

SHIFTING THE CONVERSATION: MOVING TOWARDS A WEIGHT-INCLUSIVE MODEL OF HEALTH CARE



Medical approaches that emphasize health and well-being without emphasizing weight loss, referred to as a weight-inclusive approach, may help improve diet and exercise-related health behaviors in patients. This approach differs from the traditional weight-centric model of health care that focuses on weight loss.

What is involved in a weight-inclusive approach?

Emphasis on health behaviors and improved wellbeing rather than weight

Although patients who are told to lose weight may initially start improving their health behaviors, if these behaviors do not result in sustained weight loss then they may become discouraged and stop doing them.¹ Instead, providers can encourage patients to focus on making healthy changes for reasons related to wellbeing and feeling better (e.g., having more energy) as well as improving biomarkers of health (e.g., lowering blood sugar and cholesterol levels), regardless of the patient's weight loss goals or outcomes.

Health promotion for patients of diverse body sizes

Practitioners who use a weight-inclusive approach may be better equipped to encourage and support healthy behaviors in their patients regardless of their body size. This could also have implications for health outcomes for patients. For example, when providers only focus on weight, they may overlook underlying health problems that patients have for other reasons unrelated to weight. Similarly, providers may be less inclined to screen patients with BMIs in the 'normal' range for conditions like type 2 diabetes or sleep apnea even when they are presenting symptoms. Therefore, a weight-inclusive approach helps patients of all shapes and sizes.²

Eliminating weight stigma in health care experiences

Some patients with higher body weights delay seeking health care to avoid being stigmatized for their weight, being weighed, or given unsolicited advice to lose weight from practitioners.³ Patients' experiences of weight stigma or expectations of poor treatment can also lead to mistrust of doctors and poor adherence to medical advice.⁴ Therefore, using a weightinclusive approach which takes the focus off of body weight may help reduce stigma, making patients feel more accepted and comfortable in their medical appointments and health care experiences.

How to implement a weightinclusive approach⁵

- Encourage emotional, physical, nutritional, and social health without emphasizing weight.
- Help patients identify health behaviors that they can sustain long-term, regardless of whether or not their weight changes.
- Direct patients' attention to what is happening within their bodies when their health behaviors improve (e.g., improved mood, better stamina when being physically active, reduced gastrointestinal issues) rather than changes to their appearance.
- Rather than only focusing on BMI, explore each patient's weight trajectory across time to detect unusual gains and losses that could be reflective of disordered, emotional, and/or binge eating.
- As needed, refer patients to other health professionals such as dietitians and mental health providers. Use the following link to search for health professionals who use a weight-inclusive approach: <u>https://haescommunity.com/search/</u>

For more information on how to help patients make health behavior changes without emphasizing weight see <u>this handout.</u>

Sources:

- 1.Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size Acceptance and Intuitive Eating Improve Health for Obese, Female Chronic Dieters. Journal of the American Dietetic Association, 105, 929–936. https://doi.org/10.1016/j.jada.2005.03.011
- 2.Sole-Smith, V. (2020). Treating patients without the scale. Scientific American, 23–31. scientificamerican.com/magazine/sa
- 3.Mensinger, J. L., Tylka, T. L., & Calamari, M. E. (2018). Mechanisms underlying weight status and healthcare avoidance in women: A study of weight stigma, body-related shame and guilt, and healthcare stress. Body Image, 25, 139–147. https://doi.org/10.1016/j.bodyim.2018.03.001
- 4. Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. Obesity Reviews, 16(4), 319–326. https://doi.org/10.1111/obr.12266
- 5. Tylka, T. L., Annunziato, R. A., Burgard, D., Daníelsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss. Journal of Obesity, 2014. https://doi.org/10.1155/2014/983495

