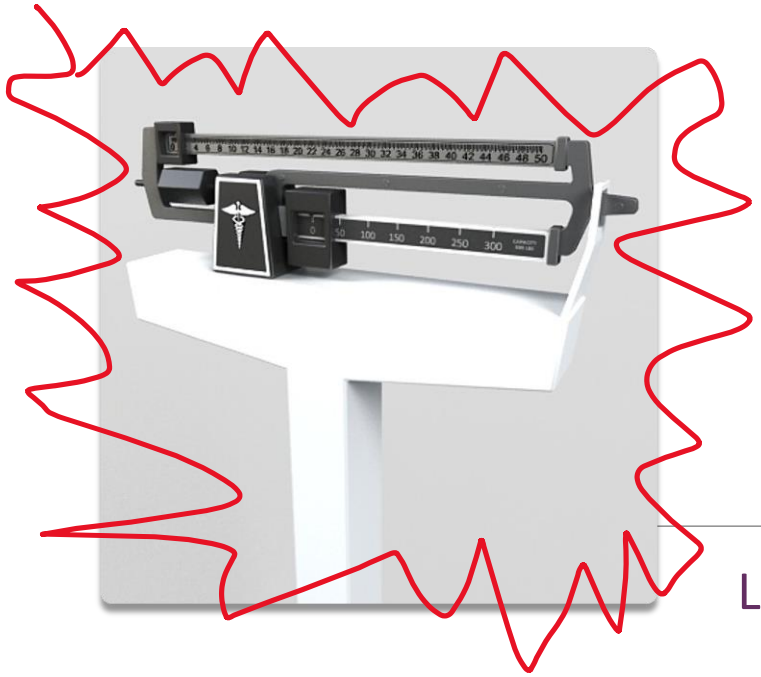


Size Inclusion in Medicine:
Lifting the Weight of Anti-Fat Bias

Lisa Erlanger, MD Erlanger@uw.edu

www.drlisaerlanger.com

Please go to Menti.com for audience response

Lisa Erlanger MD (she/her)
Clinical Professor of Family Medicine
University of Washington School of Medicine

erlanger@uw.edu

www.drlisaerlanger.com

www.weightinclusivemedicine.org



Disclosures: None

Land and Labor Acknowledgement



Seattle is the ancestral and current home of the *dkhw'duw'absh, (Duwamish)* and Coast Salish peoples.

I acknowledge that my life and work benefit from the exploited land, lives, labor and knowledge of indigenous, enslaved, and other humans both past and present.

Pathologizing body size, foods, and lifestyles continues to marginalize people today.

"*As privileged medical professionals we must continuously reevlauate our practices with humility*"
-Dr. Katarina Wind

Images are ethically sourced bodyliberationphotos.com

Objective: Improve the health of larger bodied patients in the UC Davis Health System by:

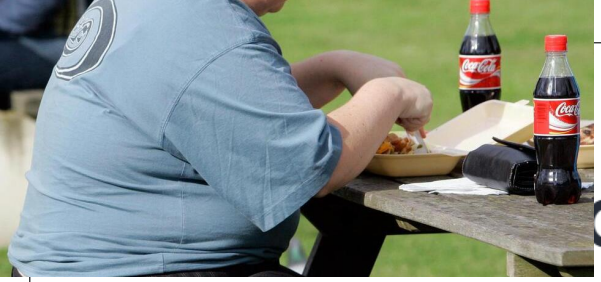
- Recognizing the effects of anti-fat bias on patients' health
- Analyzing weight-centric practice through an anti-bias lens
- Implementing an anti-bias framework for teaching and practice

TL;DR

- Anti-fat bias has a profound impact on health and healthcare
- Medicine's focus on body size contributes to health disparities for larger patients
- Sources of knowledge reflect societal biases
- There are many weight-inclusive ways to improve health
- You have the power to change lives through anti-bias, weight-inclusive practices


Coca-Cola





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ou describe this person?

leader focus creative fast inspiration bold transpiration



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transpiration
leader
creative
focus
fast
inspiration


