

REDUCING OBESITY BIAS AMONG ADVANCED PRACTICE NURSES



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PROJECT LEAD

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ACKNOWLEDGEMENT

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Author/collaborator of the education intervention

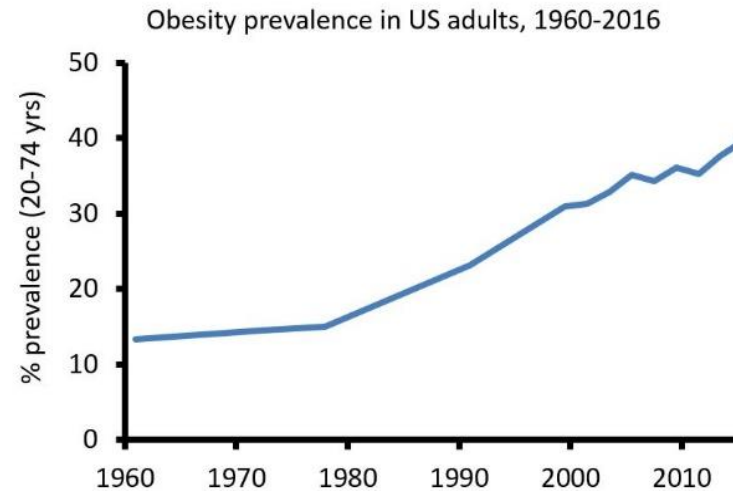
A silhouette of a person rappelling down a rock face at night. The background is a dark blue sky filled with stars. The rock face is dark and jagged. The person is in the center, holding a rope. The overall scene is dramatic and adventurous.

GREAT THINGS
NEVER CAME
FROM COMFORT
ZONES

OBESITY: A GLOBAL EPIDEMIC

Obesity is the 5th leading cause of death in the world with over 70% of adults classified as obese or overweight (Smith, K. & Smith, M., 2016).

By 2030,
1 in 2 adults
in the US are
expected to be obese
(Ward, 2019).



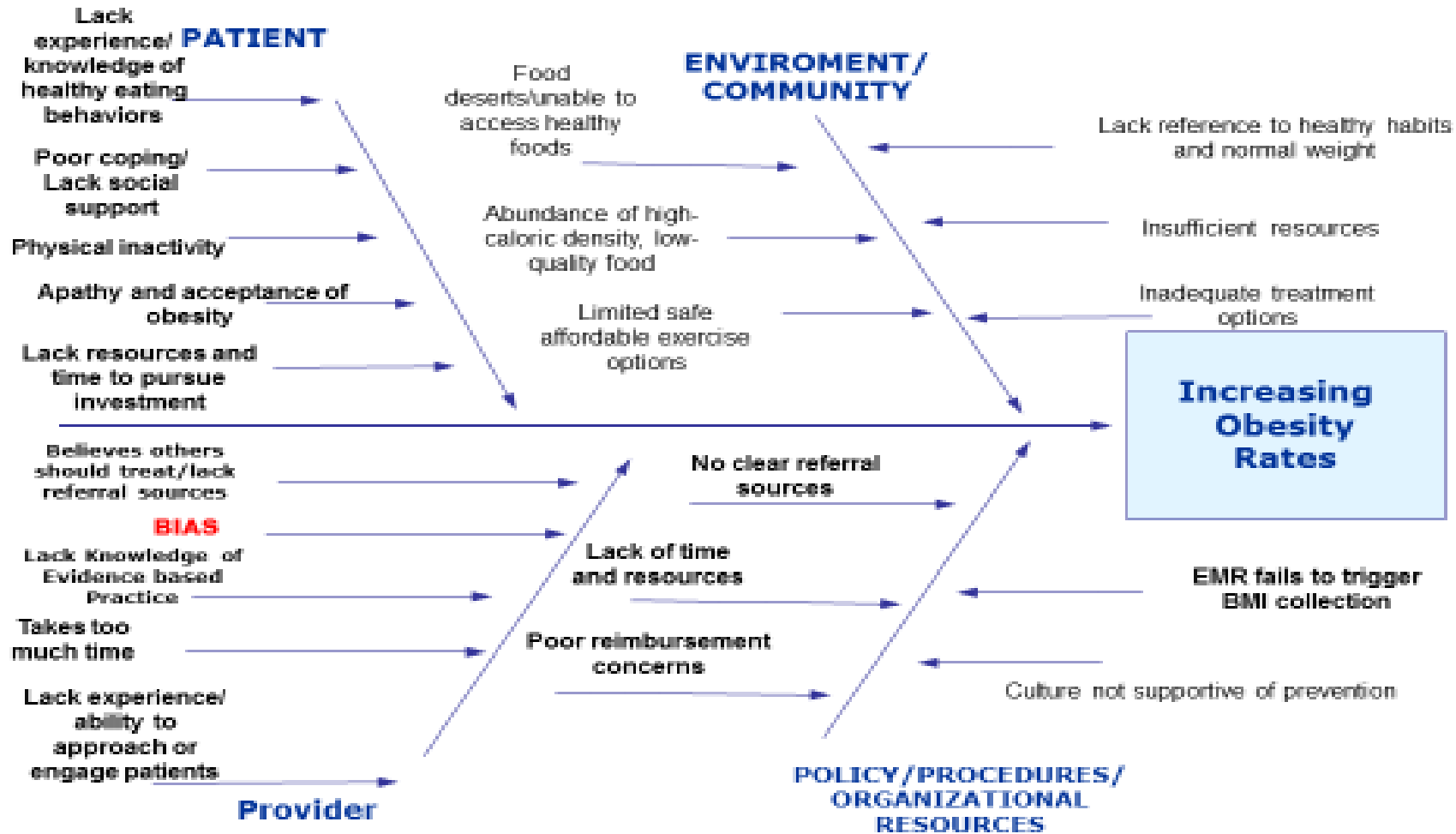
- Obesity contributes to over 3.4 million deaths reported annually (Smith, K. & Smith M., 2016).
- The U.S. spends billions of dollars annually, accounting for nearly 21% of all its health care expenses (Smith, K. & Smith M., 2016).

