CMEO BriefCase

Advancing Health Equity Across the Spectrum

Weight of Inequity – Addressing Social and Structural Barriers in Bariatric Surgery

Supported by an educational grant provided by Johnson & Johnson.

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CME OUTFITTERS

LEARNING OBJECTIVE 1

Assess the impact of implicit bias and structural inequities on referral patterns, access to bariatric surgery, and postoperative outcomes across diverse patient populations

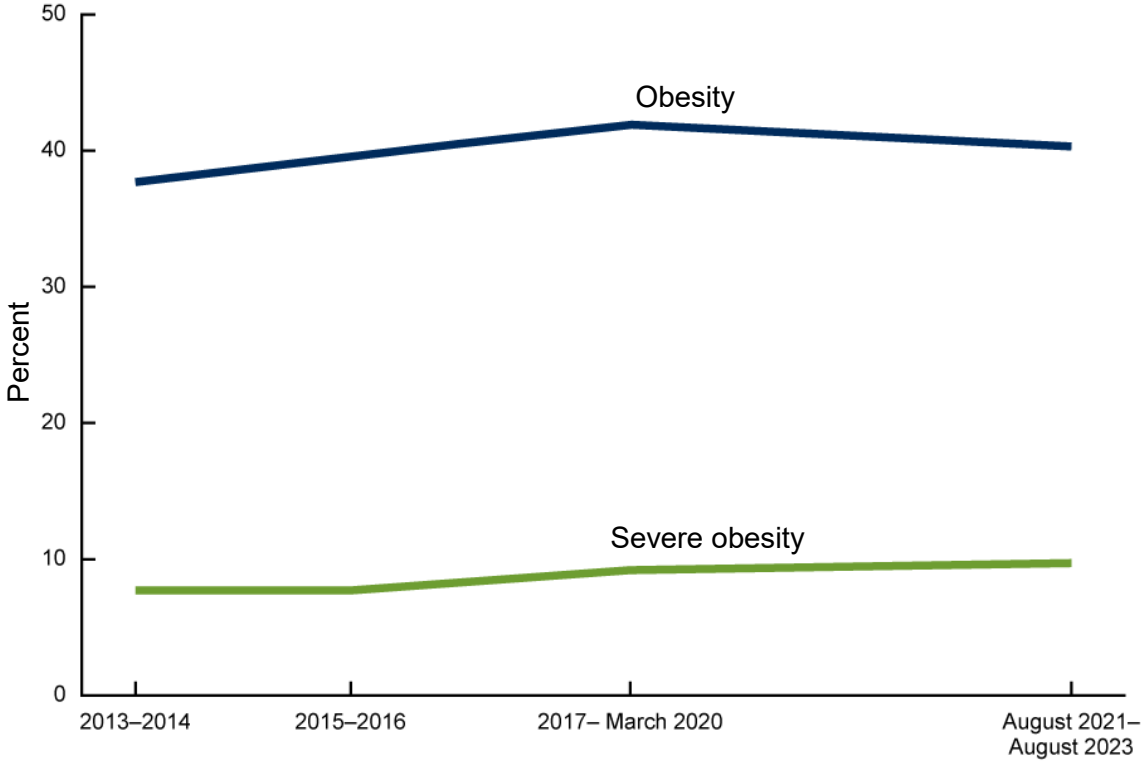
CME OUTFITTERS

LEARNING OBJECTIVE 2

Implement evidence-based approaches to reduce disparities in bariatric surgery

Obesity Remains an Epidemic in the United States

- >40% of adults live with the disease of obesity
- ~10% have Class 3 (severe) obesity
- Associated comorbidities include hypertension, type 2 diabetes, cardiovascular disease, heart failure, dyslipidemia, osteoarthritis



Centers for Disease Control (CDC) Website. 2024. https://www.cdc.gov/nchs/products/databriefs/db508.htm.

