



St. Elizabeth
HEALTHCARE

Training & Education Center



Obesity

**Understanding, Awareness
and Sensitivity**

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Julie Wilson APRN

Julie.Wilson@stelizabeth.com

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Course Information

CBL Navigation Instructions

- **Target Audience:** All SEH associates.
- This CBL includes **25** content slides.
- You *must* review each slide for completion credit.
- This module includes **1** assessment.
- Final assessment requires **passing score of 80%**. You have **unlimited** attempts.
- ***Technical issues?*** Contact the helpdesk (12541).
- ***Content questions?*** Contact **Weight Management Center at (859) 212-4625**

OBJECTIVES



Define obesity and the causes and consequences of obesity.



Increase the awareness of weight bias among healthcare professionals.



Examine the role of the healthcare professional.



Utilize the resources available in the bariatric resource manual.

OBESITY

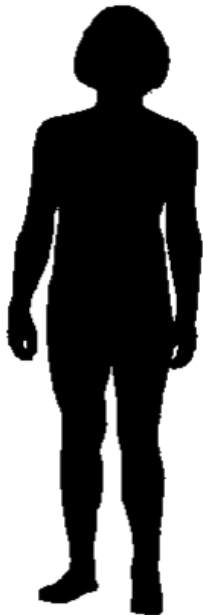
Definitions

- ❑ Obesity: Body Mass Index (BMI) of 30 or higher.
- ❑ Morbid Obesity – BMI 40 or higher
- ❑ Body Mass Index (BMI): A measure of an adult's weight in relation to his or her height, calculated by using the adult's weight in kilograms divided by the square of his or her height in meters.

OBESITY

Terms Used to Describe Various Levels of Body Fat

Normal Weight
(BMI 18.5 to 24.9)



Overweight
(BMI 25 to 29.9)



Obese
(BMI 30 to 34.9)



Severely Obese
(BMI 35 to 39.9)



Morbidly Obese
(BMI 40 or more)

