

# ***Weight Bias and Discrimination: A Social Injustice and Public Health Priority***

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# What is Weight Bias?

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- **Negative attitudes affecting interactions**
- **Stereotypes leading to:**
  - stigma
  - rejection
  - prejudice
  - discrimination
- **Verbal, physical, relational, cyber**
- **Subtle and overt**

# The Science on Weight Bias

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## Substantial Evidence of Bias in:

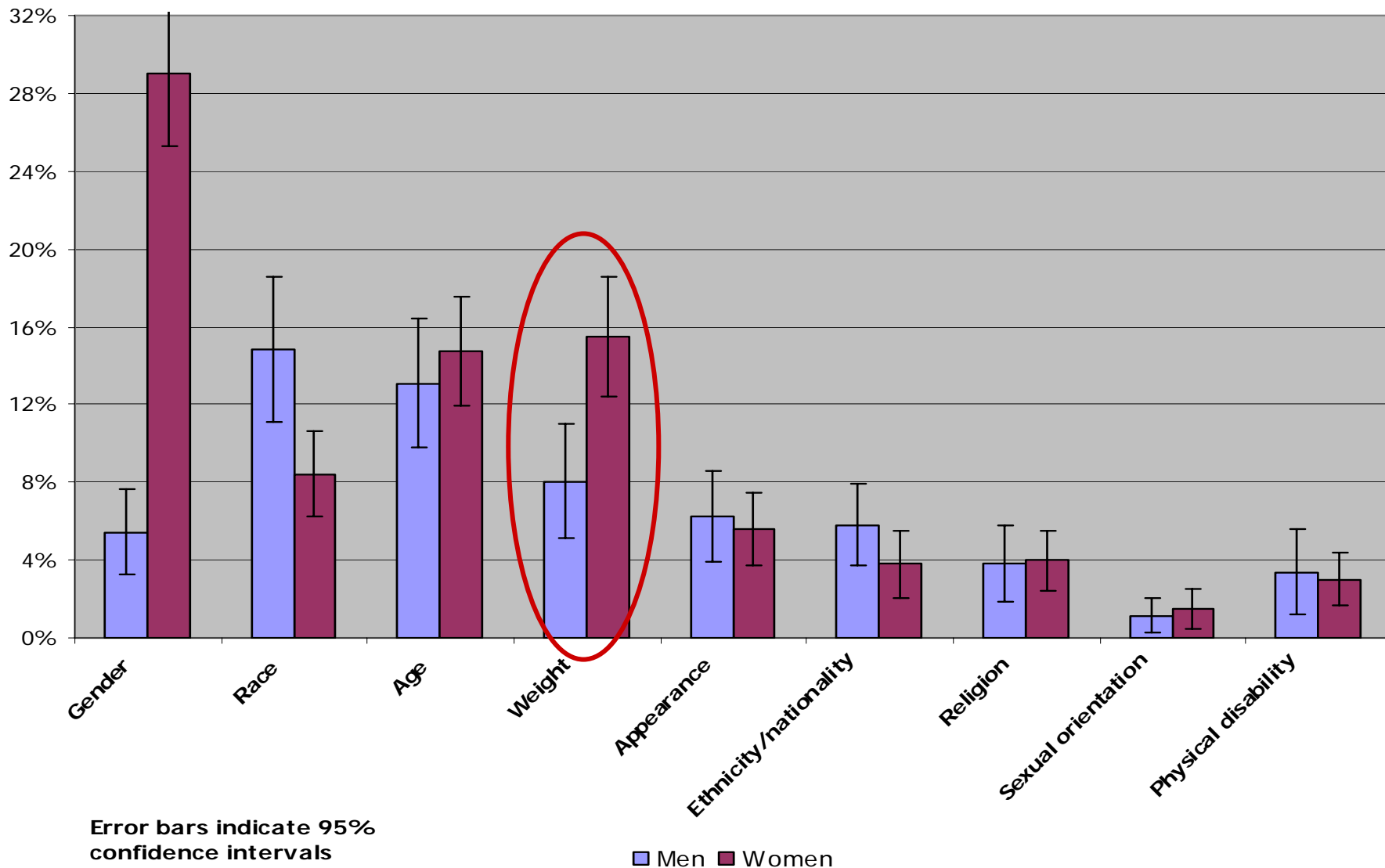
- **Employment**
- **Health care**
- **Education**
- **The Media**
- **Interpersonal Relationships**
- **Youth**

