Development of scripts and weighing procedures to ensure sensitivity while obtaining weights**
- **Working with clinic management and procurement staff to purchase size appropriate exam room equipment.**
- **Emphasizing healthy behavior changes and rather than weight loss.**



Parents should be encouraged to:

- **Build self-esteem in their child**
- **Avoid making disparaging or critical comments about their own body size or shape**
- **Intervene if bullying present.**
- **Emphasize health and a healthy family lifestyle rather than an ideal of thinness.**

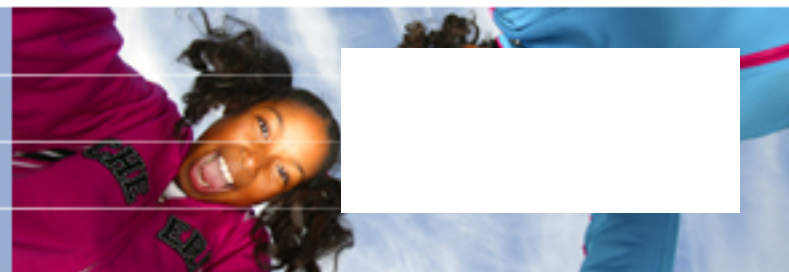


Physicians can advocate with educators to:

- Encourage overweight students to succeed
- Include examples of overweight role models
- Teach weight tolerance
- Support zero tolerance bullying policy
- Critically examine the media portrayal of weight ideals



- **Weight bias is well documented in healthcare settings**
- **Weight bias affects care quality**
- **Careful attention to clinician communication and counseling strategies, improving the office environment, and system approaches will improve the healthcare of overweight children.**





TOOLKITS FOR HEALTH CARE PROVIDERS

Weight Bias Homepage

Preventing Weight Bias: Helping without Harming in Clinical Practice

- MODULE 1
Increasing Self-Awareness of Weight Bias
- MODULE 2
Improving Provider-Patient Interactions
- MODULE 3
Overview of Weight Bias in Health Care Settings
- MODULE 4
Office Environment Strategies to Reduce Weight Bias
- MODULE 5
Weight Bias Resources for OBGYN Providers
- MODULE 6
Weight Bias Resources for Pediatricians
- MODULE 7
Weight Bias Resources for Bariatric Surgery Clinics

PREVENTING WEIGHT BIAS

HELPING WITHOUT HARMING IN CLINICAL PRACTICE

If you learned a certain group of patients was facing disparities in health care, would you advocate for them?

If you discovered a barrier that was preventing your patients from getting recommended screenings, and it was within your power to knock down that barrier – would you?

If you found a technique that helped your patients adopt healthy lifestyle changes, would you use it?

The questions are easy. But the answers challenge us to change our practice.

Doctors, nurses and other health professionals self-report bias and prejudice against overweight and obese patients. Research demonstrates that obese patients frequently feel stigmatized in health care settings. These patients are more likely to avoid routine preventive care, and when they do seek health services they may receive compromised care. When patients feel stigmatized, they are vulnerable to depression and low self-esteem, they are less likely to feel motivated to adopt lifestyle changes, and some may even turn to unhealthy eating patterns for solace.



Weight bias jeopardizes patients' emotional and physical health. As the majority of Americans are now overweight or obese, this is an important clinical concern, one that no provider can afford to ignore.

This toolkit is designed to help clinicians across a variety of practice settings with easy-to-implement solutions and resources to improve delivery of care for overweight and obese patients. The resources are designed for busy professionals and customized for various practice settings. They range from simple strategies to improve provider-patient communication and ways to make positive changes in the office environment, to profound ones including self-examination of personal biases.

http://www.yaleruddcenter.org/resources/bias_toolkit/index.html



“I’m, Like, SO Fat!”

Helping Your Teen
Make Healthy Choices
about Eating and
Exercise in a
Weight-Obsessed
World

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Thank you!

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