

Case Scenario

A patient presents to clinic, has vitals taken, but refuses to be weighed. The medical tech insists, saying it is a critical part of the intake, while the patient states that it is not relevant to her current visit and that stepping on a public scale is stigmatizing

Medicalization of Size

#HeForShe Module

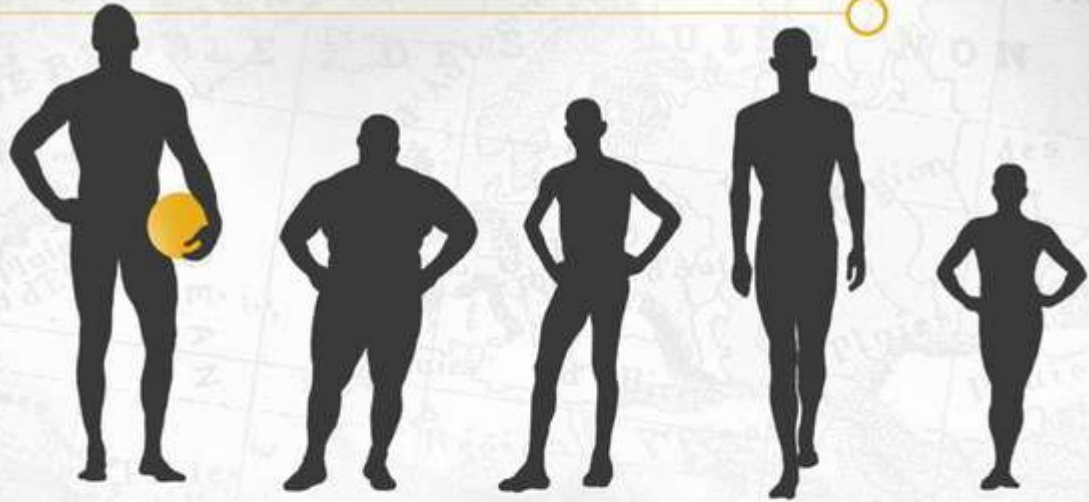
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Conflating Health and Size

WHAT AN OLYMPIAN LOOKS LIKE



LEBRON JAMES
BASKETBALL

6'8"

249 lbs

-BMI-
27.4

HOLLEY MANGOLD
WEIGHTLIFTING

5'8"

340 lbs

-BMI-
51.7

RYAN HALL
MARATHON

5'10"

130 lbs

-BMI-
18.7

MICHAEL PHELPS
SWIMMING

6'4"

194 lbs

-BMI-
23.6

GABBY DOUGLAS
GYMNASTICS

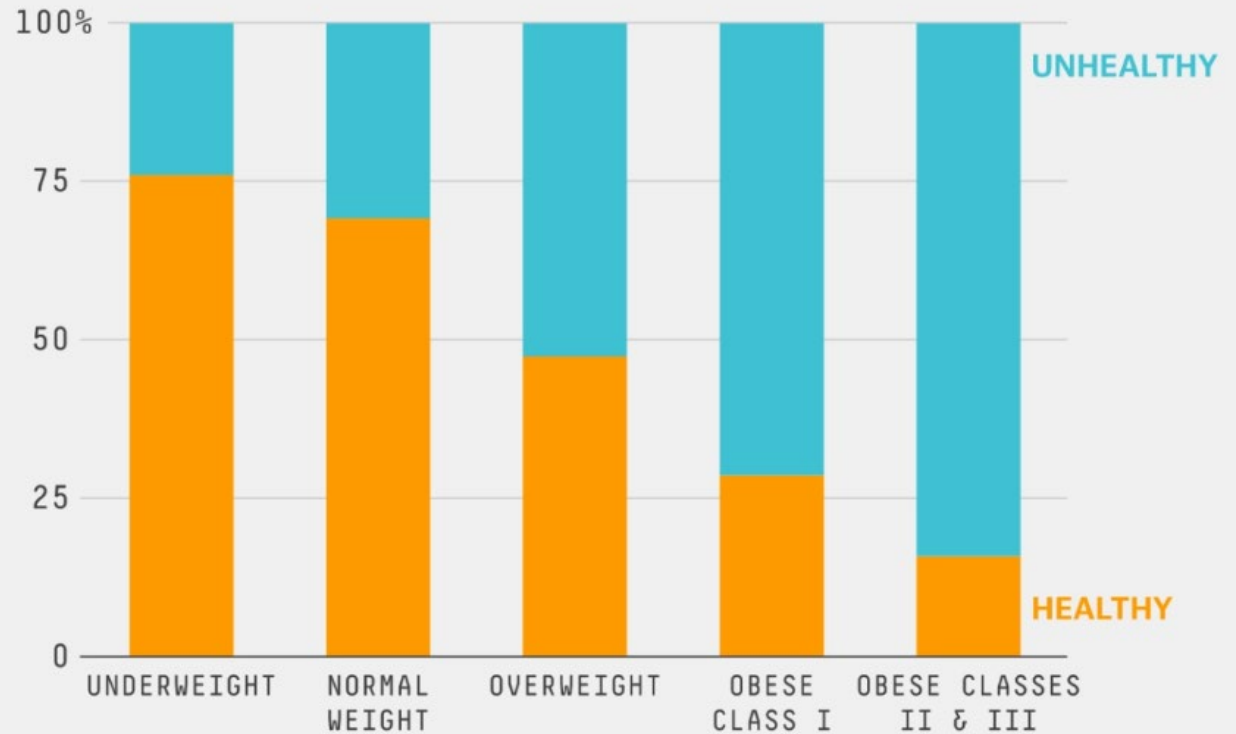
4'11"