Coca-Cola



Anti-Fat Bias in Medical Providers

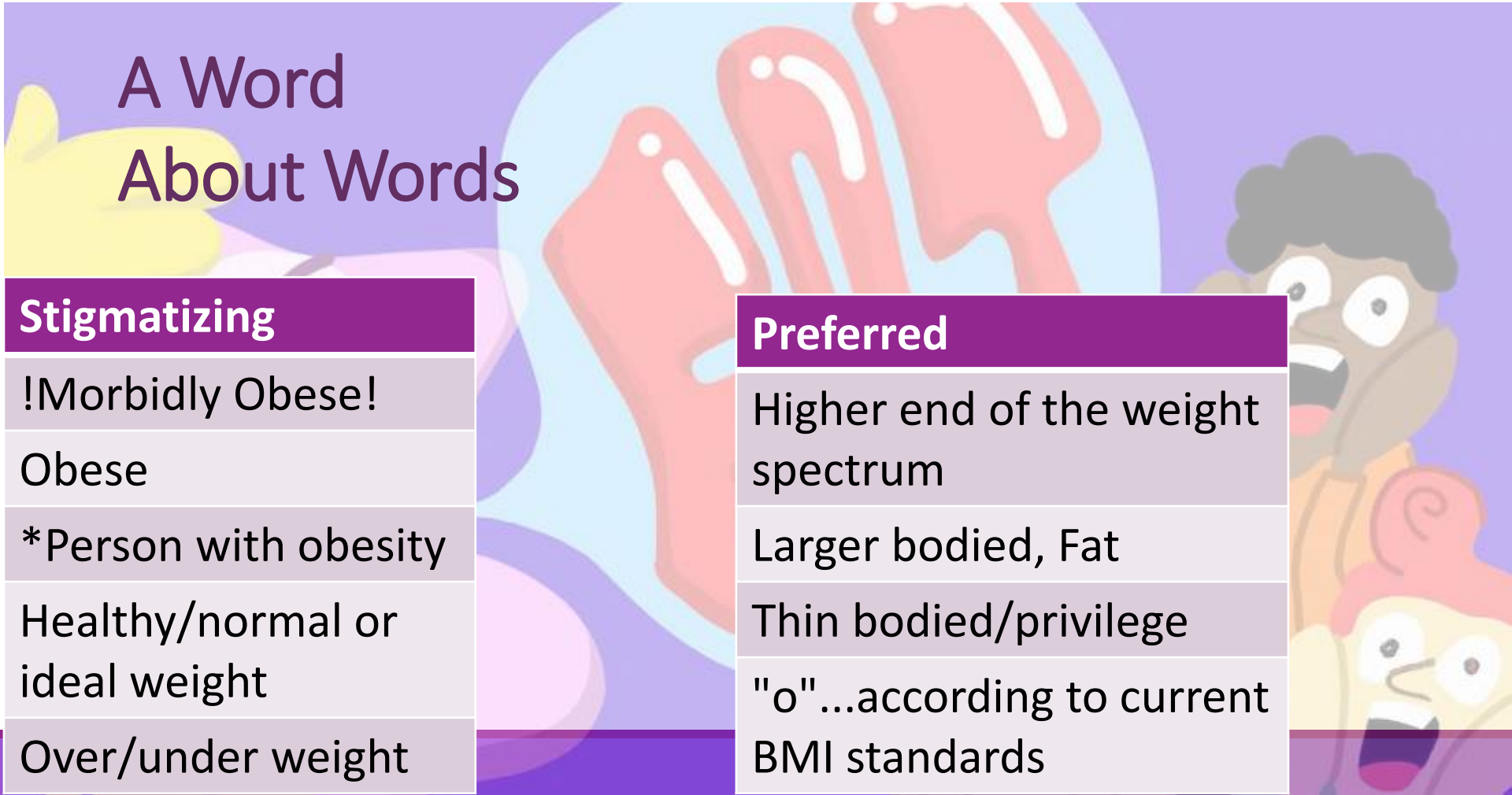


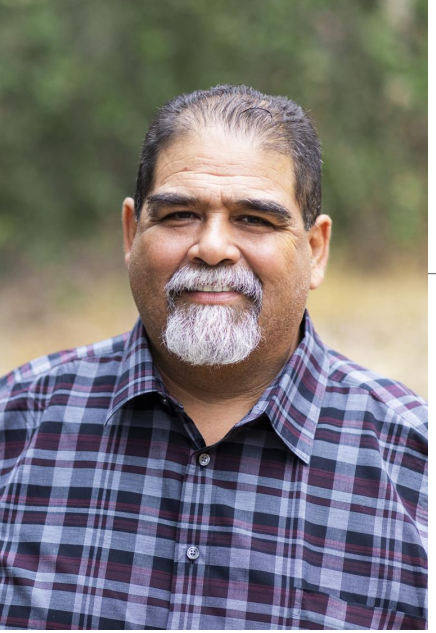
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https://www.abc.net.au/everyday/unpacking-and-reclaiming-the-word-fat

A Word About Words

Stigmatizing	Preferred
!Morbidly Obese!	Higher end of the weight spectrum
Obese	Larger bodied, Fat
*Person with obesity	Thin bodied/privilege
Healthy/normal or ideal weight	"o"...according to current BMI standards
Over/under weight	



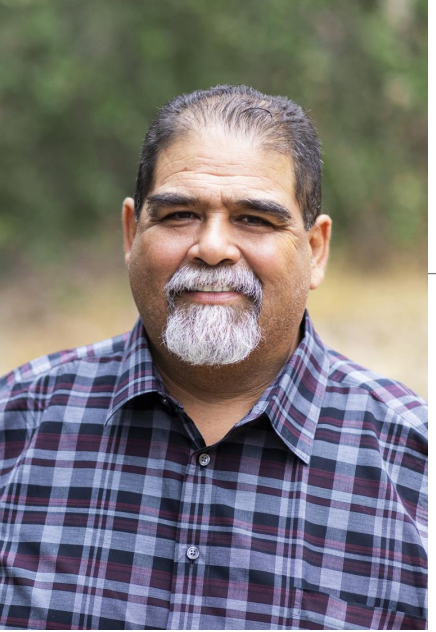


Jesse, 50, knee pain

- No recent primary care
- BMI 45, elevated blood pressure, elevated blood sugar
- Low energy, poor sleep, weight gain
- Family hx diabetes, heart disease, mom denied knee replacement due to size

"I know I need to lose this weight. I have young kids and I don't want to die"

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Jesse, 50, knee pain

- How do you feel about working with Jesse?
- What might Jesse's experience in your care setting be like? What barriers would you/Jesse have?
- How might bias have affected his health?
- How might bias affect how he presents himself?
- How might bias affect Jesse's assessment and treatment?

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Anti-Fat Bias:

*"The attitudes, behaviors, and social systems that specifically **marginalize, exclude, underserve…** {people living in} fat bodies."*

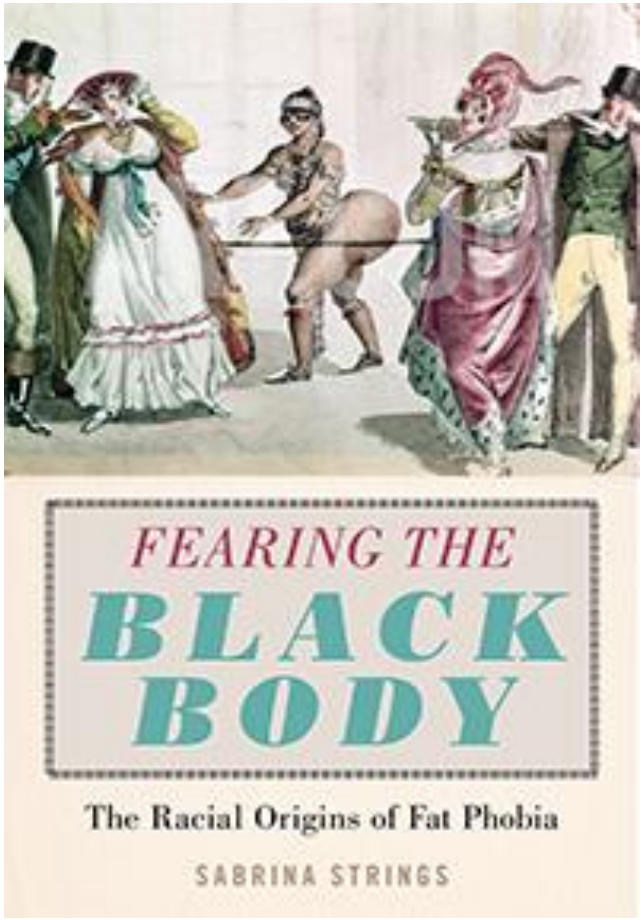
-Aubrey Gordon,

Author of What We Don't Talk About When We Talk About Fat

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"The conflation of obesity with racialized and colonized communities is part of a long tradition of marking marginalized populations as diseased"

McPhail D, Orsini M. Medicine and society: Fat acceptance as social justice. CMAJ. 2021



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Anti-Fat Bias in Society

- Bullying
- Discrimination in hiring, pay, education, housing, carceral system
- Multibillion dollar weight loss industry
- Downward socioeconomic pressure

