



Weight Bias: Mini review

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

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Faculty/Presenter DISCLOSURE:

Faculty/Presenter: Sara FL Kirk

- **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

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The Health System is Failing People with Obesity

CMAJ · JAMA

APRIL 10, 2007, VOL. 176, NO. 8 • LE 10 AVRIL 2007

2006 Canadian clinical guidelines on the management and prevention of obesity in adults and children

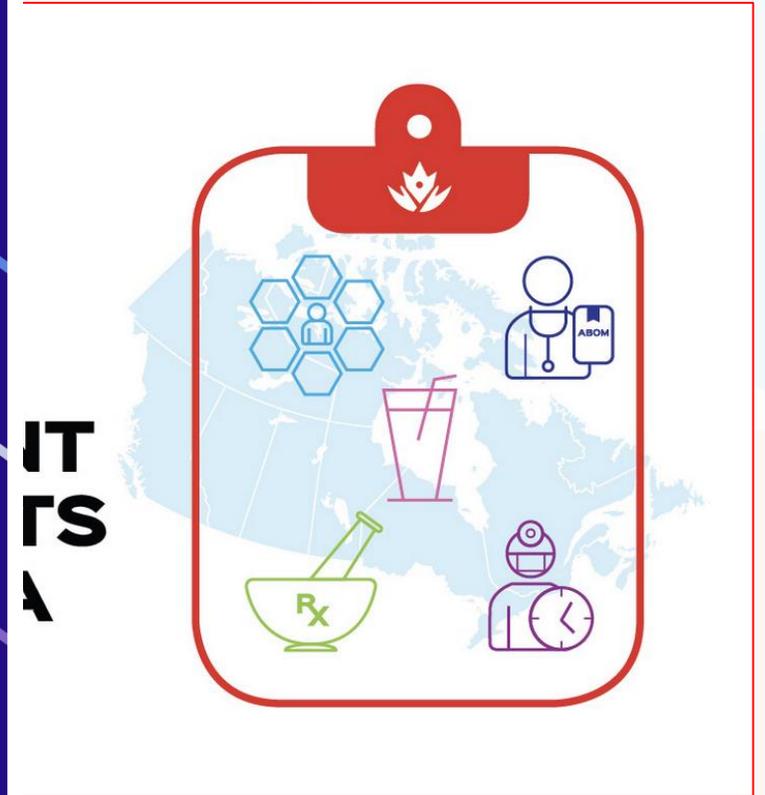
obesity canada / obésité canada

REPORT CARD ON ACCESS TO

OBESITY TREATMENT FOR ADULTS IN CANADA 2019

obesitycanada.ca/report-card

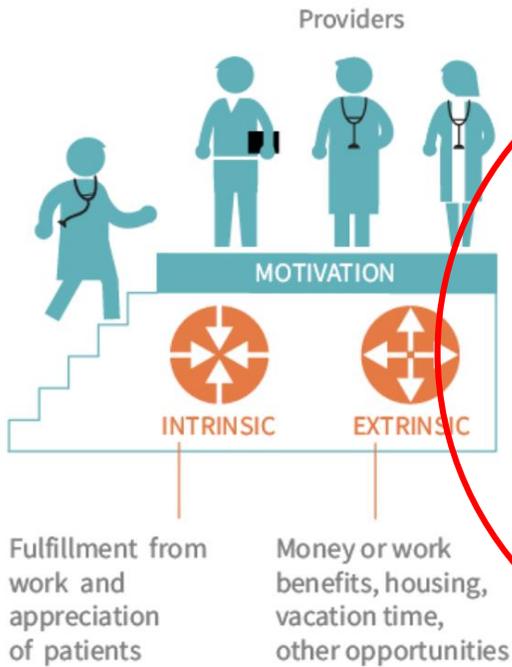
IT'S A



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

KNOWLEDGE INFORMS PRACTICE



RESPECTFUL AND TRUSTING RELATIONSHIPS

Patients and providers should have mutually trusting and respectful relationships that are strengthened over time

