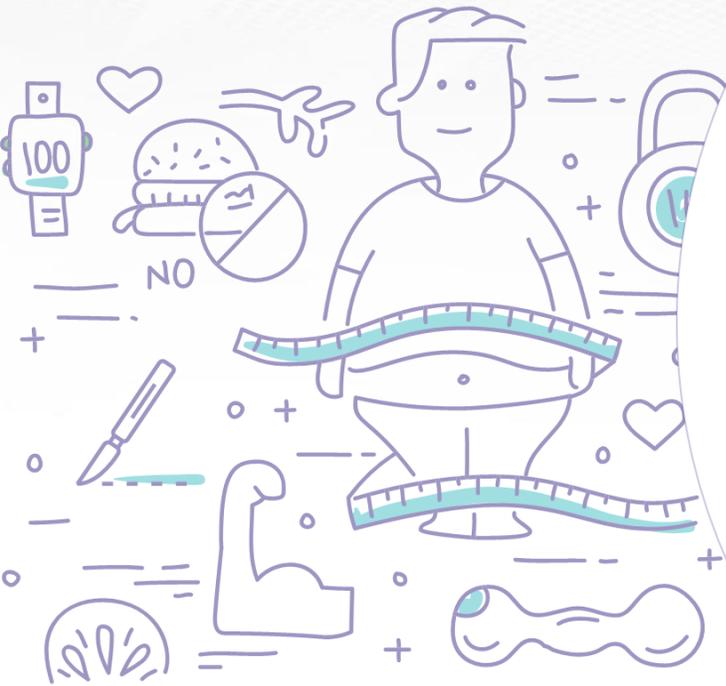




# Is Weight Stigma a Risk Factor for Poor Outcomes in Obesity?

Ted Kyle, RPh, MBA

3 March 2021



# Disclosures

- **Professional fees**
  - Gelesis
  - Johnson & Johnson
  - Novo Nordisk
  - Nutrisystem
- **Personal biases that favor:**
  - Evidence-based interventions, both prevention and treatment
  - Respect for people living with obesity
  - Critical thinking about all evidence



# Presentation Objectives

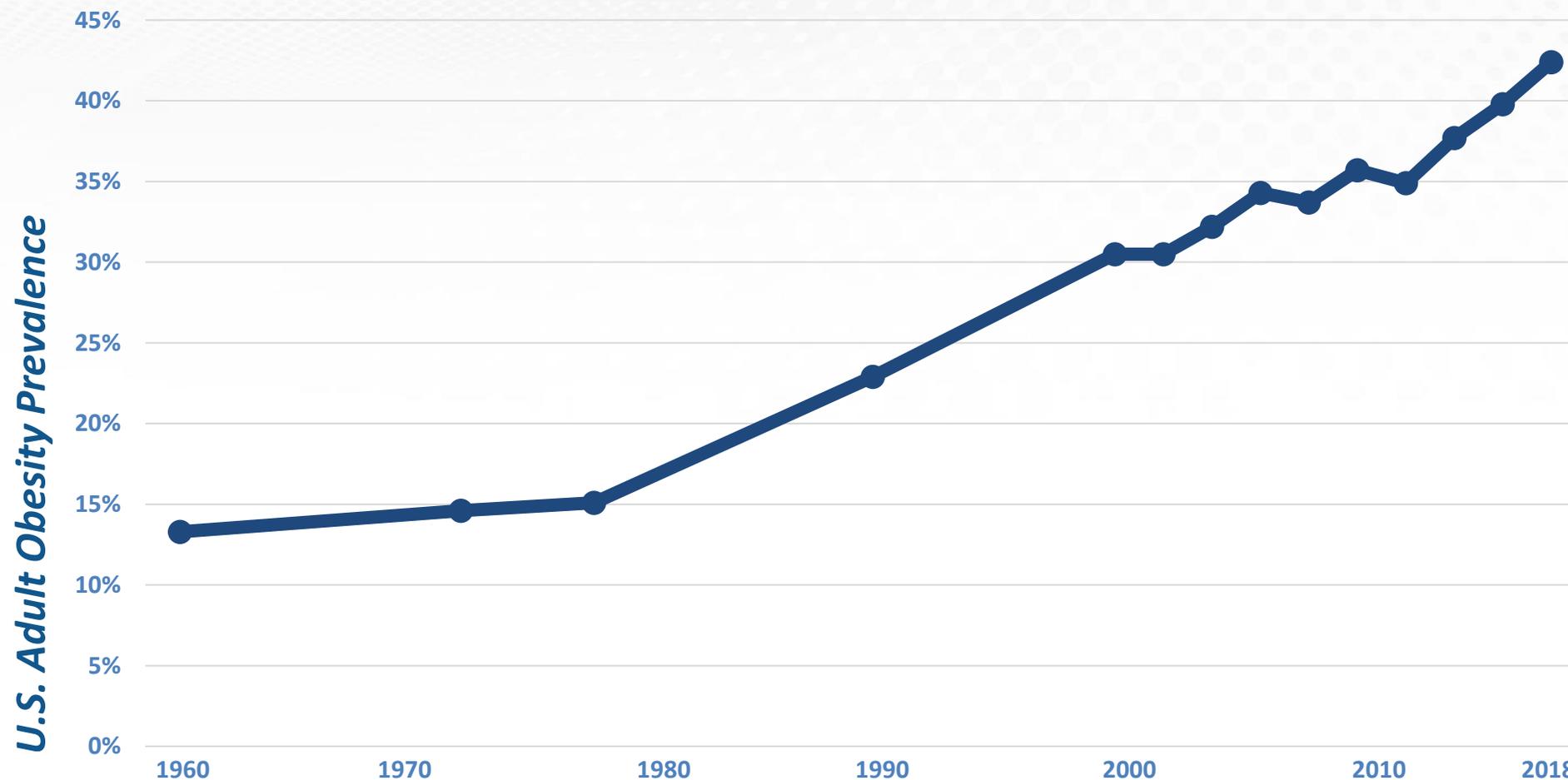
- Describe how bias corrupts our response to obesity and its complications
- Review data on public perceptions and biases about:
  - Obesity
  - Metabolic surgery
- Discuss the effect on outcomes



