


OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM



Module 2 - PEARLS: Overcoming Bias and Stigma in Obesity

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Goals of This Session

- Understand the impact of weight bias and stigma
- Utilize strategies to overcome weight bias and stigma in clinical practice

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PEARLS from the Module 2 Clinical Webinar

- Reducing bias and stigma around obesity can help improve health outcomes for individuals with obesity
- HCP are a leading source of obesity bias, behind family members
- Be the change!
- Compassion and re-education go a long way when working with individuals who have been impacted by bias and stigma surrounding their struggles with obesity and who carry internalized weight bias

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PEARLS from the Module 2 Clinical Webinar

- Strategies to reduce obesity bias:
 - FIRST—recognize obesity as a disease, not a lifestyle choice
 - SECOND—increase your knowledge about obesity pathophysiology and management
 - THIRD—become aware of your own bias
- Employ strategies to provide the best possible care
 - people-first language
 - self-reflection
 - making environmental accommodations
 - participate in training in obesity management
- NPs and PAs can lead the way; NPs and PAs have a great opportunity to be the go-to source for reducing obesity bias and implementing effective obesity management

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Checklist for Assessing the Office Environment!

Exam Room

- Stretcher with handle for exam table access
- Large size gowns
- Large and extra large adult and thigh blood pressure cuffs
- Long vaginal specula
- Wide examination tables, locked to the floor
- Hydraulic (if possible)
- Study armless chairs

Waiting Room

- Open arm chairs that can support more than 300 pounds
- Firm sofas that can support more than 300 pounds
- Ensure 6-8 inches of space between chairs
- Weight-sensitive reading materials
- Doors and hallways accommodate large size wheelchairs, walkers, scooters
- Bathrooms with split lavatory seat with handled urine specimen collector
- Bathrooms with properly mounted grab bars and floor-mounted toilets

Scale

- Wide based scale that measures > 350 pounds

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Checklist for Assessing the Office Environment

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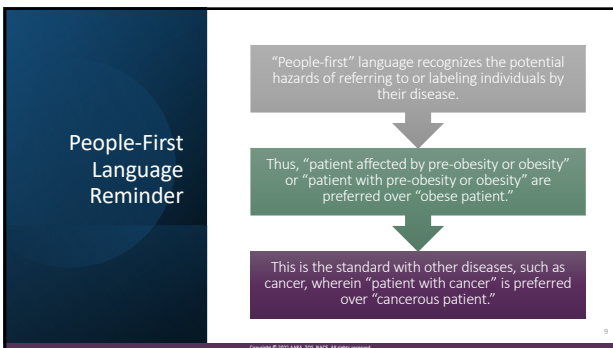
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Preferred Language

Diet → Nutrition / Eating Plans	Exercise → Physical Activity / Activity / Movement
Obese → Affected by Obesity, Excess weight	Morbidly Obese → Severe Obesity

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Remember...


“People will forget what you *said*,
People will forget what you *did*,
But people will never forget
How you made them *feel*”
~Maya Angelou

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Case Study: Mrs. Jones

- Mrs. Jones is a 75-year-old woman with a history of:
 - Obesity (BMI: 45)
 - Type 2 DM
 - HTN
 - OA
 - OSA (on CPAP)
- Moving to be near her son after her husband passed away, establishing with new PCP



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Mrs. Jones' Experience: Before Seeing Provider

- Difficulty finding parking. She has to stop several times on her walk to the clinic due to knee pain.
- Waiting room: Narrow chairs with arm rails. A couch is available, but she worries that she'll have trouble getting up off the couch. Nervously decides to sit in a chair, hoping she won't break it or get stuck.
- Magazines: Holiday cookie recipes; "Lose 30 lbs in 30 days"...
- She is weighed in open area in the hallway. The MA announces her weight as she writes it down.
- The BP cuff pops off while the MA is taking her BP. The MA calls out to another MA to get larger BP cuff.

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Mrs. Jones' Experience with Provider

- The provider comes in and reviews her medical history and her medications.
- Notes that her BP is elevated, despite being on lisinopril/HCTZ 20/25mg. Orders labs; writes RX for metoprolol 50mg.
- Asks her if she has any questions or concerns.
- Mrs. Jones reports that her arthritis has really been bothering her, especially in her knees. She wonders if she may be needing a knee replacement soon.
- Her provider's response:
"Your weight is too high for a knee replacement. You'll need to get your BMI below 40 before they would consider surgery. Frankly, all of your medical conditions would improve if you could lose some weight. I'd like to see you back in 3 months for a follow up on your blood pressure and review your labs, so let's see if we can get some weight off between now and then. Sound good?"

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How do you think Mrs. Jones is feeling?

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It Can Be So Different...

- Get rid of any inappropriate magazines
- Make sure there is appropriate furniture
- Ensure that several different sizes of BP cuffs are available
- Train staff!
- Weigh patients in a private area
- Ask for permission to discuss weight
- Assess concerns thoroughly; don't make assumptions that everything is caused by weight
- Consider obesity management before adding medications (especially weight promoting medications)
- Provide resources and/or referrals; or follow up for obesity

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Thank you!

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