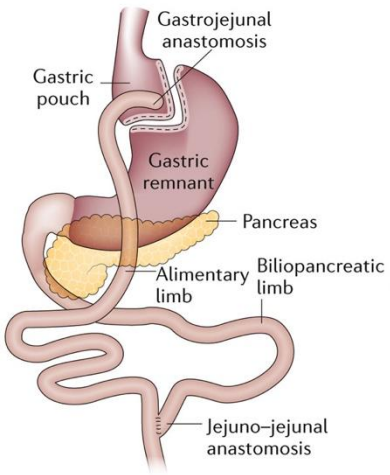
Bariatric Endoscopy and Surgery

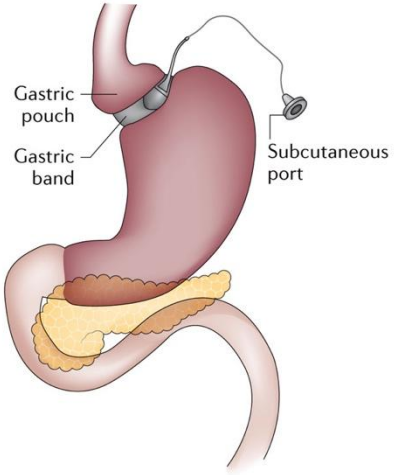
- Safe, effective, and durable treatments for individuals with severe obesity
- Improvement in health outcomes and quality of life
- Bariatric endoscopy includes intragastric balloons and endoscopic gastroplasty
- Bariatric surgery (also known as metabolic surgery)
  - Sleeve gastrectomy
  - Roux-en-Y gastric bypass (RYGB)
  - Biliopancreatic diversion with duodenal switch

Mustian M, et al. *Surg Endosc.* 2024;38:5948-5956.

Common Bariatric Surgical Procedures

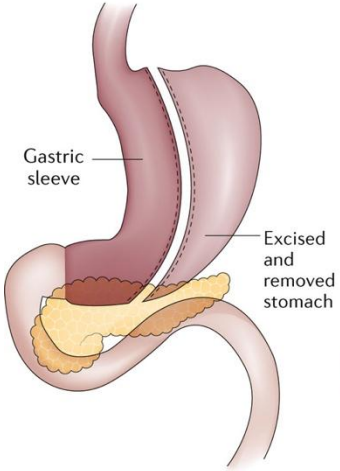
Roux-en-Y gastric bypass

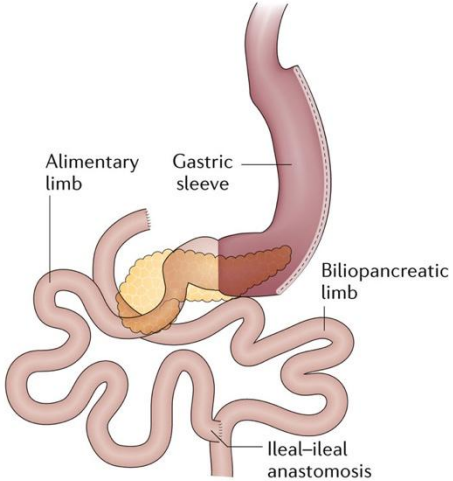




Adjustable gastric band

Sleeve gastrectomy





Biliopancreatic diversion with duodenal switch

Nguyen NT, Varela JE. *Nat Rev Gastroenterol Hepatol.* 2016:170.

2022 IFSO/ASMBS Guidelines

Growing Evidence Supporting Safety and Long-term Benefits of Bariatric Surgery Prompted 2022 Guidelines

BMI and Comorbidities	**>30 kg/m^2 with comorbidities; >35 kg/m^2 without comorbidities**
Age	Age limits expanded to include people age >70 after evaluation of risks and benefits, adolescents with BMI >120% of the 95th percentile for their age with related medical problems, or adolescents with BMI >140% of the 95th percentile for their age
Special Situations	MBS is an effective treatment for patients who need weight loss to make them eligible for another specialized surgery, including joint replacement (arthroplasty), abdominal wall hernia repair, organ transplantation
Procedures Recommended	Roux-en-Y gastric bypass, sleeve gastrectomy

ASMBS = American Society for Metabolic and Bariatric Surgery; BMI = body mass index; IFSO = International Federation for the Surgery of Obesity; MBS = metabolic and bariatric surgery.

Elsenberg D, et al. *Surg Obes Relat Dis.* 2022;18(12):1345-1356.