Source: Pawel Loj / flickr



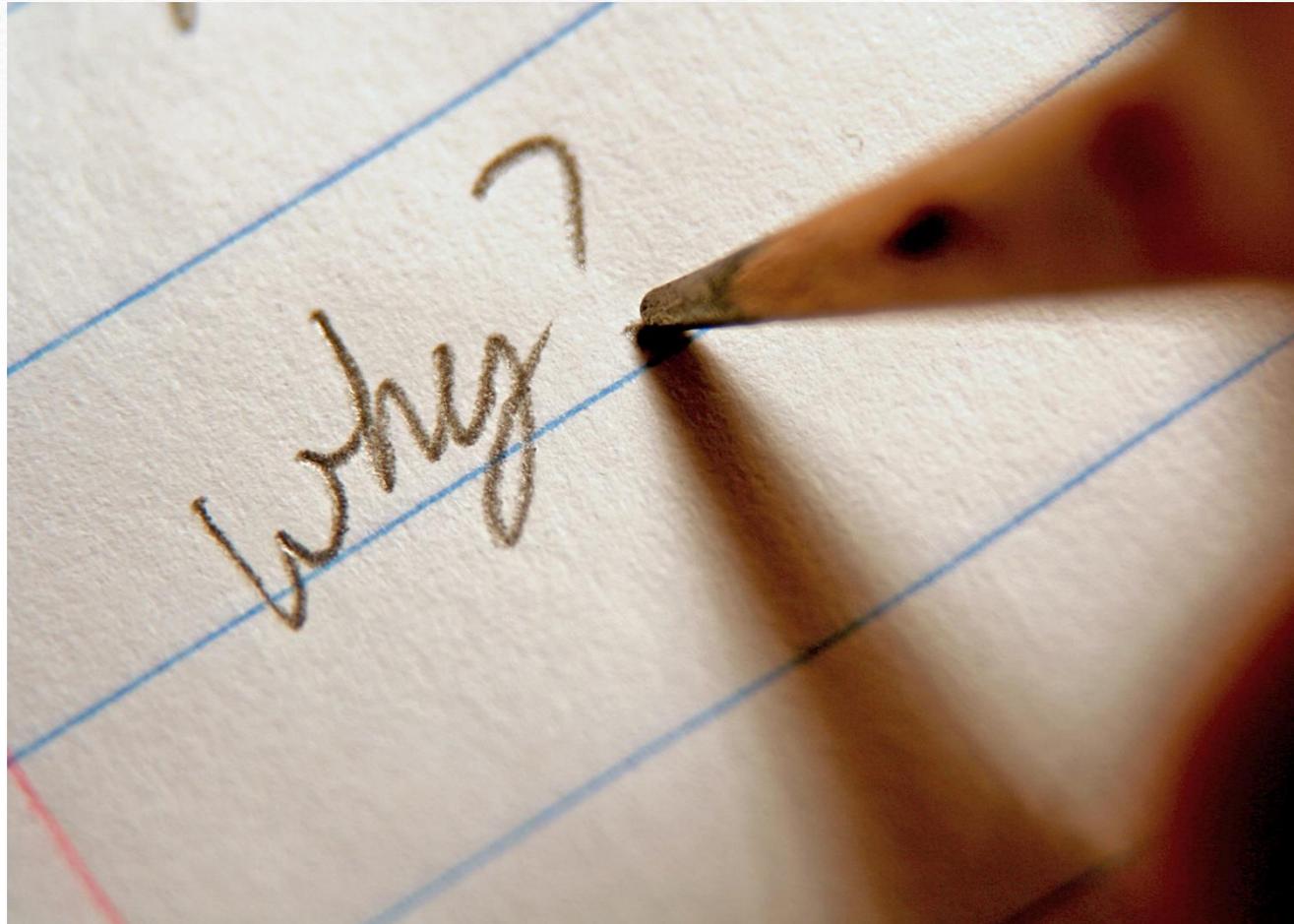
# Nobody Wants It, But More and More People Live with Obesity



Source: NHANES estimates



# Why Does Obesity Grow So Relentlessly?



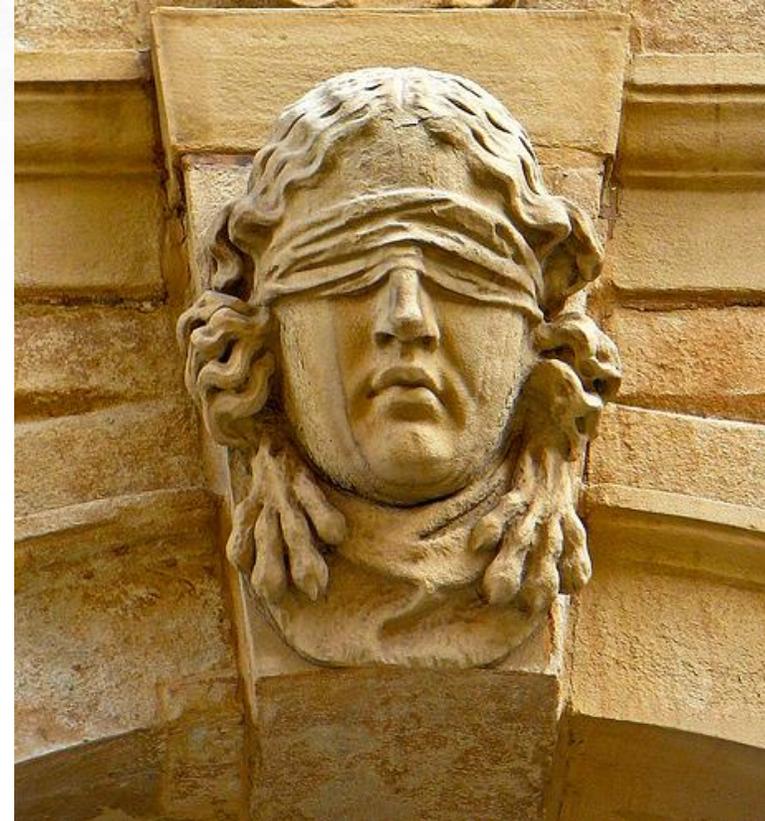
Good Question, photograph © Eric (e-magic) / flickr



# Bias Comes from Selective Blindness to Facts

Bias is an inclination or outlook to present or hold a **partial perspective**, often accompanied by a **refusal to consider** the possible merits of **alternative points of view**. Biases are learned implicitly within cultural contexts. People may develop biases toward or **against** an **individual**, an ethnic **group**, a nation, a religion, a social class, a political party, theoretical **paradigms** and **ideologies** within academic domains, or a species.

