Addressing Bias and Disparities in the Care of Patients with Obesity: A Call to Action for Associates

CMEO Podcast Transcript

Dr. Monica Peek:

Hello, and welcome to a very special CMEO Snack activity that is part of a series I am leading on diversity, equity, and inclusivity with CME Outfitters. Today's CMEO Snack is entitled, *Addressing Bias and Disparities in the Care of Patients with Obesity: A Call to Action*. These activities are supported by an educational grant from Walmart Incorporated.

I'm Dr. Monica Peek, and I'm the Ellen H. Block Professor of Health Justice in the Department of Medicine. I'm also the Associate Director for the Chicago Center for Diabetes Translation Research and the Director of Research at the MacLean Center for Clinical Medical Ethics, all at the University of Chicago here in Chicago, Illinois.

I'm delighted to be joined today by my distinguished colleagues, Dr. Angela Golden and Dr. Fatima Cody Stanford. Angela and Fatima, I'm so thankful to have you with me today. Would you mind introducing yourselves to the audience?

Dr. Angela Golden:

Hello, and thank you Dr. Peek for having me with you. I'm Dr. Angela Golden. I'm the owner of NP Obesity Treatment Clinic in Flagstaff, Arizona, and a family practice NP from Home, also in Northern Arizona.

I'm the past President of the American Association of Nurse Practitioners. I've been in practice as a family nurse practitioner for 24 years and had my specialty practice in obesity for 8 years. Both of my clinics are community based, and our patients are from all walks of life. I have many patients on Medicaid, Medicare, as well as commercially insured. And of course, here in Northern Arizona, we're honored to care for people from Navajo communities.

Dr. Fatima Cody Stanford:

Hi, I'm Dr. Fatima Cody Stanford. I'm an obesity medicine physician and scientist at Massachusetts General Hospital and Associate Professor of Medicine and Pediatrics at Harvard Medical School. After completing my residencies in internal medicine and pediatrics, I came here to Boston, Massachusetts, to do my 3-year obesity medicine fellowship before coming on with faculty. I care for patients across the age continuum, starting as young as age 2 to as old as age 90+. My goal is to help care for the patient and give them the dignity and respect that they deserve as we treat their chronic, relapsing, remitting disease of obesity.

Dr. Monica Peek:

Thank you, ladies. I'm so honored to be sharing this space with you today, and I look forward to our discussion. We're going to jump right in and talk about something that's difficult but that's really important to our conversation today, and that's the impact of racism on health care. The legacy of racism and medicine is not something that's just in the past; it's something that still continues today and it affects the patients that are in our

healthcare system and how they interact with the healthcare system, whether or not they're adherent to the recommendations, whether or not they come back for care, and ultimately the outcomes they have because of how they're treated.

The Tuskegee Syphilis study, which many of you have probably heard of, you may not know the details. This was started in the 1930s, and it was started by our public health system. It was described as a treatment for syphilis. This was around the time that penicillin was first discovered and was known to be a treatment for syphilis.

However, in this study, they were not treating any of the African Americans who were enrolled in the study in the South. What they were doing was looking to have a longitudinal cohort study on the natural manifestations of the disease as it evolved from primary syphilis through tertiary syphilis. For women who became pregnant, they would see what kind of birth defects would happen with congenital syphilis, and none of the people involved in this study were ever treated. The study went until 1972. So, for 4 decades the study went on, and so well into and past the period where we had standards of care for treating syphilis and understanding the natural course of syphilis.

I have friends today who have had family members who were involved back in that study who still today are concerned that they may have health problems related to that study and a lot of deep, deep-seated distrust of the healthcare system because of that.

These are just examples of many ways in which our healthcare system, ways in which our governmental research, ways in which our institutions—which are there to treat people—took advantage of the community's trust and broke that bond between patient and physician, between patient and institution. And that has had significant impacts on socially marginalized communities, particularly communities of color, such that when we, to the present day, are trying to pass out COVID vaccinations and communities are like, "I'm not sure if I want this thing that's been developed by the government and is being distributed to the Black community." It's not just that people are irrationally paranoid; it's that there is a long history of abuse and mistreatment of these communities, that is known within these communities, and may or may not be known outside of these communities.

And so this is important. This is important context for understanding, just the tip of the iceberg, for why this contract has been breached and why there is a distrust of physicians in the healthcare system by many communities of color. Angela, Fatima, anything that you'd like to add before we move on to our discussion?

Dr. Fatima Cody Stanford:

I think that one of the key things I'd like to add to this—because I've written a lot on this topic, including a piece I published in the *New England Journal of Medicine* called “Beyond Tuskegee: Vaccine Distrust and Everyday Racism”—is that I think when people think about these historical issues, they are atrocities by far. But what they are using to determine whether or not they're going to trust the system, trust health care, doesn't really have as much to do with those historical atrocities as much as it has to do with what they're experiencing every day.

Dr. Monica Peek:

Yes.

