Weight Bias & Stigma: Unintended Consequences of Public Health Approaches

Issues:

- Obesity bias and stigma influences individual and population health outcomes as well as policy action

- There is therefore a need to reframe how obesity is conceptualized, to build political and public will to take action

What do we *know* about obesity prevention?

Obesity is heterogeneous

People are prone to greater weight gain during certain life stages

Short-term behavioural interventions aimed at preventing weight gain not effective.

Comprehensive interventions needed to properly examine strategies for preventing obesity

Causes of obesity extend beyond personal lifestyle choices such as food and exercise

Obesity prevention focused on preventing weight gain and shifting the BMI population curve.

New obesity definition focused on health outcomes

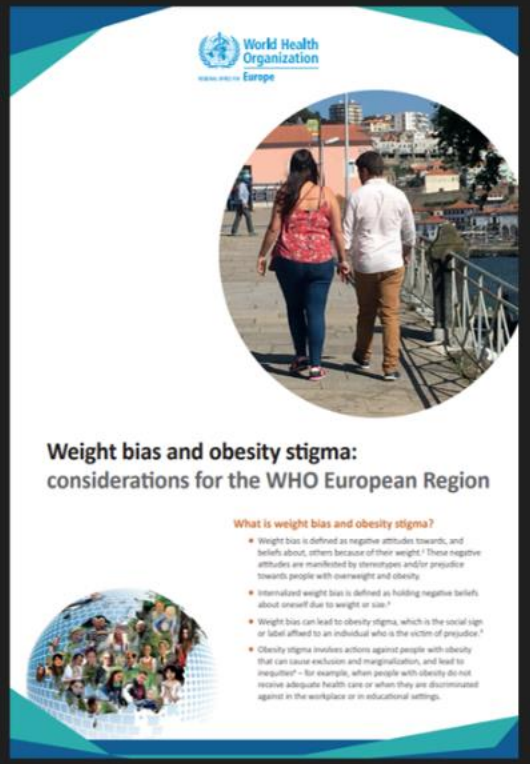
What do we *know* about obesity prevention?

Often, obesity prevention programs are funded for the positive optics

Prevention efforts are largely patchwork, localized, and unevenly resourced

Obesity prevention and management communities are often siloed

Healthcare professionals, policy makers and other players have biased beliefs about the causes of obesity

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CONSENSUS STATEMENT
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OPEN

Joint international consensus statement for ending stigma of obesity

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People with obesity commonly face a pervasive, resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies. To inform healthcare professionals, policymakers, and the public about this issue, a multidisciplinary group of international experts, including representatives of scientific organizations, reviewed available evidence on the causes and harms of weight stigma and, using a modified Delphi process, developed a joint consensus statement with recommendations to eliminate weight bias. Academic institutions, professional organizations, media, public-health authorities, and governments should encourage education about weight stigma to facilitate a new public narrative about obesity, coherent with modern scientific knowledge.

Individuals with obesity face not only increased risk of serious medical complications but also a pervasive, resilient form of social stigma. Often perceived (without evidence) as lazy, gluttonous, lacking will power and self-discipline, individuals with overweight or obesity are vulnerable to stigma and discrimination in the workplace, education, healthcare settings, and society in

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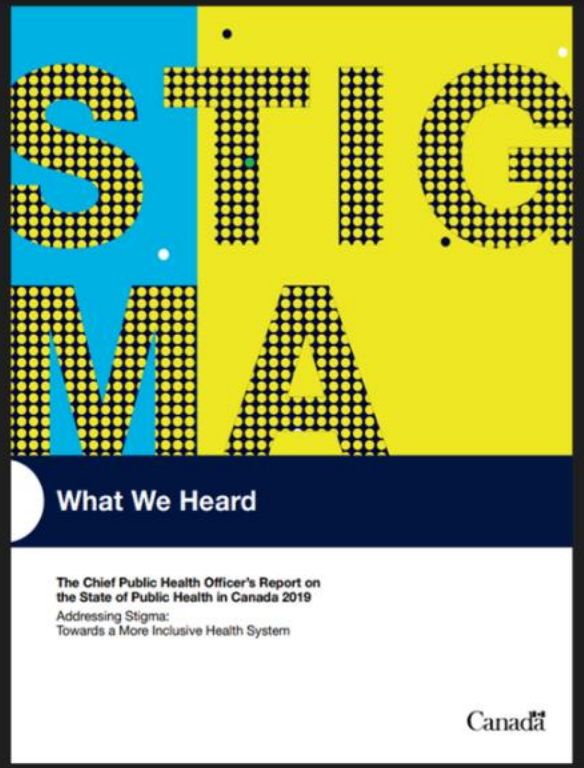


