



Removing Weight Stigma From Health Care:

A Pocket Guide to Changing the Way We Care

Danielle Basye (she/her)


MS, RDN, LD, RYT

Center for Change



Disclosure of Potential Conflicts of Interest

- Employed by Center for Change
- No other conflicts of interest identified



Little about me....

- Anti-Diet dietitian
- Yogi/yoga teacher
- Masters degree Idaho State University
- Working in the field of eating disorders almost 5 years
- Keep bees
- Idaho native

Disclaimer

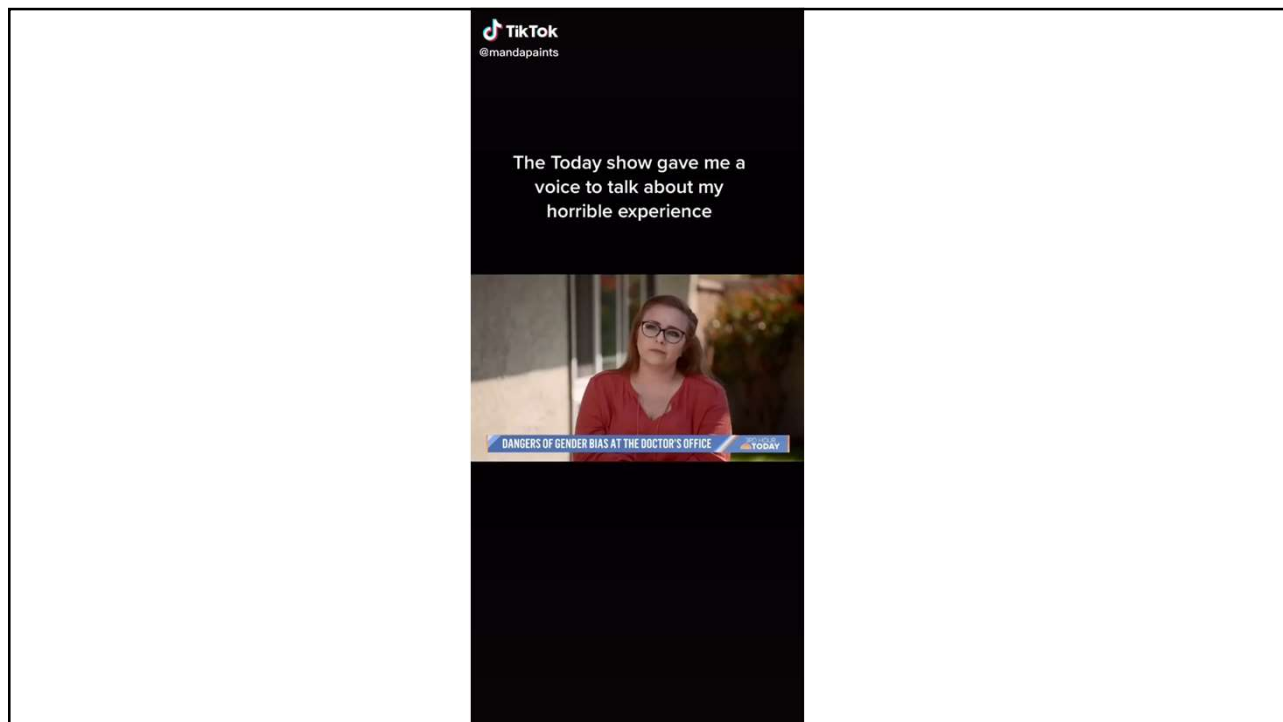
- I am a cis gender, mid size white female who has not knowingly experienced direct discrimination in the health care that I have been able to receive.
- I have however had the honor to sit with many people in their sharing of the horrific experiences they have had and hope to be an ally in the health care community in aiding the catalyst of change.

Objectives

- Participants will be able to identify at least three negative implications that weight stigma has on health
- Participants will be able to describe three ways to make a health care setting more weight inclusive
- Participants will be able to explain the difference between weight inclusive vs. weight normative care in the health care setting

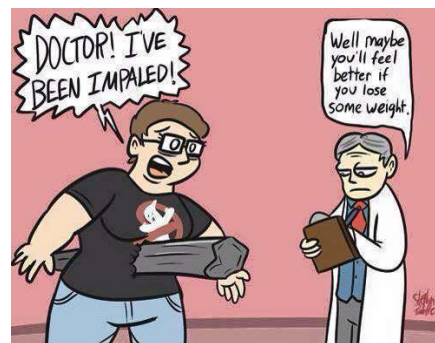


Permission given to share this story.



Weight Stigma

- Weight bias or discrimination based off of a person's weight (NEDA)
 - Bullying, blaming, shaming, voicing concern about health based off appearances
- Negative social stereotypes and misconceptions affixing social identities to perceived excess body weight (Nagpa et al., 2021)



Types of Weight Stigma (Wu & Berry, 2017)

Implicit Bias	Attitudes/stereotypes that affect an individuals understanding and actions in an unconscious manner
Explicit Bias	Intentional and conscious. Expressed as discriminations and prejudice against someone in a larger body
Internalized Weight Stigma	Measure of an individual's belief in stereotypes relating to negative self evaluations created by social norms and cultural beliefs.

