#### Weight Stigma and How to Help

for the

HMS Center for Primary Care's Student Leadership Committee

June 2022

Hi! My Name is Susanne. I am a fat queer mixed race Black woman and Nurse Practitioner



#### My privileges:

- Light skinned
- ▶ Cis-gender
- Two-parent household with stable upbringing
- Highly educated (from parents with high level education)
- Generational wealth
- ▶ Financially comfortable with disposable income
- ► Able-bodied
- **▶**???

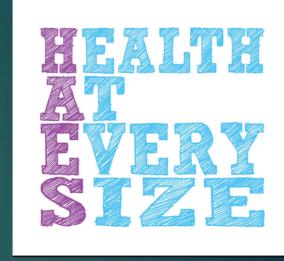


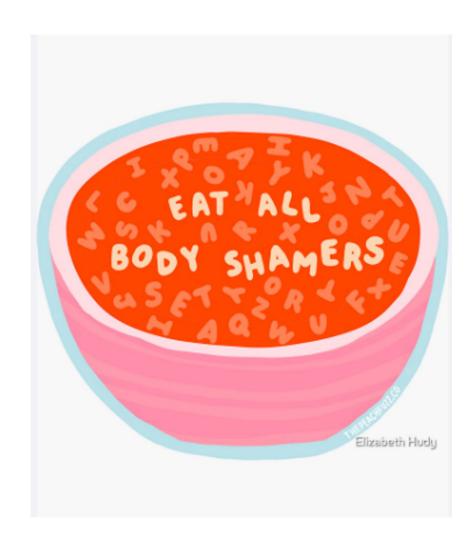


Hi!
my name is Lisa
and
I'm a fat white
woman and
clinical social
worker.

#### My privileges:

- **▶** White
- **►** Christian
- ▶ Cis-gender
- ➤ Straight
- ► Highly educated
- ► Two parent household with stable upbringing
- Generational wealth
- ► Financially comfortable with disposable income
- ► Able-bodied





Come at us with questions!



#### Words matter.

Art by Rachele Cateyes at RedBubble.com

#### What's in a Word? On Weight Stigma and Terminology

"What is more, person-first language is mired in the medicalization of body state. Since the American Medical Association controversially declared "obesity" a disease in 2013 in contravention to the recommendations of their own scientific committee, the result has not been that heavier people are treated more respectfully, or viewed by the medical profession in their complete personhood. Rather, anti-fat attitudes remain high among health professionals and specialists in the field.... and the Endocrine Society even went so far as to release guidelines suggesting clinicians should treat the "obesity" before all else, prioritizing weight management over clinical effectiveness and tolerability in prescribing choices for conditions such as schizophrenia, epilepsy, depression, and HIV."

Meadows, A., & Daníelsdóttir, S. (2016). What's in a Word? On Weight Stigma and Terminology. Frontiers in psychology, 7, 1527. doi:10.3389/fpsyg.2016.01527

#### Clinical Case Study

A 44 year old cis-female presents to her primary care doctor for a routine visit. She is feeling frustrated because she has gained a significant amount of weight in the last 7 months and feels this is contributing to her fatigue and increased lower back and bilateral knee pain.

Her medical history includes a Vertical Sleeve Gastrectomy (VSG) in 2016.

She reports a starting weight of 440lbs. Her highest recorded pre-op weight was 392lbs. Her lowest recorded post-surgical weight was 333lbs in 2018. Her current weight is 368lbs.

#### Clinical Case Study cont.

After surgery she experienced a period of homlessness and job insecurity.

She is now housed but experiencing food insecurity as her son is living with her and stretching her food budget. She typically receives free meals from the hotel where she works as a housekeeping supervisor. She describes the meals as high carb and high fat. She has also had difficulty with eating meat and grains post-surgery - both contribute to a feeling of pain in the chest after swallowing. She tends to choose foods that "go down

She has no other past medical history and no evidence of metabolic syndrome. Her blood pressure, blood glucose/hemoglobin A1c, cholesterol, thyroid, kidney and liver function are all normal.

easily" including a lot of sweet and creamy coffee to get her through her shifts.



feed one another

Weight Stigma

#### Diet Culture

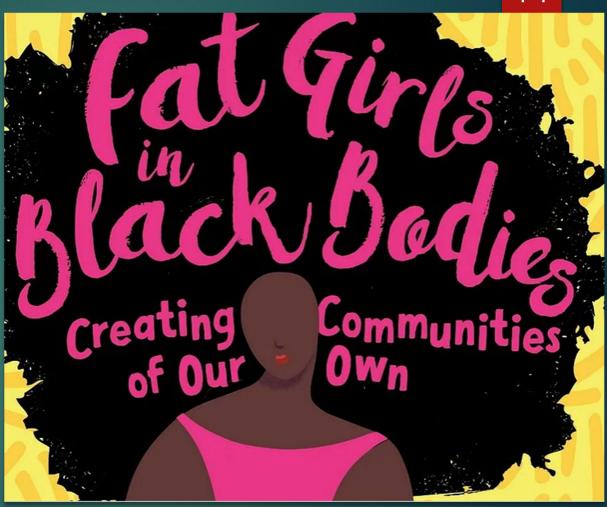
- ▶ Disconnects people from many internal body cues
- Validates and encourages disordered eating
- "good/bad healthy/unhealthy" foods
- ▶ Privileges thin/fit/abled/ bodies
- ▶ Creates fear and loathing of fat/disabled bodies
- ▶ Encourages discontent
- Encourages perfectionism

#### Diet Culture

- ► Centers "the problem" on the individual/their body
- ► The origins of "feeling fat"
- ▶ Posits that food must be earned through righteousness
- Posits that the body must be subjugated to the will
- ▶ Intersects with racism, ablism and other oppressions

The total U.S. weight loss market grew at an estimated 4.1% in 2018, from \$69.8 billion to \$72.7 billion. The total market is forecast to grow 2.6% annually through 2023.

▶https://blog.marketresearch.com/u.s.-weightloss-industry-grows-to-72-billion



<u>Fat Girls in Black Bodies</u>, by Dr. Joy Cox



When you have an agenda around someone's weight, you are colluding with diet culture.

#### What is Weight Stigma?

Shaming people based on weight or body size.

Judgmental behavior based on weight, body size, lifestyle

Assumptions about a person's character, work ethics, and personality based on weight

### Weight Bias is an Internal Attitude

Explicitly Expressed Bias – conscious discrimination or bullying

Example – not inviting a large neighbor to your weekly neighborhood mother's group because you don't want other women to think you would befriend a "fat person"

Implicitly Expressed Bias – unconscious inner attitudes we all carry about people who are different from us that influence our behavior in ways we often don't recognize.

Example – assuming all large people wish they were thin, or that being fat is evidence someone has a sexual trauma history.

#### How Does Weight Stigma Show Up?

People suffering prejudice and discrimination because of the judgements made about their weight

Inequalities in the employment, health-care, and educational settings due to negative stereotypes that fat persons are lazy and incompetent

Can be communicated both directly and indirectly – yelling an insult at a fat person v. not looking a fat person in the eyes.

## Weight Discrimination is a Major form of Bias

- Those who are teased about their weight report more suicidal thoughts than peers who are not teased.
- Fat youth are liked less, chosen less as friends, and rejected more often by peers than "average weight" youth.

Puhl RM and Latner JD. (2007). Stigma, Obesity, and the Health of the Nation's Children. Psychological Bullentin 133 (4), 557-580.

## Weight Discrimination is a Major form of Bias

- A survey of parents found that one in 10 would abort a child if they knew it had a genetic tendency to be fat.
- Young girls have indicated in surveys that they are more afraid of becoming fat than they are of cancer, nuclear war or losing their parents.

Lisa Berzins, Dying to be thin: the prevention of eating disorders and the role of federal policy. APA co-sponsored congressional briefing. USA. 11/1997.