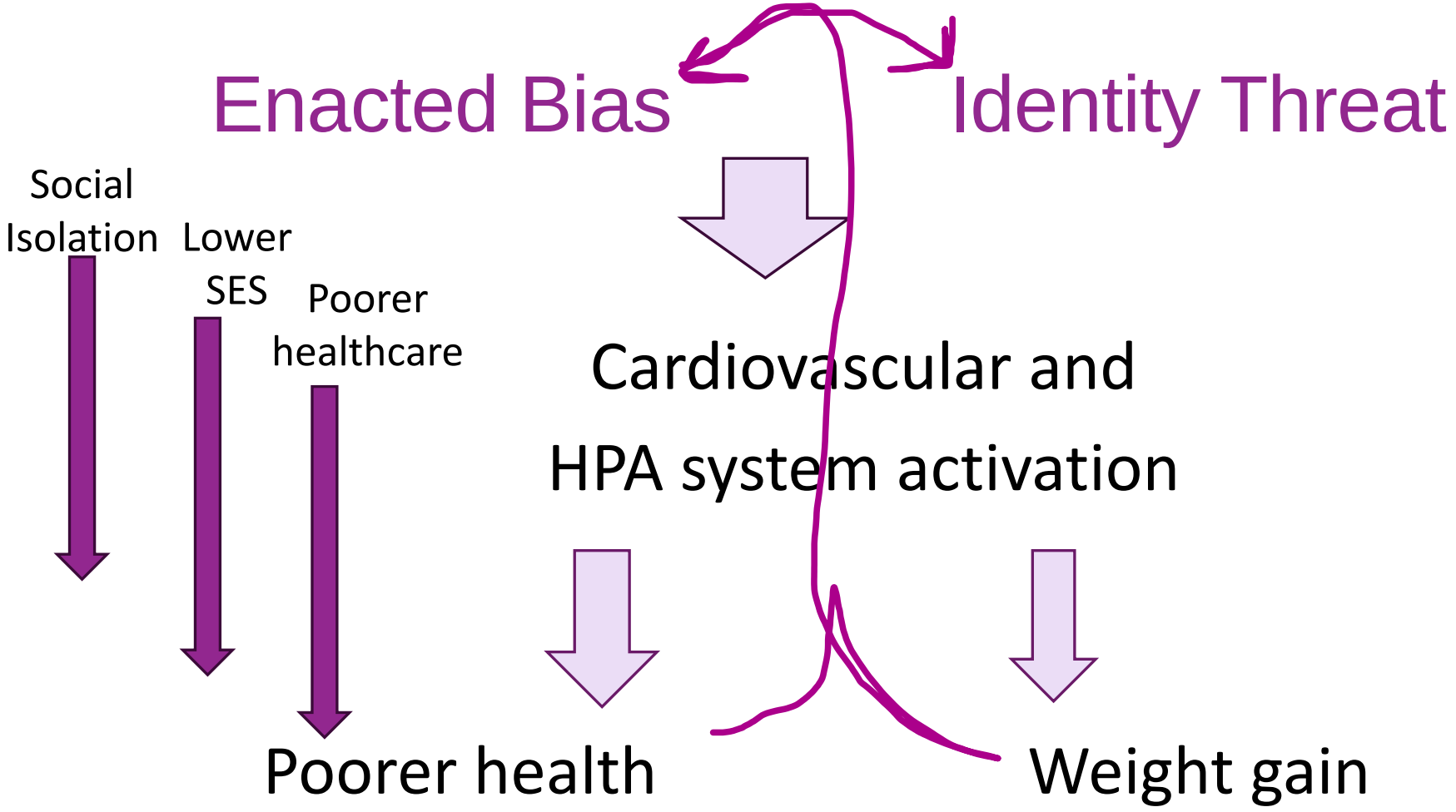


- Social isolation
- Increased depression, anxiety, disordered eating
- Poorer health seeking, health care, health, mortality



In Health and Retirment study (n=>13,000), weight-based discrimination predicted 60% increased mortality

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Adapted by Lisa Erlanger MD from: The Negative And Bidirectional Effects Of Weight Stigma On Health , Major B., Tomiyama J., Hunger J. In The Oxford Handbook Of Stigma, Discrimination, And Health 2018

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Mentimeter

What stereotype threat might Jesse encounter in your setting?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites

Identity Threat in Health



Starting with a weight, weight on all screens/communications

Inadequate furniture, equipment, beds, gowns

Weight normative “O” words

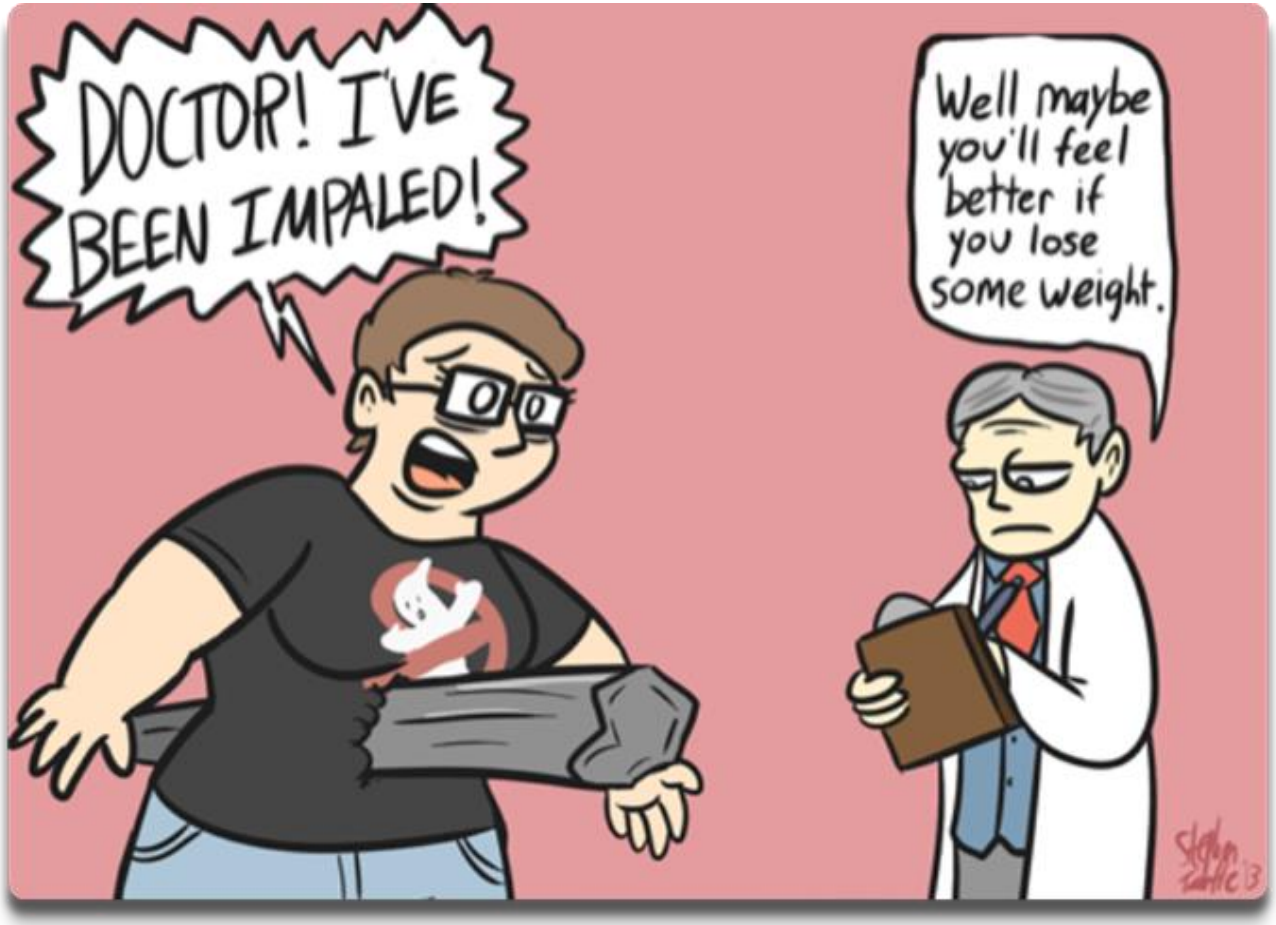
Images on walls, magazines, handouts

Provider diet culture, lack of size diversity

Aesthetics or weight management advertised

Assumptions about behavior and health based on size

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Identity Threat in Health Education

Lack of body diversity, diet culture

Physical accessibility issues – chairs, scrubs

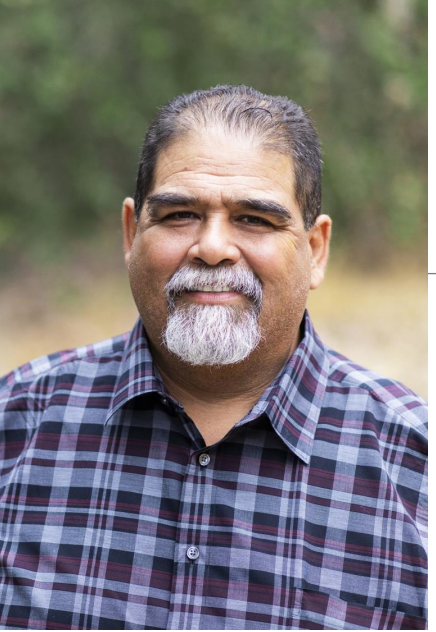
Weight discussed as burden, cost, disease, “Headless fatty” images linking size to “poor lifestyle”

Denial of lived experience

Derogatory comments about patients

Lack of equipment, training, services for larger patients

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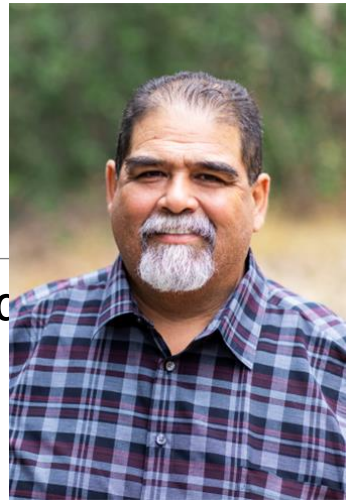
Jesse, 50, knee pain

