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# Breaking WEIGHT BIAS

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Promoting Health  
without harming through  
digital training tools

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## 2.3. Strategies to Reduce Weight Bias in Clinical Practice





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## TRAINING CONTENT

### 2.3. Strategies to Reduce Weight Bias in Clinical Practice

#### 2.3.1. Environment

##### Physical Environment

The physical environment can make a big difference in how people feel in healthcare settings. Improving the physical environment in healthcare institutions can support people living in large bodies to feel welcomed and at the same time better address their needs. Thus, setting appropriate healthcare equipment and facilities is crucial for their engagement with healthcare services as well as to ensure their access to quality healthcare provision.

In that context, the Obesity Action Coalition has suggested some targeted improvements of the healthcare facilities, such as the exam room, the waiting room and the scale, that can support individuals living in large bodies. More specifically, according to the Obesity Action Coalition:

the Exam Room should be equipped with:

- *step stool with handle for exam table access,*
- *large-sized gowns,*
- *large and extra-large adult thigh blood pressure cuffs,*
- *long vaginal specula,*
- *wide examination tables, bolted to the floor,*
- *hydraulic tilt tables,*
- *sturdy armless chairs.*

the Waiting Room should provide for:

- *open armchairs that can support more than 300 pounds,*
- *firm sofas that can support more than 300 pounds,*
- *6-8 inches of space between chairs,*
- *weight-sensitive reading materials,*
- *doors and hallways accommodating large size wheelchairs, walkers and scooters,*
- *bathrooms with split lavatory seat with handled urine specimen collector,*
- *bathrooms with properly mounted grab bars and floor-mounted toilets.*

The Scale should:

- *be wide-based that measures greater than 350 pounds,*
- *meet established accuracy requirements,*
- *be accessible for individuals with disabilities,*
- *be situated in a physical location that offers privacy and confidentiality,*
- *have a wide platform with handles for support during weighing.*



## Social Environment

While the appropriateness of the physical environment is crucial, yet it is equally important to nurture a positive social environment. According to the Obesity Action Coalition, healthcare professionals can improve the social environment for their patients living in larger bodies by:

- being sensitive about situations that may cause feelings of embarrassment, i.e. weighing patients in a private and delicate manner without judging,
- ask for their patients' permission to be weighed at each visit,
- stressing the importance of health and fitness objectives without focusing only on the number on the scale,
- recognising and praising their patients who have achieved healthy behaviour changes.

### 2.3.2. Ask permission (5As)

According to Obesity Canada (Appendix 2, 2020), *"This toolkit provides health practitioners with five steps to better manage their patients' weight and related health issues"*:

**ASK** for permission to discuss weight and explore readiness.

**ASSESS** obesity-related risks and 'root causes' of obesity.

**ADVISE** on health risks and treatment options.

**AGREE** on health outcomes and behavioural goals.

**ASSIST** in accessing appropriate resources and providers.

**It is not certain that every patient with a large body has been affected by obesity.**

Even in cases that this may be true, initiating a discussion about weight in healthcare settings should be approached with sensitivity (Wharton S., Lau D.C.W., Vallis M., et al., 2020) as the willingness of the patient to discuss weight and be weighed is influenced by social and personal factors. It is important to have in mind that people living with obesity most probably have coped with the psychological and social consequences of obesity, such as frustration and discrimination respectively, for a long time (National Health and Medical Research Council, 2013).

That is why the first step in sensitively approaching the issue of weight is to **ask for their permission**. While many patients may be comfortable with discussing and measuring weight, others may not be. It is, therefore, important to ask for the patient's permission before proceeding to such practices (Nordisk, 2021; National Health and Medical Research Council, 2013; Wharton S., Lau D.C.W., Vallis M., et al., 2020). Some



proposed examples of questions that healthcare professionals can ask when initiating a discussion about weight are:

- *“Would it be alright to discuss your weight today?”*
- *“Would you mind if we discussed your weight?”*
- *“Would it be okay if we discussed your weight?”*
- *“Would you be comfortable with discussing weight?”*


In the case of receiving a negative response, healthcare professionals should respect it and declare their openness to a potential future discussion when the patient will be ready, rather than insisting on further discussing this topic (Nordisk, 2021).

Thus, **only after healthcare professionals have received the patient’s permission to discuss their weight, they are allowed to do so**. When discussing weight with patients, it is also crucial that healthcare professionals set a positive tone for conversation and build a rapport (National Health and Medical Research Council, 2013).