90 lbs

-BMI-
18.2

BMI doesn't tell the whole story

Estimated share of U.S. adult population that is healthy and unhealthy, according to other health metrics, in each BMI category



Individualized rather than Societal

Table 2 Waist circumference regressed on multiple indicators of psychosocial stress, accounting for demographic variables and health-related behaviors

N = 157	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	β	SE	β	SE	β	SE	β	SE	β	SE	β	SE
Intercept	105.58	2.34	106.99	2.36	105.52	2.31	105.67	2.34	105.55	2.28	107.32	2.18
Level 3 (BG)												
Poverty Quartile 2	3.79*	1.65	2.44	1.76	3.86*	1.71	3.78*	1.66	3.62*	1.70	2.87	1.62
Poverty Quartile 3	3.73*	1.61	1.80	1.83	3.82*	1.66	3.54*	1.61	3.64*	1.76	1.83	1.70
Poverty Quartile 4	3.15	1.73	1.05	2.07	3.21	1.74	3.43	1.76	3.61*	1.78	1.56	1.79
Levels 1 and 2 (individual) baseline and follow-up												
Neighborhood physical environment			-0.01	0.56								
Family stress					-0.11	0.65						
Safety stress							0.65	0.47				
Everyday unfair treatment									2.36*	1.00		
Cumulative stress index											0.28	0.14

Adjusted for time, age, BMI, gender, race/ethnicity, marital status, education, ratio of income to poverty, car ownership, homeownership, alcohol intake, smoking, alcohol intake, dietary intake, and physical activity

