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Massachusetts League of Community Health Centers

MASSACHUSETTS STATEWIDE Diabetes Network

Size Inclusive Care:

Improving Healthcare for All Bodies

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Disclosures:

There is no conflict of interest or personal *commercial interest* in any entity producing, marketing, re-selling, or distributing health care goods or service consumed by, or used on, patients in the last 12 months for all the following speakers AND planners in relation to this activity:

- Kimberly Loring PMHNP-BC
- Annie Schwartz MS RDN LDN

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Objectives:

1. To analyze the effects of weight stigma and bias on patient care and healthcare outcomes.
2. To relate the benefits of adopting a weight-inclusive approach in healthcare settings.
3. To consider personal biases and employ effective communication skills like neutral language to enhance patient-provider relationships in Size Inclusive Care
4. To evaluate strategies for reducing weight stigma and providing non-judgmental care to individuals of all sizes.
5. To recall and discuss key takeaways from the presentation, emphasizing the importance of Size Inclusive Care in improving healthcare for all bodies

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Speakers/Panelists

Annie Schwartz MS RDN LDN

Clinical Nutritionist and Size Inclusive Care Coordinator

Kimberly Loring PMHNP-BC

Child & Adolescent Psychiatric Nurse Practitioner at Berkshire Pediatrics

Annie and Kim are Health at Every Size® (HAES®) aligned providers deeply passionate about helping folks create positive relationships with food and their bodies that support their mental, emotional and physical health.

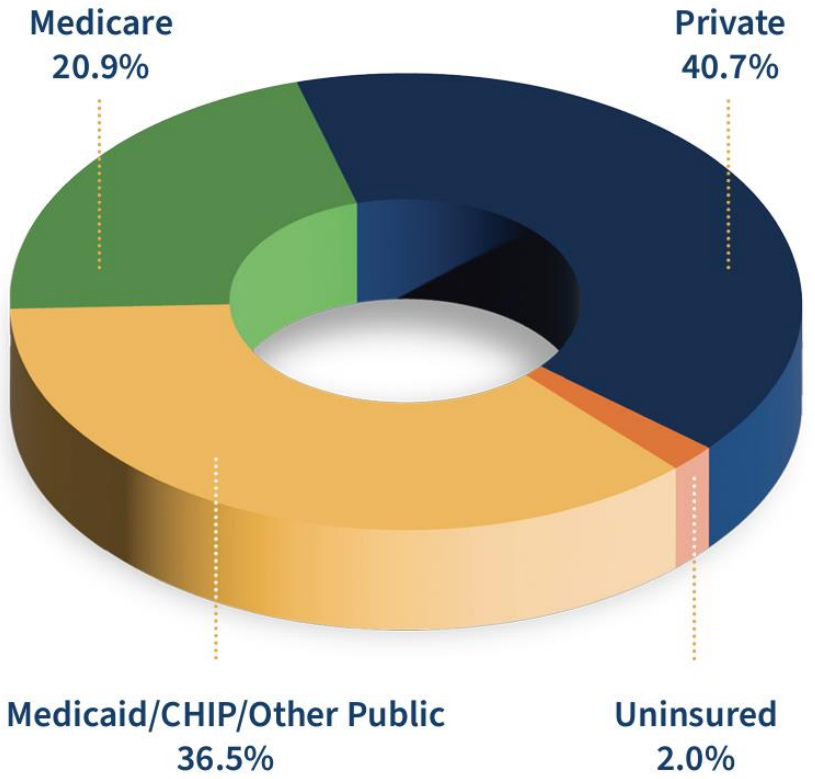
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About CHP Berkshires

- Serve more than 30,000 patients
- Federally Qualified Health Center (FQHC)
- 9 practice locations across Berkshire County
- Medical, Dental, Behavioral Health, Psychiatry, Nutrition
- Family Services (WIC, FoodForAll)

