

The Case for Weight Inclusive Healthcare

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May 16, 2024

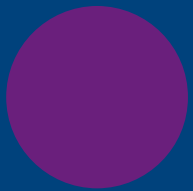


- **Linda Pozen, MSW, LGSW
(she, they)**
- **Selena Salfen, MPH, RD
(she/her)**
- **Weight Inclusive Ramsey
County (WIRC) initiative**
- **Content heads-up**



What is weight stigma?

- Anti-fatness, fatphobia, weight bias, anti-fat bias, weight-based discrimination, fat oppression
- Weight stigma:
 - Stigma attached to perceived, actual, or contextual fatness
 - Comprised of ideologies, practices and systems that mark fatness as an undesirable, deviant or inferior embodiment
 - Consistent, systemic oppression against larger-bodied people, which makes it difficult or impossible to find clothes and spaces that fit, healthcare that's effective and non-discriminatory, equal access to employment, and other basic human rights that we all deserve.
- Alternative to weight stigma = weight neutral or weight inclusive



Resources

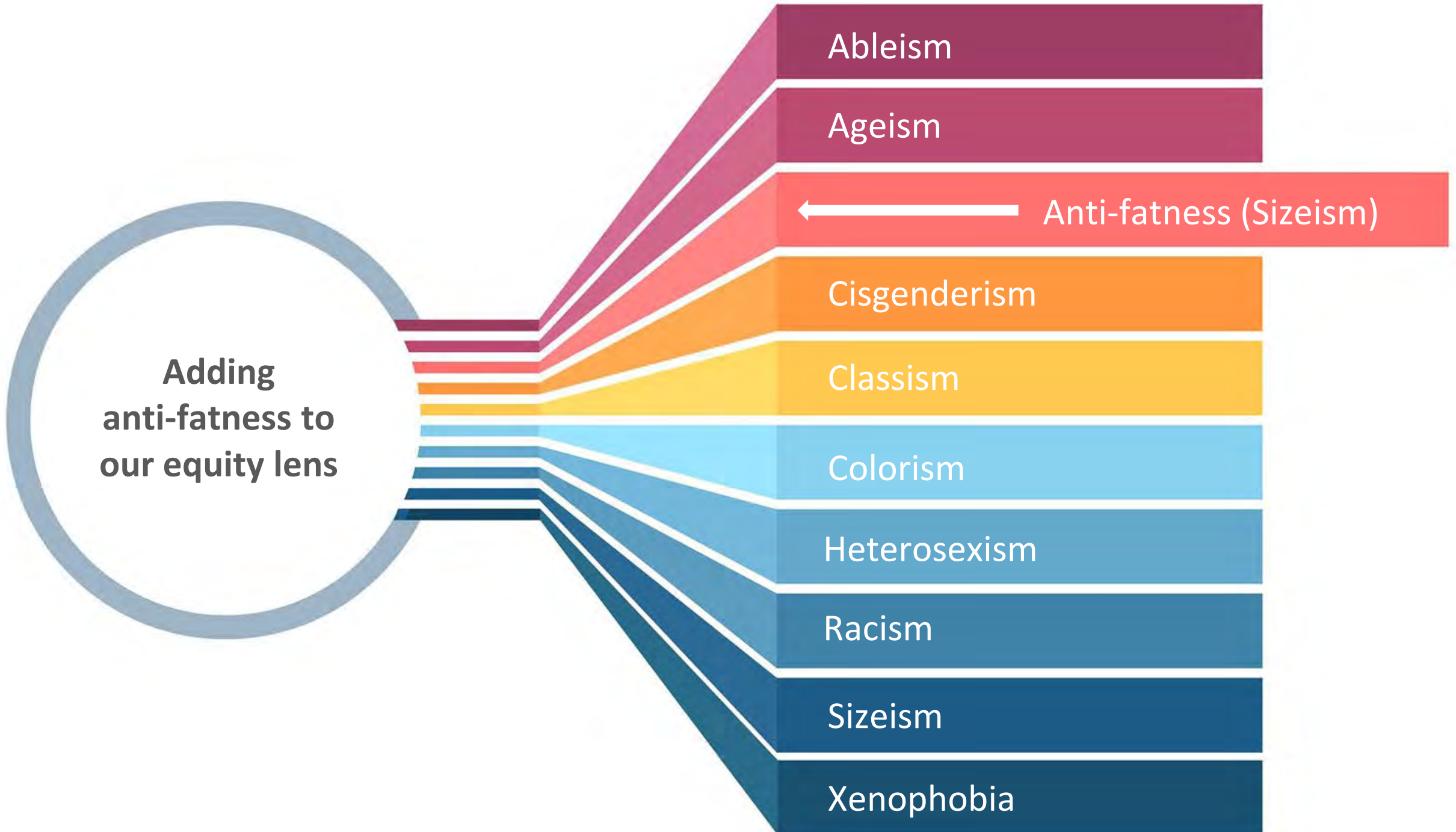
Weight-Centric or Normative

Weight is considered a very important indicator of health and weight loss is promoted.



Weight Neutral: Public Health Communication, Clinics and Programs

- Do not assume a person's weight or BMI is evidence of a particular way of eating, physical activity level, personality, psychological state, moral character or health status.
- Do not encourage weight loss. Instead, focus on weight neutral, sustainable behaviors, access and social determinants of health.
- Avoid language, imagery and communications with weight stigma.
- Work on anti-fat bias in ourselves and our programs.
- Seek direction and guidance from people with lived experience of fat oppression **with** intersectional perspectives.



**Adding
anti-fatness to
our equity lens**

Ableism

Ageism

← Anti-fatness (Sizeism)

Cisgenderism

Classism

Colorism

Heterosexism

Racism

Sizeism

Xenophobia



Why weight inclusive?

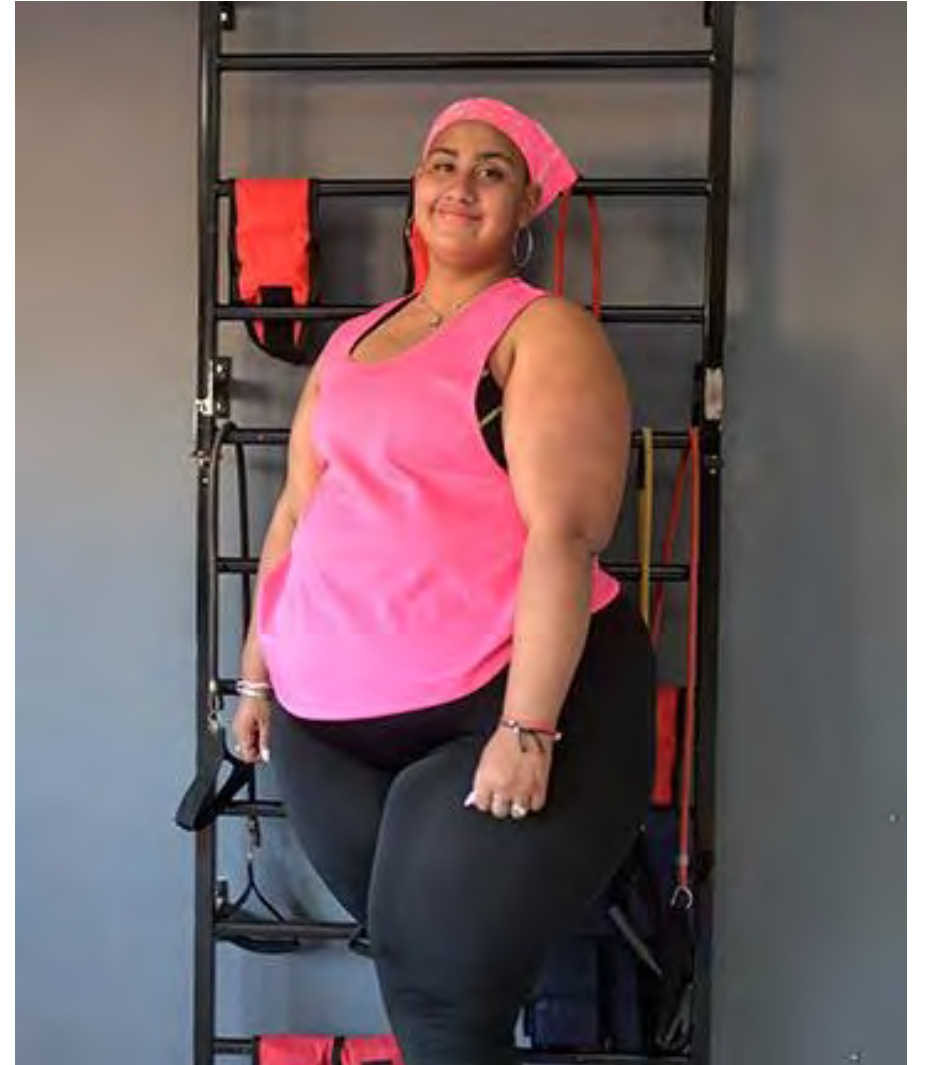
Anti-Fat Bias and Practice leads to:

