



The DEI Shift Obesity Mini-Series, Episode 1: Defining Obesity, Challenging Weight Bias

Show Notes

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Co-Hosts: Dr. Brittäne Parker and Sanika Walimbe

Guest: Dr. Fatima Cody Stanford

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Learning Objectives:

1. Define obesity.
2. Summarize concerns about the origin and use of BMI, and the need for modified utilization in some patient groups.
3. Describe why people-first language surrounding obesity is important.
4. Explain how bias, whether explicit or implicit, leads to health disparities between patients with and without obesity.

[0:00-1:23] Introduction

- Introduction to co-hosts and episode

[1:23-3:23] Introduction to Guest

- [Dr. Fatima Cody Stanford](#), an obesity medicine physician-scientist, educator, and policymaker
- [ACP 2021 Obesity Management Learning Series](#), created by a committee chaired by Dr. Stanford

[3:23-5:23] Dr. Stanford Defines Obesity

- The BMI is the most widely used, albeit imperfect, metric used to identify adult patients at risk for obesity.
- While BMI uses height and weight, it does not provide us with the characteristic of that weight.

[5:23-9:15] History and Flaws of the BMI

- Articles/media about the BMI's history:
 - [The Bizarre and Racist History of the BMI](#)
 - [Adolphe Quetelet and the Evolution of Body Mass Index \(BMI\)](#)

[The Racial Origins of Fat Phobia: Short Wave](#)

- Originally only meant as a population-level standard based on Caucasian European men
- Dr. Stanford co-authored [a Letter to the Editor](#) in the Mayo Clinic Proceedings Journal (2019) discussing BMI thresholds based on sex and race/ethnicity.
- Weight curves and standards vary based on race and sex (there are variations in metabolic response to excess weight).

[9:15-16:41] Weight-Based Biases and Stigma

Healthcare providers often have biases against patients with obesity.

[9:15-16:41] Weight-Based Biases and Stigma

- Healthcare providers often have biases against patients with obesity.
- Providers' implicit weight bias negatively impacts patients' quality of care:
[Obesity Stigma and Bias](#)
[Impact of weight bias and stigma on quality of care and outcomes for patients with obesity](#)
- The importance of using person-first language: "patients with obesity" instead of "obese patients", "severe obesity" instead of "morbid obesity"

[AMA Policy on Person-First Language for Obesity \(2017\)](#)

- Harmful non-verbal/verbal communication and clinic/hospital infrastructure can cause patients with obesity to feel unwelcome in healthcare spaces.
- More information on best practices when discussing weight can be found in [Module 1](#) of the ACP obesity management curriculum.

[16:41-21:29] Tailoring Clinical Spaces to Patients with Obesity

- Wider doors to accommodate patients with excess weight and any assistive devices they need
- Clinic chairs without arms or benches
- Medical equipment such as blood pressure cuffs and measuring tapes that accommodate patients of all sizes
- Addressing negative self-talk during clinic visits

[21:29-25:47] Resources to Mitigate Bias

- [Harvard Implicit Association Test \(Weight\)](#)
- Psychologist Patricia Devine's steps for [fighting implicit race bias](#)
- [2020 Psychology, Health and Medicine article](#) discussing the positive effects of counterstereotypic exposure in the context of obesity
- Dr. Stanford's recommendations:
 - [Dr. Rebecca Puhl and the UConn Rudd Center for Food Policy and Obesity](#) provide excellent tools and research for clinicians to use.
 - [Obesity Action Coalition](#) acts as a support center for patients with obesity.

[25:47- 28:14] Dr. Stanford's Final Words

- Refer to resources for education on treatment of patients with obesity. The [ACP Obesity Management Learning Series](#) is one such resource among many others.
- We should all continue to seek knowledge on the treatment of obesity in order to be the best source of information for our patients.

[28:14-29:51] Closing

- Website: www.thedeishift.com
- Twitter/Instagram: @TheDEIShift
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