

Unspoken: Decreasing Attitudes of Stigma Towards Obese Women by Healthcare Providers

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Problem Statement

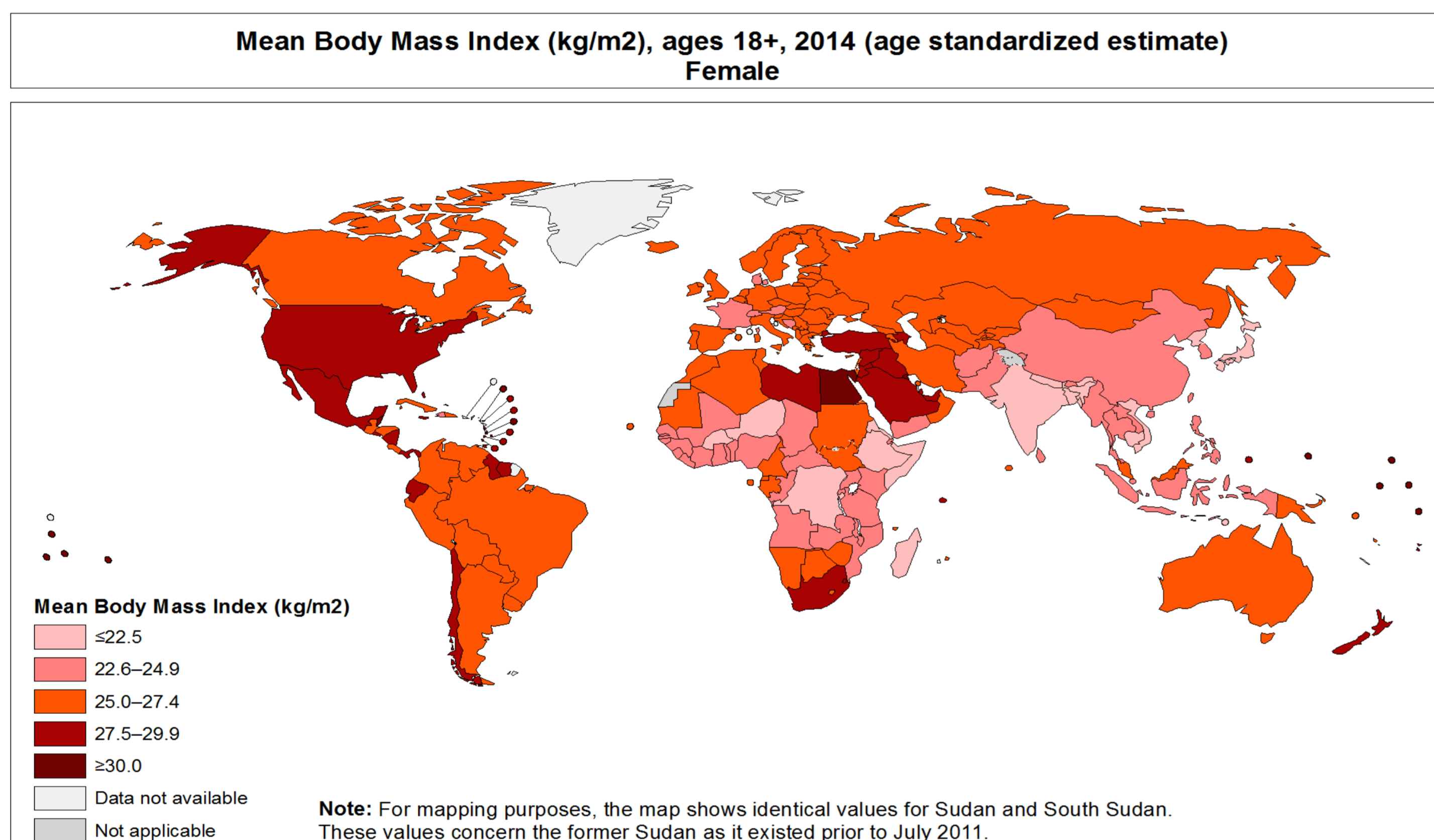
Adult obese women may delay or avoid gynecological care due to stigma, secondary to implicit or explicit bias of health care providers. This stigma results in decreased empathy caused by lack of knowledge and training about the care of obese women.

Background

Obesity is a chronic health condition that impacts 600 million adults worldwide and 78 million adults in the United States. Fifty-two percent of the world's adult population and 70.7% of the adult population of the United States is overweight or obese (Centers for Disease Control and Prevention, 2016; Johnson, Hayes, Brown, Hoo & Ethiak, 2014; World Health Organization, 2016).

