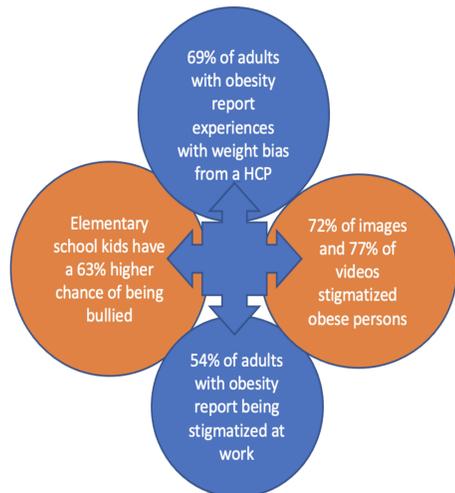


Habibah Williams, MSN, AGACNP-BC. University of Virginia hdw2zq@virginia.edu & Aislinn Woody, BSN, RN, University of Central Florida aawoody@knights.ucf.edu

Introduction

Obesity is a visible diagnosis that can spark many judgments (Brochu et al., 2020). The Joint International Consensus Statement for ending the stigma of obesity states that raising awareness of the harmful repercussions of weight bias/stigma is vital but an inadequate solution.

Weight Bias and discrimination is rampant in our schools, workplaces, health systems and media (Canadian obesity network, 2017).



Background

Weight stigma reduces QoL & self-esteem (Haga et al., 2019) & increases workplace, education, & healthcare discrimination. Weight bias is expression of negative attitudes, beliefs, & behaviors toward people who are higher-weight (Brochu et al., 2020). It leads to discrimination (OAC, 2021). According to the National Association to Advance Fat Acceptance, "fat people exist within every marginalized identity," resulting in social injustice & a persistent public health problem (Rubino et al., 2020).



Literature Review

A review of the literature regarding interventions that impact weight bias in HCPs was conducted. Search results returned 19 quantitative and 2 qualitative articles meeting the search criteria. The following themes were identified as strategies to positively changing attitudes about obesity

- Multi-modal interventions
- Education about causes and controllability of obesity
- Perspective taking exercises such as simulation and role playing;
- Anti-stigma films and narratives

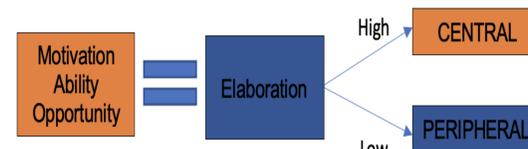
Public health professionals should promote weight bias education to enable new narratives about obesity consistent with current scientific evidence (Rubino, et al., 2020). Interventions that challenge weight-based stereotypes & create awareness of the negative effects of weight stigma on mental and physical health are needed (Cassiano et al., 2021).

Theoretical Framework

The Elaboration Likelihood Model (ELM) proposes that there are 2 avenues to attitude modification:

- Central: When motivation and ability are high, attitude changes via the central route
- Peripheral: When motivation and ability are low, change happens via the peripheral

We Matter! seeks to access the central route by building motivation through a multi-modal, multi-week intervention



Strategic Plan

We Matter! was developed for healthcare professionals through collaboration of a DNP and PhD nursing student.

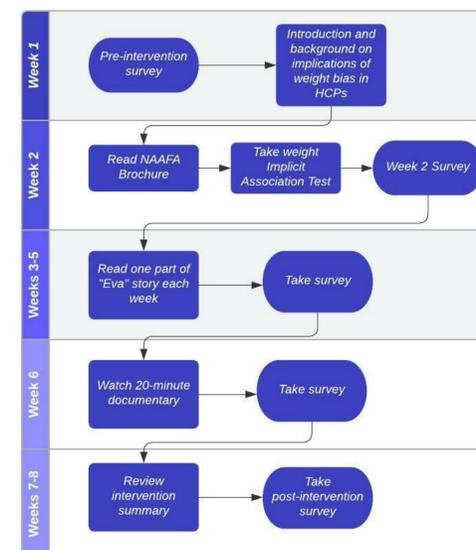
Steps:

- ❖ Create Motivation: education on weight bias and completion of the Weight Bias Implicit Association Test
 - o New module was sent to participants each week for 7 weeks
 - o Weeks 3-5 were the story of EVA, a perspective taking, empathy building case study
- ❖ Categorize ideas and feelings: thought-listing exercises will be used after each module to determine if We Matter! was successful at accessing the central or peripheral route of processing (Cacioppo & Petty, 1981).

We Matter! uses a variety of interventions aimed at:

- ❖ Understanding personal implicit bias
- ❖ Increasing knowledge and awareness
- ❖ Building empathy
- ❖ Perspective taking

For more information and resources on weight bias, please scan this QR code



Implications

Identifying the best approach to addressing weight bias is a challenge. Weight bias is a universal problem. HCPs with levels of weight bias that matches or exceeds the general public is a significant concern for all involved.

Call to action for Nurses:

- Be advocates, and health educators, as well as change makers(Najjar et al., 2017).
- Serve as role models and increase awareness of weight bias
- Help others understand the uncontrollable causes of obesity (Najjar et al., 2017)
- Help fight weight bias by pledging to treat overweight and obese individuals with dignity and respect
- Encourage support initiatives aimed at preventing weight-based discrimination in workplace, education, and health care settings (Rubino et al., 2020)

When it comes to fighting weight bias, every voice counts (OAC, 2021)



Collaboration

The creation of the intervention was a collaborative effort. The authors met on a Facebook group for Nurses; DNP student recognized a need for a creative voice with a nursing background. Although attending different universities and having never met in person, this collaboration was natural and easy.

The following practices created a healthy and productive working environment:

- Early establishment of roles, boundaries, and authorship;
- Regularly scheduled Zoom meetings;
- Use of cloud-based services for content creation to allow for real-time updates and collaborative work on our own schedules

References available upon request