Evaluation of a Pilot Program to Increase Healthcare Professionals Awareness of the Effects of Weight Bias

Habibah Williams, MSN, AGACNP-BC Doctor of Nursing Practice Scholarly Project Defense

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Introduction

- Two-thirds of the nation's adults are considered overweight or obese
- People with obesity face a resilient form of social stigma
- New interventions are needed to challenge weight-based stereotypes



 Background & Significance
The outcomes of weight bias are weight stigma & internalization

- Weight bias and stigma are seen in HCPs
- Weight bias and stigma are factors that contribute to obesity (Najjar, 2017)



Background & Significance



Literature Review

- 15 Articles retained for analysis
- Four themes were identified in the literature
 - Causes and controllability
 - Perspective taking
 - Anti-stigma films or narratives
 - Multiple modalities



The Elaboration Likelihood Model



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Purpose

To evaluate *We Matter*, a virtual, multi-modal educational pilot program designed to increase HCPs awareness of the effects of weight bias and stigma

 Aim 1: to increase awareness of weight bias and stigma in HCPs

 Aim 2: to evaluate HCPs intent to use the knowledge gained from the program



The We Matter Program



Methods

- Setting
 - 2 University Student health centers
- Sample
 - Convenience sample of 10 HCPs
- Measures
 - Demographics
 - Fat-Thin Implicit Association Test
 - Pre-test, post-test of awareness
 - Evaluation of Weekly Modules
 - Evaluation of We Matter



Methods

Procedures Ethical considerations Recruitment Virtual consent Design One group pre-test post-test Data collection — Qualtrics XM Intermediary Data analysis - SPSS version 28 Short answer questions JVA NURSING

Results

emographics

Age	n	%
25-35	4	40
35-45	2	20
45-55	1	10
55+	3	30
Total	10	100
BMI	n	%
18-25	1	10
26-29	0	0
30-35	4	40
>35	5	50
Total	10	100



We Matter Program Pre- and Post-Intervention Level of Awareness of Weight Bias and Stigma Wilcoxon Signed Rank Test

Questionnaire	N	Mean (SD)	Median (IQR)	Min-Max	<i>p</i> -value
Pre- Intervention	10	3.20 (1.03)	3.00 (2.00-4.00)	2 – 5	1.07
Post- Intervention	10	4.00 (0.67)	4.00 (3.75-4.25)	3 – 5	



Pre & Post-Intervention Level of Weight Bias Awareness

Rating	Pre-intervention		Post-intervention	
	n	%	n	%
No Awareness 1	0	0	0	0
Low Awareness 2	3	30	0	0
Moderate Awareness 3	3	30	2	20
High Awareness 4	3	30	6	60
Expert Awareness 5	1	10	2	20
Total	10	100	10	100

Results Evaluation of *We Matter*

Item	n (%)	n (%)	n (%)
Rate your intent to use the information provided	Low	Moderate	Hìgh
in the We Matter! program. No intent (1), undecided (2), low (3), moderate (4), high (5)	1 (10)	5 (50)	4 (40)
	n (%)	n (%)	n (%)
We Matter! helped me to be mindful of weight bias during patient interactions. Strongly disagree	Neither agree or disagree	Agree	Strongly agree
agree (4), strongly agree (5)	3 (30)	2 (20)	5 (50)
	n (%)	n (%)	n (%)
The <i>We Matter</i> ! intervention is relevant to my practice. Strongly disagree (1), disagree (2), neither agree or disagree (3), agree (4), strongly agree (5)	Neither agree or disagree	Agree	Strongly agree
	2 (20)	1 (10)	7 (70)
	n (%)	n (%)	n (%)
The We Matter! intervention was time consuming. Strongly disagree (1), disagree (2), neither agree or disagree (3), agree (4), strongly agree (5)	Strongly disagree	Disagree	Neither agree or disagree
	2 (20)	4 (40)	4 (40)
At any time during the course of the intervention	n (%)	n (%)	
did you find yourself using elements of the	Yes	No	



The average rate of participation in the short answer questions was 84%

•50% of participants felt that they would not change anything about the program



Discussion

Strengths

- Focused on awareness
- Used multiple strategies
- Program duration
- Completely virtual
- Intervention for HCPs



Discussion

- Limitations
 - One-group pre/post test design/Pilot Study
 - Use of categorical demographic data
 - Use of only age and BMI as demographics
 - Sample size
 - Convenience sample
 - Time
- Barriers
 - Lack of reliable tools
 - COVID-19 Pandemic



Future Considerations

- More rigorous research is needed
- More robust demographics
- Validated and reliable tools
- Thought-listing technique, qualitative analysis
- We Matter can be used or modified for use in other settings



Conclusion

- We Matter improved 60% of participants weight bias awareness scores
- It is extremely difficult to affect bias
- It is necessary to focus on interventions that challenge weightbased stereotypes



Nursing Practice Implications

- Being aware of weight bias allows HCPs the chance to correct behaviors
- Improving HCPs weight bias and stigma can improve healthy lifestyle outcomes for this population
- "When it comes to fighting weight bias and stigma, every voice counts" (Obesity Action Coalition [OAC], 2021)



Products of the Scholarly Project DNP scholarly project -The program We Matter! Manuscript submission -UVA Libra database -Journal of Nursing Education Abstract submissions - GNSA Poster Presentation -AACN



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Questions?



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DNP Scholarly Project Team Beth Hundt, PhD, APRN, ACNS-BC, NP-C -Advisor

Assistant professor UVA School of nursing

Cynthia Ellison, PhD, LPC – Practice Mentor

Executive director of health and wellness, VSU

Beth Quatrara, DNP, RN, CMSRN, ACNS-BC– Second Reader

 UVA DNP program director & Assistant Professor school of nursing