Dr. Fatima Cody Stanford:

Even as a Black woman, a physician, what I experience in health care when I'm on the patient side of things is often quite dismal. As soon as that white coat comes off, as soon as the titles come off, as soon as I'm in the gown, I'm just seen as any other Black person, and this country has not had a great history of treating individuals who look like me. Dr. Susan Moore, who unfortunately died during the COVID-19 pandemic, documented her experience as a family physician when she was in that gown, and she unfortunately did die, documented her entire demise on social media. It was disheartening to see but reflected what my own lived experience has been in health care. I think that if you have physicians who experience this, imagine what everyone else experiences. This is not something that's a remote history. This is everyday occurrences that people experience. So, I just want to acknowledge, as someone who's had this lived experience, like many of my colleagues, that this is indeed very present and unfortunate.

Dr. Monica Peek:

Yes, and me too. I would say that I almost always get my care at the institution where I work, and I've worked at multiple institutions, and sometimes I'm sick and sometimes I'm not. Sometimes I have babies, sometimes I don't, and every time that I'm getting my care, if someone doesn't happen to recognize me and they just think I'm a regular person, the kind of care that I receive, there's usually something racist happening, where if I wasn't at my best, and I'm usually not, I would be writing a full report, and it's astonishing. It shouldn't be astonishing because it happens every time, and I think the very same thing. I have so much social capital. I'm at my place of work. I have resources. I understand the language of what's happening here. I can call the head of the hospital. What in the hell is happening to people who have so fewer resources than I do, but look exactly like me?

Dr. Angela Golden:

I think I'll throw in that as a White woman I have not had that lived experience. However, I've cared for patients and I've listened to their stories, and I think that another important piece is that we all should be listening to those stories today. In Arizona, the health care, or the lack of health care, that's delivered to our indigenous populations, and then the large population of immigrants from Central America who maybe they're not registered or whatever word you want to use for that, but that lack of health care is a sign of racism that is occurring today. I feel compelled to say that I listen to those stories, and although I don't have the lived experience, I still feel like it's my responsibility to advocate for people who are getting care from me who need care from other places.

And I think it's important for everybody to know that there are health care providers out there who are willing to go that extra bit to help you find the health care that you need because they're willing to listen even if they may not have the lived experience. I just want to push that out there because I think we all need to be understanding that racism occurs even if we can't live it.

Dr. Monica Peek:

Absolutely. Thank you. We all need allies. One of the things that I want to address or just note is that racism impacts more than just access to health care or the quality of health care that you may receive when you're in the hospital. It can cause chronic diseases also. Fatima, can you talk a little bit about how this is or why this is?

Dr. Fatima Cody Stanford:

Absolutely. I think that people don't recognize that stress—stress that often is derived from our country's history of racism, which still permeates the very essence of what happens today—actually leads to poor health outcomes.

So you might be like, what do you mean? You're just stressed. You just go get a massage or go run it off. I wish it were really that simple because, let me tell you, I'd be in good shape if that were all you had to do. The problem is that when you experience stress, there is actually inflammation that happens in the body. And when inflammation happens in the body, particularly as it relates to disease that Dr. Golden and I treat, it actually leads to poor outcomes. When inflammation and stress happen in the body, believe it or not, you store more fat because the body thinks it needs to defend itself, and its defense mechanism—traditionally because something like a famine might have been coming—was to store more fat because you have stress; that stress is a famine.

Famine doesn't often come. Just more stress comes, which means you store more, and then more, and more, and more, right? So, when that happens, we see this chronic issue. And it's not just the racism that we talked about—you guys did a really great job of talking about with me—but also let's look at what happens when we look at these historic injustices.

We have typically individuals from racial and ethnic minority groups having lower socioeconomic status. It's kind of hard to have built generational wealth when you were working for free for a long time. We see less access to health care providers, fewer of us who actually deliver care. If we look at the number of racial ethnic minorities who are just from the non-Hispanic, Black and Hispanic population, we're talking over 30% of the population. Yet as physicians, we represent less than 11% of physicians. What we do know is that patients, because of the things we've talked about, typically feel most comfortable seeing individuals who look like themselves.

I was born and raised in the South. I was born and raised in Atlanta, Georgia. I never had a doctor who did not look like me until I went to medical school, which people are shocked by. They say I grew up in Wakanda, which is probably true. But besides growing up in Wakanda, what I can tell you is that I noticed the difference when all I did was go 2 hours away to medical school at the Medical College of Georgia and experienced a very different care for me as a human, despite the fact that at this point I'm actually in medical school. What I experienced and what I even experience today, living in Boston, is very, very different than what it was like to grow with my physicians who were my next-door neighbors, and the people for whom I babysat their kids, and things of that sort. Those are very different experiences.

This leads us to having this culture that feels unsafe, this culture that feels like I can go in for care but you don't really understand me. We don't have everyone being like Dr. Golden who's saying, “Look, I don't live that but I'm here to help make that experience better.” Often that's not our lived experience. These disadvantages, this

permeation, racism, and lower socioeconomic status and things that permeate our lived experience really lead to stress and it leads to storage of fat. It leads to more obesity, and the cycle just continues itself, generation after generation after generation.

