

Unexpected patient experiences at a rural academic weight loss center: Obesity stigma considerations and concerns

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Background:

- The prevalence of adult obesity in the US is 39.8%.
- Obesity Stigma is thought to negatively impact the health of individuals with obesity, generate disparities, and interfere with effective obesity intervention.
- A perceived weight bias can increase depression, anxiety, and stress, which can contribute to worsening of this chronic disease.
- There have been efforts to address obesity stigma in healthcare.
- Patients still experience shame, embarrassment, and feeling anomalous.

Objective:

To assess the patient experience and garner any perceived obesity stigma from a targeted sample of patients with obesity receiving care at a dedicated weight loss center

Design and Methods:

- Patients (N=23) were recruited from Dartmouth-Hitchcock's Weight & Wellness Center (WWC), a rural academic obesity clinic.
- A convergent parallel mixed-methods study was conducted to evaluate patient experience and outcomes to assess quality of perceived care.
- Interviews and questionnaires were completed.
- Data was transcribed, and analyzed for thematic similarities and differences in patient experiences, and perceptions. Quantitative data was reported using descriptive statistics.

Obesity Remains A Socially Acceptable Stigma

Even within a weight loss clinic, stigma remains a struggle for patients and providers.

Despite efforts to address stigma within this setting, individuals continue to perceive and struggle with stigma.

Additional research focused on stigma and bias is needed to learn the best methods to lessen its perception, and effect in the healthcare setting.

Results:

- 87% of the patients interviewed perceived no stigma and felt the WWC was successful in addressing obesity stigma.
- 13% of the participants interviewed felt the clinic made stigma worse by drawing attention to their large size with special chairs, that did not "make them feel normal."
- Participants interviewed felt the clinic should hire staff with a BMI over 30kg/m² in order to better understand the "struggle of patients with obesity."
- Patients interviewed expressed the sentiment that obesity stigma should be addressed in a class as part of the program.

Conclusion:

- One cannot assume that because of a modified environment within a formal obesity clinic that bias has been adequately addressed.
- Despite efforts to address obesity stigma individuals continue to struggle with bias, and weight loss.
- Perceptions are personal, and weight bias should be addressed individually to improve patient experience.

Limitations:

Small sample size limits the generalizability of the results. It still shows that based on patient perception, obesity stigma exists even within a dedicated obesity clinic.

