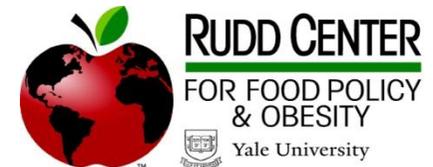


Bias, Discrimination, and Obesity:

A Social Injustice and Public Health Priority

Rebecca Puhl, PhD
Director of Research

Rudd Center for Food Policy & Obesity
Yale University



What is Weight Bias?

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

The Science on Weight Bias

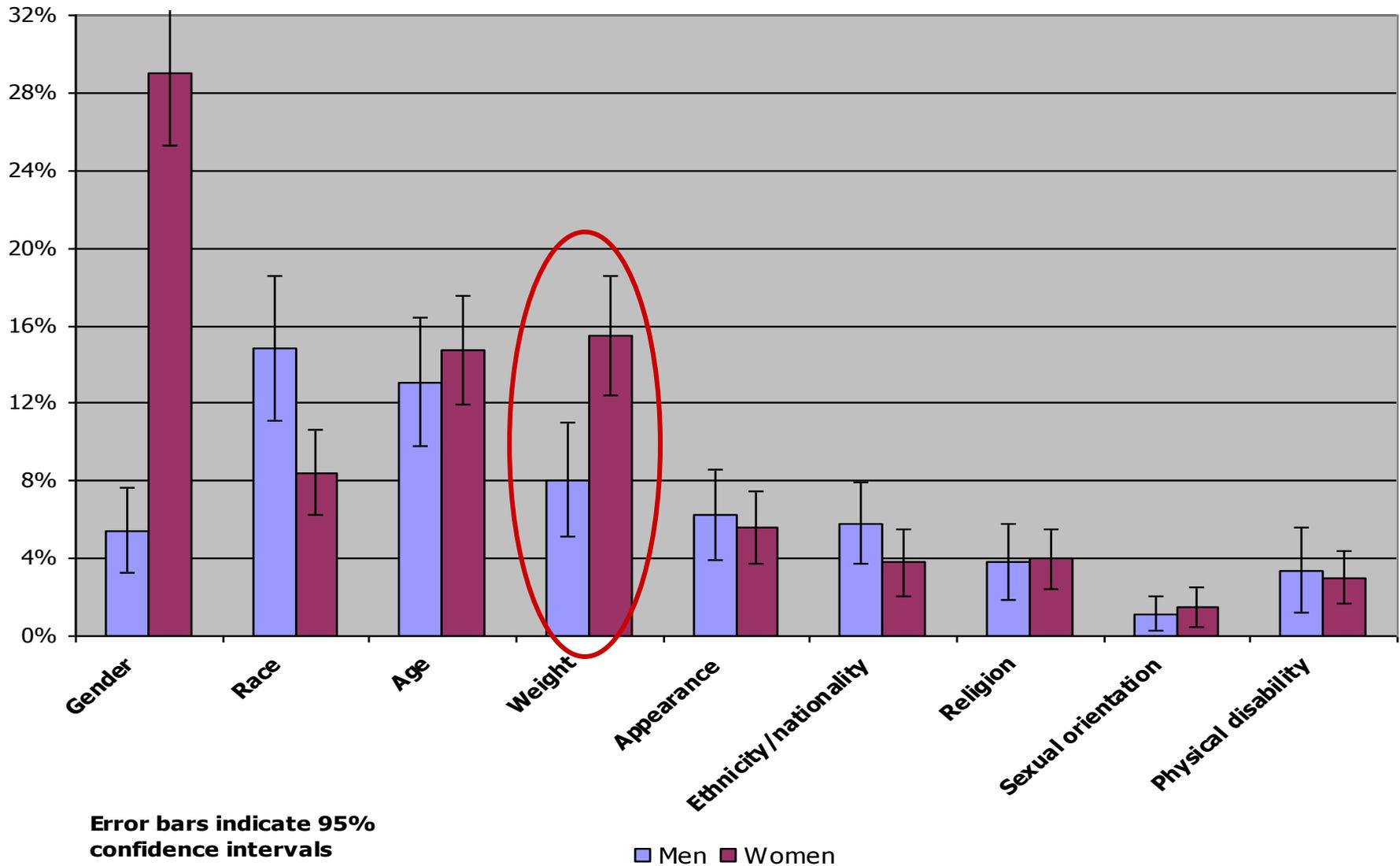
Substantial Evidence of Bias in:

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

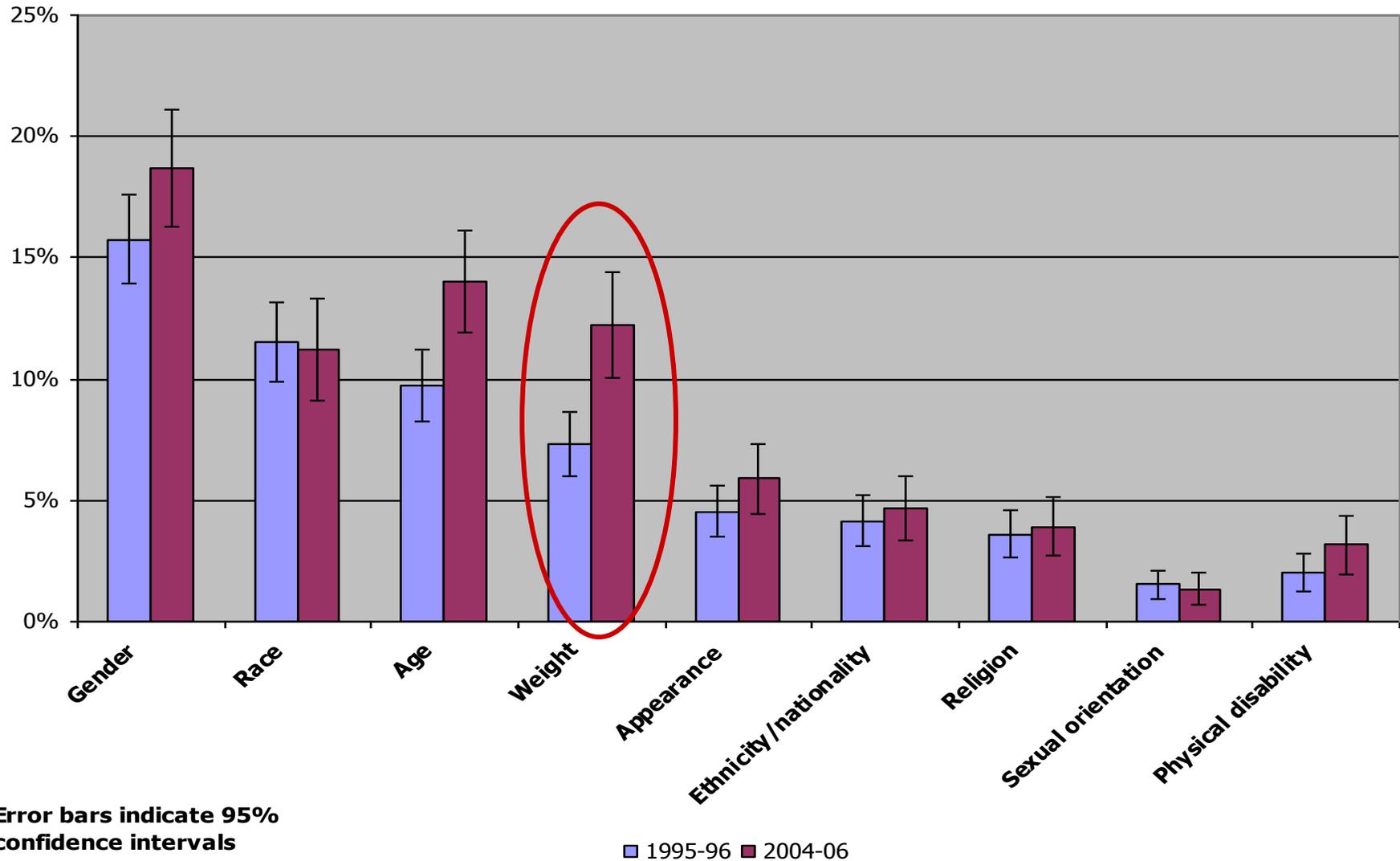
Why Care?

