



HOT AND HEAVY TOPICS

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Urology, Women's Health, Sexual Medicine
Skin, Bones, Hearts, and Private Parts 2024

Objectives

- Identify two personal challenges to providing unbiased healthcare
- Define implicit bias as it relates to health care providers
- Implement two positive changes to your practice in providing equitable health care to patients

Trigger Warning and Disclaimer

Expectations for today's lecture:

Practice active listening and hearing

Be open and honest

Be vulnerable

Recognize defensiveness

Ask questions for deeper understanding

Share if you are comfortable

Be aware of orientation, sexual diversity, and culture

Practice self-care

Why is this important?

- Decreased appointments and preventative screenings
- Increased STIs and unintended pregnancies
- Increased risk for mental health and physical health
 - Leads to physiological stress response that can lead to cardiovascular disease, increased cortisol levels, escalate unhealthy behaviors
- A leading cause of late diagnosis
- Shame! There are no “good” genitals or “bad” genitals

Goblet M, Glowacz F. Slut Shaming in Adolescence: A Violence against Girls and Its Impact on Their Health. *International Journal of Environmental Research and Public Health*. 2021; 18(12):6657. <https://doi.org/10.3390/ijerph18126657>

Cunningham, Shayna. “Relationships Between Perceived STD-Related Stigma, STD-Related Shame and STD Screening Among a Household Sample of Adolescents.” *Perspect Sex Reprod Health*. 41(4). (2009): 225–230. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334654/>.

Acknowledging stigma - Its presence in patient care and medical education. Ruth E. Dubin, Alan Kaplan, Lisa Graves and Victor K. Ng *Canadian Family Physician* December 2017, 63 (12) 906-908.

Implicit Bias

- Attitudes or stereotypes that affect personal understanding, actions, and decisions in an unconscious manner.
- Shaped by experiences and based on learned associations between particular qualities and social categories including race, gender, orientation, age, ability status, and/or physical appearance.
- Learned from culture exposure and internalized over time.
- Influences judgement and can, without intent, contribute to discriminatory behavior.



Check your bias!

Harvard and Project Implicit Implicit Association Test

<https://www.projectimplicit.net/>



LOGIN TAKE A TEST ABOUT US EDUCATION BLOG HELP CONTACT US DONATE

Gender-Career IAT

Gender - Career. This IAT often reveals a relative link between family and females and between career and males.

Race IAT

Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

Skin-tone IAT

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Age IAT

Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

Transgender IAT

Transgender ('Transgender People - Cisgender People' IAT). This IAT requires the ability to distinguish photos of transgender celebrity faces from photos of cisgender celebrity faces.

Asian IAT

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Sexuality IAT

Sexuality ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

Arab-Muslim IAT

Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Religion IAT

Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Weight IAT

Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

Weapons IAT

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Presidents IAT

Presidents ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Joseph Biden and one or more previous presidents.

Disability IAT

Disability ('Disabled - Aabled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

Gender-Science IAT

Gender - Science. This IAT often reveals a relative link between liberal arts and females and between science and males.

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Fatphobia

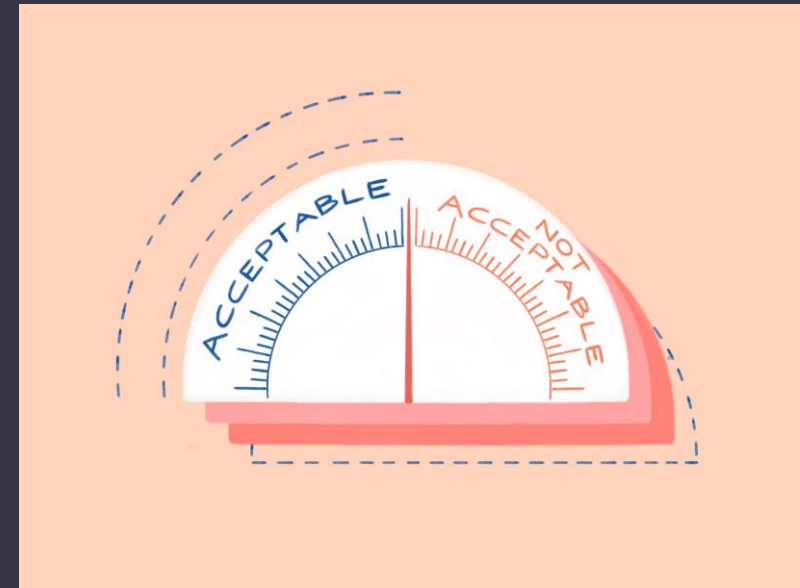
- Weight bias, sometimes also called fatphobia or weight stigma, describes the negative attitudes and stereotypes surrounding and attached to larger bodies.
- How does fatphobia manifest?
 - Social stigma → negative stereotypes and judgements
 - Discrimination → unfair treatment
 - Internalized fatphobia → negative self beliefs
 - Microaggressions → subtle, often unintentional, comments or actions that convey bias
 - Media representation → limited or negative portrayals of overweight individuals in media



