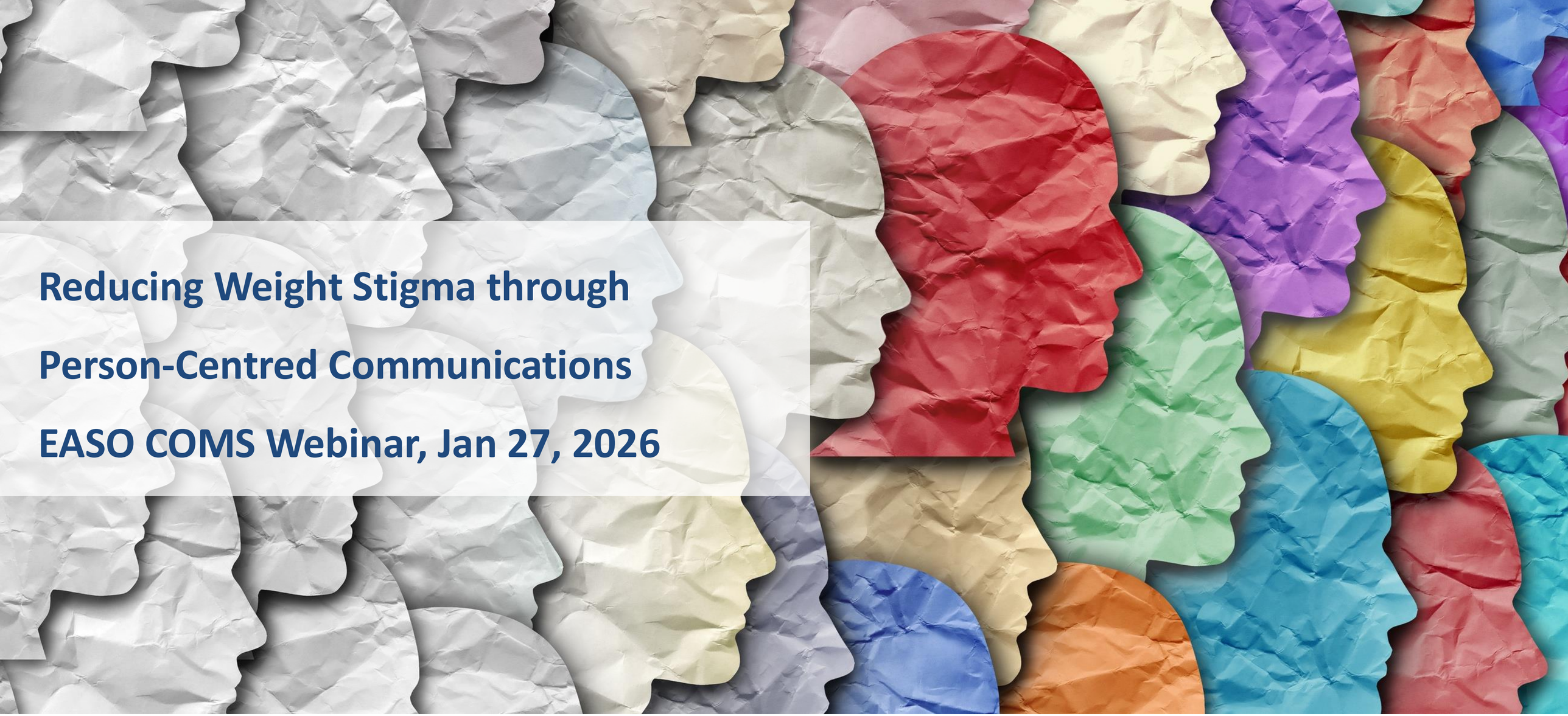


Reducing Weight Stigma through Person-Centred Communications

EASO COMS Webinar, Jan 27, 2026

Ximena Ramos Salas, PhD
Replica Communications
Bias180, Canada
Lund University, Sweden

Disclosures

- Chair, Bias180 - a non-profit organisation with a mandate to address bias, stigma, and discrimination in chronic disease.
- Research grants from the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council.
- Consulting fees with World Health Organisation, Research Consultant with the European Association for the Study of Obesity (EASO), European Coalition for People Living with Obesity, Asociación Chilena de Nutrición Clínica, Obesidad y Metabolismo (ACHINUMET), Consorci de Salut I Social de Catalunya, Sociedad Mexicana de Nutrición y Endocrinología (SMNE), The Obesity Society, and the Obesity Medicine Association.