# Why Care?

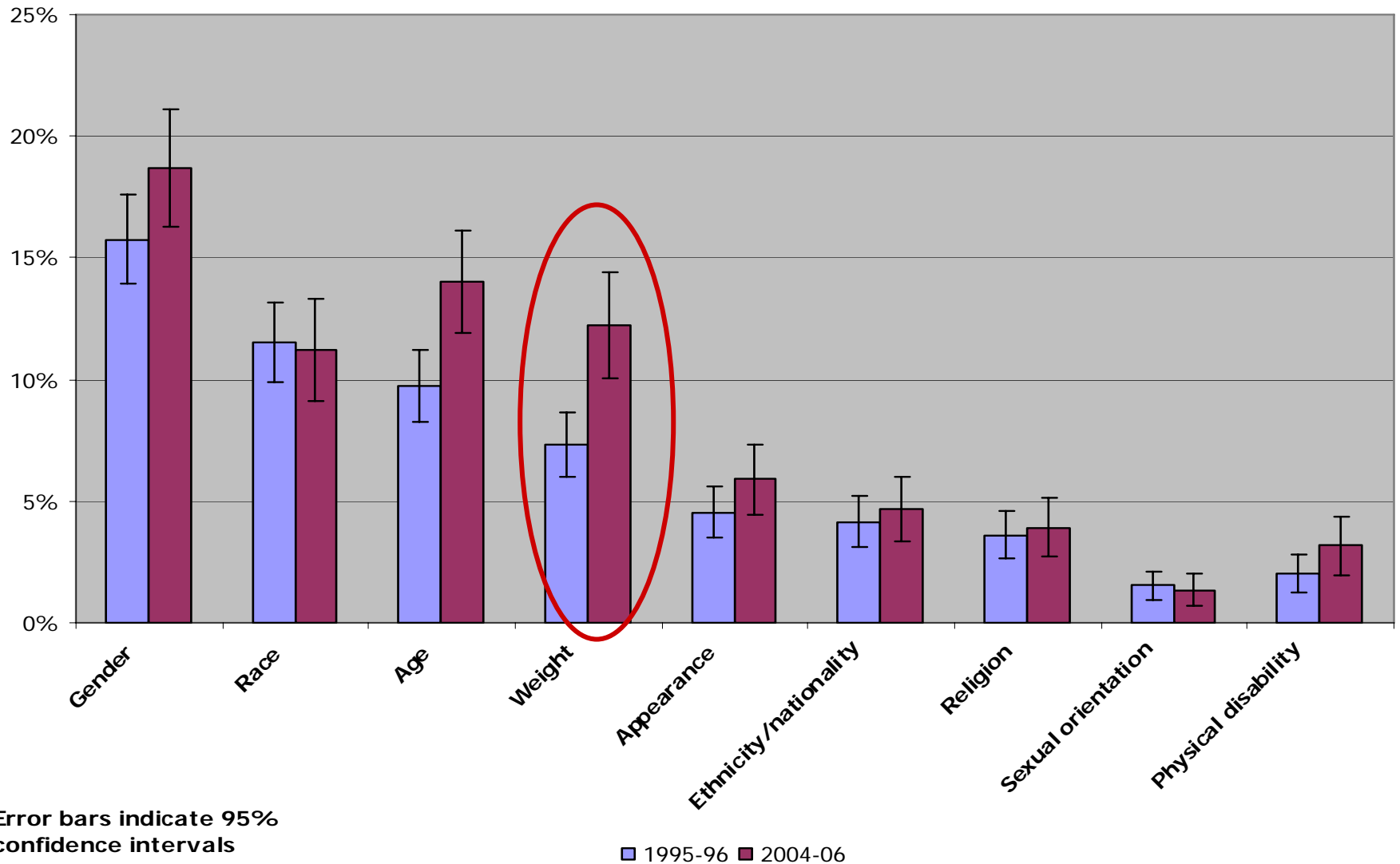
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- **Fosters blame and intolerance**
- **Reduces quality of life for children and adults**
- **Poses serious consequences for health**
- **Prevalent and widespread**