GUIDELINE CPG

Obesity in adults: a clinical practice guideline

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Obesity is a complex chronic disease in which abnormal or excess body fat (adiposity) impairs health, increases the risk of long-term medical complications and reduces lifespan.[1] Epidemiologic studies define obesity using the body mass index (BMI; weight/height^2), which can stratify obesity-related health risks at the population level. Obesity is operationally defined as a BMI exceeding 30 kg/m^2 and is subclassified into class 1 (30–34.9), class 2 (35–39.9) and class 3 (≥ 40). At the population level, health complications from excess body fat increase as BMI increases.[2] At the individual level, complications occur because of excess adiposity, location and distribution of adiposity and many other factors, including environmental, genetic, biologic and socioeconomic factors (Box 1).[1]

Over the past 3 decades, the prevalence of obesity has steadily increased throughout the world,[3] and in Canada, it has increased threefold since 1985.[4,5] Importantly, severe obesity has increased more than fourfold and, in 2016, affected an estimated 1.9 million Canadian adults.[5]

Obesity has become a major public health issue that increases health care costs[4,6,7] and negatively affects physical and psychological health.[8] People with obesity experience pervasive weight bias and stigma, which contributes (independent of weight or BMI) to increased morbidity and mortality.[9]

KEY POINTS

- Obesity is a prevalent, complex, progressive and relapsing chronic disease, characterized by abnormal or excessive body fat (adiposity), that impairs health.
- People living with obesity face substantial bias and stigma, which contribute to increased morbidity and mortality independent of weight or body mass index.
- This guideline update reflects substantial advances in the epidemiology, determinants, pathophysiology, assessment, prevention and treatment of obesity, and shifts the focus of obesity management toward improving patient-centred health outcomes, rather than weight loss alone.
- Obesity care should be based on evidence-based principles of chronic disease management, must validate patients' lived experiences, move beyond simplistic approaches of "eat less, move more," and address the root drivers of obesity.
- People living with obesity should have access to evidence-informed interventions, including medical nutrition therapy, physical activity, psychological interventions, pharmacotherapy and surgery.

Obesity is caused by the complex interplay of multiple genetic, metabolic, behavioural and environmental factors, with the latter thought to be the proximate cause of the substantial

Weight Bias

Explicit

Having overtly negative attitudes toward people with obesity

Implict

Having unconscious negative attitudes toward people living with obesity

Internalized

Extent to which individuals living with obesity endorse negative weight-biased beliefs about themselves

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.

How is weight bias enacted?

Explicit

- Use of judgmental words or moralistic language
- Use of moralistic/ black and white language “unhealthy”, “bad”, “morbidly obese”
- Shaming patients for their weight: "Don't you know that obesity is bad for you?"

Implict

- Belief that weight control is simple
- Not believing that obesity is a chronic disease
- Believing that obesity is all about individual responsibility
- Believing that obesity treatments are ineffective

Internalized

- Self-blame
- Feel anxious about your weight
- Feel less capable because of your weight
- Believe biased treatment from others is deserved
- Believe obesity management is your own responsibility

