



CCHN/CHAMPS Health Equity Learning Series  
Applying the Health Equity Lens:  
Weight Bias in Health Care  
Tuesday, September 28, 2021



## ***PARTICIPANT HANDOUTS***

# **Applying the Health Equity Lens: Weight Bias in Health Care**

*Thank you for attending today's training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.*

### **Presented by:**

Ragen Chastain, ACE Certified Health Coach and Functional Fitness Specialist; co-creator [HAESHealthSheets.com](http://HAESHealthSheets.com), Professional Speaker and Writer

### **Live Broadcast Date/Time:**

Tuesday, September 28, 2021

12:00–1:30PM Mountain Time / 1:00–2:30PM Central Time

### **Target Audience:**

The presentations in the series are intended for health center and PCA staff from various positions including clinical and non-clinical. Please see the registration information sent out prior to each training for more information about learning objectives and other details.

### **Event Overview:**

Weight bias, both explicit and implicit, exists at every level of healthcare and it negatively affects people of all sizes. In this talk we will uncover the ways in which weight stigma is found in healthcare research, training, tools, and best practices, and the impacts it has. We will learn options to avoid and/or mitigate weight bias as practitioners, patients, and advocates, as well as ways that we can all work to end weight bias in healthcare.

### **Learning Objectives:**

Though this session, participants will:

- Identify the ways that weight bias exists in healthcare.
- Identify the ways in which weight bias harms people of all sizes.
- Understand actions that practitioners can take to end weight bias within their practice.
- Understand actions that patients can take if they are experiencing weight bias.
- Understand actions that advocates can take to end weight bias in healthcare.

### **CONTENTS**

<b>Page 2:</b>	CCHN/CHAMPS Archives CCHN/CHAMPS Descriptions
<b>Page 3:</b>	Speaker Biography
<b>Pages 4-53:</b>	Slides
<b>Pages 54:</b>	Resources



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### **CCHN/CHAMPS ARCHIVES**

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date.

For information about all CCHN archives, please visit: [www.CCHN.org/webinar-archive](http://www.CCHN.org/webinar-archive).

For information about all CHAMPS archives, please visit [www.CHAMPSonline.org/events-trainings/distance-learning](http://www.CHAMPSonline.org/events-trainings/distance-learning).

### **DESCRIPTION OF CCHN**

The Colorado Community Health Network (CCHN) represents the 20 Colorado Community Health Centers that together are the backbone of the primary health care safety-net in Colorado. For more information about CCHN, please visit [www.CCHN.org](http://www.CCHN.org).

### **DESCRIPTION OF CHAMPS**

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally funded Community, Migrant, and Homeless Health Centers they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit [www.CHAMPSonline.org](http://www.CHAMPSonline.org).



## **SPEAKER BIOGRAPHY**

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Ragen Chastain is a speaker, writer, Certified Health Coach, and thought leader in Health at Every Size, and weight stigma, including in healthcare and fitness/wellness. Utilizing her background in research methods and statistics, Ragen has brought her signature mix of humor and hard facts to diverse stages from Google Headquarters to Dartmouth to the Diabetes Education Specialists National Conference. Co-author of HAES Health Sheets – weight neutral healthcare guides for practitioners, patients, and advocates - and editor of the

anthology *The Politics of Size*, Ragen is frequently featured as an expert in print, radio, television, and documentary film. In her free time Ragen is a National dance champion, triathlete, and marathoner who holds the Guinness World Record for Heaviest Woman to Complete a Marathon, and co-founded the Fit Fatties Facebook group which has over 10,000 members. Ragen lives in LA with her partner and their two adorable dogs.



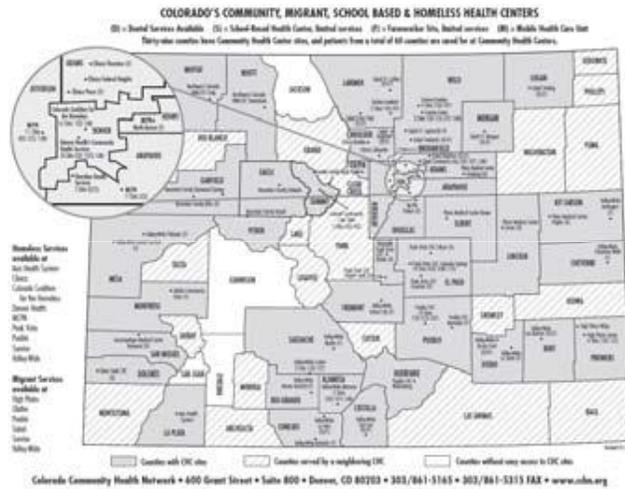
CCHN/CHAMPS 2021 Health Equity Learning Series

