Weight bias and obesity stigma: Implications for obesity prevention and management

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European Association for the Study on Obesity Summer School: Training the Trainers in the Prevention and Management of Obesity

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Objectives

• Review key weight bias concepts and theories
• Apply concepts to practice
  o Prevalence of weight bias
  o Implications for health outcomes
    o Implications for public health and health services
• Discuss strategies for change
Marathon Runner
Organized
Knitter
Junk Food
Canoeing
Good Leader
Socially Awkward

Erin Cameron, PhD, Northern Ontario School of Medicine
Negative personal attitudes and views about obesity and people with obesity

Social stereotypes

Damaged social identities
Deeply rooted in society

Actions
Verbal, physical, relational
Subtle and overt actions/expressions

Stereotypes and negative attitudes towards persons with obesity

- Lazy
- Awkward
- Sloppy
- Non-compliant
- Unintelligent
- Unsuccessful
- Lacking the self-discipline and self-control necessary to manage their weight

Weight bias and discrimination is rampant in our schools, workplaces, health systems and media. The problem is widespread.

- Elementary school kids with obesity face a $63\%$ higher chance of being bullied
- $54\%$ of adults with obesity report being stigmatized by coworkers
- $64\%$ of adults with obesity report experiencing weight bias from a health care professional
- $72\%$ of images and $77\%$ of videos stigmatized persons with obesity according to recent media studies
Adolescents report why peers are teased/bullied and observed frequency (N=1555)

- Having overweight is the primary reason students are teased and bullied in school

<table>
<thead>
<tr>
<th>Reason for teasing</th>
<th>Primary reason students are teased</th>
<th>Observed sometimes, often, very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having overweight</td>
<td>40.8</td>
<td>78.5</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>37.8</td>
<td>78.5</td>
</tr>
<tr>
<td>Ability at school</td>
<td>9.6</td>
<td>61.2</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>6.5</td>
<td>45.8</td>
</tr>
<tr>
<td>Physical disability</td>
<td>3.3</td>
<td>35.8</td>
</tr>
<tr>
<td>Religion</td>
<td>1.2</td>
<td>20.8</td>
</tr>
<tr>
<td>Low income/status</td>
<td>0.8</td>
<td>24.9</td>
</tr>
</tbody>
</table>
• Most prevalent form of harassment reported by girls
• Second most common form of harassment among boys
• 71% of weight management seeking adolescents reported being bullied about their weight in the past year
• More than 1/3 indicated that the bullying persisted for < 5 years

Weight Stigma: Forms

Weight stigma can be subtle, overt, verbal, physical or relational:

1. **Verbal teasing** – name calling, derogatory remarks, being made fun of

2. **Physical bullying and aggression** – hitting, kicking, pushing, shoving

3. **Relational victimization** – social exclusion, being ignored or avoided, being the target of rumors

4. **Internalized weight bias** – belief that negative stereotypes about people based on weight and size apply to themselves

Carels & Latner (2016); Puhl & Brownell (2007)
Sources of Weight Bias, Stigma & Discrimination

• Who?
  • Weight bias is found in people of all ages, beginning from age three and lasting into late adulthood
  • Parents and other family members, teachers, health care professionals, and society at large, including the popular media.

• Where?
  • Settings: school, at home, and in clinical settings

Weight Bias: So What?

• It is well documented that being on the receiving end of weight bias can trigger the following:
  
  • Anxiety
  • Depression
  • Low Self-Esteem
  • Body Dissatisfaction
  • Poor academic performance
  • Lower physical activity
  • Maladaptive eating behaviours
  • Avoidance of health care
  • Reduced quality of life
  • Suicidal Ideation

What causes weight bias?

• Belief that obesity is caused by controllable behavioral factors (eating too much and moving too little) (Protestant Work Theory)
• Western culture's desirability of a thin body (social norms)
• Ideological views and personality traits
• Feelings about one’s own appearance (Social Identity Theory)
Do public health obesity narratives contribute to weight bias and stigma?
Childhood Obesity Prevention Strategies

- Heavy focus on **individual-based approaches** and lack of scaled-up socio-environmental policies and programs
- **Modest effects** of interventions in reducing and preventing obesity at the population level
- Inappropriate **focus on weight** rather than health
- Excessive weight preoccupation among the population (**changing body size ideals**)

Critical Review of Canadian Obesity Prevention Policies

• Childhood obesity is problematized (prevention)
• Eat less and move more narrative prevails
• Obesity framed as a social problem but strategies targeted at individuals (behavioural)
• Healthy body weight narrative labels and moralizes weight and health behaviours
• Obesity is framed as a risk factor (not a chronic disease)
• People with obesity are not engaged
• Weight bias is not addressed

Is Weight Controllable?

Figure 8.1: The full obesity system map with thematic clusters (see Section 4 for discussion). Figure highlights broader determinants of health such as drivers of food production and components of the physical activity environment.
Perspectives from People with Obesity

• Messages that implied personal responsibility and blame for excess weight received more negative

• People are more amenable to improving their lifestyle behaviors when the emphasis is on health, rather than body weight per se

• Framing to instill confidence and personal empowerment of one’s health rather than in ways that imply personal blame or solitary effort

“The public health war on obesity tells the world that obesity is bad. Obesity and people with obesity are a burden to society. This narrative has an impact on public perception. When I walk down the street, I will have strangers telling me: 'You know that obesity is unhealthy, right? You should lose weight' or 'You should not be eating that' or "You should take the stairs instead of the elevator"."