I think these are important things that people have to think about, not only as it relates to obesity but other chronic diseases that are often the downstream impact of obesity, like diabetes, high blood pressure, and high cholesterol. All of these things are not just like, oh, you've got diabetes. Yes, there are some potential environmental factors that play a role, but it goes back to a lot of the things that we've already talked about.

Dr. Monica Peek:

Exactly, exactly. Thank you for explaining that; really, really beautifully done.

So, Angela, we know that biases impact patient experiences, customer experiences if you're at Walmart. Can you talk a little bit about some of the types of stigmas that exist when it comes to obesity, and how we might identify our own biases?

Dr. Angela Golden:

I think I'll take the second part of that and kind of circle back around. Obesity is a disease that we carry. I'm a woman who lives with obesity. When I was at my higher weight, I know what people thought of me. I mean, some people actually said what they thought of me. They called me names. They had no idea that I was a nurse practitioner who'd been through a doctoral program. I mean, I have willpower, I know how to get things done, so I would ask each of the people listening to just really think about the last time they saw someone who was carrying extra weight. What were their first thoughts? And research is really clear, that we simply think that person doesn't have enough willpower to put down the fork and push away from the table or doesn't have enough willpower to go out and exercise, and that's just not true.

Obesity is a disease, like diabetes, like hypertension. It's a disease where the hormones inside the body and the brain don't communicate; they don't talk well together. At the end of the day though, really, stigma around obesity is a shaming thing. It's, "I'm better than you," if you are the one who's got stigma against someone else. And, as we've already mentioned, Dr. Cody Stanford already said it has tremendous impact on health, both physical and mental health. And I think this is something that's really interesting: we have some research that shows if someone walks into your store, into Walmart, how they're greeted by the first person can impact whether or not they go on to the pharmacy and get a prescription filled.

Dr. Monica Peek:

That's right.

Dr. Angela Golden:

I mean, who knew that that person greeting you could make a difference in whether or not you felt like you could go ahead and get your prescription, let alone go ahead and get your health care there, but that you felt safe enough that this was there? So, I would just ask people to think about the next time you're at work and the next

person you greet, recognize you may have a profound impact on their willingness to obtain services that they need for help. Your empathy and your sensitivity could make all the difference in their life.

Dr. Monica Peek:

Absolutely. What an excellent point, Angela, about that it takes a team, it takes a village, and the importance of everybody pitching in to make people feel comfortable and welcome, and noticing everyone's humanity no matter what role they have on the team. We have some quotes from patient stories and then I'm going to toss this back to you and talk to you, and have you talk to us about why it's important to be mindful of the patient voice and what we can do to make an impact when it comes to obesity.

Dr. Angela Golden:

I appreciate that these people were willing to allow their quotes to be shared because sometimes if we have obesity we pretty much try to stay within ourselves. We really don't want to talk about what this has felt like, what our life has felt like. I'm sure it's the same for you two ladies who shared such beautiful stories about what your lives have been like and the impact that race has had on you in the healthcare system.

I think Lizzo's comment hit my heart so much because her parents laughed at her about her weight. I mean, that brought me to tears the first time I read it. It still brings me to tears when I look at it. And then she adds to that how much more impact it's been with how she's been treated as a Black woman. Society has stigmatized obesity so significantly that many people are just afraid to go out in public; they'll go out only for essentials. And the people in our audience may be the only person Lizzo had any contact with that week. I think that's the decision that I would like each of them to think about: how they interact and, again, how much difference they could be making in that one person's life.

I think, with that, I can go on to say that some of you may be living with obesity; you may know others who are. So, there are a couple of resources here. The Obesity Society Patient Pages or the Obesity Action Coalition. The reason I list them is that these are good, reliable places to get information about obesity that aren't going to have bias, that aren't going to have stigma, that are going to be able to help you understand the science. They're just good, solid resources versus what you might get on social media, for instance. I'd encourage you to use those as possible resources.

Dr. Monica Peek:

Wonderful. Thank you, ladies, for the data, for the resources, for the stories, for your commitment, and for your passion. That's going to wrap up our discussion for today. I really want to thank you both. I think our main takeaways from today's program are that obesity is not a character flaw, it's a disease. And we want people to examine their own weight biases and recognize the impact of bias and racism on chronic diseases and take steps to actually stop weight discrimination. Then lastly, we want to recognize how things like food insecurity and other factors can impact the weight that patients and consumers have, especially those in underserved areas. Is there anything else that I might be missing?

Dr. Angela Golden:

I think you summed this up very nicely. Thank you, Dr. Peek.

Dr. Fatima Cody Stanford:

I agree.

Dr. Monica Peek:

Great. I want you all in the audience to check out these additional resources to learn more about what was discussed today during our activity. And then I want you to also complete the online evaluation because we want to really hear from you about how we're doing, what is working, what we can do to improve, as well as other topics you'd like for us to address. And we also have other D&I activities that you can participate in. Thank you so much for your commitment to education on diversity, equity, and inclusivity, and because if we know better, then we can do better. Thank you for being with us today.