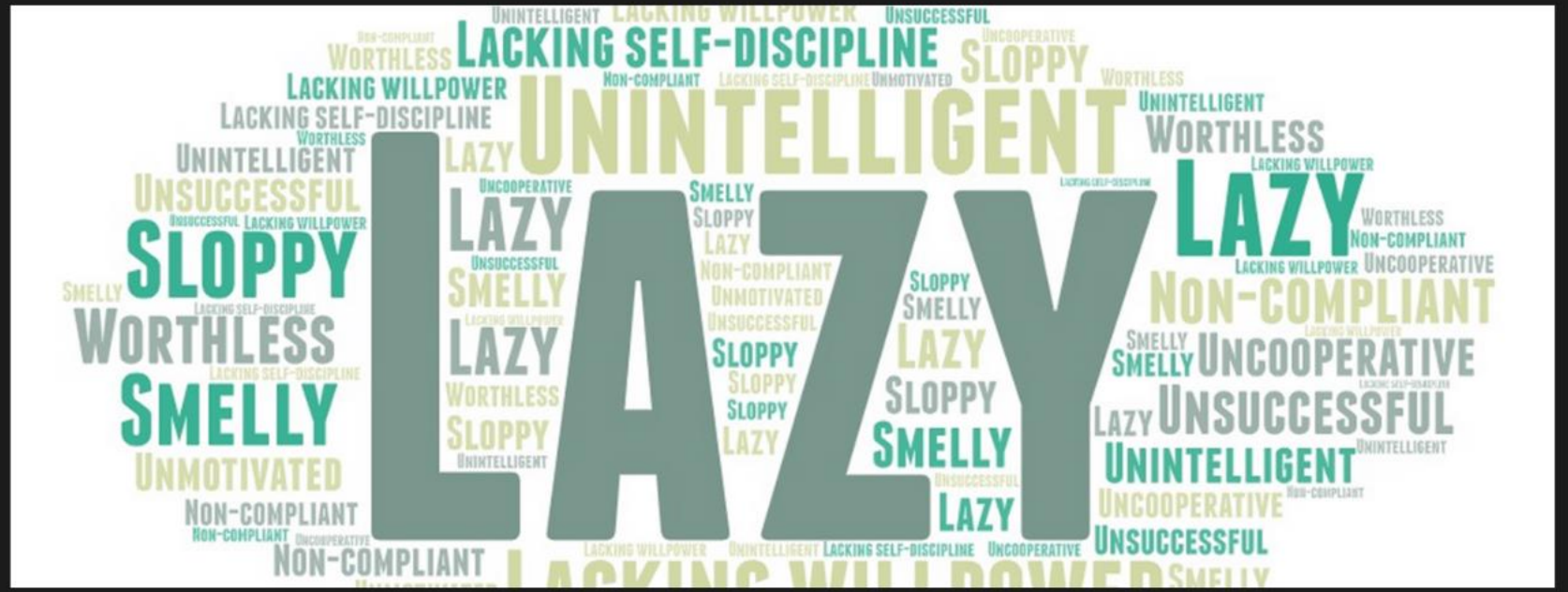
Weight Bias and Stigma

- Weight stigma studies concentrated in North America, Europe, Australia, New Zealand
- 61% of adults engaged in obesity treatment have experienced weight stigma (1)
- Scoping review of studies outside of Europe, North America, Australia and New Zealand found 130 paper from 33 countries, indicating lack of studies but a global scale of weight stigma literature (2)

(1) Puhl RM, Lessard LM, Pearl RL, Himmelstein MS, Foster GDInt J Obes (Lond). Sep 2021;45(9):1976-1985
(2) Eggerichs L. et al. (2021). Weight Stigma: A Global Health Concern. University of Gothenburg

WEIGHT STIGMA

The manifestation of weight bias through harmful social stereotypes that are associated with obesity and about people living with obesity


LAZY
UNINTELLIGENT
LACKING SELF-DISCIPLINE
SLOPPY
WORTHLESS
LACKING WILLPOWER
NON-COMPLIANT
UNMOTIVATED
SMELLY
UNCOOPERATIVE
UNSUCCESSFUL

PHYSICAL HEALTH IMPACTS

Increased cortisol level, oxidative stress level, C-reactive protein level independent of adiposity level (1,2)

Increased obesity and diabetes risk (3)

Increased risk in all-cause mortality (4)

The effect of weight-based discrimination was comparable to other established risk factors, such as smoking history and disease burden (4)

1) Sutin AR, Terracciano A. Perceived weight discrimination and obesity. PLoS One. 2013;8(7):e70048.
2) Tomiyama AJ, Epel ES, McClatchey TM, et al. Associations of weight stigma with cortisol and oxidative stress independent of adiposity. Heal Psychol. 2014;33(8):862–867
3) Wu YK, Berry DC. Impact of weight stigma on physiological and psychological health outcomes for overweight and obese adults: A systematic review. J Adv Nurs. 2018;74(5):1030-1042
4) Sutin AR, Stephan Y, Terracciano A. Weight discrimination and risk of mortality. Psychol Sci. 2015;26(11):1803-1811

PSYCHOLOGICAL HEALTH IMPACTS

Psychological distress, impact on medication non-adherence, anxiety, perceived stress

Mood or anxiety disorders

Eating disturbances, depression, anxiety, and body image dissatisfaction

Weight bias internalization was associated with poorer overall mental health scores, and depressive symptoms

Papadopoulos S, Brennan L. Correlates of weight stigma in adults with overweight and obesity: A systematic literature review. Obesity. 2015;23(9):1743- 1760

Friedman KE, Reichmann SK, Costanzo PR, Zelli A, Ashmore JA, Musante GJ. Weight stigmatization and ideological beliefs: Relation to psychological functioning in obese adults. Obes Res. 2005;13(5):907-916

SOCIAL IMPACTS

Antisocial behaviour, substance use, unhealthy coping strategies, lack of social support

