Bias, Discrimination, and Obesity: A Social Injustice and Public Health Priority

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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

Puhl & Brownell (2001); Puhl & Heuer (2009)
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)

Error bars indicate 95% confidence intervals

Puhl, Andreyeva, Brownell (2008)
Trends in rates of reported discrimination among adults ages 25-74 (N = 2962)

Error bars indicate 95% confidence intervals

Andreyeva, Puhl, Brownell (2008)
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.

Eisenberg et al., 2003; Griffiths et al., 2006; Janssen et al., 2004; Neumark-Stzainer et al., 2002; Storch et al., 2006
# Teasing and Bullying in Adolescence

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

<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>Being 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>

Puhl, Luedicke, Heuer (in press)
Journal of School Health
Weight-based Bullying in Adolescence

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

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

Puhl, Luedicke, Heuer (in press)
Journal of School Health
## Locations at School where Weight Teasing Occurs

<table>
<thead>
<tr>
<th>Teasing location</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch room/ cafeteria</td>
<td>56%</td>
</tr>
<tr>
<td>Classroom</td>
<td>52%</td>
</tr>
<tr>
<td>Gym</td>
<td>46%</td>
</tr>
<tr>
<td>Locker room</td>
<td>41%</td>
</tr>
<tr>
<td>Stairs/ Hallway</td>
<td>41%</td>
</tr>
<tr>
<td>School bus</td>
<td>39%</td>
</tr>
<tr>
<td>Playground/ athletic field</td>
<td>38%</td>
</tr>
<tr>
<td>Washroom/ bathroom</td>
<td>29%</td>
</tr>
</tbody>
</table>

Puhl, Luedicke, Heuer (under review)
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

Adams et al., 1988; Crandall, 1991; 1995; Eisenberg et al., 2003; Puhl & Brownell, 2006
2,449 obese and overweight women

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

Puhl & Brownell, 2006
Weight bias documented in studies of:

- Physicians
- Nurses
- Medical Students
- Psychologists
- Dietitians
- Fitness Professionals

Puhl & Brownell, 2001; Puhl & Heuer, 2009
Providers view obese patients as:

- Non compliant
- Lazy
- Lacking in self-control
- Awkward
- Weak-willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010;
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

Hebl & Xu, 2001; Huizinga et al., 2009
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”

Poon & Tarrant, 2009; Brown, 2006; Bagley, 1989; Hoppe & Ogden, 1997; Maroney & Golub, 1992
…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

Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987
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

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000; Aldrich & Hackley, 2010.
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

Amy et al., 2006
Increased Medical Visits
Health Consequences
Avoidance of Health Care
Unhealthy Behaviors, Poor Self Care
Negative Feelings
Bias in Health Care
Increased Medical Visits
Health Consequences
Obesity
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
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*

Finkelstein, Frautschy Demuth, Sweeney (2007); Kutcher & DeNicolis Bragger (2004); Sartore & Cunningham. (2007);
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:

<table>
<thead>
<tr>
<th>Lazy</th>
<th>“Think slower”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less competent</td>
<td>Poor role models</td>
</tr>
<tr>
<td>Sloppy</td>
<td>Poor self-discipline</td>
</tr>
<tr>
<td>Less conscientious</td>
<td>Emotionally unstable</td>
</tr>
<tr>
<td>No self control</td>
<td>Weak-willed</td>
</tr>
</tbody>
</table>

Paul & Townsend, 1995; Roehling, 1999; Roehling et al 2008
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

Roehling, Roehling, & Pichler (2007)
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

Boero, 2007; Fouts & Burggraf, 2000; Greenberg et al., 2003; Himes & Thompson, 2007; Puhl & Heuer, 2010
Impact of Media Exposure

*Weight bias increases with exposure to:*

- Television
- Films
- Fashion magazines
- Video games

Harrison, 2000; Latner et al., 2007; Lin & Reid, 2009
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)

<table>
<thead>
<tr>
<th>Negative characteristic</th>
<th>Overweight/obese (N = 287)</th>
<th>Non-overweight (N = 119)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Headless&quot;</td>
<td>59%</td>
<td>6%**</td>
</tr>
<tr>
<td>Shown from side or rear angle</td>
<td>40%</td>
<td>20%**</td>
</tr>
<tr>
<td>Only abdomen or lower body shown</td>
<td>52%</td>
<td>0%**</td>
</tr>
<tr>
<td>Shown without clothes or bare midriff</td>
<td>12%</td>
<td>4%*</td>
</tr>
<tr>
<td>Inappropriate fitting clothing</td>
<td>6%</td>
<td>0%**</td>
</tr>
<tr>
<td>Shown eating and/or drinking</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Engaged in sedentary activity</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Characteristic</th>
<th>Overweight/obese (N = 287)</th>
<th>Non-overweight (N = 119)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing professional clothing</td>
<td>11%</td>
<td>50%**</td>
</tr>
<tr>
<td>Shown exercising</td>
<td>6%</td>
<td>20%**</td>
</tr>
<tr>
<td>Portrayed as expert or advocate</td>
<td>1%</td>
<td>33%**</td>
</tr>
<tr>
<td>Portrayed as health care provider</td>
<td>4%</td>
<td>22%**</td>
</tr>
</tbody>
</table>

