

eat right. Academy of Nutrition and Dietetics

FNC 2020
Food & Nutrition Conference & Expo

Virtual Event
October 17-20

Let's Come Together
Uniting Dietitians to Combat Weight Bias

Session Overview

1. Introduction and Overview
 - Ted Kyle, RPh, MBA
2. Systemic Weight Bias
 - Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN
3. Weight Bias Among Healthcare Professionals
 - Kellene A. Isom, PhD, MS, RD, CAGS
4. Internalization of Weight Bias and Stigma
 - Rebecca L. Pearl, PhD
5. Take Home Points
 - Ted Kyle, RPh, MBA
6. Q&A

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Learning Outcomes

At the end of this session, participants will be able to:

1. Identify instances of clinician and systemic weight bias in current practices and policy
2. Describe the impact of weight bias on individual outcomes
3. Apply strategies to reduce weight bias across the spectrum of care

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Ted Kyle, RPh, MBA

Disclosures

- Employed by ConscienHealth
- Board Member/Advisory Panel
 - Tivity Health
- Consultant
 - Gelesis
 - Novo Nordisk



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Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN

Disclosures

- Employed by Perelman School of Medicine at the University of Pennsylvania
 - NIH/NIDCR (R01DE026603-03)
- Commission on Dietetic Registration
 - CSOWM Subject Matter Expert
 - Specialty Certification Panel Member
 - Cert. of Training in Obesity Interventions Facilitator
- Academy of Nutrition and Dietetics
 - Spokesperson, 2020-2023
 - PA Academy President, 2020-2021



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Kellene A. Isom, PhD, MS, RD, CAGS

Disclosures

- Employed by California Polytechnic Institute, Pomona
- Board Member/Advisory Panel
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 - CDR Weight Management Chair
- Consultant
 - Endo Pharmaceuticals



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Rebecca L Pearl, PhD

Disclosures

- Employed by Perelman School of Medicine at the University of Pennsylvania
- Research Support (past 3 years)
 - National Heart, Lung, and Blood Institute/NIH (#K23HL140176)
 - WW International, Inc.
- Consultant (past 3 years)
 - WW International, Inc.
 - Novo Nordisk



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What Is Weight Bias?



God Judging Adam, Etching by William Blake / WikiArt

- Negative
 - Attitudes
 - Beliefs
 - Judgments
 - Stereotypes
 - Discriminatory acts
- Based solely on weight
- Subtle or overt
- Explicit or implicit

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Weight Bias & Stigma Are Pervasive



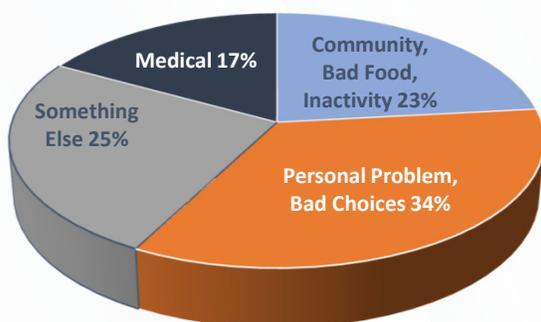
God Judging Adam, Etching by William Blake / WikiArt

- Family and friends
- Community, education, and employers
- Healthcare providers

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Many People View Obesity as a Matter of Choice

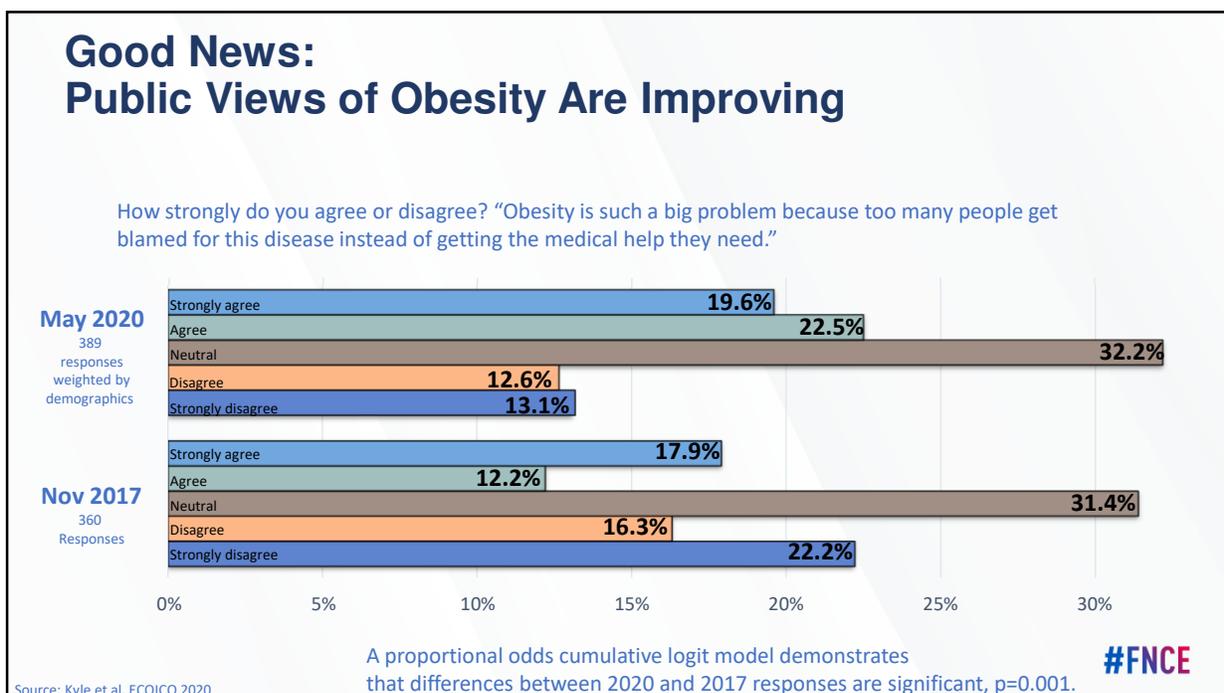
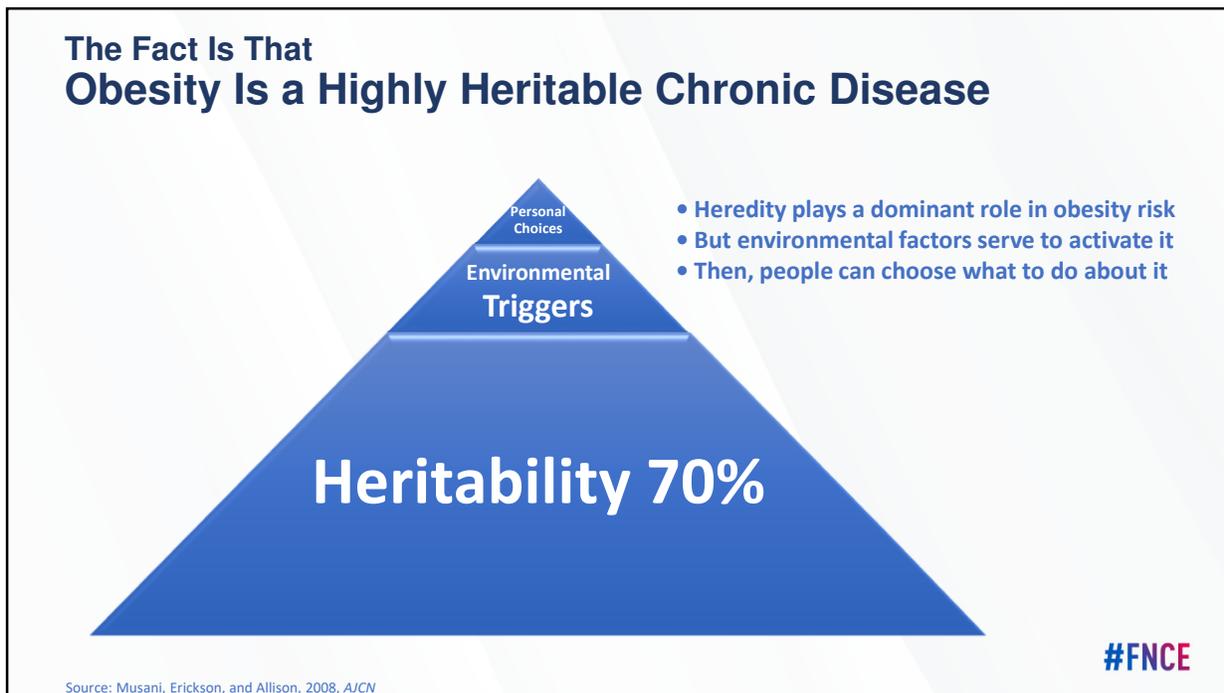
“Which phrase comes closest to describing the type of problem that you think obesity is?” (May 2020)



