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

BACKGROUND

- Physicians are better equipped to serve patients and families when they understand health through a sociocultural lens in addition to the biomedical model of disease.
- Addressing the challenge of caring for patients and families in the context of health conditions associated with stigma is essential to the curriculum.
- An inclusive weight/obesity curriculum will support students in seeing themselves represented more fully. Decreasing obesity stigma through education reduces harm to students, patients, and families, and is a key component of our educational philosophy and teaching goals.
- Teaching about weight with a health equity lens will prepare students to be successful and compassionate practitioners in their "real world" clinical interactions, in which they will care for patients from many backgrounds and viewpoints.
- Our current understanding of variation in human weight/obesity and its health impact is rapidly evolving. Teaching students with a health equity lens will prepare them to engage with this evolving information with a patient-centered approach that can adapt to new information and rapidly changing perspectives from patients, colleagues, and communities.

RECOMMENDATIONS

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.

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.

Avoid teaching from a weight-centered health paradigm, i.e.: Puts body weight at the center for thinking and talking about health
- Consider what concern the patient in front of you is presenting, and the fact that it may not be weight-related, even if the person is in a larger body.

Avoid teaching to simply advise “weight loss” to their patients as a strategy for better health outcomes - as achieving weight loss may not be patient-centered (i.e., not patient’s goal), is difficult to achieve (physiological, societal, and structural barriers) and may have other deleterious (physical and mental health-related) side effects like increasing stigma, weight cycling etc.
- Avoid assuming that everyone who is in a larger body has the goal of losing weight
- Communicate and teach about the complex and multifaceted determinants of body size to avoid stereotypes and decrease weight bias
- Avoid discussing weight as a matter of will, self-control or behavioral choice

Consider teaching from a Weight-Inclusive Care model
- Accepts and respects the inherent diversity of body shapes and sizes
- Affirms that people are not automatically healthy or unhealthy at a specific size
- Acknowledges and reinforces that when clinically relevant, weight should be discussed in a patient-centered manner that appreciates the effect of weight stigma on health and values inherent body diversity
- Health-related behaviors are important irrespective of body weight – for everyone
- 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.
- 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.

Language Guidance

Discuss specific language that may be heard or used, especially with respect to what language you as the instructor will be using.
- Teach students to first and foremost ask the patient in front of them about their experience and preferred terms, knowing that these both vary from one individual to the next. (i.e. “fat” can be either a derogatory descriptor or a reclaimed, empowering term depending on the individual’s perspective and preference; “larger bodied” or “carries extra weight” may be preferred over “heavy” “overweight” and “obese.”)
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<thead>
<tr>
<th>Desirable Terms</th>
<th>Terms in flux</th>
<th>Undesirable Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person first language</td>
<td>Fat (can be derogatory or 'reclaimed'/empowering)</td>
<td>Unhealthy/normal BMI or body weight</td>
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<tr>
<td>Weight, higher weight status</td>
<td>Obesity</td>
<td>Heaviness</td>
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<td>Nutrition</td>
<td>Elevated BMI</td>
<td>Obese</td>
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<td>Food</td>
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<td>Morbid Obesity/morbidly obese</td>
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<td>Physical activity</td>
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<td>Weight problem</td>
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<td>Nutrition-sensitive conditions</td>
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<td>Overweight</td>
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<td>“Healthy” weight, “normal” weight</td>
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<td>Large size</td>
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References
3. Wadden TA, Didie E. Obes Res. 2003; 11(9):1140-6
5. Association for Size Diversity and Health. Found at: https://asdah.org/health-at-every-size-haes-approach/