Disparities in Bariatric Surgery

- Socioeconomic factors and implicit bias can create roadblocks to bariatric surgery for some patients, especially those from communities of color
- Even with access to bariatric surgical care, persons of color have worse postoperative outcomes
  - Persistent disparities may contribute to poor outcomes
- Promotion of equitable care, including bariatric surgery, for underserved patients with obesity is critical to improve outcomes

Mustian M, et al. *Surg Endosc*. 2024;38:5948-5956.

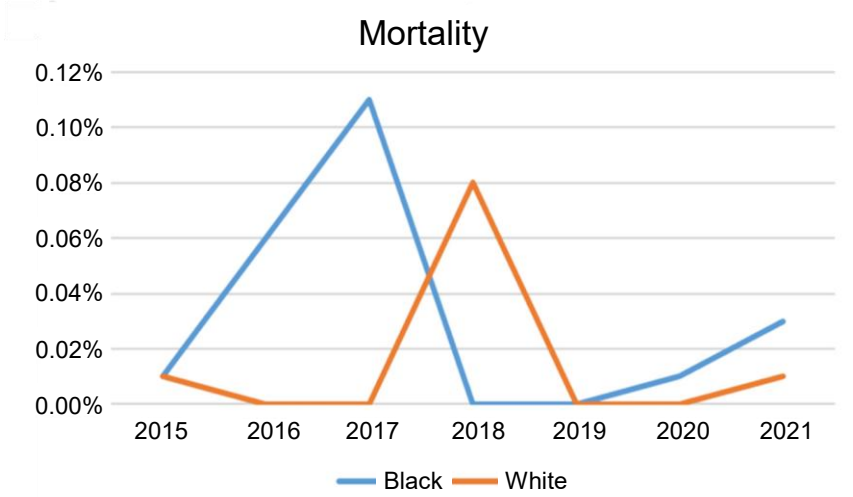
Where Gaps Emerge: Access and Referral Disparities in Bariatric Surgery

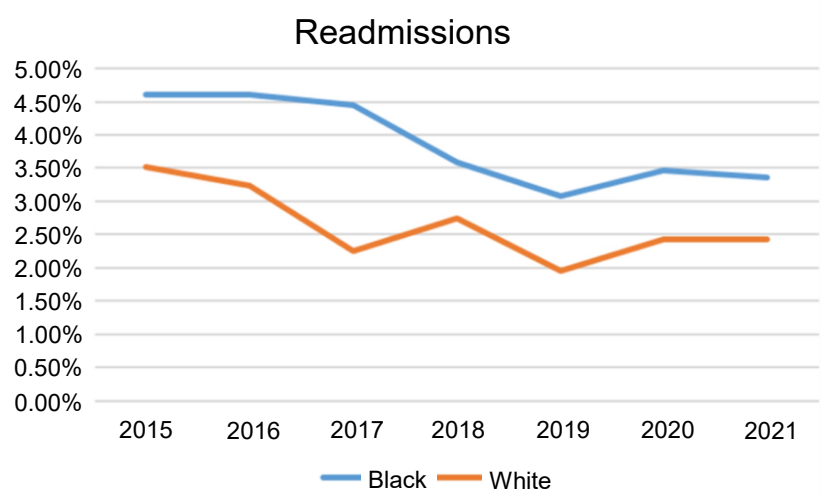
Underutilization Among Black and Hispanic Patients