- Bad personal choices are the dominant explanation
- Data from ongoing tracking
- Respondents asked to pick one

Source: ConscienHealth research 2020.05

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Bias Compromises Quality of Care

The New York Times

Why Do Obese Patients Get Worse Care? Many Doctors Don't See Past the Fat

By GINA KOZATA SEPT. 25, 2016



Sarah Bramlette, who advocates awareness of

Source: NY Times, Sep 25, 2016

You must lose weight, a doctor told Sarah Bramlette, advising a 1,200-calorie-a-day diet. But Ms. Bramlette had a basic question: How much do I weigh?

The doctor's scale went up to 350 pounds, and she was heavier than that. If she did not know the number, how would she know if the diet was working?

The doctor had no answer. So Ms. Bramlette, 39, who lived in Ohio at the time, resorted to a solution that made her burn with shame. She drove to a nearby junkyard that had a scale that could weigh her. She was 502 pounds.

One in three Americans is obese, a rate that has been steadily growing for more than two decades, but the health care

- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

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COVID-19 Concerns for People with Obesity

- Patients avoiding healthcare
- Increased fear of being discounted
- Extreme fear of infection and hospitalization
- Concerns about changes in eating habits, exercise, weight gain



Let's Get Real, photograph © Obesity Action Coalition / OAC Image Gallery #FNCE

Listen First: The Model of Five A's

- **Ask**
Permission to discuss weight and health
- **Assess**
Obesity-related clinical status
- **Advise**
Health risks, benefits, options
- **Agree**
Regarding treatment goals and plans
- **Assist**
With barriers, resources, providers, follow-up



Clinic Visit, photograph © Obesity Canada Image Bank

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Using Respectful Language

- Regarding patients as whole people, not a diagnosis
- Labeling someone as “obese” is never OK
- Obesity can be a highly stigmatizing diagnosis
- Respect patient preferences



Playground, photograph © Obesity Action Coalition / OAC Image Gallery

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Diverse Perspectives About Obesity

- Fat acceptance
- Health at Every Size®
- Self stigma
- Disordered eating
- Cycles of weight loss
- Informed and engaged



Playground, photograph © Obesity Action Coalition / OAC Image Gallery

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Shared Decision Making

- Obesity, weight, and health are intensely personal subjects
- Different people have different issues and different goals
- Strict attention to shared decision making is essential



Morning, photograph © Obesity Action Coalition / OAC Image Gallery

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Summary

- Weight bias and stigma are pervasive and harmful
- COVID-19 raises serious concerns for people living with obesity
- Listen first
- Expect and respect diverse perspectives
- Shared decision making is essential



In the Kitchen, photograph © Obesity Action Coalition / OAC Image Gallery #FNCE

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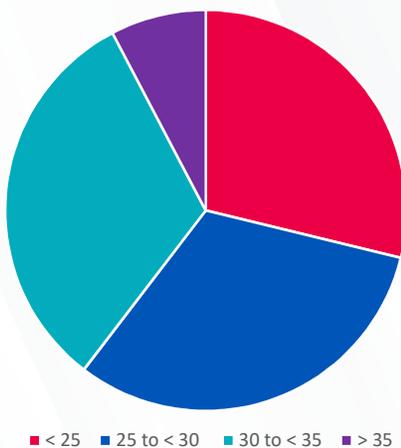
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Systemic Weight Bias

Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN

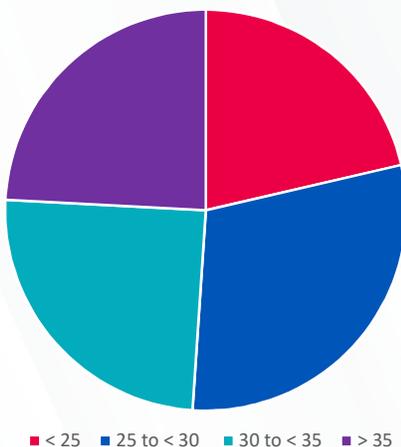
BMI in America: 2016



Fryar, Cheryl D., Margaret D. Carroll, and Cynthia L. Ogden. "Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2015–2016." (2018)
Ward, Zachary J., et al. "Projected US State-Level Prevalence of Adult Obesity and Severe Obesity." *New England Journal of Medicine* 381.25 (2019): 2440-2450.

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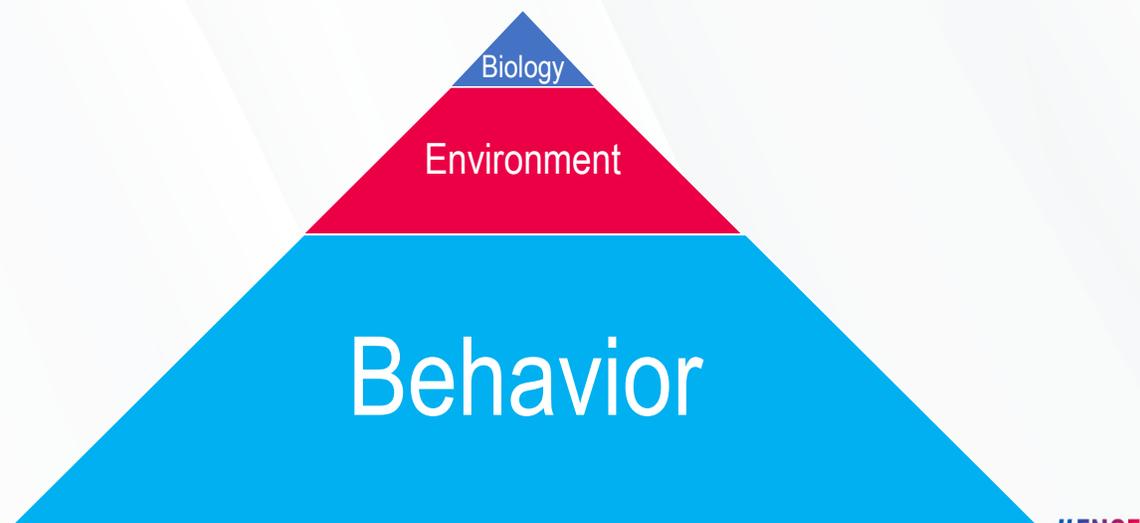
BMI in America: 2016 to 2030



Fryar, Cheryl D., Margaret D. Carroll, and Cynthia L. Ogden. "Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2015–2016." (2018)
Ward, Zachary J., et al. "Projected US State-Level Prevalence of Adult Obesity and Severe Obesity." *New England Journal of Medicine* 381.25 (2019): 2440-2450.