- Physical and mental health issues
- Disrupted relationships with food and body
- Weight cycling
- Internalized fatphobia
- Discrimination in daily living
- Environments, equipment and clothing made only for smaller bodies
- Poor healthcare
- Discrimination in the legal system



Why weight inclusive?

- **At least half** of U.S. adults have been a **target of weight-based teasing, unfair treatment or discrimination**
- **Weight-based** and **appearance bullying** top forms of bullying in schools
- Harms of weight stigma are **relevant across cultures**
- **Anti-fat** attitudes and practices **hurt everyone**

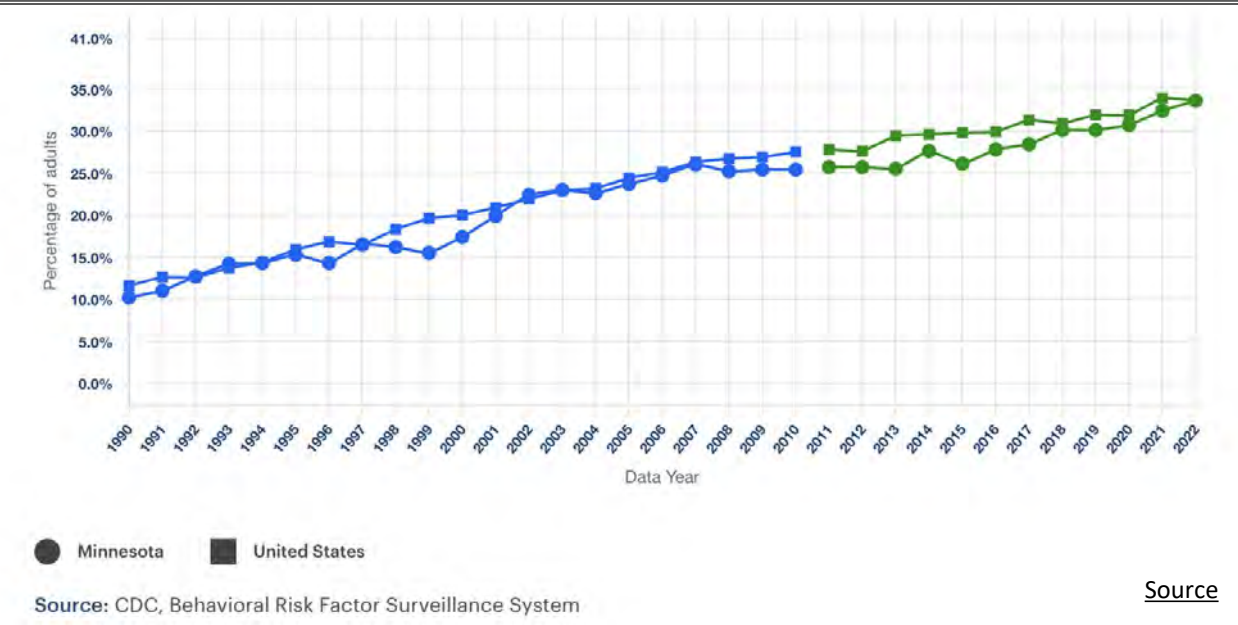




Why weight inclusive?

- **1996** Surgeon General C. Everett Koop declared a “**war on obesity**”
- This war has been **ineffective** and **harmful** on multiple levels
- **Implicit bias against higher weight people grew** from 2007 to 2016, but waned for race, gender, sexual orientation, age and disability
- **Higher weight children** are significantly **less liked** than in 1961

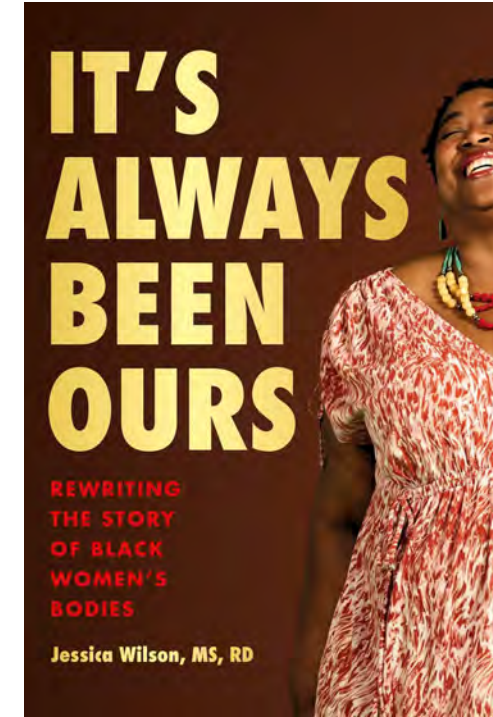
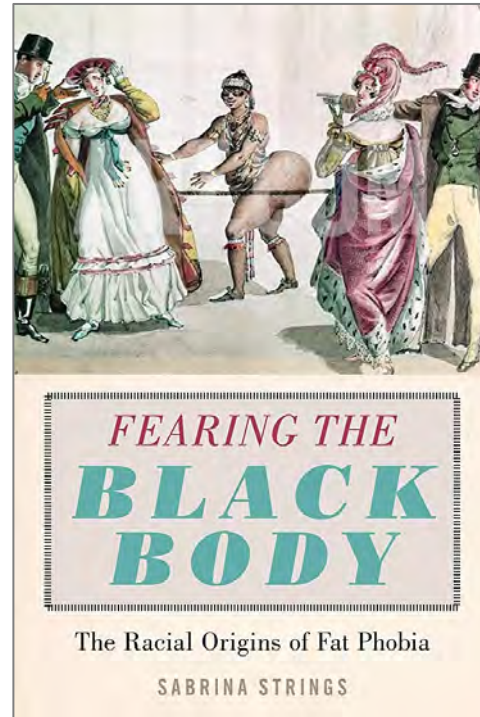
Percentage of adults with a body mass index of 30 or higher based on reported height and weight



Why weight inclusive?

Anti-fatness = Rooted in anti-Blackness

- [Dr. Sabrina Strings – 12 min. interview](#)
- [Da'Shaun Harrison – Belly of the Beast Excerpt](#)
- [Jessica Wilson on Burnt Toast podcast](#)
- [Fat Phobia is a Social Justice Issue with Dana Sturtevant, Hilary Kinavey and Sirius Bonner](#)
- [Sonya Renee Taylor – The Body is Not an Apology](#)
- [Gloria Lucas - Eating Disorders & Historical Trauma](#)
- [Institutional Antifatness w/ Marquisele Mercedes & Monica Kriete – Death Panel podcast \(explicit\)](#)



Why weight inclusive?