bias 180

Strategic approaches to overcoming bias, stigma & discrimination in chronic disease

Rationale

- Non-communicable diseases (NCDs) are the **leading cause of death** worldwide
- Globally **one in three adults** suffer from multiple chronic conditions
- People living with chronic illnesses report a variety of forms of experienced stigma in their daily lives, including **within healthcare settings**
- People living with chronic illnesses may internalize, experience, and anticipate **stigma / social devaluation or discrediting** due to their illness
- Many people are exposed to **multiple stigmas**, preventing them from attaining the resources they need to achieve optimal health such as education, employment, housing, and health services

WEIGHT BIAS

Negative attitudes and beliefs about weight

Weight bias

- *Explicit weight bias*
- *Implicit weight bias*
- *Internalized weight bias* or *self-directed bias*

Stigma → *Harmful social stereotypes/ Damaged identities*

Discrimination → *Unjust treatment*

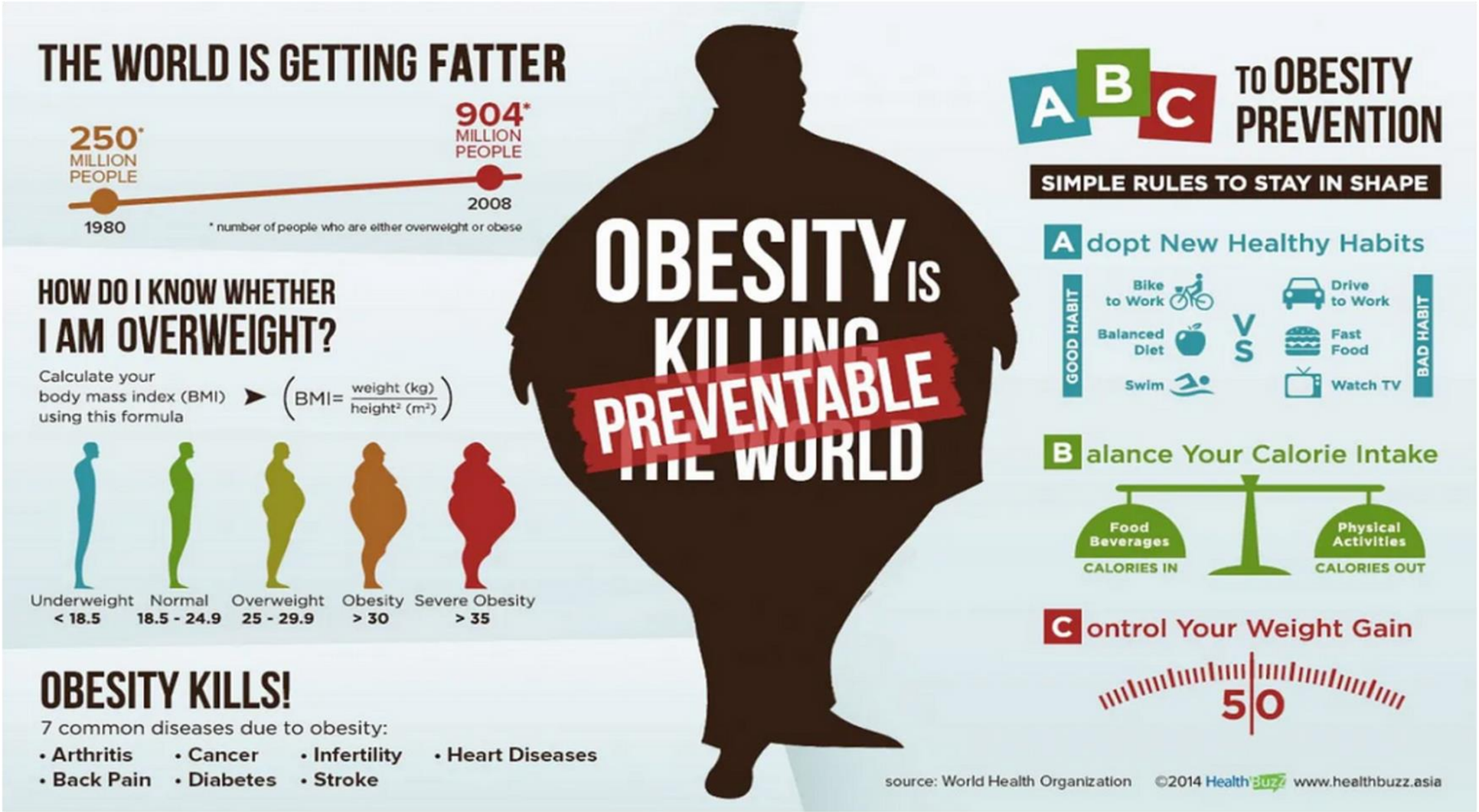
Article 2

Freedom from discrimination

Everyone can claim their rights regardless of sex, race, language, religion, social standing, etc.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