Why is this important?

- Public health concern
- Social justice issue
- Improving health outcomes and patient experiences
- Decrease the psychological, emotions, and physical consequences brought on by weight stigma
- Improves patient centered care
- Ethical concern



Weight Neutral Language

Use	Instead of
<ul style="list-style-type: none"> • Person with a higher/lower weight • Person in a large/smaller body • Higher/lower end of weight spectrum • Fat 	<ul style="list-style-type: none"> • Underweight • Overweight • Normal weight • Obese etc.

** Obesity may be used as clinical vernacular as this remains the “norm” in academic writing**

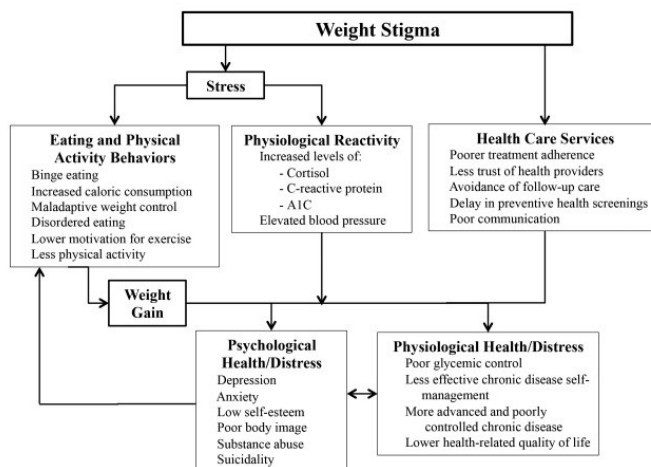
What we know about a weight Centric approach

- Weight cycling
 - Impacts metabolic health, self efficacy decreases, may result in higher BMI, impacts mortality rates
- Eating disorders/maladaptive eating behaviors
- Not effective in creating thinness or health
- Continues to divide provider patient/client relationships
- Lacks informed consent
 - Are we discussing all the risks associated with something so unsuccessful?
- Harmful behaviors in pursuit of thinness
- Weight= genetics, environment, socioeconomic status, social determinants

Consequences of Weight Stigma

- Discourages health promoting behaviors
- ↑ blood pressure
- ↑ cortisol levels
- ↑ C-reactive protein (CRP)-systemic inflammation
- ↑ A1C
- Patterns of weight cycling
- Using unhealthy behaviors in efforts for “weight management”
- ↑ allostatic load
- Higher odds of smoking
- Overall avoidance of health care
- Increase of depressive symptoms
- Weight stigma by association: impacts parents

*Health Consequences Resulting from Experiencing Weight Stigma
Figure 1.*



- **Immediate effect:** Less time spent with patient, MDs believe they will be less complaint, increased negative experiences, impaired cognitive function and ability to communicate effectively (patient)
- **Long term effect:** high levels of stress impact health, wait longer to seek out care, avoid health care settings, disengage from care or health promoting behaviors, weight focused treatment, delayed diagnosis and treatment



What is Health at Every Size®?



- Weight Inclusivity
- Health Enhancement
- Eating for Well-Being
- Respectful Care
- Life-Enhancing Movement



Moving Away from BMI

- Adolphe Quetelet
- Created in 1830's
- Not medical provider
 - Still used as the ultimate measure of health
- Created using white European men

Medical Setting

- Honor patient declining to not be weighed
- Honor blind weights if requested
- Equipment for wide variety of sizes on hand
 - Blood pressure cuff
 - Gowns
 - Chairs/seating
 - All of equipment that is size dependent
- What systemic policies can be re-evaluated?
- Inclusive décor
- Magazines
- Reading/education material available to patients



Title	Year	Sample Size	Key Topics
Weight Stigma and Health Behaviors: Evidence from the Eating in America Study	2021	N=1327	<ul style="list-style-type: none"> W.S. associated w/ poorer health behaviors independent of BMI W.S. at a lower BMI showed greater impacts with lower exposure than those with higher BMI and daily W.S. exposure No relationship in regards to impact on exercise Average BMI in study was 28.0
Developing Expert Consensus on How to Address Weight Stigma in Public Health Research and Practice: A Delphi Study	2021	N=88	<ul style="list-style-type: none"> Identified that most health professional who participated agreed that W.S. in public health causes harm Agree that public health professionals need to find strategies Couldn't agree on how to actually execute strategies
Women's Suggestions for How to Reduce Weight Stigma in Prenatal Clinical Settings	2021	N=9	<ul style="list-style-type: none"> Providers should practice sensitive communication, ask about health goals/ weight strategy preferences, equally address all aspects of health Avoid fear based approaches and generalizations about health and behaviors Don't tell me "eat better" and "exercise more"
Joint International Consensus Statement for Ending Stigma of Obesity	2020	N/A	<ul style="list-style-type: none"> 36 internationally recognized multidisciplinary expert panel and one person from the public to speak from patient perspective Created a consensus using Delphi-like process 11 items with subtopics
Impact of Weight Stigma on Physiological and Psychological Health Outcomes for Overweight and Obese Adults: A Systemic Review	2017	33 studies	<ul style="list-style-type: none"> Weight stigma=lower weight loss Higher A1c and risk for DMII Increased cortisol, oxidative stress, CRP Increased eating disturbances: bingeing and emotional eating Positive correlation with W.S. and depressive symptoms Increased anxiety Increased social isolation, suspiciousness, hostility, and nicotine, ETOCH and drug dependence