Trauma Informed = Weight Inclusive

- Being seen as a label
- Non-acknowledgement of power dynamics
- No choice in service or treatment
- Being non-collaborative
- Marginalizing practices
- Non-inclusive language and messaging

Why weight inclusive?

Anti-fatness/weight stigma is associated with increased

- Inflammation
- Blood pressure
- Blood glucose
- Depression
- Anxiety
- Cortisol
- Substance use
- Social isolation
- Allostatic load
- Disordered Eating
- Avoidance of physical activity



Why weight inclusive?

Weight stigma in healthcare can lead to healthcare avoidance and trauma

- Research shows healthcare providers hold negative stereotypes of larger patients
 - Using terms like **lazy, weak-willed, bad**
 - Reporting patients as a **waste of time** and **unmotivated to make lifestyle changes**
- **74%** of patients who experienced weight stigma reported experiencing it from doctors
- **68%** of very large people report delaying healthcare



Obesity Stigma and Bias, Fruh, et al, 2017
Obesity Stigma: Important Considerations for Public Health, Puhl, et al, 2010
Obesity and healthcare avoidance: A systematic review, McGuigan RD, Wilkinson JM, 2015.
Impact of weight bias and stigma on quality of care and outcomes for patients with obesity, Phelan SM, et al, 2015
Stigma Experienced by Children and Adolescents With Obesity, Pony, et al 2017
Weight Bias in Pediatric Inpatient Care, Halvorson, 2019

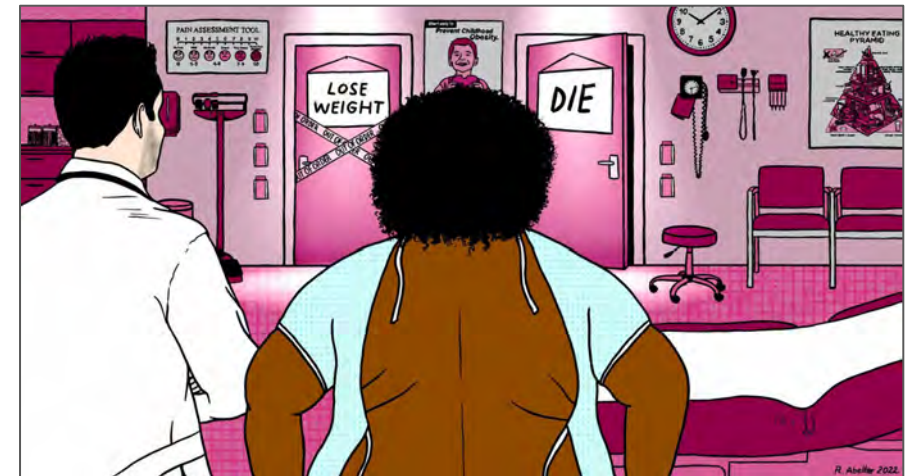
Overreliance on BMI and Delayed Care for Patients With Higher BMI and Disordered Eating, Ramaswamy & Ramaswamy, 2023



Why weight inclusive?

Weight stigma harms patients

- Healthcare providers often focus on body size while ignoring other symptoms/concerns
- Larger patients denied medical procedures due to BMI
- Weight loss recommendations can initiate or perpetuate disordered eating/eating disorders



No Health, No Care: The Big Fat Loophole in the Hippocratic Oath by Marquisele Mercedes, Pipewrench Magazine



Why weight inclusive?

Weight focused messaging can result in disordered eating and eating disorders.

22%

of children demonstrated disordered eating

9%

of the U.S. population will have an eating disorder in their lifetime



Why weight inclusive?

Eating Disorders (EDs)

- Underdiagnosed in people with larger bodies
- Underdiagnosed in racially and ethnically diverse populations
- Healthcare rarely screens for EDs, often accidentally cheers on EDs





Why weight inclusive?



Losing 5% or more of body weight lowered survival odds in older women.