fatphobia
is the reason
diet culture
exists

Diet Culture

- Societal system of beliefs that values thinness, appearance, and shape above health and well-being by promoting weight loss and dieting as ways to achieve higher status and often equates a person's worth with their body size.
- Key Aspects
 - Idealization of thinness
 - Normalizing dieting
 - Weight loss as a virtue
 - Shaming and stigmatizing larger bodies
 - Dichotomous thinking about food
 - Mental health
 - Commercial exploitation
 - Misrepresentation of health



Body Image

- Are there any screening guidelines?
- ACOG and AAP recommendations
- Healthy At Every Size, HAES®
- Body dysmorphia and disordered eating
 - Women vs Men
 - Half of all girls by age 6
- Consider a social media diet
- Influences by culture
- Eating disorders and mental health



Body Image

- Be Body Positive Model – 5 Competencies
 1. Reclaim health
 - Create a new definition of health
 2. Practice intuitive self-care
 - Learn body needs and wants, embrace movement, find pleasure
 3. Cultivate self-love
 - Embrace self compassion, forgiveness, and humor
 4. Declare your own authentic beauty
 - Redefine beauty narratives
 5. Build community
 - Foster a community that builds you up



Fatphobia and Medicine

- Weight discrimination has increased by 66%
- Only form of discrimination actively condoned by society
- Weight stigma increases
 - Risk for diabetes
 - Heart disease
 - Discrimination
 - Bullying
 - Disordered eating
 - Sedentariness
 - Lifelong discomfort in one's body
 - Early death

Medical Presentation

Diagnostic Overshadowing
Bias in Treatment
Negative Interactions
Reduced Access to Care
Mental Health Impacts
Weight-Centric Focus

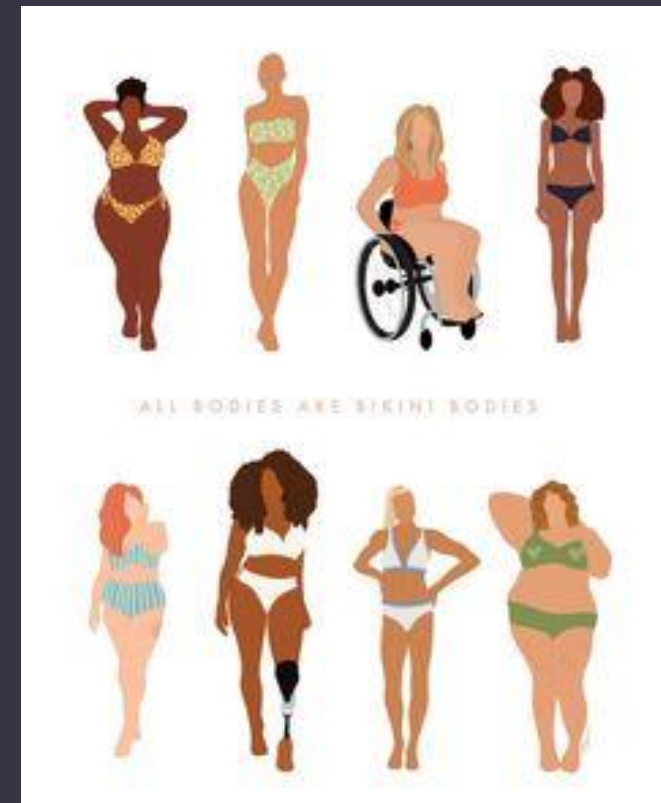
Why we shouldn't use weight-based approaches...