- **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

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)**

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

Locations at School where Weight Teasing Occurs

Teasing location	Total
Lunch room/ cafeteria	56%
Classroom	52%
Gym	46%
Locker room	41 %
Stairs/ Hallway	41%
School bus	39%
Playground/ athletic field	38%
Washroom/ bathroom	29%

Teasing and Bullying in Adolescence

Once an overweight student becomes a target, additional victimization increases with each year of age

Students reported feeling sad, depressed, worse about themselves, bad about their body, and afraid

The odds of students skipping school or reporting that their grades were harmed because of weight-based teasing increased by 5% per teasing incident

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.”

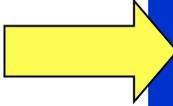
“My mother took me out of kindergarten because I would come home every day crying. The kids made fun of me all day long- in class, on the playground, and on the walk home. I would be hysterical by the time I got home.”

Parental victimization

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

Weight bias documented in studies of:

Physicians

Nurses

Medical Students

Psychologists

Dietitians

Fitness Professionals

Providers view obese patients as:



Non compliant

Lazy

Lacking in self-control

Awkward

Weak-willed

Sloppy

Unsuccessful

Unintelligent

Dishonest

Physicians

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



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

...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

- **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?

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

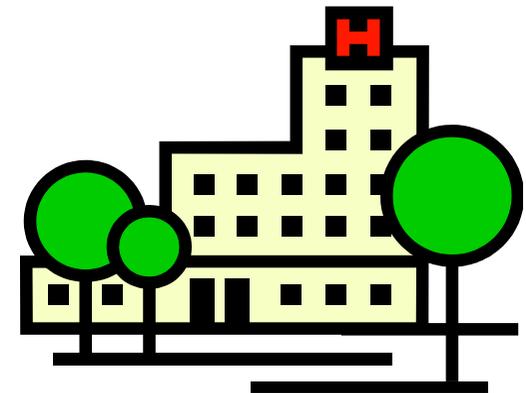
Avoidance of Health Care

Study of 498 women:

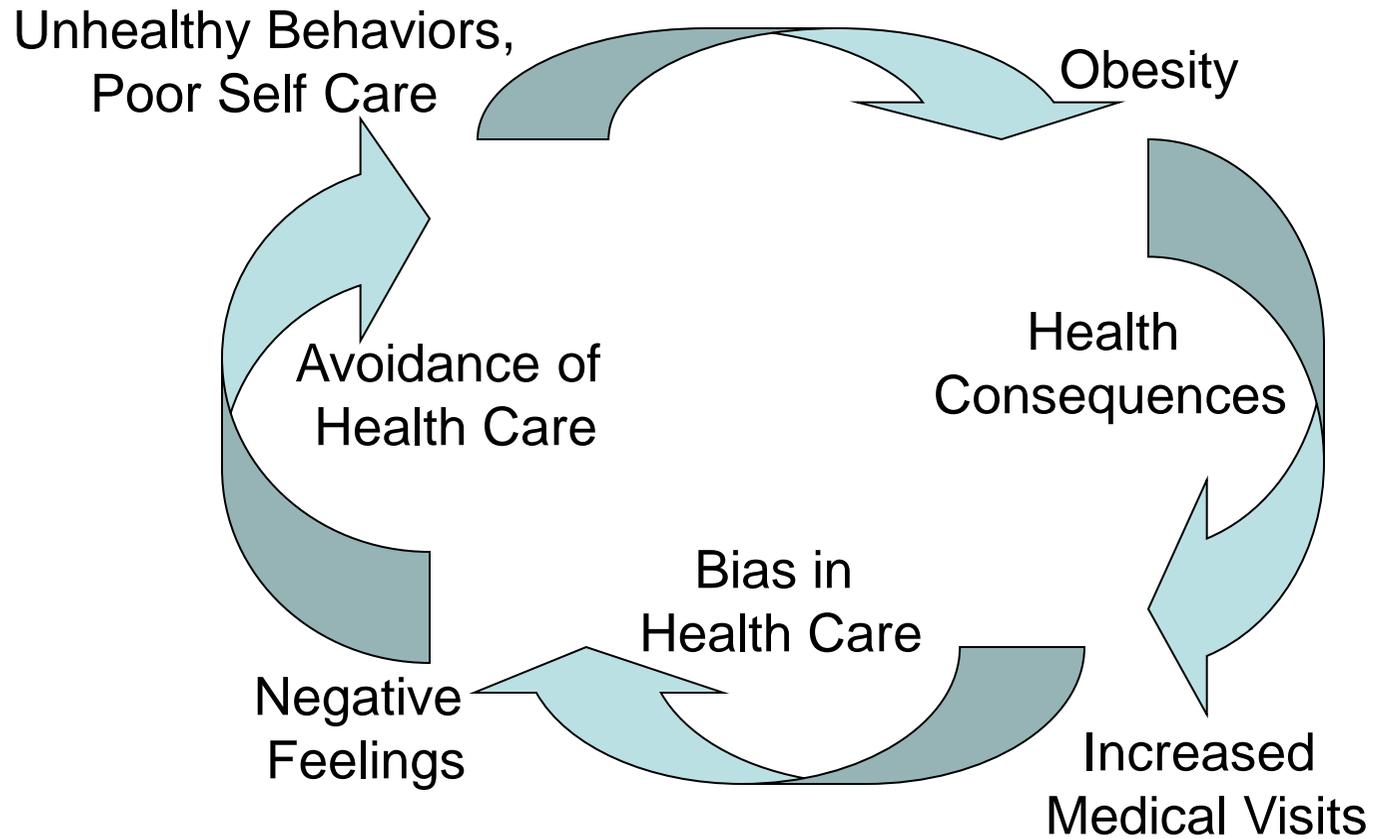
Obese women delayed preventive services despite high access

