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RESOURCES

Amy N.K., Alborg A., Lyons P., Kereman L., Barriers to routine gynecological cancer screening for White and African-American obese women. International Journal of Obesity, 2010;34(5):147-55. Surveys of over 500 obese women reported their delaying cancer-screening tests and perceiving that their weight is a barrier to obtaining appropriate health care. The percentage of women increased significantly as BMI increased. Surveys of providers indicated they received insufficient or no training to address or examine fat patients and were frustrated with the lack of resources available to them.


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Halimpa M., Cooper L., Blach S., Clark J., Beach M. Physician Respect for Patients with Obesity. Journal of Internal Medicine, 2001 November. 241(3):1234-1239 Higher patient BMI was associated with lower physician respect. Further research is needed to understand if lower physician respect for patients with higher BMI adversely affects the quality of care.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771234/?tool=pubmed

O’Brien K., Puhl R., Latner J., Mir A., Hunter J. Reducing Anti-Fat Prejudice in Pre-service Health Students: A Randomized Trial Obesity, April 15, 2010

Fat bias is increasing and prevalent in health professionals, which can lead to health consequences. Results indicate that anti-fat prejudice can be reduced or exacerbated depending on the causal information provided about obesity and that there is a need to develop educational curriculum for health care providers.

http://www.nature.com/oby/journal/vaop/ncurrent/abs/oby201079a.html


http://www.mayoclinic.org/health/avoid-obesity/hc00894.ms

http://www.naafaonline.com/dev2/the_issues/health.html


http://www.haescommunity.org/

http://www.naafa.org/the_issues/health.html

The Surprising Reason Why Being Overweight Isn’t Healthy - Fat bias in health care. Fat discrimination keeps overweight people from getting optimum medical care.


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Presentations & News Articles

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Some ob-gyns in South Florida turn away overweight women

These health providers claim bigger women have more complications and they are not prepared/trained for it.


WEBSITES:

Fat Friendly Health Professionals Lists
http://www.physicaltherapistspages.com/Size_Friendly_Health_Professionals.htm

Medical Products for Large Size People and HealthCare Professionals
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NAAFA’s Health Care Webpage
http://www.naafalastonline.com/dev2/the_issues/health.html

NAAFA’s Facts on Size Discrimination

NAAFA’s HealthCare Bill of Rights

The HAES Community
http://www.haescommunity.org/

The Science of HAES
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Weight Bias in Health Care
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v October 2011
GUIDELINES FOR HEALTHCARE PROVIDERS WHO TREAT FAT PATIENTS

The foundation of a successful healthcare provider-patient relationship is based on mutual respect. A solid partnership between healthcare provider and patient ensures the best medical outcomes. The world continues to become a more diverse place including people of all shapes and sizes. However, many fat patients avoid both seeking preventative health care and medical treatment when they have symptoms, because they assume that they will either be subjected to another lecture on weight loss or that accommodations will not meet their needs.

NAAFA is working to help ensure that healthcare providers provide the best possible care by keeping in mind the special needs of their fat patients.

Philosophy of Health Care

ATTITUDE
- As a responsible health care professional, acknowledge each of your patients as an individual. This is especially true for fat patients, who may avoid health care when they feel they are only perceived as being fat, and that the knee-jerk treatment for any problem is to “lose weight.”
- Treat fat patients as you would any patient, with tact and concern. Remember that many fat people have had years of negative experiences with healthcare providers, and some have been denied treatment, or given inappropriate treatment, simply because they are fat.
- Engage in health-centered, non-weight focused language (i.e. avoid the term obese)
- Ensure your staff reflects the diverse patient population you serve or seek. Hiring qualified, diverse individuals (which includes size) sets an example that you value diversity in your business practices.
- To demonstrate your commitment to quality health for all patients, it may be necessary to provide size diversity training to your staff.
- Familiarize yourself with the Health At Every Size® principles and appropriately incorporate them into your practice. http://www.naafaonline.com/dev2/education/haes.html

WEIGHING PATIENTS
- Do not automatically weigh your patients, unless there is a compelling reason to do so.
- If weighing is necessary, ensure that it takes place in a private setting, and not in the presence of other patients or staff.
- The patient’s weight should be recorded silently, free of any commentary.
- Do not assume your patient is interested in weight loss information.