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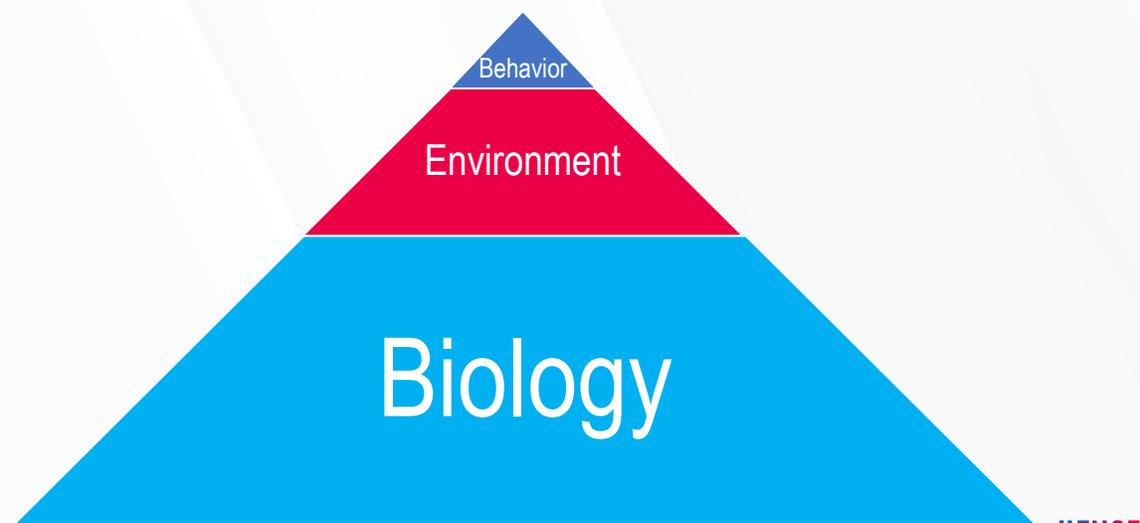
Public Perception of Weight Status



Puhl RM, Brownell KD. Psychosocial origins of obesity stigma: toward changing a powerful and pervasive bias. *Obes Rev.* 2003;4(4):213-227. doi:10.1046/j.1467-789x.2003.00122.x

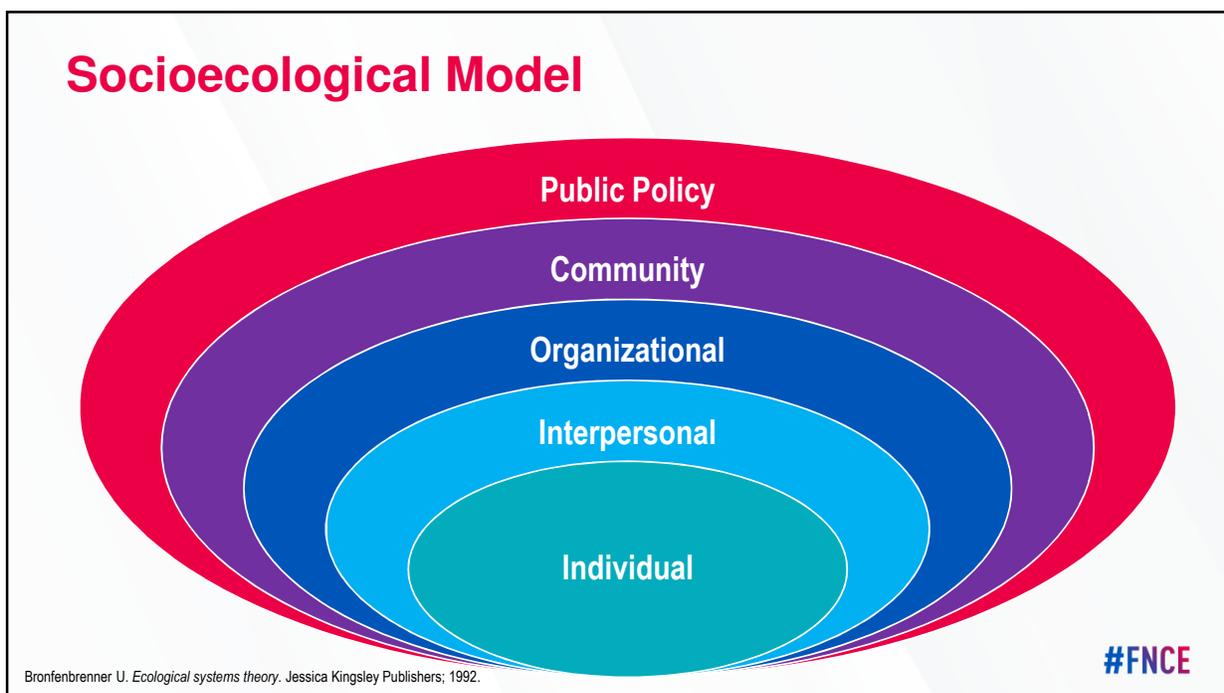
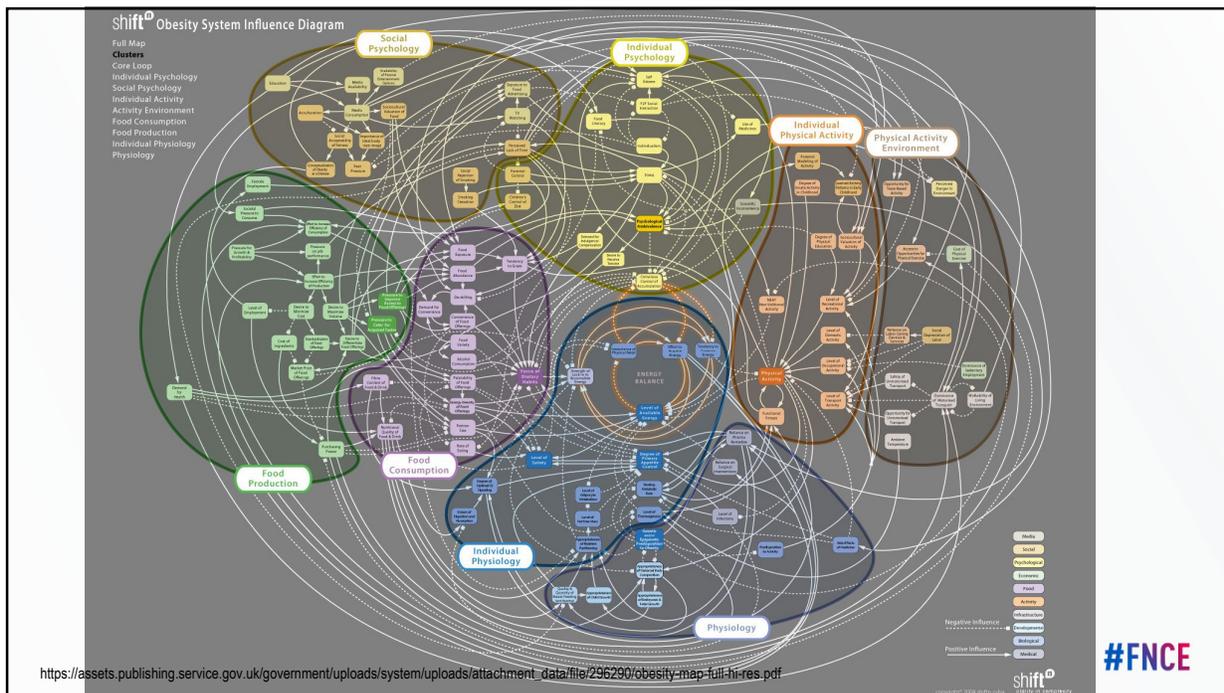
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Public Perception of Weight Status



