



# HEALTH EQUITY AND INCLUSIVE LANGUAGE WEBINAR SERIES.

BODY SIZE AND WEIGHT WITH  
LAUREN PETERSON, MS, BC-DMT

# A LITTLE ABOUT ME...

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- Eating Disorder Therapist (residential, PHP, IOP, and outpatient)
- Body Image Coach
- Burnout Coach for helping professionals
- Dance/Movement Therapist
- Over 20 years ago dealt with my own eating disorder
- Intuitive Eater
- Yoga and dance teacher and practitioner



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# TERMS TO LEARN..



# WEIGHT STIGMA

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Weight stigma refers to individuals' social devaluation and denigration due to their excess body weight, leading to negative attitudes, stereotypes, prejudice, and discrimination. -National Institute of Health.

# BOSTON MEDICAL CENTER DEFINES FATPHOBIA AS...

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Also known as anti-fat, is the implicit and explicit bias of overweight individuals that is rooted in a sense of blame and presumed moral failing. Being overweight and/or fat is highly stigmatized in Western Culture. Anti-fatness is intrinsically linked to anti-blackness, racism, classism, misogyny, and many other systems of oppression.

Anti-fatness contributes to individuals not receiving adequate healthcare for a number of reasons, 1) the assumption is if someone is overweight they cannot be healthy, 2) clinical care teams typically lack experience in treating diverse body sizes, 3) weight related structural barriers, e.g., size of exam tables, gowns, blood pressure cuffs, and scale limits.

# DIET CULTURE

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Diet culture as defined by Medical News Today is a set of cultural myths around food, weight, and health. It focuses on thinness as an ideal, and labels foods and behaviors as either “good” or “bad.” Diet culture may have negative consequences on a person's well-being, including poor mental health, negative body image, and disordered eating.

"HEALTHCARE IS A HUMAN RIGHT FOR PEOPLE OF ALL SIZES, INCLUDING THOSE AT THE HIGHEST END OF THE SIZE SPECTRUM."

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A resource is Health At Every Size with revised principles.  
[www.asdah.org/haes](http://www.asdah.org/haes).

# ISSUES AROUND BODY SIZE AND WEIGHT THAT I WITNESSED IN TREATMENTS OF EATING DISORDERS

- \*ASSUMPTIONS OF HEALTH BASED ON APPEARANCE
- \*INSURANCE COMPANIES CUTTING OFF PAYMENT BASED ON WEIGHT
- \*BMI BEING USED AS AN INDICATOR WHEN HEALTH IS MUCH MORE COMPLEX
- \*BIAS OF STAFF
- \*TRIGGERING COMMENTS MADE BY DOCTORS AND NURSES
- \*INTERNALIZED FATPHOBIA
- \*UNNECESSARY WEIGHING
- \*WHEN ASKED TO DO BLIND WEIGHTS, ED CLIENT BEING TOLD WEIGHT OR IT BEING ON PAPERWORK



