Weight bias and obesity stigma

Session 9

Acknowledgements
Obesity Canada

Aims

- Review key weight bias concepts and theories.
- Apply concepts to practice:
  - prevalence of weight bias
  - implications for health
  - effects on quality of care.
- Discuss strategies for change.

Marathon runner

Organized

Knitter

Junk food

Canoeing

Good leader

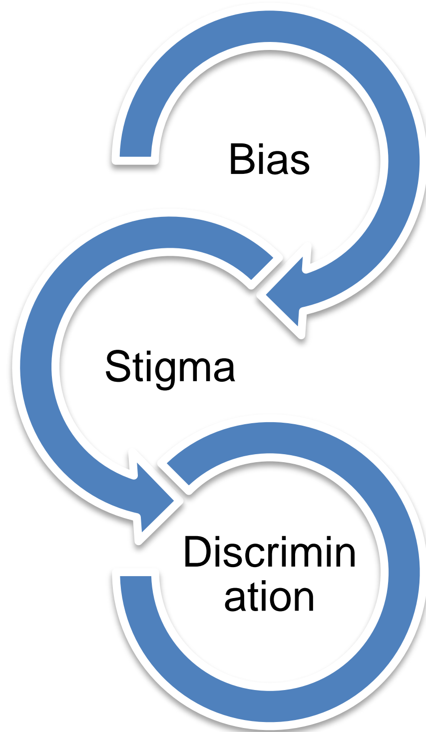
Socially awkward

Some key concepts …

Weight bias – negative attitudes towards, and beliefs about, others because of their weight.

Obesity stigma – social sign or label affixed to an individual who is the victim of prejudice.

Weight-based discrimination – enactment of weight bias and stigma.



Weight bias	• Negative attitudes and views about obesity and people with obesity
Obesity stigma	• Labelling, stereotyping • Damaged identities • Deeply rooted in society
Weight-based discrimination	• Verbal, physical, relational • Subtle and overt actions/expressions

Stereotypes and negative attitudes towards patients …

- lazy
- awkward
- sloppy
- non-compliant
- unintelligent
- unsuccessful
- lacking the self-discipline and self-control necessary to manage their weight

Puhl RM, Heuer CA (2009)

Puhl RM, Luedicke J, Grilo CM (2014)

Stigma and population health

- There are many stigmatized conditions that affect large portions of the general population.
- Disease stigma has a major and persistent influence on population health.
- Stigma studies focus on outcomes: housing, employment or income, social relationships, psychological or behavioural responses, health care access, and overall health.
- Stigma is an added burden that affects people above and beyond any impairments they may have.

Consequences of weight bias

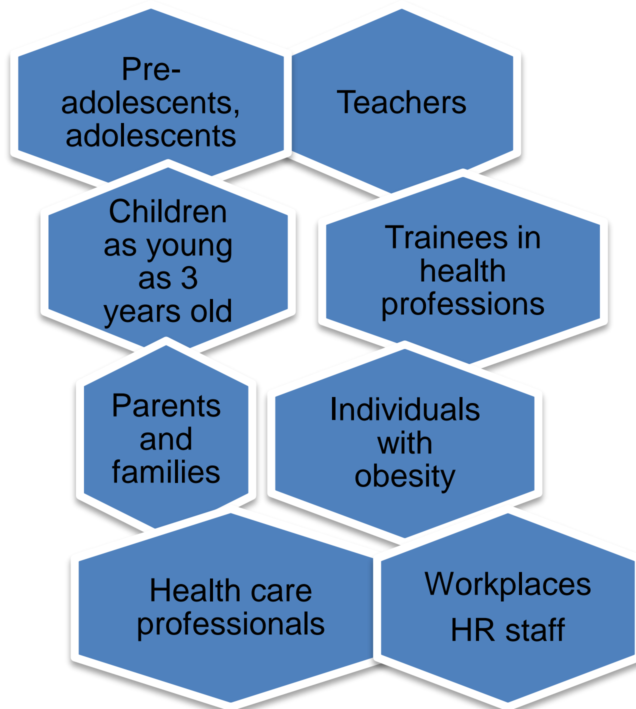
- Negative consequences include shame and guilt, anxiety, depression, poor self-esteem and body dissatisfaction that can lead to unhealthy weight-control practices.
- Weight bias also negatively affects access to obesity treatment, educational attainment, employment opportunities and quality of health care, ultimately leading to inequalities.

Pearl RL, Puhl RM (2016)

Forhan M, Salas XR (2013)

Stigma is a population health issue

Who has bias?



What causes weight bias?

- Belief that obesity is caused by controllable behavioural factors (eating too much and moving too little).
- Desirability of a thin body in Western culture (social norms).
- Ideological views and personality traits.
- Feelings about one's own appearance (social identity theory).

Do public health professionals have weight bias?