- BMI is flawed and rooted in racism and classism
- Underdiagnosis of smaller individuals and misdiagnosis of larger individuals
- Diets don't work and weight loss research is problematic
- Food restriction is harmful
- Weight cycling is unhealthy
- Disordered eating increases
- Harmful to overall health and wellbeing
- Focus on weight is not trauma-informed



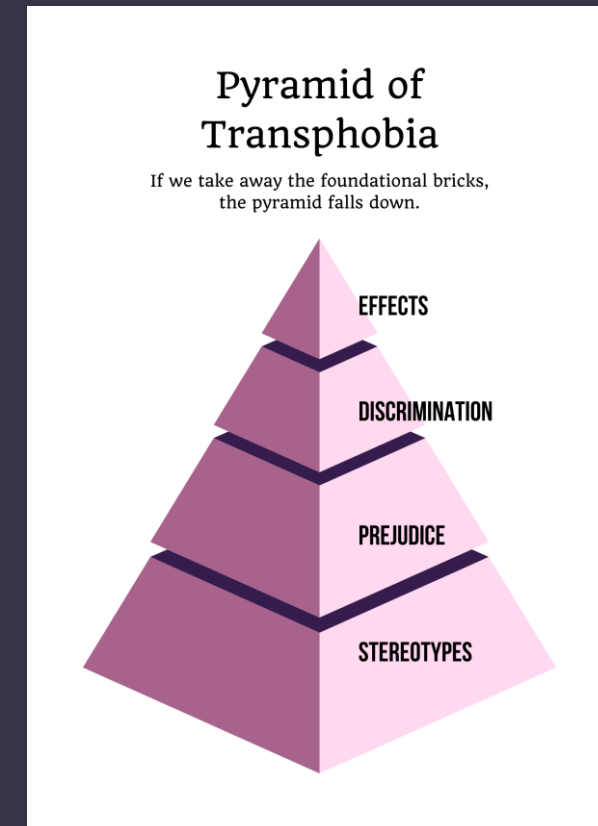
Weight-Neutral Approaches

- All Bodies are Good Bodies
- Focus on root causes of health and social determinants of health
- Work to increase health access, autonomy, and social justice
- Remember, weight is not a behavior
- Don't moralize foods
- Promote mindful movement
- Question weight loss treatments and sustainability
- Have open conversations around wellness



Transphobia/Transmisia

- Transphobia/transmisia is a collection of ideas and phenomena that encompass a range of negative attitudes, feelings, or actions towards transgender people or transness in general. Transphobia can include fear, aversion, hatred, violence or anger towards people who do not conform to social gender expectations.
- Transphobia → fear, hatred, or prejudice
- Transmisia → systemic and institutionalized oppression



What does Transmisia look like?

Attitude, belief, behavior, or policy that:

- Stigmatizes or harms trans, nonbinary, and gender nonconforming people
- Denies the validity of their identities
- Sees them as less human
- Treats them as less worthy of care and respect

Consequences:

- Discrimination and exclusion in employment, housing, and other areas
- Depression, fear, feelings of hopelessness, and suicide
- Chronic illnesses and poor health care
- Isolation
- Violence, including sexual assault and murder

What is Binarism?

Binarism is the belief that there are only two genders. Binarist attitudes, beliefs, behaviors, and policies exclude or harm nonbinary and gender nonconforming individuals.