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- BMI 45, elevated blood pressure, elevated blood sugar
- Low energy, poor sleep, weight gain
- Fhx diabetes, heart, denied surgery

"I know I need to lose this weight. I have young kids and I don't want to die"

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Jesse



- Standing up in the room, hasn't changed into the gown provided
- Student notes Jesse seems unengaged
- Knee difficult to examine, diffusely tender

- Accepts diet and physical activity counseling
- Agrees to start medications for blood pressure and blood sugar, to get labs, a sleep consultation, check blood pressure and blood sugar at home, follow up 6 weeks

- Leaves without getting labs drawn or scheduling recommended follow up

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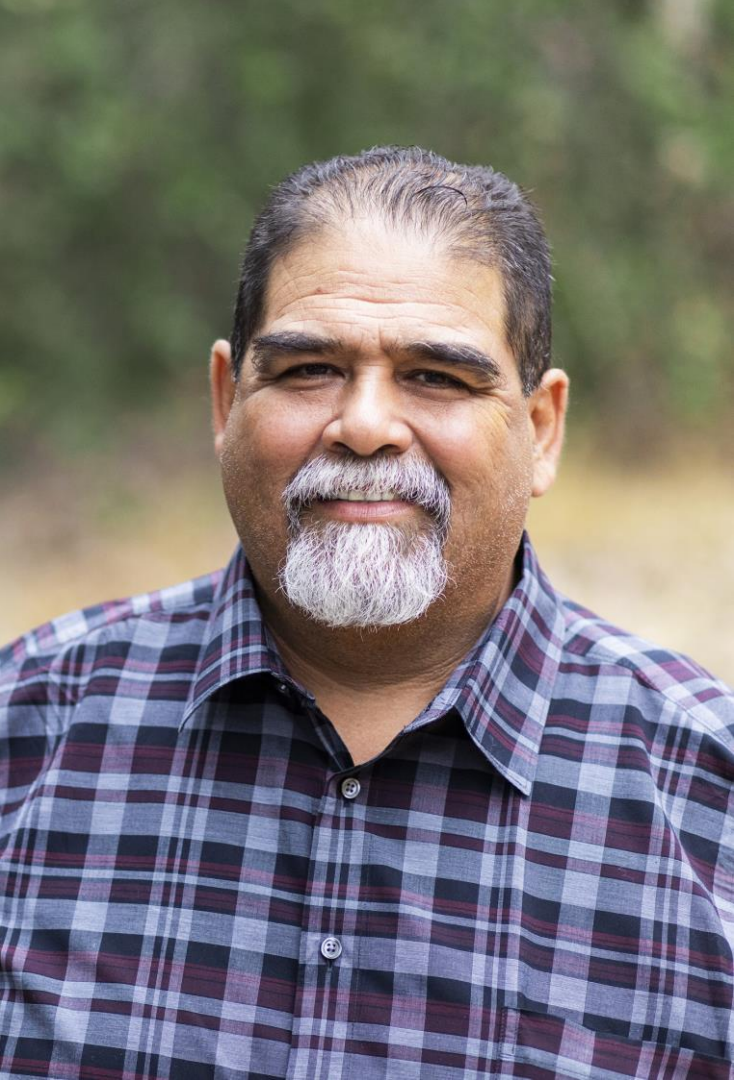
Mentimeter

How might bias be affecting Jesse's health and healthcare?

All responses to your question will be shown here

Each response can be up to 200 characters long

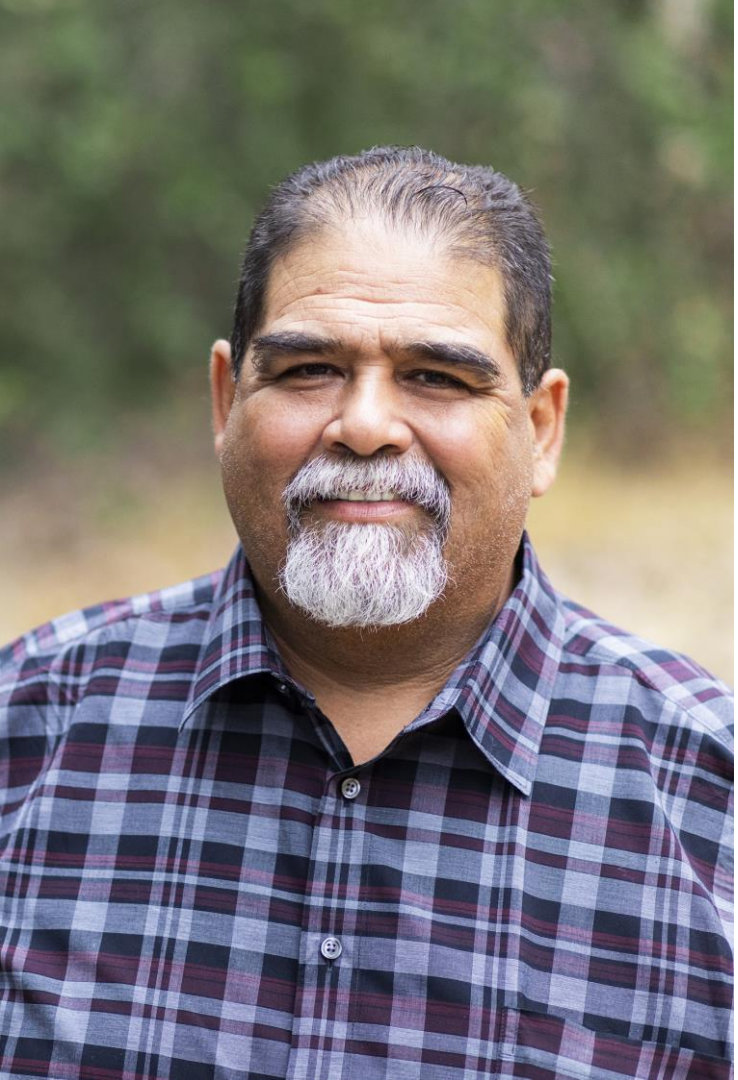
Turn on voting in Interactivity to let participants vote for their favorites



How might anti-fat bias be affecting Jesse's health?

- Avoidance of care, access to care
- Past weight cycling, undernourishment if given diets
- Toxic stress
- Misdiagnosis of elevated BP
- Downward socioeconomic pressure
- Access to body care/clothing
- Attention to other health issues
- Covid issues

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Jesse falls and fractures their hip, requires surgery BMI 55

Nursing and PT complaints about reluctance to participate, body odor. Family complaints about nursing.

