

Weight Stigma Interventions : Where to go from here?

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Chair, Bias 180

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WEIGHT BIAS

Negative attitudes and beliefs about a person because of their weight

EXPLICIT

Overtly negative attitudes towards people with higher weight

IMPLICIT

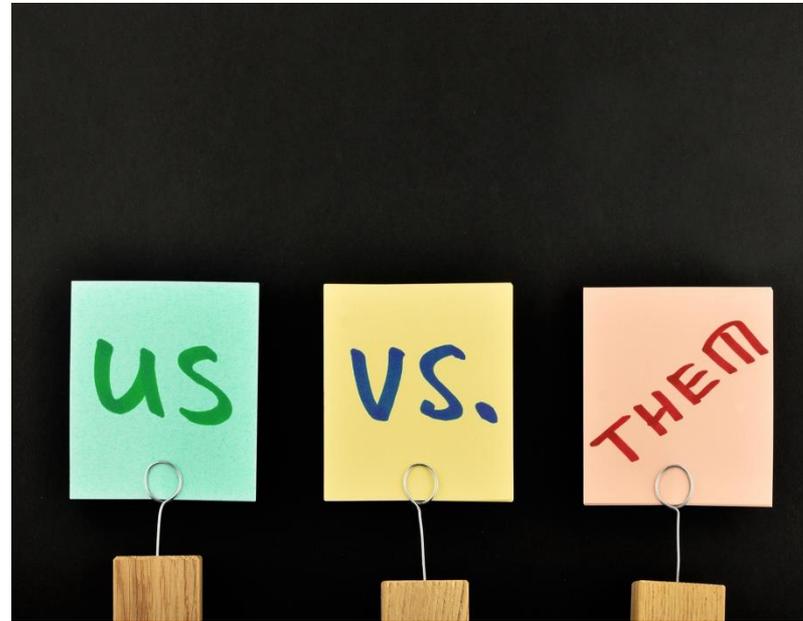
Unconscious negative attitudes and beliefs about weight and about people with a higher weight

INTERNALIZED

Negative attitudes and beliefs about our own weight

Kirk, SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias, Stigma and Discrimination in Obesity Management, Practice and Policy. Available from: <https://obesitycanada.ca/guidelines/weightbias>.

Misconceptions and negative stereotypes associated with weight place those who do not meet standard body ideals as “less than” or as “other”.



EXAMPLES - HEALTHCARE

EXPLICIT

- Judgmental words and moralistic language “unhealthy”, “bad”, “morbidly obese”
- Shaming patients for their weight: “Don’t you know that obesity is bad for you?” “I don't want to see patients with obesity because they don't try hard enough”