Medical Treatment

DIAGNOSING MEDICAL PROBLEMS
- Respect the patient’s health care priorities and address their chief complaint.
- Avoid offering unsolicited weight loss information.
- Remember to perform the same diagnostic tests on your fat patients you would on any other patients for a suspected condition.
- Counsel patients about exercise without linking it to weight. Increased activity improves blood pressure and glucose control, decreases arthritis symptoms and increases overall well-being.

TREATING MEDICAL PROBLEMS
- Do not assume that weight is the cause of all symptoms.
- Do not delay treatment or insist that your patient lose weight prior to receiving treatment.
- Demonstrate care in ordering medication dosages. Some patients react sensitively to small dosages of some drugs, while other drugs require a higher dosage, due to the patient’s higher weight.
- Offer to revisit medication decisions if needed, and explain that treatment can prevent long-term complications.

MEDICAL PROCEDURES
- Ensure your patient has access to durable medical equipment (DME) that meets their size needs.
- Have several sizes of blood pressure cuffs readily available. Using a small blood pressure cuff on a bigger arm can produce false readings.
- Have longer needles and tourniquets available in order to draw blood from your patients.
- Utilize appropriate equipment for OB-GYN exams (i.e. longer specula)
- Your lavatory should have a seat that is split in front, to enable patients to more easily hold urine specimen cups in place. A urine specimen collection device with a handle or a “hat” is preferable.
- Closely monitor breathing with sedation if there is increased incidence of sleep apnea and airway problems.

"If shame could cure obesity there wouldn’t be a fat woman in the world." – S. Wooley, PhD

Accommodations

WAITING ROOM
- Provide several sturdy armless chairs, couches or benches in your waiting room. Chairs with arms often cannot accommodate a fat patient.
- There should be six to eight inches of space between chairs.
- Sofas should be firm and high enough to ensure that your patients can rise with ease. Exceptionally low and soft sofas can be difficult.
- Be mindful of the information you provide in your waiting rooms and on the walls. Ensure it reflects diversity, including size, to promote a safe and inclusive environment for all your patients.

EXAMINATION ROOM
- Examination tables should be wide, and bolted to the floor or wall, so that they do not tip forward when your fat patient sits on them.
- Provide a sturdy stool for fat patients to assist them in getting onto the examination table.
- Provide larger examining gowns.
- Ensure literature and wall décor reflect a body-positive and weight neutral atmosphere.

"Compassion costs nothing" – R. Puhl, PhD
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GUIDELINES FOR HEALTHCARE PROVIDERS WHO TREAT FAT PATIENTS

We come in all sizes...
RESOURCES


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Although weight bias may originate in the belief that overweight individuals have weak character and could lose weight if they simply tried, the results of the current study indicate that weight bias goes beyond such stigmatization to viewable dislike and negativity toward the overweight, leading to support for discrimination.


Higher patient BMI was associated with lower physician respect. Further research is needed to understand if lighter physician respect for patients with higher BMI adversely affects the quality of care.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771236/?tool=pubmed


Fat bias is increasing and prevalent in health professionals, which can lead to health consequences. Results indicate that anti-fat prejudice can be reduced or exacerbated depending on the causal information provided about obesity and that there is need to develop educational curriculum for health care providers.

http://www.nature.com/oby/journal/vaop/ncurrent/abs/oby200975a.html


Sensitive treatment of obese patients involves developing a relationship and attending to their needs in a primary care setting. Encouraging compassionate care will positively impact the health of this patient population.

http://www.safm.org/fpm/2002/0100/j02sp.html

WEBSITES:

Fat Friendly Health Professionals Lists

http://www.physicaltherapyimages.com/size_friendly_health_professionals.htm

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NAAFA’s Health Care Webpage
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The Science of HAES
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