Do public health messages/strategies contribute to weight bias?

Weight bias in health care

Dietitians and nurses …

view patients with obesity as overeaters, lacking self-control and willpower, unattractive, insecure, slow, non-compliant, overindulgent, lazy and unsuccessful.

Nurses …

would prefer not to care for patients with obesity, feel repulsed by them, and would prefer not to touch them.

Psychologists …

ascribe more pathology, severe symptoms, negative attributes, and worse prognosis.

Weight bias in health care

Medical students' views:

- poor self-control, less likely to adhere, sloppy, awkward, unsuccessful, unpleasant.

Physicians' views:

- non-compliant, lazy, lacking in self-control, weak-willed, unsuccessful, unintelligent, dishonest.

Impact of weight bias 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 (fewer cancer screens, pelvic exams, mammograms)
- Less intervention

Weight-related barriers 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

Lack of training on obesity

Weight is a conversation stopper

- Professionals report inadequate training *(1)*.
- Shift training curricula to provide the necessary understanding of obesity *(2)*.

Lack of training in HCP training programmes

- Health promotion at community/individual levels.
- Nutrition and lifestyle contributors.
- Training in weight bias is not included in a systematic way *(3)*.

(1) Jay M, Kalet A, Ark T, McMacken M, Messito MJ, Richter R et al. (2009)

(2) Brown I, Flint SW (2013); Vallis M, Piccinini-Vallis H, Sharma AM, Freedhoff Y (2013)

(3) Russell-Mayhew S, Nutter S, Alberga AS, Jelinski S, Ball GDC, Edwards A et al. (2016)

Patient perspective

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.”

Patient perspective: healthy weight

"I have lost over 100 lb [45 kg], but I am still obese 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."

Patient perspective

- Patients feel frustration with lack of effective weight management strategies.
- They feel trapped in yo-yo diet cycles.
- Obesity prevention does not represent their realities.
- Public health messages put the blame on individuals.
- They feel shame and blame for not being able to implement public health recommendations.

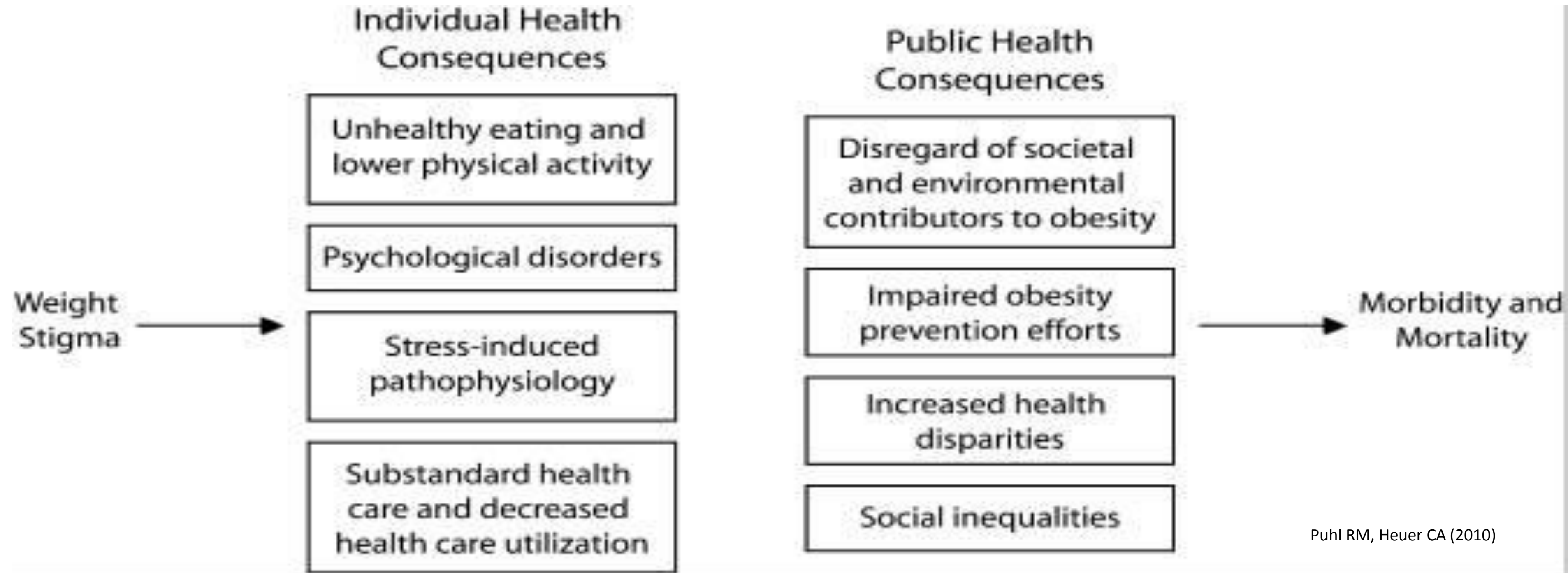
Patient perspective

- Messages are overly simplistic and narrowly focused.
- They ignore the struggle people have every day.
- The underlying assumption is that weight management is easy.
- It is assumed that people with obesity are bad citizens, that they are irresponsible.
- Stereotypical images – the idea that people with obesity engage in unhealthy behaviours and make unhealthy choices.
- There is resistance and rejection of public health messages.