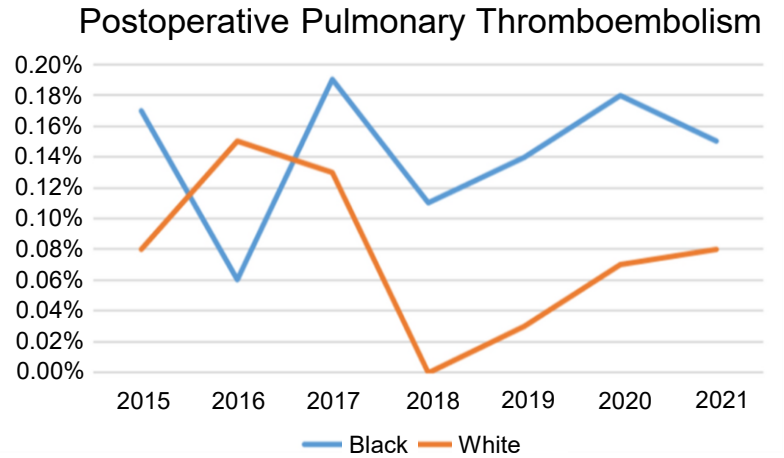
- Black and Latino patients who qualify for bariatric surgery undergo it at disproportionately lower rates than White patients
- Lower referral rates for Hispanic patients
  - In one study (on univariate comparison), Hispanic individuals were less likely to be referred for bariatric surgery compared to Black or White patients (2.0% vs. 5.3% and 5.2%, respectively)
    - This barrier may be due to the disproportionate number of Hispanic patients designated as “self-pay” vs. insurance
- Barriers in preoperative evaluation: Black and Hispanic patients are less likely to undergo preoperative cardiovascular testing

Smith E, et al. *Bariatr Surg Pract Patient Care*. 2018;13(1):2-11. Johnson-Mann C, et al. *Surg Obes Relat Dis*. 2019;15(4):615-620. Ibraham KD, et al. *J Am Heart Assoc*. 2022;11(11):e024499.

Early Postoperative Outcomes Following Bariatric Surgery







Mustian M, et al. *Surg Endosc.* 2024;38:5948-5956.

Patient Case

- **Angela R, a 47-year-old Latina Veteran**
  - BMI = 44 kg/m^2
- **Comorbidities:** Type 2 diabetes, hypertension, sleep apnea, knee osteoarthritis
- **Social Context:** Lives 90 miles from VA Medical Center; part-time home health aide (no paid leave); primary caregiver for mother; transportation challenges
- **Initial Presentation:** Reports worsening knee pain, suboptimal glycemic control, fatigue, difficulty sleeping
- She has tried diets, the VA MOVE! program, and VA formulary medications (naltrexone, liraglutide) without long-term success

VA = Veterans Affairs.

Audience Response

According to the VA/Department of Defense (DoD) 2020 Guidelines, bariatric surgery should be considered when ongoing weight loss (%) reflects which of the following?

A. <5% after 6 months of lifestyle modifications + concurrent pharmacotherapy
B. <10% after 1 year with GLP-1 receptor agonist (RA) therapy
C. <5% after 1 year with pharmacotherapy + lifestyle modifications
D. <3% after 3 months with either lifestyle modifications or pharmacotherapy
E. I'm not sure

Faculty Discussion

- The patient's primary care practitioner (PCP) recommends bariatric surgery. Do you agree?

- Current (2020) VA/DoD guidelines recommendations:
  1. Initiate lifestyle therapy with concurrent pharmacotherapy
  2. Consider (transition, if appropriate) to bariatric surgery if ongoing weight loss <5% after 6 months
  3. Continue monitoring and long-term maintenance planning

Patient Case

- **Angela's PCP recommends bariatric surgery**
  - At the initial bariatric surgery group information session, Angela notices she is the only woman of color present
  - She perceives judgmental language directed at her by the surgeon ("surgery is not for people looking for an easy way out; you have to prove you are serious"), and the process requires a 6-month supervised program before surgery
    - Angela is worried about being able to get time off work to travel to these appointments

Patient Case

- **Angela: Barriers to Care**
  - Long travel distance for pre- and post-op visits
  - Financial strain from gas costs, unpaid leave, and caregiving duties
  - Cultural disconnect in communication
  - Rigid eligibility requirements
  - Implicit bias focusing on “motivation” instead of systemic barriers

What Are SDoH and How Do They Relate to Bariatric Surgery?

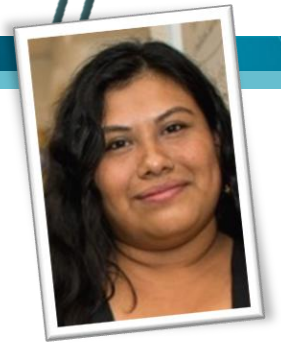
- Socioeconomic Status
- Racial and Ethnic Disparities
- Geographic Access: Rural vs Urban
- Health Insurance and Economic Stability
- Education, Health Literacy, and Social Support
- Provider and System-Level Factors

How Do I Ask Patients About SDoH?

