Weighing In Doesn't Weigh Me Down

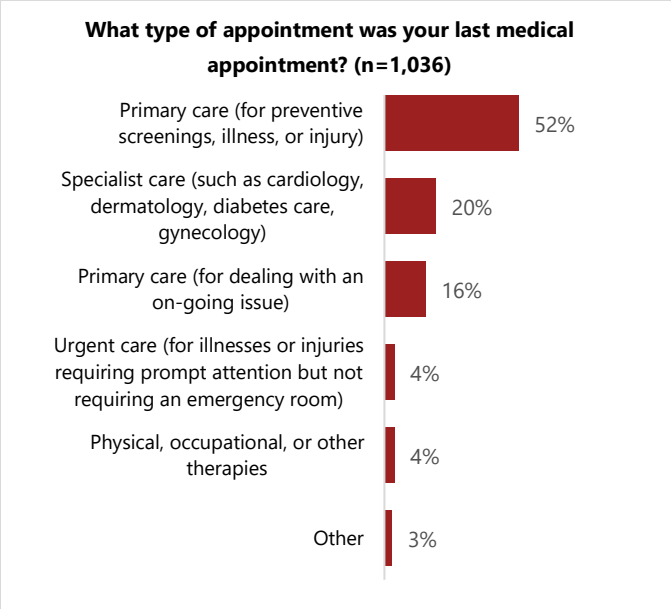
Results from an April 2022 Survey

INTRODUCTION

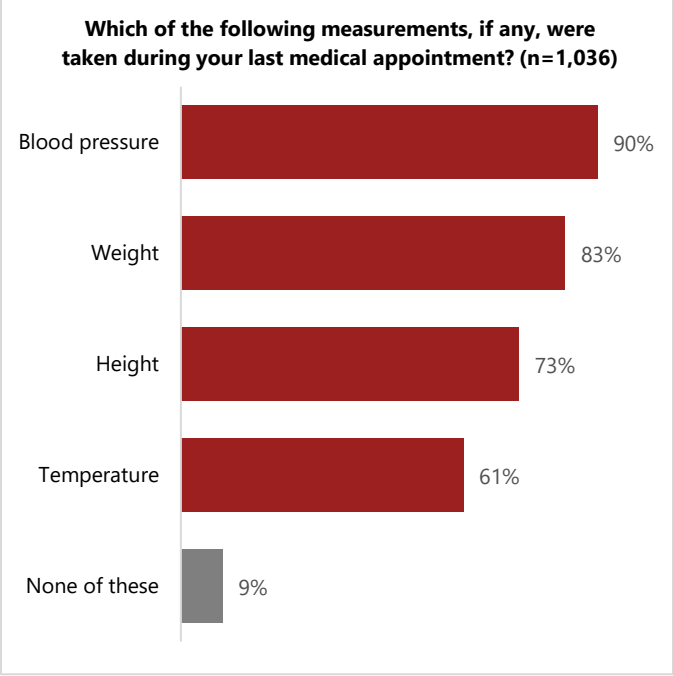
Early in 2022, there was information in the media which focused on changes that some health care professionals were making to the "checking in" procedures at medical appointments, specifically allowing patients the option of not being weighed if it were not medically necessary or of utilizing a "don't weigh me" card during a medical appointment[1]. Curious to discern how widespread these changes were and how midlife and older adults felt about them, AARP fielded a short survey among U.S. adults ages 50 and older between April 22-26, 2022.

KEY FINDINGS

Yearly medical appointments are common among midlife and older adults. Nearly nine in 10 (88%) adults age 50-plus report having seen a doctor in the past year, with those ages 65 and older more likely to say they have done so (93% vs. 83% for those age 50-64). When asked what type of medical appointment they had, more than half (52%) said it was for primary care—preventive screenings, illness, or injury.