Puhl RM, Brownell KD. Psychosocial origins of obesity stigma: toward changing a powerful and pervasive bias. *Obes Rev.* 2003;4(4):213-227. doi:10.1046/j.1467-789x.2003.00122.x

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Public Policy Level

- Few to no legal protections against weight-based discrimination
 - Michigan prohibits weight discrimination
 - Massachusetts H.3413/S.1012 to make discrimination on the basis of height and weight unlawful
- Prevention, treatment, and biases are complex and intertwined with social determinants of health
- Treatment coverage is variable
 - Affordable Care Act delegated coverage to states
 - Treat and Reduce Obesity Act
 - MNT Bill of 2020
- Building code requirements
 - Adopted by enforcing bodies from International Building Code

Treat and Reduce Obesity Act. <https://www.eatrightpro.org/advocacy/legislation/all-legislation/treat-and-reduce-obesity-act>.

Kubilis CN. Weighting for protection in Massachusetts: the myth of equal opportunity in employment. *Suffolk UL Review*. 2008;42:211.

Puhl RM, Suh Y, Li X. Legislating for weight-based equality: national trends in public support for laws to prohibit weight discrimination. *International Journal of Obesity*. 2016;40(8):1324-1324.

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Community Level

- Cultural depictions of weight status are often stigmatizing
 - Majority of news articles reporting on obesity include negative images
 - “Before and after” photos have been shown to enhance weight stigma and perpetuate negative weight stereotypes
- Normalize and expect respectful, individual-centered communication
 - Person-first language
 - Asking permission
 - Asking for preferences
 - Transparent documentation

Ata RN, Thompson JK. Weight bias in the media: A review of recent research. *Obesity Facts*. 2010;3(1):41-46.

Heuer CA, McClure KJ, Puhl RM. Obesity stigma in online news: a visual content analysis. *Journal of Health Communication*. 2011;16(9):976-987.

Geier AB, Schwartz MB, Brownell KD. “Before and after” diet advertisements escalate weight stigma. *Eating and Weight Disorders*. 2003;8(4):282-288.

Hinman NG, Burmeister JM, Kiefner AE, Borushok J, Carels RA. Stereotypical portrayals of obesity and the expression of implicit weight bias. *Body Image*. 2015;12:32-35.

Pearl RL, Puhl RM, Brownell KD. Positive media portrayals of obese persons: Impact on attitudes and image preferences. *Health Psychology*. 2012;31(6):821.

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Organizational Level

- Mandated Trainings
 - Cultural competency, safe patient handling
 - Permissive processes: Clinicians and staff default to ask permission at every step
- Weight-Inclusive Environments
 - Private spaces for weighing, wide range of sizes as the default
 - Less than half of providers report having scales that measure more than 350lbs
- Employees report limited coverage of weight management services
- Include patient voices in advisory councils

Puhl RM, Brownell KD. Confronting and coping with weight stigma: an investigation of overweight and obese adults. *Obesity*. 2006;14(10):1802-1815.

Smigelski-Theiss R, Gampong M, Kurasaki J. Weight bias and psychosocial implications for acute care of patients with obesity. *Advanced Critical Care*. 2017;28(3):254-262.

Wilson, Elizabeth Ruth, et al. "Obesity coverage gap: Consumers perceive low coverage for obesity treatments even when workplace wellness programs target BMI." *Obesity* 25.2 (2017): 370-377.

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Changing Course



Envato Elements Stock Imagery

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Takeaway points

- Despite the subtle and overt cultural messages, weight status is not a behavioral problem
- Public spaces, policies, and healthcare were not built for people with excess weight
- Changes systems takes time and can include:
 - Creating weight-inclusive environments
 - Listening to and respecting public and patient wants/needs
 - Support and advocate at all levels

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The banner features a background with a wavy, abstract shape in shades of red, purple, and blue. In the top left corner is the logo for 'eat right. Academy of Nutrition and Dietetics'. In the top center is the text 'FNCE 2020' in large blue and purple letters, with 'Food & Nutrition Conference & Expo' in a smaller blue box below it. In the top right corner is the text 'Virtual Event October 17-20'. The main title 'Weight Bias Among Healthcare Professionals' is centered in white text, and the speaker's name 'Kellene A. Isom, PhD, MS, RD, CAGS' is centered below it.

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Weight Bias Among Healthcare Professionals

Kellene A. Isom, PhD, MS, RD, CAGS

Weight Bias Influences Multiple Settings

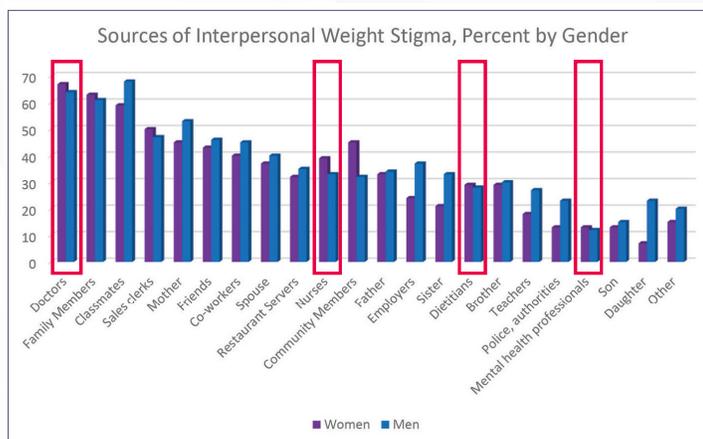


FIGURE 2. Sources of Interpersonal Weight Stigma. Physicians and family members were the most frequent sources of weight bias reported in a study examining experiences of weight stigmatization, sources of stigma, coping strategies, psychological functioning, and eating behaviors in a sample of 2,671 adults with overweight and obesity.

SOURCE: Puhl RM, Brownell KD. Confronting and coping with weight stigma: an investigation of overweight and obese adults. *Obesity*. 2006;14(10):1802–1815.

