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

- 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.

- 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
- 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.
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.

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

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.

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.

Closing
- Website: www.thedeishift.com
- Twitter/Instagram: @TheDEIShift
- Theme Music: www.chrisdingman.com

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