Sacral ulcer, poor wound healing, UTI

Fails outpatient follow up

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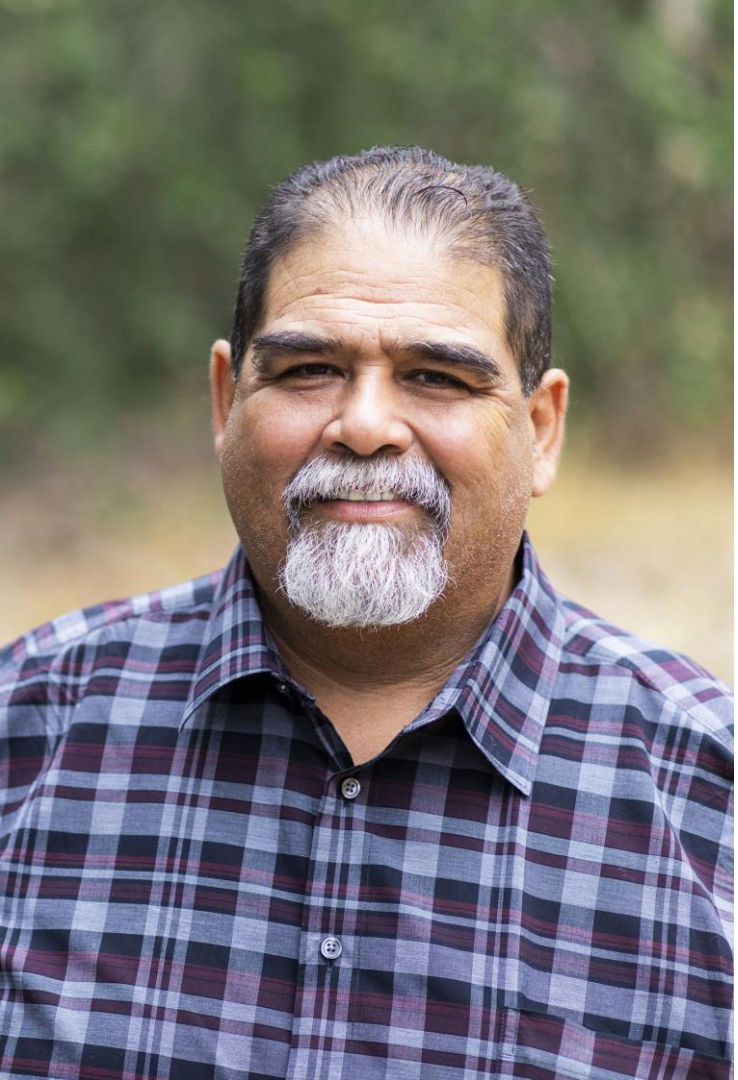
Mentimeter

How might the effects of bias have affected Jesse's hospital course?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites



Jesse falls and fractures their hip, requires surgery BMI 55

Staffing and equipment adequacy
Gowns, equipment adequacy
Catheter left in place
Disgust/lack of training for hygiene
Dismissal of concerns
Comments about weight/loss

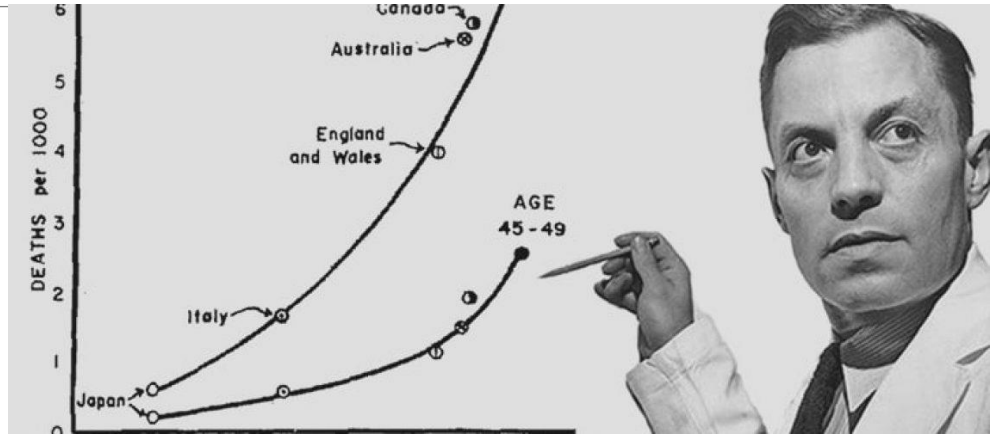
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What if our sources of knowledge are affected by societal biases?

History of the BMI



Adolphe Quetelet
Mathematician, in search of the "ideal man"



Ancel Keys
*physiologist, thought obesity was "ethically repugnant"

Use and Misuse of BMI Categories
Katherine M. Flegal, PhD, MPH *AMA J Ethics. 2023*

The "Obesity Paradox"