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



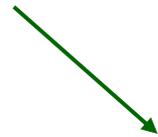
Weight Bias in the Workplace



What does the science say?

Population Studies

Experimental Research



Inequitable hiring practices

Prejudice from employers

Lower wages

Disciplinary action

Wrongful job termination



Experimental Research

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

Obese employees viewed as:

Lazy

“Think slower”

Less competent

Poor role models

Sloppy

Poor self-discipline

Less conscientious

Emotionally unstable

No self control

Weak-willed

Reports of Workplace Discrimination

Overweight persons **12 times** more likely to report employment discrimination compared to non-overweight persons

Obese persons were **37 times** more likely

Persons with severe obesity 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



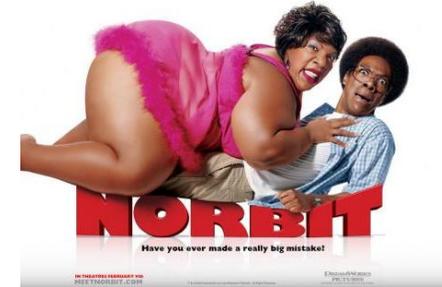
Impact of Media Exposure

Weight bias increases with exposure to :

Television



Films



Fashion magazines



Video games



News Media

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

abc NEWS / Health

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WATCH: Piecing Together the Gabrielle Giffords Shooting

Home > Health

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

Print RSS FONT SIZE: A A A SHARE: Email Twitter Facebook



MONDAY, July 27

Obesity in the United States has a hefty price tag of \$140 billion in direct medical costs, according to all medical spending.

In fact, people who are obese pay \$1,500 more each year than a person who is not, about 41 percent more, says a new study. Being obese also leads to disability and early death, says Dr. Thomas

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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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.