* ≤ 0.05 ; ** < 0.01 ; *** ≤ 0.001

Racialized Ties



FEARING THE **BLACK** **BODY**

The Racial Origins of Fat Phobia

SABRINA STRINGS

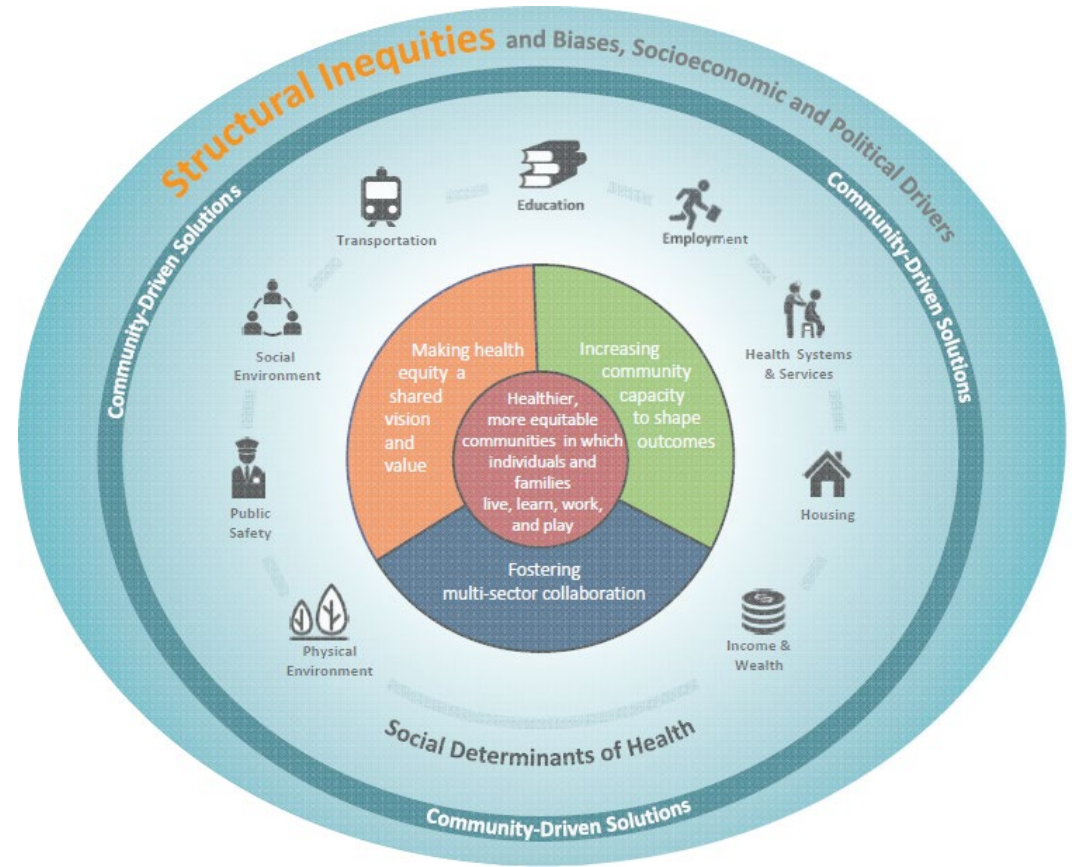


Table 3
Missed Major Diagnoses as Determined During Autopsy

Missed Major Diagnoses	Class I	Class II*
Acute myocardial infarction	2	
Acute aortic dissection	4	
Aortic aneurysm	2	1
Arrhythmogenic cardiomyopathy		2
Cardiac amyloidosis		4
Cardiac tamponade	4	
Endocarditis	2	1
Ischemic bowel	4	
Lung carcinoma	1	1
Pulmonary thromboembolism	11	5
Retroperitoneal hematoma	5	
Sepsis	4	
Gastrointestinal ulcerations or perforations		2
Other	18	8

* Includes 6 patients with a concurrent class I finding.

TABLE IV Expected Outcome When Setting Various BMI Cutoff Values

BMI Cutoff	Surgery Allowed*		Surgery Denied*		Percentage of All Complications Avoided	Percentage of All Complication-Free Surgeries Allowed	Positive Predictive Value†	No. of Patients Denied Complication-Free Surgery for Each Complication Avoided
	Without Complication	With Complication	Without Complication	With Complication				
30 kg/m ²	11,789 (42.60%)	580 (2.10%)	14,485 (52.35%)	817 (2.95%)	58	45	5.33% (4.99% to 5.71%)	18
35 kg/m ²	20,946 (75.70%)	1,074 (3.88%)	5,328 (19.25%)	323 (1.17%)	23	80	5.72% (5.13% to 6.36%)	16
40 kg/m ²	25,126 (90.80%)	1,314 (4.75%)	1,148 (4.15%)	83 (0.30%)	6	96	6.74% (5.44% to 8.33%)	14
45 kg/m ²	26,044 (94.12%)	1,373 (4.96%)	230 (0.83%)	24 (0.09%)	2	99.1	9.45% (6.27% to 13.90%)	10
50 kg/m ²	26,231 (94.80%)	1,387 (5.01%)	43 (0.16%)	10 (0.04%)	0.7	99.8	18.87% (9.89% to 32.41%)	4
Coin flip	13,137 (47.48%)	698.5 (2.52%)	13,137 (47.48%)	698.5 (2.52%)	50	50	5.05%	19

*The values are given as the number of patients, with the percentage in parentheses. †The values are given as the positive predictive value, with or without the 95% CI in parentheses.

Shaming is powerful but ineffective

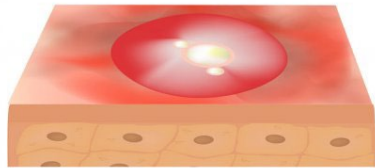


Table 1. Pearson correlations for stigmatizing experiences, BMI, and psychological distress

	BMI	Depression	Binge eating	Change in depression	Change in binge eating	Stigmatizing experiences	IPS	IS
BMI		.12	.15	-.15	-.17	.66**	.59**	.70**
Depression			.19 ⁺	.42**	.19	.40**	.40**	.35**
Binge eating				.24 ⁺	.54**	.24*	.23*	.23*
Change in depression					.30*	-.13	-.14	-.09
Change in binge eating						-.15	-.20 ⁺	-.03
Stigmatizing experiences							.97**	.89**
IPS								.76**
IS								

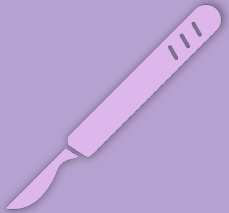
Notes: IPS: interpersonal stigma; IS: institutional stigma

⁺ $p < .10$; * $p \leq .05$; ** $p \leq .01$

Critiquing the data



There can be real health effects



Linked to delayed healing, recurrent hernia, and ostomy complications



Must remain thoughtful

Doing Better



Case Scenario

A patient presents to clinic, has vitals taken, but refuses to be weighed. The medical tech insists, saying it is a critical part of the intake, while the patient states that it is not relevant to her current visit and that stepping on a public scale is stigmatizing

Discussion Points

- How can we revise clinic procedure? What if they are tied to things like insurance?
- How can you address obesity with patients when there is clear evidence it is impacting their health? What if I may be affecting their health but they are there for a totally different reason? (eg and obese patient presents with an earache)
- How do you correct fat bias when you hear it from your colleagues?

Case Scenario

A patient's family member is visiting their loved one after surgery, but is always standing. The team offers a small chair that is unlikely to fit the family member

Discussion Points

- What does the built environment signal to patients and families
- If you need to request bariatric supplies how can you do it in a way that's affirming?
- What is a team member suggests that it would be good for the person to stand?

Case Scenario

A patient comes in to discuss an elective hernia surgery. The surgeon states that the patient needs to lose 50 pounds before they will be a candidate. The patient is visibly upset and states that the surgeon is fat phobic

Discussion Points

- Can there be absolute contraindications to surgery
- How could the surgeon raise this topic in a way that is affirming to everyone?
- How should the surgeon respond to accusations of bias?

Survey

Please complete the following brief survey to assess your learning from today's session and provide feedback on your experience.