Poor educational outcomes

Employment and career consequences

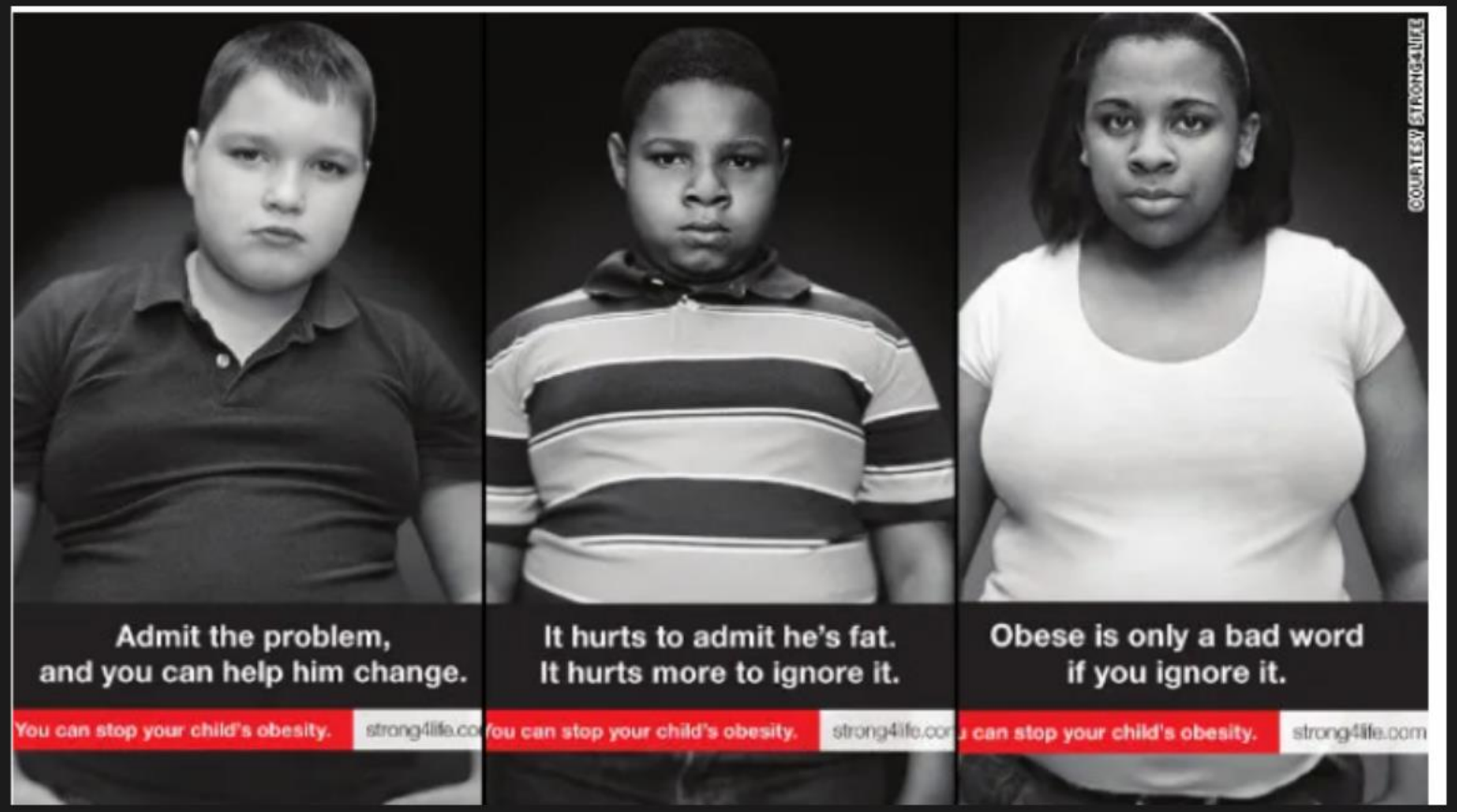
Access to housing

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.

Public Health Obesity Narrative in Canada

- Childhood obesity is problematized (prevention)
- Eat less and move more narrative prevails
- Obesity framed as a social problem, but strategies targeted at individuals
- Obesity is framed as a risk factor (not a chronic disease)
- People with obesity are not engaged
- Weight bias and stigma are not addressed
- Healthy body weight narrative labels and moralizes weight and health behaviours

Ramos Salas X., Forhan, M., Caulfield, T., Sharma, A.M., Raine, K. A critical analysis of obesity prevention policies and strategies. Canadian J of Public Health. 2017;108(5-6):e598-e608.