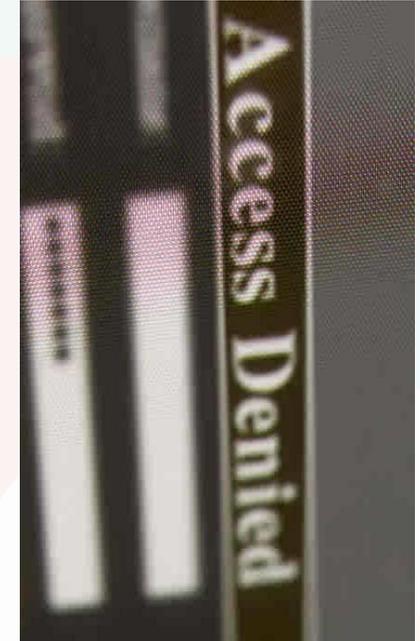


<https://improvingphc.org/improvement-strategies/availability-effective-phc/patient-provider-respect-and-trust>



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 obesity¹⁻³
- Health care provider-client relationship is compromised when biased attitudes are held⁴
- The education and training of health professionals needs to address their biases about patients with obesity and their ability to work collaboratively within interprofessional teams⁵



1. Harvey, Glenny, Kirk, & Summerbell, 1999; 2. Harvey, Glenny, Kirk, & Summerbell, 2002; 3. Flodgren et al., 2010; 4. Kirk, et al., 2014 ; 5. Dietz et al., 2015



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

clinical obesity

doi: 10.1111/cob.12147

Weight bias reduction in health professionals: a systematic review

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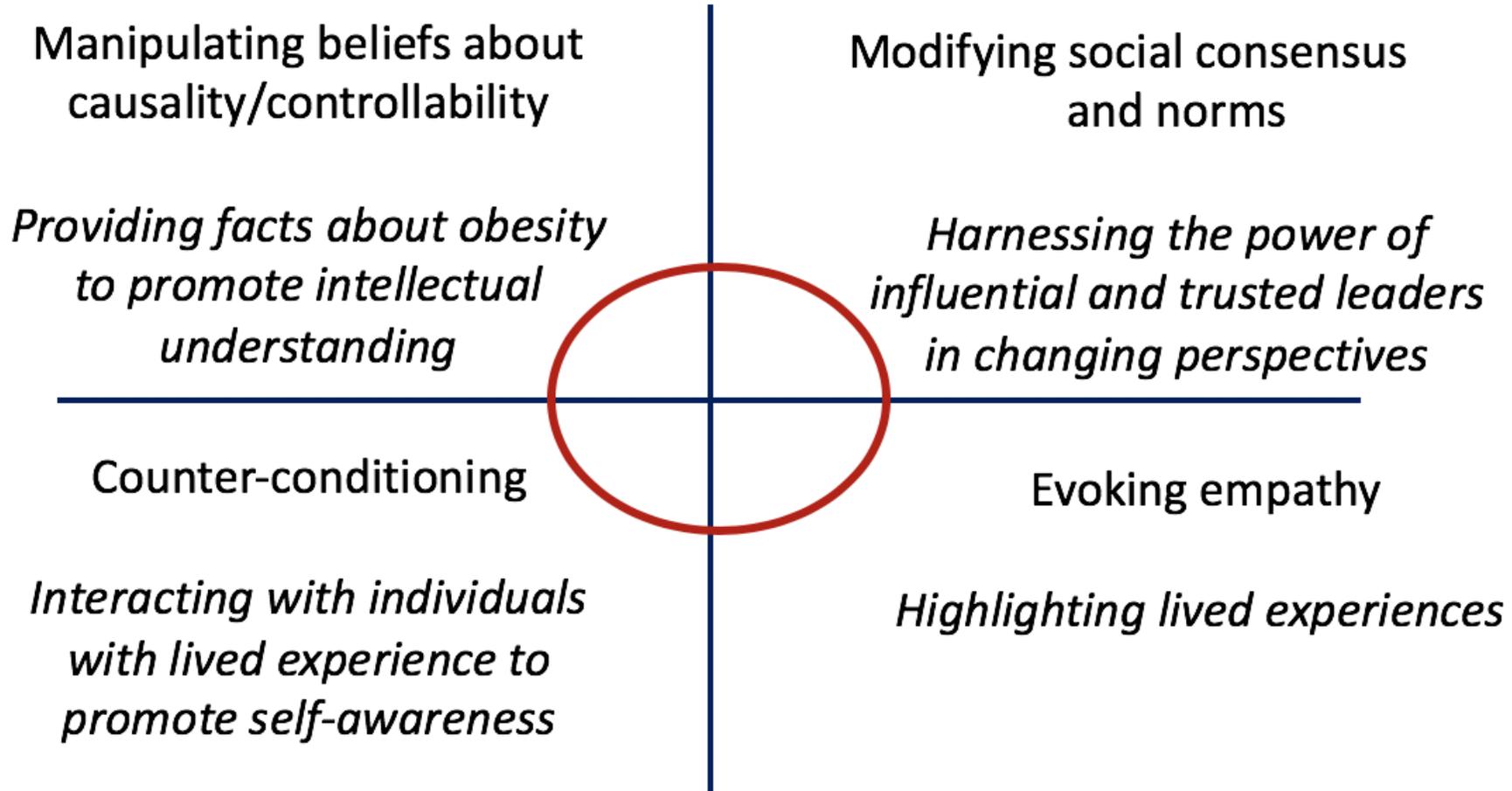
Summary