#### MGH: Treating obesity like a disease could improve weight loss strategies

🔀 Expand



# Weight Bias in Medical Care

#### Weight bias in medicine does harm, however "unconscious" the bias may be.

"Medical fatphobia is not a question of implicit bias. Academic papers about medical fatphobia are rife with insistence that the fucked-up things physicians do to fat patients are unconscious and unintentional. There is nothing implicit about telling a fat person with gastrointestinal distress that they just need to change their diet without any further investigations into what they're feeling. There is nothing implicit about showing surprise when a fat person's lab results do not indicate an underlying health issue. There is only pathologization in action; disgust and ire are not unintentional."

Marquisele Mercedes https://pipewrenchmag.com/dismantling-medical-fatphobia/



#### #diagnosisfat.....



Replying to @rex6570 and @RandiFoorDalton

I had a friend lose 60lbs \*very\* quickly and her doctor wrote in her file notes "whatever you're doing, keep it up!"- she had stage 4 kidney cancer. They didn't catch it for another few months and she had 60 days from diagnosis before she passed.

9:45 PM  $\cdot$  Sep 20, 2020  $\cdot$  Twitter for iPhone



A coworker just passed away. She was a Black woman in her early 30s. She went to her doctor last Wednesday about shortness of breath and chest pain. He just told her to lose weight.

Well, she had clots in her lungs and had a massive heart attack Friday.

8:57 AM · Nov 7, 2019 · Twitter for iPhone



#### siwan @SCClarkCymru · Jul 27

A close friend's adult daughter had a persistent cough. She was phobic of doctors after all the humiliation she'd experienced in healthcare as a fat woman, with every ailment given #diagnosisfat. She put off going.

It developed into a pneumonia and she died.

#Fatphobia kills.



#### #diagnosisfat.....



Wanna hear a crazy story? I'm a new mom & I had protein in my urine during and after pregnancy, which is bad. A doctor told me to "lose weight" & it would go away. Didn't want me to see me back for months. So I got a second opinion. Turns out I have bone marrow cancer. THREAD: 1/

1:08 PM · Aug 12, 2019 · Twitter for iPhone



A patient recalls being told: "I would never give you I.V.F. You're too fat. Have more sex and lose the weight."

Despite no official guidelines on the matter, fertility clinics often refuse to treat patients they consider too large



Had back pain. Was told I need to lose weight. 100 pounds later still pain. Turns out I had multiple fractures #diagnosisfat

12:46 AM · Dec 13, 2014 · Twitter for iPhone

#### Weighing the care: physicians' reactions to the size of a patient

M R Hebl 1, J Xu

**Objective:** To examine how the weight of a patient affects both the attitudes that physicians hold as well as the treatments that they intend to prescribe.

**Design**: In a six-cell randomized design, physicians evaluated a medical chart of a male or female patient, depicted as either average weight, overweight or obese, who presented with a migraine headache.

**Subjects**: A total of 122 physicians affiliated with one of three hospitals located in the Texas Medical Center of Houston completed the experiment.

**Measurements**: Using a standard medical procedure form, physicians indicated how long they would spend with the patient and which of 41 medical tests and procedures they would conduct. <u>They also indicated their affective</u> and behavioral reactions to the patient.

**Results:** The weight of a patient significantly affected how physicians viewed and treated them. Although physicians prescribed more tests for heavier patients, F(2, 107)=3.65, P<0.03, they simultaneously indicated that they would spend less time with them, F(2, 107)=8.38, P<0.001, and viewed them significantly more negatively on 12 of the 13 indices.

**Conclusion**: This study reveals that physicians continue to play an influential role in lowering the quality of healthcare that overweight and obese patients receive. As the girth of America continues to increase, continued research and improvements in the quality of such healthcare deserve attention.

PMID: 11477511 DOI: 10.1038/sj.ijo.0801681

#### Physicians build less rapport with obese patients

Kimberly A Gudzune 1, Mary Catherine Beach, Debra L Roter, Lisa A Cooper Copyright © 2013 The Obesity Society.

**Objective:** Physicians' negative attitudes toward patients with obesity are well documented. Whether or how these beliefs may affect patient-physician communication is unknown. To describe the relationship between patient body mass index (BMI) and physician communication behaviors (biomedical, psychosocial/lifestyle, and rapport building) during typical outpatient primary care visits was aimed.

**Design and methods**: Using audio-recorded outpatient encounters from 39 urban primary care physicians (PCPs) and 208 of their patients, the frequency of communication behaviors using the Roter Interaction Analysis System was examined. The independent variable was measured; patient BMI and dependent variables were communication behaviors by the PCP within the biomedical, psychosocial/lifestyle, and rapport building domains. A cross-sectional analysis using multilevel Poisson regression models to evaluate the association between BMI and physician communication was performed.

**Results:** PCPs demonstrated less emotional rapport with overweight and obese patients (incidence rate ratio, IRR, 0.65, 95%Cl 0.48-0.88, P = 0.01; IRR 0.69, 95%Cl 0.58-0.82, P < 0.01, respectively) than for normal weight patients. No differences in PCPs' biomedical or psychosocial/lifestyle communication by patient BMI were found.

**Conclusions:** Our findings raise the concern that <u>low levels of emotional rapport in primary care visits with overweight and obese patients may weaken the patient-physician relationship</u>, diminish patients' adherence to recommendations, and decrease the effectiveness of behavior change counseling.

PMID: 23512862 PMCID: PMC3694993 DOI: 10.1002/oby.20384

#### Physician respect for patients with obesity

Mary Margaret Huizinga, Lisa A Cooper, Sara N Bleich, Jeanne M Clark, Mary Catherine Beach J Gen Intern Med 2009 Nov;24(11):1236-9

**Introduction**: Obesity stigma is common in our society, and a general stigma towards obesity has also been documented in physicians. We hypothesized that physician respect for patients would be lower in patients with higher body mass index (BMI).

**Methods:** We analyzed data from the baseline visit of 40 physicians and 238 patients enrolled in a randomized controlled trial of patient-physician communication. The independent variable was BMI, and the outcome was physician respect for the patient. We performed Poisson regression analyses with robust variance estimates, accounting for clustering of patients within physicians, to examine the association between BMI and physician ratings of respect for particular patients.

**Results:** The mean (SD) BMI of the patients was 32.9(8.1) kg/m(2). Physicians had low respect for 39% of the participants. Higher BMI was significantly and negatively associated with respect [prevalence ratio (PrR) 0.83, 95% CI: 0.73-0.95; p = 0.006; per 10 kg/m(2) increase in BMI]. BMI remained significantly associated with respect after adjustment for patient age and gender (PrR 0.86, 95%CI: 0.74-1.00; p = 0.049).

**Conclusion:** We found that higher patient BMI was associated with lower physician respect. Further research is needed to understand if lower physician respect for patients with higher BMI adversely affects the quality of care.

DOI: 10.1007/s11606-009-1104-8

#### Weight bias among health professionals specializing in obesity

Marlene B Schwartz, Heather O'Neal Chambliss, Kelly D Brownell, Steven N Blair, Charles Billington

**Purpose:** To determine the level of anti-fat bias in health professionals specializing in obesity and identify personal characteristics that correlate with both implicit and explicit bias.

**Research methods and procedures**: The Implicit Associations Test (IAT) and a self-report questionnaire assessing explicit attitudes, personal experiences with obesity, and demographic characteristics was administered to clinicians and researchers attending the opening session of an international obesity conference (N = 389). The IAT was used to assess overall implicit weight bias (associating "obese people" and "thin people" with "good" vs. "bad") and three ranges of stereotypes: lazy-motivated, smart-stupid, and valuable-worthless. The questionnaire assessed explicit bias on the same dimensions, along with personal and professional experiences with obesity.

**Results**: Health professionals exhibited a significant pro-thin, anti-fat implicit bias on the IAT. In addition, the subjects significantly endorsed the implicit stereotypes of lazy, stupid, and worthless using the IAT. Level of bias was associated with several personal characteristics. Characteristics significantly predictive of lower levels of implicit anti-fat bias include being male, older, having a positive emotional outlook on life, weighing more, having friends who are obese, and indicating an understanding of the experience of obesity.