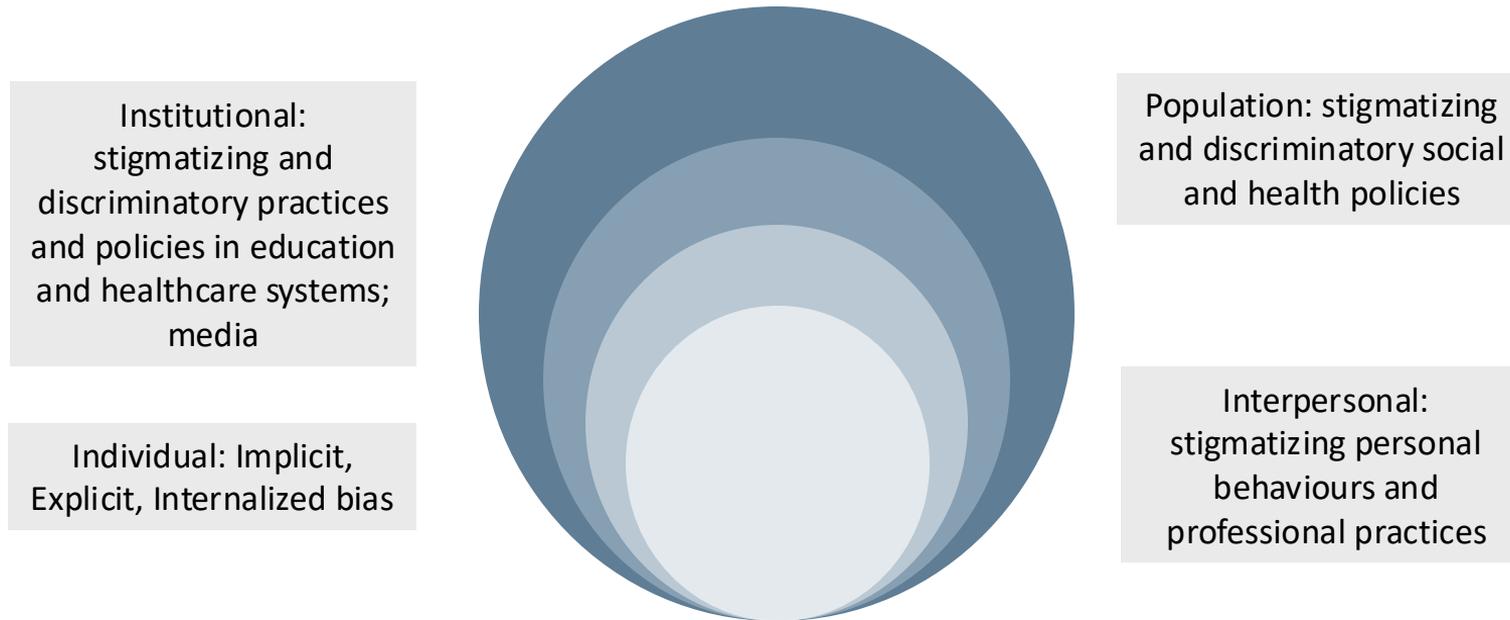
IMPLICIT

- Belief that weight control is simple
- Not believing that obesity is a chronic disease
- Believing that obesity is all about individual responsibility
- Believing that weight gain leads to obesity (rather than weight being a symptom of obesity)
- Believing that obesity treatments are ineffective and unnecessary

INTERNALIZED

- Self-blame
- Feeling anxious about our weight
- Feeling less capable because of one’s weight
- Belief that biased treatment from others is deserved
- Belief that obesity management is my own responsibility

WEIGHT BIAS, STIGMA & DISCRIMINATION INTERVENTIONS



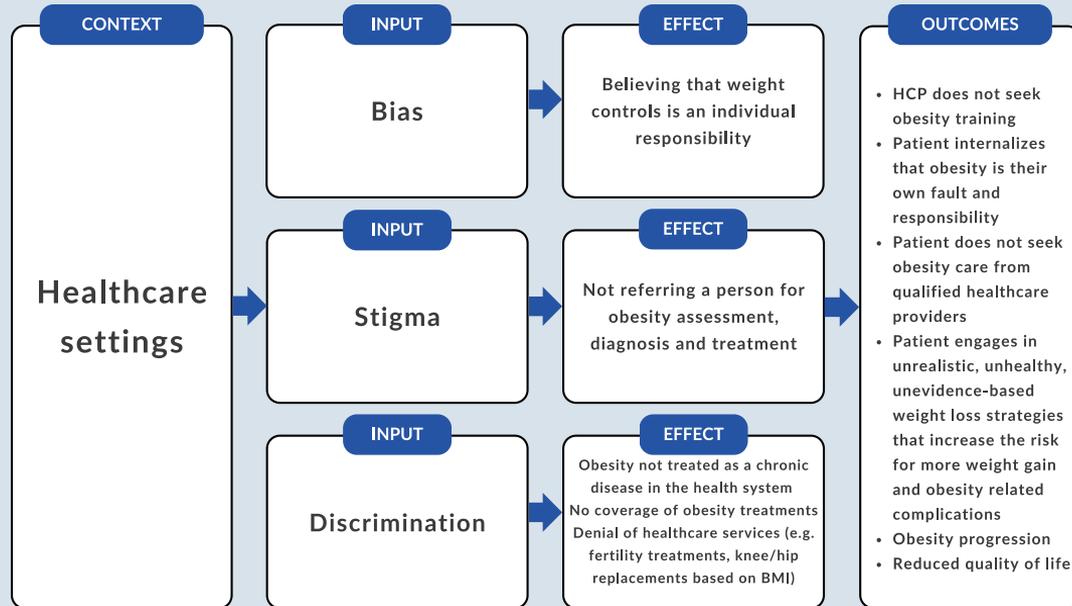


- Stigma is a social injustice and a determinant of health for the entire population.
- People can experience weight stigma at any body weight; however, people with larger bodies are more susceptible to experiencing weight stigma.

Addressing Stigma: Towards a More Inclusive Health System. The Chief Public Health Officer's Report on the State of Public Health in Canada 2019.
<https://shorturl.at/dnCRV>
Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. Am J Public Health. 2013 May;103(5):813-21. Epub 2013 Mar 14.

Physical Health	Psychological Health	Healthcare Delivery	Social Outcomes
Increased cortisol level, oxidative stress level, C-reactive protein level	Psychological distress, impact on medication non-adherence, anxiety, perceived stress	Weight bias in health care settings can reduce the quality of care for patients living with obesity	Antisocial behaviour, substance use, unhealthy coping strategies, lack of social support
Increased obesity and diabetes risk	Mood or anxiety disorders	Perceived biased treatment in healthcare	Poor educational outcomes
Increased risk in all-cause mortality	Eating disturbances, depression, anxiety, and body image dissatisfaction	Impact on patient engagement in primary healthcare services	Employment and career consequences
	Weight bias internalization was associated with poorer overall mental health scores, and depressive symptoms	Healthcare professionals may be spending inadequate time with patients with obesity	Access to housing

HOW IS WEIGHT BIAS ENACTED IN HEALTHCARE SETTINGS



Modified from: Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity reviews*; 16(4), 319–326.