# Applying the Health Equity Lens: Weight Bias in Healthcare

TUESDAY, SEPTEMBER 28, 2021

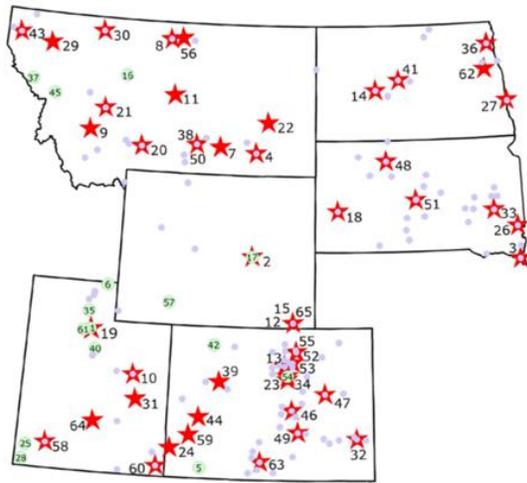
12:00-1:30PM MT | 1:00-2:30PM CT

# Colorado Community Health Network (CCHN)



[WWW.CCHN.ORG](http://WWW.CCHN.ORG)

# Community Health Association of Mountain/Plains States (CHAMPS)



[WWW.CHAMPSONLINE.ORG](http://WWW.CHAMPSONLINE.ORG)

# Presented By

▶ Ragen Chastain,  
ACE Certified  
Health Coach and  
Functional Fitness  
Specialist; co-  
creator [HAESHealth  
Sheets.com](https://www.HAESHealthSheets.com),  
Professional  
Speaker and Writer



How many  
people are  
watching the  
event at your  
computer  
including  
yourself?

- ▶ Please submit your answer using the Q&A box.

# Poll Question

How long have you been involved with health centers?

0-5 years

6-10 years

More than 10 years

# Learning Objectives

Identify

Identify the ways that weight bias exists in healthcare.

Identify

Identify the ways in which weight bias harms people of all sizes.

Understand

Understand actions that practitioners can take to end weight bias within their practice.

Understand

Understand actions that patients can take if they are experiencing weight bias.

Understand

Understand actions that advocates can take to end weight bias in healthcare.



# Weight Bias In Healthcare

WITH RAGEN CHASTAIN

[RAGEN@SIZEDFORSUCCESS.COM](mailto:RAGEN@SIZEDFORSUCCESS.COM)

# Introductory Info

- ▶ Format
- ▶ Privilege
- ▶ An Invitation

# A Word About Language

- ▶ Fat
- ▶ “Obese” and “Overweight”
  - ▶ Origin/BMI
    - ▶ Sabrina Strings – Fearing the Black Body
    - ▶ Da’Shaun Harrison – Belly of the Beast
  - ▶ Impact
    - ▶ Profit to weight loss industry
    - ▶ Stigma and oppression to people in classifications
    - ▶ Fractured relationships between higher weight patients and HCPs
- ▶ Person First Language
  - ▶ Person with obesity, person with overweight
- ▶ Higher Weight, People of Size, Larger Bodies

# Weight Stigma and the Weight Loss Paradigm

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# Definition of Intentional Weight Loss

## **Intentional Weight Loss**

Any attempt to purposefully decrease body size based on the idea that a thinner body is better/healthier than a fatter body

## **IWL Includes**

Using food and/or movement and may be called: dieting, lifestyle change, health plan, nutrition plan etc.