- Aims to erase the identity of nonbinary people
- Labels transgender and nonbinary people as confused
- Contributes to the erasure and harm of intersex people



Transphobia in Medicine

- Human Rights Watch
 - Denied fertility treatments
 - Denied counseling and preventative services
 - Denied pediatric care for their children
- Center of American Progress
 - 15% postpone or avoid medical treatment due to fear of discrimination
 - 1 in 3 teach providers
- *Annals of Family Medicine*
 - 69% of physicians felt adequately prepared
 - 86% were willing to provide care

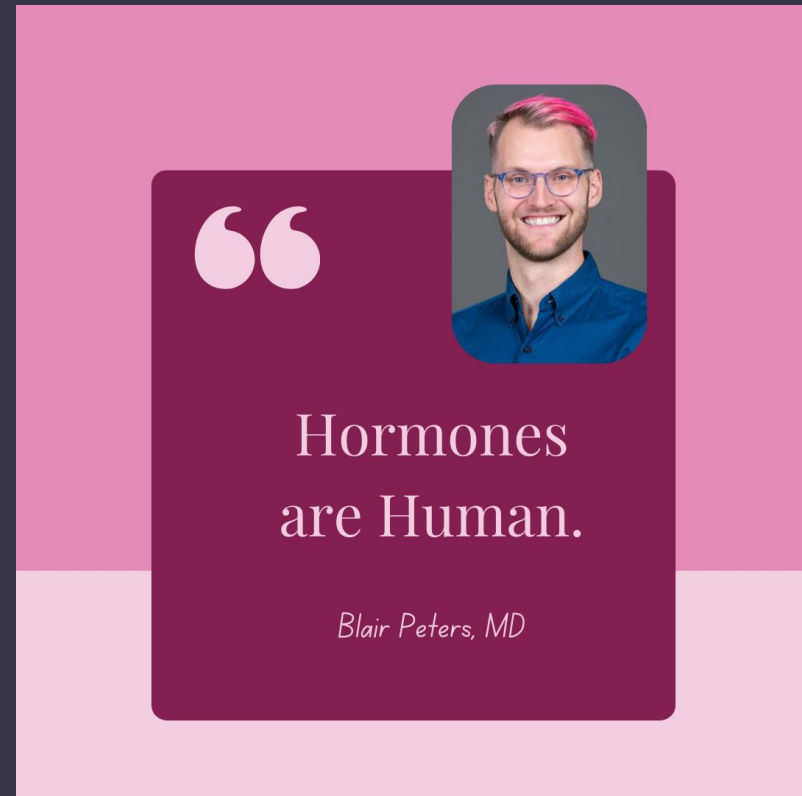
https://www.hrw.org/sites/default/files/report_pdf/us_lgbt0718_web.pdf

<https://www.americanprogress.org/issues/lgbtq-rights/reports/2020/10/06/491052/state-lgbtq-community-2020/>

Deirdre A. Shires, Daphna Stroumsa, Kim D. Jaffee, Michael R. Woodford. Primary Care Clinicians' Willingness to Care for Transgender Patients. *The Annals of Family Medicine* Nov 2018, 16 (6) 555-558; DOI: 10.1370/afm.2298

Stop Transmisia

- Don't ever use slurs
- Don't ask personal questions
- Avoid backhanded compliments
- Challenge stereotypes
- Avoid gatekeeping practices
- Question your assumptions
- Educate yourself
- Use pronouns and chosen names
- Look at policies or practices



Ageism

- Ageism is the practice of discriminating, being prejudiced, and stereotyping based on a person's age. Ageism is highly prevalent in healthcare settings and impacts older adults' quality of life and the quality of care they receive.



Ageism in Medicine

- Effects of ageism has been linked to:
 - Decreased or delayed access to care
 - Decreased survival rates
 - Inadequate or inappropriate care
 - Increased cognitive and functional impairment
 - Increased medication noncompliance
 - More emergency room visits
 - More hospitalizations
 - Poorer quality of life
 - Overlapping biases



Ageism in Medicine

Three main themes:

1. Discriminatory communication patterns
2. Provision of inappropriate care
3. Perceived difficulties of working with older adults

Specific behaviors:

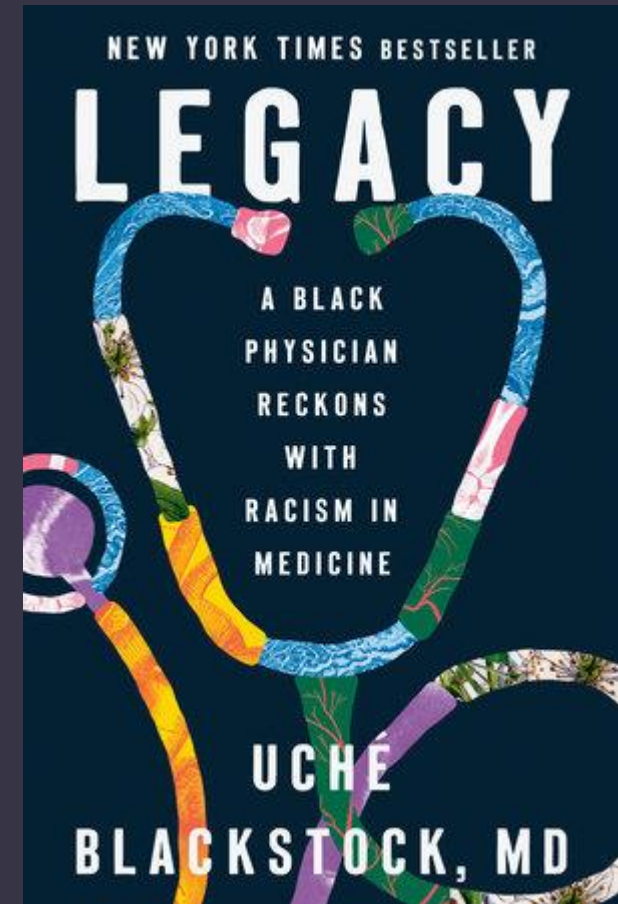
- Avoidance of invasive medical procedures
- Lack of emotional engagement
- Less patience, respect, and optimism when speaking with older patients
- Not including older patients in medical decisions
- Patronizing speech, known as “elderspeak”

Fight Ageism

- Consider language – avoid descriptions of someone being “old”
- Empower and educate older adults
- Involve family members or caregivers in monitoring
- Inclusive for preventative care – look at cutoffs – question guidelines and recommendations
- Making treatment recommendations on best for patient, not because of age
- Providing informed consent and allowing the patient to decide
- Speak directly to the patient
- Avoid viewing older adults as less productive, out of touch, or stubborn
- Check your own internal biases

Racism

- The systematic subjugation of members of targeted racial groups, who hold less socio-political power and/or are racialized as non-White, as means to uphold White supremacy. Racism differs from prejudice, hatred, or discrimination because it requires one racial group to have systematic power and superiority over other groups in society.
- Often, racism is supported and maintained, both implicitly and explicitly, by institutional structures and policies, cultural norms and values, and individual behaviors.



Racism in Medicine

- Social Determinants of Health
 - Economic Stability
 - Lower incomes = decrease health insurance access = delay in medical care
 - Racial and ethnic minorities are disproportionately represented in lower-income brackets
 - Education Access and Quality
 - Lower education attainment and higher unemployment rates among minorities contribute to poorer health outcomes and limited access to health services
 - Healthcare Access and Quality
 - Lack of insurance coverage, Medicaid expansion, geographical barriers
 - Neighborhood and Built Environment
 - Substandard housing, food deserts, safety
 - Social and Community Context
 - Ongoing discrimination leads to chronic stress



Antiracism Best Practices



#1 Prioritize

- Health challenges affect some groups more than others, and RACISM – rather than race – is the main reason for health disparities between racial groups.
- Health discoveries and equitable solutions require the greatest diversity of people and ideas across science and research.



#2 Investigate

- Individual vs structural
- Investigating racial inequity using external and internal data help to understand where the issues are and target, monitor, and evaluate actions



#3 Involve

- Involving people of color in decision making will ensure decisions are informed
- Need to ensure current ways of making decisions do not exclude people of color



#4 Counteract

- Take a positive action or other targeted approach to redress racial inequity.
- Tackle microaggressions, bias in scientific practices, and ensuring fair distribution of resources and opportunities.



#5 Progress

- Commit to making measurable progress in anti-racist efforts.
- Recognize where you hold power.
- Consider publishing your progress.