Ellen Maud Bennett

Obituary



BENNETT, Ellen Maud
Daughter, sister and aunt,
Ellen Maud Bennett who
passed away aged 64 on May
11, 2018 was to most who met
her an unforgettable
character. The eldest of five
siblings, she was forced to do
everything first and report
back to the rest. Born in Burin,
Newfoundland she was a
perpetually delighted transplant to Victoria B.C. This photo
was taken one week before her death. She chose it for her
obituary because as she said, "I look so good for someone
almost dead!" Her brief time diagnosed with inoperable
cancer gave her mere days to live. She chose to fill these
days with humour, love, death bed edicts and exacting
demands. These demands gave a grateful brother time to

Guest Book

*"To Ellen's Family: Ellen and I
lost contact over the last..."*
- Kathleen Gilbert

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- Women living with obesity and severe obesity have disproportionate inappropriate screening before cervical cancer diagnosis
- Women living with severe obesity have worse overall survival rates than women without obesity

BIASED BELIEFS AND PERCEPTIONS → THERAPEUTIC INERTIA

- Beliefs and perceptions of general/family practitioners permeate on their offered treatment approach and recommendations to manage obesity.
- Eat-less-move-more is perceived by healthcare providers as one of the most effective approaches for obesity management.

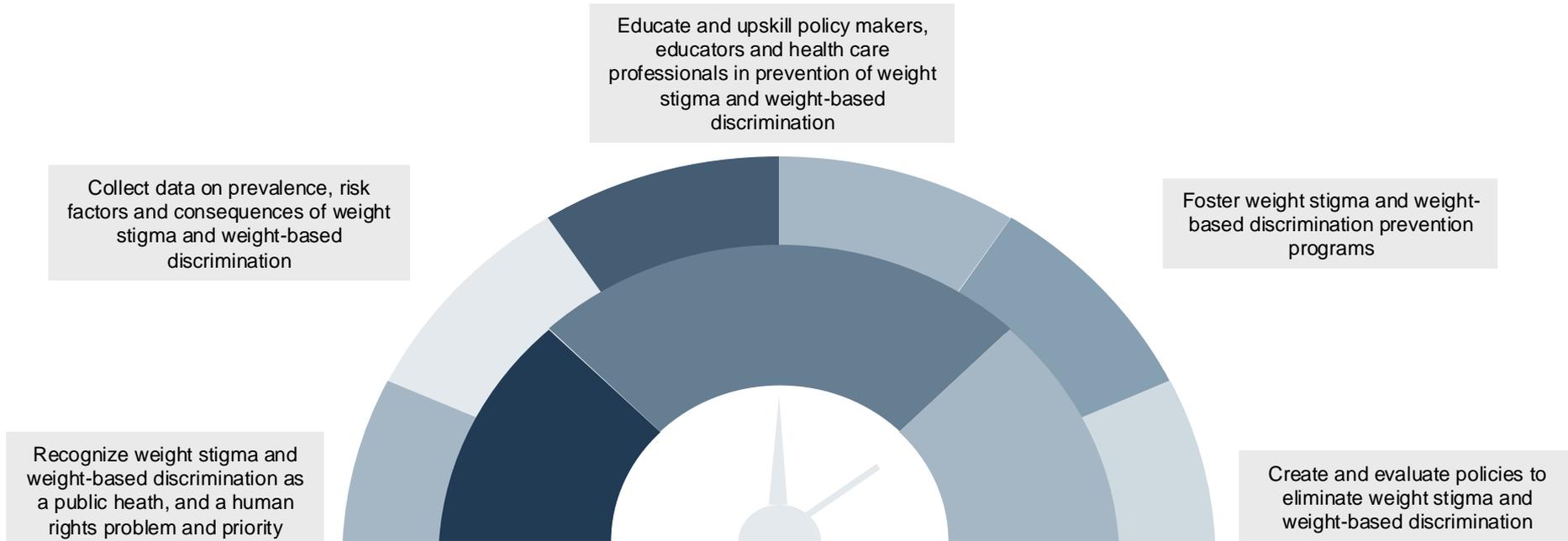
It's [bariatric surgery] very invasive, very permanent. So again, I don't encourage them [patients] to even think about that until they've really made a good effort. As far as counseling—I think there's a limited value in that... People know why they're overweight and people know what to do—so I'm really skeptical about counseling them and trying to get at the bottom of their obesity—maybe in some people, but for the most part, I don't believe it—that there's any sort of long-term benefit.