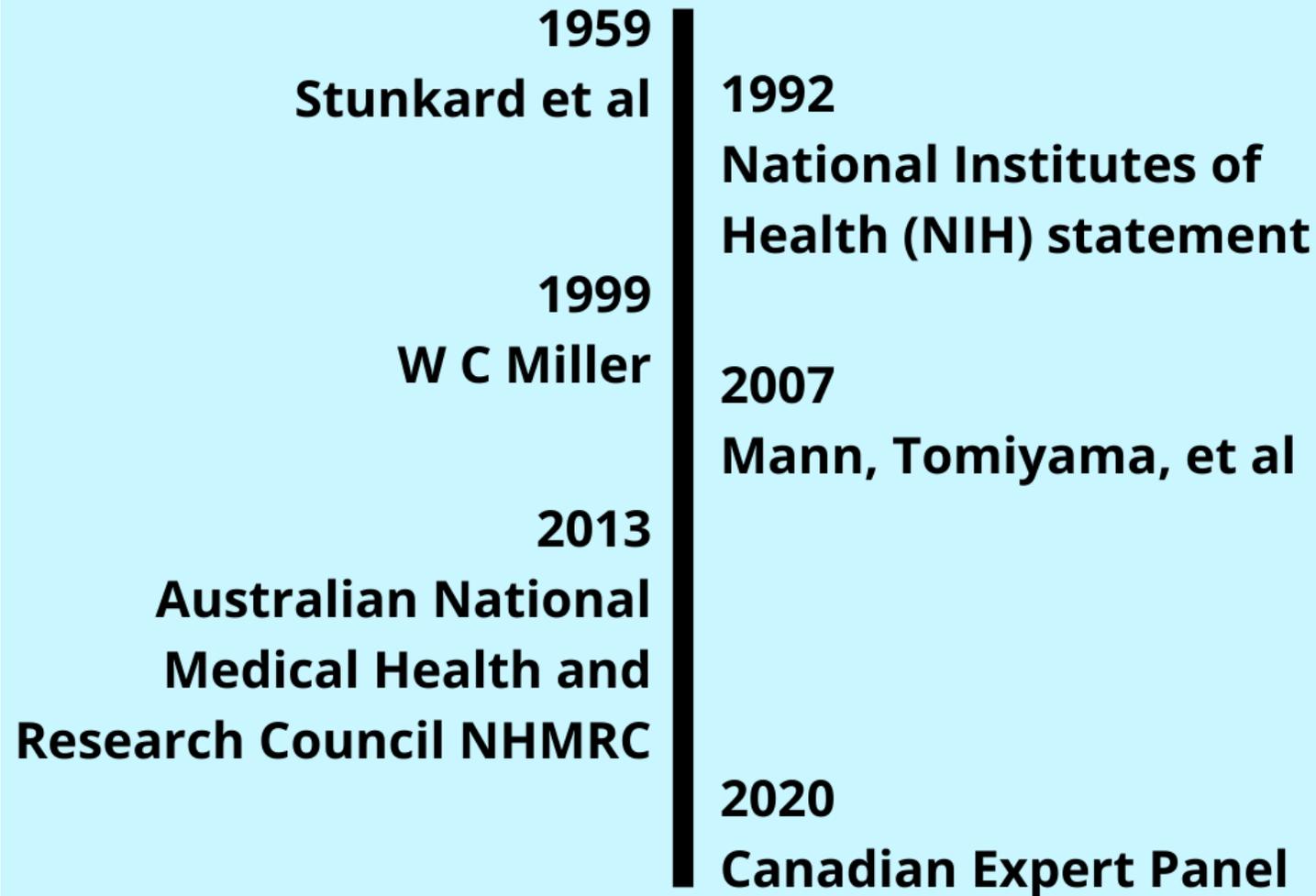
## In Summary - The Truth about Weight Loss

“There isn’t even one peer-reviewed controlled clinical study of any intentional weight-loss diet that proves that people can be successful at long-term significant weight loss. No commercial program, clinical program, or research model has been able to demonstrate significant long-term weight loss for more than a small fraction of the participants. Given the potential dangers of weight cycling and repeated failure, it is unscientific and unethical to support the continued use of dieting as an intervention for obesity.”

--Wayne Miller, George Washington University

# Who says dieting fails the vast majority of the time?

(Partial List)



<b>1959</b>	<b>Stunkard et al</b>	<b>1992</b>	<b>National Institutes of Health (NIH) statement</b>
<b>1999</b>	<b>W C Miller</b>	<b>2007</b>	<b>Mann, Tomiyama, et al</b>
<b>2013</b>	<b>Australian National Medical Health and Research Council NHMRC</b>	<b>2020</b>	<b>Canadian Expert Panel</b>

# What The Research Actually Finds

Almost everyone loses weight short-term (1 year)

About 95% regain weight long-term (2-5 years)

Up to 66% of people regain more weight than they lost

# How the research misleads us

- ▶ Short-term focus
- ▶ Ignores drop-out rates
- ▶ Poor design/inappropriate conclusions
- ▶ Example: Weight Watchers
  - ▶ Research: Average client loses 10 pounds in year 1, gains back 5 in year 2
  - ▶ Chief scientific officer: "It's nice to see this validation of what we've been doing."