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. Accessed Nov 15, 2020.


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
5 0
source: World Health Organization
©2014 HealthBuzz www.healthbuzz.asia

People with Obesity = **PwO**

Healthcare Professionals = **HCP**

Employers

FINDINGS

- Are highly motivated to manage their obesity and are actively engaged in weight management on their own (82%).
- Do not believe that Canadian society or health care systems support their needs (83%).

- Demonstrate high levels of weight bias consistent with other studies (Fat Phobia score = 3.7).[7-9]
- Believe that PwO are not motivated to manage their own weight (72%).

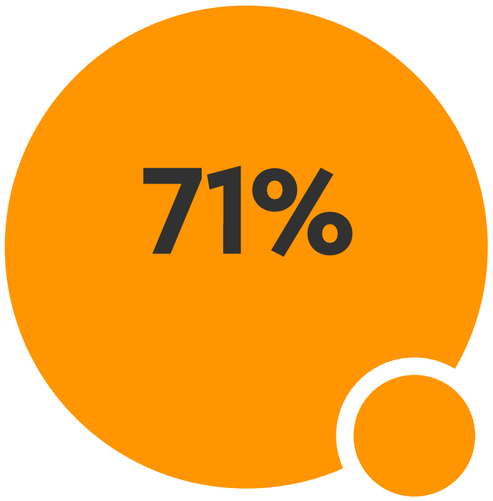
- Believe that weight of employees is completely within employee's control (47%).
- Believe PwO could manage their weight if they set their mind to it (63%).

Sharma, AM, Bélanger, A, Carson, V, et al. Perceptions of barriers to effective obesity management in Canada: Results from the ACTION study. *Clin Obes*. 2019; 9:e12329.

Prevalence of Weight Stigma Across the Lifespan

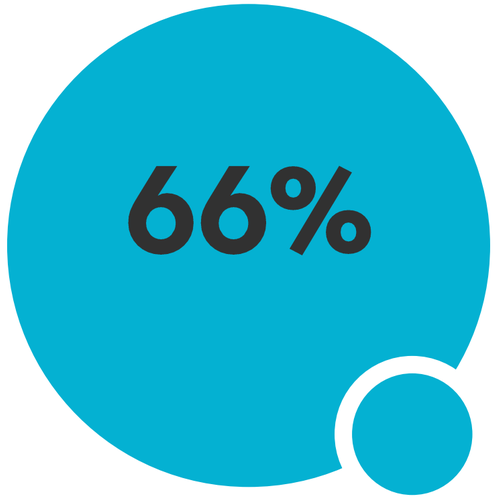
Children

report weight-related teasing in school (1)



Adolescents

report being bullied about their weight in the past year, and more than one-third indicated that the bullying had persisted for >5 years (2)



Adults

in weight management program report experiencing weight stigma from doctors across Australia, Canada, France, Germany, UK and USA (3)

Adults

across the weight spectrum have weight bias internalization (WBI) (4)

1.Andreyeva T, Puhl RM, Brownell KD. Obesity. 2008 May;16(5):1129-34.
2.Puhl RM, Peterson JL, Luedicke J. Pediatrics. 2013 Jan;131(1):e1-9.
3.Puhl RM, Lessard LM, Himmelstein MS, Foster GD (2021) PLoS ONE 16(6): e0251566.
4. Romano KA, Heron KE, Sandoval CM, Howard LM, MacIntyre RI, Mason TB. A meta-analysis of associations between weight bias internalization and conceptually-related correlates: A step towards improving construct validity. *Clin Psychol Rev*. 2022;92:102127. doi:10.1016/j.cpr.2022.102127

Weight Bias In Healthcare

41 studies 1989-2020

- Medical doctors
- Nurses
- Dietitians
- Psychologists
- Physiotherapists
- Physician assistants
- Physical therapists
- Occupational therapists
- Speech pathologists
- Podiatrists
- Exercise physiologists

Bias

- Hold moderate and statistically significant implicit and explicit weight-biased attitudes toward people with overweight or obesity.