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Davidson & Davis, 2019 – Data Source: Puhl & Brownell, 2006

Weight Bias in Healthcare

- **Doctors, nurses, dietitians, physical therapists/fitness trainers, physiotherapists, psychologists, and obesity medicine specialists¹** complicit¹
- **Health Professionals (HPs) and HP students**, have been shown to have explicit and implicit obesity bias²
- Obesity bias results in:³
 - Negative patient-provider interaction, poor patient outcomes, and lower patient weight loss
 - Prevents patients from receiving appropriate medical care
 - Increased weight stigma
 - **Associated** with increased caloric consumption, cortisol and oxidative stress, and the possibility of eating disorders

1. Schwartz et al. 2003

2. Brown & Flint, 2013; Phelan et al., 2014; Jung, Luck-Sikorski, Wiemers, & Riedel-Heller, 2015

3. Brown & Flint, 2013; Meadows et al., 2017; Phelan, Burgess, Yeazel, Hellerstedt, Griffin, & van Ryn, 2015; Puhl & Heuer, 2009; Schvey, Puhl, & Brownell, 2011, 2014

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Weight Bias in Healthcare

- **Physicians** share the general population's strong anti-obesity bias
 - More than half PCP surveyed reported viewing individuals with obesity as, "awkward, unattractive, ugly, and non-compliant with their therapy" (p. 1174)¹
 - Nearly two-thirds of one sample of patients seeking bariatric surgery reported having experiences **inappropriate comments from physicians**²
- **Pre-clinical medical students**³
 - 40% have **significant implicit weight bias** and yet few are aware of their bias
 - **Derogatory humor** by peers, residents, and faculty physicians
 - Less adherence and more discomfort
 - Don't take care seriously
 - Greater weight bias than other types of bias

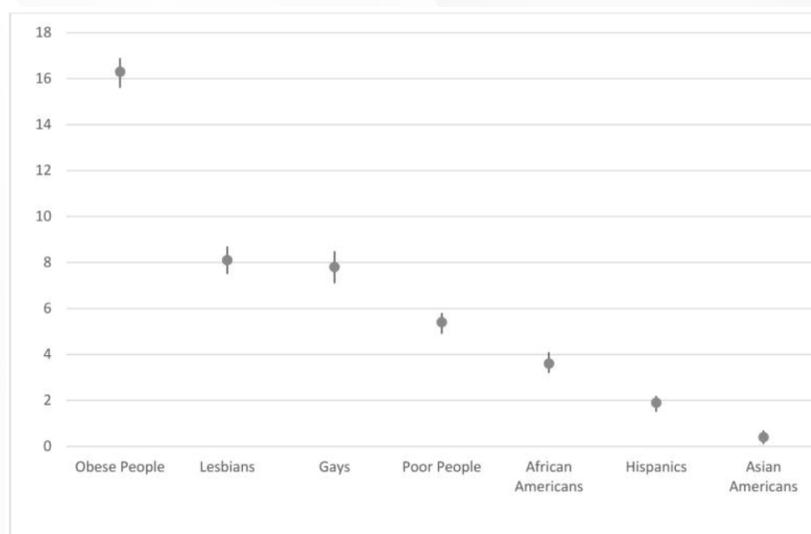
1. Foster, Wadden, Makris, Davidson, Sanderson, Allison, & Kessler, 2003

2. Friedman, Ashmore, & Applegate, 2008

3. Blanton, Brooks, & McKnight, 2016; Sabin, Marini, & Nosek, 2012; Phelan et al., 2014 CHANGES study; Wigton & McGaghie, 2001

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Weight Bias in Medical Students



Phelan et al., 2014 CHANGES study

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Weight Bias in Healthcare

- Undergraduate University **Health Majors**¹
 - 93% displayed weight bias as seen through a measure that rated descriptor of those with overweight or obesity
 - Identified such individuals as: *lazy, short on will power, lacking endurance, overeating, self-indulgent, and weak*
- **Nursing and nursing students**
 - Nurses describe patients as “worse” and “lazy”²
 - Having *less willpower*
 - Obesity bias significantly greater among nursing students than education and social work students.³
- **Physical Therapists**⁴
 - Average levels of weight bias
 - Related to belief about the cause of obesity
 - 97.6% students associated patients with obesity as “lazy”, “unattractive”, “insecure”⁵

1. Blanton, Brooks, & McKnight, 2016 2. Robstad, et al., 2019. 3. Darling & Atav, 2019 3. Panza et al., 2018 4. Wise et al., 2014; Elboim-Gabyzon, 2020. 5. Awotidebe & Phillips, 2009

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Weight Bias in the Field of Nutrition

- **Nutrition**
 - **United States**
 - 76% of dietitians showed “strong to moderate preference for thin over fat people”¹
 - Dietetic students evaluated diet quality and health status poorer²
 - Less likely to comply with treatment recommendations
 - Moderate fat phobia
 - Tennessee dietetic students, interns, and professionals had *moderate explicit weight bias*
 - Decrease in obesity bias as one moves through the dietetic profession (NS)³
 - **Australia**⁴
 - 1.4% dietitians expressed positive or neutral attitudes
 - **United Kingdom**⁵
 - RDs have *mild to moderate fat phobia*
 - <2% of dietetic students expressed positive or neutral attitudes
 - **Mexico**
 - 88% of dietetic students had *negative attitudes*⁶

1. Edelstein, 2009. 2. Puhl, Wharton & Hauer, 2009. 3. Welborn, 2013. 4. Diversi et al., 2016. 5. Swift et al., 2012. 6. Obara et al 2018

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Weight Bias Among Dietetic Interns and Registered Dietitians

Methods: Procedures

What is the effect of standard didactic obesity management education supplemented with a brief educational video about weight bias in healthcare on the implicit and explicit weight bias, and obesity knowledge in Boston dietetic interns compared to standard, didactic obesity management education alone?

```

    graph TD
      A["-2 Weeks to Day 0, 9:00am: Participants complete Baseline Survey"] --> B["Day 0: Obesity Class Day"]
      B --> C["Control Group"]
      B --> D["Experimental Group"]
      C --> E["Lunch"]
      D --> F["Educational Video & Lunch"]
      E --> G["Day 0: Obesity Class Day"]
      F --> G
      G --> H["Day 0, 5:00pm-1 Week: Participants complete Post-Education Survey"]
      H --> I["Week 4-Week 6: Participants complete One-Month Survey"]
      I --> J["Week 6-8: Participants participate in Focus Groups"]
  
```

N= 50

N= 39

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Instruments for Measuring Obesity Bias & Knowledge

ORK-10

- Obesity Knowledge
- 10 questions, True, False, or I don't know
- Continuous, ratio (0-10); Higher score = greater knowledge of obesity

BAOP

- Obesity Knowledge and Bias
- 6-point Likert scale, +3 to -3; Continuous, ratio (0-48)
- Higher score stronger belief that obesity is not under a person with obesity's control

AFA

- Explicit Bias
- 13 questions, 10-point Likert scale, 3 sub scales: Dislike, Fear of Fat, Willpower
- Continuous, ratio (0-117) and (0-9) for each subscale

IAT

- Implicit Bias
- Computer-based, latency response test
- 7 categories, ordinal (0-7): 1 = Strong preference for fat people, 4 = No preference, 5 = slight preference for thin people, 6 = moderate preference for fat people, 7 = strong preference for thin people

Allison & Yucker, 1991; Crandall, 1994; Project Implicit, 2011; Project Implicit®; Swift et al., 2006

Results & Discussion

AFA

- A brief educational video intervention significantly **decreased** explicit bias and implicit bias among dietetic interns