# Basic Premise Error Part 1

- ▶ If higher weight patients experience a health issue more often than thinner patients, then their body size is to blame
  - ▶ Testing rate
  - ▶ Confounding variables
  - ▶ Correlation/Causation

# Case Study– H1N1

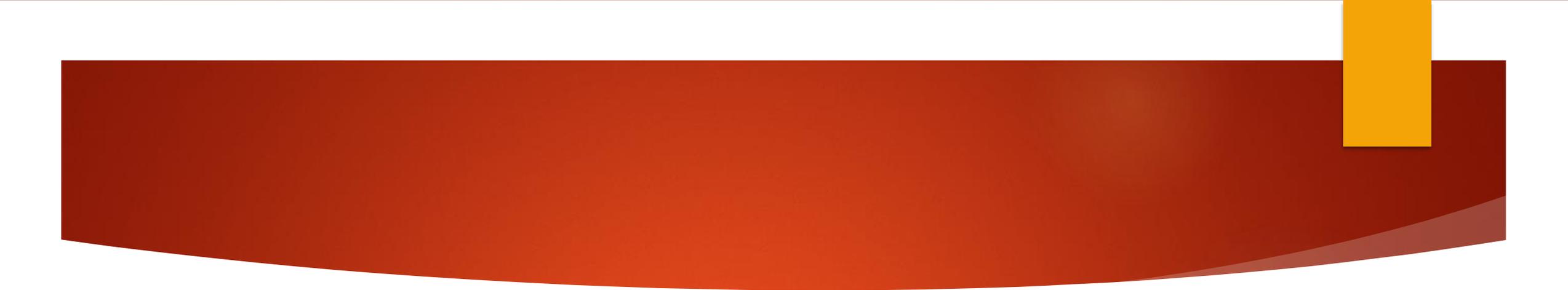
- ▶ During the 2009 H1N1 outbreak, there was a strong correlation between fatness and negative outcomes
- ▶ After the outbreak a study was conducted. It found that thin people were given earlier antiviral treatment than fat people and that “After adjustment for early antiviral treatment, relationship between obesity and poor outcomes disappeared.”

Sun et. al.

Weight and prognosis for influenza A(H1N1)pdm09 infection during the pandemic period between 2009 and 2011: a systematic review of observational studies with meta-analysis

# The Basic Premise Error Part 2

- ▶ If higher weight patients experience a health condition more often, or if a healthcare intervention is less effective for them, the solution is to make them into thin(ner) patients
  - ▶ People of the same weight have different health statuses and vice versa
  - ▶ Weight changes without health changes/health changes without weight changes
  - ▶ The war on baldness
  - ▶ Success rate of intentional weight loss interventions
  - ▶ Patients need help now – not at some indeterminate time in the future



# A Lack of Control

# Control Error – The Effects of Weight Stigma

Dr. Peter A. Muennig, Professor of Health at Columbia University

“Women who say they feel they are too heavy suffer more mental and physical illness than women who say they feel fine about their size — no matter what they weigh.”

“Stigma and prejudice are intensely stressful. Over time, such chronic stress can lead to high blood pressure and diabetes.”

# Control Error 2: Effects of Weight Cycling

- ▶ “Attempts to lose weight typically result in weight cycling...weight cycling results in increased inflammation, which in turn is known to increase risk for many obesity-associated diseases. Research also indicates that weight fluctuation is associated with poorer cardiovascular outcomes and increased mortality risk.”
- ▶ “Weight cycling can account for all of the excess mortality associated with obesity in both the Framingham Heart Study and the National Health and Nutrition Examination Survey (NHANES).”
- ▶ “It may be, therefore, that the association between weight and health risk can be better attributed to weight cycling than adiposity itself.”

-Bacon and Aprhramor, Weight Science: Evaluating the Evidence for a Paradigm Shift

# Control Error 3 – Healthcare Access

Lack of Access  
To  
Ethical,  
Evidence-Based  
Health Care

- ▶ Research
- ▶ Accommodation
  - ▶ chairs, tools, durable medical equipment
- ▶ Training
- ▶ Practitioner Bias – Implicit and Explicit
- ▶ Two underlying beliefs
  - ▶ It's worth killing fat people in attempts to make them thin
  - ▶ It's acceptable to insist that fat people become thin before they can access ethical, evidence-based medicine

# Practitioner Bias

- ▶ Over 50% of doctors found their obese patients awkward, ugly, weak-willed and unlikely to comply with treatment.
- ▶ 28% of nurses were “repulsed” by obese patients
- ▶ 12% of nurses said that they did not want to touch obese patients  
--Rebecca Puhl, Yale University
- ▶ 31% of nurses indicated they would prefer not to treat patients who are obese  
--Maroney et al
- ▶ Ease of information gathering

# A Matter of Respect

“The higher a patient’s body mass, the less respect doctors express for that patient. And the less respect a doctor has for a patient, the less time the doctor spends with the patient and the less information he or she offers.”