OBJECTIVES

- **Recognize the barriers APRNs face in treating obesity**
- **Describe obesity bias**
- **Identify at least one action that can be taken to improve care**





NEEDS ASSESSMENT/GAP ANALYSIS

CAUSES OF INCREASING OBESITY RATES



In 2020, Logan County announced that 49% of the community met criteria for obesity, quite an alarming number compared to 34.8% in Ohio and 31.9% in the nation (Logan County Health risk and Community Needs Assessment Committee, 2020).

Barriers Perceived by Healthcare Providers

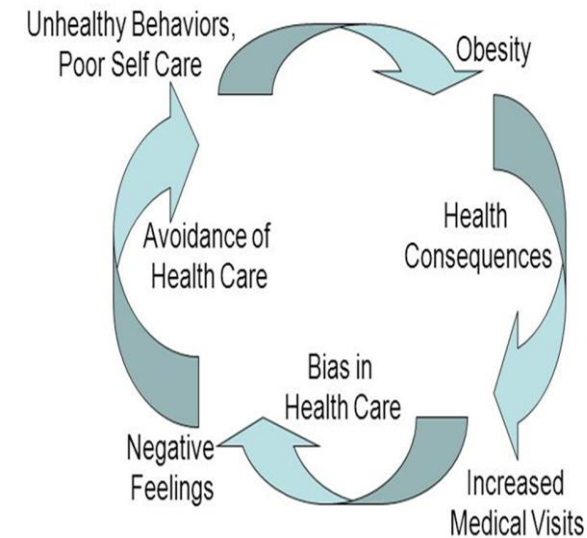
- 1  Lack of time/resources
- 2  Insufficient Knowledge
- 3  Poor confidence
- 4  Inadequate skills/tools
- 5  Obesity Bias

THE SIGNIFICANCE OF OBESITY BIAS

- Obesity bias is the **negative** perception and imposed discriminatory attitudes or behaviors based on an individual's weight which may lead to barriers in effective obesity management (Darling & Atav, 2018).
- Obesity management & patient engagement can be influenced by healthcare provider's obesity bias (Fruh, et al., 2016).
- Obesity bias has been found in healthcare professionals, but little is known about obesity bias in Advanced Practice Nurses (APRNs) who provide primary care

(Ward-Smith & Peterson, 2016).

Cycle of Bias and Obesity



THE PROBLEM

Obesity bias has permeated the healthcare system and its influence amongst APRNs, resulting in the increase of barriers to management of patients with obesity.



PICOT Question????

P

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C

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T

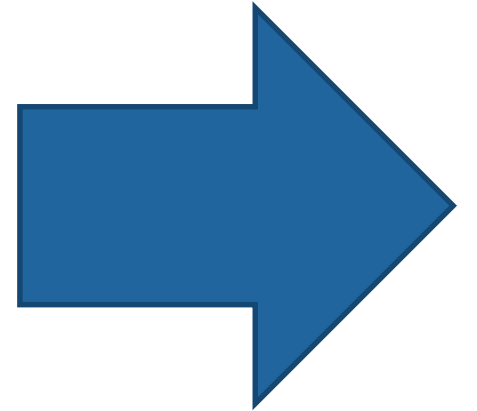
APRNS

EDUCATION

No EDUCATION

Beliefs &
Attitudes on
obesity

Within 4
weeks



For APRNs working with adults (P), what is the impact of a virtual education program (I) on obesity bias, causes, and management versus no program (C) on their beliefs and attitudes (O) over a 4-week period (T)?