**Discussion**: Even professionals whose careers emphasize research or the clinical management of obesity show very strong weight bias, indicating pervasive and powerful stigma. Understanding the extent of anti-fat bias and the personal characteristics associated with it will aid in developing intervention strategies to ameliorate these damaging attitudes.

DOI: 10.1038/oby.2003.142

## These medical professionals as well.....

Nurses

Mental health clinicians

Physical therapists

Hospital administrators

**Dietitians** 

Medical Researchers

.... are also likely to hold an anti-fat bias.

# The impact of weight bias on medical care

Weight limits on transplant surgeries

Weight limits on joint replacement surgeries

Incorrect drug dosages (including cancer drugs)

Plan B not effective for women over 155 lbs

Weight/size limits for durable medical equipment like MRI machines

Seating, BP cuffs, exam gowns often too

Fat ciswomen less likely to receive cervical, breast or colorectal cancer screening

Fat ciswomen with breast and cervical cancers are more likely to die... than non-fat

Psychological consequences of Weight Stigma/Bias

Depression

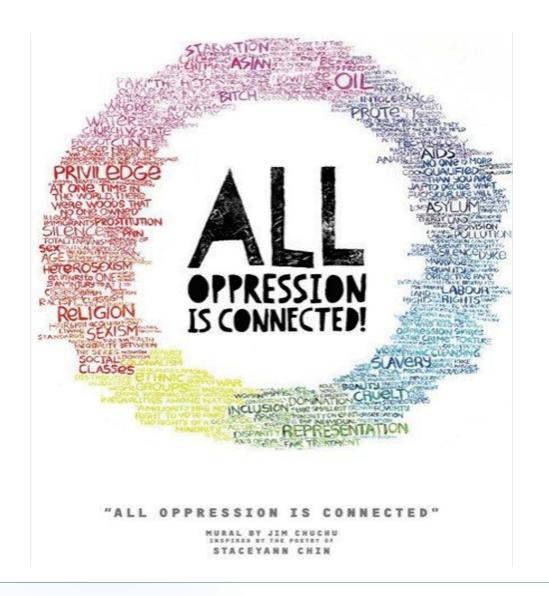
Anxiety

Low self esteem

Suicidal act and thoughts

Poor Body image

All of these psychological states contribute to poor health outcomes and difficulties in good self care.



WEIGHT BIAS

AND

INTERSECTIONALITY

66

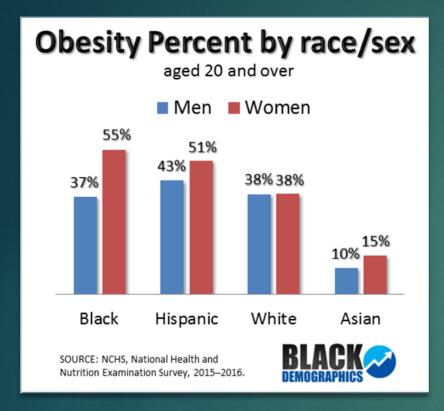
RACISM IS THE MISSING
ELEMENT THAT
EXPLAINS THE ORIGINS
OF FATPHOBIA AND THE
DEVELOPMENT OF THE
SLENDER IDEAL.

SABRINA STRINGS FEARING THE BLACK BODY: THE RACIAL ORIGINS OF FAT PHOBIA

@wellnesswithredwine

"Sabrina does a deep dive into the racist roots of diet culture starting all the way back to the sixteenth century in Europe..... In her book, she explains that race was used as a double agent; "It entails the synchronized repression of 'savage' blackness and the generation of disciplined whiteness." The thin ideal was a way of morally separating White women from Black women.

Racism exists in every facet of society, especially in the health & wellness industry. And this is just ONE way that it shows up."



A majority of Black and Brown women in the US are dealing not only with racism and sexism, but also fatphobia (and possibly also other oppressions).

Fatphobia harms Black and Brown people significantly more than white people.

#### IT'S TIME TO TALK ABOUT IT

When presented with **identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women**, clinicians were asked to identify if the woman's eating behavior was problematic:<sup>15</sup>

44%

IDENTIFIED THE WHITE WOMAN'S EATING BEHAVIOR AS PROBLEMATIC

41%

IDENTIFIED THE
HISPANIC WOMAN'S
EATING BEHAVIOR
AS PROBLEMATIC

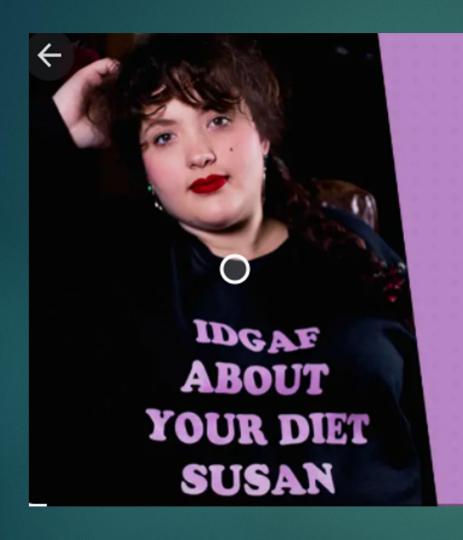
**17%** 

IDENTIFIED THE BLACK WOMAN'S EATING BEHAVIOR AS PROBLEMATIC

**LEARN MORE: WWW.MYNEDA.ORG** 

CITATIONS: WWW.MYNEDA.ORG/INFOGRAPHICS





"And don't worry about feeling dizzy. It's just a sign of your progress," doctors said. Because I was fat when I first began dieting... every sign of my eating disorder was overlooked.

- Marie Southard Ospina

"More than 25 percent of transgender people seeking genderconfirmation surgery are too fat to have it done Healio reports, citing a new study published in Endocrine Practice.

Among 1,389 patients with BMI documented within three months of their consultation and at a subsequent clinical visit, 26 percent had obesity and 14 percent were deemed ineligible for gender-confirmation surgery at baseline. Self-monitored weight management was encouraged for preoperative weight loss to achieve an eligible BMI. However, despite some weight loss, all patients remained within the prescribed BMI range of obesity. No patients initially deemed ineligible due to elevated BMI became eligible at a subsequent surgical consult visit."

"A quarter of trans people too fat for surgery"

"The impact of fatphobia on the trans community is heartbreaking. Countless trans people are starving themselves

in their attempt to access surgeries that are necessary for their physical and emotional well-being. To be honest, I suspect that my friend who died following their top surgery was made more vulnerable to the post-surgical infection that led to their death because of their history of eating disorders. The gatekeeping that prevents fat trans people from accessing medical transition is killing my people. That is not an exaggeration."



~ Lore McSpadden

(they/them)

## Population Specific Care

Trans patients seeking gender affirming hormone therapy

Increased risk of blood clots with estrogen replacement therapy?

Trans patients seeking gender affirming surgical procedures

Individuals with a uterus seeking contraceptive methods

- Increased risk of blood clots with estrogen therapy?
  Reduced efficacy of products like the contraceptive patch
- Reduced efficacy of emergency contraception

Chronic pain patients seeking joint replacement

How can providers advocate for and support patients who require access to treatments or procedures where weight may be a factor in efficacy and safety?

So.....

If weight stigma is so harmful and medical care can be more complex for fat people, shouldn't we be helping people lose weight?

Food deprivation is trauma.



@drstaceyny www.gatewelltherapycenter.com

### **60 Years of a Failed Paradigm:**

"Most obese persons will not stay in treatment of obesity.

Of those who stay in treatment most will not lose weight and of those who do lose weight, most will regain it."

- Albert

Stunkard, 1958 (p. 79)

Stunkard, A.J. (1958). The results of treatment for obesity. New York State Journal of Medicine, 58, 79-87.



What's the evidence?

PREVENTION
INTERVENTIONS ARE
EXPERIMENTS BASED ON
UNPROVEN
ASSUMPTIONS ABOUT
WEIGHT AND HEALTH.

