To what extent does Doncaster's Compassionate Approach training impact levels of weight stigma in the local health and wellbeing sector?

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Abstract

Weight stigma is a significant issue within the health and wellbeing sector of England, and it contributes to negative physical and mental health outcomes for patients. Therefore, efforts should be made to reduce weight stigma in the health sector, and one way of working to achieve this is by upskilling the workforce through training and development. This study aims to evaluate the effectiveness of a new package of training developed by the City of Doncaster Council's Public Health team on reducing levels of weight stigma in the local Doncaster health and wellbeing workforce.

Context

Weight stigma is pervasive across society and negatively impacts physical and mental health of victims. Weight stigma negatively impacts health by increasing stress, cortisol levels, blood pressure, worsening symptoms of poor mental health, impacting body image, eating behaviours, and patients' ability to engage with health services, amongst others. Weight stigma is an issue within Doncaster too - one public consultation on the topic of weight found that:

- 78% of participants believe people who are overweight or obese are discriminated against.
- 55% of participants believe there is a stigma to attending weight management services.
- Respondents believe that obesity stigma is mainly caused by a belief that obesity is largely caused by laziness (38%) and that obesity can be resolved through lifestyle and willpower (31%).
- 32% of participants have experienced negative or hurtful behaviour 'fairly' or 'very' often in the last year because of their weight.

Table 1: Descriptive Analysis of the Survey Data

	Survey 1 (pre-training)		Survey 2 (post-training)	
	BAOP SCALE	**ATOP SCALE**	**BAOP SCALE**	**ATOP SCALE**
Mean score	22.7	77.72	27.2 (+4.5)	85.92 (+8.2)
Median	23	79	28.5 (+5.5)	86 (+7)
Mode	20 and 25	90	22 and 28 and 29	88 and 89
Highest score	31	90	38 (+7)	112 (+22)
Lowest score	15	58	14 (-1)	69 (+11)
Upper quartile	25.5	83.5	31 (+5.5)	89 (+5.5)
Lower quartile	19	72.5	22 (+3)	79.5 (+7)
Interquartile range	6.5	11	9 (+2.5)	9.5 (+1.5)

Methods

The study uses two established measures of weight stigma: the Attitudes Towards Obese Persons Scale (ATOP) and the Beliefs About Obese Persons Scale (BAOP) to measure levels of weight stigma amongst the study participants before receiving the training, and two weeks post-training. The higher the score, the lower the level of weight stigma. The study also conducted semi-structured interviews post-training to provide qualitative feedback on the understanding and effectiveness of the training, which was reviewed using thematic analysis.

Table 2: Themes Identified from the Semi-Structured Interviews

Understanding of what weight stigma is and how it presents in the health sector	*Understanding the impact of weight stigma in the health sector on patients' outcomes*	*Understanding of why weight stigma exists in the health sector and what causes it*	*Identifying opportunities to address and challenge weight stigma in the health sector*
Negative judgement based on prejudice	Non-engagement with healthcare	Over-emphasis on weight, potentially at the expense of health	More emphasis on self-reflection
Not taking a holistic person-centred approach	Negative impact on patients' mental health	Lack of understanding of the social determinants of health/weight	Being mindful of language
Language, negative comments	Denial of treatment based on weight	Simplistic messaging (eat less, move more)	Challenging explicit weight stigma from colleagues
Making assumptions about health / behaviours based on weight		Societal/cultural issue – entrenched views	More education and training on weight stigma
		Emphasis on individual responsibility	

Outcomes

Results from the quantitative surveys shower higher average BAOP and ATOP scores post-training, indicating an overall lowering of weight stigma across the cohort. Themes drawn out from the qualitative interviews also show an increased awareness, knowledge, confidence, and capability to identify and address weight stigma within professional practice. Further analysis of the results highlights key learning for improving and expanding upon the training package. Future research should seek to monitor the impact of weight stigma training over a longer timeline and could also cross reference changes in weight stigma scores with professional experience and background, so that future training packages can be further tailored and improved upon.