EDUCATION has been found to reduce obesity bias amongst multiple healthcare professionals, but no studies have focused on APRNs exclusively

(Luig, et al.,2020; Hauff et al., 2019; Wijayatunda et al., 2019; Barra, et al., 2018; Hunter et al., 2018; Sanchez-Ramiez et al., 2018).

Synthesis Table: The Evidence of Educational Impact on Health Care Providers

| Outcome Criteria | Studies | A ^e + | B ^c + # | C ^c + | D ^f + # | E ^e + # | F ^e + # |
|-------------------------------|---------|------------------|--------------------|------------------|--------------------|--------------------|--------------------|
| Knowledge | | ↑ * | NE | ↑ * | NE | NE | ↑ * |
| Obesity Bias Awareness | | ↑ * | ↑ * | ↑ * | ↑ | NE ↑ | ↑ * |
| Improved Attitudes | | NE | ↑ * | NE | ↑ | ↑ * | ↑ * |
| Improved Beliefs/ Perceptions | | NE | ↑ * | NE | ↑ | ↑ * | NE |

A (Luig et al., 2020); B (Hunter, et al., 2018); C (Wijayatunda et al.,2019); D (Hauff et al., 2019); E (Barra, et al., 2018); F (Sanchez-Ramirez et al., 2018)

^b randomized control trial; ^c non-randomized control trial; ^d uncontrolled cohort study; ^e quality improvement project; ^f qualitative study

Purpose/Aim:

➤ **To evaluate the impact of an obesity bias awareness webinar on the beliefs, knowledge, and attitudes of APRNs managing patients with obesity.**

➤ **The expectation is to improve quality of care by increasing obesity bias awareness and, cultivating an understanding of the evidenced based management of obesity.**

RECRUITMENT STRATEGY

**Project
IRB exempt**

Excluded APRNs NOT
working with adults or did
not fully complete the project

Inclusion criteria

All APRNs working
with adults,
consenting and
completing entire
project within
4 weeks

Incentive

One Free
Continuing
Education Credit
(CE)

Recruitment

Recruitment flyer
OAAPN promoted
Emailing with
snowballing effect

Project Design/Method:

- *Evidence-based project framed by PDSA framework
- *Single group, (each participant served as own control)
- *Descriptive pre/post assessment intervention design to assess attitudes, and beliefs of obesity
- *Education intervention.
- *Setting entirely virtual



The Instrument/Measurement Tool:

Attitudes and Perceptions of Nurse Practitioners Survey

(APNPS) (Ward-Smith & Peterson, 2016).

- This instrument measured the outcome expressed in the PICOT question
- The pre assessment provided a baseline of the participants' obesity attitudes and beliefs, and the post assessment served as comparative data.
- The tool has a Cronbach alpha score of 0.912 for attitude, 0.709 for perceptions (beliefs), and 0.939 for social desirability THUS a reliable tool. Face validity reported.
- The tool collected ordinal data using a Likert scale.

**Instrument first used at a national APRN conference to assess obesity bias of over 350 APRNs with positive findings of obesity bias

Examples in the assessment found attitudes of patients with obesity;

- Not as good as others
- Not as successful as others
- Unsuitable marriage partners
- Unclean/untidy

Participant Project Journey

Access

QualtricsXM® link

Set Unique ID, complete online consent, demographic survey and pre assessment tool

Access

QualtricsXM® link

Continuing Education (CE) evaluation and the post assessment tool.

Success

Project completion

QualtricsXM® notifies author and data available for collection



Participant Starts

Link provided

Via OAAPN, email or recruitment flyer

Access Link to Webinar

Following completion of step 1, a link to the education webinar was provided; Here participants viewed a 1 hour lecture

Option to email author to request CE certificate



Can We Talk?

How to have a productive conversation with your patient about weight.

Amy Keller, MS, RDN, LD

In collaboration with Angela Rutan, MSN, CNP



Recognize that developing obesity is not just a lack of proper diet and exercise—there are many factors out of a patient's control.

Provide feedback in a non-judgmental way.

- Celebrate successes with your patient. Offer specific feedback when things may not be working.

Focus on health and not weight.

- Significant, sustainable weight loss is very difficult as we will discuss in upcoming slides. Celebrate health improvements.