Patient perspective

- Internalize stigma and develop unhealthy coping strategies (unhealthy eating behaviours – binge eating, unhealthy weight loss practices).
- Delay preventive health care services and adopt poor self-care practices.
- Avoid interactions with health care professionals.
- Vulnerable to:
  - depression, anxiety, low self-esteem, poor body image, suicidal acts and thoughts;
  - poor quality of life.

Summary: individual and public health consequences of weight bias and stigma



Puhl RM, Heuer CA (2010)

Weight bias reduction interventions: systematic review

Interventions addressing weight bias

- Few studies exist (n=17).
- Mixed samples (n=15 students in training, n=2 practising HCPs).

No magic way to address weight bias

- Deciphering successful strategies/approaches (used in combination).
- Need to move beyond awareness and information provision to raise skills and competencies in health professionals.
- A change in social norms and ideologies about body weight required.

Alberga AS, Pickering BJ, Alix Hayden K, Ball GD, Edwards A, Jelinski S et al. (2016)

Health care sector: key messages from systematic review of weight bias reduction interventions

1. Presenting facts about uncontrollable and non-modifiable causes of obesity.
2. Evoking empathy by positive contact with patients living with obesity.
3. Peer-modelling, shadowing with empathic experts.
4. Repeated exposure to patients over the long term.

Alberga AS, Pickering BJ, Alix Hayden K, Ball GD, Edwards A, Jelinski S et al. (2016)

World Health Organization
Regional Office for Europe
Organisation mondiale de la Santé
Bureau régional de l'Europe
Weltgesundheitsorganisation
Regionalbüro für Europa
Всемирная организация здравоохранения
Европейское региональное бюро

Recommendations for public health

- Consider the unintended consequences of population health messages (critical reflection).
- Aim healthy eating strategies and messages at the entire population **without focusing on weight reduction.**
- Challenge **healthy weight messaging** by shifting focus to health and move away from quantifying health in terms of numbers.
- Challenge the individual choice and the **energy in, energy out paradigms.**
- Examine language, beliefs, values, practices and relationships that contribute to stigma and health disparities.

Recommendations for public health

- Consider complexity of obesity and peoples' lived **experiences.**
- Give people with obesity a **voice** (engage them in the development of public health strategies).
- Shift focus from individual behaviour change to improving sociocultural, economic and physical environments that can enable health and **well-being for the whole population.**

Rudd Center for Food Policy and Obesity – recommendations for health professionals

1. Consider patients' previous negative experiences.
2. Recognize that having obesity is a product of many factors.
3. Explore all causes of presenting problems (not just weight).
4. Recognize that many patients have tried to lose weight repeatedly.
5. Emphasize importance of behaviour change rather than weight.
6. Acknowledge the difficulty of making lifestyle changes.
7. Recognize that small weight losses can improve health.

Rudd Center recommendations for health professionals: identify your own attitudes!

- Do I make assumptions based on weight regarding character, intelligence, professional success, health status, or lifestyle behaviours?
- Am I comfortable working with people of all shapes and sizes?
- Do I give appropriate feedback to encourage healthful behaviour change?
- Am I sensitive to the needs and concerns of individuals with obesity?
- Do I treat the individual or only the condition?

What can we change in primary care practice?

- Focus more on health and wellness and less on weight or weight loss.
- Remove all magazines or brochures from the waiting area that stereotype people with obesity.
- Do not weigh patients or discuss their weight in public areas.
- Have gowns, tape measures, scales, BP cuffs in your office designed to fit larger-than-average patients.
- Have assistive devices available for patients to make it easier to put on socks or shoes.
- Install grab bars in the washroom.
- Be sure to have seating that will accommodate/support a larger-than-average body size and shape.

