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Words Without Weight

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Words Without Weight-CHCB

Lucy Merriam

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Michelle Dorwart MD

Problem Identification and description of need:

- My classmate Rachel Adelsheim did a project in July 2021 called Podcast for Providers on weight bias and effects of prescribing weight loss. Rachel discussed what the data showed around the feasibility and the effects of weight loss. Her project highlighted the research that showed that dieting does not work and can be detrimental.
- My own observations working in the clinic setting and talking with the provider's weight loss is very frequently discussed and prescribed to patients
- Dieting rarely works and patients also feel shame and guilt when their diet fails.

Public health cost and unique cost in host community:

- The CDC reports that between 2013-2016 about half of American have tried to lose weight in the past year. Of the individuals 66.7% of adults with obesity, 49.0% of overweight adults, and 26.5% of underweight or normal weight.
- There is a huge amount of stigmatization of obese individuals within the health field and our society.
- One-to-two thirds of dieters regain more weight than initially lost. This creates a feeling of failure and individuals are often looked at as doing something wrong when they regain weight or fail to lose weight.

Community Perspective:

- “I feel like it took many years for my disordered eating to be diagnosed because of my BMI. Doctors often congratulated me and enforced my diet choices. It was like because of my weight my eating disorder was a good thing” –Anonymous
- Amy Seichel RD discussed how chronic dieting could be even more detrimental to the individual's health than the weight itself, and yet diets are still prescribed.
- “Weight loss isn’t always a result of fat loss many people who lose a significant amount of weight on a diet don’t necessarily end up improving their health, a large portion of that weight is from muscle.” – Jamie Sheahan RD

Intervention and Methodology

- What we are currently doing is not working and yet it continues to be what is taught to medical students and providers.
- I have created a paper for providers that focuses on why changing how we talk about weight is important, what we should do instead, the principles of Health at Every Size and Intuitive eating to help and finally additional resource recommendation from local dietitians.
- This project is a change in conversation that can help our minds question the status quo and search for better ways to help our patients achieve wellbeing.

Situation:	Intuitive eating/ Health at Every Size Focus
The patient is feeling very ashamed of their health and is frustrated that they have not been able to lose weight. (In this example they have diabetes)	"It seems like you are really focused on improving your health and feeling better. I like to focus more on labs than the number on the scale. Would you like to talk ways to help improve your blood glucose regulation"
When patient say they eat a lot of junk food or use other words like garbage to describe some of the food that they eat.	"What foods do you feel fall in these categories? All foods are made up of different nutrient profiles. There are no inherently good or bad foods, they just give your body different nutrients."
A patient comes into the clinic very excited that they have lost 10 lbs	"It sounds like you have been feeling really well, what have you been doing or what changes have you made that are having this effect?"
Asking a patient about physical activity level	"What activities do you enjoy doing that involve moving? What does physical activity/movement look like to you?"
When asking a patient about their diet.	What do you eat on a typical day? What foods nourish your body and make it feel well?
Patient wants to start losing weight.	What has made you decide that you would like to lose weight? What is motivating you to make this decision?
A patient is frustrated because they can't lose weight, or they keep gaining it back.	"It is really normal to have weight loss feel like an impossible task. Our bodies inherently don't want to lose weight. It is nothing you have done wrong. Bodies can be healthy at all different weights, shapes, and sizes. What are some ways your take care of your body?"
When a peer or colleague uses the term lifestyle choices.	"I prefer to use the word lifestyle (factors, aspects, ingredients etc) because although they may appear to be choices to us, they may not have any other options."

Results

Words Without Weight

Changing the language, we use with patients about their bodies.

Evaluation of Effectiveness and Limitations

Evaluation of effectiveness: Survey providers who begin implanting these dialogues and how it effects their patient outcomes.

Limitations: I have taken my interpretation of the Health at Every Size model and the intuitive eating model to create sample responses of how we can respond to patients in a way that supports health and body positivity. The sample responses I have created have not been studied but are my implementation of the literature that exists. More research needs to be done into how patient interpret the statements.

Recommendation for future projects:

- Survey patients on their perspective of weight loss counseling vs health at any size counseling.
- Create a patient information handout that focuses on health through the intuitive eating and Healthy at Any Size paradigm.
- Create a survey to assess weight stigma within the medical provider community and provide resources to address this issue.
- Find evidence-based research to support how to respond to patients in a way that supports body positivity.

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