IAT

- Decrease in **explicit bias** **NOT** sustainable at one-month

ORK-10

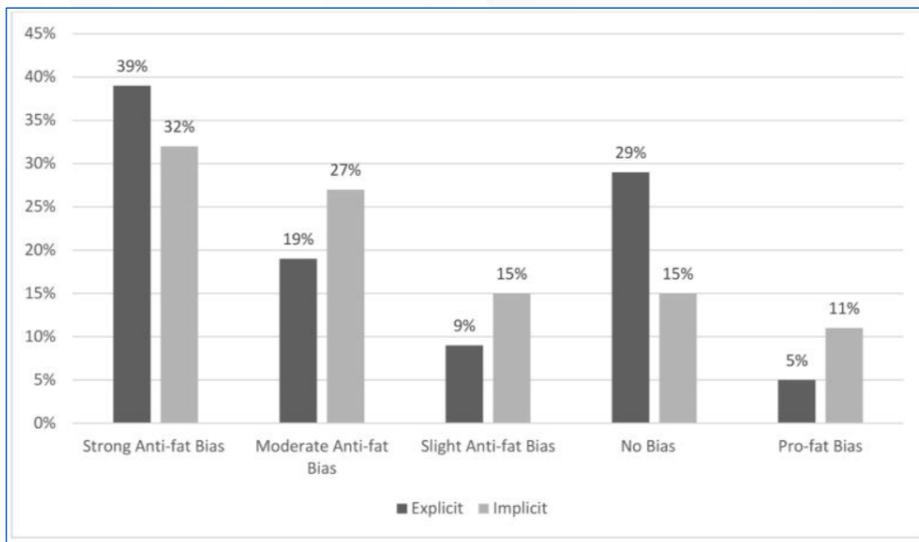
- Decrease in **implicit bias** sustainable at one-month
- Moderate baseline obesity knowledge among dietetic interns

BAOP

- No change in obesity knowledge among Boston dietetic interns
- Obesity knowledge correlated with implicit bias in directions unexpected
 - Does this mean our dietetic curricula could be influencing weight bias?

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Weight Bias in Medical Students



Phelan et al., 2014 CHANGES study

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**What About
Practicing
Dietitians?**

What is the prevalence of explicit weight bias among Registered Dietitians in the United States of America?

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Methods

- Cross-sectional study
- Inclusion criteria
 - RDs or through the CDR
 - Currently working in the field
- Obtained 6,000 emails through the CDR via random sampling
 - Fat Phobia Scale (FPS)- short form and AFA (Explicit Bias) questionnaire
 - Continuing Education question
- Excluded individuals who did not complete either tools (FPS or AFA)
- Age → categorized into generations
- BMI → categorized by weight group
- Years of Practice → categorized by the Academy of Nutrition and Dietetics definitions
 - Competent, proficient, expert
- The Kruskal-Wallis test was used for analysis
 - With post hoc test Bonferroni correction

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Results → Sample Description

- Total sample size included in statistical analysis: 1,097 (~18%)
- Mean age = 41.9 (SD=13.9)
- 94.3% reported identifying as female
- 86.5% reported as white
- 54.8% reported a Masters as their highest degree
- 51.3% practicing in Clinical Dietetics

Mean FPS Score: 3.3 (0.44)

Mean AFA score: 3.1 (0.43)

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Major Results & Implications for Practice

Weight bias differs significantly by*

- Practice area (FPS, AFA Total, AFA Fear of Fat and AFA Willpower)
 - BMI (AFA subscales Dislike and Willpower)
 - Years practicing after registration (AFA Total and subcategory of Dislike)
- **Low to moderate weight bias** is present among practicing RDs in the U.S.
 - Similar FPS mean score results were found among RDs in the US¹, and in Germany²
 - Similar low AFA scores found in U.S. RDs¹
 - **Associations between BMI & explicit weight bias**
 - Past research shows mixed results for explicit bias^{2,3}

*p-value<0.05 #FNCE

1. Wellborn 2013 2. Hellbardt et al, 2014 3. Bacardí-Gascón, 2015

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Practical Applications for Change in the Dietetics Profession and Education

Let's Check Our Biases

- Understand our own external bias
 - Conscious
- Explicit Weight Bias
- UCONN's Rudd Center for Food Policy and Obesity
 - [Photo Gallery](#)



<https://nypost.com/2018/09/12/new-study-claims-obesity-might-make-you-dumber/>;
<https://www.newsweek.com/obesity-weight-loss-antibody-reduces-fat-614978>

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Implicit Weight Bias

- Understand your own **internal** bias
 - **Unconscious**
- **Project Implicit**[®] Implicit Association Test Data Distribution and Example of Implicit Association Test (IAT) Results



The sorting test you just took is called the Implicit Association Test (IAT). You categorized good and bad words with images of Fat People and Thin People.

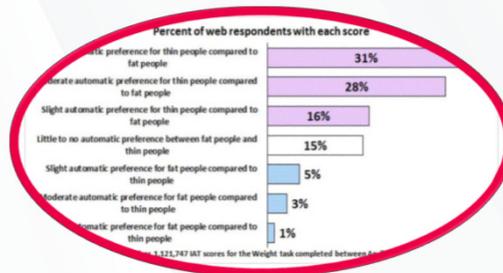
Here is your result:
Your data suggest no automatic preference between Fat people and Thin people.

Your result is described as an "Automatic preference for Fat People over Thin People" if you were faster responding when Fat People and Good are assigned to the same response key than when Thin People and Good were classified with the same key. Your score is described as an "Automatic preference for Thin People over Fat People" if the opposite occurred. Your automatic preference may be described as "light", "moderate", "strong", or "no preference". This indicates the strength of your automatic preference. The IAT requires a certain number of correct responses in order to get results. If you made too many errors while completing the test you will get the feedback that there were too many errors to determine a result. Note that your IAT result is based only on the categorization task and not on the questions that you answered.

Please answer the following questions about your results:

1. What brought you to this website?

<https://implicit.harvard.edu/implicit/takeatest.html>;
<https://bitemywords.com/2018/07/23/a-smile-doesnt-hide-your-weight-bias/>



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Interventions to Address Weight Bias

- **Awareness**
- **Empathy**
 - Videos/Media
 - [Videos portraying obesity as human](#)
- **Attribution Theory**
- **Social Consensus Model**
- **Requires frequent, continuous bias interventions**
- **Education**
 - Avoid formal educational reinforcement of existing biases
- **Obesity Knowledge via**
 - **Emphasize all levels of the SEM equally**
 - Pathophysiology
 - Needs to include **genetic and environmental influences of obesity**,
 - **NOT Behavior**
 - Further multimodal **weight bias interventions needed**

Puhl, Phelan, Nadglowski, & Kyle, 2016; Kushner et al., 2014; Persky & Eccleston, 2011; Schwartz et al., 2003; Swift et al., 2013; Wiese, Wilson, Jones, & Neises, 1992; Burmeister et al., 2016; Poustchi, Saks, Piasecki, Hahn, & Ferrante, 2013; Batson & Polycarpou, 1997; Gloor & Puhl, 2016; Sweeney & Baker, 2018; Teachman et al., 2003; van Berkhout & Malouff, 2016; Poustchi et al., 2013; Kushner et al., 2014; Diedrichs & Barlow, 2011; Hilbert, 2016; O'Brien et al., 2010; Poustchi et al., 2013; Wijayatunga et al., 2019; Teachman et al., 2003; Crandall, 1994; Puhl et al., 2005; Swift, Hanlon, El-Redy, & Puhl, 2013; Swift et al., 2007; Teachman et al., 2003; O'Brien et al., 2010; Hankey et al., 2004; Pearl & Lebowitz, 2014; Wynn, Islam, Thompson, & Myint, 2018; Ata, Thompson, Boepple, Marek, & Heinberg, 2017; Hilbert, 2016; Puhl et al., 2005; Teachman et al., 2003; <http://www.uconnruddcenter.org/weight-bias-stigma-videos-exposing-weight-bias>

