Introduction to Weight Stigma & Weight Inclusive Care

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Trigger & Content Warnings

- This presentation may contain information that is sensitive to those who have experienced weight bias or eating disorders
- This presentation may cause kneejerk reactions to argue or dismiss the lived experiences of others, **including your peers**
  - Resist dismissing. Sit with the discomfort of being presented with information you may not agree with and ponder where those reactions come from
- This presentation may elicit feelings of blame or shame for those involved in healthcare
- Be kind to yourself and others, take a break if you need to

Learning Objectives

- Define the concept of anti-fat bias and its prevalence in the healthcare setting.
- Identify common stereotypes and misconceptions associated with individuals who are overweight or obese.
- Describe the impact of anti-fat bias on patient-provider relationships and healthcare outcomes.
- Apply communication strategies that promote a non-judgmental and inclusive environment for patients of all body sizes.
- Consider societal and systemic factors contributing to anti-fat bias in healthcare.

Our Goals

- Discuss critiques of the weight-centered medical paradigm
- Describe the multifactorial influences on body weight
- Describe how social and structural determinants influence both propensity for weight gain and perception of weight/body types
- Discuss the concepts of body diversity and health at every size as they relate to clinical care
- Reflect on personal experience with weight and implicit bias
- Identify language that reflects anti-fat bias and stigma in health contexts

Outline

- Introduction to weight bias
- Discussion of implicit and explicit bias
- Considering a patient's perspective
- Interrogating weight stigma as future providers: what's wrong with BMI, "obesity", and weight loss?
- Reflective writing exercise
    - This is your "proof" of completing the workshop

All people, regardless of their weight, body shape and size, deserve equitable medical treatment and the right to pursue health.

- Medical Students for Size Inclusivity

What is bias? (A Short Review)

A bias is a tendency, inclination, or prejudice toward or against something or someone. Some biases are positive and helpful—like staying away from someone who has knowingly caused harm.

Biases are often based on stereotypes, rather than actual knowledge of an individual or circumstance. Whether positive or negative, such cognitive shortcuts can result in prejudgments that lead to rash decisions or discriminatory practices.

What is implicit bias?

- Implicit bias, also known as implicit prejudice or implicit attitude, is an attitude, of which one is not consciously aware, against a specific social group.
  - Can also be positive or negative

- Implicit bias is thought to be shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender.

- Individuals' perceptions and behaviors can be influenced by the implicit biases they hold, even if they are unaware they hold such biases. Implicit bias is an aspect of implicit social cognition: the phenomenon that perceptions, attitudes, and stereotypes can operate prior to conscious intention or endorsement.

-American Psychological Association

We all have implicit biases. Changing negative bias requires awareness.

Step 1: Take the Harvard IAT for Weight Bias

https://implicit.harvard.edu/implicit/takeatest.html

Step 2: Take this quick and anonymous survey
Answer only to your comfort level

https://PollEv.com/surveys/fu5LyKo9yhyN9jU69CVLg/respond

Let’s unpack these results

Weight bias and stigma

- Weight Bias
  - negative attitudes, beliefs, or judgements about a person based on weight
- Weight Stigma
  - discrimination based on a person's weight
- Harms of weight stigma
  - decreased psychological well being
  - poor body-image
  - disordered eating
  - stigma-induced stress
  - weight gain
  - elevated blood pressure

The evidence & impact of weight bias is everywhere

- Weight or body size is not considered a protected class under federal law
- Up to 30 million people suffer from eating disorders with 13% being over the age of 50
- Weight stigma and fat shaming are openly accepted and celebrated in public spaces with no exception made for the workplace

'I Quit,' Says Lizzo, Citing Online Criticism and Ridicule

The Grammy Award-winning singer said on Instagram that she was "starting to feel like the world doesn't want me in it."

Share full article

"I'm getting tired of putting up with being dragged by everyone in my life and on the internet," the singer Lizzo wrote on Instagram on Friday. Alex Welsh for The New York Times

Weight bias is worsening

Study: Bias Drops Dramatically For Sexual Orientation And Race — But Not Weight

Charlesworth, et al. *Psychological Science*, 2019

Weight Bias and Stigma in Healthcare

- Harms of weight stigma
  - decreased psychological well being
  - poor body-image
  - disordered eating
  - stigma-induced stress
  - weight gain
  - **elevated blood pressure**
  - **misdiagnosis**
  - **avoidance of healthcare encounters/providers**

- Healthcare providers spend less time with and provide less education to higher weight patients
- 2013 study surveyed 4732 medical students, 74% showed implicit weight bias and 67% explicit bias
  - Thin participants reported higher scores of bias
  - 29.8% of students assessed weight as a factor that relates to willpower/blame

Read Aubrey's Story

Health

Weight Stigma Kept Me Out Of Doctors' Offices for Almost a Decade

Please believe patients when they say fat bias happens.