Impact

- Patients feel HCPs are not attentive to their health concerns or spend sufficient time listening to them during consultation
- Patients perceive patronizing and disrespectful language
- Provision of care
- Less use of healthcare services
- Treatment avoidance

Lawrence, B. J., Kerr, D., Pollard, C. M., Theophilus, M., Alexander, E., Haywood, D., & O'Connor, M. (2021). Weight bias among health care professionals: A systematic review and meta-analysis. Obesity. doi:10.1002/oby.23266

“There’s such a stigma there that is reinforced. But when I enter the health system, the first place I expect to talk candidly about my issue, I hear the blame. ‘Well, you know, if you eat right and exercise, you’ll lose weight. It’s as simple as that. It’s a simple thing.’ That’s what I get—It’s so simple”.

Rand, K, Vallis M, Aston M, Price S, Piccini-Vallis H, Rehman L, Kirk SFL, “It is Not the Diet; it is the Mental Part We Need Help with.” A Multilevel Study on Obesity and Psychological, Emotional, and Social Well-being, International Journal of Qualitative Studies on Health and Wellbeing, 12(1):1306421

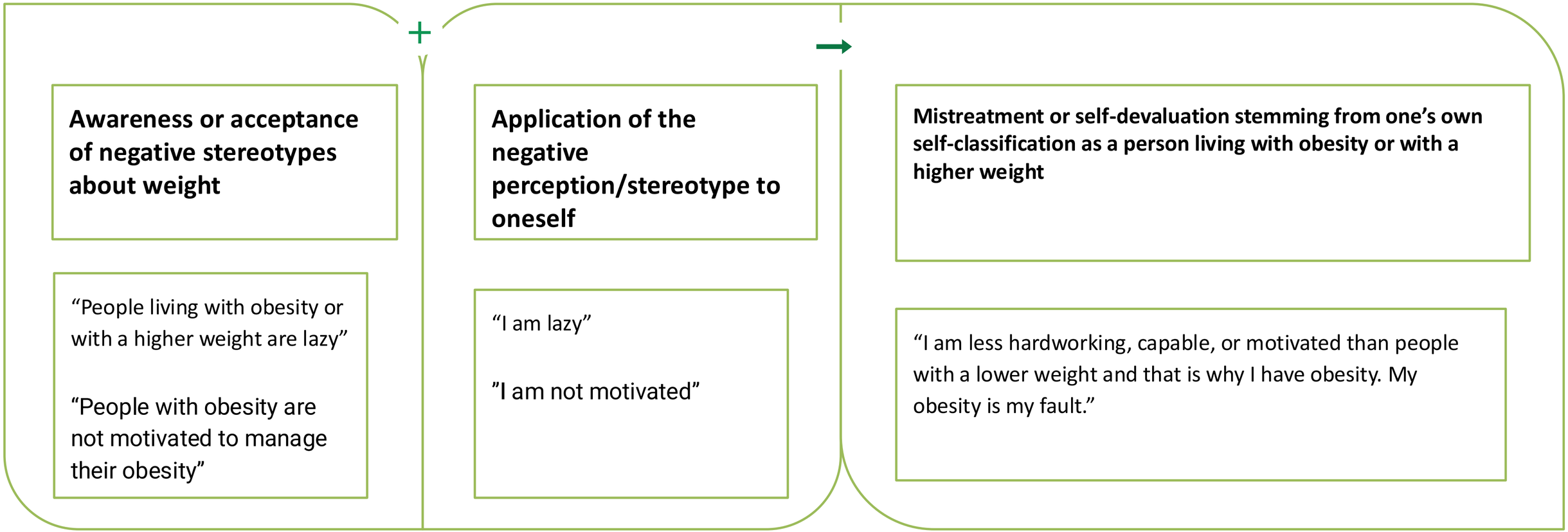
“…weight bias negatively affects patients’ engagement in primary health care through their perceived barriers to health care utilization, expectations of differential health care treatment, low trust and poor communication, avoidance or delay of health services, and ‘doctor shopping’.”