– Adapted from  
*Psychology: Contemporary Perspectives*  
Paul Okami



*Blind Justice*, photograph by Tim Green / Wikimedia Commons



# Two Kinds of Bias

## Corrupt Our Response to Obesity

- **Intellectual bias**  
favoring personal convictions
- **Weight bias**  
directed at people with obesity



God Judging Adam, Etching by William Blake / WikiArt



# What Is Weight Bias?

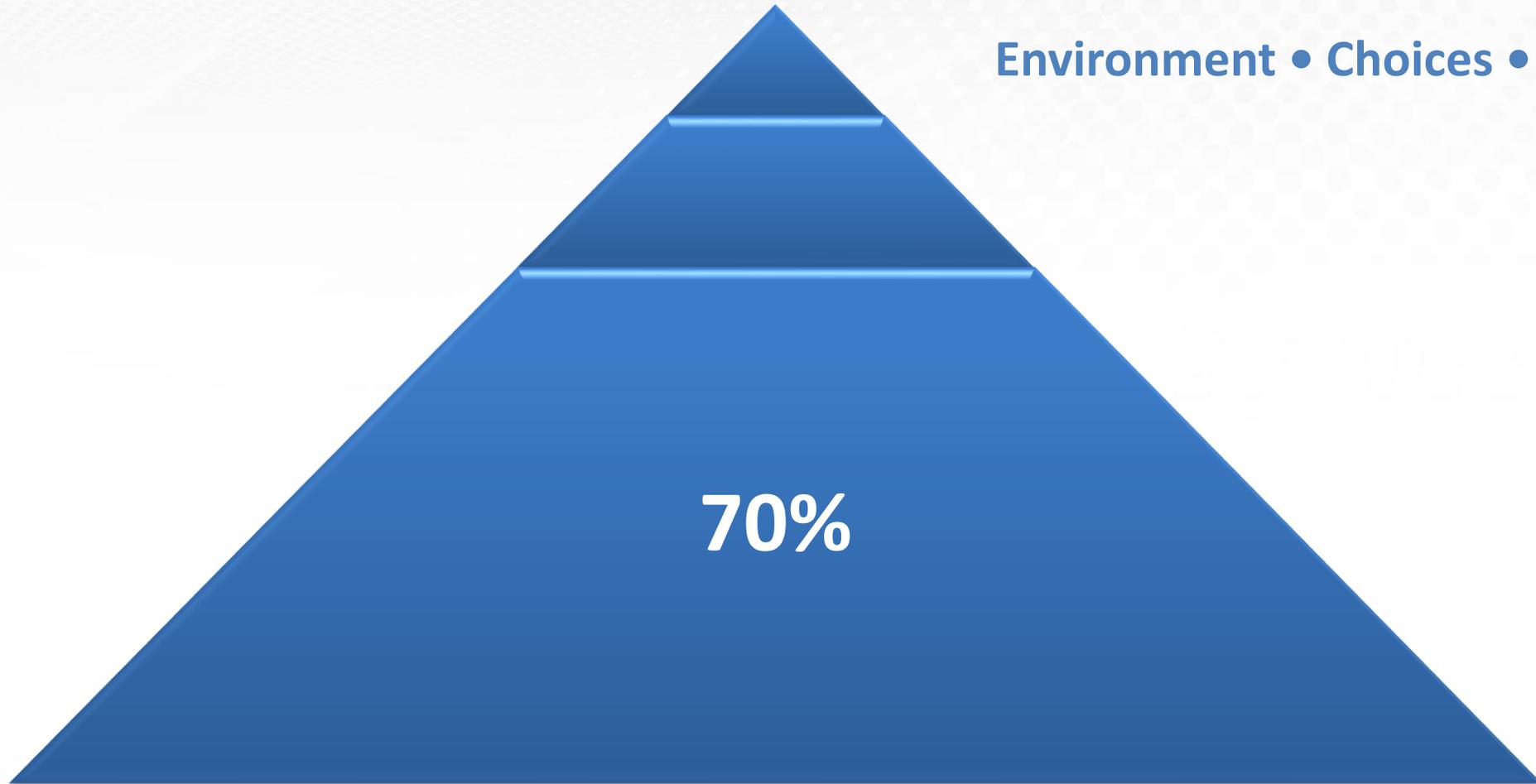
- **Negative attitudes**
  - Beliefs
  - Judgments
  - Stereotypes
  - Discriminatory acts
- **Based solely on weight**
- **Subtle or overt**
- **Explicit or implicit**