Sample Questions	Possible Actions
What challenges do you have getting to appointments?	*Discuss best hours; telehealth*
Do you have access to a pharmacy?	*Recommend mail-order/prescription delivery*
Do you have access to care in your preferred language?	*Introduce to other providers*
Do you have insurance for visits and prescriptions?	*Refer to counselor, social worker; determine if drug company has patient assistance programs; refer to coupon/discount*
Do you have safe housing?	*Home health care visit to assess safety; report abuse*
Do you have a safe place to store/refrigerate medications?	*Provide pillbox, blister packs*
Are you experiencing discrimination that is negatively impacting your health?	*Report*
How do you prefer to learn about things?	*Use preferred learning method if possible*
Can you afford and access healthy food?	*Determine eligibility for meal assistance*

Anticoagulation Forum Website. 2021. https://acforum-excellence.org/Resource-Center/resource_files/1885-2021-12-13-063409.pdf.

Patient Case



“Surgery is not for people looking for an easy way out; you have to prove you are serious.”

- Angela’s surgeon

Implicit Bias: Definition

- An automatic reaction we have towards other people
- These attitudes and stereotypes can negatively impact our understanding, actions, and decision-making
- The idea that we can hold prejudices we neither want nor believe was quite radical when it was first introduced, and the fact that people may discriminate unintentionally continues to have implications for understanding disparities in so many aspects of society (e.g., health care, policing, education)
- To learn more, visit the Project Implicit website

Project Implicit®

TAKE A TEST

Project Implicit Website. https://www.projectimplicit.net/.

Empirical Weight Bias Data

Explicit bias

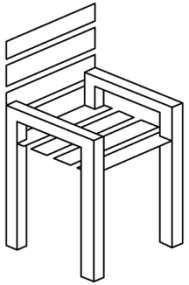
Implicit bias

Unmotivated

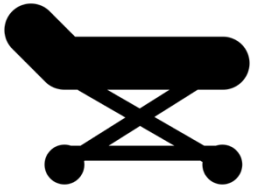
Noncompliant

Obesity bias is the last socially acceptable form of prejudice

Environmental Cues



Chairs



Exam tables

Gowns

Blood pressure cuffs

Audience Response

Which of the following is considered a non-stigmatizing term with respect to individuals with obesity and related comorbidities?

A. Weight loss surgery
B. Morbidly obese
C. Uncontrolled diabetes
D. Bariatric-metabolic surgery
E. I'm not sure

Bad Words: Why Language Counts in Our Work with Bariatric Patients

"Morbid obesity"

"Severe obesity"

"Language and stigma are tightly intertwined."

"Obesity is an identity. Obesity is a disease."

"Obese person"

"Person with obesity"