# Medicare's Search for Effective Obesity Treatments: Diets are Not the Answer

Traci Mann, A. Janet Tomiyama, Erika Westling, Ann-Marie Lew, Barbra Samuels, and Jason Chatman American Psychologist, April 2007 Using the GRADE system, researchers made judgments about the quality of evidence across all available studies. Judgments are based on study design, study quality, consistency of results across studies, and generalizability of the studied samples, treatments and measures. The overall quality of evidence across outcomes is assessed and the balance of benefits and harms is considered.

And what

did they find? ....

Medicare's Search for
Effective Obesity
Treatments: Diets are
Not the Answer Traci
Mann, A. Janet
Tomiyama, Erika
Westling, Ann-Marie
Lew, Barbra Samuels,
and Jason Chatman
American Psychologist,
April 2007

"In the studies reviewed here, dieters were not able to maintain their weight losses in the long term, and there was not consistent evidence that the diets resulted in significant improvements in their health. In the few cases in which health benefits were shown, it could not be demonstrated that they resulted from dieting, rather than exercise, medication use, or other lifestyle changes. It appears that dieters who manage to sustain a weight loss are the rare exception, rather than the rule. Dieters who gain back more weight than they lost may very well be the norm, rather than an unlucky minority"

The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments.

Morten Nordmo, Yngvild Sørebø Danielsen, Magnus Nordmo Obesity Reviews, January 2020 A systemic review of 24,159 non-surgical and nonpharmacological studies of "obesity" treatments from 1984 to present in MEDLINE, CINAHL, PSYCHINFO, and ALLIED databases.

minimum 3-year follow-up

Minimum 5% body mass lost

no continued interventions in the follow-up-period

prospective design

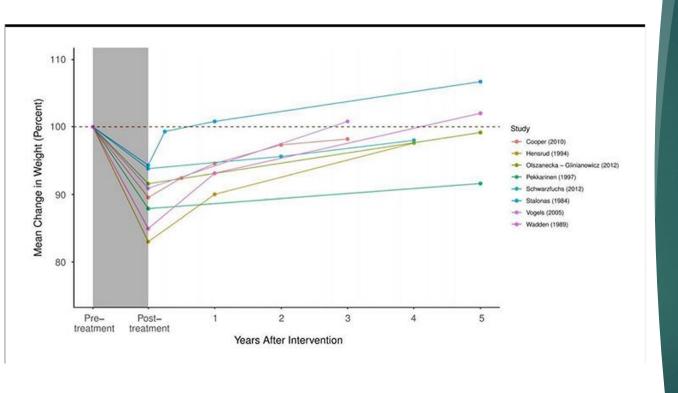
less than 30% attrition from the start of the follow-up period.

# ... they found 8 studies that met inclusion criteria.

TABLE 1 Characteristics of the included studies

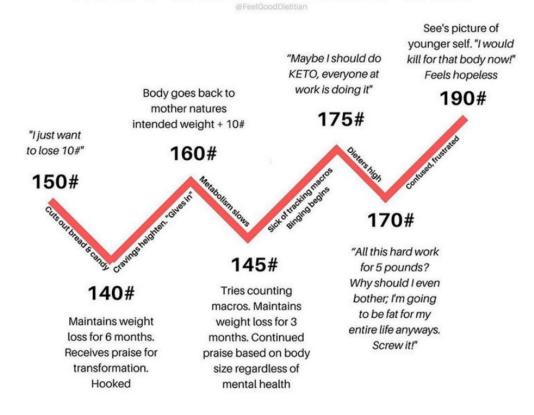
| Reference                             | Treatment         | Sample Recruitment | Follow-up Length, y | Final Weight Change, % | N   |
|---------------------------------------|-------------------|--------------------|---------------------|------------------------|-----|
| Cooper <sup>55</sup>                  | CBT/BT            | Hospital           | 3                   | -1.4                   | 99  |
| Hensrud <sup>56</sup>                 | Provided meals    | Hospital           | 4                   | -1.8                   | 24  |
| Olszanecka-Glinianowicz <sup>57</sup> | Diet and exercise | Unknown            | 5                   | -0.4                   | 30  |
| Pekkarinen <sup>25</sup>              | VLED/BT           | Hospital           | 5                   | -8.4                   | 35  |
| Schwarzfuchs <sup>24</sup>            | Diet              | Workplace          | 4                   | -1.9                   | 332 |
| Stalonas <sup>58</sup>                | Diet and exercise | Advertisement      | 5                   | +6.7                   | 36  |
| Vogels <sup>59</sup>                  | VLED              | Advertisement      | 3                   | +0.8                   | 91  |
| Wadden <sup>60</sup>                  | VLCD/BT           | Unknown            | 5                   | +2.0                   | 76  |

Abbreviation: BT, behaviour therapy.



... they found 8 studies that met inclusion criteria.

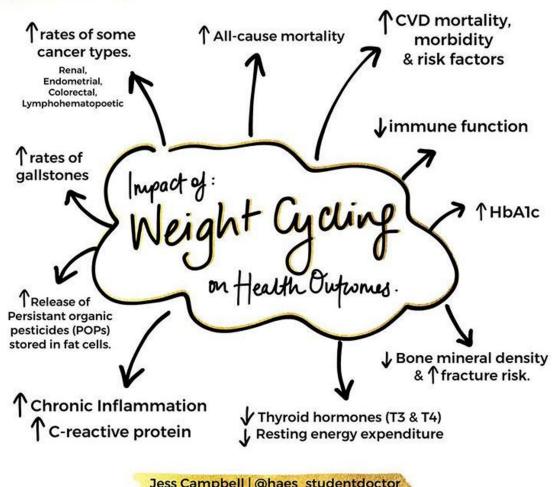
### DIETS CAUSE WEIGHT GAIN



### issues with weight cycling

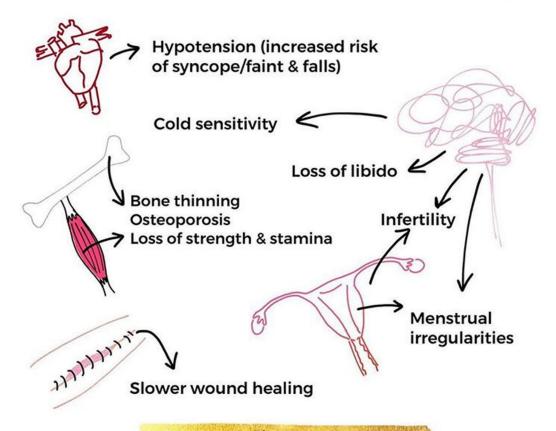


#### Overview



Jess Campbell | @haes\_studentdoctor

#### Rarely discussed.... Effects of Calorie Restriction on the Body



Jess Campbell | @haes\_studentdoctor

What if the sequelae of "obesity" are consequences of the bias and stigma fat people experience rather than the adiposity itself?



Is it ethical to continue to 53 prescribe or recommend an intervention that not only does not work for the overwhelming

majority of patients, but actually

does harm?



Real talk, eating the diet book is healthier than reading it.

# NOT DIETING IS AN ACT OF RESISTANCE AND RADICAL SELF LOVE.

No Diet Day 2022
HEYSHARONMAXWELL

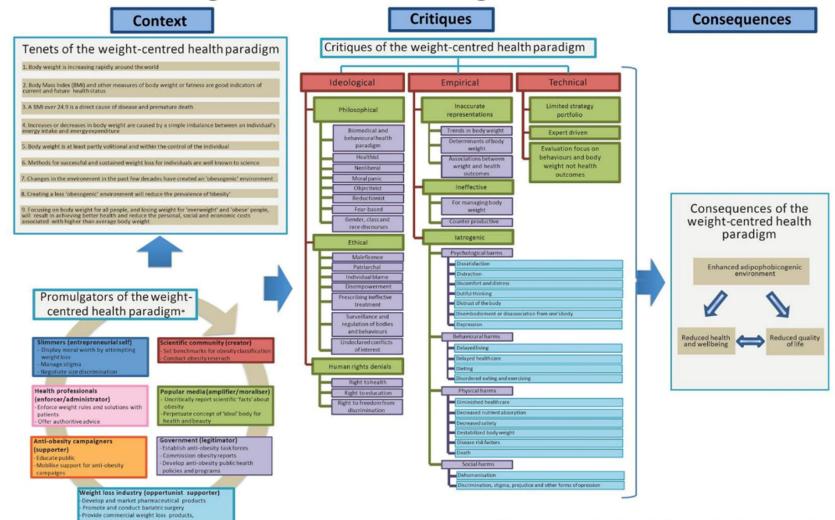
So what ARE we supposed to do to help fat people improve & protect their health?

