Weight Discrimination and Selected Health Behaviors

Sandi Phibbs, PhD, MPH
Jenny Faith, PhD
Tassnym Sinky, MPH
Sheryl Thorburn, PhD, MPH

College of Public Health and Human Sciences, Oregon State University

Background

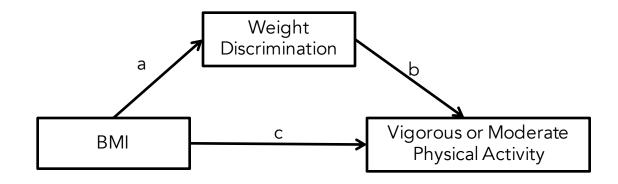
- Weight discrimination is pervasive in our society
- Experiences of weight discrimination have been associated with health-related behaviors
 - Physical activity
 - Health information-seeking

STUDY 1

Study Aim & Hypotheses

Determine the relationship between perceived weight discrimination and level of physical activity among older adults.

 Hypotheses: Perceived weight discrimination partially mediates the relationship between BMI and reported level of physical activity among older adults.



Methods

Data Source and Sample:

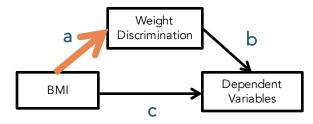
- 2010 and 2012 waves of the Health and Retirement Study
- Limited to 2012 respondents who were community-dwelling and aged 50 or older (N=20,554)

Variables:

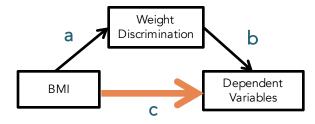
- Independent Variable: body mass index (BMI)
- Mediating Variable: weight discrimination
- Dependent Variable: vigorous and moderate physical activity
- Covariates

Analyses:

- Baron and Kenny's (1986) steps to mediation analysis
- MacKinnon and Dwyer's (1993) guidance for conducting mediation analysis with dichotomous variables



• (a) BMI was significantly associated with weight discrimination (AOR=1.14, 95% C.I.=1.13, 1.16).



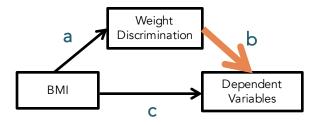
- (a) BMI was significantly associated with weight discrimination (AOR=1.14, 95% C.I.=1.13, 1.16).
- (c) BMI was significantly associated with both vigorous and moderate physical activity.

Imputed and Weighted Multivariate Logistic Regression Results, Variables Associated with Level of Physical Activity, (n=19,382)

	Ever Vigorous Physical Activity				Ever Moderate Physical Activity			
	Mod	<u>del 1</u>	Model 2		Model 3		Model 4	
Variable	AOR	95% C.I.	AOR	95% C.I.	AOR	95% C.I.	AOR	95% C.I.
ВМІ	0.96***	0.95, 0.96	0.96***	0.95, 0.97	0.95***	0.94, 0.96	0.95***	0.95, 0.96
Weight Discrimi- nation	-	-	0.79**	0.66, 0.94	-	-	0.76**	0.62, 0.92

^{**}p<0.01; *** p<0.001

All models were adjusted for race, ethnicity, education, self-rated health status, diagnosed chronic conditions, smoking status, insurance status, whether or not the respondent had a regular source of health care, and number of doctors visits within the past two years.



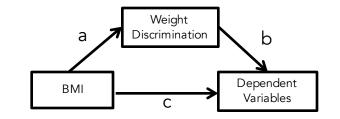
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- (c) BMI was significantly associated with both vigorous and moderate physical activity.
- (b) Weight discrimination was significantly associated with both vigorous and moderate physical activity.

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Estimated Total, Direct, and Indirect Effects of Weight Discrimination Binary Meditation Models

		Mediation of the between BMI Physical Activ	l l	Mediation of the Relationship between BMI and Moderate Physical Activity (n=11,503)		
		Coef.	95% C.I.	Coef.	95% C.I.	
a + b + c	Total Effect	-0.16	-0.19, -0.14	-0.20	-0.22, -0.17	
С	Direct Effect	-0.14	-0.17, -0.11	-0.18	-0.21, -0.15	
a + b	Indirect Effect	-0.02	-0.03, -0.01	-0.02	-0.03, -0.01	
	Proportion Mediated	0.13		0.09		

Summary, Strengths, & Limitations

Summary:

- Older adults are vulnerable to weight discrimination.
- Experiences of weight discrimination were inversely associated with vigorous and moderate physical activity among older adults.
- Weight discrimination is in the pathway of the relationship between BMI and physical activity among older adults.