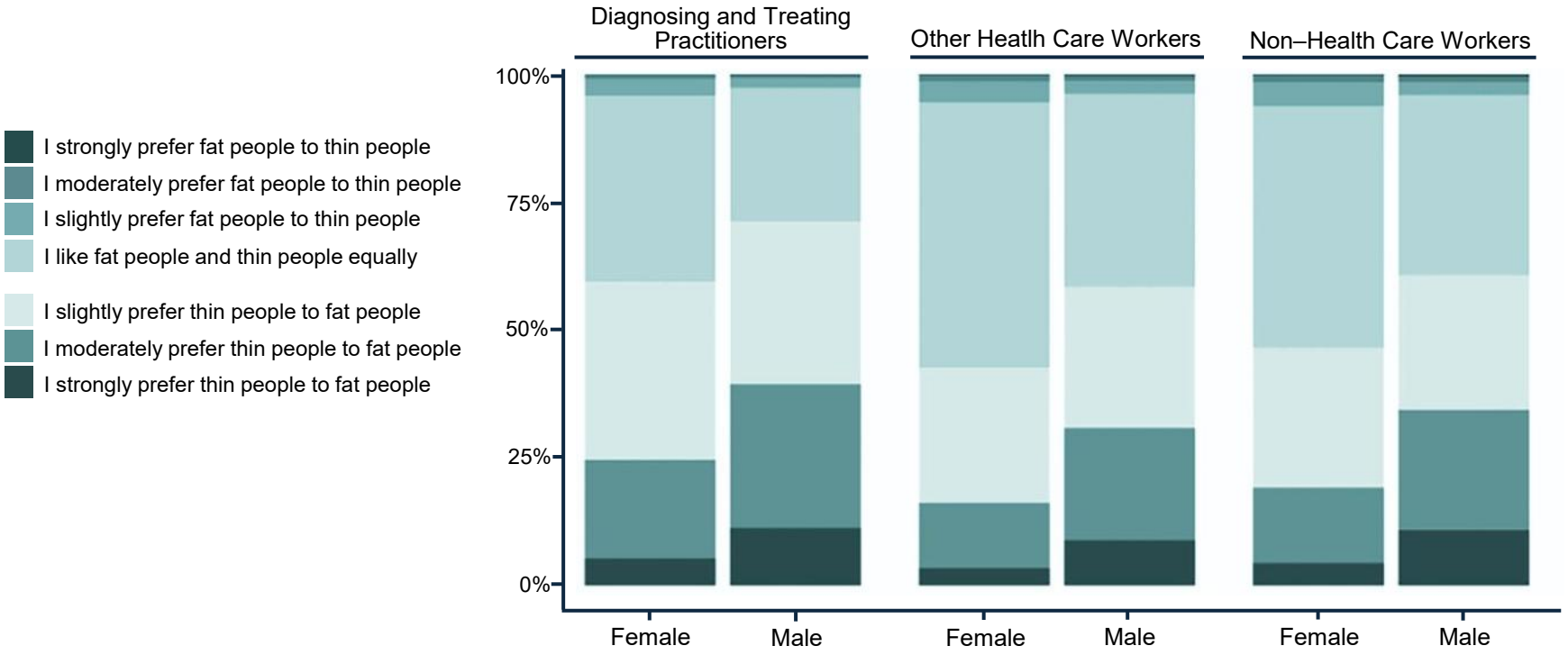
"Weight loss surgery"

"Bariatric-metabolic surgery"

"Weight loss surgery detrimentally focuses attention solely on weight loss outcomes."

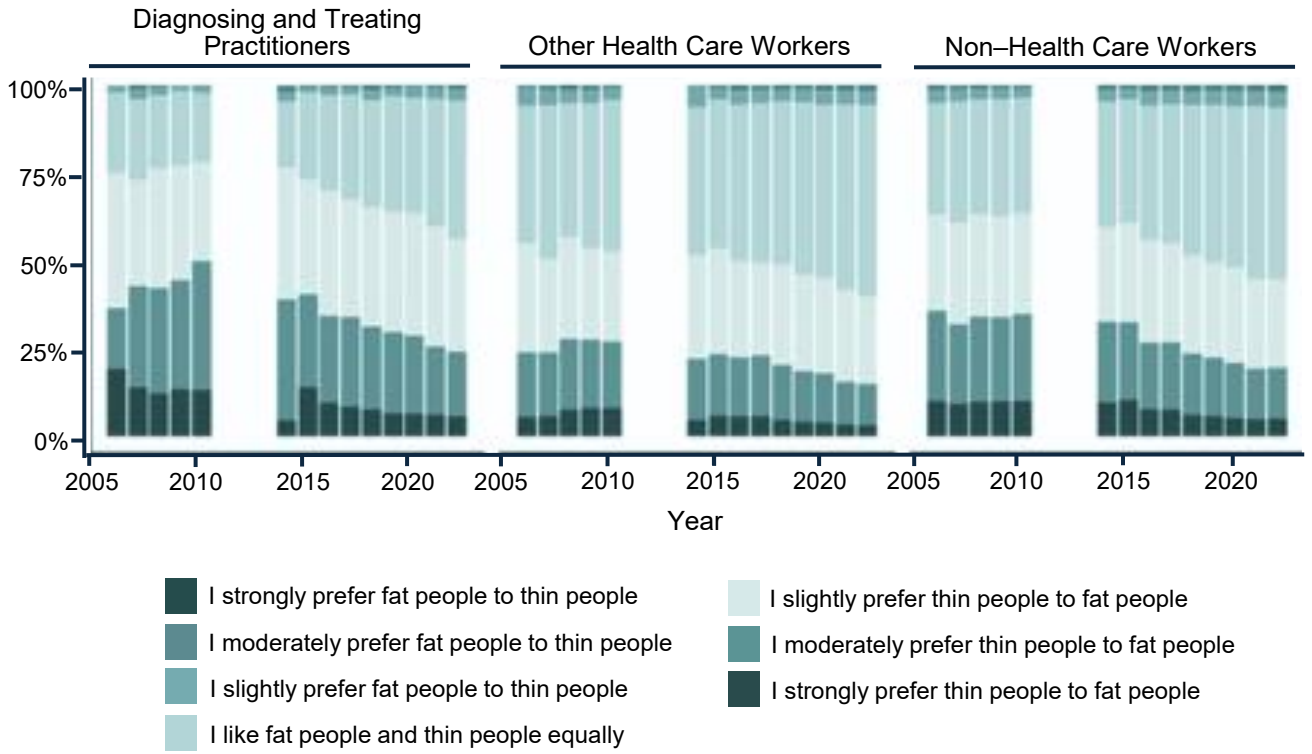
Sogg S, et al. *Surg Obes Relat Dis*. 2018 Jan 31. [Epub ahead of print].