Admit the problem,
and you can help him change.
You can stop your child's obesity.
strong4life.co
It hurts to admit he's fat.
It hurts more to ignore it.
ou can stop your child's obesity.
strong4life.co
Obese is only a bad word
if you ignore it.
can stop your child's obesity.
strong4life.com
COURTESY STRONG4LIFE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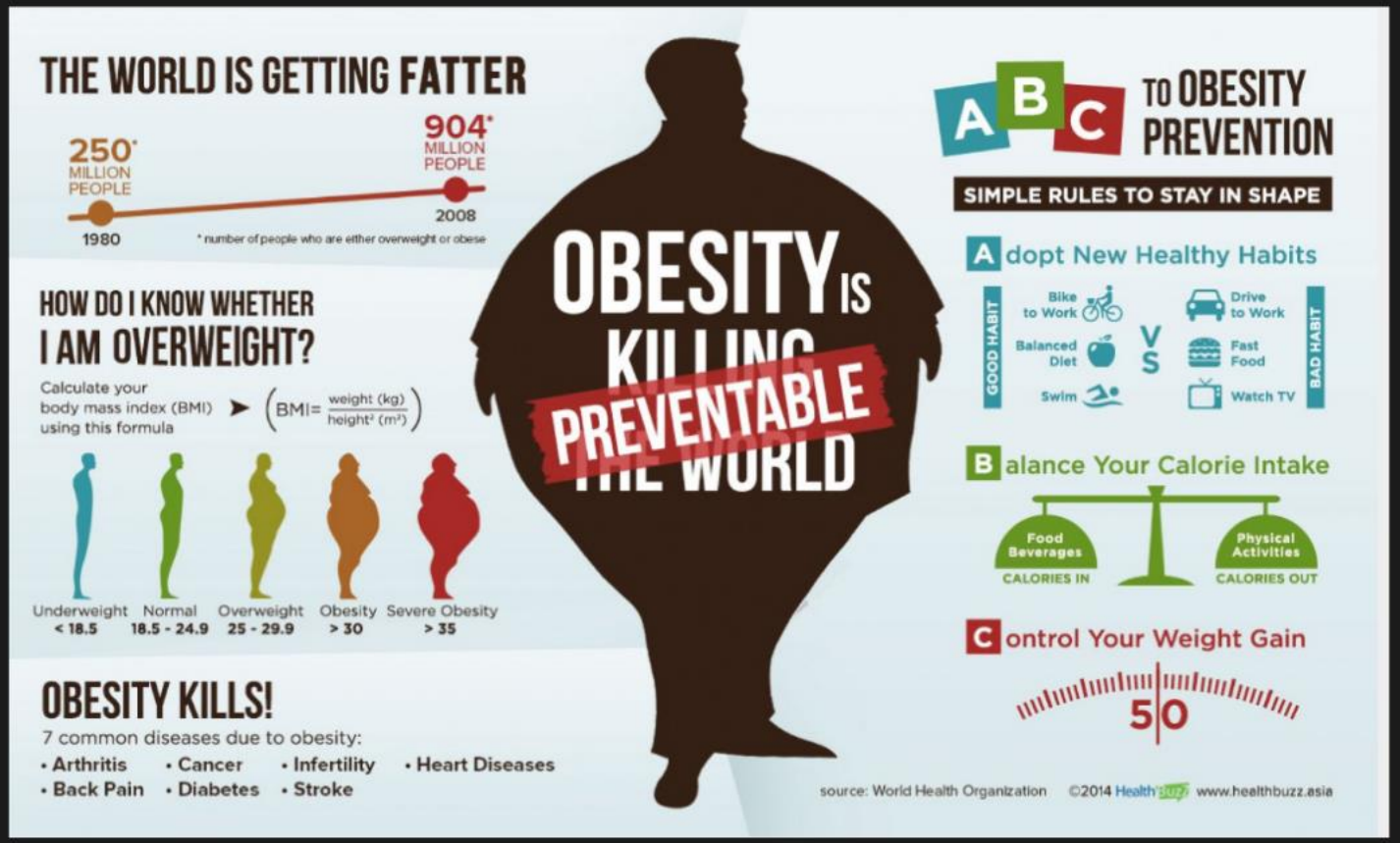
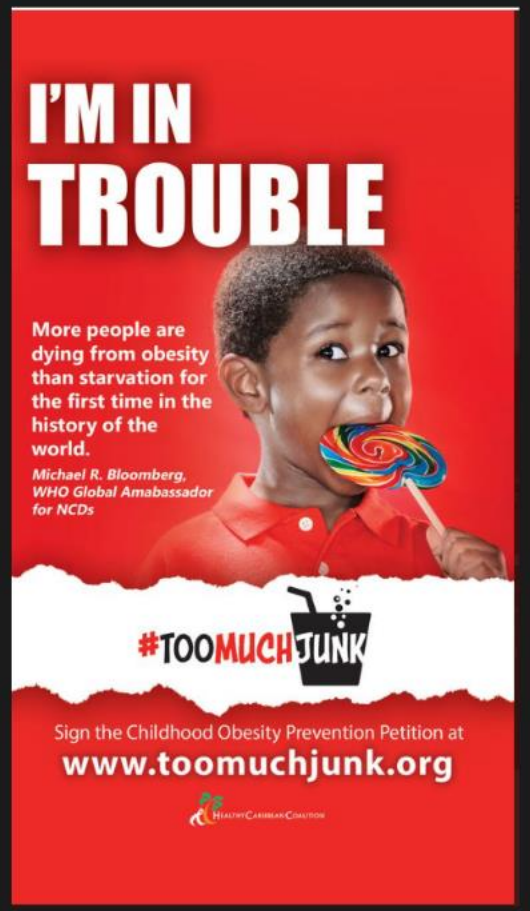
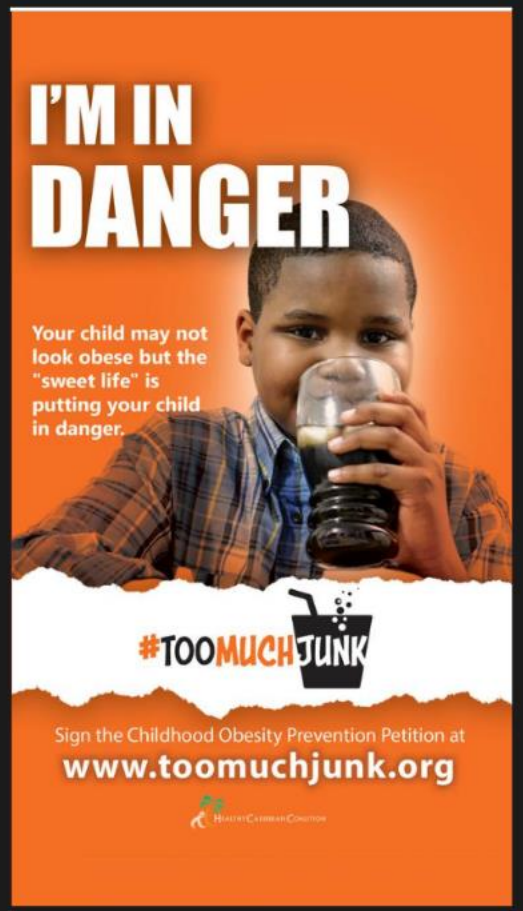
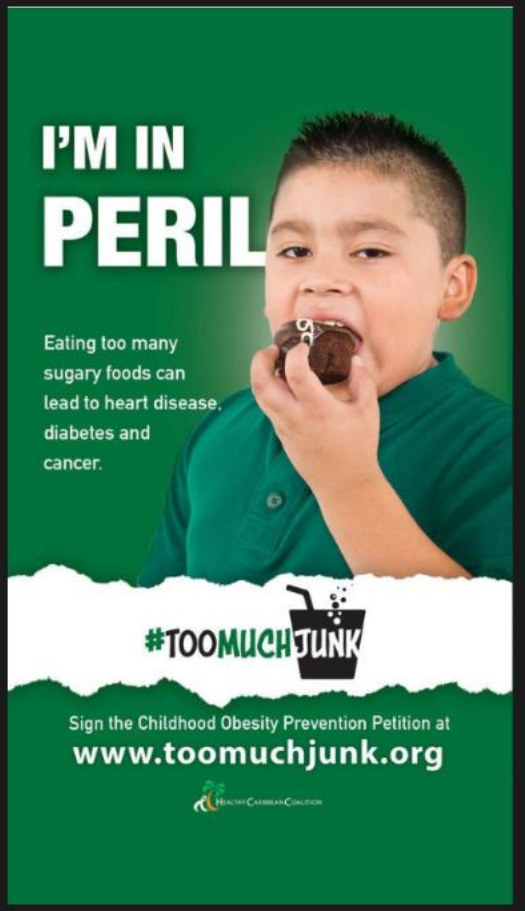
VisitObecity.org