**Exploring the patient’s readiness to change** is a crucial step towards achieving successful outcomes. Otherwise, in case patients are not ready for change, initiating such a process can cause dissatisfaction and undermine future attempts (Canadian Obesity Network, 2012). However, this is not as simple as directly asking if the patient is ready to proceed to changes in their health behaviours (National Health and Medical Research Council, 2013). The following questions are proposed by the National Health and Medical Research Council (2013, p.33) that can be used in that context of supporting the identification of readiness to change:

- *“How important do you think it is for you to make changes at the moment?”*
- *“Are there any stressful events in your life now that might get in the way?”*
- *“Can you picture yourself changing health behaviours?”*
- *“How do you think your friends and family will react to your treatment?”*
- *“Are there people who can support you to change health behaviours? Do you think they will help you in your efforts?”*

**Motivational interviewing** is a useful technique that can be used to discuss weight and support patients to proceed to changes, when they are ready. This involves healthcare professionals asking questions and listening to what their patients have to say, while replying with respect to the patients’ experiences and ownership of change (Canadian Obesity Network, 2012).

 The [Readiness to Change Ruler](#) is an additional tool provided by [Clinical Tools Inc.](#) that can be used complementary to the Motivational Interviewing technique.

### 2.3.3. Treating with compassion

**Compassion** can be described as *“a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it”* (Gilbert P. et al., 2017), which includes both motivated engagement and motivated action.



It is important for healthcare professionals to treat their clients with dignity, respect, active listening and compassion in order to help them to be self-compassionate. It is very important that healthcare service providers show compassion to patients about what they may have been through, the injustice, the pain, shame and guilt they may feel.

Healthcare providers need to be aware of the fact that most individuals living in larger bodies have often attempted many measures to lose weight. There are many influences that can affect weight regulation, such as genetics or environmental factors. Apart from this, for individuals living in large bodies facing daily stigmatising experiences can act as an important barrier to engaging in health-promoting behaviours, such as physical activity. People need to be treated in a respectful and compassionate manner regardless of body weight. There is a need to raise awareness of health providers around weight bias and stigma and offer strategies that increase sensitivity and compassion to individuals living in large bodies in an effort to provide the best possible health care.

Some of the strategies for healthcare professionals are: (taken directly from the yObesity Society<sup>27</sup>):

1. Consider that patients may have had negative experiences with other health professionals regarding their weight and approach patients with sensitivity.
2. Recognise the complexity of obesity and communicate this to colleagues and patients to avoid stereotypes that obesity is attributable to personal willpower.
3. Explore all causes of presenting problems, not just weight.
4. Recognise that many patients have tried to lose weight repeatedly.
5. Emphasise behaviour changes rather than just the number on the scale.
6. Offer advice that is based on individualised needs of each person, rather than simply saying, “You need to lose weight”).
7. Acknowledge the difficulty of lifestyle changes.
8. Recognise that small weight loss can result in significant health gains.
9. Create a supportive healthcare environment with large, armless chairs in waiting rooms, appropriately-sized medical equipment and patient gowns, and friendly patient reading material.

You can find more about tools that are based on the cultivation of self-compassion and are intended to support your patients’ overall wellbeing in module 6.



### 2.3.4. Ongoing investment in self-evaluation and proper education

We all live in a culture that promotes weight stigma, whether we are aware of it or not. It is absolutely human to have internalised all those stereotypical beliefs around weight, as they are all-pervading. However, when it comes to health care services, it is of significant importance to always have in mind the impact that you have on your patients' health.

A useful practice could be to ***start asking yourself whether you unintentionally cause any harm***. Applying a compassionate way towards yourself is also crucial when evaluating your own attitudes. Exploring with kindness and friendly curiosity can serve you as two helpful key-tools.

One of the most important strategies to reduce weight bias or prejudice that can be communicated to your patients not deliberately is to **identify your own personal assumptions and attitudes about weight**.

Beginning this process by asking yourself the following questions is a nice way to approach this issue:

- *How do I feel when I work with patients of different body sizes?*
- *Am I comfortable working with people of all shapes and sizes?*
- *Do I make assumptions regarding a person's character, intelligence, abilities, health status or behaviours based only on their weight?*
- *How do people living in large bodies feel when they leave my office?*
- *Do I give appropriate feedback to encourage healthy behavioural change?*
- *Do I treat the individual or only the condition? (Fruh S.M., et al., 2017)*

Investing in ongoing self-education around weight bias is also very beneficial, as cultivating awareness and understanding is the antidote to eliminate bias and prejudice. Moreover, it is vital to consider asking for support when you feel triggered by your patients' experiences. Empowering yourself and building resilience can have a great positive impact not only on your mental health but also on your patients.





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