Patient Insurance Status

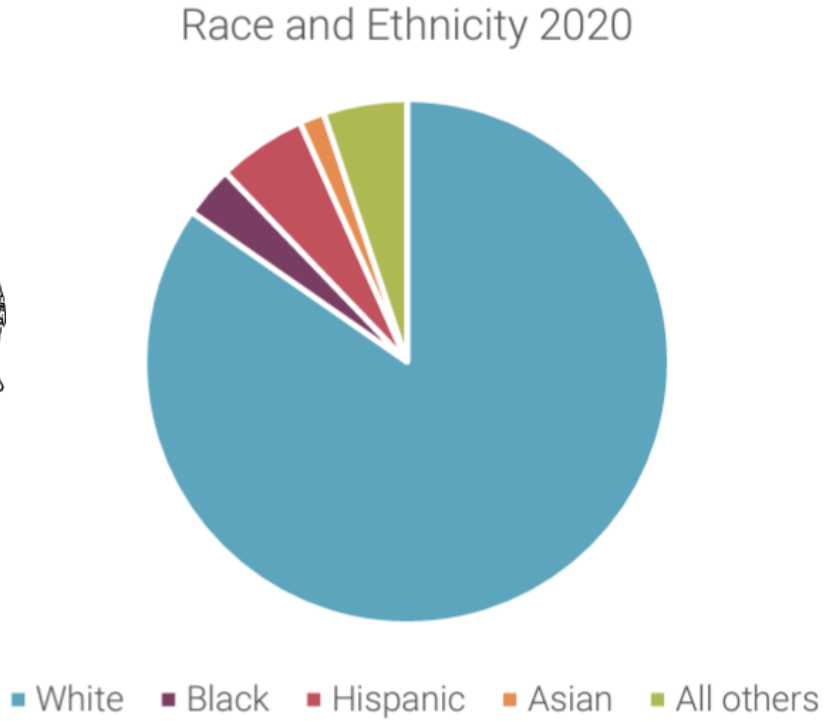
No one is denied access to services due to an inability to pay. CHP Health Navigators assist patients without insurance to get and keep it.



Berkshire County, MA



- As of 2021, home to ~ 129,000
- 10.1% Live below the Poverty Line
  - 14.6% of children live below the Poverty Line
- 15% have severe housing problems
- 9% do not have access to a car



Demographics:

86.9% White (Non-Hispanic)
5.5% Hispanic or Latino
3.9% Black or African American
2.6% Two or mor races
1.8% Asian

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What is Weight Stigma?

Weight stigma, also known as weight bias or weight-based discrimination, is discrimination or stereotyping based on a person's weight.

Weight stigma can occur in various settings, including healthcare, education, employment, and social interactions.

Note: The word fat is typically used and interpreted as an insult. In this presentation, we use the word fat as a neutral descriptor - just like short, tall, big, and small. Bodies come in all sizes; fat people have always existed and will always exist.

How Does Weight Stigma show up in Healthcare?

A study that interviewed individuals in the largest body sizes found

- **68%** reported that they delayed seeking health care because of their weight
- **83%** reported that their weight was a barrier to getting appropriate health care

When asked about specific reasons for delay of care, they reported:

- disrespectful treatment and negative attitudes from providers
- embarrassment about being weighed
- receiving unsolicited advice to lose weight
- and also reported that gowns, examination tables, and other medical equipment were too small to be functional for their body size.
- The percentage of women reporting **these barriers increased with BMI**

(Puhl 2010, Amy et al 2006)

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The Impact of Weight Stigma on Patient Health Outcomes

- People who experience weight stigma are at *3 fold increased risk for* weight *gain than those who do not experience weight stigma.* They are also *less likely to be physically active*
- Weight stigma increases cortisol reactivity and subsequently higher allostatic load long term which poses *a greater risk than poor dietary patterns and equal to the risk of physical inactivity.*
- People with internalized weight stigma are at *increased cardiometabolic risk*

(Sutin & Terracciano 2013, Jackson & Steptoe 2017, Vadiveloo & Mattei 2017, Himmelstein et al. 2015, Pearl et al., 2015)

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Assumptions of the Prevailing Treatment Approach (aka a Weight-Centric Approach):

- High body weight causes poor health and mortality.
- Advising patients to lose weight is an effective intervention.
- Weight is under an individual's control.
- When weight loss and health improvements are not sustained, it is the fault of the patient.
- Health improvements seen after a weight loss intervention are due to the weight loss, not the behavioral modifications and the intervention itself.
- Advising patients to lose weight is a harmless intervention

(Mauldin et al, 2022)

Risks of a Weight-Centric Approach

- Weight loss doesn't work
  - A person with a BMI >40 has a less than a 1 in 677 chance of reaching a "normal" BMI.
  - Within 5 years, 95-98% regain the weight they lost, or more.
  - Weight loss does not reduce morbidity or mortality.
- When patients regain the weight, they attempt to lose weight again, resulting in weight cycling aka 'yo-yo dieting' which is associated with:
  - *increased all cause morbidity & mortality*
  - *increased CVD risk*
  - *decreased BMD and more*
  - *relative risk is comparable to the risk typically attributed to fatness*
- Leads to avoidance of treatment interventions that cause weight gain
  - e.g. use of insulin, or some psych meds
- Undermines and diminishes patient-provider relationship

(Fildes et al 2015, Mann et al 2007, Bacon & Aphramor 2011, Flegal et al 2013, Diaz et al 2005, Kim et al 2018, Lissner et al 1991, Ingram & Mussolino 2010)

What is Size Inclusive Care?