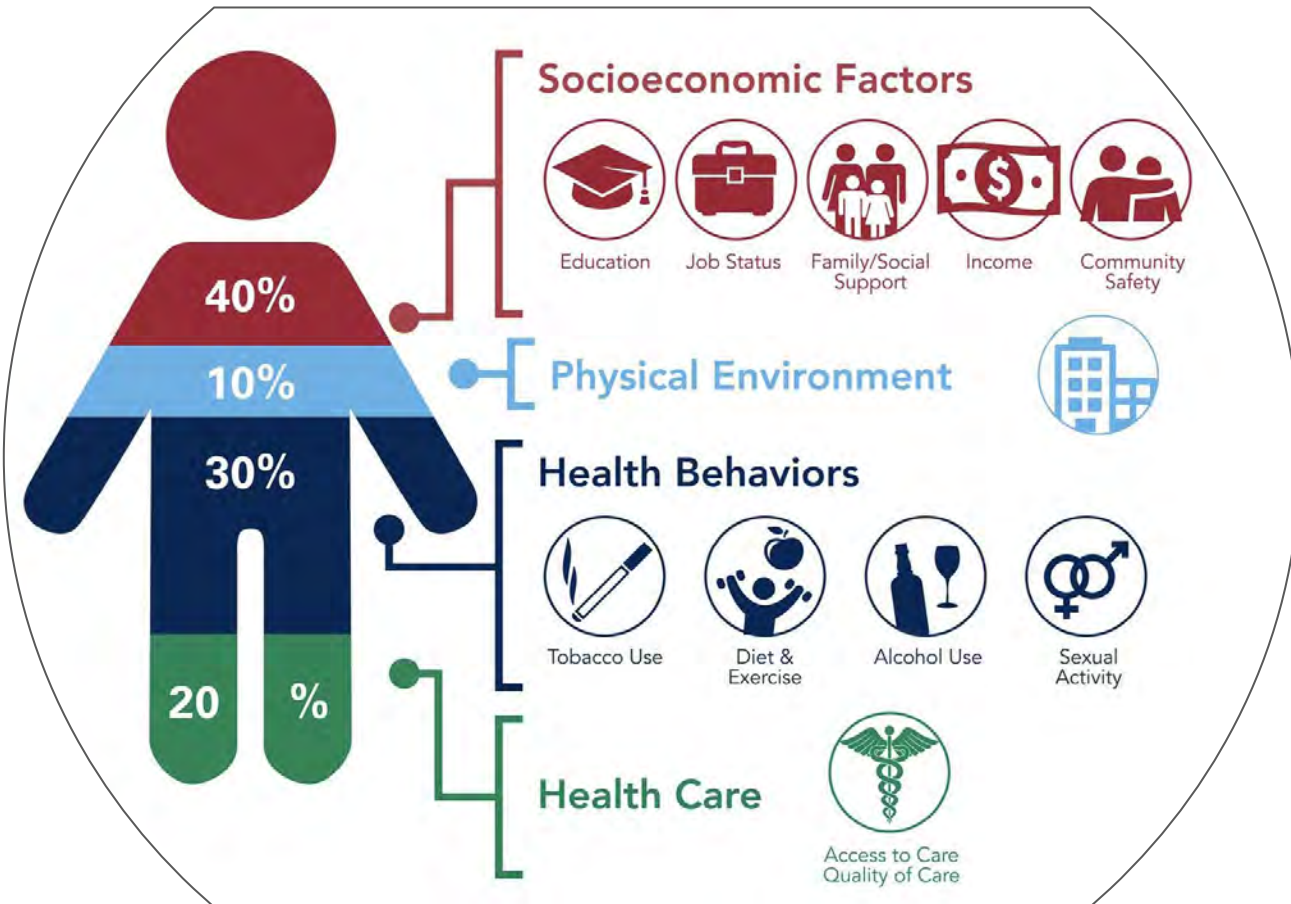
N=54,437, 61-81 years at start



**...But what
about health?**

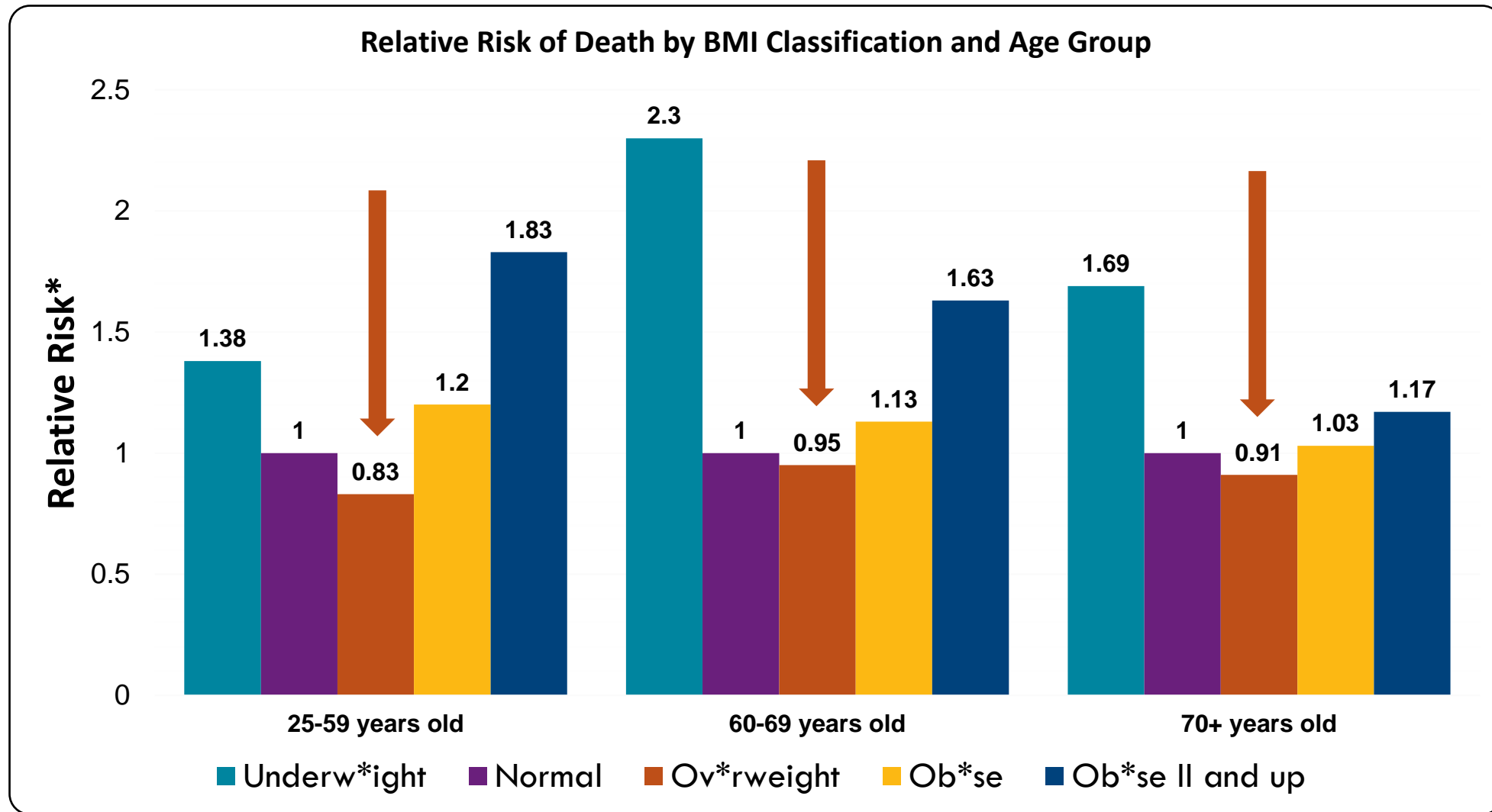
But what about health?

Setting the stage for conversations on health...



- **“Healthism”** places responsibility for health on individual, portrays health as a choice
- Health is not a moral obligation and some people will never be healthy by society’s standards
- Who defines health?

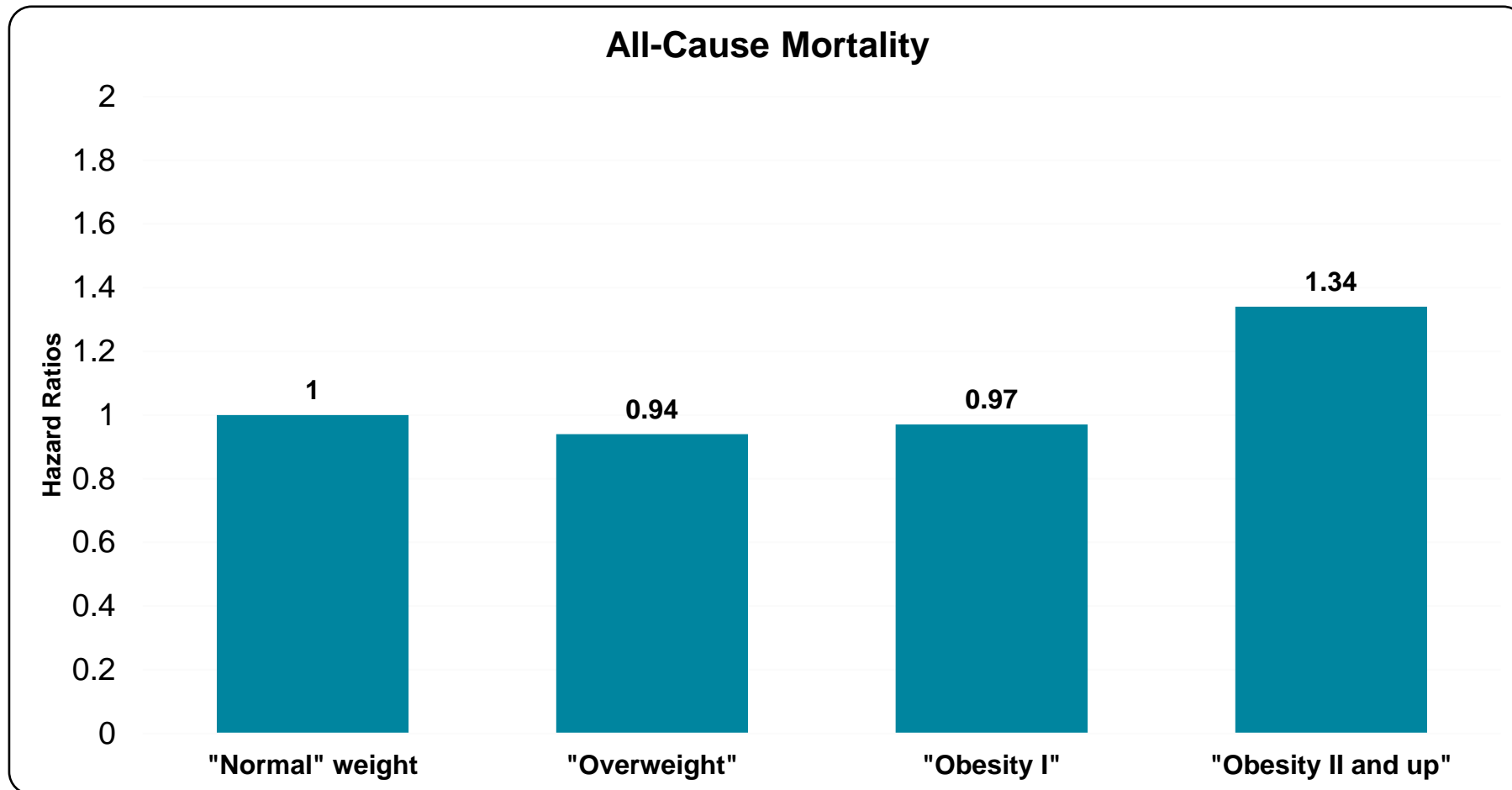
But what about health?