*Listen Up, photograph © Obesity Action Coalition / OAC Image Gallery*

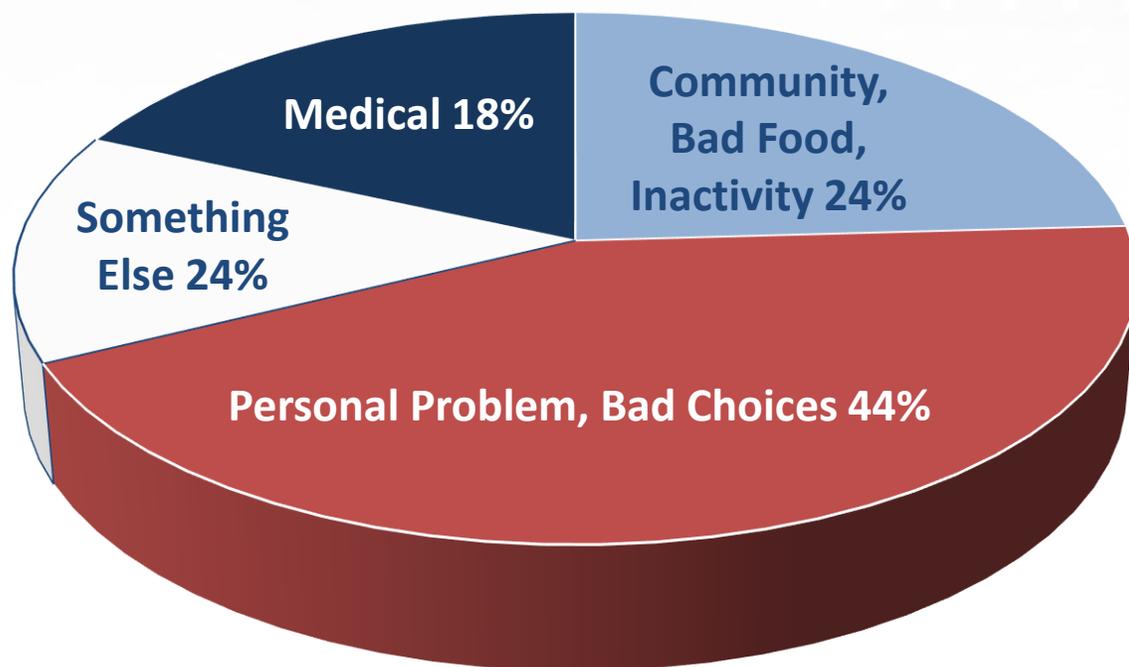


# People Typically View Obesity as the Result of Poor Choices



# Long Viewed as a Matter of Choice

“Which phrase comes closest to describing the type of problem that you think obesity is?” (Feb 2013)



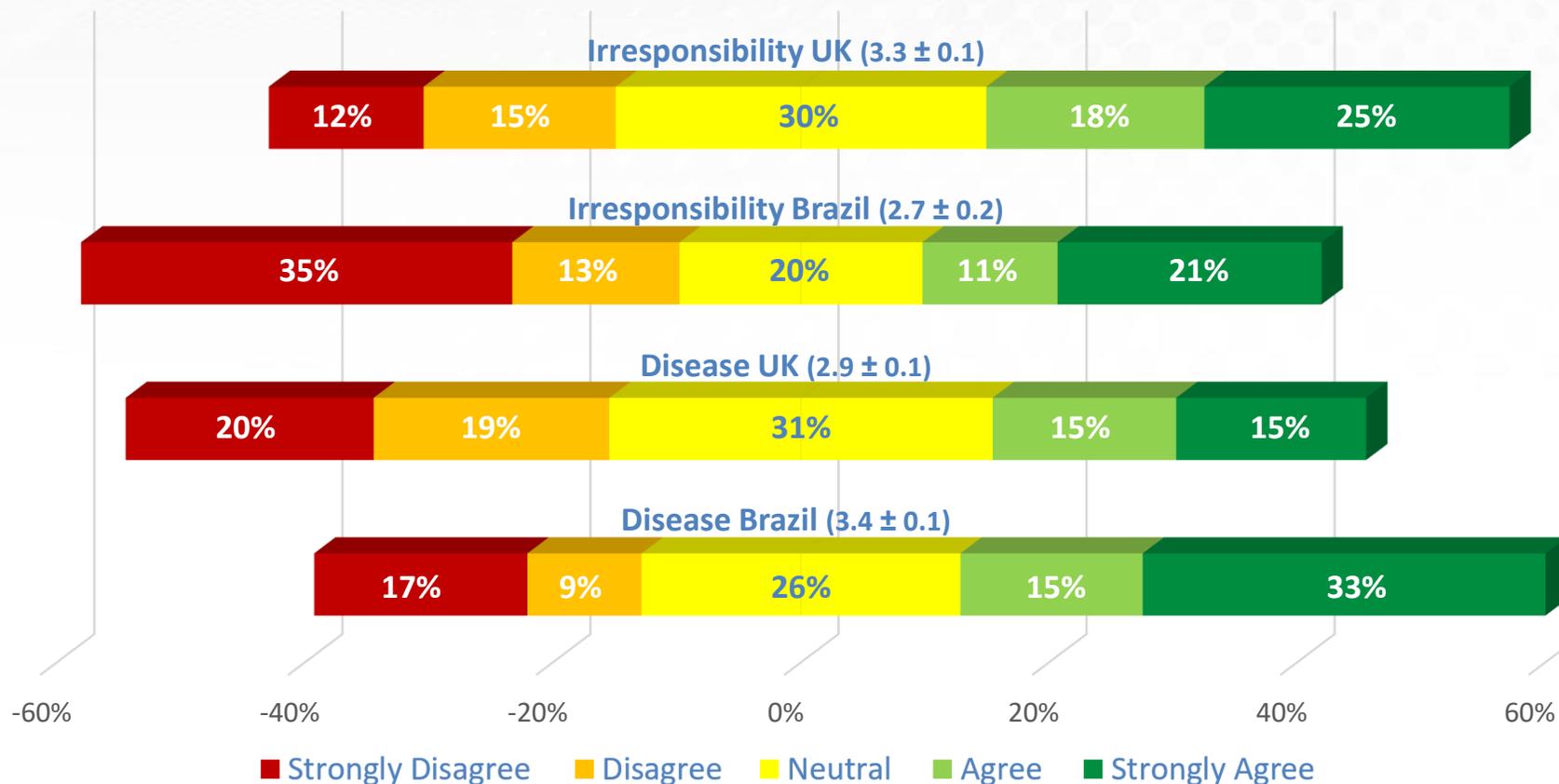
- **Bad personal choices was the dominant explanation in 2013**
- **Data from ongoing tracking**
- **Respondents asked to pick one**