**Anti-racism is not
just about changing
what we do, it is about
changing how we do it**

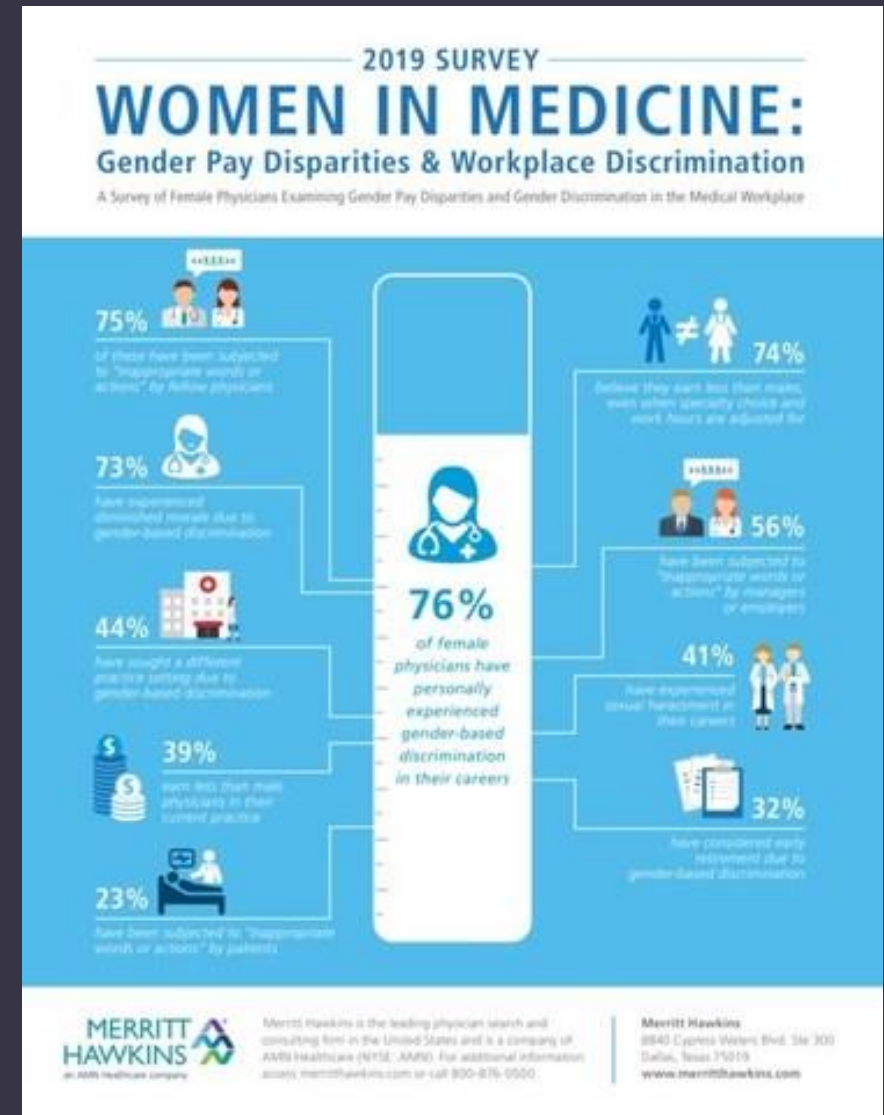
Sexism

- Actions or attitudes that discriminate against people based solely on their gender.
- Sexism is linked to beliefs around the fundamental nature of women and men and the roles they should play in society.
- Sexist assumptions about women and men, which manifest themselves as gender stereotypes, can rank one gender as superior to another.
- AKA = gender bias