# Paradigm Shift Underway in Healthcare

- A paradigm shift is a move from one organizing theoretical perspective to another
- Moving from one way of thinking to another.
- It is driven by agents of change
- ▶ The history of medicine is full of paradigm shifts:
  - Top-down paternalism to a team model
  - Germ theory
  - ▶ The mind-body connection

Paradigm shift can result with the accumulation of evidence that challenges the status quo – think about all the "obesity paradoxes" we know of.

#### **Weight-Centred Health Paradigm 3C Framework**



\*Monaghan, L. F., Hollands, R., & Pritchard, G. (2010). Obesity epidemic entrepreneurs. Body & Society, 16(2), 37-71.

Source: O'Hara, L., & Taylor, J. (2018). What's Wrong With the 'War on Obesity?'
SAGE Open, 8(2), 1-28. doi:10.1177/2158244018772888

# Current dominant health paradigm: Weight-Centered Health Paradigm (aka Weight-Normative)

HAES is a model from a newer paradigm: Weight-Inclusive Health Paradigm



# Health At Every Size

## What is Health At Every Size?

- ► A social movement
- ► A weight-inclusive treatment approach
- ► A clinical orientation

### Fat liberation/fat acceptance:

- The rights to life, liberty and the pursuit of happiness are <u>not</u> size dependent
- People have the right to exist in bodies of all sizes without shame, stigma, bullying or oppression and we work to remove harmful barriers.

### Health At Every Size:

- Evidence-based paradigm for public health, healthcare and personal health
- Recognizes that health is not an obligation, barometer of worthiness, or entirely within our control and is defined by individuals for themselves.
- Focus is on health, including social determinants of health, NOT body size manipulation.

(h/t to Ragen Chastain)

Fat liberation can exist without
Health At Every Size,
but HAES cannot exist without
fat liberation.

# Health At Every Size ® & HAES ®

The Association for Size Diversity and Health own the trademarks for Health At Every Size and HAES, in order to protect them from diet culture forces. Otherwise, the approach is not "owned" and you do not need a certification or credential to use it, personally or professionally.





### **CONFERENCE 2022**

Saturday, June 11, 2022 10:30am-7pm ET | 7:30am-4pm PT

Intersectional Liberation: What is Required of the Health at Every Size® Movement?

www.asdah.org

# Ready for the HAES Principles??



# Health At Every Size®

- ▶ Weight Inclusivity
- ► Health Enhancement
- ▶ Respectful Care
- ► Eating for Well Being
- ► Live Enhancing Movement





# Weight Inclusivity

"Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights."

## "Weight Neutrality" Doesn't Cut It.



rachelecateyes.weebly.com



REALTH AT EVERY SIZE



FOR SHOWING PEOPLE OF ALL AGES THAT SIZE DOES NOT DETERMINE HEALTH OR BEAUTY.

Stop weight bigotry.

Health At Every Size®

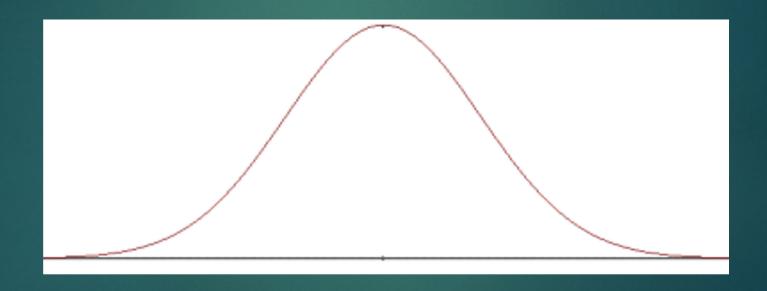
FULL FIGURE ENTERTAINMENT







There have always <u>been</u> fat people, and there will always <u>be</u> fat people.







happyfattransman • Following

•••



happyfattransman My fat trans body is whole \( \mathbb{P} \) \( \mathbb{N} \) My weight is not a flaw, it does not take away the value I have. My scars and my stretch marks are beautiful and a part of my growth. I refuse to change and make myself smaller for others. I feel free to exist loudly. This is who I'm supposed to be

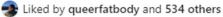
8 months since #topsurgery and I still am amazed every day when I look in front of the mirror

#imagedescription Matthew standing topless in purple underwear. He has his hands at his sides and is leaning to the side a little









FEBRUARY 18

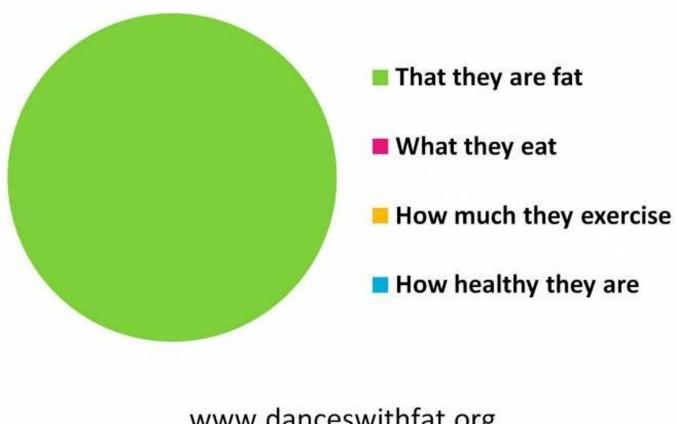
Add a comment...

Pos

HAES is not "against" weight loss.

HAES recommends
against
the pursuit of,
or centering of,
weight loss.

### Things You Can Tell By Looking at a Fat Person



www.danceswithfat.org

### **Health Enhancement**

"Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs."

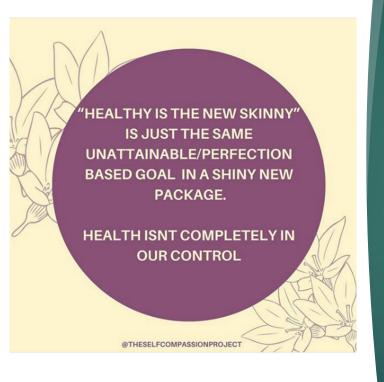
"None of us are alike, and each of us is entitled to make up our own minds about what "health" means. The preamble to the HAES Principles defines health as a resource or a capacity, rather than as a "state" that can be good or bad, in order to refocus health professionals and policy makers on what can be done to empower individuals and communities toward wellbeing."





People get to prioritize their mental, physical, spiritual, social etc.... health in the way that makes sense to them.

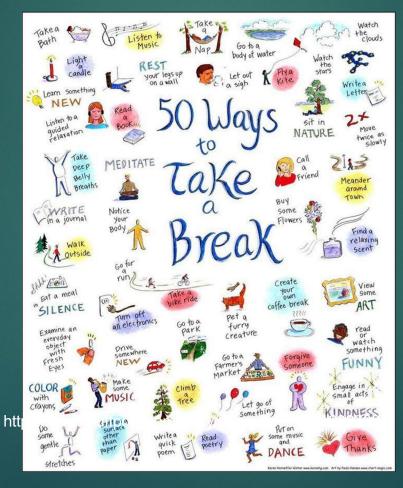
Image: www.unh.edu/health/



HAES: No one is obligated to be healthy, and health is not something completely in our control.

Healthism: the belief that good health is an individual's responsibility and is within an individual's control.

### Things we have \*some\* control over...



### ... and things that we don't.

"You can't honestly address
'wellness' - the things people need to
be well - without addressing poverty
and systemic racism, disability
access and affordable health care,
paid family leave and food insecurity,
contraception and abortion, sex
work and the war against drugs and
mass incarceration."