References (1)

- Alberga AS, Pickering BJ, Alix Hayden K, Ball GD, Edwards A, Jelinski S et al. (2016). Weight bias reduction in health professionals: a systematic review. Clin Obes. 6(3):175–88. doi: 10.1111/cob.12147.
- Brown I, Flint SW (2013). Weight bias and the training of health professionals to better manage obesity: what do we know and what should we do? Curr Obes Rep. 2(4):333–40.
- Budd GM, Mariotti M, Graff D, Falkenstein K (2011). Health care professionals' attitudes about obesity: an integrative review. Appl Nurs Res. 24(3):127–37. doi: 10.1016/j.apnr.2009.05.001. Epub 2009 Sep 18.
- Chaput JP, Ferraro ZM, Prud'homme D, Sharma AM (2014). Widespread misconceptions about obesity. Can Fam Physician. 60(11):973–5, 981–4.
- Cramer P, Steinwert T (1998). Thin is good, fat is bad: how early does it begin? J Appl Dev Psychol. 19:429–51.
- DeJong W (1980). The stigma of obesity: the consequences of naive assumptions concerning the causes of physical deviance. J Health Soc Behav. 21(1):75–87.
- Drury CA, Louis M (2002). Exploring the association between body weight, stigma of obesity, and health care avoidance. J Am Acad Nurse Pract. 14(12):554–61.
- Forhan M, Salas XR (2013). Inequities in healthcare: a review of bias and discrimination in obesity treatment. Can J Diabetes. 37(3):205–9.
- Hatzenbuehler ML, Phelan JC, Link BG (2013). Stigma as a fundamental cause of population health inequalities. Am J Public Health. 103(5):813–21.
- Janssen I, Craig WM, Boyce WF, Pickett W (2004). Associations between overweight and obesity with bullying behaviors in school-aged children. Pediatrics. 113(5):1187–94.

References (2)

- Jay M, Kalet A, Ark T, McMacken M, Messito MJ, Richter R et al. (2009). Physicians' attitudes about obesity and their associations with competency and specialty: a cross-sectional study. BMC Health Serv Res. 9:106. doi: 10.1186/1472-6963-9-106.
- Merrill E, Grassley J (2008). Women's stories of their experiences as overweight patients. J Adv Nurs. 64(2):139–46.
- Pearl RL, Puhl RM (2016). The distinct effects of internalizing weight bias: an experimental study. Body Image. 17:38–42.
- Puhl RM, Andreyeva T, Brownell KD (2008). Perceptions of weight discrimination: prevalence and comparison to race and gender discrimination in America. Int J Obes (Lond). 32(6):992–1000. doi: 10.1038/ijo.2008.22. Epub 2008 Mar 4.
- Puhl RM, Heuer CA (2009). The stigma of obesity: a review and update. Obesity (Silver Spring). 17(5):941–64. doi: 10.1038/oby.2008.636. Epub 2009 Jan 22.
- Puhl RM, Heuer CA (2010). Obesity stigma: important considerations for public health. Am J Public Health. 100(6):1019–28. doi: 10.2105/AJPH.2009.159491. Epub 2010 Jan 14.
- Puhl RM, Latner JD (2007). Stigma, obesity, and the health of the nation's children. Psychol Bull. 133(4):557–80.
- Puhl RM, Luedicke J, Grilo CM (2014). Obesity bias in training: attitudes, beliefs, and observations among advanced trainees in professional health disciplines. Obesity (Silver Spring). 22(4):1008–15. doi: 10.1002/oby.20637. Epub 2013 Dec 4.

References (3)

- Ramos Salas X (2015). The ineffectiveness and unintended consequences of the public health war on obesity. Can J Public Health. 106(2):e79–81. doi: 10.17269/cjph.106.4757.
- Ramos Salas X, Forhan M, Caulfield T, Sharma AM, Raine K (2018). A critical analysis of obesity prevention policies and strategies. Can J Public Health. 108(5–6):e598–e608.
- Ramos Salas X, Forhan M, Sharma AM (2014). Diffusing obesity myths. Clin Obes. 4(3):189–96. doi: 10.1111/cob.12059. Epub 2014 May 7.
- Roehling MV (1999). Weight-based discrimination in employment: psychological and legal aspects. Person Psychol. 52(4):969–1016.
- Russell-Mayhew S, Nutter S, Alberga AS, Jelinski S, Ball GDC, Edwards A et al. (2016). Environmental scan of weight bias exposure in primary health care training programs. Can J Scholarship Teaching Learning. 7(2). doi: http://dx.doi.org/10.5206/cjsotl-rcacea.2016.2.5.
- Sharma AM, Kushner RF (2009). A proposed clinical staging system for obesity. Int J Obes (Lond). 33(3):289–95. doi: 10.1038/ijo.2009.2. Epub 2009 Feb 3.
- Teachman BA, Brownell KD (2001). Implicit anti-fat bias among health professionals: is anyone immune? Int J Obes Relat Metab Disord. 25(10):1525–31.
- Vallis M, Piccinini-Vallis H, Sharma AM, Freedhoff Y (2013). Clinical review: modified 5 As: minimal intervention for obesity counseling in primary care. Can Fam Physician. 59(1):27–31.
- Wang SS, Brownell KD, Wadden TA (2004). The influence of the stigma of obesity on overweight individuals. Int J Obes Relat Metab Disord. 28(10):1333–7.