Explicit Weight Preferences Self-Reported by Diagnosing and Treating Practitioners



Liang JW, et al. *Int J Obesity*. 2025. https://doi.org/10.1038/s41366-025-01878-3.

Explicit Weight Preferences Self-Reported by Diagnosing and Treating Practitioners, Other Health Care Workers, and Non–Health Care Workers



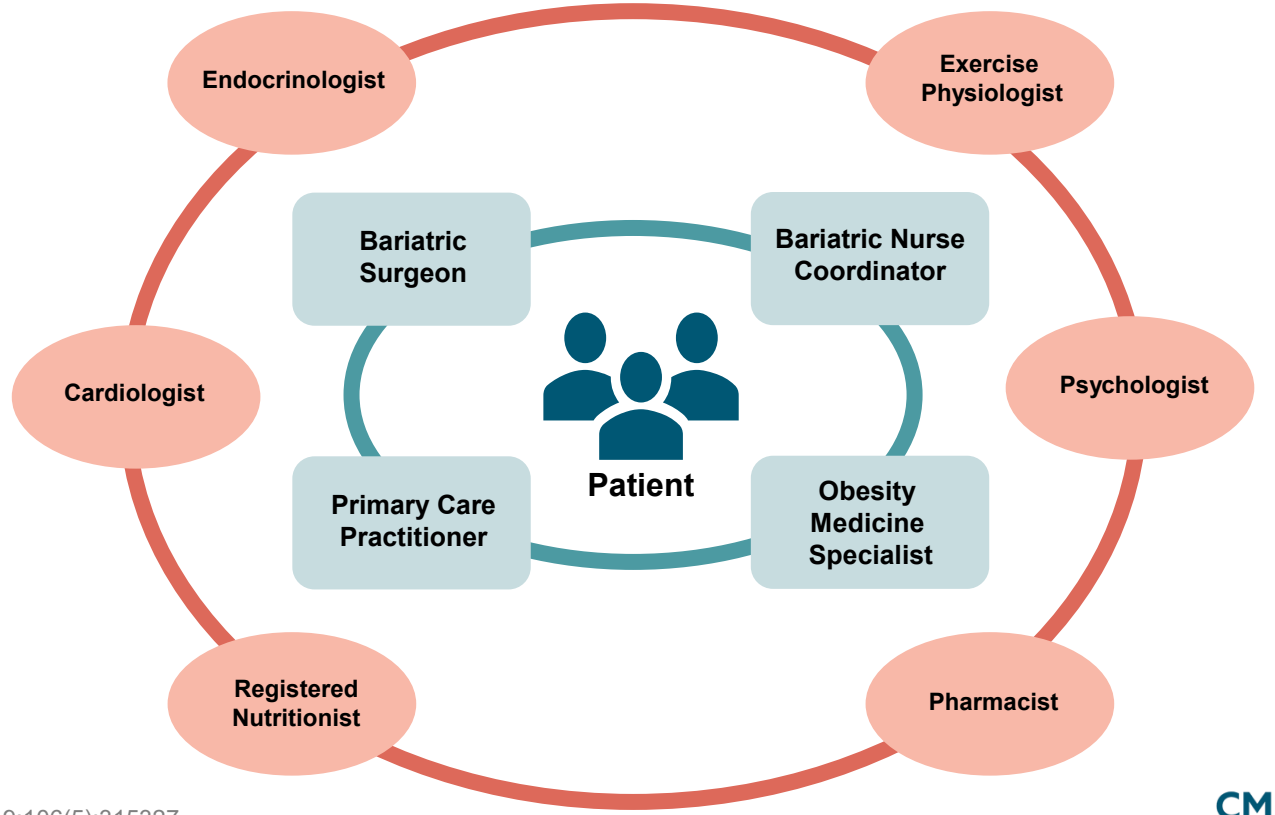
Liang JW, et al. *Int J Obesity*. 2025. https://doi.org/10.1038/s41366-025-01878-3.