-Lindy West in "The Witches are Coming"

#### Gentle Nutrition for PCOS

Instead of this:



Oreo by itself

Only carbs. Hungry in an hour. Try this:



Add nuts

Fat, protein, and carbs. Great energy, happy hormones!

@PCOSnutritionist



#### Remember

We are imperfect beings and each day is new and different. Some days it may be easier to follow the suggestions than others.

Be gentle with yourself.

#### Goal

Self compassion and kindness towards your body

#### **DIABETES**

#### WHAT IS IT?

A condition in which the body has trouble managing blood sugar because of problems making or using  $\emph{insulin}.$ 

Insulin is a hormone that is secreted by the pancreas when blood sugar rises (after eating, for example). Its main job is to get glucose from the blood into the cells, where it can be used to make energy or be stored for later use. If you have diabetes, your body doesn't make enough (or any) insulin, or doesn't use insulin well. Glucose then stays in your blood and doesn't reach your cells, which leads to a number of symptoms and potential complications.

#### **GENTLE NUTRITION SUGGESTIONS**

#### Follow as you are able to

- Eating regular meals and snacks throughout the day (not skipping meals)
   will help prevent major fluctuations in blood sugar levels
- Try combining carbohydrates with fat and protein at meals and snacks.
   Glucose is the #1 source of energy for our brains, and comes from the digestion of carbohydrates. In other words, our bodies need carbs!
   Combining fat and protein with carbohydrates slows down digestion and allows for a slower and more stable release of sugar into the blood
- Begin to notice how your body feels after eating, and how certain foods and food combinations change your blood sugar. Over time this will help you figure out what works for you and your body

\*If any of these suggestions are harmful to other aspects of your health, then do not engage in them

### **HAES**

### Health Equity



#### **Health Equity**

Giving every person an equal opportunity to be healthy, which is achieved by addressing systemic issues that affect some populations differently than others.

## Respectful Care

"Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities."



# Fat identity intersects with other identities



# DIET CULTURE IS COLONIAL MENTALITY.

-NALGONA POSITIVITY PRIDE





@nalgonapositivitypride

How people think about their bodies, what they believe about their bodies MATTERS.

what would it be like to take care of the body you have now, not the one you wished you had?

feel good eating



Making people feel bad about their bodies makes it harder to take good care of them.

It leads to disconnection and avoidance.

"YOU CAN'T HATE PEOPLE FOR THEIR OWN GOOD"

~ MARILYN WANN

### A systematic review of allostatic load, health, and health disparities Theresa M Beckie Biol Res Nurs . 2012 Oct;14(4):311-46.

#### **Abstract**

The theoretical constructs of allostasis and allostatic load (AL) have contributed to our understanding of how constantly changing social and environmental factors impact physiological functioning and shape health and aging disparities, particularly along socioeconomic, gendered, racial, and ethnic lines. AL represents the cumulative dysregulation of biological systems with prolonged or poorly regulated allostatic responses. Nearly two decades of empirical research has focused on operationalizing the AL construct for examining the antecedents and health outcomes accompanying multisystem biological dysregulation. The purpose of this systematic review is to examine the empirical literature that quantifies the AL construct; the review also evaluates the social, environmental, and genetic antecedents of AL as well as its predictive utility for a variety of health outcomes. A total of 58 articles published between 1997 and 2012 were retrieved, analyzed, and synthesized. The results revealed considerable heterogeneity in the operationalization of AL and the measurement of AL biomarkers, making interpretations and comparisons across studies challenging. There is, however, empirical substantiation for the relationships between AL and socioeconomic status, social relationships, workplace, lifestyle, race/ethnicity, gender, stress exposure, and genetic factors. The literature also demonstrated associations between AL and physical and mental health and all-cause mortality. Targeting the antecedents of AL during key developmental periods is essential for improving public health. Priorities for future research include conducting prospective longitudinal studies, examining a broad range of antecedent allostatic challenges, and collecting reliable measures of multisystem dysregulation explicitly designed to assess AL, at multiple time points, in population-representative samples.

DOI: 10.1177/1099800412455688

#### Perceived Weight Discrimination and 10-Year Risk of Allostatic Load Among US Adults

Maya Vadiveloo, PhD, RD1 & Josiemer Mattei, PhD, MPH2 Published online: 23 August 2016 The Society of Behavioral Medicine 2016

**Background:** Discrimination promotes multisystem physiological dysregulation termed allostatic load, which predicts morbidity and mortality. It remains unclear whether weightrelated discrimination influences allostatic load. Purpose The aim of this study was to prospectively examine 10-year associations between weight discrimination, allostatic load, and its components among adults 25–75 years in the Midlife Development in the US Biomarker Substudy.

**Methods**: Participants with information on weight discrimination were analyzed (n=986). At both timepoints, participants self-reported the frequency of perceived weight discrimination across nine scenarios as "never/rarely" (scored as 0), "sometimes" (1), or "often" (2). The two scores were averaged and then dichotomized as "experienced" versus "not experienced" discrimination.

**Results:** Over 41% of the sample had obesity, and 6% reported weight discrimination at follow-up. In multivariable-adjusted analyses, individuals who experienced (versus did not experience) weight discrimination had twice the risk of high allostatic load (RR, 2.07; 95 % Cl, 1.21; 3.55 for baseline discrimination; 2.16, 95 % Cl, 1.39; 3.36 for long-term discrimination). Weight discrimination was associated with lipid/metabolic dysregulation (1.56; 95 % Cl 1.02, 2.40), glucose metabolism (1.99; 95 % Cl 1.34, 2.95), and inflammation (1.76; 95 % Cl 1.22, 2.54), but no other systems.

**Conclusions** Perceived weight discrimination doubles the 10-year risk of high allostatic load. Eliminating weight stigma may reduce physiological dysregulation.

I think therefore I am: perceived ideal weight as a determinant of health. (2008)

#### **RESULTS/CONCLUSION:**

Controlling for age and BMI, the difference between actual and desired body weight was a stronger predictor than was BMI of mental and physical health.... The desire to lose weight appears to be a powerful independent predictor of psychological and biological health.

Adults with Greater Weight Satisfaction Report More Positive Health Behaviors and Have Better Health Status Regardless of BMI (2013)

RESULTS/CONCLUSION: Greater satisfaction with one's weight was associated with positive health behaviors and health outcomes in both men and women and across weight status groups.

# Eating for Well-being

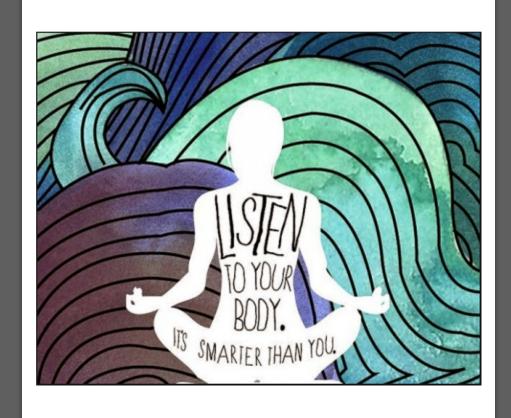
"Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control."

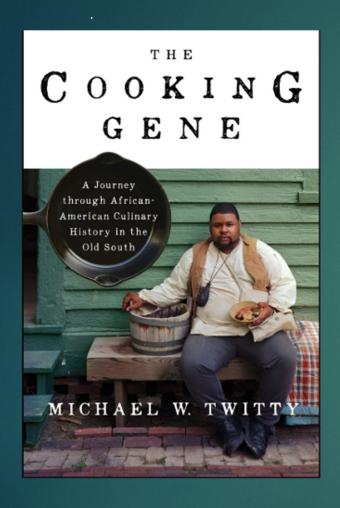
Here's a little
daydream of mine:
I sit at a table with people
about to enjoy a meal,
and not a single person makes
a worrying comment about
what they're eating.