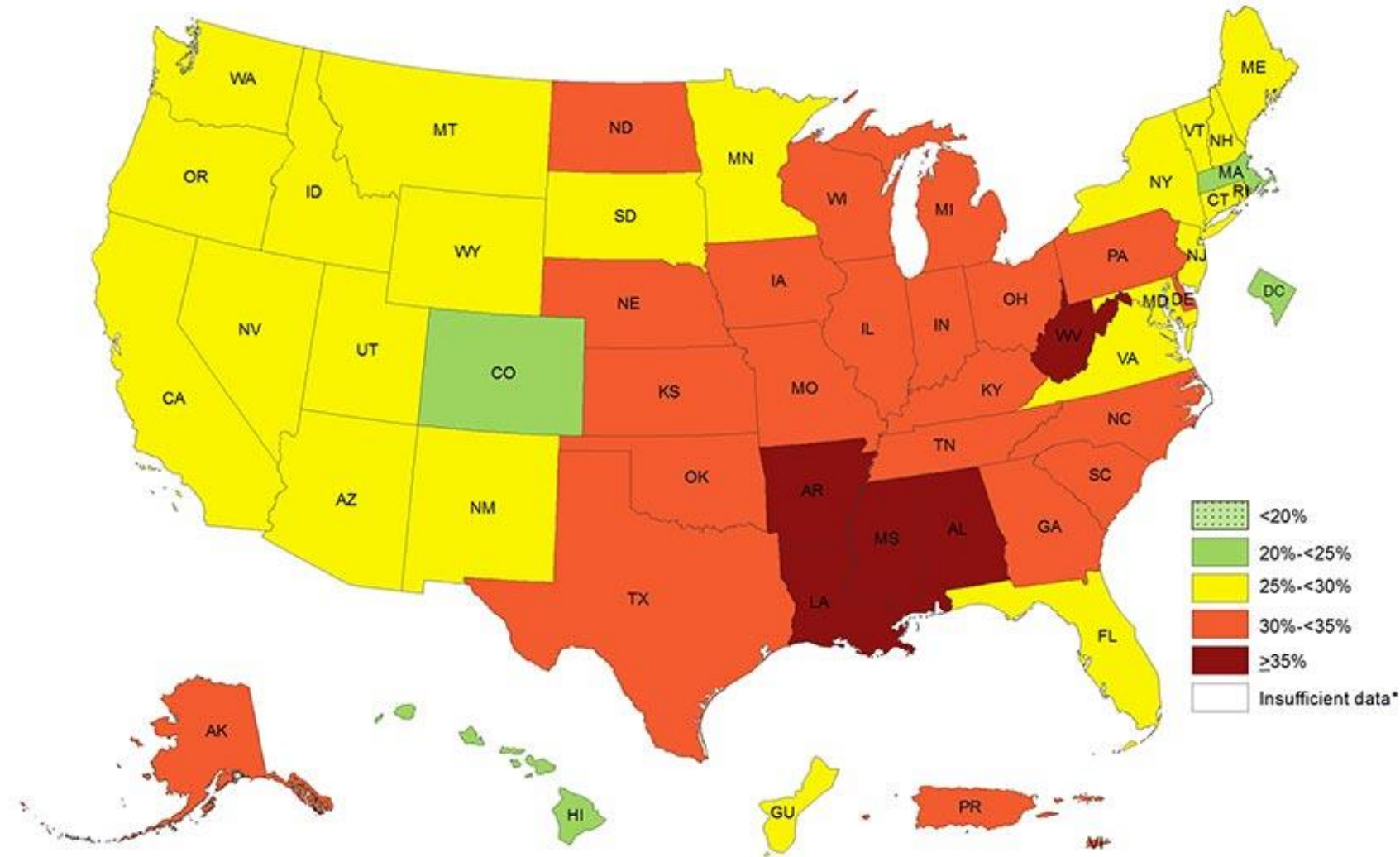


FAST FACTS

Obesity Prevalence in 2016 Varies Across States and Territories

- All states had more than 20% of adults with obesity.
- 20% to less than 25% of adults had obesity in 3 states (Colorado, Hawaii, and Massachusetts) and the District of Columbia.
- 25% to less than 30% of adults had obesity in 22 states and Guam.
- 30% to less than 35% of adults had obesity in 20 states, Puerto Rico, and Virgin Islands.
- 35% or more adults had obesity in 5 states (Alabama, Arkansas, Louisiana, Mississippi, and West Virginia).
- The South had the highest prevalence of obesity (32.0%), followed by the Midwest (31.4%), the Northeast (26.9%), and the West (26.0%).