Consider that your patient may have experienced weight bias from previous providers.

Consider that your patient may have tried to lose weight many, many times.

Explore all causes for the reason your patient came to see you—don't assume that weight is the only cause of symptoms.

CONSIDER THESE POINTS:

- ▶ Examine your own attitude and biases
- ▶ Consider how you feel about your own weight
- ▶ Address the physical environment.
- ▶ Remember that not every patient is ready right now.
- ▶ Diet and exercise are not the only reasons for overweight and obesity.
- ▶ A person who is overweight or obese is foremost, **a person.**
- ▶ Ask permission
- ▶ Use person first language
- ▶ Be prepared to offer hope and support
- ▶ Involve the patient in plan development

DEMOGRAPHICS

| | |
|-------------------------------|--|
| Age in years old | 6 % 20-29 38 % 30-39 26 % 40-49 12 % 50-59 6 % 60-64 12 % >65 |
| Years of Experience | 18 % < 2 years 32 % 3-5 years 26 % 6-10 years 6 % 11-15 years 6 % 19-20 years 12% >21 years |
| BMI classification (personal) | 3 % underweight 56% normal weight 32% overweight 9% obese |
| Gender | 82% female 18% male |
| Race | 100 % Caucasian |
| State of Practice | 94% practice in Ohio |

- 68 APRNs consented and completed the pre assessment portion
- 34 (50%) APRNs met inclusion criteria and completed project

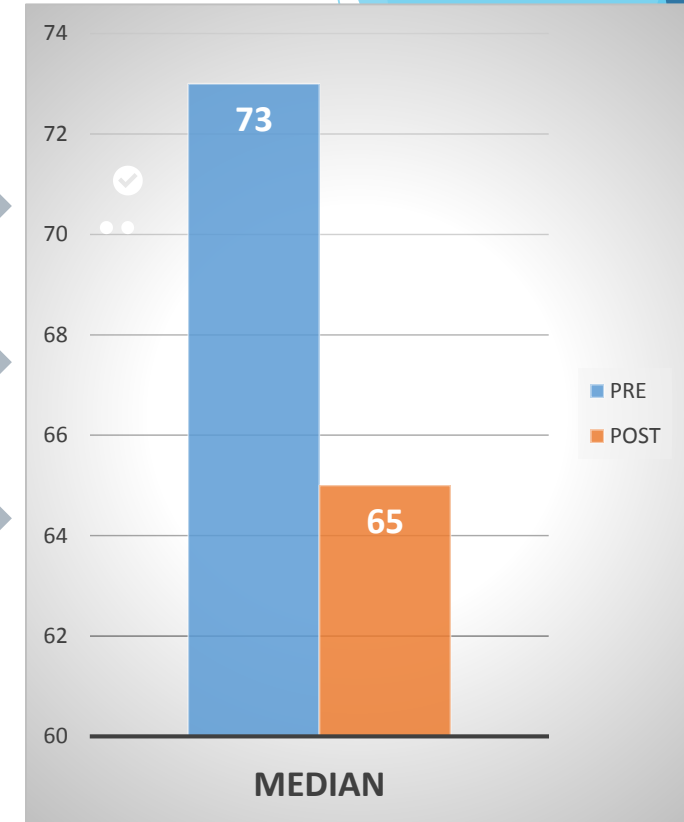


DATA ANALYSIS & RESULTS

STATISTICALLY
SIGNIFICANT!!!
Z score = 2.410
P = .0159



*Wilcoxon sign rank
grouped median scores*



- ✓ These results demonstrate a positive change in attitudes and beliefs.
- ✓ This decrease in the grouped median scores represents a **decline** in overall bias.
- 97% of the participants recorded an intent to change practice behavior
- 95% reported gained knowledge after viewing the educational webinar

Conclusions

Education improves attitudes and beliefs of obesity with potential to reduce obesity bias

Clinical Implications

Obesity bias and obesity treatment education should be considered:

- *An integral part of APRNs' collegiate curriculum**
- *Continuing education opportunities to APRNs**

Vital Acknowledgement:

- ▶ Addressing and reducing obesity bias can ensure APRNs provide improved quality of care to patients with obesity.**
- ▶ Patients trust nurses -APRNs are positioned to support patients with obesity and manage their health WITHOUT BIAS!**

Recommendations

- ▶ **In person/or proctored education could reduce tech challenges**
- ▶ **Projects that could control time of assessment post education and determine if change persisted**
- ▶ **Larger scale projects with a more diverse sample population that mirrors the target population of APRNs in the United States**
- ▶ **Apply to other healthcare professions**



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THANK YOU!

Any Questions?

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