But what about health?

Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analyses





But what about health?

~50% of US adults misclassified using BMI

National Health & Nutrition
Examination Survey, 2005–2012
(N = 40,420)



Cardiometabolic Health

- Blood pressure
- Cholesterol
- Triglycerides
- Glucose
- Insulin resistance
- C-reactive protein

misclassified as
unhealthy

47% Overweight
29% Obese
16% Obesity type 2 and 3

misclassified as
healthy

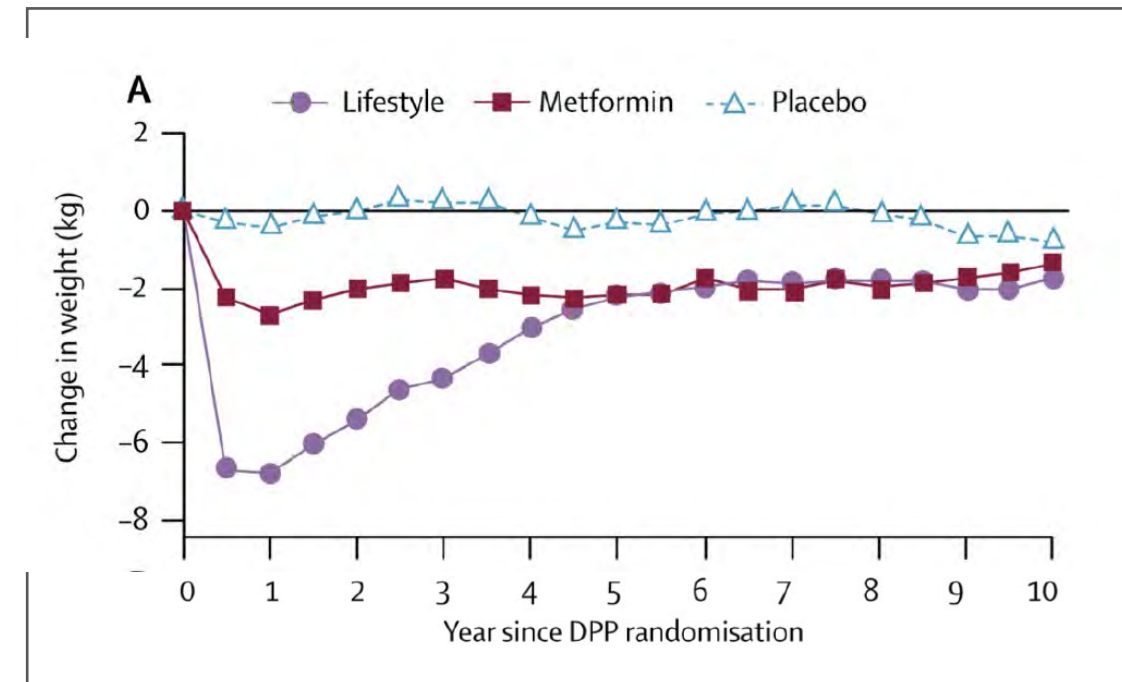
30% Normal weight

**Even if we were 100% sure
high weight leads to worse health...**

1. Weight loss is not sustainable long-term

- Dieting fails 90-95% of the time
- Most weight regained in 1-5 years
- More weight is often regained (66% chance)
- But what about GLP-1 agonists?
 - No long-term data
 - Unaffordable
 - Side effects
 - Take for a lifetime
 - Real world results vs. research
 - Most are injectables
 - Risk for malnutrition, muscle loss, EDs
 - Not everyone wants this

Diabetes Prevention Program Outcomes Study (10 yr follow-up)

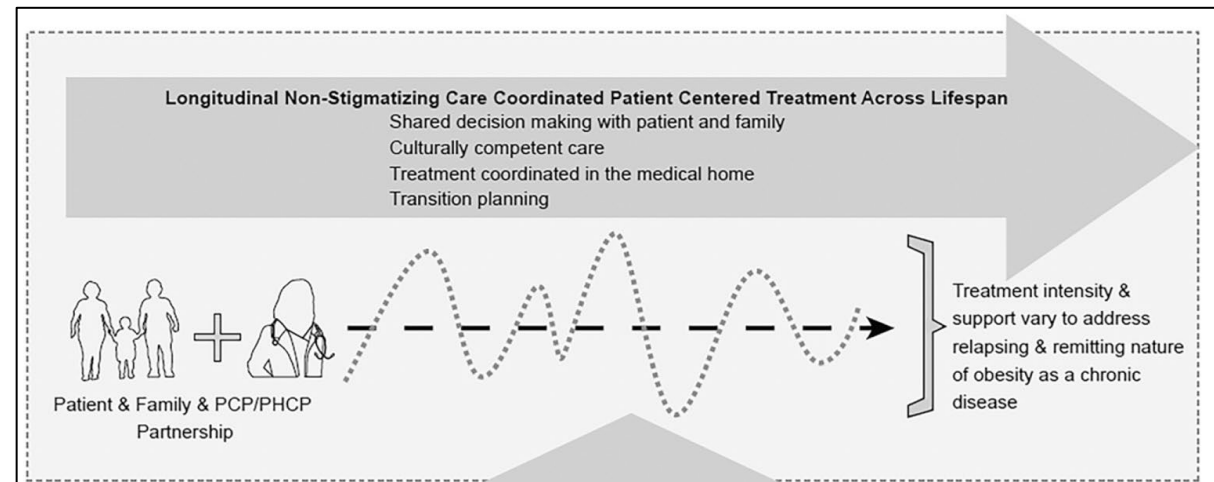


2. Weight cycling is harmful

Repeated attempts to lose weight are not without harm.

Common results of weight cycling

- Inflammation
- Hypertension
- Insulin resistance
- Increased triglycerides
- Decreased HDL
- Higher rates of gallstones
- Reduced bone mineral density
- Increased mortality
- And more



Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity, 2023

Weight cycling can account for all excess mortality associated with “obesity” in both the Framingham Heart Study and the National Health and Nutrition Examination Survey (NHANES)

3. Health-supporting habits can promote health at all sizes

Weight neutral approaches can be more sustainable and better for well-being

Weight Neutral Approach – No weight loss focus



- Cholesterol
- Blood sugar
- Blood pressure
- C-reactive protein (CRP)
- Disordered eating
- Body dissatisfaction
- Depression
- Body image avoidance



- Physical activity
- Self-esteem



Interventions that stress weight loss send a message to larger people (all people) that the only way to be healthy is to be thin.

Freepik: (B) studiorecup

L Bacon and L Aphramor, Weight Science: Evaluating the Evidence for a Paradigm Shift, 2011

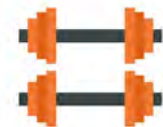
JT Schaefer and AB Magnuson A review of interventions that promote eating by internal cues, 2014

D Clifford, et al, Impact of Non-Diet Approaches on Attitudes, Behaviors, and Health Outcomes: A Systematic Review, 2015

T Tylka, et al, The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss, 2014

3.

Health-supporting habits can promote health at all sizes



Increases in cardiorespiratory fitness or physical activity are consistently associated with greater reductions in mortality risk than intentional weight loss.



...But what about diabetes?

But what about diabetes?

Patient-Centered Goal-Setting in the National Diabetes Prevention Program: A Pilot Study


Diabetes Care 2021;44:2464–2469 | <https://doi.org/10.2337/dc21-0677>

Natalie D. Ritchie,^{1,2,3}
Katherine A. Sauder,^{4,5}
Peter G. Kaufmann,⁶ and
Leigh Perreault^{7,8}


Participants in the non-weight focused Diabetes Prevention Program had greater A1c reduction on average and were more likely to have normal blood sugar at follow-up.