Source: ConscienHealth research 2013.02



# Public Views of Obesity Vary in Different Countries

Public views of obesity as a problem of irresponsibility or disease

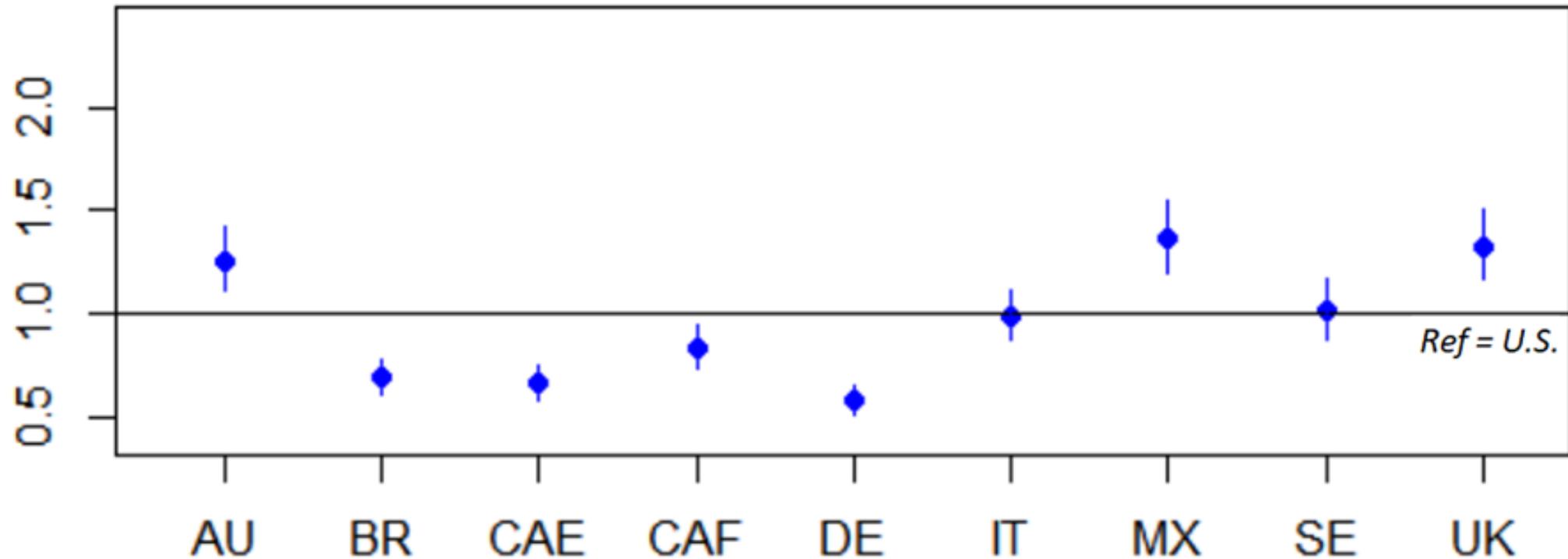


Source: ConscienHealth research 2017



# Across Nine Different Countries We Found Less Blame for Obesity in Brazil

**Odds Ratios for Blame Questions**  
Higher Means More Agreement with Blame



The Truth Is That

# Obesity Is a Highly Heritable Chronic Disease

Personal  
Choices

Environmental  
Triggers

Heritability 70%

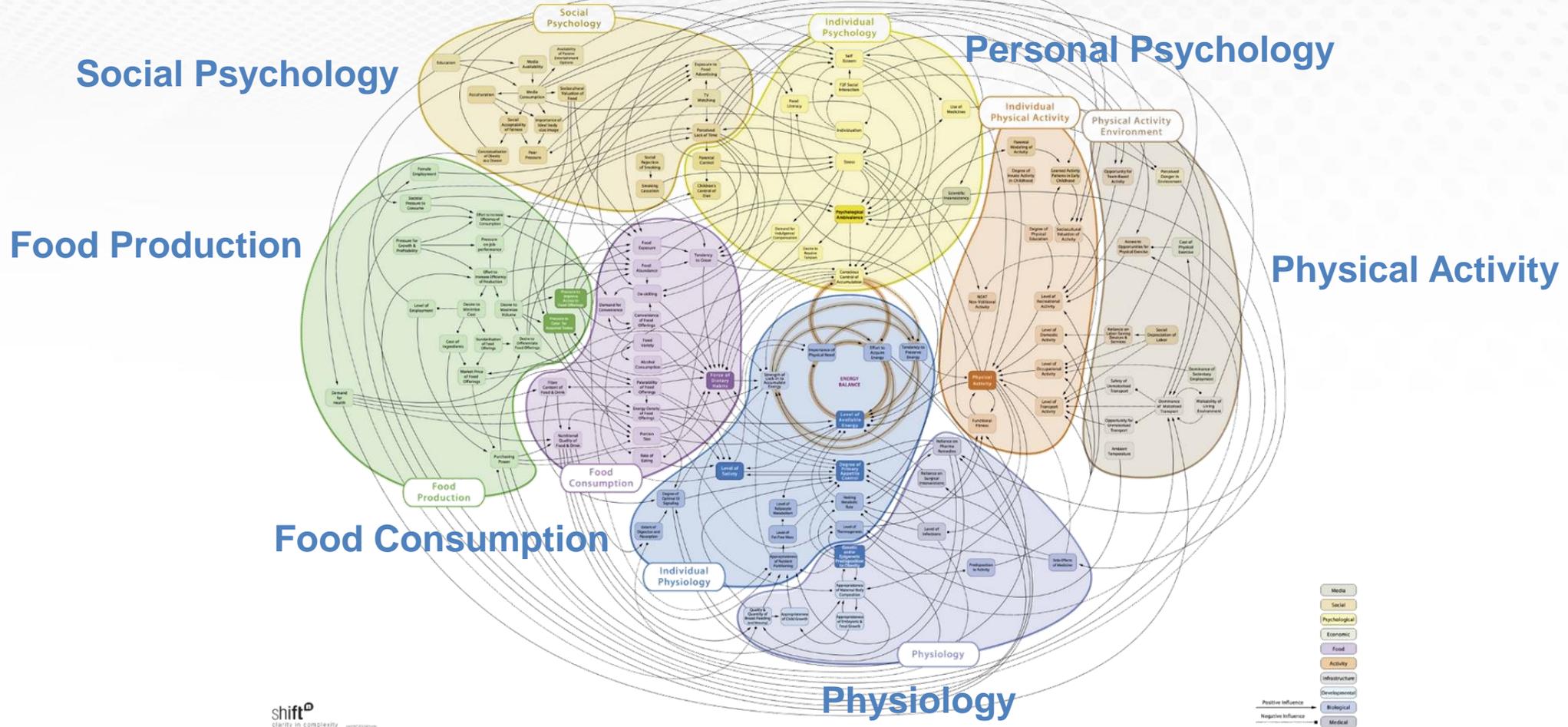
Source: Musani, Erickson, and Allison, 2008, AJCN

- Heredity plays a dominant role in obesity risk
- But environmental factors serve to activate it
- Then, people can choose what to do about it



# Obesity Grows from Complex, Adaptive Systems

Obesity System Map  
Variable Clusters



shift<sup>®</sup>  
clarity in complexity

Source: Vandebroek IP, Goossens J, Clemens M. 2007. Building the Obesity System Map.