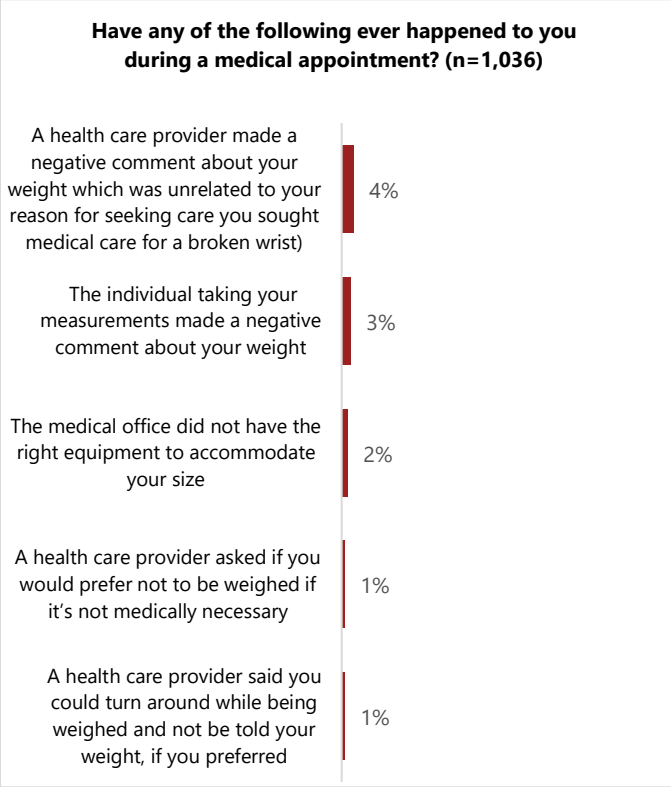


Blood pressure, weight, and height top the list of measurements taken during medical appointments. Nine in 10 (90%) adults 50-plus had their blood pressure taken, eight in 10 (83%) had their weight taken, and seven in 10 (73%) had their height taken during their last medical appointment. Another six in ten (61%) said they had their temperature taken.



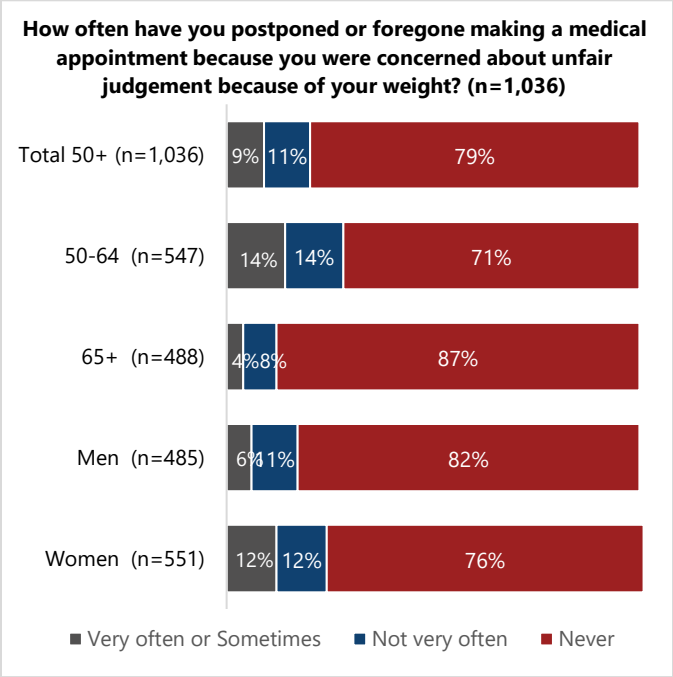
[1] See Sarah Jacoby, "Don't weigh me' cards help patients avoid triggers at the doctor's office," January 10, 2022 and Sumathi Reddy, "Why Some Doctors Let Patients Skip Weight Checks: More Doctors are De-Emphasizing Weigh-Ins or Are Trying to Make Stepping on the Scale Less Stressful," *The Wall Street Journal*, Updated March 7, 2022.

Experiencing negative comments about one's weight are uncommon. Nine in ten (91%) adults ages 50-plus reported having experienced none of the five circumstances they were asked about, with men (94% vs. 89% for women) and adults ages 65 and older (93% vs. 89% for adults 50-64) more likely to say that they have experienced none of these.