PREVALENCE* OF SELF-REPORTED OBESITY AMONG U.S. ADULTS BY STATE AND TERRITORY, BRFSS, 2016



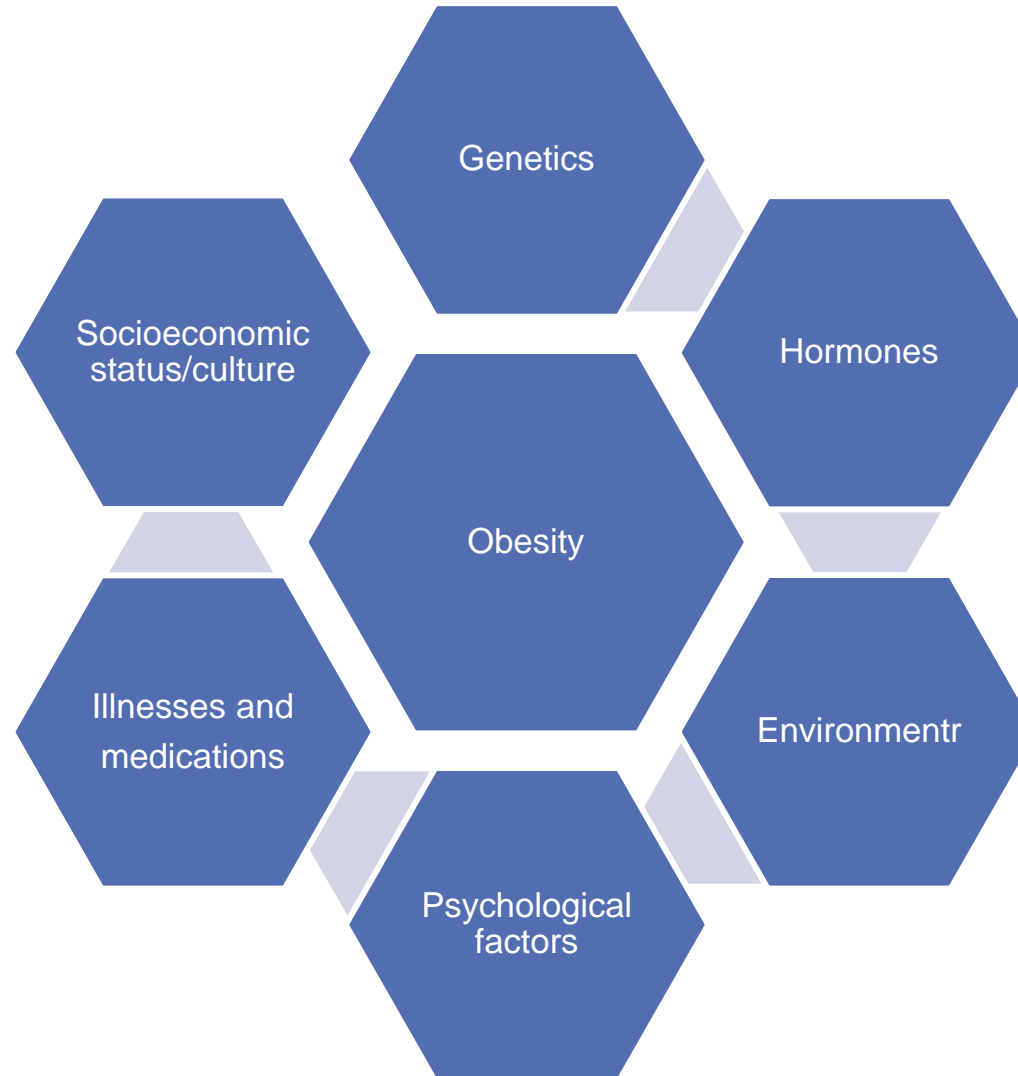
<https://www.cdc.gov/obesity/data/prevalence-maps.html>

OBESITY IS...

Obesity is a complex, multifactorial chronic **disease** that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors.

Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults; NIH

CAUSES OF OBESITY



WHAT CAUSES OBESITY?

Genetic Factors

- The genes you inherited from your parents
 - FTO gene
 - Dictates why some people gain weight while others do not
 - People who have 2 copies of the gene have 67 percent increased risk of obesity

WHAT CAUSES OBESITY?



Hormones

Ghrelin

- Increases hunger
- Feel hungrier when levels high
- Decreases hunger
- Less hunger when levels high



Sleep deprivation directly related to these hormones

After limited sleep, Leptin decreases and Ghrelin increases

Study participants reported increased hunger, especially for high carbohydrate foods

WHAT CAUSES OBESITY?

- Low-Cost Easy Available Foods
- High Fat-Energy Dense Foods
- Larger Food Servings
- High Snack Consumption



Environment



Elevator



Moving Sidewalk



Escalator



Computer Games



Television



Automobiles



Riding Lawnmowers

WHAT CAUSES OBESITY?

20 Years Ago



140 calories
3-inch diameter

“Portion Distortion”

Calorie Difference: 210 calories

Today



350 calories
6-inch diameter

WHAT CAUSES OBESITY?



Psychological factors

Many eat in response to negative emotions, such as boredom, sadness, or anger.

Many deal with life stressors with food.