Alberga AS, Edache IY, Forhan M, Russell-Mayhew S. (2019) Weight bias and health care utilization: a scoping review. Primary Health Care Research & Development 20(e116): 1–14

Forms of Weight Stigma

Perceived stigma	Negative comments, judgment from family, peers, and healthcare professionals.
Experienced stigma	Direct discrimination or mistreatment.
Internalized stigma	Self-devaluation, self-shame, low self-esteem, self-judgment.
Anticipated stigma	Fear of judgment, secrecy about obesity care

Key Components of Internalized Weight Stigma



Weight Bias Internalization and Mental Health

IWB mediates the relationship between weight stigma experiences and negative psychological outcomes (Papadopoulous & Brennan, 2015)

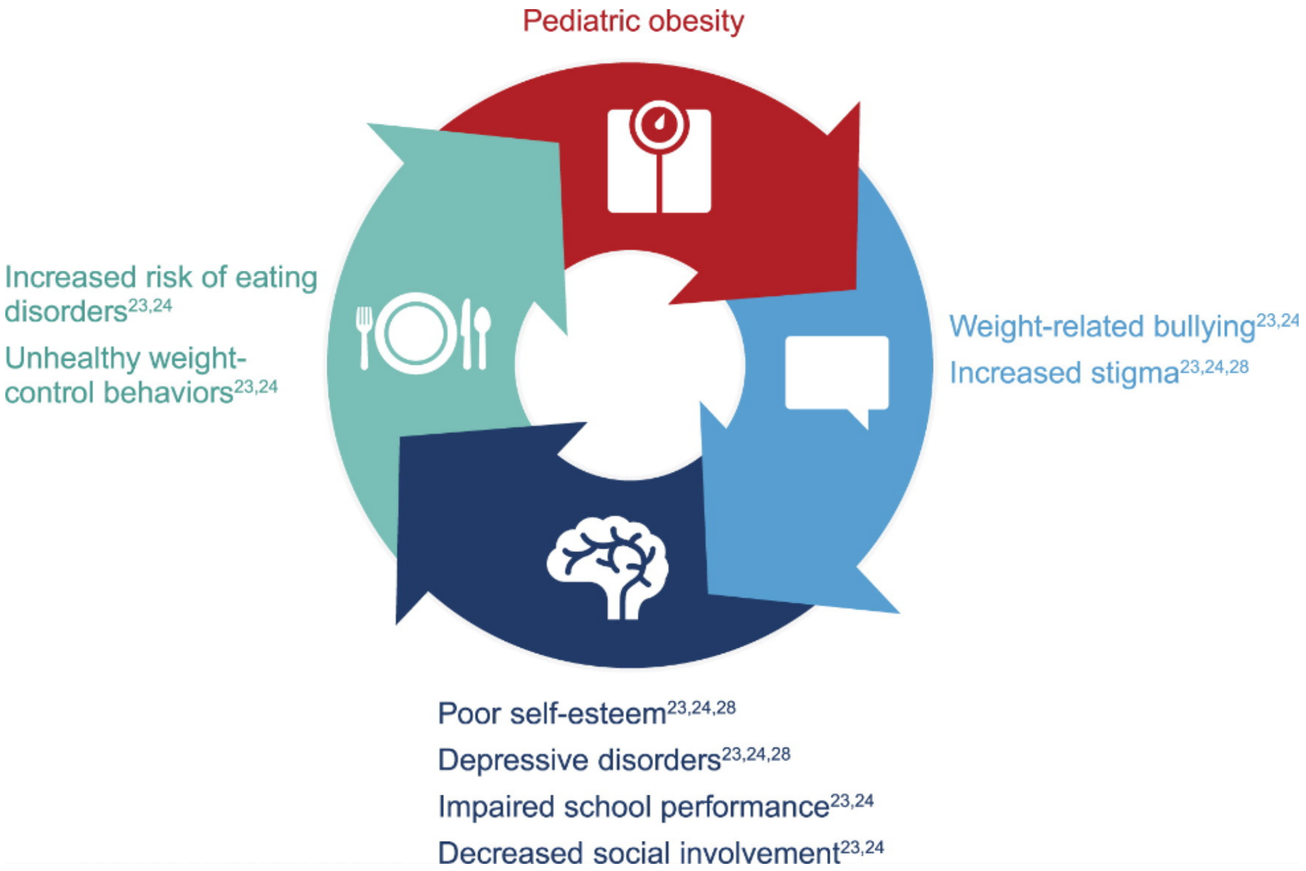
IWB may be associated with even poorer mental health outcomes than the perceived experience of weight bias (Pearl & Puhl, 2016)

Believing oneself to be deserving of weight stigma may be worse for psychological outcomes than the actual stigmatizing encounter itself

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

Pearl, R. & Puhl, R. (2016). The distinct effects of internalizing weight bias: An experimental study. *Body Image, 17*, 38-42.