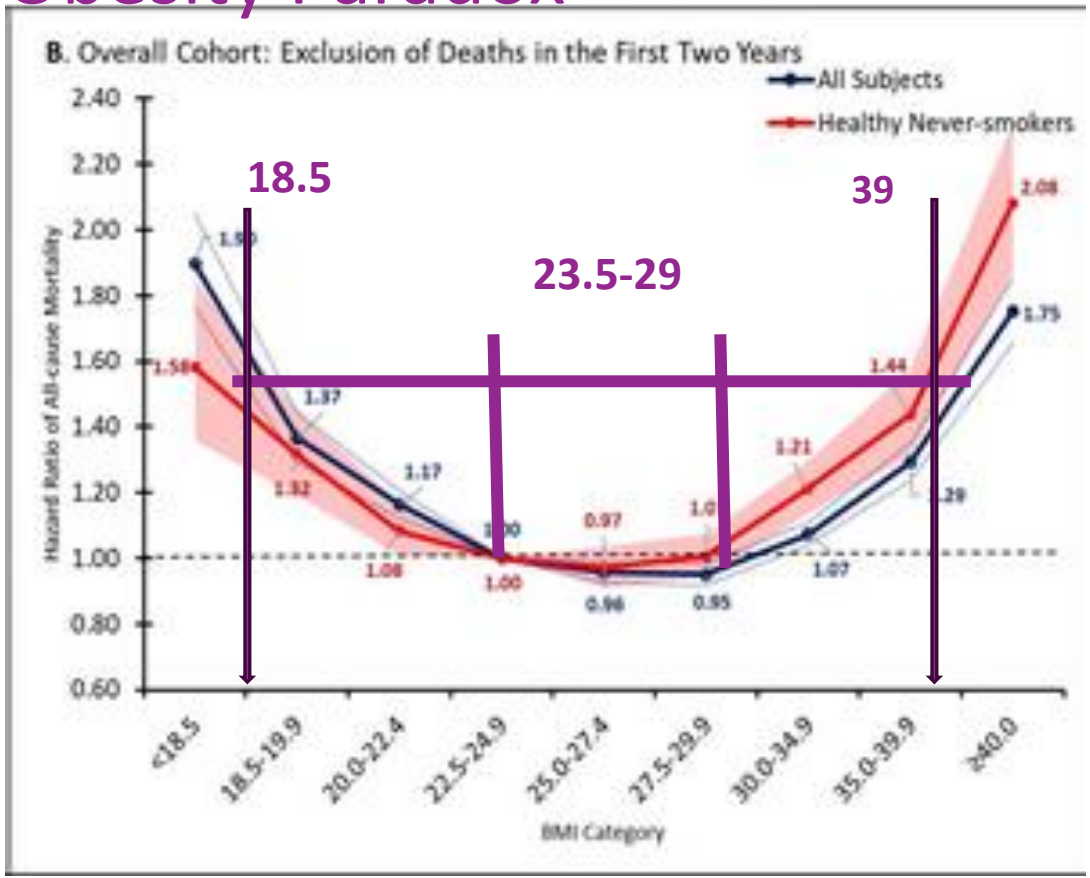


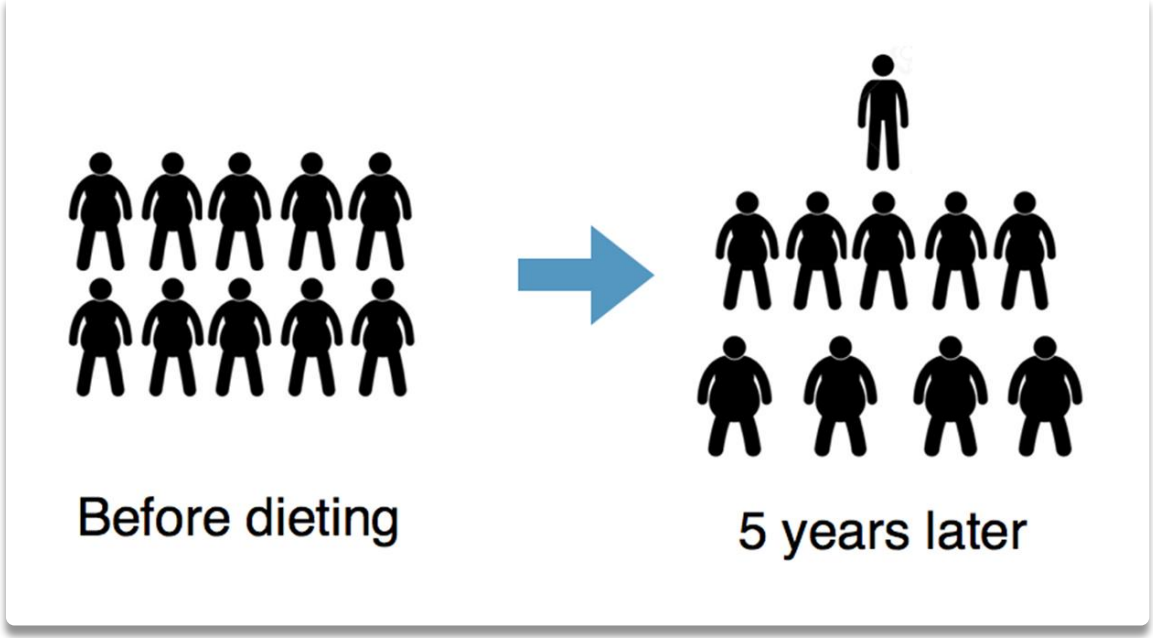
Fig 1. Association between BMI and all-cause mortality

Older adults
Black
Female
Diabetes
Cancer
ICU

PLOS ONE

Visaria A, Setoguchi S (2023) Body mass index and all-cause mortality in a 21st century U.S. population: A National Health Interview Survey analysis. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0287218

Weight Gain is the most likely outcome of Weight Loss



Mann, et al. 2007. *Am Psychol,* Fildes et al. 2015. *Am. J. Public Health*

© LISA ERLANGER AND KATARINA WIND 2022 IMAGE FROM NICOLE GUERIN RD

Does Intentional Weight Loss Improve Health?

Weight Cycling ("yo-yo dieting")Associated with:

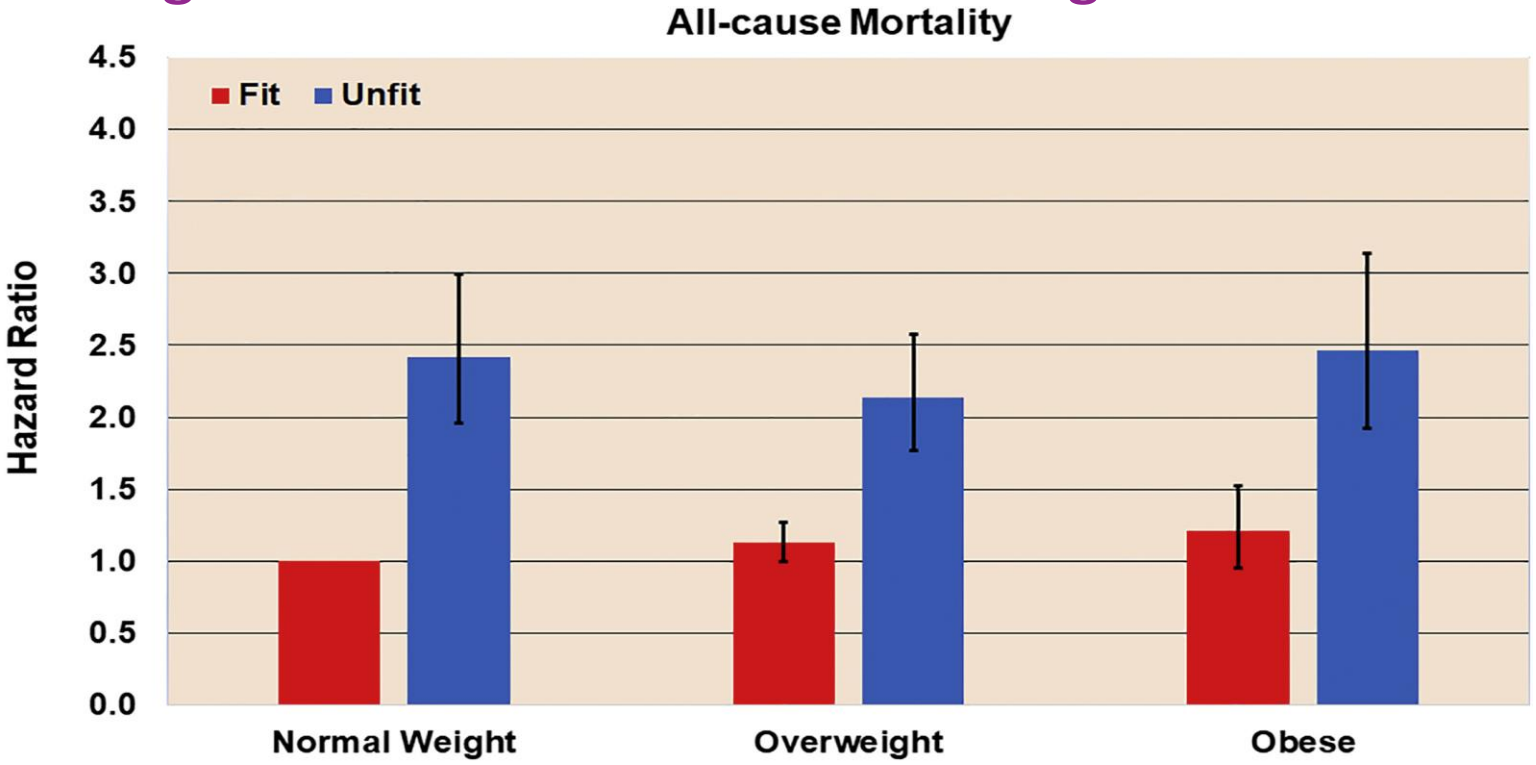
- Cardiovascular Disease
- Hypertension
- Fat mass vs Lean Mass
- Cardiovascular Mortality
- All-Cause Mortality[1,2]



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[1]Zou et al 2019, [2]Oh et al 2019 [3]Harrington et al 2009