By Aubrey Gordon
June 26, 2018

https://www.self.com/story/weight-stigma-kept-me-out-of-doctors-offices

What do you hear/see in Aubrey's story?

- Read the article (5 min)
- Discuss in small groups (5 min)
  - What shocks or surprises you?
  - What feelings arise when reading this article?
  - What do you think about her suggestions?
- Share out (10 min)

What we heard in Aubrey's story...

- Weight loss as the solution to everything
- Attributing any symptoms to weight
- Physician refusing to touch or examine her
- Shock that she could have normal markers of health
- Not asking about current diet/exercise habits
- Assumption of laziness and overeating

Have you seen or experienced examples of weight bias in any clinical encounters?

BREAK

Interrogating Weight Stigma

Read Two Short Pieces (10 min)

- Why I no longer prescribe weight loss, calculate BMI, or use the term “obesity” - Dr. Katarina Wind
  - https://thischangedmypractice.com/why-i-no-longer-prescribe-weight-loss/
- The Racist Roots of Fighting Obesity - Sabrina Strings & Lindo Bacon
  - https://www.scientificamerican.com/article/the-racist-roots-of-fighting-obesity2/

Let’s Discuss….

It wasn't always this way

- Throughout history, fat bodies have been revered
- They have been seen as markers of health and fertility, particularly for women
- Toward the end of the 19th century, things start to change, where shape becomes the focus of desire

A historical review

Anti-fat attitudes originated not with medical findings, but with Enlightenment-era belief that over-feeding and fatness were evidence of "savagery" and racial inferiority

Thinness was prized and encouraged through the Anglo-Saxon Protestant faith to denote self-control and godliness

Fatness denoted a new articulation of racial identity due to intermixing during the slave trade

Fatphobia becomes a direct consequence of the attempt to rule over Black bodies

Strings S. *Fearing the Black Body.* 2020.

BMI

BMI: a person's weight in kilograms divided by the square of height in meters

Created in 1830's by Adolphe Quetelet to determine the average man [7]

- Only used western European men
- Originally intent was to further eugenics arguments

Reintroduced in 1970s by Ancel Keys to screen for obesity for life insurance companies

What are potential problems with this?

The term “obesity”

Overweight: BMI is 25.0 to <30 [6]