Figure 1. Patient-centered goal-setting worksheet.


What Do I Want to Work on *Now* to Help Prevent Diabetes?
Please choose **ONE** item to focus on before next class.

GETTING ACTIVE 


1. I will _____ to **get my heart rate up** ___ days per week for ___ minutes.
(Ex: walk, bike, hike, swim) (Number) (Number)
2. I will _____ to **build my muscles** ___ days per week for ___ minutes.
(Ex: lift weights, push-ups) (Number) (Number)

EATING BETTER 

1. I will eat ___ **fruits and/or vegetables** each day.
(Number)
2. I will **limit my sweets** to ___ per day.
(Number)
3. I will eat ___ **meals** per day.
(Number)
4. I will **limit fast food and junk food** to ___ times per day.
(Number)
5. I will **eat with a smaller plate or bowl** ___ times per day.
(Number)
6. I will **stop eating when I am full** ___ times per day.
(Number)

CHOOSING HEALTHIER BEVERAGES 

1. I will drink ___ cups of **water** each day.
(Number)
2. I will **limit my soda and sugary drinks** to ___ per day.
(Number)
3. I will **limit alcoholic beverages** to ___ per week.
(Number)

DEALING WITH STRESS 

1. I will _____ to **reduce stress** for ___ minutes.
(Number)

OTHER: _____



**...But what about
pregnant people?**

Weight Inclusive Ramsey County WIC Presentation

Perinatal Weight Science & Stigma - January 2024, Selena Salfen, MPH, RD

The presentation consists of 34 slides, each with a number in the bottom left corner. The slides are organized into several thematic sections:

- Perinatal Weight Stigma:** Slides 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34. This section includes text, images, and various charts (bar graphs, line graphs, and a pyramid diagram).
- WIC's role - pregnancy and weight:** Slide 9.
- Risk - What you see / Risk - What participants see:** Slides 10 and 11.
- Actual risk:** Slides 12 through 21, featuring multiple bar charts and graphs comparing different risk factors.
- Actual risk - Alternative explanations:** Slides 22 through 28, which include text, images, and diagrams explaining factors like pregnancy, stress, and health conditions.
- Why weight neutral?:** Slide 29, featuring a statistic that 9% of the U.S. population will have an eating disorder in their lifetime.
- Weight Stigma and Lactation:** Slide 31, featuring a video of two women.
- Resources:** Slides 32 and 33, listing various support services and organizations.
- Thank you:** Slide 34, featuring a graphic with the text "Thank you!" and contact information for Selena Salfen, MPH, RD.

Recording
Slides

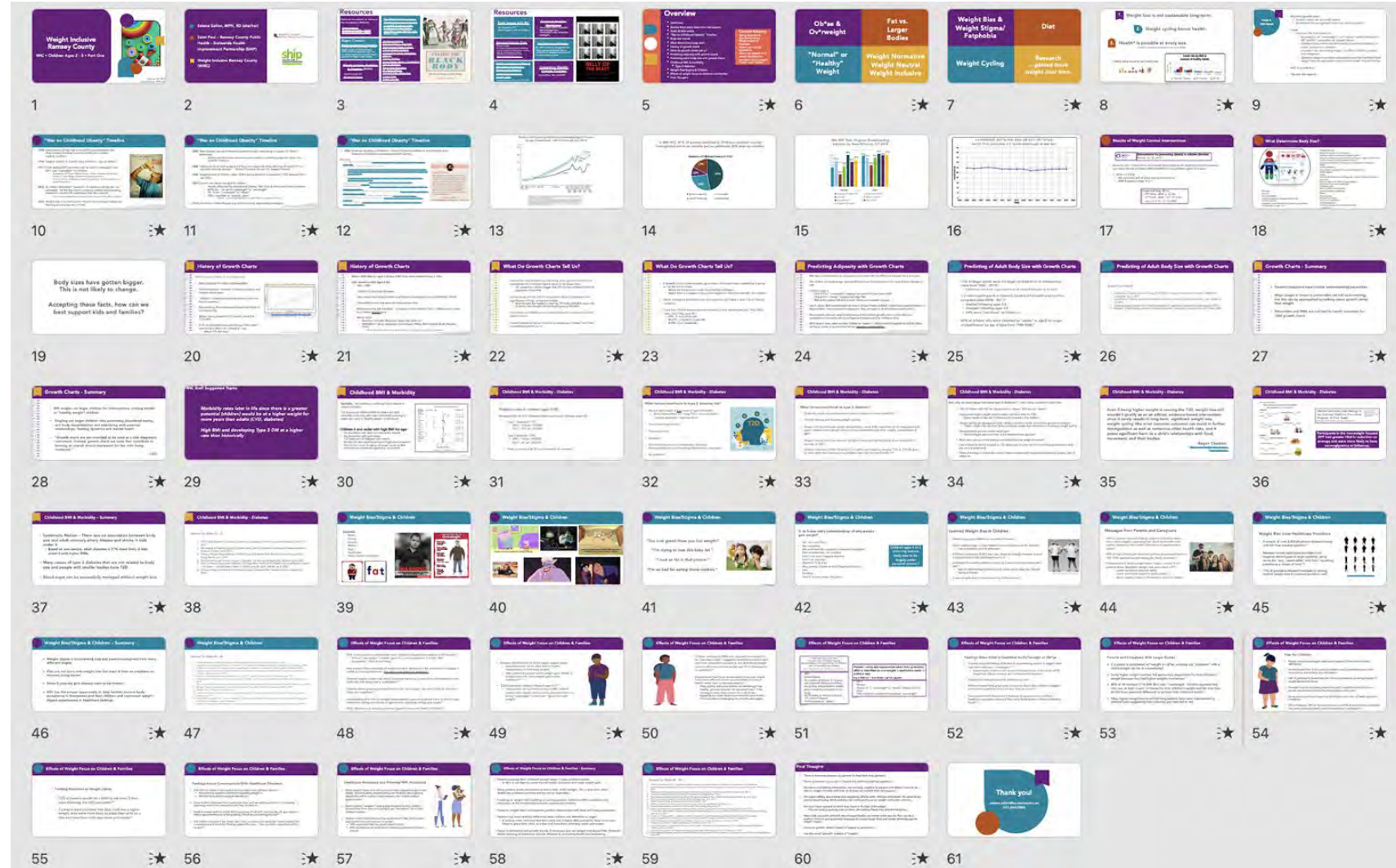


**...But what
about kids?**

Ramsey County WIC Presentation

Weight Stigma and Science – Children 2-5, February 2023, Selena Safen, MPH, RD

Recording
Slides & Sources





What can we do?



REIMBURSEMENT POLICY

Weight Management Care, Nutritional Counseling and Medical Nutrition Therapy

Active

Medicare.gov

“Obesity Behavioral Therapy”

Z71.3 Dietary counseling and surveillance



PREVENT 2		Extra Calories
What Sally Really Had	Calories	
Sandwich made with 2 slices bread, 6 ounces ham, and 1½ Tbsp mayo	150 (bread) 200 (ham) 150 (mayo)	150
Medium apple	50	
Iced tea with sugar	150 (sugar)	
Lunch Total	700	



CENTERS FOR DISEASE CONTROL AND PREVENTION



Preventing Weight Gain

To prevent weight gain; choose a healthy eating plan, get moving, and monitor your weight.

What can we do?

Critically Review Information on Weight and Health – Where is there bias?

Does research or information consider factors that contribute to poor health for people with higher BMIs?