## SOME CONSIDERATIONS...

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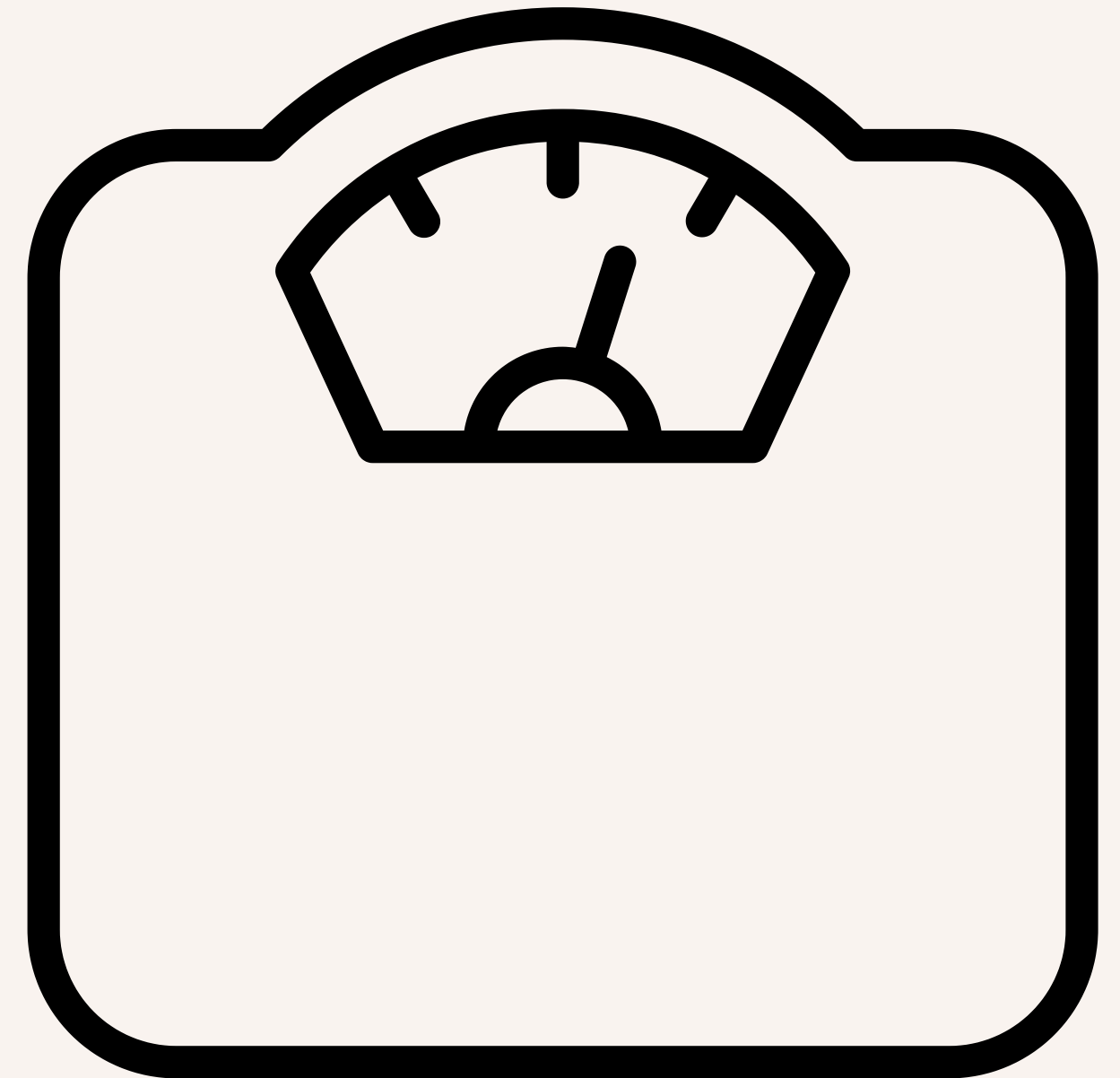
- We can't tell the health of someone by looking at them
- Health isn't required for people to be treated with care
- If the emphasis is on health, mental health should also be considered. (ex: crash dieting is not healthy)



# CONTINUED.....

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- Is a weight necessary for this procedure?
- How can I respond if a client asks to not know weight?
- How can I protect the client's preference in chart/portal?



# CONTINUED.....

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- What would a client of a lower weight be told in this case? (ex: CT with physical therapy for mobility)
- What would a client of a higher weight be told in this case? (ex: ST with blood pressure)
- What are qualitative ways to address health without the number? ("Can you still comfortably play with your kids?")



# LANGUAGE

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Neutral language - "in a larger body" or "at a higher weight"

What if I'm complimenting someone?

- not always the best idea

What about the F word? (fat)

- not recommended in medical discussions
- some have reclaimed word to be neutral

What about the O word? (obesity)

- big discussion of what this actually means
- important to consider why using the word and with whom



WHAT QUESTIONS DO YOU HAVE?

LET'S KEEP IN TOUCH!

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