Dr. Mary Huizinga, Assistant Professor  
Johns Hopkins School of Medicine



# Weight Stigma In the Research

# Case Study – Herriot et. al

- ▶ Dietetic literature on weight management fails to meet the standards of evidence-based medicine
  - ▶ Herriot et. al: A qualitative investigation of individuals' experiences and expectations before and after completing a trial of commercial weight loss programs.
    - ▶ Conclusion: “all diets in 'Diet Trials' were ultimately successful in achieving weight loss in those who complied” (p 78)
    - ▶ Truth: 64% of subjects had withdrawn by week 8; some people gained weight; weight rebound was common

Aphramor, Validity of claims made in weight management research: a narrative review of dietetic articles

# Case Study: Lucia et. al.

- ▶ CNN Headline: 'Fat but fit' is a myth when it comes to heart health, new study shows
- ▶ Study Author Alejandro Lucia, a professor of exercise physiology
  - ▶ "One cannot be 'fat but healthy.' This was the first nationwide analysis to show that being regularly active is not likely to eliminate the detrimental health effects of excess body fat"
- ▶ Concluded any level of activity lowered the three risk factors compared with no exercise, with the risk of high blood pressure and diabetes decreasing with increased activity levels for people of all sizes
- ▶ The study showed greater cardiovascular risk for higher weight patients compared with those of a "normal" weight, regardless of how much exercise they did
- ▶ Lucia: "Weight loss should remain a primary target for health policies together with promoting active lifestyles"



# What About Surgeries and Diet Drugs

# Weight Loss Surgeries

## What it Is

- ▶ Take a healthy, correctly functioning organ/digestive system
- ▶ Surgically put it into an often irreversible disease state
- ▶ Force behaviors that mimic eating disorders

## Possible Outcomes

- ▶ Happy
- ▶ Miserable
- ▶ Deceased

## Underlying Belief

- ▶ Fat people should be willing to risk their lives and quality of life in an attempt to become thin(ner)...
- ▶ ...to cure/prevent health problems that happen to thin people, from whom these risks aren't asked

# Case Study: Belviaq

2009 – The FDA does not approve diet drug Belviaq because of potentially life-threatening side effects

2012 - The FDA approves Belviaq despite potentially life-threatening side effects

# Side Effects

- ▶ Decreased white and red blood cell count
- ▶ Slowed heartbeat
- ▶ Slowed thinking
- ▶ Heart valve issues
- ▶ Increased risk of cancer
- ▶ Federally controlled substance because it may lead to drug dependence
- ▶ “The precise way BELVIQ® produces feelings of satisfaction is not fully understood”

What are we  
risking all of this  
for?

- ▶ Half the subjects dropped out in the first year, with no follow up
- ▶ Those remaining lost 5% - 10% of their weight after 12 months
- ▶ After 25 months they had all gained back around 25% of the weight they had lost
- ▶ At that point they stopped following the patients and claimed “All people regained weight but remained below their starting weight.”

# Weight Stigma Patient Impacts

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# Lived Experience Delayed/Denied Care

- ▶ Sandy's Sudden Onset Back Pain
- ▶ Charla's Eat Less and Exercise More
- ▶ A very difficult prescription
- ▶ Ellen Maude Bennett

# Impacts of Weight Stigma in Practitioner/Patient Relationship

- ▶ Patient Disengagement
  - ▶ Lack of early detection/screenings
  - ▶ Mistrust of other practitioner recommendations
- ▶ Practitioner weight distraction
  - ▶ See the patient as a pathology
  - ▶ Missed diagnoses and recommendations
  - ▶ Dieting prescriptions and delayed care
  - ▶ Practicing stereotypes instead of medicine

# Weight Stigma and Accommodation

- ▶ Lack of Accommodation
  - ▶ Spaces
  - ▶ Diagnostic Tools
  - ▶ Durable Medical Equipment
  - ▶ Research and Pharmaceutical Support
- ▶ Acceptability of Inequality
  - ▶ If fatness can be blamed, then inequality is acceptable

# Case Study – Steep Trendelenburg

- ▶ 30 to 40 degree angle – head down
  - ▶ Fat bodies don't tolerate this position as well
- ▶ Current Solution:
  - ▶ Try and then convert
- ▶ Possible solutions
  - ▶ Titrate Angle
  - ▶ Less steep angle - Ghomi et. al

# Case Study – Joint Replacement

- ▶ Current Belief
  - ▶ Fat patients have more complications and worse outcomes
- ▶ Current Solution:
  - ▶ Deny surgeries until BMI thresholds are met
  - ▶ Deny needed surgery, recommend weight loss surgery
- ▶ Possible other solutions
  - ▶ Look to the research

# Case Study – Joint Replacement

Inacia et. al, The risk of surgical site infection and re-admission...