- Weight stigma and weight cycling
- Socioeconomic status (SES)
- Healthcare inequalities
- Healthcare avoidance



Resources – Questioning weight stigma in research

“What the 5%!?” Type 2 diabetes and weight loss recommendation

FionaWiller,
AdvAPD, PhD

Quick Guide to Evaluating Weight Science Research

Ragen Chastain
Weight & Healthcare
Substack

Anatomy of a Weight Loss Paper

FionaWiller, AdvAPD,
PhD

What can we do? Changing Our Health Messaging

What is a good weight?

Every person is different. Hmong people are often smaller than the average person in the United States.

BMI

- A healthy BMI for everyone is 19-25.

Women

- Average Hmong women are 58-61 inches tall.
- A healthy weight for Hmong women is 98-124 pounds.
- An average woman in the United States is 64 inches tall and a healthy weight is 112-150 pounds.

Men

- Average Hmong men are 63-64 inches tall.
- A healthy weight for Hmong men is 110-150 pounds.
- An average man in the United States is 69 inches tall and a healthy weight is 135-170 pounds.



Unintended risks of weight focus:

- Disordered eating
- Weight cycling
- Discouragement
- Abandoning health promoting behaviors when weight loss stalls

What can we do?

- Work environment – How are we talking about bodies?
- Continue these conversations, learn more
- Avoid linking larger bodies to chronic disease or attempting to notify people of higher weight status



What can we do?

- Ensure lobbies and waiting rooms have weight inclusive imagery and messaging
- Ensure medical equipment and seating appropriate for a variety of body sizes



What can we do?



What can we do?

- Weigh only when medically necessary
- If weighing is medically necessary/required by funding, offer no-see or closed, private weighing to everyone





What can we do?

What you may hear

- Desire for weight loss
- Fears about weight and health
- Automatic expectation of weight focus

What we can do?

- Work on our internalized weight stigma or weight bias
- Calm fears
- Deflect to weight neutral interventions
- Connect to weight inclusive spaces
- Support body autonomy
- Practice informed consent
- Practice, practice, practice



Health at Every Size
Health Sheet Library

Complexities: Weight Inclusive Practices

- Power dynamics
 - Not safe or comfortable for everyone to advocate for weight inclusive care
- Ideas about size and appearance ideals vary by culture
- Thinness = privilege, access

Ableism

Ageism

Anti-fatness (Sizeism)

Cisgenderism

Classism

Colorism

Heterosexism

Racism

Sexism

Xenophobia

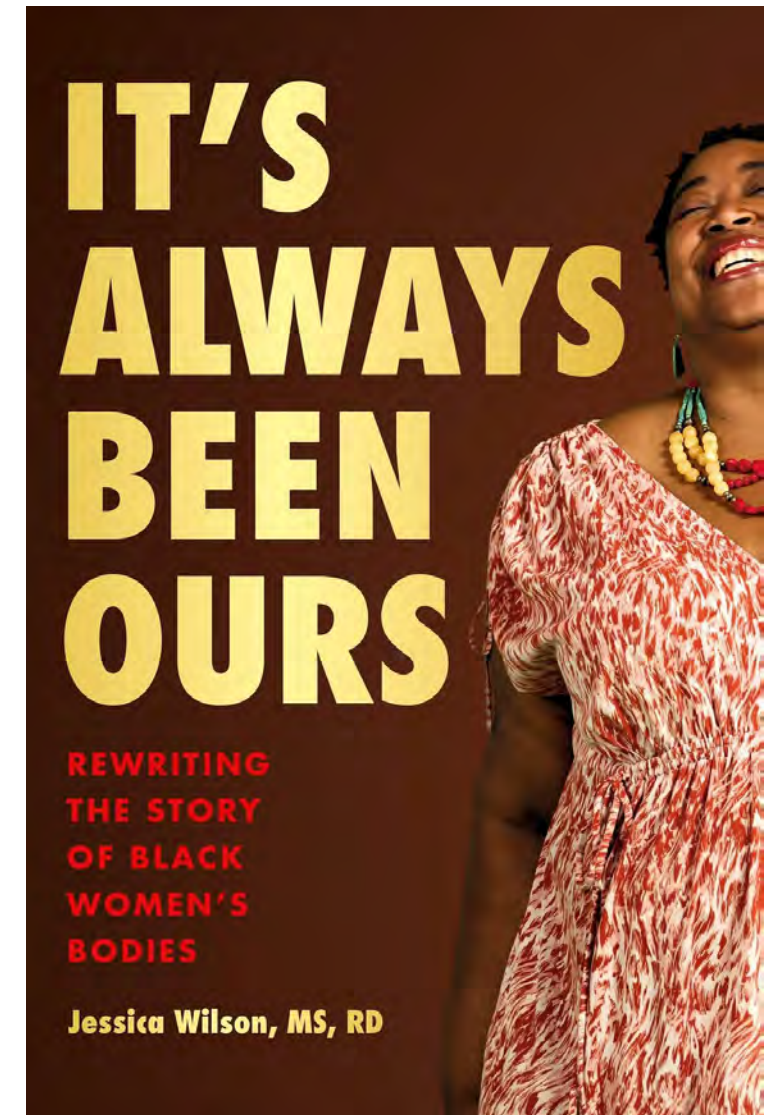


Complexities: Weight Inclusive Practices

Note on "body positivity"

For some, body positivity is seen as a movement; for others it feels like a mandate, a societal expectation that we can somehow transcend the lessons we've learned from society and put a positive spin on what it's like to exist under white supremacy. If only we could change the way we think, then it will be easier to navigate the world with the bodies we have. And, to be clear, it is possible for some people to do so. For those with more privilege than others, changing a mindset really will result in living a happy life. For others, it's much more complex.

- Jessica Wilson, MD, RD



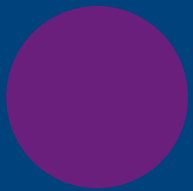
jessicawilsonmsrd.com

Practicing Informed Consent

- Process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention.
- Ethical and legal obligation of medical practitioners in the US
- Originates from the patient's right to direct what happens to their body.



Are we providing informed consent when we promote weight loss?



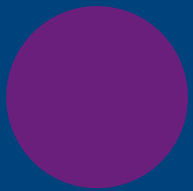
Resources



**Guidelines for therapists
who treat fat clients**

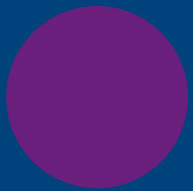


**Guidelines for healthcare
providers with fat clients**



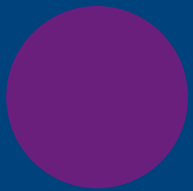
Resources

- National Association to Advance Fat Acceptance (NAAFA)
 - [Videos/Interviews](#)
 - [Brochures and toolkits – English](#)
 - [Brochures and toolkits – Spanish](#)
- Ragen Chastain
 - [Weight and Healthcare Newsletter Newsletter](#)
 - [Dances with Fat](#)
- [Center for Body Trust](#)
- [Pipewrench Magazine - The Fat Issue](#)
- [Aubrey Gordon books](#)
- [Project Heal](#)
- [Maintenance Phase](#)
- [Body Liberation + Public Health Project](#)
- [Black women’s disproportional weight stigma experiences in pregnancy](#)
- Sunny Side Up Nutrition Podcast - [The New American Academy of Pediatrics Guidelines with Katja Rowell, MD](#)
- Rachel Millner, Psy.D, CEDS-S - [Dear Kids \(Especially Higher Weight Kids\), The American Academy of Pediatrics Got it Wrong](#)
- [Health at Every Size \(HAES\) Friendly Disordered Eating, Exercise & Body Image Screening](#)
- [Weight Loss Drugs Podcast - Louise Adams](#)
- [NoWeigh.org – We Hurt: The Lived Experience of People who Have Experienced Weight Stigma](#)