* p < .05          **p < .001

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

**Video Portrayals**

<table>
<thead>
<tr>
<th>Video Portrayals</th>
<th>Overweight/Obese Adults</th>
<th>Non-Overweight Adults</th>
<th>z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>headless</td>
<td>47%</td>
<td>4%</td>
<td>12.74</td>
<td>0.00</td>
</tr>
<tr>
<td>unflattering portrayal from the rear view</td>
<td>40%</td>
<td>6%</td>
<td>10.49</td>
<td>0.00</td>
</tr>
<tr>
<td>eating and drinking</td>
<td>32%</td>
<td>13%</td>
<td>5.53</td>
<td>0.00</td>
</tr>
<tr>
<td>eating unhealthy food</td>
<td>32%</td>
<td>16%</td>
<td>4.66</td>
<td>0.00</td>
</tr>
<tr>
<td>unflattering emphasis on isolated body parts</td>
<td>24%</td>
<td>9%</td>
<td>5.10</td>
<td>0.00</td>
</tr>
<tr>
<td>engaging in sedentary behavior</td>
<td>16%</td>
<td>4%</td>
<td>5.16</td>
<td>0.00</td>
</tr>
<tr>
<td>showing bare abdomen</td>
<td>4%</td>
<td>4%</td>
<td>-0.12</td>
<td>0.91</td>
</tr>
<tr>
<td>dressed in inappropriately fitting clothing</td>
<td>4%</td>
<td>1%</td>
<td>2.41</td>
<td>0.02</td>
</tr>
</tbody>
</table>

**Positive (non-stereotypical) characteristics**

<table>
<thead>
<tr>
<th>Video Portrayals</th>
<th>Overweight/Obese Adults</th>
<th>Non-Overweight Adults</th>
<th>z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>dressed in professional apparel</td>
<td>58%</td>
<td>93%</td>
<td>-10.34</td>
<td>0.00</td>
</tr>
<tr>
<td>eating healthy food</td>
<td>14%</td>
<td>13%</td>
<td>0.17</td>
<td>0.87</td>
</tr>
<tr>
<td>engaging in exercise</td>
<td>17%</td>
<td>15%</td>
<td>0.70</td>
<td>0.48</td>
</tr>
<tr>
<td>health professional</td>
<td>16%</td>
<td>43%</td>
<td>-7.10</td>
<td>0.00</td>
</tr>
<tr>
<td>journalist/reporter</td>
<td>14%</td>
<td>77%</td>
<td>-15.25</td>
<td>0.00</td>
</tr>
<tr>
<td>topic expert/advocate</td>
<td>10%</td>
<td>35%</td>
<td>-7.01</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Puhl, Peterson, DePierre & Luedicke (under review)
# Visual Portrayals of Youth in Online News Videos

Puhl, Peterson, DePierre & Luedicke (under review)

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

Puhl, Peterson, DePierre & Luedicke (under review)
Almost 10 Percent of U.S. Medical Costs Tied to Obesity

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 Shirkia 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?"
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

Haines, et al., 2006; Neumark-Sztainer et al., 2002; Puhl & Brownell, 2006, Puhl et al., 2007; Puhl & Luedicke, under review.
Health Consequences

Impairs weight loss efforts:

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

Carels et al, 2009; Wott & Carels, 2010
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
Bias, Stigma, Discrimination

- Diminished Income, Education
- Reduced Use of Health Care
- Poor Access to, Delivery of Health Care
- Diminished Self-Esteem, Perceived Inadequacy

Possible Medical Impact

- Negative Impact on Physiology
- Poor Recovery From Disease
- Elevated Risk Factors
- Psychological 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

Puhl & Heuer, 2010; Adler & Stewart, 2009; MacLean et al., 2009
Misguided Public Health Efforts

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

Puhl, Peterson, Luedicke, under review
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

Institute of Medicine. Preventing Childhood Obesity, 2005; Society for Nutrition Education, 2003; MacLean et al., 2009.
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% weight loss after 1 year


Scientific Consensus

- **Expert panels:**
  - Institute of Medicine
  - National Institutes of Health

- **Significant weight loss is not readily sustainable with current conventional treatment options**


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”

Anesbury & Tiggemann, 2000; Bell & Morgan, 2000; Crandall, 1994; Puhl et al., 2005
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