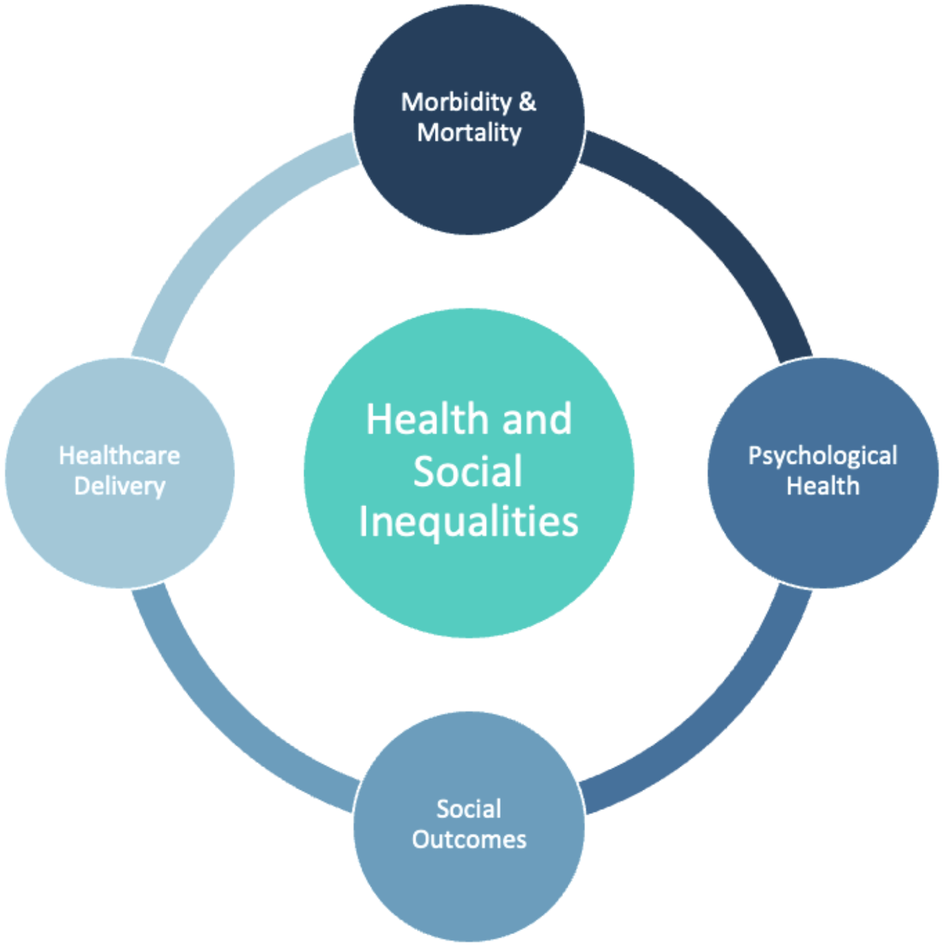
VICIOUS CYCLE OF STIGMA AND OBESITY IN CHILDREN



Andrea M. Haqq, Maryam Kebbe, Qiming Tan, Melania Manco, and Ximena Ramos Salas. Complexity and Stigma of Pediatric Obesity. Childhood Obesity.Jun 2021.229-240.http://doi.org/10.1089/chi.2021.0003

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

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. https://obesitycanada.ca/guidelines/weightbias.



Widespread misconception that obesity is merely a lifestyle risk factor (diet culture) rather than a chronic disease, along with frequent neglect of lived experiences and the persistent stigmatization undermines fair access to care and equal health opportunities for people living with obesity.

Shame does not motivate behaviour change

Outcomes

Biochemical, cognitive, and behavioural changes that impact health outcomes negatively (3)

Shame & Stigma

...and shame does not motivate people to engage in healthy behaviours. In fact, the opposite is true.