# Rates of Reported Discrimination Among Adults Ages 25-74 (N = 2290)



# Trends in rates of reported discrimination among adults ages 25-74 (N = 2962)



# Victimization of Obese Youth

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Among overweight youth, **30%** of girls and **24%** of boys are victimized at school

Vulnerability increases with body weight

Among the *heaviest* youth, **60%** report victimization

**BMI predicts future victimization**

# Teasing and Bullying in Adolescence

Adolescent reports of why peers are teased/bullied (N = 1555)

Reason for teasing	Primary reason students are teased	Observed sometimes, often, very often
	%	%
Being overweight	40.8	78.5
Gay/lesbian	37.8	78.5
Ability at school	9.6	61.2
Race/ethnicity	6.5	45.8
Physical disability	3.3	35.8
Religion	1.2	20.8
Low income/status	0.8	24.9

# Weight-based Bullying in Adolescence

**Types of Weight-Based  
Victimization Observed  
Toward Overweight and  
Obese Adolescents  
(N = 1555)**

<b>Types of weight-based victimization</b>	<b>%</b>
<b>made fun of</b>	<b>92</b>
<b>called names</b>	<b>91</b>
<b>teased in a mean way</b>	<b>88</b>
<b>teased during physical activity</b>	<b>85</b>
<b>ignored or avoided</b>	<b>76</b>
<b>teased in the cafeteria</b>	<b>71</b>
<b>excluded from activities</b>	<b>67</b>
<b>target of negative rumors</b>	<b>68</b>
<b>verbally threatened</b>	<b>57</b>
<b>physically harassed</b>	<b>54</b>

# In their own words...

*“Kids at school would make fun of me, and kick me. It made me feel worse about myself. It has made me depressed so I just eat more.”*

*“All through school, kids called me names, laughed at me, tripped me, stuck pins in me to see if I would pop. It still hurts.”*

*“Every single minute of high school was awful. I weighed 240 pounds when I was 14. I was spit on, pinched, teased daily. I was ridiculed and had no real friends.”*

*“My mother took me out of kindergarten because I would come home every day crying. The kids made fun of me all day long- in class, on the playground, and on the walk home. I would be hysterical by the time I got home.”*

# Parental victimization

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- **Bias modeled at home by parents**
- **Parental victimization of children**
- **47% of overweight girls, 34% of overweight boys report weight bias from families**



# 2,449 obese and overweight women

Source of Bias	Ever Experienced	More than Once & Multiple Times
<b>Family members</b>	<b>72</b>	<b>62</b>
Doctors	69	52
Classmates	64	56
Sales clerks	60	47
Friends	60	42
Co-workers	54	38
<b>Mother</b>	<b>53</b>	<b>44</b>
<b>Spouse</b>	<b>47</b>	<b>32</b>
Servers at restaurants	47	35
Nurses	46	34
Members of community	46	35
<b>Father</b>	<b>44</b>	<b>34</b>
Employer/supervisor	43	26
<b>Sister</b>	<b>37</b>	<b>28</b>
Dietitians/nutritionists	37	26
<b>Brother</b>	<b>36</b>	<b>28</b>
Teachers/professors	32	21
Authority figure (e.g. police)	23	15
Mental Health Professionals	21	13
<b>Son</b>	<b>20</b>	<b>13</b>
<b>Daughter</b>	<b>18</b>	<b>12</b>
Other	17	13

# **Weight bias documented in studies of:**

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**Physicians**

**Nurses**

**Medical Students**

**Psychologists**

**Dietitians**

**Fitness Professionals**

# Providers view obese patients as:

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**Non compliant**

**Lazy**

**Lacking in self-control**

**Awkward**

**Weak-willed**

**Sloppy**

**Unsuccessful**

**Unintelligent**

**Dishonest**

# Physicians

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## View Obese Patients as...

- *less self-disciplined*
- *less compliant*
- *more annoying*

## As patient BMI increases, physicians report:

- *having less patience*
- *less desire to help the patient*
- *seeing obese patients was a waste of their time*
- *having less respect for patients*

# Nurses

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## View obese patients as:

- Lazy
- Lacking in self-control / willpower
- Non-compliant

## In one study...

- ➔ 31% “would prefer not to care for obese patients”
- ➔ 24% agreed that obese patients “repulsed them”
- ➔ 12% “would prefer not to touch obese patients”

# Medical Students

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...reported that derogatory humor toward obese patients is acceptable, but that patients with cancer are “off limits” as targets for humor....