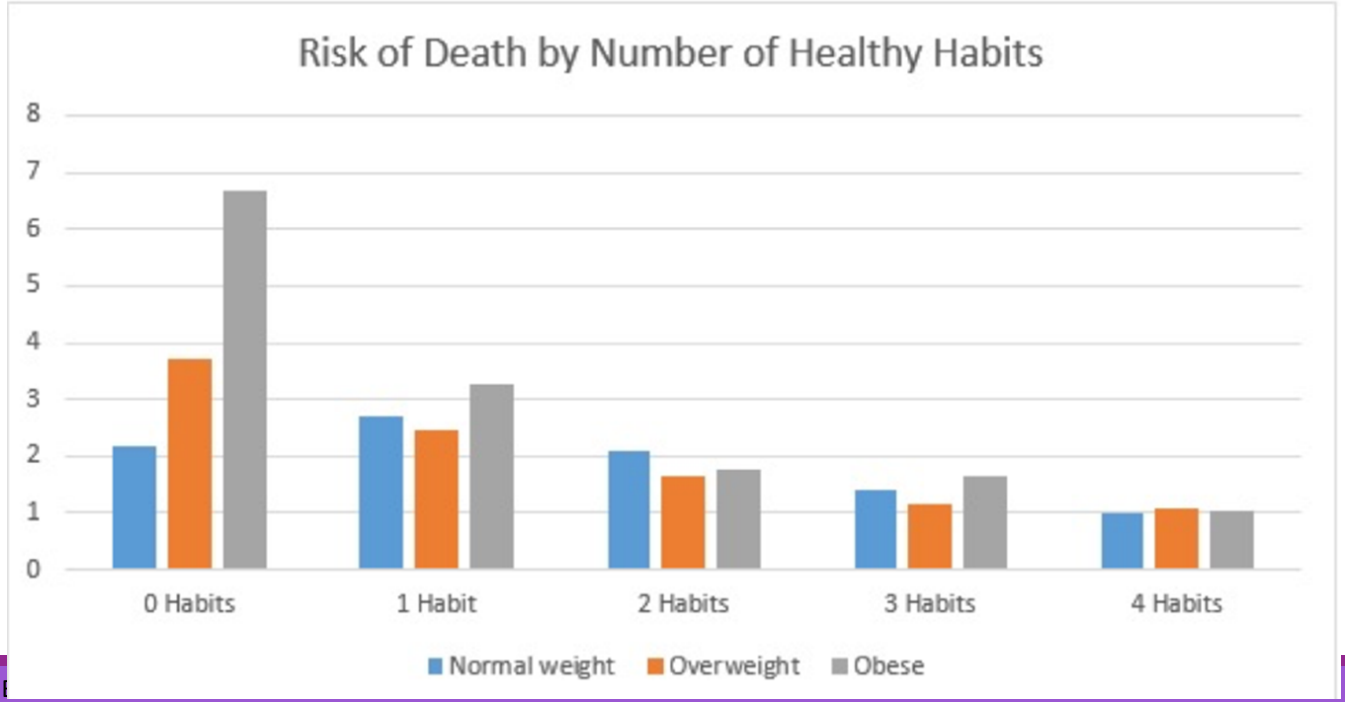
Weight Loss Vs. Fitness for Reducing Health Risks



Glenn A. Gaesser, Siddhartha S. Angadi, Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks, IScience 24(10),2021

Healthy Lifestyle Habits and Mortality in “Overweight” and “Obese” Individuals

Matheson, King, Everett. k J Am Board Fam Med, 2012



Habits

- Fruits and Veggies
- Regular physical activity
- Not smoking
- Alcohol in moderation



Use an anti-bias lens for critical analysis

Look AHEAD Trial Halted After Finding No CV Benefits of Intensive Lifestyle Intervention in Diabetes

Oct 15, 2012

ACC News Story

Share via: Print

Volunteers had to pass a maximum exercise test to participate in the study

…1200–1500 Kcal/day.

"Despite the overall lack of CVD risk reduction, ILI remains important for care of patients with T2DM, particularly when accompanied by medication management."

Despite no benefit on the primary outcome, intensive lifestyle intervention resulted in significant weight loss and reduced the prevalence of cardiovascular risk factors; however, this benefit became somewhat attenuated between 1 and 4 years.

The Look AHEAD trial b… …vascular benefit, acco… to a statement rele… …of Health (NIH), the funders of the trial.

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Pi-Sunyer, Xavier. "The Look AHEAD Trial: A Review and Discussion Of Its Outcomes." *Current nutrition reports* vol. 3,4 (2014): 387-391. doi:10.1007/s13668-014-0099-x

Interrogating Sources of Knowledge

- Fatness vs Anti-Fat Bias (failing to control for stigma, weight cycling, SDoHI, healthcare quality and access)
- Conflating correlation, causation and treatment
- Short term studies/high rates of dropouts
- Weight loss as key variable, failure to control for health supporting behaviors, stigma, SDOHI
- Weight loss as benign, failure to measure side effects of interventions
- Whose perspective is represented? Whose view of health? Who benefits?
- Emotional language, distorted visuals
- Blaming bodies rather than systems
- Measures adjusted/not for weight
- Inadequate representation in research

Implement an Anti-Bias Framework for Teaching and Practice, Leadership

Anti-Bias Provider

Recognizes identity as a key determinant of health inequities

Commits to reducing harm through self-awareness, critical analysis of knowledge and systems, andrepair

Empowers patients and communities

Confronts barriers to healthcare justice and equity

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Counter identity threat

DO NOT

Start with a weight. Consider deferring BP

- Include BMI/O diagnoses on problem lists or ID/CC
- Make assumptions about diet/exercise/health based on weight
- Praise weight loss or conflate weight with health. No diet talk!
- Take time from other treatable issues to discuss weight

DO

- Accessible furniture, gowns, equipment readily available
- Verbalize intention to counteract bias
- Evaluate patient education, reading materials
- Blame the system not the body
- Clearly differentiate health supporting behaviors from weight, consent to discuss

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National Association to Advance Fat Acceptance

Brochures and Toolkits

Guidelines for Healthcare Providers



Address the Chief Complaint

Address the Chief Complaint!



How is bias playing a role here?

Do not delay appropriate treatment – what you would do for someone in a smaller body -- for a trial of weight loss

Do not take time from treatable concerns to discuss weight

Offer only evidence-based treatments. Full informed consent

Differentiate health supporting from weight. "Weight is not the target, and won't be a measure of success, of these approaches"

Promote the anti-bias lens

- Let’s move identity signifiers out of the ID/CC
- Why don't we have that equipment, exam?
- Let's take a pause and ask, how is bias playing a role here?
- What training, equipment, staffing, policy is missing?
- Can you show me the evidence? Let’s check it for bias.
- Would we accept this level of evidence, of training, of care for another identity or “condition?”
- That’s not the environment I want to create



--> Will this approach increase or decrease health inequities?



Weight Inclusive Care

Weight-Inclusive Care

Supports people in finding **authentic motivation** and **sustainable methods** of caring for themselves, **regardless** of the weight, or specific health, outcome

- Promotes autonomy
- Attends to the effects of anti-fat bias
- Lets weight settle at set point



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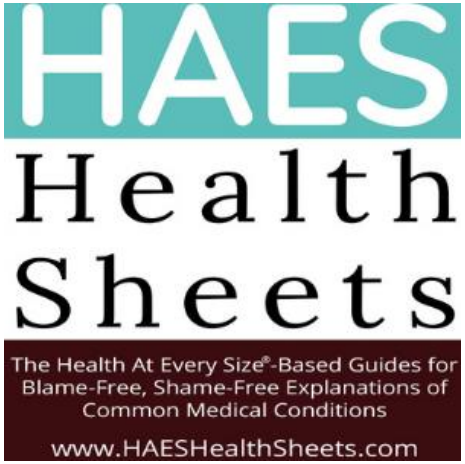
Evidence for Weight Inclusive Interventions

Lower blood pressure	More favorable lipids	Increased exercise
Less disordered eating	Improved mood, self-esteem	Better adherence, retention
No weight cycling	Greater resilience to weight stigma	Improved body image



Mensinger, J.L., Calogero, R.M., Stranges, S., & Tylka, T.L. (2016). A weight-neutral versus a weight-loss approach to health and well-being in women with high BMI: A randomized controlled trial.Mensinger, J.L., & Meadows, A. (2017). Internalized weight stigma mediates and moderates physical activity outcomes during a healthy living program for women with high BMI. *Psychology of Sport & Exerc.* Tylka, et al The Weight Inclusive Vs Weight Normative Approach to Health. J Obesity 2014. Bacon and Aphramor. Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutr J 2011

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Health At Every Size®-Based Guides for Blame-Free, Shame-Free Explanations of Common Medical Conditions (ASDAH-Association for Size Diversity and Health) https://haeshealthsheets.com/

Meghan Cichy RD Gentle Nutrition Handouts

The Fat Doctor #NoWeigh and Webinars

Weight-Inclusive, Anti-Bias Practice

- State intentions, apologize "I'm learning to do better"
- Size up your environment "what messages are patients/learners getting?"
- Assess for the effects of bias "How might bias be playing a role here?"
- Address the chief complaint, "what would we do for a smaller person?"
- Get (informed) consent before talking about lifestyle, weight, nutrition, movement, "setting weight aside"
- Question the evidence and the status quo "what assumptions have been made?"
- Blame the system, not the body "what training, equipment, systems are missing?"