@KRISTINABRUCE\_COACH

# 10 Principles of Intuitive Eating

- 1. Reject the diet mentality
- 2. Honor your hunger
- 3. Make peace with food
- 4. Challenge the food police
- 5. Respect your fullness
- 6. Discover the satisfaction factor
- 7. Honor your feelings without using food
- 8. Respect your body
- 9. Exercise—feel the difference
- 10. Honor your health





The HAES approach encourages any recommendations regarding eating or diet takes into account an individual's personal preferences, health goals, socio-economic status, culture and other factors.

Who gets to decide which foods are "healthy" and "unhealthy"?

#### YOUR MEAL PREP MEAL PREP

### MY









Knock off the food policing.

# It is OK if you CAN'T

Afford to buy
Want to buy
Have access to buy

Non-GMO
Organic
Fresh out of the
garden
foods

@the\_spanglish\_therapist

#### It is OK

If all you can afford
Want to buy
Have access to is
Conned
Frozen
Processed
Foods

### 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."

# "to the degree that they choose."



When it comes to physical activity,
HAES is all about pleasure and sustainability.











## Yoga for Fat Bodies







300poundsandrunning • Following

300poundsandrunning I may be big, slow, and fat but I'm a runner as well.

Load more comments

steviebonbon78 You're amazing!!! I want to run too!

donj51 My man, you keep putting those feet in front of each other. I can't wait for the day when I have the opportunity to run with you and share some conversation. #runner

jknoll1 Love it!!!

ameenstemmet Keep inspiring sir!

rieksje Respect 💪 \delta 👍 😊

roadwarriorsoftheworld Yes!!!

r.e.a.l\_with\_mimi Motivation

runbodysoul 💍 💍 💍 💍



motherrunnerviv Umm you forgot bada\$\$







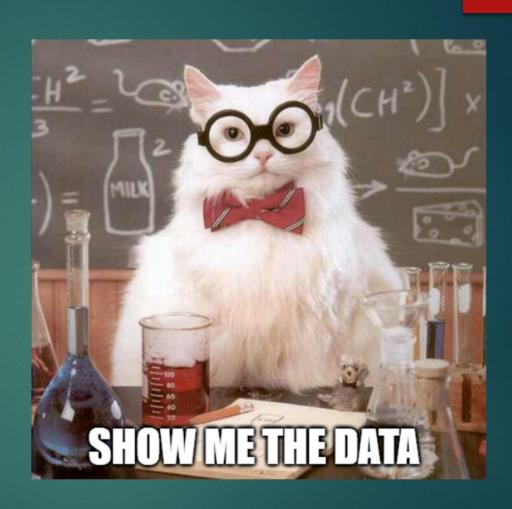


1,861 likes

6 DAYS AGO

Add a comment...

What's some of the evidence for using the **HAES** approach?





## Healthy lifestyle habits and mortality in overweight and obese individual s. (2012)

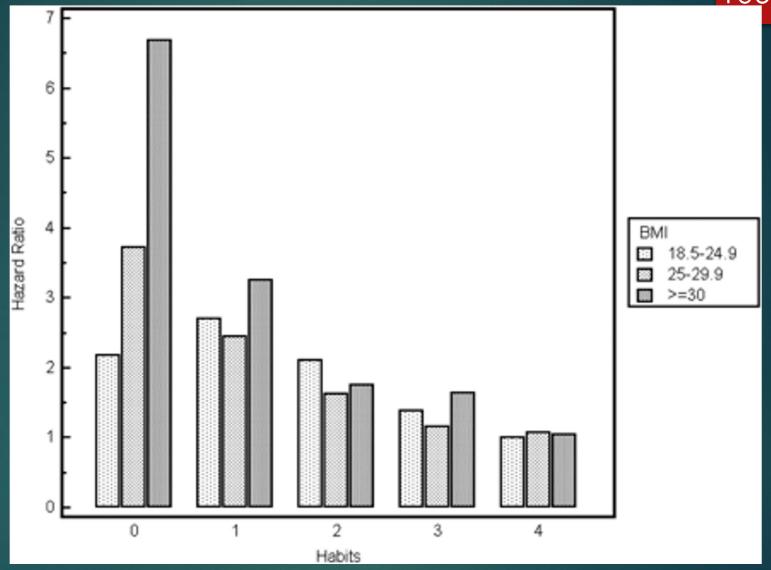
The study was to determine the association between healthy lifestyle habits and mortality in a large, population-based sample stratified by body mass index (BMI).

## Healthy lifestyle habits and mortality in overweight and obese individuals. (2012)

They examined the association between healthy lifestyle habits and mortality in a sample of 11,761 men and women over 14 years from the National Health and Nutrition Examination Survey III; subjects were ages 21 and older and fell at various points along the BMI scale, from normal weight to obese.

## Four Healthy Behaviors

- Not smoking
- Moderate physical activity
- ▶ 5 fruits and vegetables a day
- Moderate-to-no alcohol



Weight Science: Evaluating the Evidence for a
Paradigm Shift

Linda Bacon 
and Lucy Aphramor

Nutrition Journal 2011 10:9

https://doi.org/10.1186/1475-2891-10-9 
Bacon and Aphramor; licensee BioMed Central Ltd. 2011

Received: 1 October 2010 | Accepted: 24 January 2011 | Published: 24 January 2011

"Randomized controlled clinical trials indicate that a HAES approach is associated with statistically and clinically relevant improvements in physiological measures (e.g., blood pressure, blood lipids), health behaviors (e.g., eating and activity habits, dietary quality), and psychosocial outcomes (such as self-esteem and body image), and that HAES achieves these health outcomes more successfully than weight loss treatment and without the contraindications associated with a weight focus."

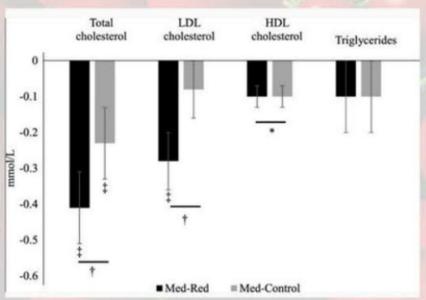
"Weight Science: Evaluating the Evidence for a Paradigm Shift" <u>Nutrition Journal</u>, 2011, Volume 10, Number 1, Page 1 Linda Bacon, Lucy Aphramor

# "The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss"

Tracy L. Tylka, Rachel A. Annunziato, Deb Burgard, Sigrún Daníelsdóttir, Ellen Shuman, Chad Davis, and Rachel M. Calogero

Data reveal that the weight-normative approach is not effective for most people because of high rates of weight regain and cycling from weight loss interventions, which are linked to adverse health and well-being. Its predominant focus on weight may also foster stigma in health care and society, and data show that weight stigma is also linked to adverse health and well-being. In contrast, data support a weight-inclusive approach, which is included in models such as Health at Every Size for improving physical (e.g., blood pressure), behavioral (e.g., binge eating), and psychological (e.g., depression) indices, as well as acceptability of public health messages. Therefore, the weight-inclusive approach upholds nonmaleficience and beneficience, whereas the weight-normative approach does not.

# Mediterranean style diet improves cardiovascular risk factors for people with larger bodies without weight loss



O'Connor, Lauren E., et al. "A Mediterranean-style eating pattern with lean, unprocessed red meat has cardiometabolic benefits for adults who are overweight or obese in a randomized, crossover, controlled feeding trial." The American Journal of Clinical Nutrition, June 2018.

@FionaWiller for www.UnpackingWeightScience.com

# 'Obesity defined by BM1 is not a major risk factor in general surgery.'

U. Gurunathan, P. S. Myles; Limitations of body mass index as an obesity measure of perioperative risk, BJA: British Journal of Anaesthesia, Volume 116, Issue 3, 1 March 2016, Pages 319–321,

@FionaWiller for www.UnpackingWeightScience.com

### Science News

from research organizations

### Obese patients don't need to lose weight before total joint replacement, study finds

Long-term relief from joint replacement surgery similar in obese and non-obese patients

Date: July 19, 2017

Source: University of Massachusetts Medical School

Summary: There's good news for overweight people with painfully arthritic hips and knees: A new

study finds that obese patients who underwent knee or hip replacement surgery reported virtually the same pain relief and improved function as normal-weight joint

replacement patients six months after surgery.