Obesity: BMI is 30.0 or higher

Class 1: BMI of 30 to < 35

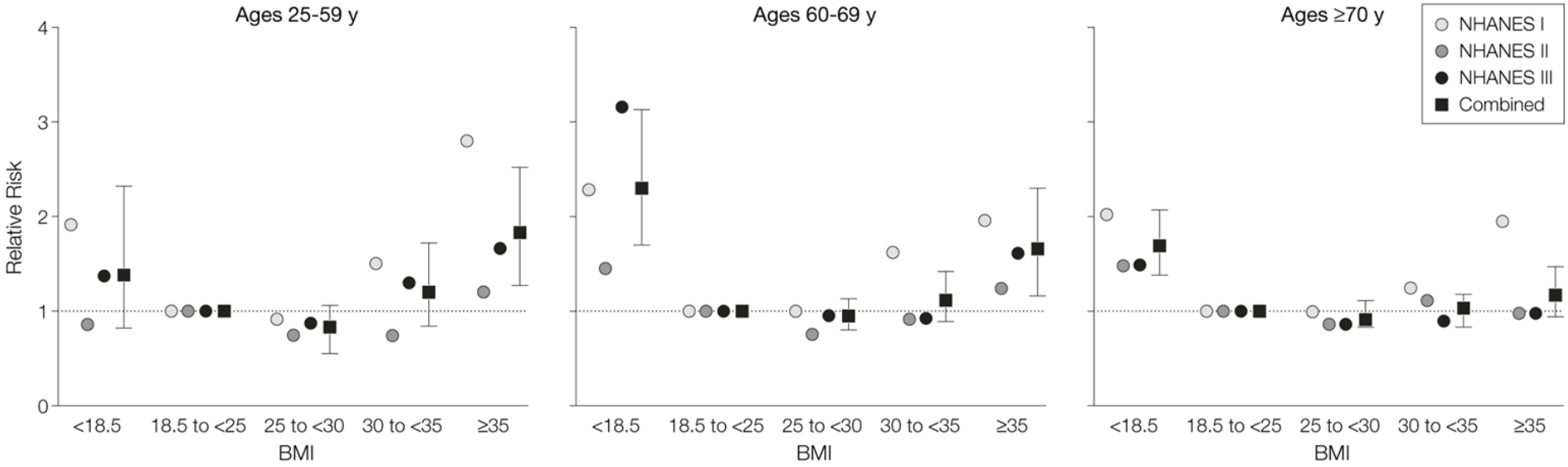
Class 2: BMI of 35 to < 40

Class 3: BMI of 40 or higher [6]

Obesity: derived from the Latin *obesus* (“having eaten oneself fat”)

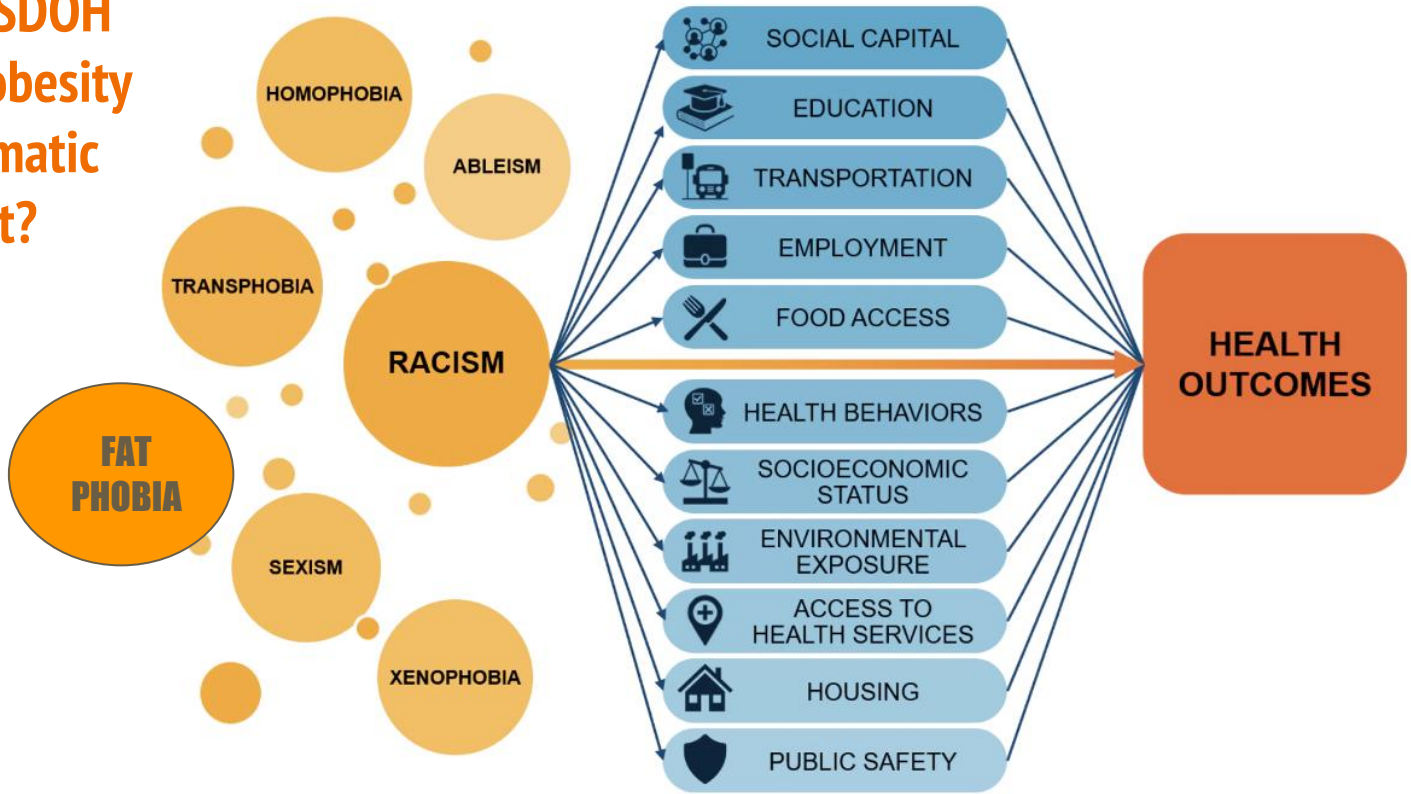
Fat: a neutral descriptor to describe plus-sized people, reclaimed as an objective descriptor by fat activists [5]

BMI and Mortality



Relative Risks of Mortality by BMI Category, Survey, and Age [8]

Think back to the SDOH lectures….What if obesity is another problematic social construct?



Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative; available: http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf

What can we do?
Weight Centric vs. Weight Inclusive

Weight Centric

- Weight as a main determinant of health
- Weight loss/management as a form of treatment for a variety of diseases
- Emphasis on personal responsibility in maintaining a healthy weight
- Harms: dangers of weight cycling, heightened weight stigma, risk of eating disorders, failure of dieting in weight loss, delayed healthcare

Weight Inclusive

- Health and well-being are achievable for all regardless of weight
- Weight is not a focal point for treatment and intervention
- Encourages intuitive eating, increasing nutrient dense foods, joyful movement, and body respect
- Physical activity can improve cardiometabolic risk factors associated with obesity independent of weight loss

Weight Loss (Before Ozempic)

- Difficult and unsustainable for most people
- Risk of eating disorders
- Most common outcome is weight gain
  - 2/3 individuals gain more weight than they lost
- Not a risk free intervention
  - Weight cycling has health consequences
- Weight loss studies lack long term follow up

Now, with the development GLP-1 Receptor Agonists, physicians may have the potential for a more direct role in supporting sustainable weight loss

Principles of Weight Inclusive Care

1. **Eradicate weight stigma**
2. Target internalized weight stigma
3. Target body shame
4. **Redirect focus from external critique of weight and size to a "partnership" with the body**
5. **Look for signs of diminished well-being**
6. **Look for signs of disordered, emotional, and/or binge eating**
7. **Respond to requests for weight loss advice with a holistic approach**
8. **Sustain health promoting practices**
9. Reconnect with food and internal cues

Tylka TL, et al. *Journal of Obesity*. 2014

The Principles of

Health at Every Size

Weight Inclusivity

Accept and respect the inherent diversity of body shapes and sizes. Reject the idealizing or pathologizing of specific weights.

1.

Health Enhancement

Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being.

2.

Eating for Well-Being

Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

3.

Respectful Care

Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Recognize intersections of SES, race, gender, sexual orientation, age, and other identities.

4.

Life-Enhancing Movement

Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

5.

mind body co•op

source: ASDAH.org

The Medical Paradigm is Changing

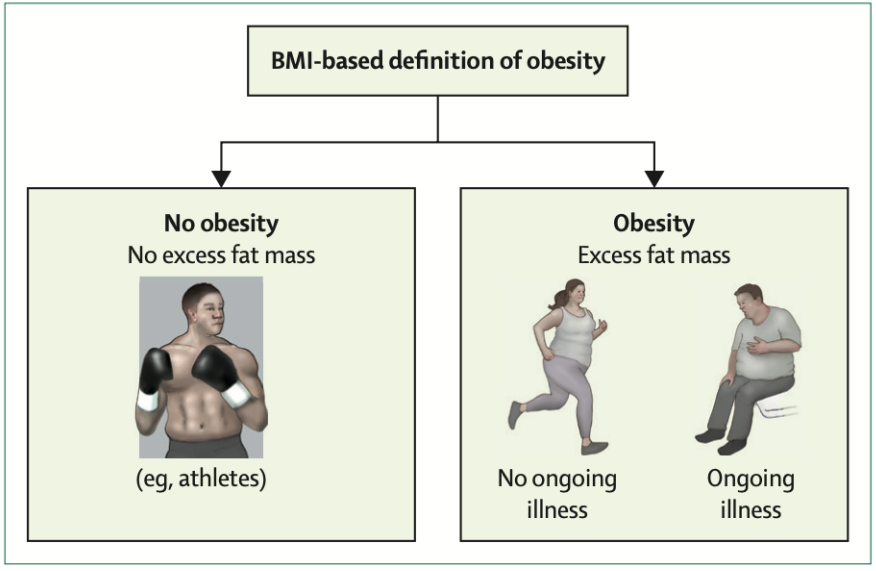
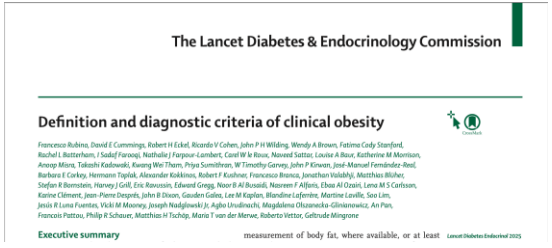


