Weight Weight...Do Tell me

Obesity: Taking an Equity and Justice Lens Part 2

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5/23/24
Learning Objectives

- Framing: why obesity is an important equity, justice and challenging issue
- Shared perspectives: weight work AY24-25
- Updates on obesity curriculum guidance
- Ultimately: Apply takeaways/principles in future discussion/practice
A moment to discuss language

This topic could be dysregulating for many

There are not strong best practices in the literature

Here are our guiding principles:

❖ Using intentional language (Person First)
❖ Not making assumptions of health, diet, activity based on BMI
❖ This is an important topic that needs to be discussed in medical education
❖ Weight inclusivity is one approach to caring for the health of patients
The risk of all-cause mortality was elevated by 21–108% among participants with BMI ≥30 and also for those with BMI ≤18.

BMI in the overweight range is not associated with any increase risk of all-cause mortality.
BMI and Sudden Death

Weight Stigma/ Obesity Stigma

Weight bias is negative attitudes, beliefs, judgments, stereotypes, and discriminatory acts aimed at individuals simply because of their weight.

Associated with obesity, diabetes risk, cortisol level, oxidative stress level, C-reactive protein level, eating disturbances, depression, anxiety, body image dissatisfaction and negatively associated with self-esteem among overweight and obese adults.²

https://www.obesityaction.org/action-through-advocacy/weight-bias/

Weight Bias and the Role of the Physician

HEALTHCARE'S ANTI-FAT BIAS
Weight is a complex interplay of individual biology and external factors

- A person’s weight is not a choice or lack/excess of willpower
- A person’s weight can result from intrinsic biological characteristics
- Obesity and/or carrying more weight is common
- The misperception that individuals choose their weight contributes to blaming patients
- Framing obesity as “bad” behavior is unhealthy for both patients and for physicians
Why? Taking an Equity and Inclusion Lens

- Understanding health through a sociocultural lens in addition to the biomedical model of disease.
- Harm Reduction - Obesity stigma
- Provide patient-centered care
Weight Group - Best Practices

Educational Principles
Best Practice Guideline: Weight/Obesity Education and Addressing Weight-based Bias

Dignity and Respect
All people in all bodies deserve respect and care and a trusting and life-giving relationship with food, movement, and their bodies.

Body Sovereignty and Autonomy
People have the right to make decisions about their bodies and their lives. AND social body hierarchies may affect access to choice.

Permission and Consent
People are experts on their own bodies and lived experiences, I don't know everything, and I need to respect their boundaries.

Pillars of Weight Inclusive Practice
Foundational principles using evidence and an analysis of systems of power, oppression, and body hierarchies as they exist to interpret the science.

With permission from Dr. Andrea Westby
Encourage the self-examination of personal, societal, and medical bias with body weight and persons in larger bodies.

- Consider teaching about the ways in which bias may be causing harm (i.e. fat bias creating circumstances that cause harm; similar to teaching about racism as the problem rather than race itself)

- Many students have personal experiences related to weight, either from their own lived experiences, from family context, or living in our society which has many biases/stigmas related to weight. Consider potential harm they have experienced in any of these contexts. Students may experience strong emotional reactions to this content. Faculty can utilize the content note best practice to prepare for this possibility.
Best Practice Guideline: Weight/Obesity Education and Addressing Weight-based Bias

Acknowledge what perspectives/biases/training backgrounds you as the instructor (team) hold when presenting information.

- Acknowledge the multiple viewpoints in the field and what perspective this course/lecture takes
- If there is a perspective you do not agree with, it is okay to acknowledge that it exists and share that you may not be the best person to speak on it.

https://docs.google.com/document/d/1_R8DGsoOH62dkkIQzsA-E4FsNyBP5I_zwo5VOkdYqpU/edit
Hilary is an established patient of yours. She is waiting in the exam room and her chart shows that her weight today is up five pounds from her last visit two years ago, putting her BMI at 32. Her blood pressure is borderline high in contrast to the normal readings in previous visits.

Her diabetes, kidney function and liver function labs were normal in past visits, but they are currently out of date.

You greet each other and Hilary says, “I almost did not come in today knowing my weight is up from the last time I was here and two years ago you suggested a diet. I feel like such a failure. However, I need help for my migraines, so here I am.”

**Question #1:** Understanding the limitations that dieting has shown in the medical literature to improve health outcomes, what are some sustainable healthy life practices you can counsel her on? How would you have this conversation with a patient-centered approach?
Reflections on Small Group Activity
Hilary also wants to discuss her risks for having a heart attack. Her sister’s partner had a heart attack recently so she is concerned about her risk and is wondering what she can do to reduce her risk of heart attack.

You enter her information into the ASCVD Risk Calculator:

The recommendation is to continue lifestyle modifications (like weight loss, exercise, continuing with smoking cessation), start antihypertensive medications and statin for her and when you mention these she is concerned about the side effects of statins because of a relative who had complications from taking them.

**Question #2:** What do terms like, “Dignity and Respect”, “Body Sovereignty and Autonomy”, and “Permission and Consent” mean to you as a medical student? How will you discuss these recommendations while taking into account these principles for Hilary?
Meredith is diagnosed with tension headaches and started on prn ibuprofen. She returns to the clinic in 2 months for follow-up. On this visit Meredith cannot find a comfortably-sized waiting room chair to sit in, hears another PCP talking negatively about overweight patients, and she is asked repeatedly about how many soft drinks she consumes daily. These are all examples of weight bias in a clinical setting. Which of the following are likely outcomes of repeated exposures to weight bias?

a) Increased mental health concerns
b) Poor self-esteem
c) Higher levels of risky sexual behavior
d) **Both a and b**
e) a, b, and c are true

Rationale: Individuals who experience weight stigma have an increased risk for depression, anxiety, low self-esteem, poor body image, substance abuse, and suicidality.
Next Steps

- Content has been moved to earlier in the year (MSK instead of CV)
- Encourage more engagement with this topic in our curriculum
- Clearer methods of addressing harm caused in curriculum around weight
- Ideas?