BIASED BELIEFS AND PERCEPTIONS → THERAPEUTIC INERTIA

I don't think there's enough time... I don't think we're paid enough to manage a difficult chronic problem like obesity.

The problem with treating obesity is that the government and insurance companies are still not recognizing obesity as a disease and hence the treatments we have now—which are quite effective—we cannot use for most patients because the coverage is not there.

Weight bias, stigma and weight-based discrimination are preventable and should be prioritized and addressed in public policy, education and health care



Healthcare



Media & Entertainment



Education/Schools



Public Policy



Employment



2024 International
Weight Stigma Summit



Intersectionality

Family



Pregnancy



Social media



Human Rights





Weight bias and obesity stigma: considerations for the WHO European Region

What is weight bias and obesity stigma?

Weight bias is defined as negative attitudes towards and beliefs about others because of their weight. These negative attitudes are manifested by stigmatization and/or prejudice towards people with overweight and obesity.

Internalized weight bias is defined as holding negative beliefs about oneself due to weight gain.

Weight bias can lead to obesity stigma, which is the social sign or label ascribed to an individual who is the victim of prejudice.¹

Obesity stigma includes actions against people with obesity that can cause exclusion and marginalization, and lead to inaction in the workplace when people with obesity do not receive adequate health care or when they are discriminated against in educational settings.



OPEN Joint international consensus statement for ending stigma of obesity

Francesco Rubino^{1,2,3}, Rebecca M. Puhl^{4,5}, David E. Cummings^{6,7,8}, Robert H. Eckel⁹, Donna H. Ryan¹⁰, Jeffrey T. Mechanick¹¹, Joe Nadgrowski¹², Kimena Ramos Salas¹³, Phillip R. Schauer¹⁴, Douglas Trefenhardt¹⁵, Caroline M. Apovian¹⁶, Louise J. Aronoff¹⁷, Rachel L. Batterham^{18,19}, Hans-Rudolph Berthoud²⁰, Camilo Bazzo²¹, Luca Busetto²², Dror Dickler^{23,24}, Mary De Groot²⁵, Daniel Eisenberg²⁶, Stuart W. Flint^{27,28}, Terry T. Huang^{29,30}, Lee M. Kaplan³¹, John P. Kirwan³², Judith Kerner³³, Ted K. Kyle³⁴, Blandine Laferrère³⁵, Carel W. de Roux³⁶, LaShawn McIver³⁷, Geltrude Mingrone^{38,39}, Patricia Neca⁴⁰, Trissa J. Reid⁴¹, Ann M. Rogers⁴², Michael Rosenbaum⁴³, Randy J. Seeley⁴⁴, Antonio J. Torres⁴⁵ and John B. Dixon⁴⁶

OBESITY Reviews

WORLD
OBESITY

REVIEW @ Open Access

Changing the global obesity narrative to recognize and reduce weight stigma: A position statement from the World Obesity Federation

Sarah Nutter¹, Laura A. Eggerichs, Taniya S. Nagpal, Ximena Ramos Salas, Christine Chin Chea, Shubo Saiful, Johanna Ralston, Olivia Barata-Cavalcanti, Claudia Batz, Louise A. Baur, Susie Birney, Shere Bryant, Kent Buse, Michelle J. Caroll, Aastha Chugh, Ada Cuevas, Mychelle Farmer, Allison Ibrahim, Ishu Kataria, Catherine Kotz, Ted Ryle, Sara la Brocq, Kelsi Mooney, Clare Mullen, Joe Nadgrowski, Margret Neuser, Karin Pappapetero, Jaynaide Povea, Rebecca M. Puhl, Bernardo Rea Ruanova, Jessica F. Saunders, Fatima Cody Stanford, Ogwenio Stephen, Kwang Wei Tham, Agbo Urudinachi, Lesly Vejar-Renteria, Danielle Walwyn, John Wilding, Saifullah Yusop
... See fewer authors

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What We Heard

The Chief Public Health Officer's Report on the State of Public Health in Canada 2019
Addressing Stigma:
Towards a More Inclusive Health System

Canada

Overcoming Weight Bias

Do you have it in you?

Weight Bias (10%)
Weight bias is a common experience for people with obesity. It is a form of discrimination that can affect your health and well-being.

Weight Stigma (54%)
Weight stigma is a form of discrimination that can affect your health and well-being. It is a form of discrimination that can affect your health and well-being.

Weight Discrimination (72%)
Weight discrimination is a form of discrimination that can affect your health and well-being. It is a form of discrimination that can affect your health and well-being.

