None
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- Weight Bias and Stigma Advisory Committee
- Promoting Healthy Weights Working Group
- Dr. Gail MacKean and Dr. Kathy GermAnn
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Presentation Objectives

• To increase awareness and understanding of weight bias and stigma in the health care setting

• To identify some of the consequences of weight bias and stigma for patients

• To introduce BalancedView - a new resource for addressing weight bias and stigma in health care
Definitions

Weight bias

- Negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are living with overweight and obesity. These attitudes are often manifested by false and negative stereotypes which cast individuals who are overweight/obese as being physically unattractive, incompetent, lazy, unmotivated, non-compliant and lacking self-discipline.

Weight stigma

- The possession of some attribute or characteristic – such as excess weight or being underweight – that is devalued in a particular social context. It is a social sign carried by a person who is a victim of prejudice and weight bias.

Background

- BC Mental Health & Substance Use Services (BCMHSUS) has developed capacity around the prevention of weight-based disorders including obesity and eating disorders
  - Promoting Healthy Weights Working Group
  - National Prevention Strategy Group
- “From Weight to Well-Being” (W2WB) was a key discussion paper developed by PHSA Population and Public Health (PPH)
  - Healthy Weights Forum (June 2013)
  - Addressing weight bias & stigma was identified as a key action in the W2WB paper
  - BCMHSUS received funding to develop a resource to address weight bias & stigma among health professionals
The impact of weight bias and stigma on the delivery of health care

• There is strong evidence that health-care professionals endorse stereotypes and negative attitudes about patients with obesity

• Several studies show that 30-50% of physicians view obesity as a behavioural problem

• A 2006 review of nurses’ attitudes revealed that nurses express biased attitudes and common stereotypes towards patients living with overweight and obesity

What is the impact on patients?

- In a study of 2400 patients, 53% report receiving inappropriate comments about their weight.
- Extensive evidence suggests that there is a significant impact of weight bias on mental and physical health, *independent of weight*.
- These impacts include:
  - Poor body image and body dissatisfaction
  - Low self-esteem and low self-confidence
  - Loneliness and sense of self worthlessness
  - Depression, anxiety and other psychological disorders
  - Suicidal thoughts and acts
  - Maladaptive eating patterns and eating disorders
  - Avoidance of physical activity
  - Stress-induced pathophysiology which can lead to cardiovascular disease

Image courtesy of the Canadian Obesity Network
Project Overview

Year 1:
- Steering Committee, Advisory Committee and External Reference Group established
- Background report finalized, including identification of key strategies for addressing weight bias and stigma in health care settings

Year 2: Finalizing content and design of the online, interactive resource

Year 3: Build of the online resource, pilot testing, promotion and dissemination of the resource across British Columbia, evaluation
Reducing Weight Bias & Stigma in the BC Healthcare System

- Literature Review
- Environmental Scan
- Key Informant Interviews
- Patient Interviews
  - The report identified potential components for a resource addressing weight bias and stigma

Gail MacKean & Kathy GermAnn (2013)
Objectives

To increase knowledge of weight bias and stigma in the health care setting, including:

• Define weight bias and stigma and identify some the consequences of weight bias and stigma.
• Identify some of the challenges experienced by people who are living with overweight or obesity when accessing the health care system.
• Reflect on commonly-held beliefs about individuals who are overweight or obese.
• Describe health professionals’ experiences using health-centred approaches.
• Describe strategies for promoting a health-centred approach in the health care setting.
Key Resource Components

• Providing evidence about weight, weight bias & health; exploring myths & misconceptions

• Self-reflection & understanding one’s own biases and attitudes

• Evoking empathy through exposure to the experience of being heavy

• Respected leaders raising weight stigma as an important issue

• Competency development
BalancedView has 5 modules, designed to enhance the awareness, knowledge and skills of health professionals in the area of weight bias and stigma.

**Module 1: Understanding Weight Stigma**
- Identify some of the consequences of weight bias and stigma

**Module 2: Patient/Consumer Voices**
- Identify some of the challenges experienced by people living with overweight or obesity when accessing the health care system

**Module 3: Commonly-Held Beliefs and Introduction to Health-Centred Approaches**
- Reflect on commonly-held beliefs about individuals who are overweight or obese

**Module 4: Professional Voices**
- Describe health professionals’ experiences using health-centred approaches

**Module 5: Applying Health-Centred Strategies in Practice**
- Describe strategies for promoting a health-centred approach in the health care setting
WELCOME TO BALANCED VIEW
Addressing Weight Bias & Stigma in Health Care
5: Carla and Herman

At the Dietitian's Office

As part of Herman's efforts to live healthier, he received his doctor's referral to a dietitian, Carla. This is Herman's first appointment.

Resources

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2: The patient experience

Observation 1:
Next Steps

• Pilot testing of the resource is completed
• Resource will be finalized based on pilot test results
  • Full dissemination is anticipated for end of March, 2015
• Dissemination strategy has been developed identifying key stakeholders
• Facilitator’s Guide developed to facilitate learning in a group setting
• Evaluation and research will be conducted on the impact of the resource
  • 75 health professionals will be engaged to complete the resource, and complete 3 and 6 month follow-up questionnaires to assess longer-term impacts on learning and practice
Questions?
Thank you!

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References


Yale-Rudd Center for Food Policy and Obesity. Retrieved February 15, 2013, from: http://yaleruddcenter.org/