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Mentimeter

What is one change you can make now to reduce the effects of bias in your practice, teaching, leadership? What knowledge/support is needed?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites



Thinking bigger

What barriers to larger patients encounter in our system

What experiences do our larger students have? What hidden curriculum about weight are they exposed to?

What support do our employees need in order to do better?

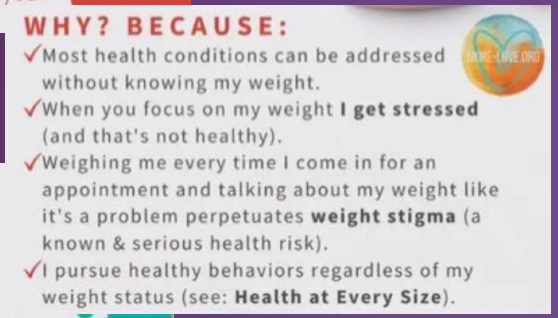
If larger bodies were considered the norm, how would things look, function differently?

What power do we have as an institution to push back on coding, documentation and counseling requirements?

Does our research include and analyze for a range of body size? Does our research about higher BMI serve to reduce health disparities or to promote them?



more-love.org/resources/free-dont-weigh-me-cards/

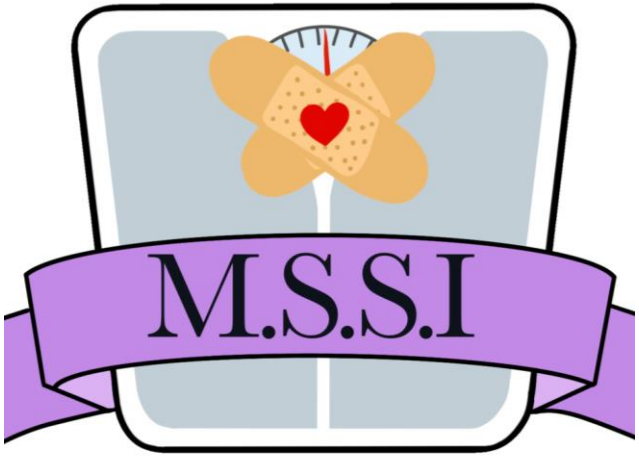






Buttons and stickers from MSSI

Mentorship and Community



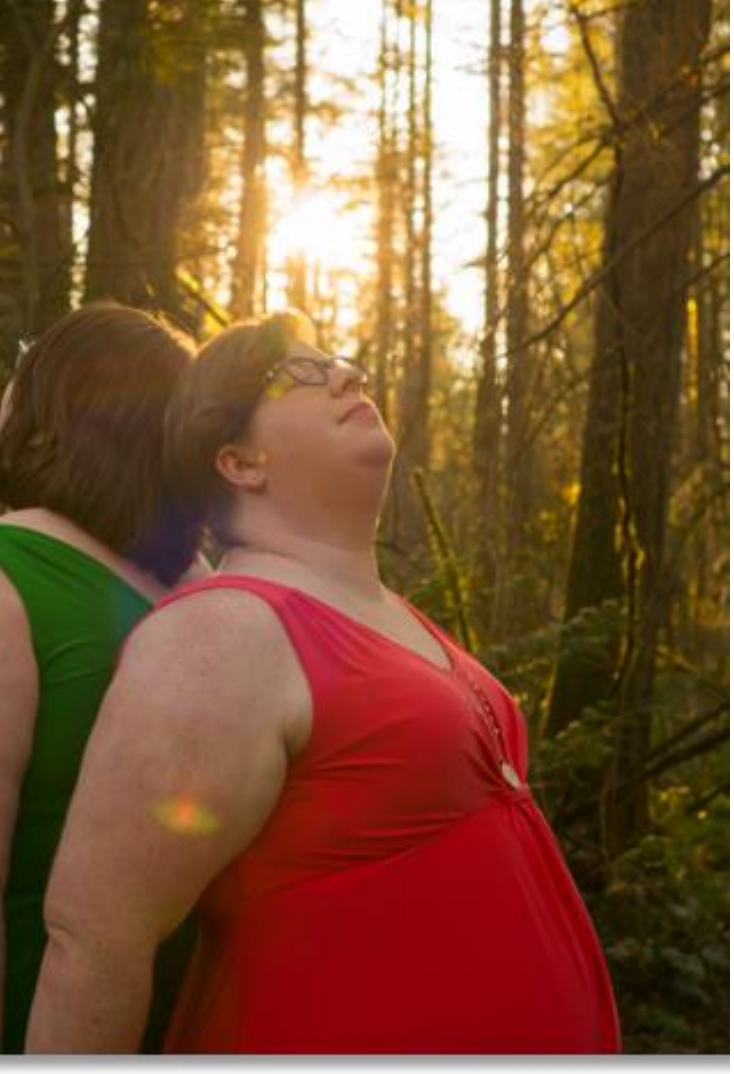
Association for Size Diversity and Health

National Association to Advance Fat Acceptance

Medical Students for Size Inclusivity

The Center for Body Trust

The Association for Weight Inclusive Medicine (AWIM)



Thank You!

Resources follow in the slide set



Resources

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Selected References

Michael Hobbs, Everything You Know About Obesity Is Wrong, Huffington Post, 2018

Tomiyama et al. How and Why Weight Stigma Drives the Obesity 'Epidemic' and Harms Health. BMC Medicine 2018

Anorexia Knows No Body Type, Seattle Times, 2018

Bianchi and Ricupero, Questioning the Ethics of Promoting Weight Loss in Clinical Practice. Canadian Journal of Bioethics. Feb 5 2020

Hunger, Smith, Tomiyama. An Evidence-Based Rationale for Adopting Weight Inclusive Health Policy. Social Issues and Policy Review 14(1) 2020

Gaesser and Angadi, Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks, IScience 2021

Glenn A. Gaesser. Type 2 Diabetes Incidence and Mortality: Associations with Physical Activity, Fitness, Weight Loss, and Weight Cycling. *Rev. Cardiovasc. Med.* **2022**

Tylka, et al The Weight Inclusive Vs Weight Normative Approach to Health. J Obesity 2104

Bacon and Aphramor. Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutr J 2011

Updated 6/2023

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Learn From Diverse Fat Authors

The Body is Not an Apology Sonya Renee Taylor

Decolonizing Wellness A QTBIPOC Guide, Dalia Kinsey

Belly of the Beast, the Politics of Anti-Fatness as Anti-Blackness, Da'shaun Harrison

Rachel Wiley, Button Poetry

Hunger, A Memoir of (My) Body, Roxane Gay

Nalgona Positivity Pride, Gloria Lucas

Heavy, An American Memoir, Kiese Laymon

Body Liberation Guide, Lindley Ashline

The Fat Doctor, Asher Larimie

Learn More!

Training: Center for Body Trust

Webinars, handouts: NoWeigh.org

Blog: Weight and Healthcare Newsletter by Regan Chastain

Books:
Fat Talk: Parenting in the Age of Diet Culture Virginia Sole-Smith
Reclaiming Body Trust, A Path to Healing and Liberation by Dana Sturtevant and Hilary Kinavey
Anti-Diet Christy Harrison
You Just Need to Lose Weight and 19 Other Myths about Fat People, Aubrey Gordon also What We Don't Talk About When we Talk About Fat

Podcasts:
"Maintenance Phase" Podcast maintenancephase.com