THE WORLD IS GETTING FATTER
250* MILLION PEOPLE
1980
904* MILLION PEOPLE
2008
* number of people who are either overweight or obese
HOW DO I KNOW WHETHER I AM OVERWEIGHT?
Calculate your body mass index (BMI) using this formula
BMI= weight (kg) / height² (m²)
Underweight < 18.5
Normal 18.5 - 24.9
Overweight 25 - 29.9
Obesity > 30
Severe Obesity > 35
OBESITY KILLS!
7 common diseases due to obesity:
• Arthritis • Cancer • Infertility • Heart Diseases
• Back Pain • Diabetes • Stroke
OBESITY IS KILLING
PREVENTABLE
THE WORLD
ABC TO OBESITY PREVENTION
SIMPLE RULES TO STAY IN SHAPE
Adopt New Healthy Habits
GOOD HABIT
Bike to Work
Balanced Diet
Swim
VS
Drive to Work
Fast Food
Watch TV
BAD HABIT
Balance Your Calorie Intake
Food Beverages
CALORIES IN
Physical Activities
CALORIES OUT
Control Your Weight Gain
50
source: World Health Organization
©2014 HealthBuzz www.healthbuzz.asia


I'M IN
TROUBLE
More people are dying from obesity than starvation for the first time in the history of the world.
Michael R. Bloomberg, WHO Global Amabassador for NCDs
#TOOMUCHJUNK
Sign the Childhood Obesity Prevention Petition at
www.toomuchjunk.org


I'M IN
DANGER
Your child may not look obese but the "sweet life" is putting your child in danger.
#TOOMUCHJUNK
Sign the Childhood Obesity Prevention Petition at
www.toomuchjunk.org


I'M AT
RISK
Bad eating habits put children at risk of diabetes, cancer and heart disease
#TOOMUCHJUNK
Sign the Childhood Obesity Prevention Petition at
www.toomuchjunk.org


I'M IN
PERIL
Eating too many sugary foods can lead to heart disease, diabetes and cancer.
#TOOMUCHJUNK
Sign the Childhood Obesity Prevention Petition at
www.toomuchjunk.org

Perspectives of people living with obesity

- The lives of people living with obesity are not reflected in the current public health narrative
- Frustration with reaching a healthy weight
- Feeling of shame and guilt

Ramos Salas X, Forhan M, Caulfield T, Sharma AM, Raine KD. Addressing Internalized Weight Bias and Changing Damaged Social Identities for People Living With Obesity. Frontiers in Psychology. 2019;10(1409).

Perspectives of people living with obesity

Resistance and rejection of public health messages that:

- Use stereotypical images and biased language
- Assume that only people with obesity have unhealthy behaviors
- Imply that obesity is a "decision" of the individual
- Focus only on the importance of preventing childhood obesity, excluding adults and recommendations for the treatment of obesity

Ramos Salas X, Forhan M, Caulfield T, Sharma AM, Raine KD. Addressing Internalized Weight Bias and Changing Damaged Social Identities for People Living With Obesity. Frontiers in Psychology. 2019;10(1409).

Shaming parents is harmful

- Parents of children with hyperphagia experience shame and stigma associated with their child's obesity, including hurtful remarks from others about their child's weight and suspicion of child neglect (1)
- Parents report feelings of isolation, a sense of blame for their child's weight struggles, and fear regarding their child's health (2)
- Parents who themselves have experienced weight issues have a tendency to internalize self-blame for their child's weight (3)

1. Kleinendorst L, van Haelst MM, van den Akker ELT. Young girl with severe early-onset obesity and hyperphagia. BMJ Case Rep 2017;2017:bcr2017221067.
2. 1.Zenlea IS, Thompson B, Fierheller D, et al. Walking in the shoes of caregivers of children with obesity: Supporting caregivers in paediatric weight management. Clin Obes 2017;7:300–306.
3. 1.Davis JL, Goar C, Manago B, Reidinger B. Distribution and disavowal: Managing the parental stigma of children's weight and weight loss. **Soc Sci Med** 2018;219:61–69.

Stigma and Population Health

- Stigma is an additional burden that affects people beyond any impairments they may have. (1)
- Stigma negatively influences the level and quality of care for people living with obesity (2)

1) Hatzenbuehler, M.L., et al. AJPH, 2013
2) Ramos Salas, X. (2021). EJIM 91: 1-2.

