The Student Body: Interventions to Reduce Weight Bias Among Health Care Provider Trainees

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Faculty/Presenter DISCLOSURE:

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- **Relationships with commercial interests:** No personal conflicts to disclose
EveryBODY Matters

Moving beyond raising awareness to creating change!

• Share evidence and best practices in reducing weight bias and discrimination in education, health care and public policy sectors

• Move towards consensus on key weight bias reduction messages and strategies that can be used in future interventions

Ramos Salas et al (2017)
Objectives

1. To review the evidence for the effectiveness of weight bias reduction interventions, specifically among health care trainees

2. To identify the core components of effective weight bias reduction interventions, specifically among health care trainees

3. To suggest ways forward to reduce weight bias among health care provider trainees
PEOPLE with obesity have the right to be treated with RESPECT when seeking health care
The Health System is Failing People with Obesity

2006 Canadian clinical guidelines on the management and prevention of obesity in adults and children.
During interactions with providers, do the patients receive appropriate care?

**Provider Motivation**
May be intrinsically or extrinsically driven, and is affected by both availability and competence.

**Provider Competence**
Should be pursued during pre-service training, in-service training, and during standard supervision. Training should be specific to the skills and tasks providers are expected to provide.

**Respectful and Trusting Relationships**
Patients and providers should have mutually trusting and respectful relationships that are strengthened over time.

**Knowledge Informs Practice**

Fulfillment from work and appreciation of patients.
Money or work benefits, housing, vacation time, other opportunities.

Instructor
Providers

Health Care Trainees as a Point of Intervention

• Limited change in health system structures or health professional practice for improving health care provider management of obesity\(^1-^3\)

• Health care provider-client relationship is compromised when biased attitudes are held\(^4\)

• The education and training of health professionals needs to address their biases about patients with obesity and their ability to work collaboratively within interprofessional teams\(^5\)

Alberga et al, 2016

• Identified 17 interventions to reduce weight bias
• Most had methodological weaknesses:
  • Short assessment
  • Lack of randomization
  • Lack of control group
  • Small sample sizes
  • Lack of long-term follow-up data
Four Paradigms

Manipulating beliefs about causality/controllability

Providing facts about obesity to promote intellectual understanding

Counter-conditioning

Modifying social consensus and norms

Harnessing the power of influential and trusted leaders in changing perspectives

Evoking empathy

Interacting with individuals with lived experience to promote self-awareness

Highlighting lived experiences

Lee et al, 2014; Alberga et al, 2016
Conclusions from Existing Literature

• Existing weight bias reduction approaches show small but positive impact on attitudes among health care trainees
• Combined approaches may offer greater benefits than a focus on a single paradigm
• Lack of data within interprofessional education settings
• Health care trainees not always intentionally recruited

Image: Drew Beamer via Unsplash
Example of a Combined Intentional Approach

- Research-informed arts-based intervention
- Format incorporates all four paradigms:
  - Evoking empathy through drama
  - Interprofessional focus builds social consensus
  - Workshop format facilitates manipulation of controllability beliefs
  - Counter-conditioning through incorporating lived experiences
- Pilot-tested with intentionally selected pre-clinical populations
- Strengths-based:
  - Allows participants to see themselves in (and as) the solution to existing challenges
What we have found (so far)

• Significant reductions in anti-fat attitudes pre- and post-exposure to workshops
• Modest (but significant) improvement in interprofessional education effectiveness scores
• BUT, current attitude measures are problematic
  • Biased language
• AND, timing of intervention seems important
  • Benefit of some clinical experience to draw on

1. Price et al, 2017
What More Needs to be Done?

- Larger scale, pragmatic, randomized controlled trials with longer follow-up
- Embedding lived experiences at all stages of design, delivery and evaluation of interventions
- Greater intentionality in health care provider training
- Improved/updated measures of attitudes/behaviours
  - Use of person-first, respectful language
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References


• Flodgren G et al (2010). Interventions to change the behaviour of health professionals and the organisation of care to promote weight reduction in overweight and obese people. *The Cochrane database of systematic reviews*, 2(3)

• Harvey EL, Glenny A, Kirk SF, Summerbell CD. (2001). Improving health professionals' management and the organisation of care for overweight and obese people. *Cochrane Database of Systematic Reviews (Online)*, 1(2)

• Harvey EL, Glenny AM, Kirk SF, Summerbell CD. (2002). An updated systematic review of interventions to improve health professionals' management of obesity. *Obesity Reviews*, 3(1)