Illnesses (can lead to overeating)

Hypothyroidism

Cushing's syndrome

Depression

Certain Neurological problems



Medications (may cause excessive weight gain)

Steroids

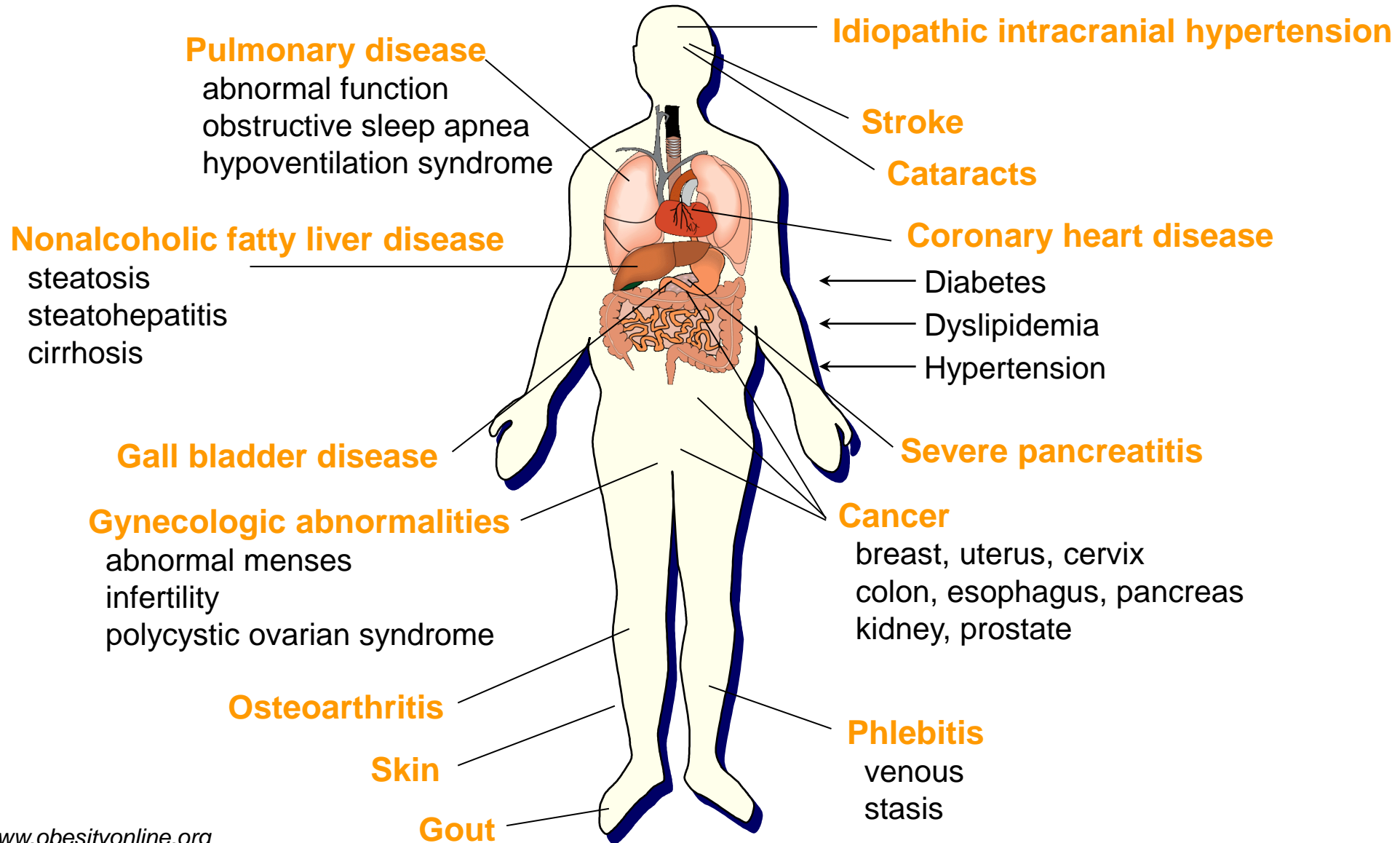
Some Antidepressants

CONSEQUENCES OF OBESITY

For every one person you see on the street, there are two people that you don't see...



CONSEQUENCES OF OBESITY



THE DISEASE OF OBESITY

How would you feel if...