Size inclusive care is a healthcare approach that **recognizes** and **respects** the diversity of body sizes.

It prioritizes **equitable**, **compassionate**, and **evidence-based care**, promoting well-being for all individuals *regardless of their body weight or size.*

This approach *de-emphasizes weight,* aiming to reduce and combat weight stigma in healthcare, while creating an inclusive and supportive healthcare environment

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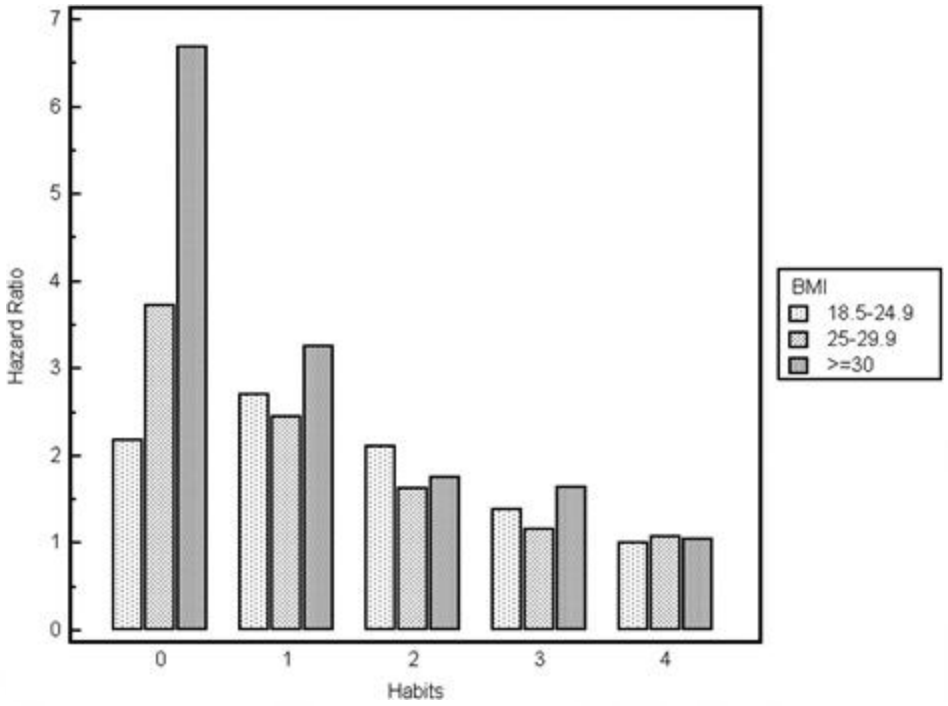
Benefits of a Size Inclusive Care Approach:

- Improve the patient-provider relationship
- Reduce health disparities caused by weight stigma
- Help promote sustainable behavior change
- Increase likelihood of positive health outcomes
- Prevent development of eating disorders and disordered eating
- Have a positive impact on patients' mental health
- Have a social justice oriented approach

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Enhanced Health Outcomes + Sustainable Behavior Change

- **Physical Activity**
  - Increases in physical activity and/or cardiorespiratory fitness are associated with *greater reductions in mortality risk than is intentional weight loss* (Gaesser & Angadi, 2021)
  - Physical activity improves cardiometabolic risk factors (blood pressure, glycemic control, and conditions independent of weight
  - Those who pursue physical activity to change their body are far less likely to be physically active (Segar et al 2006)
- **Nutrition**
  - Weight neutral nutritional guidance like intuitive eating is associated with improvements in total cholesterol, increased fruit and vegetable intake and physical activity, improved waist-to-hip ratio, self-esteem, and quality of life. (Mensinger et al, 2016).