Weight bias and discrimination is rampant in our schools, workplaces, health systems and media. The problem is widespread.



Weight bias and discrimination is preventable and should be addressed in public policy, education and health care.

- Recognize weight bias and discrimination as a public health and human rights problem.
- Create policies to promote weight bias and discrimination.
- Reduce weight bias and discrimination in the workplace and school.
- Provide weight bias and discrimination training for health care professionals.
- Collect data on weight bias and discrimination in the workplace and school.
- Implement policies to reduce weight bias and discrimination in the workplace and school.

Find out what Obesity Canada is doing to address weight bias and discrimination at: www.obesitycanada.ca/verybodymatters

obesity CANADA

Public Health Ontario | Santé publique Ontario

FOCUS ON

Obesity and Weight Stigma in Health Promotion

Published: June 2024

Key Points

- Weight stigma and obesity stigma have negative implications for public health, with threats to mental health and physical health, health equity and implementation of effective health promotion.
- The health promotion field is moving away from a focus on obesity and individual responsibility/behaviourism related to excess weight, toward an approach that addresses supportive environments for healthy behaviours for all weights.
- Along with the issues of stigmatization, the economic and health burdens related to obesity are considerable. Ongoing monitoring of excess weights in the population via body mass index (BMI) remains a useful measure of population health.
- To reduce stigma, reporting of population weight surveillance should avoid stigmatizing language and avoid focussing on individual responsibility/behaviourism.

Obesidades

Inicio | Nosotros | Qué Sonemos | **La Obesidad** | Localizador de Tratamiento | Educación | Contacto



Weight stigma in Australia: a public health call to action

Blake J Lawrence¹, Xochitl de la Piedad García¹, James Kite^{1,2}, Bronny Hill³, Kelly Cooper⁴, Stuart W Flint^{5,6} and John B Dixon¹

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Copyright © Lawrence BJ, de la Piedad García X, Kite J, Hill B, Cooper K, Flint SW, Dixon JB
Weight stigma in Australia: a public health call to action. Public Health Res Pract 2022;32(3):e4322224
doi:10.1111/obr.13642

Key points

Weight stigma is harmful to mental and physical health and is present across most areas of public health. The public health focus on individual responsibility has inadvertently contributed to developing and maintaining weight stigma attitudes and discriminatory behaviours. Addressing weight stigma should be a public health priority and requires comprehensive and multidisciplinary action.

A Roadmap for Addressing Weight Stigma in Public Health Research, Policy & Practice

An expert consensus statement developed using the Delphi Method

STRIPED

Strategic Training Initiative for the Prevention of Eating Disorders

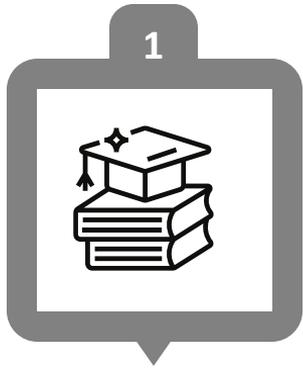
A PUBLIC HEALTH INCIUBATOR

EASO

European Association for the Study of Obesity

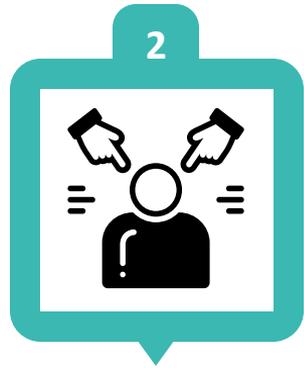
PERSON FIRST LANGUAGE GUIDE: ADDRESSING WEIGHT BIAS

WEIGHT BIAS INTERVENTIONS



Education

General education and a deeper understanding of obesity to reduce implicit bias (beliefs and attitudes).



Attribution

Interventions to change beliefs about an individual's control over their body weight.



Empathy

Empathy-evoking interventions aim to change attitudes and reduce weight stigma by increasing acceptance and liking of individuals with a higher weight or obesity.



