

Background and Purpose

Research shows that weight stigma can cause harm to patients (e.g, stress, poor health outcomes, increased diabetes risk, etc.).²



In 2003, the Association for Size Diversity and Health (ASDAH) created the **Health At Every Size (HAES)**³ principles to reduce weight stigma and promote respectful, non weight-centered care.

Pilot Study Design

- While current research about Health At Every Size shows the benefit it can have on individuals⁴, **there is little information about what clinicians think about integrating HAES principles into their clinical practice.**
- Ten (10) clinicians were interviewed
 - **Four (4) medical doctors (MDs)**
 - **Four (4) Physician Assistants (PAs)**
 - **Two (2) Nurse Practitioners (NPs).**
- Clinicians partook in a **30 minute interview**
 - Questions came from a semi-structured interview guide created by one researcher (SH), and were based upon the ASDAH HAES principles.

Preliminary Results

Results are based upon a **single-coder analysis** of the data extracted from the ten (10) clinician interviews. The results are pending a second coder analysis before finalization and publication. While there were 10 participants, participants mentioned certain themes multiple times (as indicated below).

Barriers to weight-inclusive, respectful care

Major themes and subthemes:

- **Need for clinician education** (n=22 mentions)
 - Lack of data/training (n=8 mentions)
 - Unsure how to help patients (n=6 mentions)
- **Clinician bias**
- **Weight-centered care**
 - Belief that weight loss = health (n=12 mentions)
 - Higher weight viewed as problem (n=4 mentions)

Facilitators to weight-inclusive, respectful care

Major theme:

- **Provide non-weight focused care** (n=19 mentions)
"I wouldn't say that we would be weight blind, but I guess...it would be a move away from the focus on that." – Participant 06

Clinician Perspectives on the Body Mass Index (BMI) Measurement

When clinicians were asked to comment on the BMI metric as a health and wellbeing measure, the most common themes that emerged were that **BMI is a useful metric (n=16), but it is inadequate (n=14) and a cause of patient distress (n=7).**

"I have had patients that have gone through [an eating disorder]. And when I asked this specific patient when it all started...she said that it was at her pediatrics office, when they were talking to her about her having a really high BMI." – Participant 01

"I think BMI has its place...in specific settings." – Participant 04

Conclusion

There may be ways that respectful, weight-based care can be improved in the United States healthcare system. Many clinicians identified improvements that should be made, and discussed both barriers and facilitators to respectful care. Future research should aim to gain perspectives from a larger, more diverse population of clinicians to see if the results of this pilot study are generalizable to the larger clinician population.

Funding Source

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References

- ² Tomiyama AJ. Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model
- ³ Health At Every Size and HAES are trademarks of ASDAH
- ⁴ Provencher, V., Bégin, C., Tremblay, A., Mongeau, L., Corneau, L., Dodin, S., ... Lemieux, S. (2009). Health-At-Every-Size and Eating Behaviors: 1-Year Follow-Up Results of a Size Acceptance Intervention



Scan the QR code to access the **ASDAH HAES principles.**