Using NHANES data, researchers found that individuals that engaged in just a few health behaviors eliminated the risk typically associated with higher weight individuals

The 4 healthy habits were defined as:

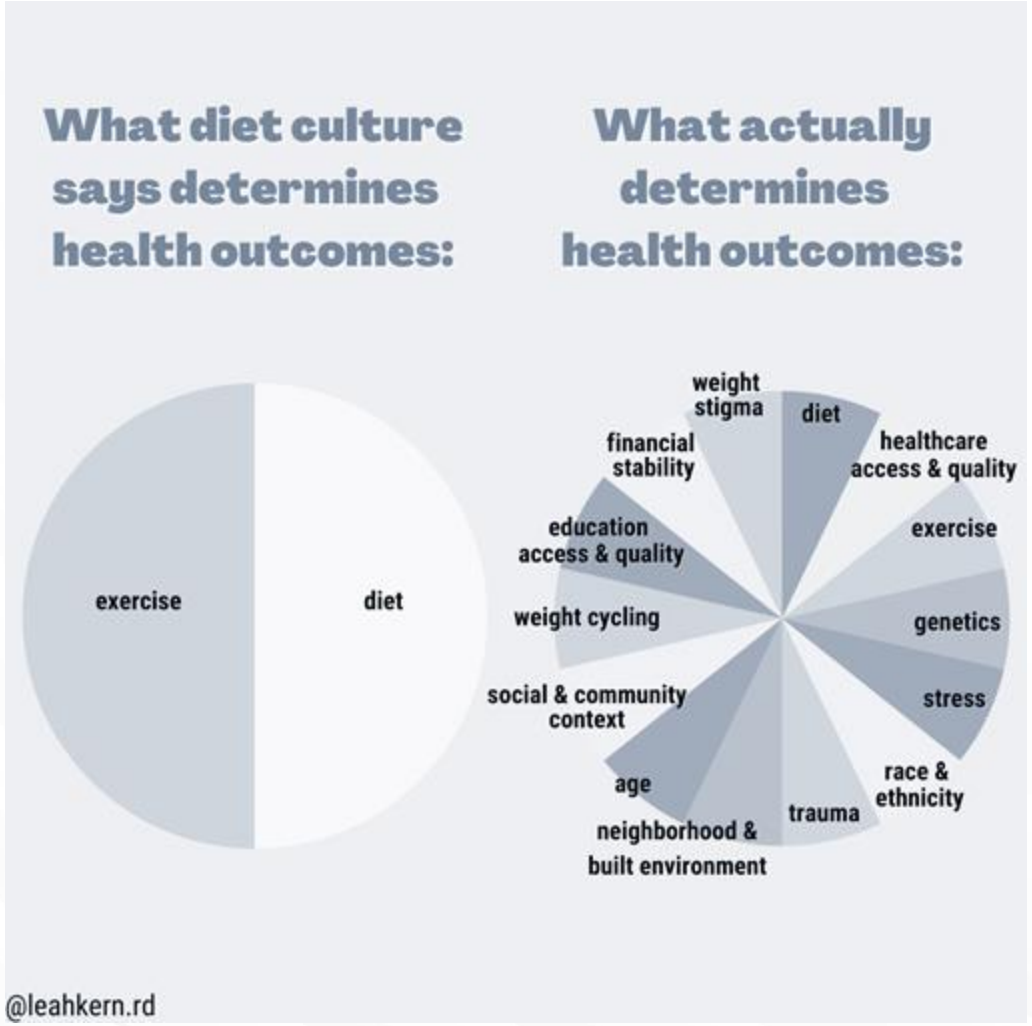
1. engaging in physical activity >12 times a month
2. being a nonsmoker
3. consuming ≥5 servings of fruit and vegetables a day
4. drinking alcohol in moderation

(Matheson et al, 2012)

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Holistic Approach to Health

Size inclusive care promotes a holistic approach to health, considering various factors beyond weight, such as mental health, social determinants, and overall well-being and quality of life.



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Prevention of Eating Disorders and Disordered Eating

A weight-centric approach increases risk of eating disorders/disordered eating:

- In a large study of 14– and 15-year-olds, *dieting was the most important predictor of a developing eating disorder.* Those who dieted moderately were **5x** more likely to develop an eating disorder, and those who practiced extreme restriction were **18x** more likely to develop an eating disorder than those who did not diet. (Golden, et al 2016)
- **35-57%** of adolescent girls engage in crash dieting, fasting, self-induced vomiting, diet pills, or laxatives. *Higher weight girls are more likely than 'normal' weight girls to engage in such extreme dieting*. (Boutille, et al., 2002)
- **Less than 6%** of people with eating disorders are medical diagnosed as "underweight" (Flament, et al 2015)
- Eating disorders have ***the second highest mortality rate of all mental health disorders***, surpassed only by opioid addiction (Chesney, et al., 2014)

Positive Impact on Mental Health

Size inclusive care supports mental health by promoting body acceptance, self-compassion, and positive body image.