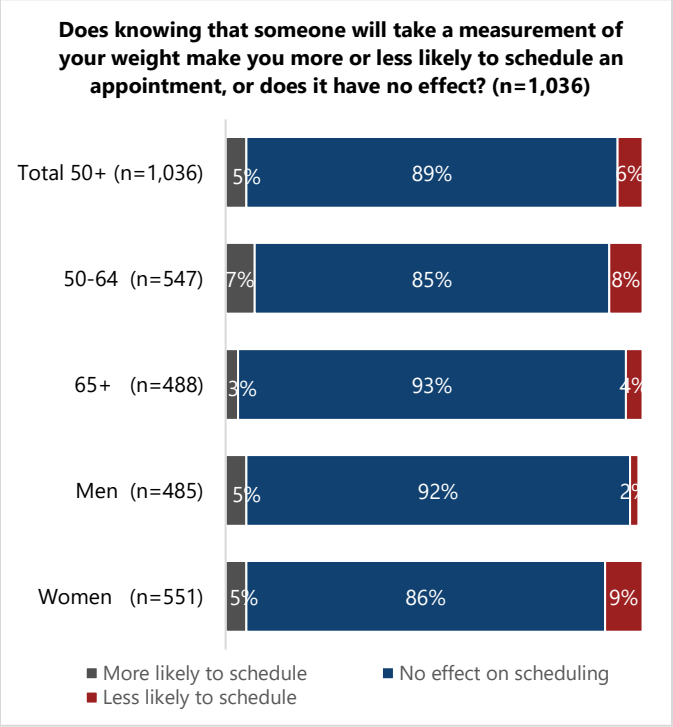


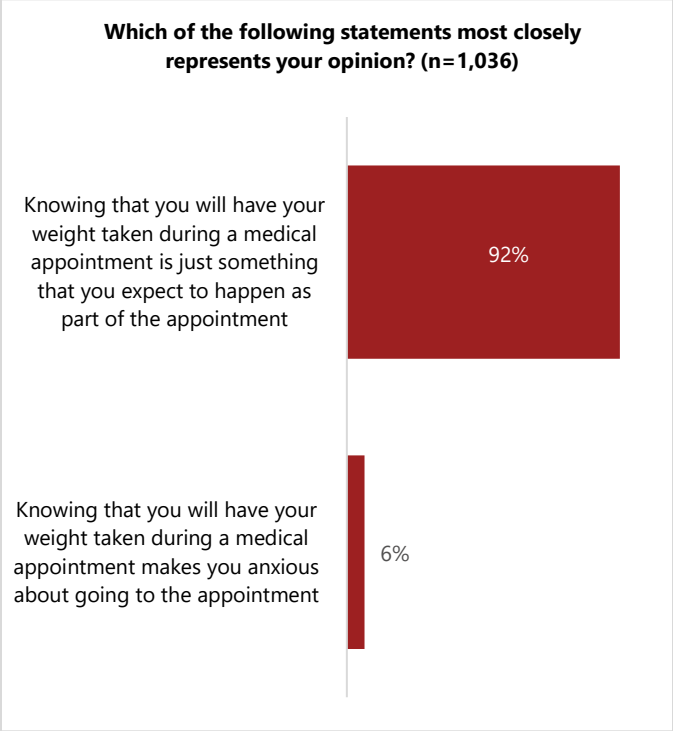
Black and Hispanic adults are more likely to experience some mistreatment during a medical appointment. Although the overall percentages of adults ages 50-plus having these experiences is small, Black (8%) and Hispanic (6%) adults are more likely than White adults (1%) to say that someone taking their measurements made a negative comment about their weight. Additionally, Black adults (9%) are more likely than White adults (1%) to report that the medical office did not have equipment to accommodate their size.

Concerns about being unfairly judged or stigmatized about one's weight negatively affect some older adults' willingness to make a medical appointment. While the percentages of adults ages 50-plus who have experienced negative comments about their weight are small, women (12% vs. 6%) and adults ages 50-64 (14% vs. 4%) are more likely than their counterparts to say they *very often* or *sometimes* have postponed or foregone scheduling a medical appointment for that reason.



But, knowing they'll be weighed seems to have less of an effect on scheduling. While men are more likely report that knowing they'll be weighed at their medical appointment has *no effect* on their scheduling an appointment (92% vs. 86%), women are more likely to say that knowing this makes them *less likely* to schedule (9% vs. 2%). However, adults ages 65 and older are more likely to report that knowing they'll be weighed at their medical appointment has *no effect* on their scheduling an appointment (93% vs. 85%) while adults ages 50-64 say that knowing they'll be weighed makes them *more likely* to schedule (7% vs. 3%), suggesting that some midlife adults may be monitoring their weight.





Nine in ten midlife and older adults see the "weighing in" as just part of their medical appointment. When asked to select which statement most closely represented their opinion about having their weight taken at the doctor's office, nearly all said they just expect it to happen.

IMPLICATIONS

Experiencing negative comments about one's weight are uncommon during medical appointments, but for those who experience them, they have all-too-real consequences. If we want to ensure that individuals take care of their health by having regular medical check-ups, we need ensure respectful treatment of everyone regardless of their weight status. Getting past weight bias—regardless of whether someone is considered underweight, of a healthy weight, overweight, or obese—will go a long way toward prompting hesitant individuals to seek out needed medical advice and assistance—as well as guaranteeing that all health professionals are providing care of the highest quality.

SURVEY RESPONDENT DEMOGRAPHICS

n = 1,037 adults age 50 and older

Demographic Variable	Weighted
Age	
50 – 64	53%
65 or older	47%
Gender	
Men	47%
Women	53%
Race	
White, non-Hispanic	71%
Black, non-Hispanic	11%
Other, non-Hispanic	1%
Hispanic	12%
Asian, non-Hispanic	4%
2+, non-Hispanic	2%
Hispanic Origin	
Yes	12%
No	88%
Education	
Less than high school	9%
High school graduate/equivalent	30%
Vocational/technical/some college	26%
Bachelor's degree	18%
Graduate degree	17%
Marital Status	
Married	56%
Not married [Net]	44%
--Widowed	7%
--Divorced	17%
--Separated	7%
--Never married	12%
Household Income	
Less than $30,000	25%
$30,000 - $59,999	26%
$60,000 - $99,999	24%
$100,000 or more	25%

METHODOLOGY

The data included in this report are drawn from the Medical Appointments study which was administered via mixed mode (online and phone) April 22-26, 2022 with a total sample of 1,037 adults ages 50-plus. This national survey was conducted for AARP using NORC at the University of Chicago's Foresight 50+ Consumer Omnibus. All data are weighted to the latest Current Population Survey (CPS) benchmarks and are balanced by gender, age, education, race/ethnicity, and region.The margin of error for the national survey is ±4.46 percentage points. (Totals may not sum to 100% due to rounding.) For more information on the methodology or the survey, contact Teresa A. Keenan at tkeenan@aarp.org