Obesity: Taking an Equity and Justice Lens Part I

Curriculum Cafe

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January 26, 2023
Agenda

- Framing: why obesity is an important equity, justice issue
- Philosophical approaches: Sharing some perspectives
  - Tyler Drake
  - Andrea Westby
- Today: Discussion and reflection
- Ultimately: Apply takeaways/principles in future discussion/practice, including developing guidelines for teaching
Grounding Community Agreement

1. Be respectful
   a. Listen without interrupting
   b. Practice non-judgement
   c. Keep comments clear & succinct (monitor your own air time)
   d. Be present
2. Use ‘I’ statements, speak from personal experience
3. It’s okay to not know something, it’s okay to have questions
4. Push yourself to your learner’s edge
Additional Grounding Principles

1. Developing anti-racist, anti-ableist, inclusive pedagogy
2. Promoting person-first language
3. Intent - positive intent does not negate negative or harmful outcomes; do the work
4. Acknowledge that discomfort (on part of faculty) is a part of learning & growth - it’s okay
The Weight of Stigma: Heavier Patients Confront the Burden of Bias
Reflection

Pause of reaction

https://www.menti.com/alb8arjw48f6

Menti results

https://www.mentimeter.com/app/presentation/alki3k2vqbcwkehuva2m5fzr6wezz4bv
Why? Taking an Equity and Inclusion Lens

- Understanding health through a sociocultural lens in addition to teaching students the biomedical model of disease.
- We want to be leaders in inclusive curriculum where all students see themselves represented fully within our curriculum.
- Harm Reduction- Obesity stigma
- Student and faculty feedback
- Patient experience/community reputation
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/

Understanding Some Perspectives Currently in Our Curriculum (Examples, there are more!)

Introduce panelists
- Tyler Drake
- Andrea Westby

- What is your perspective on obesity/weight management?
- How did you come to this?
- How they have wrestled with these topics?
- What does it mean to you to bring an equity lens to this topic?
BMI and Sudden Death

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.

My 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.
WHAT IS WEIGHT INCLUSIVE CARE?
WEIGHT INCLUSIVE [CARE] PRINCIPLES - TYLKA ET AL 2014

(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
**Why Weight Inclusive Care and Principles in Medical Education**

People of all body sizes deserve evidence-based respectful dignified care

Physicians and nurses have a high rate of weight bias

People living in larger bodies report that one of the places that they experience the most stigma is at the doctor’s office

People living in larger bodies avoid healthcare and are often misdiagnosed

People of ALL SIZES experience disordered eating and disordered relationships with food and movement

  This includes medical professionals including medical students, residents, and attendings

Weight and BMI do not universally predict someone’s health status or future health risks.

The experience of stigma and discrimination, weight cycling, and unhealthy behaviors for the sole purpose of weight loss ALL also contribute to health outcomes.
Guiding Principles

- Using intentional language (Person First)
- Not making assumptions of health, diet, activity based on BMI
- Be intentional about representation and inclusivity in cases

<table>
<thead>
<tr>
<th>Stay away from</th>
<th>Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The patient was obese”</td>
<td>“The patient was affected by obesity”</td>
</tr>
<tr>
<td>“The diabetic man was very obese.”</td>
<td>“The man with obesity has diabetes.”</td>
</tr>
<tr>
<td>“Morbid” in describing severity of obesity</td>
<td>Use “mild, moderate, or severe obesity”</td>
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Next Steps

- What does it mean to you to take an equity lens on this topic?

- What questions do you have about how to discuss/ incorporate/integrate this into your courses?

- What questions need to be addressed in order to have an integrated approach in the curriculum?
Resources

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

Obesity Management Learning Hub: https://www.acponline.org/clinical-information/clinical-resources-products/obesity-management-learning-hub

Thank you

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