**Interviewer:** *“So cancer trumps everything else? What if there were a morbidly obese cancer patient?”*

**Students:** *“We would still make fun of them for being obese”*

# Reactions of Overweight Patients

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- **Feel berated & disrespected by providers**
- **Upset by comments about their weight from doctors**
- **Perceive that they will not be taken seriously**
- **Report that their weight is blamed for all problems**
- **Reluctant to address weight concerns**
- **Parents of obese children feel blamed and dismissed**

# Patient Examples

***“I think the worst was my family doctor who made a habit of shrugging off my health concerns...The last time I went to him with a problem, he said, “You just need to learn to push yourself away from the table.” It later turned out that not only was I going through menopause, but my thyroid was barely working.”***

***“I asked a gynecologist for help with low libido. His response “Lose weight so your husband is interested. That will solve your problem”. I changed doctors after that! And I've told everyone I know to stay away from that doctor.”***

***“I became very frustrated when a provider disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems.”***

***“Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation.”***

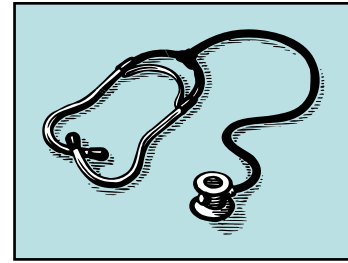
# Is Care Affected?

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## Provider interactions with obese patients:

- Less time spent in appointments
- Less discussion with patients
- More assignment of negative symptoms
- Reluctance to perform certain screenings
- Less intervention

# Impact on Care



***Obese patients are less likely to obtain...***

- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

***and are more likely to...***

- Cancel appointments
- Delay appointments and preventive care services

# Avoidance of Health Care

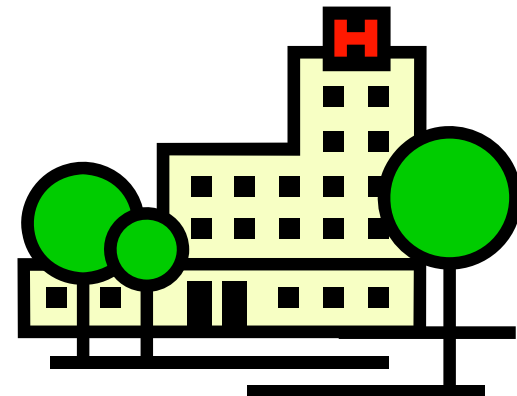
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## Study of 498 women:

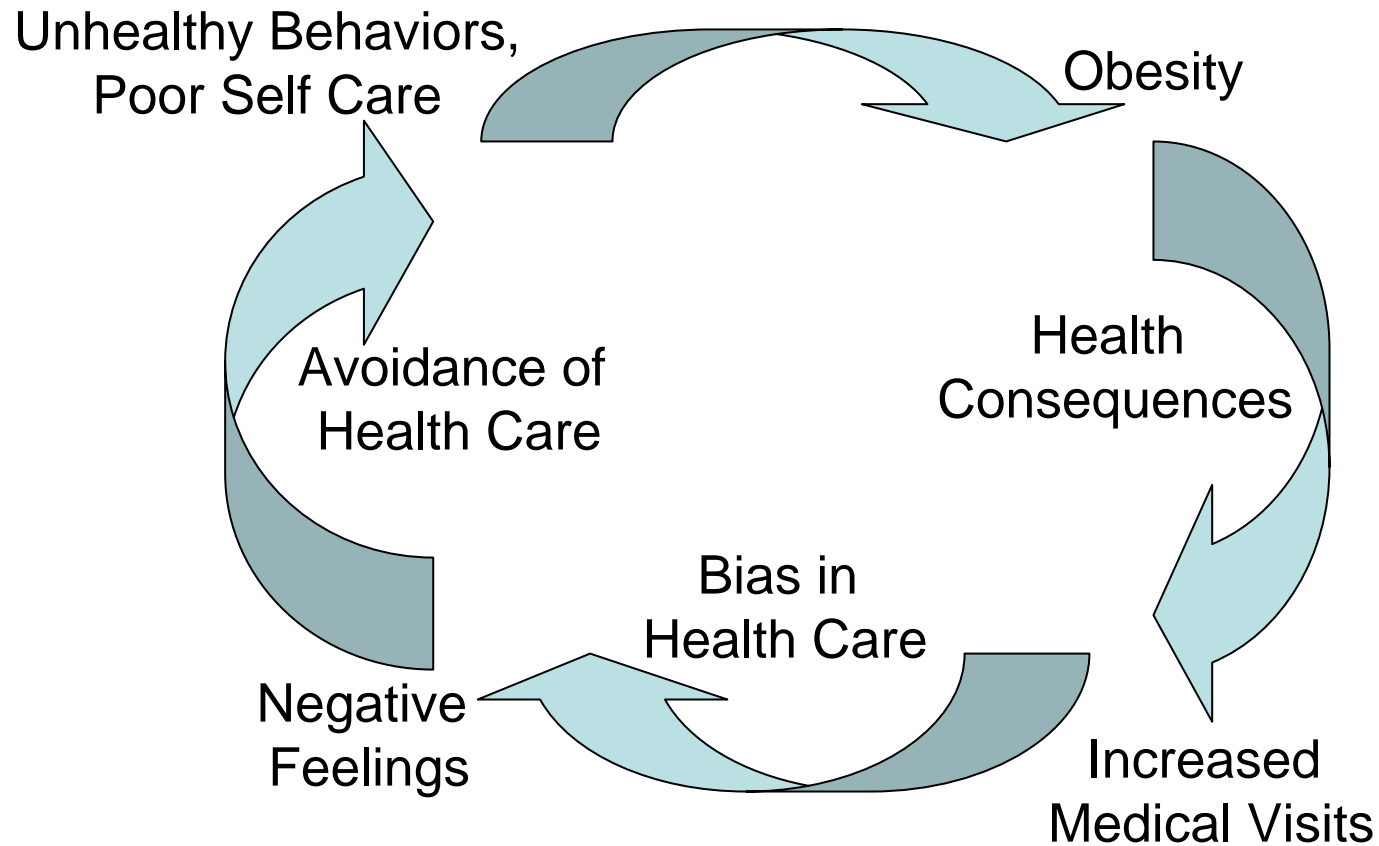
**Obese women delayed preventive services despite high access**

## Women attributed their decisions to:

- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
- Unsolicited advice to lose weight



# Cycle of Bias and Obesity

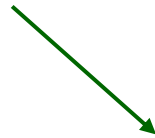


# Weight Bias in the Workplace



# What does the science say?

## Population Studies



Inequitable hiring practices

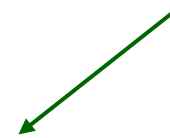
Prejudice from employers

Lower wages

Disciplinary action

Wrongful job termination

## Experimental Research



# Experimental Research

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## ***Overweight/obese job candidates are:***

- Less likely to be hired
- Ascribed more negative attributes
- Perceived as poor fit for position
- Assigned lower starting salary
- Evaluated less favorably, even when compared to thin applicants who were *unqualified*

# Obesity Wage Penalties

12,686 people followed over 15 years to examine wage effects of obesity:

- Wages for obese females: **6.1%** lower
- Wages for obese males: **3.4%** lower

**\*Controlled for socioeconomic and familial variables**



# Attitudes of Co-Workers

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## Obese employees viewed as:

**Lazy**

**Less competent**

**Sloppy**

**Less conscientious**

**No self control**

**“Think slower”**

**Poor role models**

**Poor self-discipline**

**Emotionally unstable**

**Weak-willed**

# Reports of Workplace Discrimination

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- Overweight persons **12 times** more likely to report employment discrimination compared to non-overweight persons
- Obese persons were **37 times** more likely
- Severely obese persons were **100 times** more likely

# Media as a Source of Stigma

Stereotypical portrayals of obese persons

Abundant, rarely challenged, often ignored

Reinforces social acceptability of stigma

Affects public perceptions about obesity

May adversely influence public policy



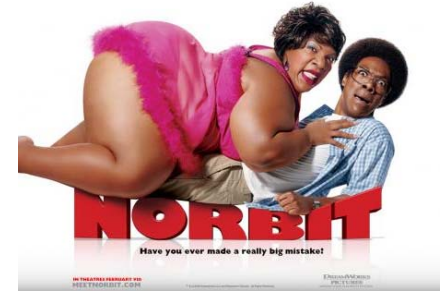
# Impact of Media Exposure

*Weight bias increases with exposure to :*

Television



Films



Fashion magazines



Video games



# News Media

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Power to shape public perceptions of health/social issues