- You are in the hospital and the gown is too small?
- You overheard someone asking for the “big wheelchair?”
- You are worried that the chair in the hospital waiting room would not hold your weight?
- You learned that you are required to buy two seats on an airplane to fly home in an emergency?
- You could not tie your shoelaces?
- You could not sit in a booth at a restaurant?

WEIGHT BIAS IN HEALTHCARE

- Bias may have a negative impact on the quality of healthcare for individuals with the disease of obesity
- Nearly 95% of individuals with the disease of obesity feel like they have been discriminated against
- **Studies have documented weight bias against obese patients by:**
 - Dietitians
 - Psychologists
 - Nurses
 - Medical students
 - Physicians

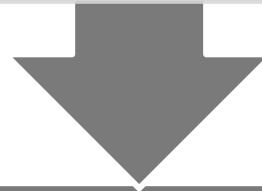
IDENTIFYING WEIGHT BIAS

Does a weight bias exist?

Within you?

Within your
organization?

Within your medical
staff?



Honest self-examination required before progress is
made

IDENTIFYING WEIGHT BIAS



Do I make assumptions based only on weight regarding a person's character, intelligence, professional success, health status, or lifestyle behaviors?



Am I comfortable working with people of all shapes and sizes?



Am I sensitive to the needs and concerns of the individual with obesity?



Do I treat the individual or only the condition?

RIGHTS OF INDIVIDUALS WITH THE DISEASE OF OBESITY



Right to non-discrimination



Right to have quality care, social services, and adequate physical accommodations/equipment/testing facilities in the health care setting.



Right to have full explanation of all health procedures, to help choose the modality of treatment, and to refuse treatment.



Freedom from ridicule, coercion, and harassment from all caregivers in the health delivery system.



Right to be treated by individuals who are accurately informed about the latest research in the areas of bariatrics, nutrition, metabolism, and genetics with regard to “obesity”

TIPS FOR THE HEALTHCARE PROFESSIONAL



Treat your patient with gentleness, tact, and concern.



Weigh the patient in a private setting and not in the presence of other patients or staff; record weight silently, without any commentary.



Be mindful and respectful when assessing equipment needs

wheelchairs, blood pressure cuffs, gowns, bedside commode, etc.

TIPS FOR THE ST. ELIZABETH HEALTHCARE PROFESSIONAL

Be true to the Weight Management Center's mission...

- To provide care in a safe and supportive environment
 - Know the weight capacity of hospital equipment and furniture and how to obtain if your patient exceeds the weight limit
 - Follow evidence based clinical and operational pathways
 - [Bariatric Resource Manual](#) is your reference to the surgical weight loss continuum of care

BARIATRIC RESOURCE MANUAL



Programmatic policies and pathways



Interdisciplinary team membership/contact information



System education plan



Weight loss surgery S/S complications



Equipment weight capacity and manufacturer specifications

SUMMARY



Morbid Obesity has many causes.



Successful outcomes in the treatment of morbid obesity means providing patients with an atmosphere of safety, confidentiality, and sensitivity.



Individuals with the disease of obesity have rights.



The Bariatric Resource Manual is your reference to the surgical weight loss continuum of care.

“Rather than feel anger or revulsion toward this person, my first obligation, especially if I am in the helping professions is to understand him or her: to gain insight into what it is like to be him or her; to imagine and to interpret the world from his or her perspective of experience...”

REFERENCES

Source: <https://www.cdc.gov/obesity/data/prevalence-maps.html>

Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults; NIH

Science Express, 12 April 2007; Science 11 May 2007:
Vol. 316. no. 5826, pp. 889 - 894

Sleep Duration and Levels of Hormones That Influence Hunger, Annals of Internal Medicine , 7 December 2004, Volume 141, Issue 11, Page I-52

National Heart Lung and Blood Institute, Portion Distortion Quiz

www.obesityonline.org

John Banja, PhD Obesity, Responsibility, and Empathy, The Case Manager, Nov/Dec 2004

You have completed the module.
Please **EXIT** the course via *Exit Course* button.

You may continue to review the content as needed.

Assessment will be available after closing this window.

Review Course