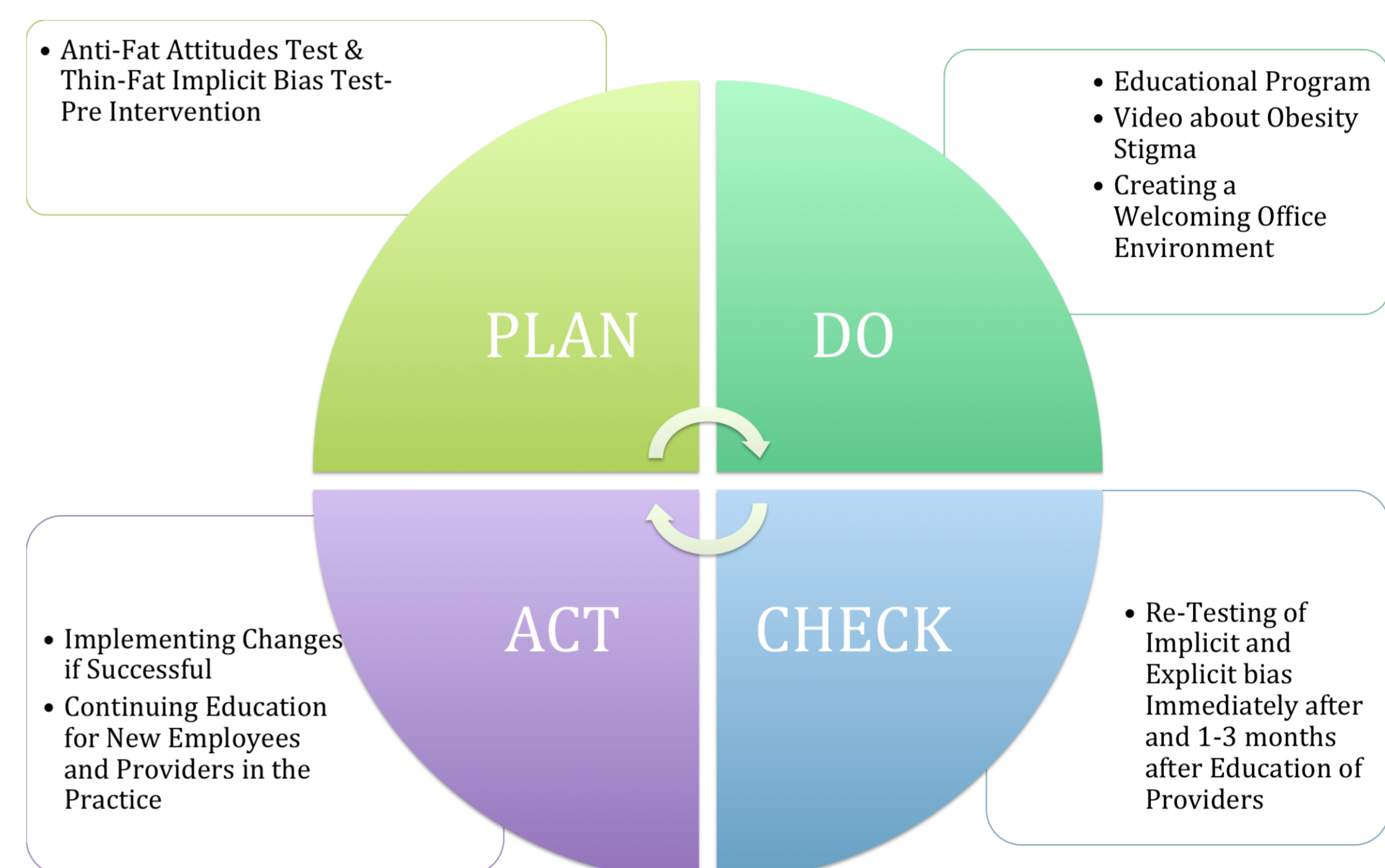
Project Design

The project design will be implemented using the plan-do-check-act method. There will be pre and post intervention testing of health care providers levels of bias. The educational intervention will consist of showing a video clip of an obese patient experiencing stigma and embarrassment in a medical visit, an overview of the multifactorial causes of obesity with an emphasis on uncontrollable causes as a factor in addition to controllable causes and information on best practices to modify the environment to make obese patients feel more welcome and comfortable.