Study of Kaiser members shows worse outcomes with intentional weight loss before surgery

Smith et. al., Does bariatric surgery prior to total hip or knee replacement reduce post-operative complications

Weight loss surgery does not improve surgical complication rates

Cao et. al, Obesity does not increase blood loss or incidence of immediate postoperative complications ...

Obesity does not increase blood loss or incidence of immediate postoperative complications

Wenjun et.al., Functional Gain and Pain Relief After Total Joint Replacement According to Obesity Status

"Our data shows it's not necessary to ask patients to lose weight prior to surgery...severe morbidly obese patients can benefit almost equally as normal weight patients in pain relief and gains in physical function."

# The Cycle of Weight Stigma in Healthcare

The current system:

- ▶ creates and perpetuates weight stigma leading to weight cycling, and serious inequalities in access to, and quality of, healthcare for higher weight patients
- ▶ Then blames higher weight patients for the negative outcomes that result
- ▶ Then uses those negative outcomes to justify additional weight stigma

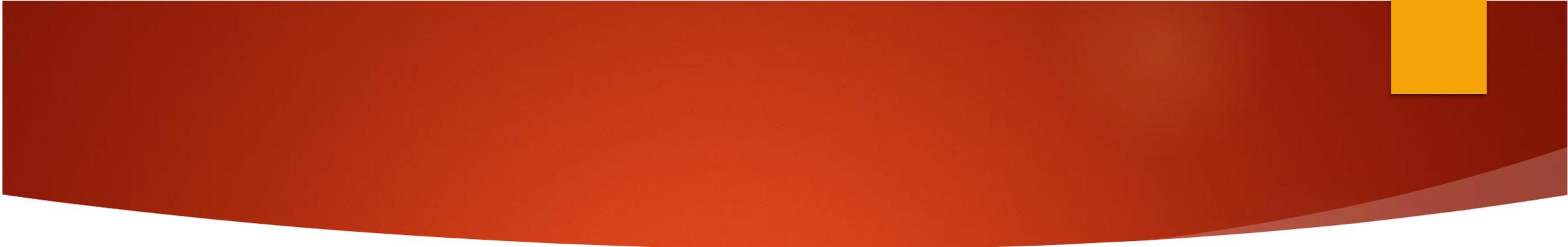
## Thought to ponder

We have no idea what fat people's health outcomes would look like

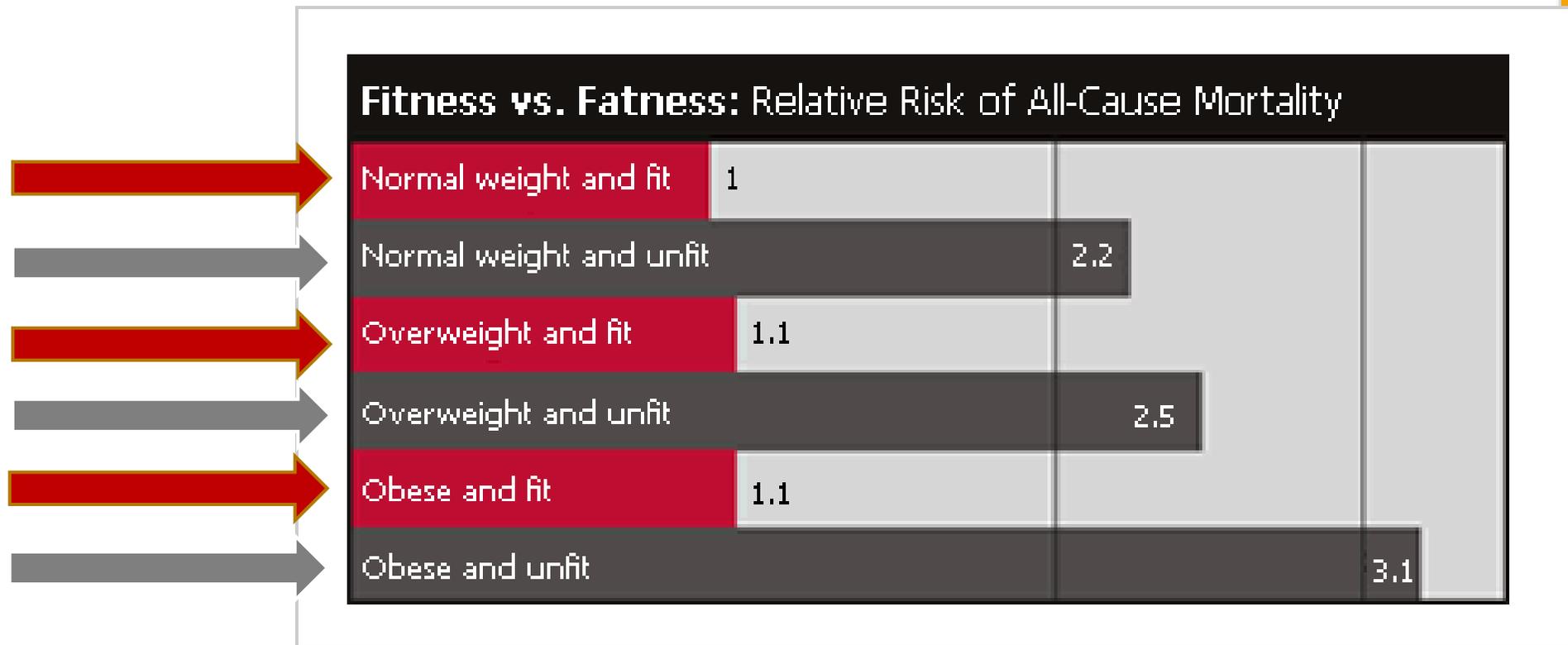
if they were not subjected to weight stigma, weight cycling, and healthcare inequalities

Moving Forward  
Know Better, Do Better

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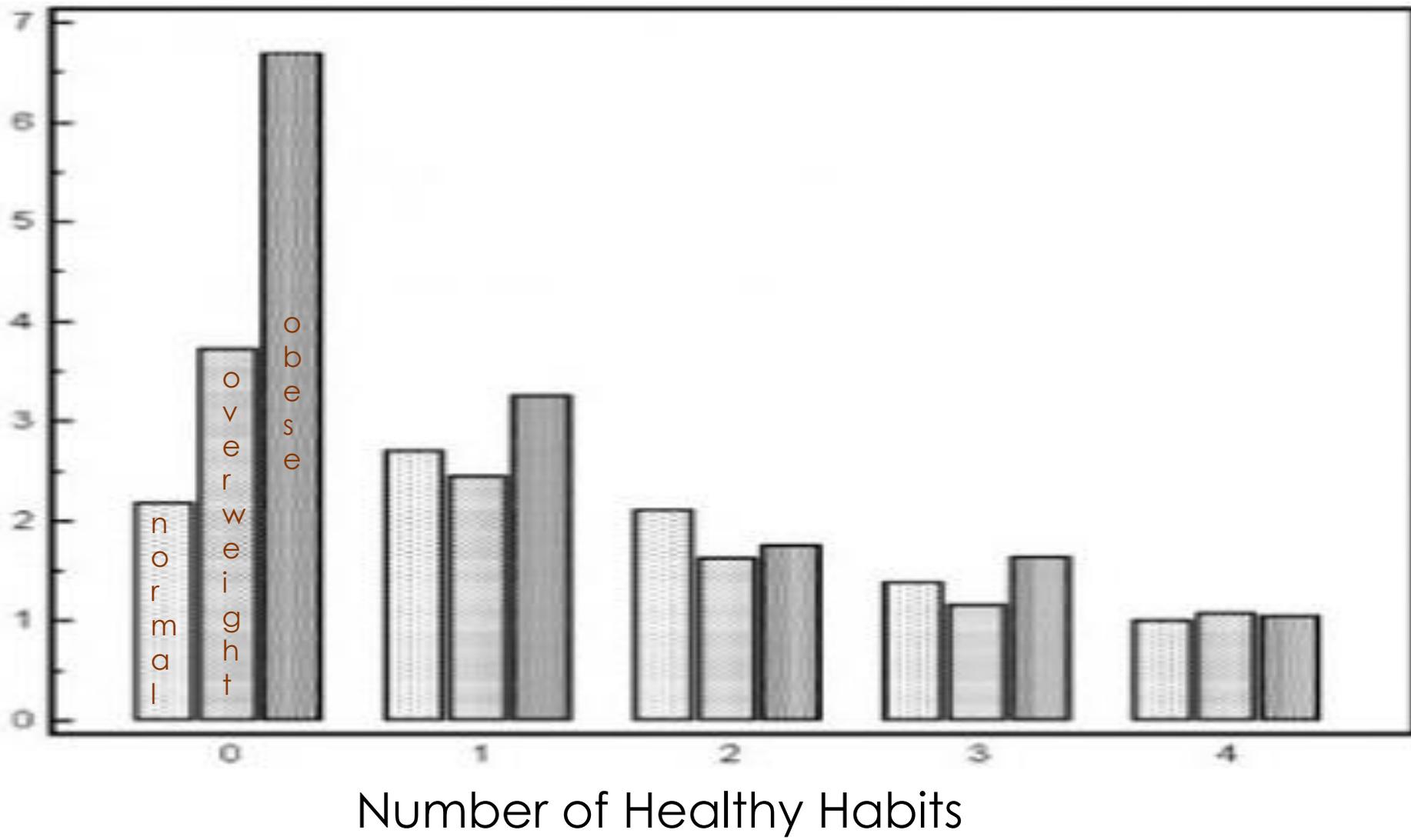
Weight-Neutral  
Interventions  
are  
Evidence-Based  
Medicine