Share:











### **RELATED TOPICS**

#### Health & Medicine

- > Obesity
- > Joint Health
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There's good news from UMass Medical School for overweight people with painfully arthritic hips and knees: A new study finds that obese patients who underwent knee or hip replacement surgery reported virtually the same pain relief and improved function as normal-weight joint replacement patients six months after surgery.

# The Fatosphere

Qual Health Res. 2011 Dec;21(12):1679-91. doi: 10.1177/1049732311417728. Epub 2011 Aug 2.

The role of the fatosphere in fat adults' responses to obesity stigma: a model of empowerment without a focus on weight loss.

Dickins M1, Thomas SL, King B, Lewis S, Holland K.

Author information

### Abstract

Obese adults face pervasive and repeated weight-based stigma. Few researchers have explored how obese individuals proactively respond to stigma outside of a dominant weight-loss framework. Using a grounded theory approach, we explored the experiences of 44 bloggers within the Fatosphere--an online fat-acceptance community. We investigated participants' pathways into the Fatosphere, how they responded to and interacted with stigma, and how they described the impact of fat acceptance on their health and well-being. The concepts and support associated with the fat-acceptance movement helped participants shift from reactive strategies in responding to stigma (conforming to dominant discourses through weight loss) to proactive responses to resist stigma (reframing "fat" and self-acceptance). Participants perceived that blogging within the Fatosphere led them to feel more empowered. Participants also described the benefits of belonging to a supportive community, and improvements in their health and well-being. The Fatosphere provides an alternative pathway for obese individuals to counter and cope with weight-based stigma.

PMID: 21810992 DOI: 10.1177/1049732311417728

# Who Can Be a HAES-aligned Provider? ANYONE!

HAES is a particular philosophy of care or paradigm - there currently is no specific medical training regarding care for fat patients that does not include recommendations of weight loss.

I am a board certified Family Nurse Practitioner - I provide full spectrum primary care in an FQHC setting.

I provide affirming, safe, and weight-inclusive care for all patients regardless of body size, ability, race, sex, gender, etc



### **HAES-aligned Care in the Exam Room...**

### What it is not:

Requiring patients to be weighed at office visits

Maintaining neutrality about weight loss/gain

Discussing a patient's weight/body size without consent

Providing unsolicited referrals (dietitians/bariatrics)

Providing unsolicited advice (nutrition/exercise)

Offering weight loss as a solution to patients' concerns

### HAES-aligned Care in the Exam Room...

### What it is:

Validating patients' lived experiences regarding their body

Informing patient of the potential risks/outcomes regarding intentional weight loss (informed consent)

Making recommendations for care and treatment that are based upon clinical exam/diagnostics and not body size

# The Conundrum of being a HAES-aligned provider...

Patients WANT to lose weight

Patients view medical providers as individuals with expertise in solving specific problems.

Patients view medical providers as having solutions for weight management.

The medical narrative reinforces the belief that weight is the driving factor behind disease and pain.

It is a distinct privilege to be at peace with your body - most patients experience significant distress regarding body size and will request assistance with intentional weight loss.

# Going Against the Grain

MOST clinical guidelines will reference weight/BMI as a consideration when making treatment recommendations.

How do we practice affirming care when our clinical training has ingrained in providers that good care is the recommendation of intentional weight loss?

HAES Health Sheets
 (https://haeshealthsheets.com/)

### Fatphobia and Body Weight in Diagnosis and Treatment

Weight loss is often prescribed to patients with NAFLD. In addition to the fact that weight loss almost never results in significant long-term weight loss (and often results in weight gain), there are also no long-term studies that show efficacy of weight loss as a treatment for NAFLD. You can read more about why we don't recommend weight loss here: <a href="https://basshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/">https://basshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/</a>)

In fact, severe caloric restriction can actually worsen liver inflammation, as can restrict/ binge cycles that often occur when weight loss is prescribed. Gastric bypass surgeries can also lead to worsening NAFLD in some cases.

Additionally, as NASH improves, patients often gain or have no change in their weight, a further sign of the disconnection between NASH and body weight.

### So you have NAFLD. How is it treated?

Movement has been shown to positively affect NAFLD

Managing blood sugar can be helpful for those with Type 2 Diabetes.

<u>Get vaccinated</u> for hepatitis A and B, since having those in combination with NASH can increase the risk of liver failure.

Managing cholesterol can help control symptoms and disease progression.

Avoid heavy alcohol use, as this can lead to progression of liver disease

**Rosiglitazone** and **pioglitazone** have been shown by some studies to help, but there can be side effects and contraindications, so check with your healthcare practitioner (HCP).

Supplements including Omega-3 fatty acids, Berberine, and vitamin E (for those who don't have diabetes) and vitamin C may help. Speak to a qualified, HAES-based HCP before beginning any supplementation.

#### **Food Recommendations**

Some studies have shown that, for those who drink more than two cups a day, drinking coffee can be protective for the liver. When it comes to food recommendations, we suggest you work with a qualified, HAES-informed dietitian.

If you're dealing with disordered eating or an eating disorder (including restriction and/ or binging) we definitely recommend that you seek out support from a qualified, HAESinformed practitioner or treatment program.

You can find a list of HAES providers on our Resources page: <a href="https://haeshealthsheets.com/resources/">https://haeshealthsheets.com/resources/</a>

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# Circling back.....



# Clinical Case Study

A 44 year old cis-female presents to her primary care doctor for a routine visit. She is feeling frustrated because she has gained a significant amount of weight in the last 7 months and feels this is contributing to her fatigue and increased lower back and bilateral knee pain.

Her medical history includes a Vertical Sleeve Gastrectomy (VSG) in 2016.

She reports a starting weight of 440lbs. Her highest recorded pre-op weight was 392lbs. Her lowest recorded post-surgical weight was 333lbs in 2018. Her current weight is 368lbs.

# Clinical Case Study cont.

After surgery she experienced a period of homlessness and job insecurity.

She is now housed but experiencing food insecurity as her son is living with her and stretching her food budget. She typically receives free meals from the hotel where she works as a housekeeping supervisor. She describes the meals as high carb and high fat.

She has also had difficulty with eating meat and grains post-surgery - both contribute to

a feeling of pain in the chest after swallowing. She tends to choose foods that "go down"

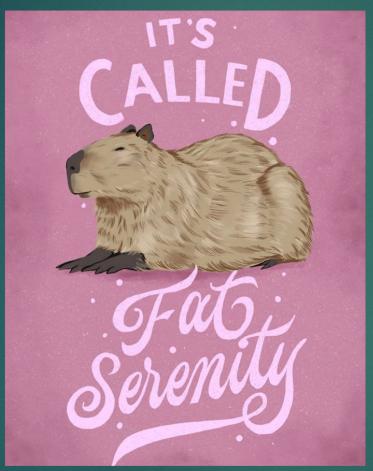
She has no other past medical history and no evidence of metabolic syndrome. Her blood pressure, blood glucose/hemoglobin A1c, cholesterol, thyroid, kidney and liver function are all normal.

easily" including a lot of sweet and creamy coffee to get her through her shifts.

## Let's Discuss!

- What do you think is behind this patient's chief concern for the visit?
- What do you know about the long-term outcomes of procedures like the VSG?
- How do you support this patient?
- What are your next steps?

# Comments, questions, concerns?



@nalgonapositivitypride https://www.etsy.com/shop/NalgonaPositiveShop

# Learn about Health At Every Size from actual HAES experts:

- ► ASDAH
- ► NAAFA
- **▶** BEDA
- ▶ BeNourished
- ► HAEScurriculum.com
- ▶ Unpackingweightscience.com





@jaebaeproductions

Learn about fat
people from fat
people who do not
see themselves as
sick/diseased
because they are
fat.

# Join us!



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Thank you!!