Weight Inclusive

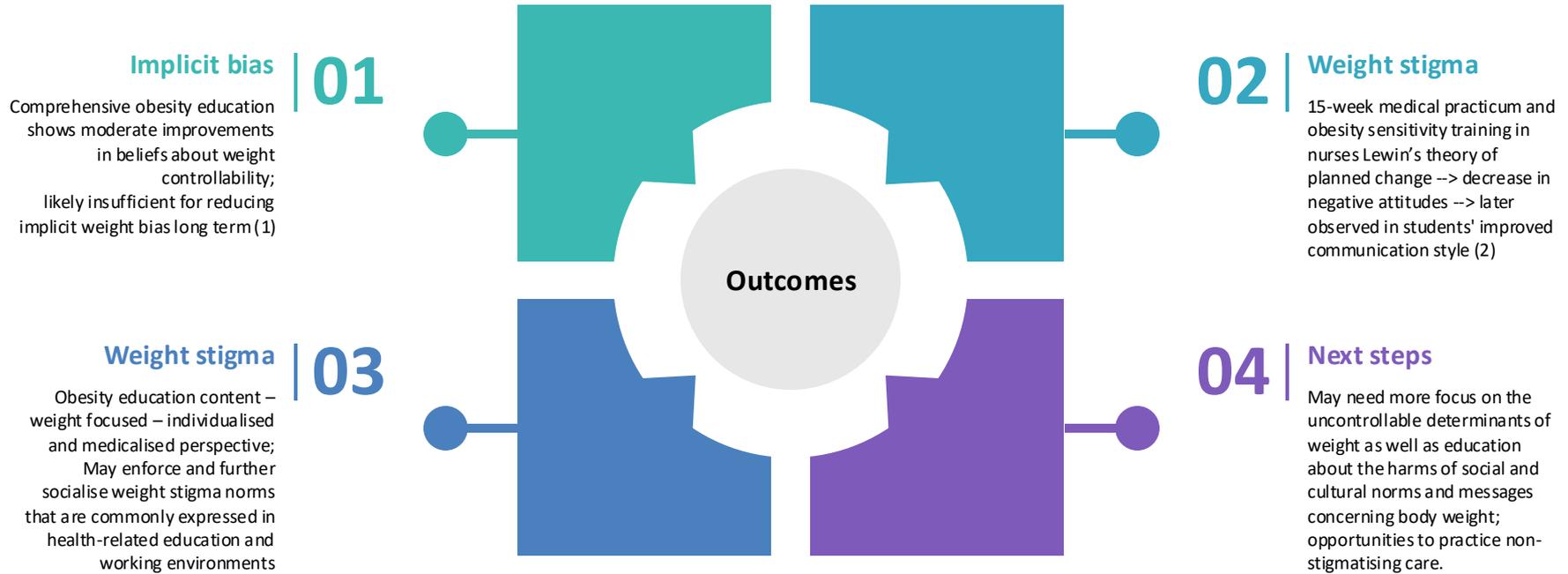
Interventions that aim to change anti-fat attitudes and internalized weight bias and weight-based stereotypes and emphasizing the need to move away from weight-centric healthcare.



Human Rights

Interventions that emphasise that all individuals, regardless of weight status, deserve dignity and have the right to equal quality healthcare.

OBESITY EDUCATION INTERVENTIONS



1. Talumaa B, Brown A, Batterham RL, Kalea AZ. Effective strategies in ending weight stigma in healthcare. *Obes Rev.* 2022;23(10):e13494.

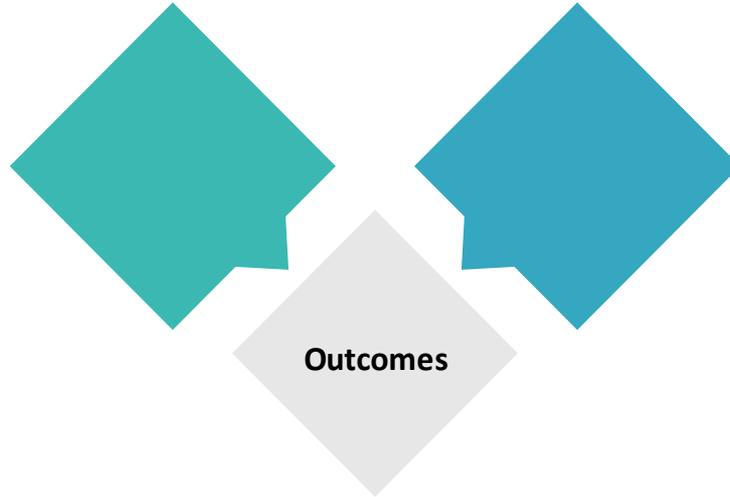
2. Batras D, Duff C, Smith BJ. Organizational change theory: implications for health promotion practice. *Health Promot Int.* 2016;31(1): 231-241.

ATTRIBUTION THEORY INTERVENTIONS

01 | Explore

Reading about the genetic determinants of body weight before a virtual clinical encounter led to reduced controllability beliefs and negative stereotyping

--> students who received genetic information gave patients less health screening advice (1)



Build | 02

2-h lectures, which focused either on the multiple determinants or only behavioural determinants of obesity, practical strategies for avoiding weight stigmatization and promoting Health at Every Size (HAES) principles, Post-intervention and at 3-week follow-up, fewer negative beliefs and attitudes towards people with obesity

The behavioral determinants lecture, following standard curriculum and aiming to increase knowledge about risk factors and treatments of obesity, did not reduce students' beliefs nor attitudes (2)

(1) Persky S, Eccleston CP. Impact of genetic causal information on medical students' clinical encounters with an obese virtual patient: Health promotion and social stigma. *Ann Behav Med.* 2011;41(3): 363-372.