*W.S.= weight stigma

Case study

- 35 y.o. female
- BMI: 32.2
- Works nights as a nurse
- Family hx. Of DMII
- Struggles financially
- Relies on convenience/prepackaged foods
- Anxiety and depression
- Knee pain that prevents additional movement
- Struggles to eat during her shift, binge type eating when she comes home
- Recent A1c of 6.1% (DMII: 6.5%+) (CDC)

Changing the conversation.....

Patient: My recent labs show that my A1c is elevated and I have pre-diabetes, I need to lose weight or I will get DMII.

Weight neutral approach: I'm hearing that you are concerned about your recent A1c lab values. Let's go over what an elevated A1c means for you.

Patient: I know, I am eating too much sugar and am overweight and that's why I'm going to get diabetes.

Weight neutral approach: I can understand why you have that belief, but there are definitely ways that we can address your elevated BG levels without focusing on weight. Elevated BG levels can happen in all body sizes, independent of weight. Part of my approach as a health practitioner is from a weight inclusive non-diet lens. There are many health promoting behaviors that we can work on that are independent of focusing on weight ex) intuitive eating, meal timing, meal composition, exercise, stress management etc.

Things to talk about other than weight...

- Stress management
- Movement/Physical therapy
- Normalize usage of medication as appropriate
- Being treated for their mental health: meds, therapy, etc
- Cooking self efficacy
- Access to foods
- Knowledge and confidence in personal nutrition
- Lab work
- Living situation
- Foods impact on blood sugar: PRO, Fat, fiber, etc.
- Family hx
- Eating patterns/timing
- Symptoms of low BG, how to treat
- Sleep
- Social connection

Barriers to Weight Neutral Approach

- Misconceptions of a weight neutral approach
- Limited research funding on systemic implementation
- Weight/ BMI used as a proxy to measure health outcomes
- Weight bias more pervasive and socially acceptable
- Simplifying “Obesity”
- Healthcare education remains very weight centric
- Undoing everything we know

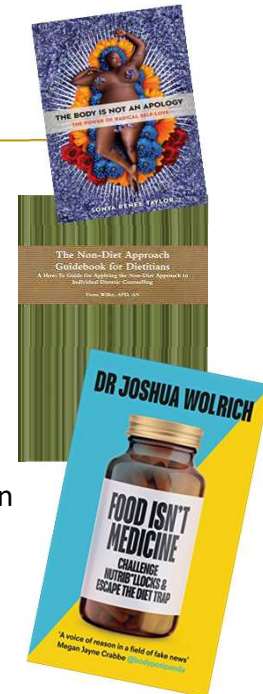
It's up to us

- Not our patient's responsibility
- Do the work
- Challenge our own biases (we all have them)
- Ethical
- Just the beginning- awareness alone will not solve this issue (Rubino et al., 2020)



Resources

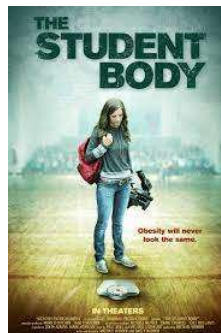
- Intuitive Eating : Evelyn Tribole and Elyse Resch
- Anti-Diet: Christy Harrison
- The Body is Not an Apology/workbook: Sonya Renee Taylor
- Sick Enough: Dr. Guadiani
- Unapologetic Eating: Elisa Rumsey
- What they don't talk about when we Talk About Fat: Aubrey Gordon
- The Non-Diet Approach Guidebook for Dietitians: Fiona Willer



Video Resource



BODIES AS RESISTANCE: Claiming the political act of being oneself | Sonya Renee Taylor | TEDxMarin



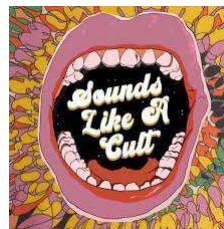
The Student Body: Documentary



Lose Hate Not Weight | Virgie Tovar | TEDxSoMa

Podcasts

- Food Psych
- Maintenance Phase
- What the Actual Fork
- This Sounds Like a Cult



Let's Connect

- **E-mail:** Danielle.basye@uhsinc.com
- **IG:** [@_gentlynourished_](https://www.instagram.com/_gentlynourished_)



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