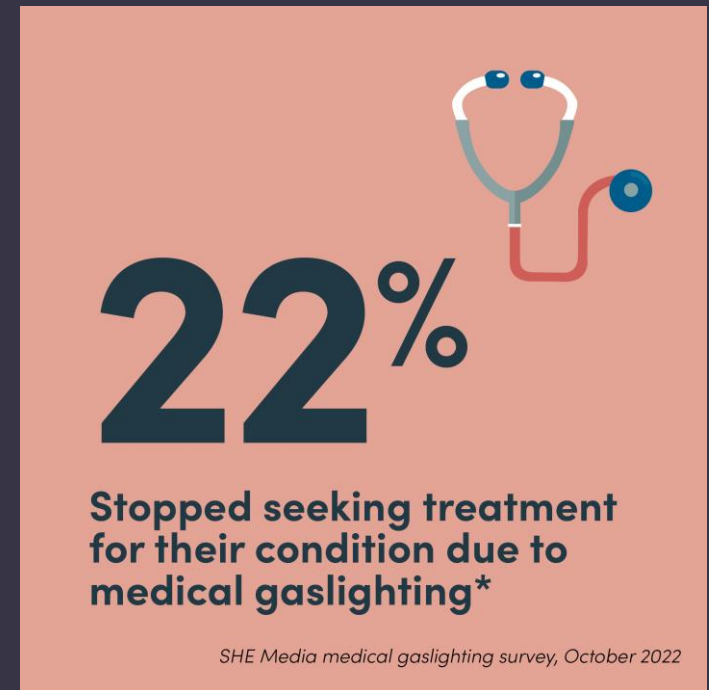
Sexism in Medicine

- Seen on both the provider and patient sides
- Most research has been performed on AMAB
- Surgical instruments designed for AMAB
- Sexual medicine developments
- Gaslighting AFAB patients
- Discriminatory culture
- Knowledge gaps about AFAB
- Lack of women in leadership
- Delayed diagnosis
- Inadequate symptom management
- Avoidance of medical care
- Abuse, neglect, death



Gaslighting Women

- Gaslighting refers to the psychological manipulation where a healthcare provider dismisses, undermines, or trivializes women's symptoms and concerns.
- Key Aspects
 - Dismissal of symptoms → complaints are attributed to emotional or psychological factors
 - Gender bias and stereotypes → affects clinical decision making, leading to disparities in care
 - Mental health → invalidation leads to harm
- Conditions
 - Chronic pain
 - Reproductive health
 - Chest pain
 - Autoimmune
 - Mental health
 - Gastrointestinal



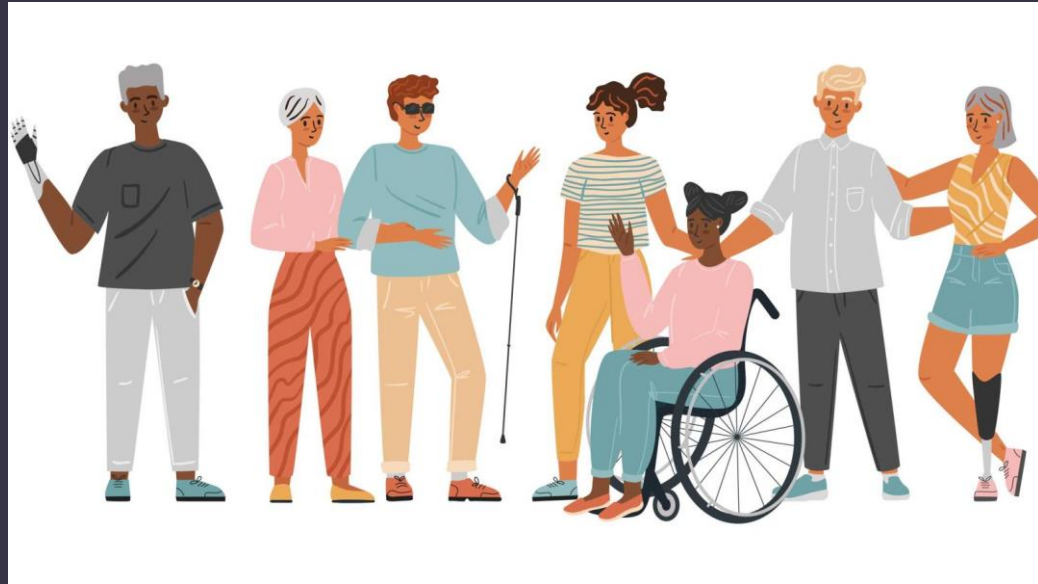
Ending Gender Bias

- Education and awareness
- Sex and gender diversity in research
- Accountability for behaviors
- Equitable treatment guidelines
- Equitable workplace policies
- Avoid power dynamics with patients
- Believe the patient
- Self-advocacy



Ableism

- Ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability.