(2) Diedrichs PC, Barlow FK. How to lose weight bias fast! Evaluating a brief anti-weight bias intervention. *Br J Health Psychol.* 2011;16(4): 846-861.

ATTRIBUTION THEORY INTERVENTIONS

Intervention

Three weekly tutorials that presented research on the uncontrollable determinants of weight were successful in improving measures of explicit and implicit attitudes, whereas tutorials focusing on behavioural determinants showed an increase in negative implicit attitudes

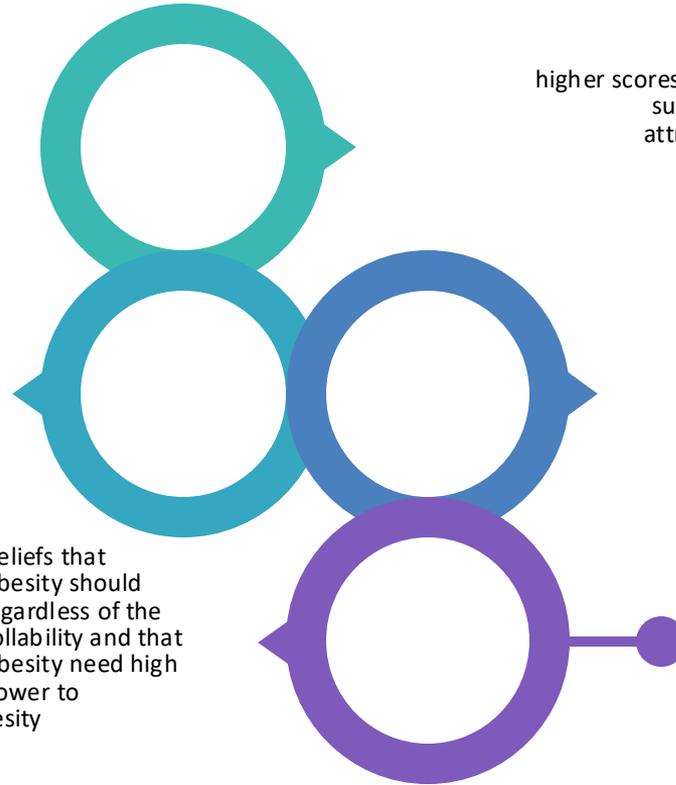
Deeply held beliefs that people with obesity should lose weight regardless of the level of controllability and that people with obesity need high levels of willpower to overcome obesity

Outcomes

higher scores in the willpower subscale, indicating attribution of blame

Weight-centric education may unwittingly reinforce negative values towards higher weight

Social bias increases when the stigmatized characteristic is negatively valued (i.e. obesity is portrayed as a bad health condition)



ATTRIBUTION THEORY INTERVENTIONS



EMPATHY EVOKING INTERVENTIONS

Reading about weight stigma, followed by a brief 8-min interaction with a patient --> significant improvements in empathy and stereotyping in medical students; 1-year follow-up, empathy remained, negative stereotyping reverted to the baseline (1)

Reading an interview with a person with obesity coupled with or without an interview with an obesity expert, no significant changes occurred in any condition (2)

Six 4-min videos, (stigmatizing and emotive patient scenarios) shown to nursing students; Beliefs and negative attitudes decreased significantly post-intervention; 30-days follow-up, attitudes reverted to the baseline (3)

Study with nurses, wearing a bariatric suit for 30-min reduced negative attitudes in three of five weight bias measurement domains; No follow-up; wearing a costume to assume a stigmatized identity not possible?; contradictory effects?

(1) Kushner RF, Zeiss DM, Feinglass JM, Yelen M. An obesity educational intervention for medical students addressing weight bias and communication skills using standardized patients. *BMC Med Educ.* 2014;14(1):53.

(2) Harris MB, Walters LC, Waschull S. Altering Attitudes and Knowledge about Obesity. *J Soc Psychol.* 1991;131(6):881-884.

(3) Molloy MA, Sabol VK, Silva SG, Guimond ME. Using Trigger Films as a Bariatric Sensitivity Intervention: Improving Nursing Students' Attitudes and Beliefs About Caring for Obese Patients. *Nurse Educ.* 2016;41(1):19-24.