# Misunderstanding Obesity Fosters Demeaning Stereotypes About People with Obesity

- Lazy
- Stupid
- Undisciplined
- Sloppy
- Awkward
- Losers
- Dishonest
- Won't follow directions
- Uniformly unhealthy
- Ignorant about nutrition
- Lives spent gorging on junk food

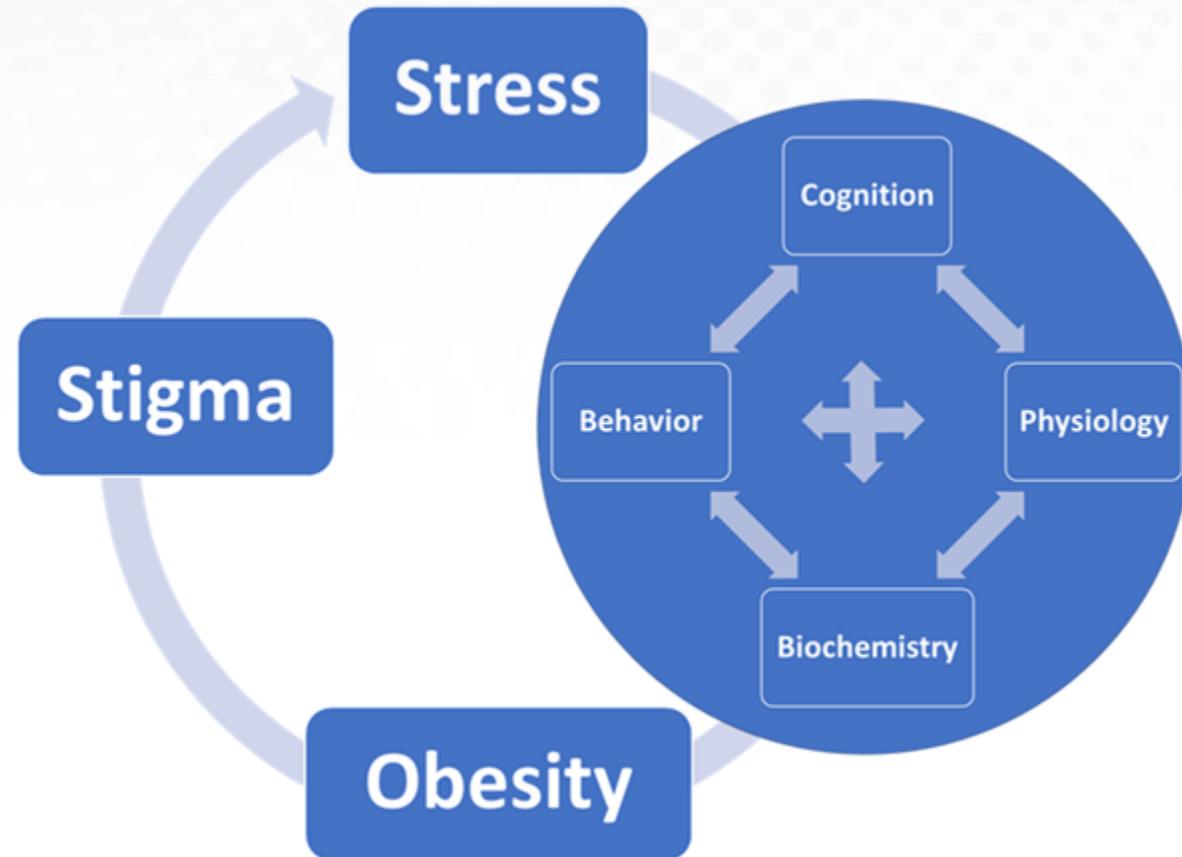


*In the Kitchen, photograph © Obesity Action Coalition / OAC Image Gallery*



# Living with Bias & Stigma Makes People Sicker

*Pathways from stress to obesity*



Source: Tomiyama, 2019, *Ann Rev Psych*



# In Fact, When People Label Themselves Overweight, Weight Gain Often Follows



## Perceived weight status and risk of weight gain across life in US and UK adults

E Robinson, J M Hunger, M Daly

### Conclusions:

Perceiving oneself as being “overweight” is counter-intuitively associated with an increased risk of future weight gain among US and UK adults.