Figure 2: **Limitations of the BMI-based definition of obesity**


The Lancet Diabetes & Endocrinology Commission

Definition and diagnostic criteria of clinical obesity

Executive summary

measurement of body fat, where available, or at least

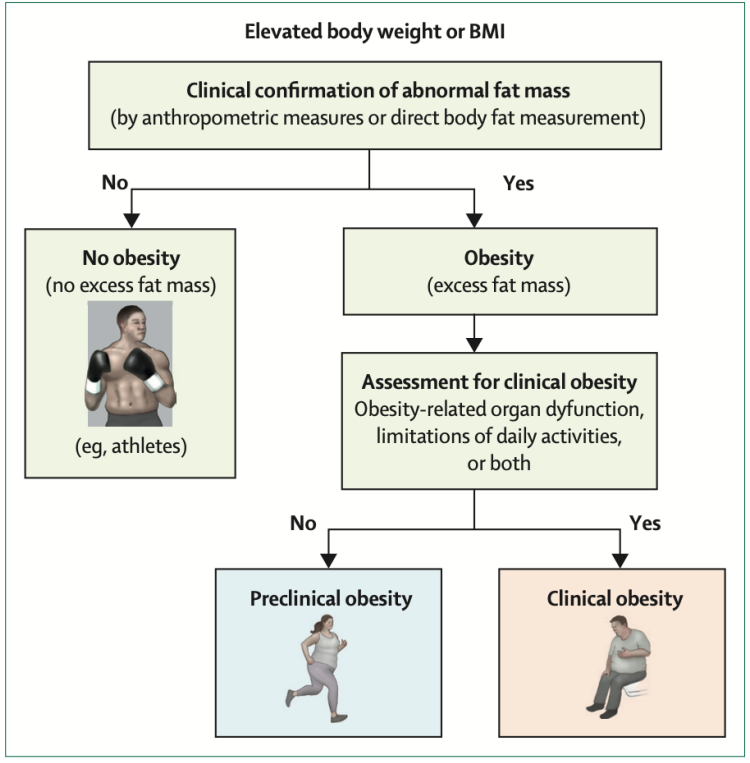


Figure 5: **Diagnostic model of clinical obesity**

Let’s Work Through A Case

Meet Dave

- Dave is a 37 year old man who comes to the family doctor's office for a check-up.
- The Chief Complaint listed in his chart for the visit is "weight loss."
- You open the visit with an open-ended, "Hi Dave, what brings you in today?"
- Dave starts with the standard Dad joke of "my car," and then says, "kidding aside, doc – I know that I'm way overweight, and I want to lose 30 pounds. That would get me down to my high-school graduation weight."

Dave

- Your first reaction is to look at Dave's vitals. He's 220lb, with a BMI of 34.
- His last labs showed elevated total and LDL cholesterol, and his blood pressure is flirting with being high enough for medication.

What would the “weight-centric” version of this conversation look like?

How could you respond to Dave using a weight inclusive approach?

How I (Dr. Goodbred) would likely approach him

- “Thanks for sharing, Dave. I’d like to get more information, so that I can make sure we’re on the same page. First – *why* do you want to lose weight?”
- We attend to assume the reason, and that’s impacted by:
  - (1) our knowledge as physicians and,
  - (2) our own “stuff” about weight.
- Is it health-related? Functionality? Aesthetic?

How I (Dr. Goodbred) would likely approach him

- Regardless of the reason given, we can start to change the frame of the conversation.
- “Alright, I’m hearing you say that you want to avoid some of the medical stuff that runs in your family, and you want to feel better when you’re exercising. Awesome.”
- “Interestingly, your weight has a lot less impact on those things than some of the daily decisions you make in terms of lifestyle. I actually had to figure out a lot of these things for myself – my family history is like a greatest hits album of medical problems, and many folks in my family struggle with weight concerns as well.”

How I (Dr. Goodbred) would likely approach him

- “If you’re open to it, I’d really like to talk about some daily-life things that you can do to feel better and reduce your health risks, including physical activity, nutrition, sleep, and managing your stress.
- “Often, when folks make some of these changes, the number on the scale *will* change, but I’d suggest that we avoid making *that* the focus. If we focus on health-promoting behaviors, you’ll feel better and have lower risk of health problems, regardless of your weight.”