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Future Directions

- **Intersectionality**
 - Current studies primarily performed in white females
 - What about minoritized groups and LGBTQ+?
- **Multi-faceted** educational interventions
 - Public education and healthcare professional education
 - Sustainable, long-term interventions needed
 - Required competencies for obesity and obesity bias
- Need to address **implicit** weight bias
- **Healthcare Professionals** and facility resources
- **Policies** to address weight bias, stigma, and discrimination

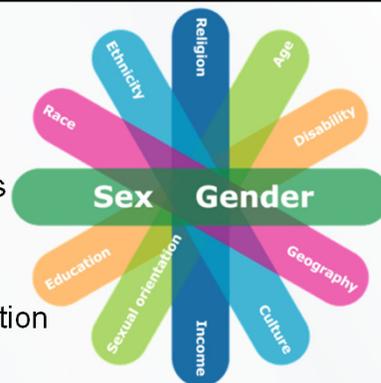


Image source: <https://sites.wp.odu.edu/bodylore/2019/10/31/intersectionality-and-sexual-education/>

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FNCE[®] 2020

Food & Nutrition Conference & Expo[™]

Virtual Event
October 17–20

Internalization of Weight Bias and Stigma

Rebecca L. Pearl, PhD

Weight Stigma and COVID-19

CNN health Food Fitness Wellness Parenting Vital Signs LIVE TV Edition Q @ ☰

Obesity increases risk of complications from Covid-19, damages vaccine efficacy, study finds

By Shelby Lin Erdman, CNN
Updated 7:07 PM ET, Wed August 26, 2020




'I was too fat,' UK Prime Minister Boris Johnson says (

Weight Bias Internalization (Weight Self-Stigma)

- Awareness and application of negative stereotypes to oneself
- Self-devaluation due to weight



Corrigan, Watson, & Barr, 2006, *J Soc Clin Psychol*; Durso & Latner, 2008, *Obesity*

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Patient Examples

- Disappointed in self
- It's my own fault
- Feel like a failure
- Feel lazy
- Fault in my character
- Feel inferior
- Ugly and disgusting
- Hate myself for not having self-control
- Feel less valuable to others
- Wonder what my husband sees in me
- Inadequate as a grandmother
- Can't accomplish things in life
- **Think about it every single day**

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Health Implications

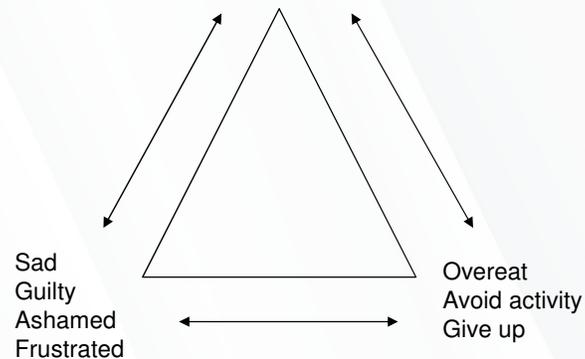
Health Outcome	Experience	Internalize
Depression	×	×
Anxiety	×	×
Poorer self/body esteem	×	×
Poorer quality of life	×	×
Binge eating	×	×
Other eating pathology	×	×
Increased caloric consumption	×	×
Reduced physical activity motivation	×	×
Weight gain/less weight loss	×	×
Dysregulated cortisol	×	
Poorer glycemic control	×	
Inflammation (C-reaction protein, F ₂ -isoprostanes)	×	?
Heightened risk of mortality	×	

Pearl, 2018, *Soc Issue Policy Rev*; Pearl & Puhl, 2018, *Obes Rev*

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Internalization and Self-Efficacy

I'm too lazy to get up early and walk
I don't have enough self-control to stop eating after I'm full
I'm not capable of doing it



Pearl, Himmelstein, Puhl et al., 2020, *Ann Behav Med*; Pearl, Puhl, & Dovidio, 2015, *J Health Psychol* #FNCE

Strategies to Address Bias and Stigma

- Create policy to prevent/reduce negative consequences
- Change public attitudes
- Educate employers/teachers/health care professionals
- Change self-perceptions of stigmatized individuals

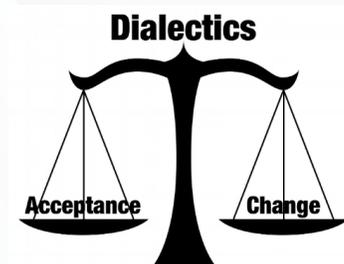
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Main Approaches

- Cognitive-behavioral
- Acceptance-based
- Non-dieting or weight neutral

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Cognitive-Behavioral Approach



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Education about Weight and Weight Bias

- Weight is complex and not entirely within our control.
- If you have had negative experiences due to weight, or felt down about yourself due to your weight, you are not alone.



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Challenge Myths and Stereotypes



- Examine evidence for and against common misconceptions:
 - Obesity is caused by lack of willpower and self-control
 - Regaining weight is a sign of personal failure and weakness
 - People with higher body weight are always healthier than lean individuals

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Cognitive Restructuring

- **Increase awareness of “cognitive distortions” and work towards more accurate thinking**
- Examples:
 - Mind-Reading
 - Emotional Reasoning
- **Notice the connection between thoughts, feelings, and behaviors**
 - Break the cycle by changing negative thoughts
 - Increase self-efficacy
- **Re-appraisal of stigmatizing situations**



Adapted from Beck, 2011 #FNCE

Assertiveness and Communication Skills

- When others say something upsetting or offensive to you about your weight, how will you respond?
 - Pros and cons of different types of responses
 - Script a response and practice delivering it



Adapted from Linehan, M. M. (2014). *DBT skills training manual*. New York: Guilford Press #FNCE

Practice Self-Compassion and Acceptance

- Be kind to yourself and your body
- Don't let weight hold you back from living your life



- You can make changes for your health (including lose weight), while still loving, respecting, and accepting your body

Adapted from: Linehan, M. M. (2014). *DBT skills training manual*. New York: Guilford Press;
Cash, T. F. (2008). *The Body Image Workbook*. Oakland, CA: New Harbinger Publications.