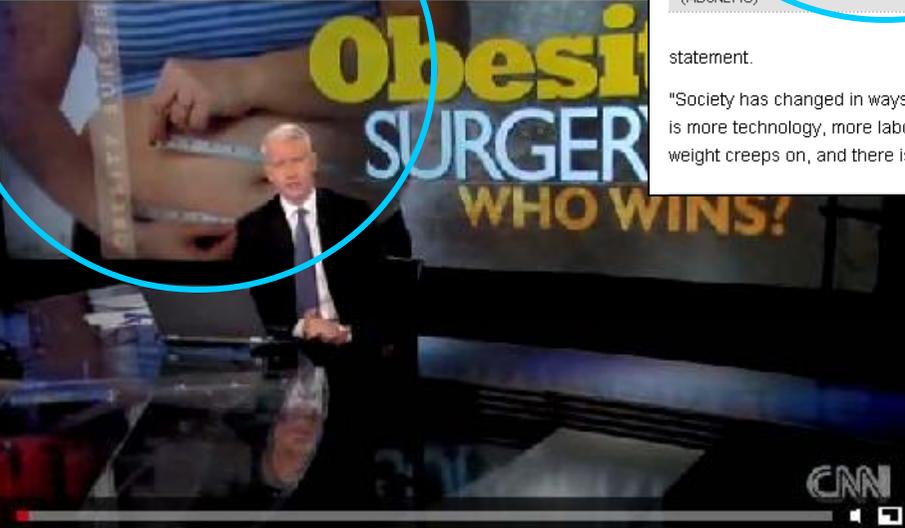


A new American Heart Association scientific statement, published in the journal *Circulation*, urged a comprehensive approach to reducing obesity in the United States that incorporates population-based initiatives to prevent excess weight gain in adults and children.

"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?



Obesity surgery: Who wins?

CNN

Consequences of Weight Bias

➔ **Psychological**

➔ **Social**

➔ **Medical**

**Weight
Bias**



**Vulnerability
for**



Depression

Anxiety

**Low
Self-Esteem**

**Poor
Body Image**

**Suicidal Acts
and Thoughts**

Social & Economic Consequences



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

Health Consequences

Unhealthy eating behaviors:

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



Health Consequences

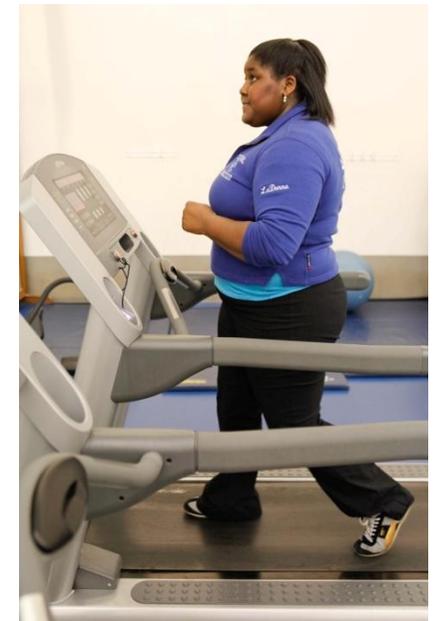
Impairs weight loss efforts:

- 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**



Seacat & Mickelson 2009; Vartanian & Shaprow, 2008; Bauer et al., 2004; Faith et al, 2002; Matthews et al., 2005; Schwimmer et al., 2003, Storch et al., 2006; Schmaltz, 2010

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

- **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**

Misguided Public Health Efforts



The image displays four vertical panels, each featuring a black and white portrait of a child. The first panel shows a young boy with the text: **WARNING**
BIG BONES
DIDN'T MAKE ME
THIS WAY.
BIG MEALS DID.
stopchildhoodobesity.com

The second panel shows a young girl with the text: **WARNING**
FAT KIDS
BECOME FAT
ADULTS.
stopchildhoodobesity.com

The third panel shows a young girl with the text: **WARNING**
CHUBBY KIDS
MAY NOT
OUTLIVE THEIR
PARENTS
stopchildhoodobesity.com

The fourth panel shows a young girl with the text: **WARNING**
HE HAS HIS
FATHER'S EYES,
HIS LAUGH AND
MAYBE EVEN HIS
DIABETES.
stopchildhoodobesity.com

To the right of these panels is a larger white box with a red border containing the text: **WARNING**

Stocky,
chubby,
chunky
are still
fat.

Georgia Children's Health Alliance

Campaign to stop childhood obesity

Misguided Public Health Efforts

LONDON | Thu Jul 29, 2010

(Reuters) - British Public Health Minister has urged doctors to call overweight patients 'fat' rather than 'obese'

Doctors and health workers are too worried about using the term "fat," said the health minister, but doing so will motivate people to take personal responsibility for their lifestyles.