Patient Case

- **Outcomes**
  - Angela undergoes gastric bypass but is readmitted for dehydration due to unclear discharge instructions
  - She misses follow-ups because of transportation issues and lack of flexible scheduling
  - One year later, she regains 30 lbs and diabetes has returned to pre-op levels
  - **Key takeaway:** Bariatric surgery outcomes are influenced not only by patient behavior but by systemic, cultural, and structural barriers that clinicians must actively identify and address

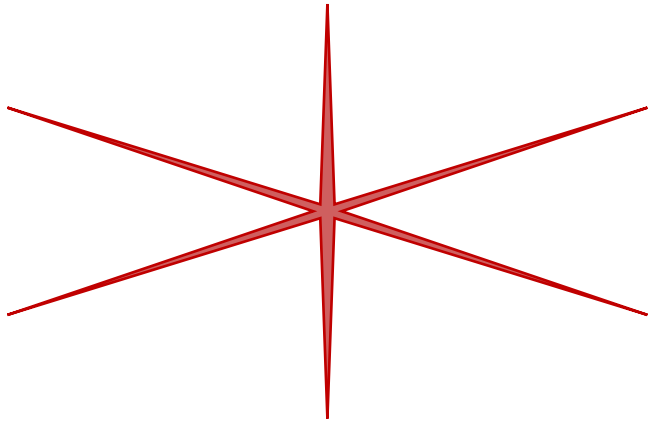
Interprofessional Care Model

- Importance of shared decision-making
- The patient as the center of the interprofessional care team



Adapted from Middeldorp ME, et al. *Brit Med J.* 2019;106(5):315327.

Goals for Increasing Interprofessional Communication and Collaboration



HCPs = health care professionals.

Evans S, et al. *J Interprof Care*. 2025 Feb 6:1-9. [Epub ahead of print]. Bowman KS, et al. *Behav Anal Pract*. 2021;14(4):1191-1208.
Price JR, et al. *Sch Psychol*. 2024;39(4):419-432.

Put information into action!

Takeaways from this program can be implemented into your practice to improve patient care.

- *Recognize obesity as a disease and treat all individuals—of all racial/ethnic backgrounds—with dignity, regardless of body size*
- *Encourage empathy and understanding by all team members; reflect on your own potential implicit biases*
- *Refer and/or treat patients with severe obesity who are appropriate candidates and interested in bariatric surgery*
- *Focus on health and function improvements and avoid framing weight solely as a personal responsibility*

Suggested Resources

- Obesity Action Coalition: Obesity Action Coalition
- American Society of Metabolic and Bariatric Surgery (ASMBS) Guidelines: ASMBS Guidelines
- Veterans Affairs/Department of Defense Clinical Practice Guidelines for Obesity: VA/DoD Guidelines
- AACE/ACE Guidelines for Comprehensive Obesity Management: AACE/ACE Guidelines
- The Obesity Society: https://www.obesity.org/
- University of Connecticut Rudd Center for Food Policy and Health Media Gallery: https://uconnruddcenter.org/media-gallery/

CMEO BriefCase

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Participants will be able to download and print their certificate immediately upon completion.