It’s Simple: Eat Less, Move More

“When I deconstruct this message, it says to me that public health professionals believe I did this to myself so they don’t need to help me find evidence-based treatments”

“The eat less, move more message makes it sound really simple, doesn’t it? But, my journey has NOT been simple. It has been difficult for me. Every day is difficult”

Achieving a Healthy Weight

“I have lost over 100 lbs. and I am managing my disease well but I still have obesity according to the BMI categories. My goal is to maintain this weight loss. Based on what I am doing now, I cannot eat less and I cannot exercise more. So, I will never achieve the healthy weight range promoted through public health campaigns. I am at my best weight and I need to accept that. Why is public health not ok with that?”

Shaming is Ineffective

• Individuals who feel stigmatized or shamed about their weight engage in higher caloric intake, unhealthy eating behaviors, binge-eating patterns, as well as avoidance of exercise

• Shameful messages could inadvertently make the problem worse and harm those most in need of help

Jackson, Sarah E. et al. Obesity (2014) 00, 00-00. doi:10.1002/oby.20891
Weight Bias Experiences by Persons with Obesity

Stigma is a Social Determinant of Health

- Stigmatized conditions are quite common and affect a large portion of the general population (HIV/AIDS, Mental Illness, Diabetes);
- Stigma studies outcomes: housing, employment or income, social relationships, psychological or behavioral responses, health care access, and overall health;
- **Stigma is an added burden that affects people above and beyond any impairments they may have.**

Weight Stigma is a Social Determinant of Health

- Unhealthy eating and lower physical activity
- Psychosocial disorders
- Stress-induced pathophysiology
- Substandard health care and decreased health care utilization

Individual Health Consequences

- Disregard of societal and environmental contributors to obesity
- Impaired obesity prevention efforts
- Increased health disparities
- Social inequalities

Public Health Consequences

Morbidity and Mortality

• The Government of Canada - Public Health Agency of Canada has recognized stigma as a public health issue.
Stigma Experienced by Children and Adolescents With Obesity

Stephen J. Pont, MD, MPH, FAAP, Rebecca Puhl, PhD, FTOS, Stephen R. Cook, MD, MPH, FAAP, FTOS, Wendelin Slusser, MD, MS, FAAP, SECTION ON OBESITY, THE OBESITY SOCIETY
Impact on Quality of Care

- Ambivalence about treatment roles
- Less time spent with patients
- Less discussion with patients
- More ascribing of negative symptoms
- Reduced preventative health services and exams (less cancer screens, pelvic exams, mammograms)
- Less intervention

Merrill & Grassley, 2008; Drury & Louis, 2002
Patient Experiences in Healthcare

- Inaccessible equipment and facilities
- Embarrassment about being weighed
- Unsolicited advice about losing weight
- Receiving inappropriate comments about their weight
- Being treated disrespectfully because of their weight

Workshop

• How do we support people living with obesity in an evidence based way and promote a focus on health and well-being while also promoting body positivity, body diversity, and person-centred goals?

• How can persons living with obesity engage their clinicians in a more collaborative therapeutic relationship?
Group Activity #1 – Define Person-Centered Obesity Care (10 Minutes)

• Split up into groups
• Answer these three questions:
  • What does person-centered mean to you?
  • What elements contribute to a person-centered care approach?
  • What does person-centered mean in obesity care?
Person-Centered Obesity Care post group #1 activity

• Diverse obesity paradigms

• Finding common ground

• Person-centered medicine
Group Activity #2 – Competencies and Resources (10 Minutes)

• Split up into groups

• Answer these three questions:
  • What competencies do health professionals need to support this approach?
  • What resources are needed to support this approach?
  • What structures are needed to support this approach?
Working together for person-centered obesity care. (All)

• Supporting people living with obesity through evidence-based and person-centred care
• Working together to reconcile different approaches
• Creating opportunities for collaborative therapeutic relationships in obesity care
Evidence-Based and Patient-Centered Strategies to Reduce Weight Bias
• Weight bias and discrimination is associated with economic and human costs to Canadians.

• Distinguish between people who have obesity (i.e. a chronic disease) and people who identify themselves as “fat” (or by other descriptors).

• People deserve to be treated with respect and dignity in health and education systems, regardless of their weight.

There is no single approach to prevent or reduce weight bias, stigma and discrimination.

Education is important but it is not enough.

Need champions to role model behaviour in health and education settings.

We must change the narrative that obesity is a lifestyle/behaviour choice (controllability).

• There is a role for activism in weight bias and discrimination reduction efforts.
• Narratives from people who face weight bias and discrimination can be powerful, but there can be a personal cost for those that speak up.
• We can learn from others who have led stigma reduction efforts (e.g. mental illness, HIV/AIDS, diabetes, LGBTQ communities)

Nothing about me, without me!