# Good Obesity Care Requires Access To the Full Range of Obesity Care Tools

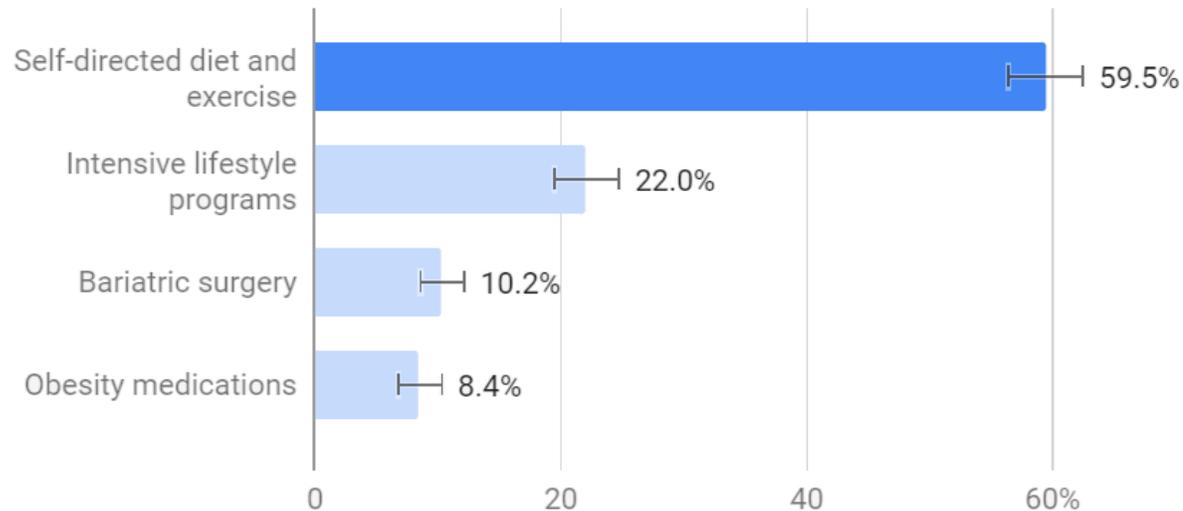


# People Have Unrealistic Expectations for Obesity Self-Help

## Obesity Treatments - U.K.

1. Which of the following treatments for obesity is most effective?

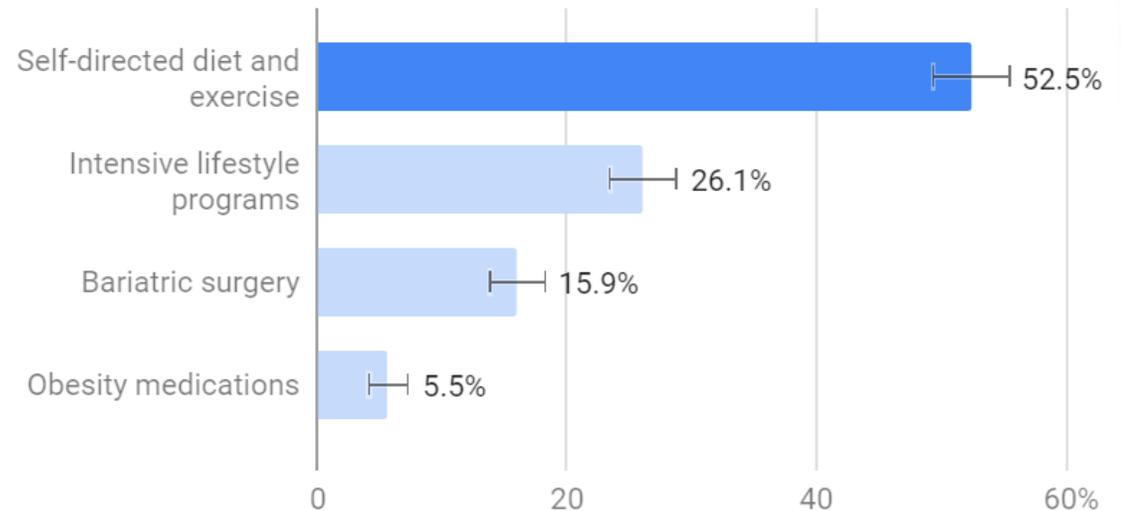
766 respondents



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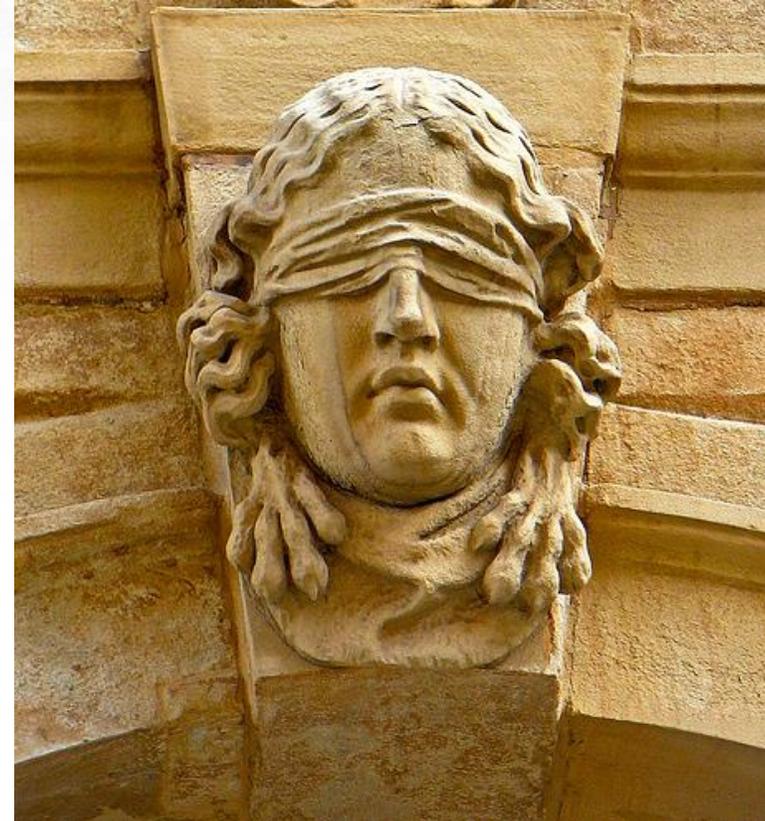
776 respondents



# Why Is the Utilization of Metabolic and Bariatric Surgery So Low?

Two primary factors

- Fear of surgery
- Bias about
  - Obesity
  - People living with it
  - Obesity treatment



*Blind Justice, photograph by Tim Green / Wikimedia Commons*



# Many People Think Bariatric Surgery Is Simply Too Risky for Them

- Only 32% with class III obesity would even consider surgery
- Most often because they consider it too risky
- Minimization of their own health risks seems to be a factor, too

## Brief Cutting Edge Report

CLINICAL TRIALS: BEHAVIOR, PHARMACOTHERAPY, DEVICES, SURGERY

Obesity

### The Influence of an Individual's Weight Perception on the Acceptance of Bariatric Surgery

Fatima Cody Stanford<sup>1</sup>, Theodore K. Kyle<sup>2,3</sup>, Mechelle D. Claridy<sup>4</sup>, Joseph F. Nadglowski<sup>3</sup>, and Caroline M. Apovian<sup>5</sup>

**Objective:** This study assessed the proportion of US adults with excess weight and obesity who consider bariatric surgery to be appropriate for themselves and how their own weight perception influences this consideration.

**Methods:** A stratified sample of 920 US adults in June 2014 was obtained through an online survey. The respondents were queried about bariatric surgery acceptability and personal weight perception. Average body mass index (BMI) was determined for each demographic variable, and responses were characterized according to BMI and concordance with perceived weight status. Chi-square analyses served to assess perceived weight concordance in relation to bariatric acceptance.

**Results:** Only 32% of respondents with Class III obesity indicated that bariatric surgery would be an acceptable option for them, most often because they considered it to be too risky. Respondents with Class III obesity and concordant perception of weight status were more likely ( $P < 0.03$ ) than discordant Class III respondents to accept bariatric surgery. Likewise, concordant respondents with excess weight, but not obesity, were more likely ( $P < 0.001$ ) to correctly consider bariatric surgery to be inappropriate for them.