Ableism in Medicine

- Lack of compliance with disability rights laws like the ADA
- Segregating students with disabilities into separate schools
- The use of restraint or seclusion as a means of controlling patients with disabilities
- Segregating adults and children with disabilities in institutions
- Failing to incorporate accessibility into building design plans
- Buildings without braille on signs, elevator buttons, etc.
- Building inaccessible websites
- The assumption that people with disabilities want or need to be 'fixed'
- Using disability as a punchline, or mocking people with disabilities
- Refusing to provide reasonable accommodations

Ableism Microaggressions

- “That’s so lame.”
- “You are so retarded.”
- “That guy is crazy.”
- “You’re acting so bi-polar today.”
- “Are you off your meds?”
- “It’s like the blind leading the blind.”
- “My ideas fell on deaf ears.”
- “She’s such a psycho.”
- “I’m super OCD about how I clean my apartment.”
- “Can I pray for you?”
- “I don’t even think of you as disabled.”



Avert Ableism

- Believe people when they disclose a disability
- Similarly, don't accuse people of 'faking' their disability
- Listen to people when they request an accommodation
- Don't assume you know what someone needs
- Never touch a person with a disability or their mobility equipment without consent
- Keep invasive questions to yourself
- Don't speak on behalf of someone with a disability unless they explicitly ask you to
- Talk about disability with children and young people
- Incorporate accessibility into your event planning



Slut-Shaming

slut sham·ing

*/slət SHām-iNG/
noun*

the action or fact of stigmatizing a woman for engaging in behavior judged to be promiscuous or sexually provocative

Oxford Dictionary

slut-shame

*/slət SHām/
verb*

stigmatize (woman) for engaging in behavior judged to be promiscuous or sexually provocative

Oxford Dictionary

Doctors Are Finally Realizing How Guilty They Are of Slut Shaming

I Was Slut-Shamed

25-year-old Victoria* went for a sexual health check-up, but instead of getting support, women say they have felt judged and shamed

Life + Culture > Culture

- ENTERTAINMENT
- NEWS
- SHOP
- FEATURED
- PARENTING
- LIFESTYLE

Doctors Gynecologists Shaming Women



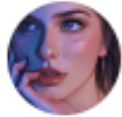
WELL BEING

After a woman was shamed over her sex life, doctors are trying to help prevent it from happening again

By May Wilkerson

cafe mom

10 Body-Shaming Moments Women Should Know



Katie Jgln

Oct 25, 2022 · 7 min read · Member-only · Listen



Why Women With High "Body Count" Are Still Being Slut Shamed

The sexual double standards that just won't die

Women's Story

Support Sluts

- Consider how you phrase a question.
- Think about your intake forms.
- Consider the judgement your artwork or jewelry may suggest
- Use inclusive language.
- Don't assume relationship status – ask, record, remember!
- Ask patient about goals.
- Normalize regular STI testing and PrEP use
- Discuss sexual activities with sensitivity and without judgement – give support and encouragement.
- Identify judgement and shaming when you hear it from colleagues.
- Support the value patients place of their sexual relationships.
- Be curious! Ask them about the importance.

Ask yourself, are you
being a true Patient
Advocate?

Reproductive and Sexual Health Rights

- My body belongs to me, and I have the **right** to decide who gets to touch it, when I am touched and how I am touched.
- I have the **right** for my body to be respected at all times.
- I have the **right** to make decisions about my body, including decisions on birth control.
- I have the **right** to be safe.
- I have the **right** to not be pressured, threatened or tricked into sexy touching.
- I have the **right** to ask for change in a relationship.
- I have the **right** to accurate information about health, including birth control and STI protection.
- I have the **right** to choose whether I will get married and who that will be with.
- I have the **right** to respectful health care.
- I will respect and support the reproductive and sexual **rights** of others.
- I have the **right** to define my own sexuality in whatever way feels right to me.
- I have the **right** to define my own gender in whatever way feels right to me.

Thank you!

Questions?

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