What else can you do?

- Ensure adequate supplies and equipment
  - BP cuffs, gown sizes, armless chairs in waiting rooms, longer needles for vaccines
  - Don’t place blame on the patient
- Consider if you need to weight patients in the clinic
  - Or give the option: would you like to be weighed?
  - Needed in some instances
- Don’t make assumptions about patient’s lifestyles
- Consider what you would do for a thinner patient presenting with the same complaint
- Think about your language: avoid the terms obesity, overweight, normal weight

Where to go next to learn more about:

Why diets don't work: Love Your Bod Pod episode #99 Weight Science & Stigma: Why It's So Hard to Lose Weight and Keep It Off with Dr. Janet Tomiyama

Evidence for weight-inclusive approaches: The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss by T Tylka, R Annunziato, D Burgard, S Daníelsdóttir, E Shuman, C Davis, and R Calogero

Racial origins of anti-fatness: Antiracism in Medicine Clinical Problem Solvers episode 23 - Anti-Blackness, Anti-Fatness, and Food Shaming

Places to start:

Books:

What We Don’t Talk About When We Talk About Fat by Aubrey Gordon

Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness by Da'Shaun L. Harrison

Fearing the Black Body: The Racial Origins of Fat Phobia by Sabrina Strings

Podcasts:

Unsolicited: Fatties Talk Back hosted by Marquisele Mercedes, Caleb Luna, Bryan Guffey, Jordan Underwood, and Da'Shaun Harrison

Maintenance Phase hosted by Michael Hobbes and Aubrey Gordon

She’s All Fat hosted by Sophia Carter-Kahn and April K. Quioh

Substack:

Weight and Healthcare by Ragen Chastain

Organizations:

Association for Size Diversity and Health (ASDAH), Medical Students for Size Inclusivity (MSSI)

Closing reflection:
Spend 5 to 10 minutes responding to this poem

The body is not an apology. Let it not be forget-me-not fixed to mattress when night threatens to leave the room empty as the belly of a crow. The body is not an apology. Do not present it as disassembled rifle when he has yet to prove himself more than common intruder. The body is not an apology. Let it not be common as oil, ash, or toilet. Let it not be small as gravel, stain, or teeth. Let it not be mountain when it is sand. Let it not be ocean when it is grass. Let it not be shaken, flattened, or razed in contrition. The body is not an apology. Do not present the body as communion, confession, do not ask for it to be pardoned as criminal. The body is not a crime, is not a gun, is not a lost set of keys or wrong number dialed. It is not the orange burst of blood to shame white dresses. The body is not an apology. It is not the unintended granule of bone beneath will. The body is not kill, is not unkempt car, is not a forgotten appointment. Do not speak it vulgar. The body is not soiled, is not filth to be forgiven. The body is not an apology. It is not a father’s backhand. Is not mother’s dinner late again, wrecked jaw, howl. It is not the drunken sorcery of contorting steel 'round tree. The body is not calamity. The body is not a math test. The body is not a wrong answer. The body is not a failed class. You are not failing. The body is not an apology. It is not a cavity, is not a hole to be filled, to be yanked out. Is not a broken thing to be mended, be tossed. The body is not prison, is not sentence to be served. Is not pavement, is not prayer. Do not give the body as gift. Only receive it as such. The body is not to be prayed for, is to be prayed to. So, for the ever-more turtle tenth grade nose, hallelujah! For the shower song throat that crackles like a grandfather’s Victrola, hallelujah! For the spine that never healed, for the lambent heart that didn’t either, hallelujah! For the sloping pulp of back, hip, belly, hosanna! For the errant hairs that rove the face like a pack of wild wolves, hosanna! For the parts we have endeavored to excise. Blessed be the cancer, the palsy, the womb that opens like a trap door. Praise the body in its blackjack magic even in this. For the razor wire mouth. For the sweet God ribbon within it, praise! For the mistake that never was, praise! For the bend, twist, fall, and rise again, fall and rise again. For the raising like an obstinate Christ. For the salvation of a body that will bend like a baptismal bowl. For those that will worship at the lip of this sanctuary. Praise the body, for the body is not an apology. The body is deity, the body is God, the body is God. The only righteous love that will never need repent.

Thank you for your attention and participation!

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