Strengths Include:

- Used a large, nationally representative data set
- Able to control for many covariates

Limitations Include:

- Self-reported data
- Cross-sectional design

STUDY 2

Internet Health Information-Seeking

- Negative healthcare experiences associated with Internet health information-seeking
- 50-60% of the U.S. adult population seek health information from the Internet
- Use of interactive communities increasing; allows for sharing and exchanging of health information

Research Questions

- 1. How do Internet weight loss forum users describe interactions with healthcare providers?
- 2. How do Internet weight loss forum users describe the influence of their interactions with providers on their weight loss information-seeking behaviors?

Data Source

- Collected message board posts from three weight loss-related websites with highest traffic
- Posts collected over a 5month period.
 - Random selection
 - Targeted searches of key words

Breast Cancer Support Group

Recent Discussions

DCIS First Oncology visit

just had surgery took both off

Top	oics	Replies	Last Post
****	My Best friend/teacher has breast	6	By 8:28 am
****	Why don't Drs share all of the inf	3	By Yesterday
6699	2nd Ultrasound today and told I ne	8	By 05/27/14
6699	Just finished 16 rounds of chemo	5	By 05/27/14
6699	New Tamoxifen recommendations	2	By 05/26/14
6699	Waiting to see surgeon for a biopsy	1	By 05/22/14
6699	How is everyone?	7	By 05/19/14
****	two year survivor	9	By 05/19/14
6699	Letrozole - generic for Femara and	2	By 05/18/14
****	Coping with breast cancer diagnosi	5	By 05/18/14
****	What was the first sign??	6	By 05/14/14
6699	eye of the storm	9	By 05/12/14
****	My dearest friend has breast cancer	5	By 05/03/14

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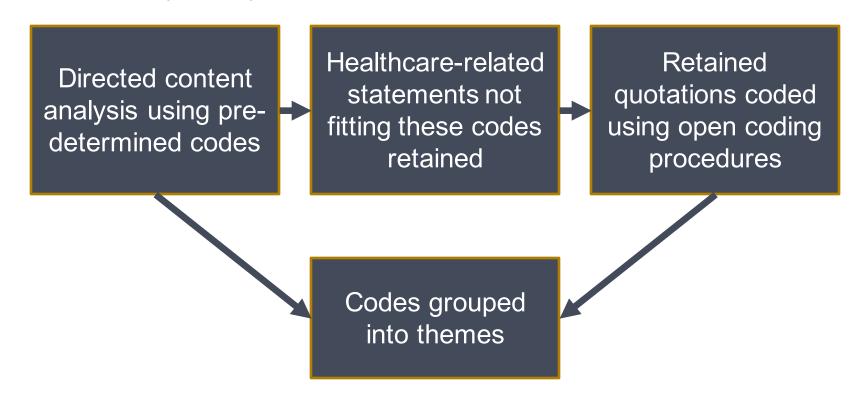
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Data Management & Analysis

- Posts copied verbatim into Atlas.ti
- Retained data related to personal healthcare experiences
- Data Analysis by two coders



 Shame and embarrassment about weight led forum users to avoid providers

I should talk to my doctor, but I'm embarrassed and he'd laugh at me.



I avoid going to the doctor because I am embarrassed when he brings up my weight at every visit.

 Some reported disrespectful treatment during clinical encounters, leading to a shutdown in communication.

I told my doctor my weight loss goal and he laughed.



I had a doctor try to tell me to lose weight in a way that was offensive. He tried to make it a joke.

The dietitian rolled her eyes at me.

 Some were angry and disappointed with providers who discussed their weight during clinical encounters

Doctors can be so cruel.
My medical records say
I'm obese and he never
lets me forget it. I was so
hurt.

She told me I should work on losing weight. I was devastated and cried after the appointment.

I am aware that I'm obese, and my doctor yelling at me about my weight only increases my shame.

He mentioned that I needed to lose weight at every visit. I was so angry and annoyed at him.

Summary, Strengths, & Limitations

Summary

- Forum users associated negative emotions with provider visits; some changed or avoided providers as a result.
- Interactive forums might be an important weight loss information source among those who have negative experiences with healthcare providers.

Strengths

- Qualitative: experiences described in participants' own words.
- Unobtrusive data collection
- Random and targeted selection

Limitations

- Only examined three weight loss forums within a 5 month period
- Only included views of those voluntarily discussing providers

Discussion

Weight discrimination influences health behaviors.

Implications for practice:

- Consider the influence of weight discrimination on exercise behavior
- Improve communication skills of healthcare providers

Implications for future research:

- Identify and address factors that perpetuate weight stigma
- Examine the relationship between weight discrimination and healthcare-related outcomes

Contact Info

- Sandi Phibbs
- Sandi.cleveland@oregonstate.edu
- Jenny Faith
- Jennifer.faith@oregonstate.edu