Resources

- [What is Weight Stigma?](#)
- [Support food neutral classrooms](#)
- [Creating a Size-Inclusive Healthcare Office](#)
- [Laws that prevent size discrimination \(Campaign for Size Freedom, New York “Intro. 209-A\)](#)
- [No Health, No Care: The Big Fat Loophole in the Hippocratic Oath](#) by Marquisele Mercedes, Pipewrench Magazine
- [Fat Talk](#) by Virginia Sole-Smith
- [Wage disparity for fat and other marginalized people, NAAFA](#)
- [Body Image with Bri](#)
- [How Workplaces are Exclusionary to Fat Team Members \(and How We Can Do Better\)](#)
- [Creating A Size-Inclusive Healthcare Office](#)
- [The Size of It: Fat Bias in the News](#)
- [NoWeigh.org – We Hurt: The Lived Experience of People who Have Experienced Weight Stigma](#)
- [The Problem With the AMA's New BMI Policy](#) by Ragen Chastain
- [Erin Phillips – Weight neutral diabetes information](#)
- [Weight Inclusive Nutrition & Dietetics \(WIND\)](#)



Resources

Fat Liberation Thought Leaders

- [Patreon](#) (free) - Marquisele (Mikey) Mercedes - Watch Reconsidering "obesity" and its prevention from 6/13/2023
- [Da'Shaun L Harrison - Belly of the Beast YouTube Discussion with Kiese Laymon](#)
- [Fat Oppression is a Feminist Issue: A Case for Feminist Divestment from the Anti-Obesity Assemblage](#) - Rachel Fox, April 5, 2023
- [The Anti-Obesity Assemblage Artifact Analysis Tool](#) Rachel Fox
- [Unsolicited: Fatties Talk Back podcast](#) with Marquisele Mercedes, Caleb Luna, Bryan Guffey, Jordan Underwood, and Da'Shaun Harrison
 - [How Do I Strip You of Your Power?](#)
 - [Un/touchable](#)

Spanish Language Resources

- [¿De qué tiene hambre tu vida? Podcast, Ana Arizmendi](#)
- [Raquel Lobaton](#)
- [Dra. Mónica Peralta, MD](#)
- [Dr. Haica Rosenfeld](#)

Resources

STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders

Advancing De-Implementation of Universal BMI Surveillance

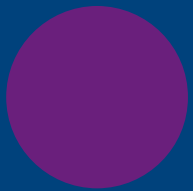
September 2023

Public health interventions often catalyze positive changes for population health, but sometimes interventions can cause undue harm. Mounting evidence suggests that population health may be improved by dismantling the widespread use of body mass index (BMI) across medical organizations and in wider society. In this report, we discuss our efforts to catalyze de-implementation of universal BMI surveillance through the organization of a transdisciplinary, exploratory two-day seminar.

Prepared by

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[Advancing De-Implementation of
Universal BMI Surveillance](#)



Resources

What's Wrong With the 'War on Obesity?'
A Narrative Review of the Weight-Centered
Health Paradigm and Development of the
3C Framework to Build Critical Competency
for a Paradigm Shift

The Weight-Inclusive versus
Weight-Normative Approach
to Health: Evaluating the
Evidence for Prioritizing Well-
Being over Weight Loss

Ob*sity treatment: Weight loss
versus increasing fitness and
physical activity for reducing
health risks

Stigmatizing paper with good information

Fat Liberation: How Social
Workers Can Incorporate Fat
Activism to Promote Care and
Justice

Weight Discrimination
and Risk of Mortality

Unpacking Weight
Science Podcast

(many available for free
on podcast apps)

Fiona Willer, Phd, AdvAPD

Resources – Social Media

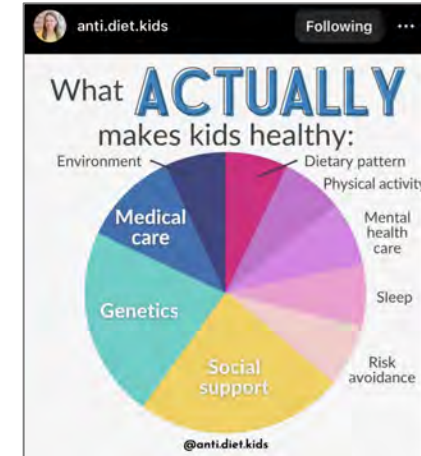
Instagram

- 300poundsandrinning
- adiosbarbieofficial
- agingbodyliberation
- allgendernutrition
- allianceford
- ameeistalking
- anti.diet.kids
- antidietfatty
- bipoc.eatingdisorders
- black.prediabete.nutrition
- blackandembodied
- bodyhonornutrition
- bodyimagewithbri
- bodyreborn
- bodytraumapod
- carriedennett
- ch1styharrison
- chevesturner
- crystalkarges
- dashaunlh
- decolonizing_fitness
- desireeadaway
- dietitiankatbenson
- dr_chairbreaker
- dr.marcellaraimondo
- dra.monicaaperalta
- drdianagordon
- drerinknopf
- drhortenciajimenez
- drlesleyw
- drrachelmiller
- eathority
- encouragingdietitian
- erinphillipsnutrition
- et.the.rd
- evelyntribole
- everything_endocrine
- fat_black_pregnant
- fatfabfeminist
- fatjoy.life
- fatjoy.life
- fatliberationstation
- fatmarquisele
- fatpositivefertility
- fattymp
- fatwomenofcolor
- fedupcollective
- fionawiller
- fit.flexible.fluid
- flareforjustice
- foodfreedomdiabetes
- fringeish
- ginasalame
- haes_by_asdah
- hannahtalksbodies
- healthyphit
- heysharonmaxwell
- iamannachapman
- iamchrissyking
- lamivyfelicia
- lamishauntay
- intersectionalrecovery
- iofthetigress
- jessicawilson.msrd
- journey2antoinette
- katjarowellmd
- latina.nutritionista
- laura.iu
- laurathomasnutrition
- lkt_consulting
- maintenacephase
- melittlemefilm
- mia.the.rd
- mixedfatcick
- mybigfatesoverypodcast
- naafaofficial
- nalgonapride
- newman.rd
- nicolecruzrd
- notquitebeyonce
- noweighcampaign
- oona_hanson
- projectheal
- radicallyfitoakland
- radlove.nutrition
- raffela_mancuso
- ragenchastain
- rdrealtalk
- reclaimingourplate
- rootedresistance
- roxanegay74
- sacredspaceforfatbodies
- siriuswhileblack

- sunnysideupnutritionists
- tamralamese
- the_bodylib_advocate
- the_spanglish_therapist
- the.lovelybecoming
- theantidietplan
- thebodyactivists
- thebodyisnotanapology
- thecelestialliferd
- thefatdoctor
- thefatdoctorpodcast
- thefatsextherapist
- thefriendineverwanted
- theheavyweightmidwife
- Thelindywest
- themindsetnutritionist
- thepowerliftingsocialworker
- theshirarose
- theunplugcollective
- Tic4largebodies
- understandingnutrition
- v_solesmith
- virgietovar
- weightinclusivenutrition
- whitneytrotter.rd
- your.latina.nutritionist
- yoursouthasiantherapist
- yrfatfriend
- yrfatfriendfilm
- sizeinclusivemedicine
- sonyareneetaylor

TikTok

- 300poundsandrinning
- agingbodyliberation
- Allianceford
- antidietfatty
- Bodyimagewithbri
- bodyreborn
- Dramonicaperalta
- encouragingdietitian
- Fatdoctoruk
- fatjoypodcast
- Fatpositivefertil
- Foodfreedomdiabetes
- Fringeish
- hannahtalksbodies
- heysharonmaxwell
- katbensonrdn
- lauraiuofficial
- Powerliftingsocialworker
- raffela_mancuso
- sacredspaceforfatbodies
- siriuswhileblack
- sunnysideupnutritionists
- Theheavyweightmidwife
- Theshirarose
- v_solesmith





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