25714 adult cis-men

Source: Wei et al. "Relationship Between Low Cardiorespiratory Fitness and Mortality in Normal-Weight, Overweight, and Obese Men." *JAMA*. 1999;282: 1547-1553.)

Health Hazard Ratio



- 5 or more servings of fruits and vegetables
- Exercise more than 12 times per month
- Alcohol up to 1 drink/day for cis-women and up to 2 drinks/day for cis-men
- not smoking

Matheson et. al.  
Healthy lifestyle habits and mortality in overweight and obese individuals.  
11,761 cis men and women

# A Change In Focus

- ▶ Instead of focusing on manipulating with weight of fat patients, focus on supporting their health at their current size
  - ▶ Research
  - ▶ Tools and Equipment
  - ▶ Practitioner Training - compassion, to practice, to advocacy
  - ▶ Best Practices
  - ▶ Include patient perspective/priorities

# Even If I'm Wrong

Even if higher weight patients could all become thin

and even if by becoming thinner we would become healthier,

Higher weight patients would still deserve equal accommodation and access to the world, including health care

# Q & A

Didn't want to ask your question in front of the group?  
Question came to you two weeks after the webinar?  
Watching this on video?

Email me!

[Ragen@SizedForSuccess.com](mailto:Ragen@SizedForSuccess.com)

Message me!

Instagram: [@RagenChastain](https://www.instagram.com/RagenChastain)

Thank you!

- ▶ PLEASE FILL OUT THE EVENT EVALUATION HERE:  
<https://www.surveymonkey.com/r/HE2021Eval3>

## Weight Bias in Healthcare Resource Sheet

### Presenter Contact Information

Feel free to connect online and email me with any questions!

Email: [Ragen@sizeforsuccess.com](mailto:Ragen@sizeforsuccess.com)

Instagram: @RagenChastain

Website: [SizedForSuccess.com](http://SizedForSuccess.com)

### Additional Resources:

#### HAES Health Sheets

Diagnosis-specific weight neutral practice guides, plus a resource/research bank  
[www.HAESHealthSheets.com](http://www.HAESHealthSheets.com)

#### Association for Size Diversity and Health

Internationally non-profit organization committed to the practice of the Health At Every Size Principles  
[www.ASDAH.org](http://www.ASDAH.org)

#### Health at Every Size Providers

Lists of multi-service professionals who provide HAES-based care

<https://christyharrison.com/haes-anti-diet-intuitive-eating-providers-eating-disorder-recovery>

<https://haescommunity.com/search/>

#### HAES Nutrition Handouts

[https://drive.google.com/drive/folders/15dSypccNhGNyir7a642UZvfgKkHnI196?fbclid=IwAR1PU6Uka3Nxv6l00Irsxs6AeR3kD\\_pxW7gmOhnGH-Exs7RrqP3C0Vr6us](https://drive.google.com/drive/folders/15dSypccNhGNyir7a642UZvfgKkHnI196?fbclid=IwAR1PU6Uka3Nxv6l00Irsxs6AeR3kD_pxW7gmOhnGH-Exs7RrqP3C0Vr6us)

#### Resources to Fight Joint Replacement Denial

<https://danceswithfat.org/2020/03/05/resources-to-fight-joint-replacement-denials-for-fat-patients/>