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Engage in Advocacy

- Feel empowered to combat weight bias



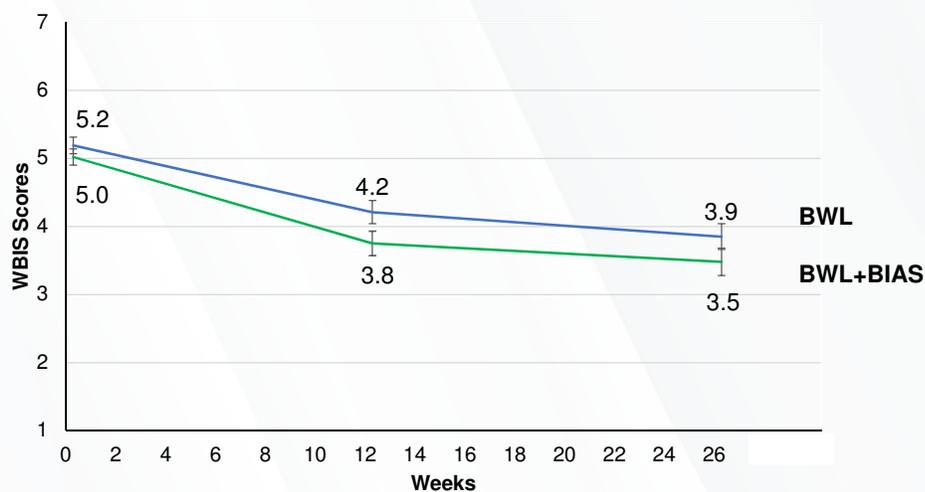
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Randomized Controlled Trial

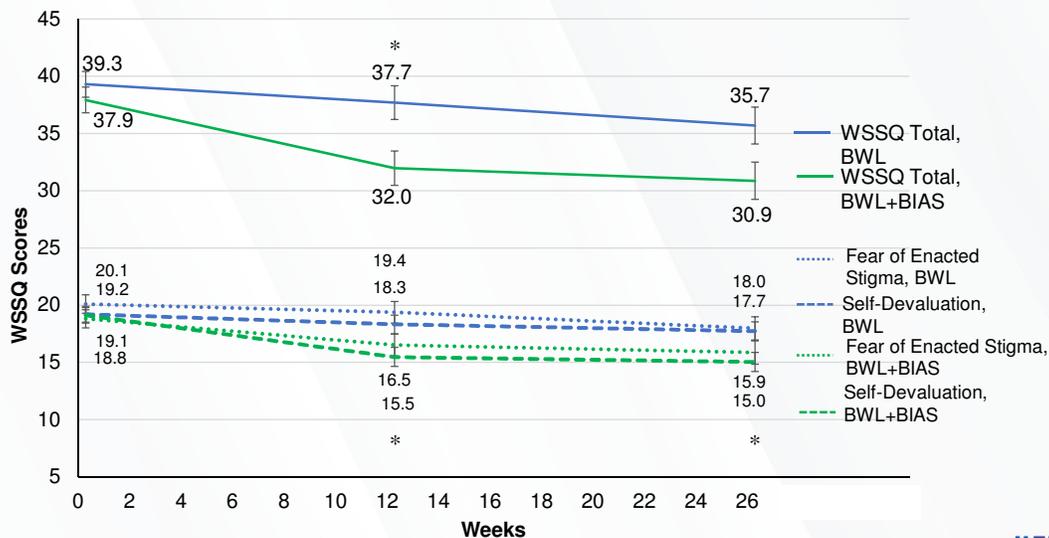
- Group behavioral weight loss (BWL) treatment + Weight Bias Internalization and Stigma (BIAS) program
- Compared to BWL alone
- 72 adults with obesity and high internalization
 - 85% women, 67% Black, $M_{\text{age}}=47$ years, $M_{\text{BMI}}=39$ kg/m²
- 12 weekly sessions, 2 bi-weekly and 2 monthly sessions (26 weeks)

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Weight Bias Internalization Scale

Pearl, Wadden, Bach et al., 2020, *J Consult Clin Psychol* #FNCE

Weight Self-Stigma Questionnaire



Pearl, Wadden, Bach et al., 2020, *J Consult Clin Psychol*

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Treatment Acceptability Ratings

- Weight BIAS program rated 6.3 ± 1.0 out of 7
 - Acceptability ratings 6.5 and 6.3 for BWL component
- Quotes from BWL+BIAS group:
 - The program created a safe community and made me feel that I was **not alone**.
 - I learned to **appreciate my body** for the good it does me and **not judge** it just by the way it looks. I also learned to **treat myself with compassion** - as I would a friend.
 - It helped me **look at things differently** and **not be so hard on myself**.
 - I **feel 100% better** about myself from our first meeting...and I **care less about what other people think**.

Pearl, Wadden, Bach et al., 2020, *J Consult Clin Psychol*

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Quotes from BWL group

- Life changing. Helped me to see that **we are not alone** in this challenge
- ...I **don't feel as alone** as I used to. I also **no longer feel like I am less** than other people because I am overweight.
- The staff was patient, informative, and welcoming. **No judgment...**and **lots of compassion**. Good experience.

Pearl, Wadden, Bach et al., 2020, *Obesity*

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Acceptance-Based Approaches

- Mindfulness
- Self-compassion
- Acceptance and Commitment Therapy (ACT)
 - Acceptance of uncomfortable feelings
 - Increasing values-driven behavior

Hayes et al., 2011; Levin et al., 2017, *Cogn Behav Pract*; Palmeira et al., 2017, *Appetite*; Palmeira et al., 2017, *J Health Psychol* #FNCE

Non-Dieting Approaches

- Lifestyle change (intuitive eating, no caloric restriction)
- Living full, healthy life, regardless of body weight (Health at Every Size)
 - Exposures to avoided situations/activities
- Body and self acceptance
 - “Disentangle feelings of self-worth from weight”
 - Challenging body ideals, misconceptions about weight
 - Discussion of stigma

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Bacon et al., 2002; Bacon & Aphramor, 2011; Carels et al., 2014; Mensinger et al., 2016; Rapaport et al., 2000; Wadden et al., 2004

Summary

- Internalized weight stigma causes suffering and contributes to poor health.
- Interventions for preventing and reducing internalization are needed.
 - Initial studies show promising short-term results.
- Regardless of approach, dietitians should be aware of internalized weight stigma and can incorporate strategies to address it while supporting patient health goals.

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Session Summary

- Weight status is not a behavioral problem
- Current healthcare systems were not built for people with obesity
- Weight bias is pervasive, including within dietetics and healthcare as a whole
- Internalized weight stigma causes suffering and contributes to poor health

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Practice Applications

1. Identify, acknowledge, and challenge weight bias in every level of care, from policy to the individual
2. Listen to patient wants and needs to collaboratively build a nutrition plan right for them– this may or may not include weight loss
3. Support patients in those wants and needs by creating weight-inclusive environments, advocating for coverage or access, challenging your own bias, and addressing internalized weight bias

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Weight Bias Resources

- ASMBBS Position Statement on Weight Bias
 - <https://asmbs.org/app/uploads/2019/08/PIIS1550728919301686-BIAS.pdf>
- Obesity Action Coalition (OAC)
 - <https://www.obesityaction.org/>
- UCONN's Rudd Center for Food Policy and Obesity
 - <http://www.uconnruddcenter.org/weight-bias-stigma>
- The Obesity Society
 - Obesity as a Disease: The Obesity Society 2018 Position Statement
 - https://www.obesity.org/wp-content/uploads/2019/04/Jastreboff_et_al-2019-Obesity.pdf
- Weight Management Dietetic Practice Group Quick Guide on Weight Bias
 - <https://www.wmdgp.org/>
- Harvard Project Implicit
 - <https://implicit.harvard.edu/implicit/takeatest.html>
- Obesity Care Advocacy Network
 - <https://obesitycareadvocacynetwork.com/>