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<thead>
<tr>
<th>Health</th>
<th>Education</th>
<th>Public Policy</th>
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<tbody>
<tr>
<td>- Weight bias and discrimination will not be tolerated.</td>
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<td>- Weight bias and discrimination will not be tolerated.</td>
</tr>
<tr>
<td>- Obesity should be recognized and treated as a <strong>chronic disease</strong>.</td>
<td>- Educators need to promote body positivity and inclusivity.</td>
<td>- Obesity needs to be recognized and accepted as a <strong>chronic disease</strong>.</td>
</tr>
<tr>
<td>- People-Centered Care</td>
<td>- <strong>Decouple weight and health</strong></td>
<td>- Develop a <strong>clear definition of obesity</strong></td>
</tr>
<tr>
<td>- People-First Language</td>
<td>- Do not use obesity as a hook for health education and programming</td>
<td>- Protect against weight discrimination through <strong>policies and laws</strong></td>
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<td></td>
<td>- Build <strong>body resilience</strong> in children and youth</td>
<td></td>
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- Do not use obesity as a hook for health education and programming
- Build **body resilience** in children and youth
- Develop a **clear definition of obesity**
- Protect against weight discrimination through **policies and laws**
Framing obesity a disease: Indirect effects of affect and controllability beliefs on weight bias

Sarah Nutter, Angela S. Alberga, Cara MacInnis, John H. Ellard & Shelly Russell-Mayhew

International Journal of Obesity (2018) | Download Citation
Canadian Clinical Practice Guidelines for the Management of Obesity in Adults

• Obesity is a chronic relapsing disease characterized by abnormal or excessive fat accumulation that impairs health.

• Simplistic obesity interventions and approaches (e.g. eat less and move more) are not enough.

• Obesity management should be based on the accepted principles of chronic disease management.

• Patients living with obesity expect primary care professionals to assess and address the root causes of their obesity.

• Understanding the perspectives of patients living with obesity is vital to achieving patient-centred care in primary care and improving health outcomes.
Weight Bias Chapter Outline

1. Recommendations for Health Professionals
2. Key Messages for Healthcare Policy Makers
3. Key Messages for People Living with Obesity
4. Definitions
5. Prevalence
6. Consequences
7. WB Reduction Strategies
8. Future Research
Key Themes: Preview

• Assess Your Own Biases (Explicit, Implicit and Internalized)
• Watch Your Language: Person-first-language
• Weight is Not a Behavior
• Weight bias harms health and well-being
• Physical Environments
• Focus on Health and Quality of Life not weight
### Fat or Obese: What Word is Best?

<table>
<thead>
<tr>
<th>Less Desirable</th>
<th>More Stigmatizing</th>
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</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>Heavy</td>
</tr>
<tr>
<td>Chubby</td>
<td>Chubby</td>
</tr>
<tr>
<td>Obese</td>
<td>Obese</td>
</tr>
<tr>
<td>Fat</td>
<td>Fat</td>
</tr>
<tr>
<td>Morbidly Obese</td>
<td>Morbidly Obese</td>
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<tr>
<th>More Blaming</th>
<th>Less Motivating</th>
</tr>
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<tbody>
<tr>
<td>Heavy</td>
<td>Unhealthy Weight</td>
</tr>
<tr>
<td>Chubby</td>
<td>Overweight</td>
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<tr>
<td>Obese</td>
<td>Weight Problem</td>
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<tr>
<td>Fat</td>
<td>Morbidly Obese</td>
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<tr>
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<td>Obese</td>
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Puhl, Peterson, & Luedicke, 2013
Weight is not a Behavior
Weight Bias Reduction

Systematic Review of Weight Bias Interventions in Healthcare

• Interventions addressing weight bias:
  • Few studies exist, generally mixed samples
  • Most use an educational approach
  • Short & diverse follow-up assessment periods
  • Diversity of intervention design, methods & follow-up

• Some strategies have shown promise with short term reductions (Education, Empathy, Self-Awareness)

• Interventions need to use multiple strategies in reducing weight bias

Alberga et al., 2016
Physical Environments

• The environment plays a critical role in influencing opportunities, benefits, and burdens of individuals within a society (Williams & Greenleaf, 2012)

• Health care providers should ensure their clinical environment is accessible, safe and respectful to all patients regardless of their weight or size
Changing the Obesity Public Health Narrative

- Apply a weight bias lens (GBA+) to policies and strategies
- Challenge individual responsibility messages (Eat Less/Move More)
- Consider complexity of obesity and peoples’ lived experiences
- Challenge the “healthy weight” discourse
- Aim HE and PA strategies at the entire population
- Promote body diversity
- Adopt people-first language
- Change the portrayal of individuals with obesity (images)
Activity #3

How is what you have heard today going to influence your practice?
SUMMARY: WHAT YOU CAN DO...

• Emphasize HEALTH, not weight

• Question assumptions – catch and correct yourself when you make them

• Think critically about everyday experiences
  • Fat talk; weight-based “jokes”

• Consider the physical environment
THANK YOU

EveryBODY Matters
COLLABORATIVE

www.obesitycanada.ca/EveryBODYMatters