EMPATHY EVOKING INTERVENTIONS



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WEIGHT INCLUSIVE APPROACHES

01 | Intervention

A full-day interactive professional development workshop

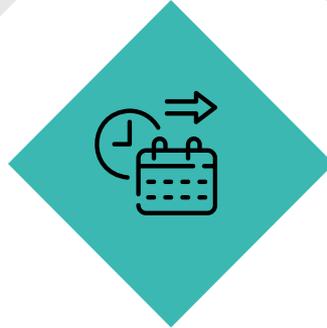


Outcomes | 02

Reduced anti-fat attitudes and internalized weight stereotypes in health practitioners, which remained significant at 6-week follow up

03 | Long Term Outcomes

Results at follow up started to drift, suggesting the need for continuing long-term support



WEIGHT INCLUSIVE APPROACHES

01 | Intervention

Undergraduate nutrition elective taught from a HAES perspective. A 12-week curriculum with 3-h of lectures, tutorials and practical group activities each week



Outcomes | 02

Strong increase in nutrition knowledge and a moderate decrease in all measured domains of anti-fat attitudes

03 | Outcomes

Stereotyping as assessed by the Fat Stereotypes Questionnaire also decreased, but the result did not reach significance



HUMAN RIGHTS - USA

There are no federal laws in the United States that prohibit weight discrimination. Michigan's law (Elliot Larson's Civil Rights Act), includes body weight in the statute's list of protected categories such as race, age, and sexuality.

1

Binghamton (New York), Madison (Wisconsin), San Francisco and Santa Cruz (California), Washington (District of Columbia), New York City, and Urbana (Illinois) have passed local laws banning weight discrimination.

2

Americans with Disabilities Act (ADA) some legal protection against discrimination to people with severe obesity whose weight is determined to be disabling or perceived to be a disability by others.

3

Maine, New Hampshire, and New York) include 'body weight' or 'physical appearance' as characteristics that place youth at risk for being bullied in anti-bullying laws.

4

HUMAN RIGHTS - CANADA



Public Support

The Canadian public strongly supports the idea of implementing legal measures to address weight discrimination, particularly in the employment setting



Human Rights Act

Public support for adding body weight as a protected ground in existing human rights statutes



Equality

Adding weight as a ground for discrimination aligns with the core principles and goals of the right to equality



Protection

There is no explicit legal protection against weight discrimination in Canada.

HUMAN RIGHTS APPROACHES CANADA

In Canada, weight discrimination is more prevalent than discrimination based on age, disability, religion or sexual orientation, all forms of discrimination prohibited by our human rights laws



One of the reasons given for refusal to include weight discrimination in Human Rights legislation is that there is protection for discrimination based on disability.



However, disability act is insufficient to deal with weight discrimination. Weight discrimination based on on fat phobia have nothing to do disability.

Not including weight as a protected area in the Human Rights Act directly contradicts the key principle to promote equality and respect the dignity for all



Discrimination of people with obesity or people who live with a higher weight is unconstitutional.



Weight should be added as a protected area in Federal and Provincial Human Rights Acts.

SUMMARY

- Small to moderate effect size in the reduction of weight bias (1)
- One approach is not sufficient to reduce weight bias
- Importance of moving beyond awareness and information provision to raising skills and competencies in health professionals, educators, policy makers
- We need more interventions to change in social norms and ideologies about weight

(1) Moore CH, Oliver TL, Randolph J, Dowdell EB. Interventions for reducing weight bias in healthcare providers: An interprofessional systematic review and meta-analysis. *Clin Obes.* 2022;12(6):e12545. doi:10.1111/cob.12545

(2) Kirk SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias in Obesity Management, Practice and Policy. Available from: <https://obesitycanada.ca/guidelines/weightbias>.

PROMISING STRATEGIES

- Improving attitudes about people with obesity and/or people living with a higher weight can reduce the likelihood that negative attitudes influence personal interactions, behaviours, and practices;
- The responsibility of reducing weight stigma in healthcare settings must fall on the healthcare professionals and the system
- Patient empowerment → reducing Internalized Weight Bias (IWB) may empower patients to advocate for care they deserve

GAPS AND NEXT STEPS

- Weight stigma, as experienced and/or internalized, is largely absent from current epidemiological research, which informs medical, political, social practices and policies
- Eliminating weight stigma in society should be treated as a public health priority - a whole systems approach is required
- Collaboration among whom HCPs, educators, researchers and policymakers as well as persons with lived experience
- Move towards finding rigorous empirical evidence not just in the short term but in the long-term outcomes
- Design robust, randomized controlled trials with large population sizes and sufficient follow-up

GAPS AND NEXT STEPS

- Replication with more generalizable populations
- Develop and evaluate novel interventions (e.g., new technologies) to reduce weight bias
- Revisions to current healthcare curricula
 - Move away from a solely weight centric approach to healthcare to a more health-focussed approach (rather than focused on body size and weight)
 - Targeting healthcare students early on and throughout their education

THANK YOU