This approach reduces the psychological distress associated with weight-centric care and contributes to improved mental well-being.

Assessing for unconscious bias: Do you unintentionally stigmatize you patients?

Do I tell higher-weight patients to "eat less and exercise more," without having any information about how much they eat or exercise?

Do I believe that fat people shouldn't be "stigmatized" but that fatness should be eradicated?

Do I prescribe weight loss to fat patients, but prescribe other interventions to thin patients with the same symptoms/ diagnoses?

Do I stretch the truth when fat patients decline weigh-in?

Do I make anti-fat comments and jokes with my colleagues (or anyone else)? Do I stay silent when I hear those comments or jokes?

Do I recommend treatments for fat patients because of the impact those treatments might have on their weight, rather than the impact the treatments might have on their symptoms?

Best Practices for Providers

- Screen for and address weight bias: Reflect on your own biases and work to minimize them
  - *Learn about the complex genetic, environmental, biological, psychological, and social contributors to weight.*
- Recognize that pursuing a career in healthcare was a self selection process
  - *Would you have pursued a career in medicine if you were in a larger body?*
  - *Have you benefited from thin privilege in your career/practice?*
- Recognize your privilege
  - *Individuals in higher socioeconomic brackets often have better access to resources and opportunities for health*
  - *Reflect on how much time, energy and resources you personally dedicate to maintaining your own body size- do your patients have access to the same time, energy and resources?*
- Continue Learning
  - *Be willing to change your mind when presented with new information, like what was discussed today.*

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Best Practices for Patient Care

- Instead of recommending weight loss, treat your higher weight patient as you would of a patient with a BMI in the “normal” range
- Shift focus from weight to health behaviors
  - Encourage consumption of a wide variety of foods and discourage skipping meals or going long periods of time without eating. Emphasize the benefit of getting pleasure and enjoyment from food – it helps increase nutrient utilization!
  - Encourage exploration of movement they enjoy, but not at the expense of meeting their basic needs (e.g. sleep)
- Acknowledge that their health is not 100% within their control
- Screen ALL patient for disordered eating behaviors, regardless of body size

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Size Inclusive Care is Intersectional

- It is Anti-Racist
- It is Gender-Affirming
- It is Trauma- Informed



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CHP's Path to Providing Size Inclusive Care

- Established Committee
- Creation of Coordinator Position
- Provided Training & Education for Staff
- Implemented Universal Consent to Weigh Workflow
- Development of Size Inclusive Care Track

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Size-Inclusive Care at CHP

- Double opt-in track (CHP patients and providers):
  - **Primary Care**
  - **Mental Health**
  - **Nutrition**
  - **OB-GYN**
  - **Group Support**
    - Health at Every Size, How to Be Your Body's Best Advocate



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Diabetes and Nutrition Resources:

- HAES Health Sheets
- Weight Inclusive MNT Handouts
- Inclusive Diabetes Care
- Megrette Fletcher MEd, RD, CDE (Diabetes specialty)
- Weight Inclusive Nutrition and Dietetics
- Erin Phillips MPH, RD, CDCES (Eating Disorder and Diabetes specialty)
- Julie Duffy Dillon MS, RDN, NCC, LDN, CEDS-S (PCOS specialty)
- Marci Evans MS, CEDS-S, LDN (eating disorder specialty)

Check your bias:

- Harvard Implicit association test
  - ***Weight*** **('Fat - Thin' IAT)**
- Anti-fat attitudes scale
- Fatphobia scale

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More Resources

- Maintenance Phase Podcast - *deep dives into wellness trends old and new*
- Fat Talk by Virginia Sole Smith – *primer on impact of anti-fat bias on children*
- Anti-Diet by Christy Harrison – *primer of weight science research*
- Fearing the Black Body by Sabrina Strings – *on racist origins of anti-fat bias*
- Sick Enough by Jennifer Gaudiani, MD – *on the medical complications of eating disorders*
- Association for Size Diversity and Health (ASDAH) – *owners of the Health at Every Size ® trademark*
- Medical Students for Size Inclusivity (MSSI) – *learn more at sizeinclusivemedicine.org*

Contact Annie Schwartz at aschwartz@chpberkshires.org for additional resources and/or consulting inquiries

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Questions?

Contact Annie Schwartz, Size Inclusive Care Coordinator,
at aschwartz@chpberkshires.org or sizeinclusivecare@chpberkshires.org for additional questions and/or consulting inquiries

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