“Calling them “obese” does not provide sufficient motivation. Just call them fat: Plain-speaking doctors will jolt people into losing weight.”

Preferences for Weight Terminology

National Sample: 1064 adults

“Imagine you are visiting your doctor for a routine check-up. The nurse has measured you and found that you are at least 50 pounds over your recommended weight. Your doctor will be in shortly to speak with you. You have a good relationship with your doctor, who is committed to your health and well-being. Doctors can use different terms to describe body weight. Please indicate how desirable or undesirable you would find each of the following terms if your doctor used it in referring to your weight.”

morbidly obese, obese, overweight, heavy, fat, high BMI, chubby, weight problem, unhealthy weight, weight

Preferences

Most desirable: **weight, unhealthy weight**

Least desirable: **fat, obese, morbidly obese**

*Same findings across sociodemographic variables, weight categories, and regardless of history of personal history of weight stigmatization

Perceived Connotations of Weight Terminology

Least stigmatizing/blaming: weight, unhealthy weight,
high BMI

Most stigmatizing/blaming: fat, obese, morbidly obese

Most motivating: unhealthy weight, overweight

Least motivating: chubby, fat

If your doctor referred to your weight in a way that makes you feel stigmatized, how would you react?

I would feel bad about myself 42%

I would be upset/embarrassed 41%

I would talk to my doctor about it 24%

I would seek a new doctor 21%

I would avoid future doctor appointments 19%

Public Health Efforts to Address Obesity

Include weight bias on the agenda:

Increase attention to weight bias

Use appropriate language and messaging

Remove stigma from existing efforts

Implement specific actions reduce bias

Addressing Stigma in Obesity Intervention

- **Incorporate anti-stigma messages**
- **Shift focus from appearance to health behaviors**
- **Promote health behaviors for individuals of all sizes**
- **Provide stigma-reduction training for educators/providers**
- **Implement policies to prohibit weight prejudice**
- **Move beyond “education” and “individual” to comprehensive societal strategies**
- **Create supportive environment**

Who Should be Targeted?

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

Identify personal attitudes

Ask yourself:

- How do I feel when I work with people of different body sizes?
- Do I make assumptions regarding a person's character, intelligence, abilities, health status, or behaviors based only on their weight?
- What stereotypes do I have about persons with obesity?

Get the facts

Understand and recognize that:

- Many obese individuals have been stigmatized
- Many obese persons have tried to lose weight repeatedly
- Obesity is a product of many factors
 - Genetics and environment are paramount
 - Our environment makes lifestyle change difficult

Scientific Consensus **on Achievable, Sustainable Weight Loss**

- **Weight loss of 5% to 10% = success**
- **10% loss is typical outcome of the best behavioral and/or pharmacological treatments**
- **Only 10-20% can maintain a 10% a weight loss after 1 year**

National Heart, Lung, and Blood Institute (1998) Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report *Obes Res* 6,51-210S

Institute of Medicine (1995) *Weighing the Options: Criteria for Evaluating Weight Management Programs* Government Printing Office Washington, DC.

Wadden & Foster (2000); Wing & Hill, (2001).

Scientific Consensus

- **Expert panels:**
 - **Institute of Medicine**
 - **National Institutes of Health**
- **Significant weight loss is **not** readily sustainable with current conventional treatment options**

National Heart, Lung, and Blood Institute (1998) Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report *Obes Res* 6,51-210S

Institute of Medicine (1995) *Weighing the Options: Criteria for Evaluating Weight Management Programs* Government Printing Office Washington, DC.

Tsai & Wadden, 2005; Wadden & Foster (2000); Wing & Hill, (2001).

Public Attributions about Obesity

Onset is controllable



Condition is reversible

**“if an obese person works hard enough,
he or she can lose weight and keep it off”**

Education about Causes of Obesity

- Attributions of internal causality lead to prejudice
- Complex etiology of obesity (biology, genetics, environment)
- Not just “personal responsibility”

Think Big...

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





Thank you

Rudd Center for Food Policy & Obesity

www.YaleRuddCenter.org



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& OBESITY**



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