40-61% of adults access news online

*“Seeing pictures and videos, rather than reading or hearing the facts, gives the best understanding of news events”*

**How are obese persons portrayed in news media?**



# Visual Portrayals of Obese Persons in Online News Reports (N = 406)

	Overweight/obese (N = 287)	Non-overweight (N = 119)
<i>Negative characteristic</i>		
"Headless"	59%	6%**
Shown from side or rear angle	40%	20%**
Only abdomen or lower body shown	52%	0%**
Shown without clothes or bare midriff	12%	4%*
Inappropriate fitting clothing	6%	0%**
Shown eating and/or drinking	8%	3%
Engaged in sedentary activity	5%	3%
<i>Positive Characteristic</i>		
Wearing professional clothing	11%	50%**
Shown exercising	6%	20%**
Portrayed as expert or advocate	1%	33%**
Portrayed as health care provider	4%	22%**

\* p < .05

\*\* p < .001

# Visual Portrayals of Adults in Online News Videos (N = 371)

Video Portrayals	Overweight/Obese Adults	Non-Overweight Adults	z	p
<i>Negative characteristics</i>				
headless	47%	4%	12.74	0.00
unflattering portrayal from the rear view	40%	6%	10.49	0.00
eating and drinking	32%	13%	5.53	0.00
eating unhealthy food	32%	16%	4.66	0.00
unflattering emphasis on isolated body parts	24%	9%	5.10	0.00
engaging in sedentary behavior	16%	4%	5.16	0.00
showing bare abdomen	4%	4%	-0.12	0.91
dressed in inappropriately fitting clothing	4%	1%	2.41	0.02
<i>Positive (non-stereotypical) characteristics</i>				
dressed in professional apparel	58%	93%	-10.34	0.00
eating healthy food	14%	13%	0.17	0.87
engaging in exercise	17%	15%	0.70	0.48
health professional	16%	43%	-7.10	0.00
journalist/reporter	14%	77%	-15.25	0.00
topic expert/advocate	10%	35%	-7.01	0.00

# Visual Portrayals of Youth in Online News Videos

Video Portrayals	Overweight/Obese Youth	Non-Overweight Youth	z	p
<i>Negative characteristics</i>				
headless	46%	10%	6.55	0.00
unflattering portrayal from the rear view	37%	15%	4.29	0.00
eating and drinking	53%	53%	0.12	0.96
eating unhealthy food	42%	35%	1.09	0.28
unflattering emphasis on isolated body parts	28%	17%	2.24	0.03
engaging in sedentary behavior	28%	17%	2.09	0.04
showing bare abdomen	11%	4%	2.12	0.03
dressed in inappropriately fitting clothing	9%	0%	3.58	0.03
<i>Positive (non-stereotypical) characteristics</i>				
eating healthy food	22%	34%	-2.26	0.02
engaging in exercise	56%	42%	2.34	0.02

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## Almost 10 Percent of U.S. Medical Costs Tied to Obesity

Only a return to healthy behaviors will bring expenditures down, experts say.

By **Steven Reinberg**  
*HealthDay Reporter*  
July 28

**HealthDay**

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MONDAY, July 27

Obesity in the United States has a hefty price tag of \$147 billion in direct medical costs, according to a new report from all medical spending.

In fact, people who are obese pay \$1,500 more each year in medical costs than about 41 percent of the population, according to a new report on obesity, Dr. Thomas

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**Obesity SURGERY WHO WINS?**



**CNN**

Home > Health > Health

## Health Experts Urge New Approach to Fight Obesity

Broader, Community-Based Approach Needed to Spur Grass-Roots Changes

By **SAMI BEG, M.D.**  
July 1, 2008

**abc NEWS**  
9 comments

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More

With obesity levels on the rise, a major medical association said on Monday that a new approach is needed to fight the country's growing weight problem.



A new American Heart Association scientific statement, published in the journal *Circulation*, urged a comprehensive approach to reducing obesity in the United States that incorporates population-based initiatives to prevent excess weight gain in adults and children.