**Conclusions:** Despite good safety and efficacy, many persons still believe bariatric surgery is too risky. Weight perception concordance or discordance influences one's decision to consider this treatment option.

Obesity (2014) 00, 1–5. doi:10.1002/oby.20968



# Bias Makes It Easy for Health Systems to Discourage People from Seeking Obesity Care



*Saving Cash, photograph © 401(K) 2012 / flickr*

- Routine policy exclusions for obesity “Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- But, obesity complications are fully covered



# Because of Bias, Self-Care Is Often the Only Option for Obesity Care



# 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



# Weight Bias Surfaces in Unexpected Ways



Sections

The Washington Post  
Democracy Dies in Darkness

D.C. Politics

## All overweight D.C. residents will get priority for the coronavirus vaccine. Experts are skeptical.

 NBCNews.com

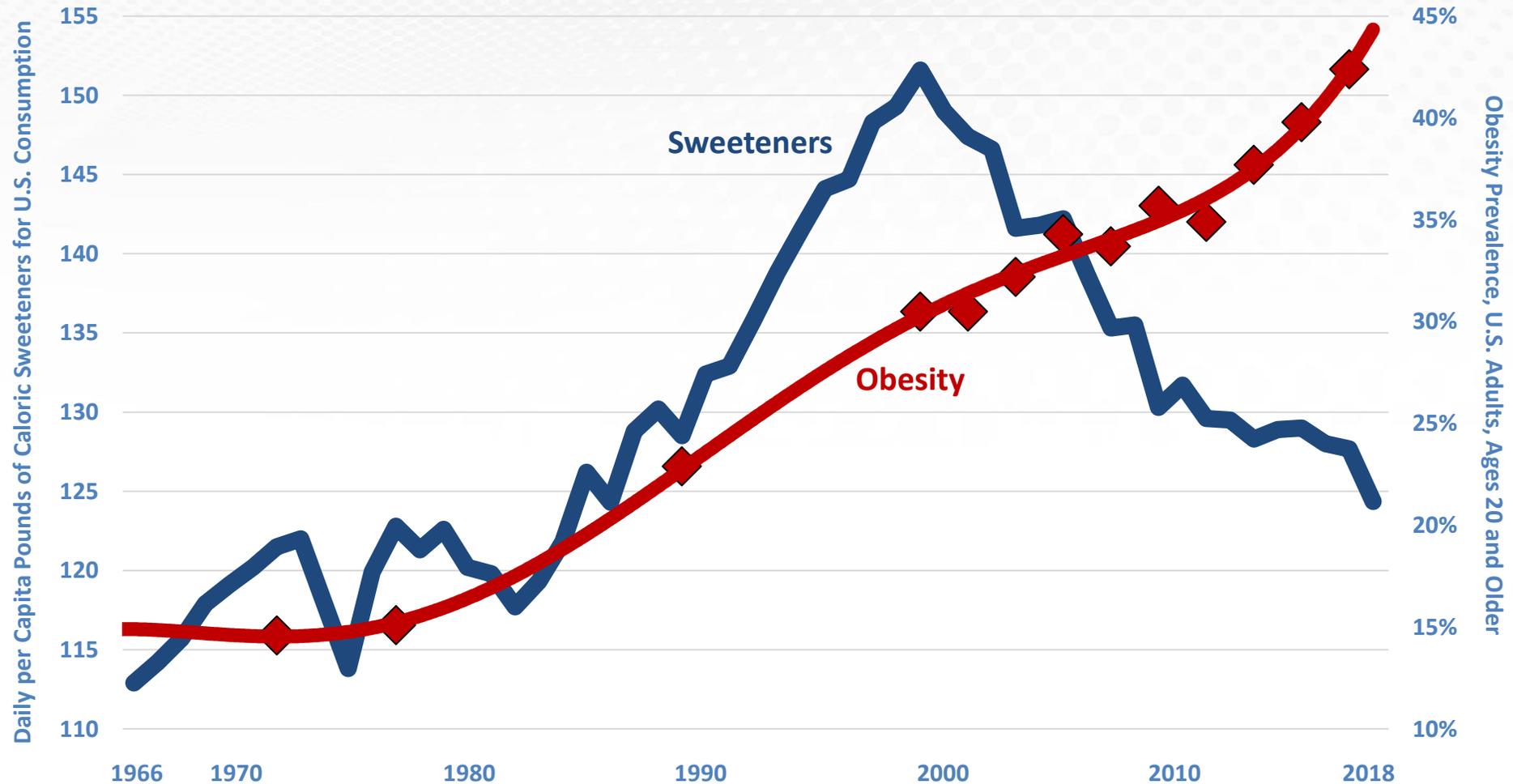
Covid vaccine prioritization is already hard. Don't make it worse by shaming obese people.

Obese individuals, particularly morbidly obese individuals, are more likely to be put on ventilators than other coronavirus patients, and they have ...

4 weeks ago



# Bias May Lead Us to Rely on Policies That Are Not Working



Sources: USDA ERS Food Availability Reports, NHANES Obesity Estimates



# Is Weight Bias a Risk Factor for Poor Outcomes?

## Yes

- Blame and shame leads to worse clinical outcomes
- Bias interferes with access to care
- Bias may lead to reliance on ineffective policies



*You! Photograph © Daniel Horacio Agostini / flickr*



# Explicit Bias Is Down, But Implicit Bias Is Growing

Dimension	Explicit Bias Trend 2007-2016	Implicit Bias Trend 2001-2016
Sexuality	Down	Down
Race	Down	Down
Skin Tone	Down	Down
Age	Down	Flat
Disability	Down	Flat
Weight	Down	Up

Source: Charlesworth and Banaji, 2018, Patterns of Implicit and Explicit Attitudes, Long-Term Change and Stability From 2007 to 2016



# What's Required for Progress?

Progress will require:

- Objectivity to replace bias
- Curiosity about obesity and the people it affects
- Care for these people



Progress Coffee, photograph © dingatx / flickr



# More Information



[stopweightbias.com](http://stopweightbias.com)



[conscienhealth.org/news](http://conscienhealth.org/news)



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