



May 2, 2016

Letter to the House Committee on Education & the Workforce-
Subcommittee on Workforce Protections

Re: H.R.4266 – The Nurse and Health Care Worker
Protection Act of 2015

Honorable Sir/Madam:

My name is Darliene Howell and I am the Chair of the Board of Directors for the National Association to Advance Fat Acceptance (NAAFA). The NAAFA Board of Directors is writing to you in the interest of our membership regarding House Bill H.R.4266 – The Nurse and Health Care Worker Protection Act of 2015. We are expressing our support of this Bill with requests for additional educational and training requirements.

NAAFA is a non-profit civil rights organization dedicated to ending size discrimination in all of its forms. We advocate for size diversity and NAAFA's goal is to help build a society in which people of every size are accepted with dignity and equality in all aspects of life. We advocate from the perspective of the fat patient.

NAAFA supports:

- An occupational safety and health standard to reduce injuries to patients, nurses, and all other health care workers by establishing a safe patient handling, mobility, and injury prevention standard
- The inclusion of representatives from the fat community, as stakeholders, in the discussion around the development of the Department of Labor (DOL) rules/regulations implementing the legislation
- Education regarding the physical and psychological aspects of fat discrimination and fat stigma be included in the training of all medical personnel
- The treatment of fat patients with dignity and respect

While NAAFA agrees with the proposed legislation to protect the physical health of nurses against injury, we would like to keep in mind that the protection needs to be extended to include the continued health and wellbeing of the patient. According to a 2014 study published in JAMA, more than one-third of adults and 17% of youth are considered “obese”.¹ The CDC estimates that 69% of American adults are either “overweight” or “obese”. Medical personnel need ways to safeguard both themselves and the patient that may need assistance in moving or in being moved. The development

and use of equipment to facilitate movement are a good means to achieving those goals. We strongly support the development of assistive patient handling technology, equipment, and devices.

However, there is much more to the care of a patient than their physical treatment. Caregivers' attitudes and beliefs are reflected in the quality of care that the patient receives. A survey presentation at the 2014 annual meeting of the American Association of Nurse Practitioners found a number of negative perceptions and biases held by more than 50% of the clinicians surveyed.ⁱⁱ

In 2011, Rebecca Puhl, PhD, of the Rudd Center wroteⁱⁱⁱ that:

- Research shows that providers spend less time during appointments and provide less health education with obese patients compared with thinner patients
- Women reported delaying and avoiding medical appointments because of disrespectful treatment and negative attitudes from providers, and embarrassment about being weighed, receiving unsolicited advice to lose weight, and being forced to use medical equipment that is too small to be functional for their body size
- Weight stigma also can influence healthcare utilization
- Evidence consistently demonstrates that weight stigma increases risk for psychological stress and impaired emotional well-being in the targeted individuals
- Among adults, perceived weight discrimination is associated with a current diagnosis of mood and anxiety disorders and use of mental health services

These studies underscore the need for all medical personnel to be educated regarding the physical and psychological aspects of fat discrimination and fat stigma.

In 2012, researchers conducted an experiment^{iv} which sought to reduce implicit and explicit anti-fat prejudice in preservice health students through the use of education. They found that, "The present results show that anti-fat prejudice can be reduced or exacerbated" and that "The present results have implications for the training of health professionals, especially given their widespread negativity toward overweight and obesity."

The results of this study would imply that weight bias and anti-fat attitudes and actions can be changed through education. NAAFA offers its services in helping to create the curriculum needed for medical/caregiver training. We currently have a brochure that we offer to the public to help educate medical professionals in the treatment of fat patients (included) and would be happy to expand upon this information to assist in any DOL training of medical personnel.

Thank you for considering our requests. We are happy to talk with you further if you require any clarification or if we may be of any assistance to the Subcommittee. We may be reached at 916-558-6880.

Respectfully submitted:
NAAFA Board of Directors
Darliene Howell, Chair of the Board/Secretary
Peggy Howell, Vice-Chair/Public Relations Director
Tigress Osborn, Social Media Director

ⁱ *Prevalence of Childhood and Adult Obesity in the United States, 2011-2012*, Ogden, Carroll, Kit and Flegal, 2014,
doi:10.1001/jama.2014.732

ⁱⁱ *Survey: Nurses Harsh on Overweight Patients*, P. Ward-Smith, 2014,
http://www.medpagetoday.com/MeetingCoverage/AANP/46428?xid=nl_mpt_DHE_2014-06-23&utm_content&utm_medium=email&utm_campaign=DailyHeadlines&utm_source=WC&eun=g416429d0r&userid=416429&email=radfatty%40yahoo.com&mu_id=5516185

ⁱⁱⁱ *Weight Stigma: Health Implications*, R. Puhl, 2011, <http://www.medscape.com/viewarticle/743363?src=emailthis>

^{iv} *Reducing Anti-Fat Prejudice in Preservice Health Students: A Randomized Trial*, K. O'Brien, R. Puhl, J. Latner, A. Mir and J. Hunter, 2012, DOI: 10.1038/oby.2010.79