

DEI Pearl: January Newsletter



UEPA
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January: Bariatric Patient Awareness

- Obesity in the US is on an upward trend with the prevalence being 41.9%.
- Patients with obesity have 2x higher chance of ICU admission, are likely to stay 50% longer, and have a 40% increased risk of readmission within 28 days than patients who are not obese.
- Socioeconomic status and ethnicity play a major role in obesity.
 - People with college degrees have lower obesity prevalence compared to those with less education.
 - Non-Hispanic Black adults have the highest prevalence of obesity, followed by Hispanic adults.



Quick Stats Providers Should Know!

- **Stigma towards bariatric patients can negatively impact patient outcomes and the quality of care the patients receive.**
 - Patients with obesity commonly feel **stereotyped by their providers** which leads to **increased stress** in patient-provider encounters.
- While providers should view weight management as important - many lose hope or patience and stop trying to advocate and provide help to their patients.
 - Building a positive relationship with your patient is key to finding ways to work with them instead of against them to improve their health.
 - Lack of equipment is a big concern for bariatric patients - be the provider that advocates for them to get proper care and access to necessary equipment.
- **Language** used by providers when discussing a patient's weight is crucial!
 - Use of poor language **can cause reduced motivation and lead to avoidance of health care in the future.**

Strategies to Address Obesity Stigma In Your Environment

**Who's job is it to reduce weight stigma in health care?
All healthcare staff! (Especially us!)**

- Minimize the perception and acceptance that an “anti-fat bias” is normal.
- Implement a zero tolerance policy for unprofessional comments involving patients’ weights.
- Reduce the focus on body weight - base your visits on conditions associated with obesity as risk factors and promote healthy lifestyles modifications.
- Always be aware of your own biases and stereotypes!



LANGUAGE IS POWERFUL

Replace “bad” with better words and phrases
(Adapted from “Bad words: why language counts in our work with bariatric patients”)

“BAD” WORD OR PHRASE	BETTER WORD OR PHRASE
Obesity	Weight, BMI
Obese patient	Patient with obesity
Morbid obesity.....	Severe obesity
Good/bad foods	More or less healthy
Exercise	Physical activity
Why?	What gets in the way?

“BAD” WORD OR PHRASE	BETTER WORD OR PHRASE
Noncompliance	Non-adherence
Recidivism	Weight regain
Normal weight, normal BMI	Healthy weight, BMI
Failure	Objective description of specific outcome

Resources to Further Your Education

**Impact of Weight Bias and Stigma
on Quality of Care and Outcomes
for Patients with Obesity**

[Impact of weight bias and stigma on quality of care and outcomes for patients with obesity](#)

**Choosing Words Wisely When
Talking to Patients About Weight**

[Choosing words wisely when talking to patients about weight < Yale School of Medicine](#)

Newsletter by: Mitchell Brown

“Obesity affects every aspect of people’s lives, from health to relationships”

- Jane Velez Mitchell

Other Sources We Used...

[Clinical outcomes for the obese hospital inpatient: An observational study - PMC.](#)

[Impact of weight bias and stigma on quality of care and outcomes for patients with obesity](#)

[Obesity management: Australian general practitioners' attitudes and practices](#)

[Choosing words wisely when talking to patients about weight < Yale School of Medicine](#)