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

View Sign

More Photos

View all 15 photos

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 heath and human rights problem

Create policies to eliminate weight bias and discrimination

Foster weight bias and discrimination prevention programs

Collect data on prevalence, risk factors and consequences of weight bias and discrimination in Canada

Train policy makers, educators and health care professionals in prevention of weight bias and discrimination

Provide access to evidence-based and people-centred health care services for individuals living with obesity

CHECK YOUR ATTITUDE

Do you assume a person's health, characteristics, behaviours and abilities are based on their body size, weight or shape?

Do you think that everyone with a larger body size or a higher BMI has obesity and needs to lose weight?

People come in different sizes and shapes. Body size, weight and shape are not directly associated with a person's health, work ethic, willpower, intelligence or skills.

Obesity is a chronic disease where abnormal or excess body fat impairs health. BMI is an indicator of body size, not health. Not everyone with a large body size or high BMI has obesity.

CHECK YOUR ATTITUDE

Do you believe people with obesity are personally responsible for their condition?

Many people think obesity can be controlled by simply eating healthier and being more active. But there are many factors that contribute to obesity. Many of these factors are beyond an individual's control.

WEIGHT IS NOT A BEHAVIOUR

- Short term weight loss strategies trigger compensatory mechanisms in the brain promote positive caloric intake by increasing hunger, ultimately causing weight gain.

- **Educate patients on obesity as a chronic disease,** move beyond outdated "energy in and energy out" weight loss strategies, and support evidence-based, sustainable, and life-long obesity treatments while encouraging body acceptance and focusing on health and wellbeing.

What is the overarching goal of the policy or program?

- Identifying specific policy goals can help determine whether the proposed strategies are specific to obesity prevention/ reduction or whether obesity is inappropriately being used as a hook for overall health promotion policies.

https://obesitycanada.ca/wp-content/uploads/2019/07/Weight-Bias-Analysis-Obesity-Prevention-Policies6-3.pdf

Is the policy goal to promote healthy behaviours or to prevent and/or reduce obesity?

- Health behaviour change alone may not sufficiently contribute to obesity prevention or reduction because obesity is a much more complex disease.
- Obesity prevention and management strategies should go beyond the promotion of healthy eating and physical activity
- Positioning healthy eating and physical activity public health strategies as effective obesity prevention and management interventions may cause further weight bias and stigma.

Does “obesity” even need to be mentioned in this specific health promotion policy or behaviour change strategy?

- If this is a policy to promote overall health, consider whether obesity needs to be mentioned at all.

- Positioning health promotion policies as obesity prevention strategies unfairly and inaccurately implies that only persons or populations with obesity need to engage in health promoting behaviours.

If this is an obesity prevention / reduction policy, what are the expected outcomes?

- Obesity is defined as a prevalent, complex, progressive, and relapsing chronic disease characterized by abnormal or excessive body fat (adiposity) that impairs health (Canadian Adult Obesity Clinical Practice Guidelines, CMAJ 2020)

- Health impairments may be different between individuals, communities and populations. There are many health consequences associated with obesity such metabolic, musculoskeletal, mental, and social outcomes. Evaluation measures need to consider the broad health impacts of obesity rather than just reduction in body weight.

Is body size being used as an obesity prevention/reduction strategy outcome?

- Many obesity policies have weight or BMI as outcomes. Although BMI is a surrogate measure for obesity (used mainly in population surveillance studies), it is not an adequate measure of a person's health. People come in different shapes and sizes, and individuals can experience health over a wide range of BMI levels.

- BMI merely measures body size and in itself is not an adequate health measure. Therefore, the impact of obesity prevention/management strategies should not be measured by body size.

- Like any other chronic disease strategy, obesity prevention and management strategies should be measured according to specific and measurable health outcomes.

Could this policy create unintended consequences such as labelling individuals according to their body size?

- Creating “healthy” versus “unhealthy” weight categories ends up labeling groups by their size and/or weight and contributes to weight bias. Population health outcomes need to focus on just that — health outcomes. This is important for prevention of further weight bias and stigma.

- Be specific and distinguish between body size and obesity as a disease. Size is not a disease. Obesity is a disease.

Is the language in this policy/program appropriate?

- Be aware of the language used in policies. Always use "person-first-language" when referring to obesity.
- Avoid using the clinical term "obesity" when referring to a person's body size. Obesity is a clinical/medical term used when an individual has been diagnosed with obesity.
- Provide evidence-based messages about the link between weight/size and health.
- Promote body size diversity and body positivity through images and language.

Have you engaged people with obesity in the development of this policy?

- Public health can and should engage people with obesity in the development of policies and strategies.

- Having active participation of individuals with obesity can help change negative attitudes and beliefs and facilitate the development of compassionate and equitable population health strategies.

Thank you

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