"We're not talking about creating a dieting society, but more about looking at the choices in front of people daily," said Shiriki Kumanyika, professor of epidemiology at the University of Pennsylvania School of Medicine in Philadelphia and chair of the working group that composed the statement.

"Society has changed in ways that [make it] hard to control your weight," Kumanyika said. "There is more technology, more labor-saving devices, more tasty food, larger portions and so on. The weight creeps on, and there isn't much opportunity to lose it."

Obesity surgery: Who wins?  
CNN

# Consequences of Weight Bias

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➔ **Psychological**

➔ **Social**

➔ **Medical**

**Weight  
Bias**



**Vulnerability  
for**



**Depression**

**Anxiety**

**Low  
Self-Esteem**

**Poor  
Body Image**

**Suicidal Acts  
and Thoughts**

# Social & Economic Consequences

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- **Social rejection**
- **Poor relationship quality**
- **Poor academic outcomes, school absences**
- **Employment inequities**

# Health Consequences

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## Unhealthy eating behaviors:

- Binge eating
- Unhealthy weight control practices
- Coping with stigma by eating more food



# Health Consequences

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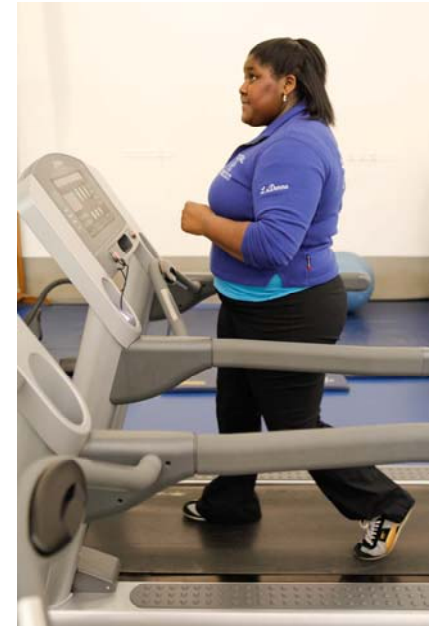
## Impairs weight loss efforts:

- Higher calorie intake
- Higher program attrition
- Less weight loss



# ..more health consequences

- **Avoidance of physical activity**
- **Cardiovascular health**
  - elevated blood pressure
  - increased physiological stress
- **Poor quality of life**



# Possible Medical Impact

**Bias,  
Stigma,  
Discrimination**



**Diminished  
Income,  
Education**

**Reduced  
Use of  
Health Care**

**Poor Access  
to, Delivery of  
Health Care**

**Diminished  
Self-Esteem,  
Perceived  
Inadequacy**

**Negative  
Impact  
on  
Physiology**



**Poor  
Recovery  
From  
Disease**

**Elevated  
Risk Factors**

**Psycho-  
logical  
Disorders**

**Diminished  
Social  
Support**



**Morbidity  
and  
Mortality**

# Broader impact on public health

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- **Weight bias is absent in public health discourse**
- **Stigma can affect policy responses to obesity**
- **Government/Legislation**
  - **Ignore societal/environmental contributors**
  - **Protect the food industry**
  - **Emphasize personal responsibility/blame**

# Addressing Stigma in Obesity Intervention

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- **Incorporate anti-stigma messages**
- **Shift focus from appearance to health behaviors**
- **Provide stigma-reduction training for health providers**
- **Implement policies to prohibit weight prejudice**
- **Move beyond “education” and “individual” to comprehensive societal strategies**

# Goals...

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## Identify and prioritize:

Ways to increase attention to weight bias

Key messages

Strategies to reduce bias

Specific actions to achieve these goals

# Who Should be Targeted?

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- **Employment**
- **Health care**
- **Education**
- **The Media**
- **Interpersonal Relationships**
- **Youth**

# Think Big...

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## **Shifting societal attitudes:**

Change media portrayals of obese persons

Challenge weight-based stereotypes

Educate public about complex etiology of obesity

Implement anti-bullying policies

Legislate to prohibit weight discrimination

**Real change requires... real change**

# *Call to Action*

## Potential Impact

Low

High

Low

High



**Feasibility**





**Thank you**

***Rudd Center for Food Policy & Obesity***

[www.YaleRuddCenter.org](http://www.YaleRuddCenter.org)