Innovative and coordinated strategies to address weight bias among health professionals are urgently needed. We conducted a systematic literature review of empirical peer-reviewed published studies to assess the impact of interventions designed to reduce weight bias in students or professionals in a health-related field. Combination sets of keywords based on three themes (1: weight bias/stigma; 2: obesity/overweight; 3: health professional) were searched within nine databases. Our search yielded 1447 individual records, of which 17 intervention studies satisfied the inclusion criteria. Most studies ($n = 15$) included medical, dietetic, health promotion, psychology and kinesiology students, while the minority included practicing health professionals ($n = 2$). Studies utilized various bias-reduction strategies. Many studies had methodological weaknesses, including short assessment periods, lack of randomization, lack of control group and small sample sizes. Although many studies reported changes in health professionals' beliefs and knowledge about obesity aetiology, evidence of effectiveness is poor, and long-term effects of intervention strategies on weight bias reduction remain unknown. The findings highlight the lack of experimental research to reduce weight bias among health professionals. Although changes in practice will likely require multiple strategies in various sectors, well-designed trials are needed to test the impact of interventions to decrease weight bias in healthcare settings.

Keywords: Healthcare, obesity, prejudice, stigma.



Four Paradigms



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

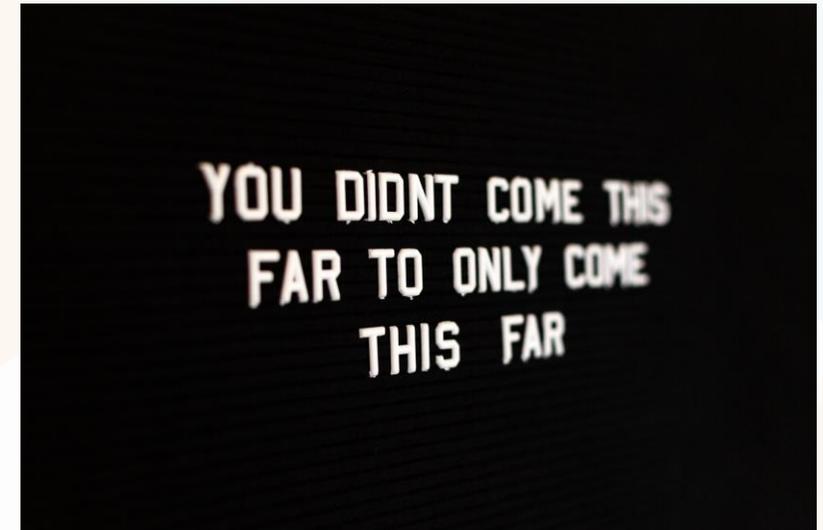


Image: Drew Beamer via Unsplash



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

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H&IP

An Innovative, Arts-Based Approach to Interprofessional Education

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Abstract

Obesity is a global health concern that is challenging to address at the health system level. This is partly because health professionals perceive themselves to be poorly equipped to effectively handle weight management issues. Compounding this are the biases held by health professionals towards clients living with excess weight. This project aimed to address these biases among health professionals through the use of live, dramatic arts as a pedagogical tool to disseminate findings from an original research study that explored multiple health system perspectives on weight management. Using an interprofessional learning format, the research team facilitated four, interprofessional education (IPE) workshops in universities across Atlantic Canada with health professional students and their faculty. Post-workshop evaluations indicate that the workshop was well received; the live, dramatic presentation of professional-client perspectives on obesity management was effective for not only facilitating understanding about the original research findings, but in provoking thought about issues of weight management and providing an opportunity for attendees to engage in interprofessional learning. The majority of participants perceived that this workshop would positively benefit them in their future work as health professionals.

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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 on¹



1. Price et al, 2017



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