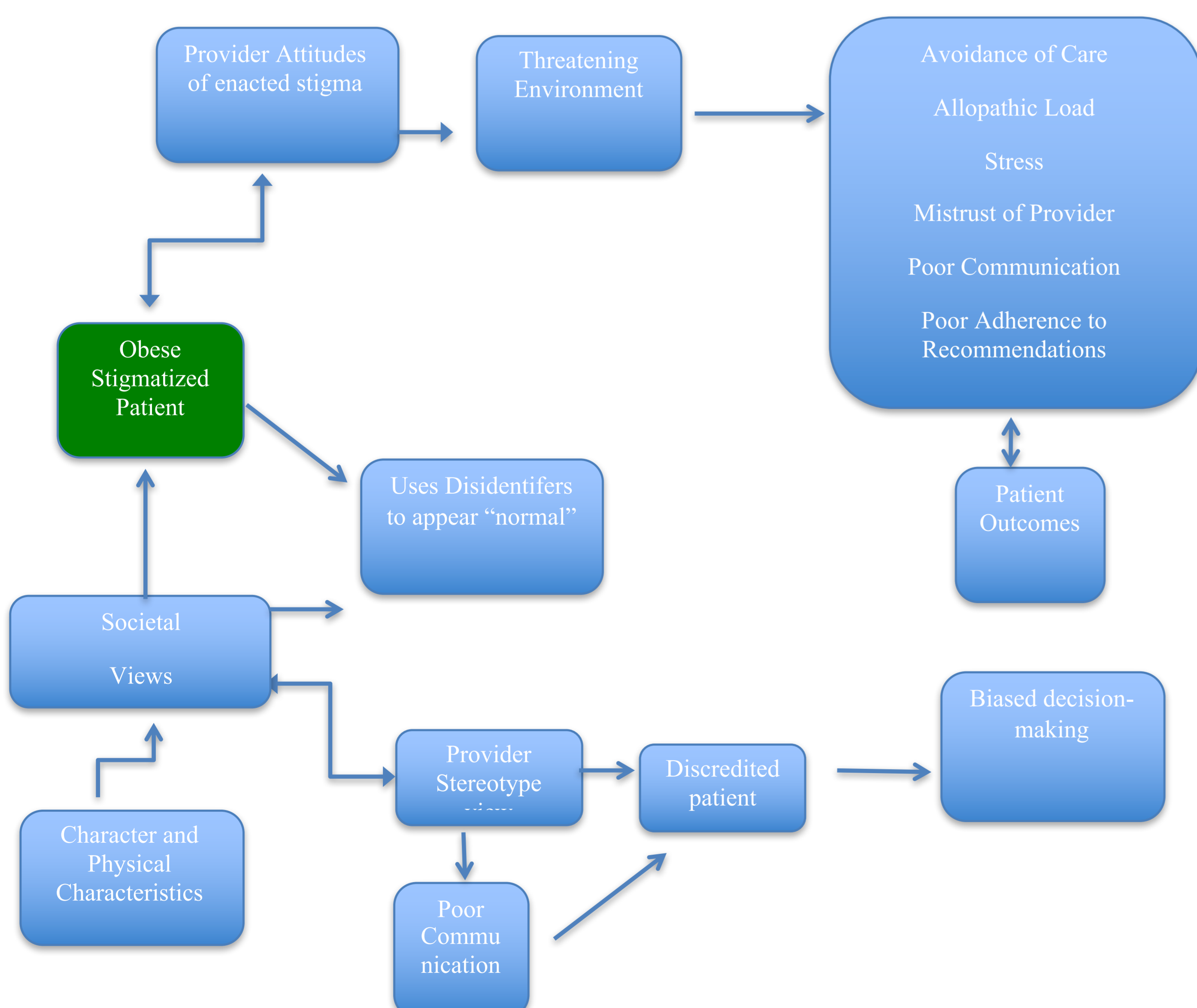


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Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
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Conceptual Model of Goffman's Theory (1963) of Stigma Related to Obesity Bias in Healthcare



Plan for Data Analysis

The Thin-Fat implicit bias test and Anti-Fat Attitudes test will be administered before, immediately after and one to three months after the educational intervention. The test will be offered and administered to all the healthcare providers and staff in the practice that have patient contact. The link to the implicit bias test will be made available for subjects to complete at their convenience. Subjects will be asked to record their scores along with the date of the test and the interpretation of the scores. Each survey will be given a random number so that they may be completed and analyzed without identifying the subjects.

The data will be analyzed with descriptive statistics of the mean and median scores with a standard deviation and range. A repeated measures one-way ANOVA statistical analysis will be applied to the bias tests to see if there is a significant difference in the change in bias over time.

References

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