Weight is not a Behaviour

But weight is not a behaviour and weight control goes beyond health behaviours such as healthy eating and exercise (e.g. 40-70% genetics (2).

Personal Responsibility

The belief that individuals can control their own weight solely through behavioural factors drives weight bias, stigma and discrimination (1)

Biased Beliefs

Some healthcare professionals believe that using weight stigma can motivate people to change their health behaviours and lose weight.

1. Crandall, C. S., D'Anello, S., Sakalli, N., Lazarus, E., Wieczorkowska, G., & Feather, N. T. (2001). An attribution-value model of prejudice: Anti-fat attitudes in six nations. Personality and Social Psychology Bulletin, 27, 30-37.
2. Loos, R.J.F., Yeo, G.S.H. The genetics of obesity: from discovery to biology. Nat Rev Genet 23, 120–133 (2022).
3. Tomiyama AJ. Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. Appetite. 2014 Nov;82:8-15.

Changing clinical conversations is necessary because…

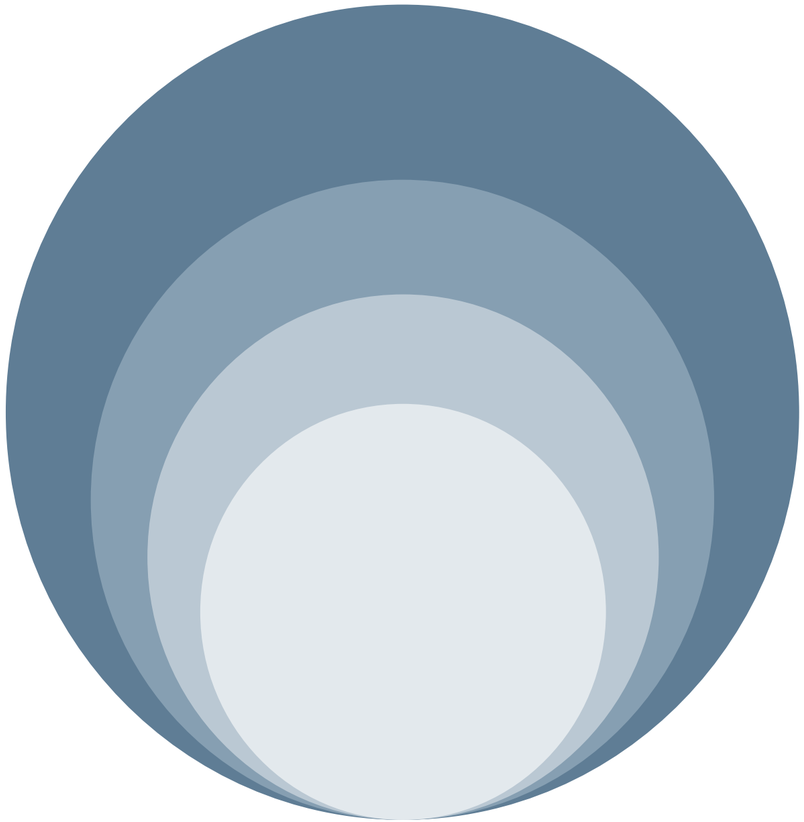
- Obesity is not a behaviour – Weight is not a behaviour
- Public health messages like "eat less, move more" contribute to weight stigma
- The focus has been and is on willpower, behaviour and motivation instead of science and lived experience
- **Obesity (Clinical Obesity) is a chronic disease characterized by dysfunctional or excessive adiposity that impairs health**
- Shaming (explicit, implicit, internalized) does not motivate people to engage in health promoting behaviours – the opposite is true

- Nutter, S, Eggerichs, LA, Nagpal, TS, et al. Changing the global obesity narrative to recognize and reduce weight stigma: A position statement from the World Obesity Federation. Obesity Reviews. 2023;e13642. doi:10.1111/obr.13642
- Ramos Salas X, Forhan M, Caulfield T, Sharma AM, Raine K. A critical analysis of obesity prevention policies and strategies.Can J Public Health. 2017 Sep;108(5-6):e598-e608. doi: 10.17269/CJPH.108.6044. Epub 2017 Sep 1. PMID: 31823280.
- Definition and diagnostic criteria of clinical obesity. Rubino, Francesco et al. The Lancet Diabetes & Endocrinology, Volume13, Issue 3, 221 - 262

WEIGHT BIAS, STIGMA & DISCRIMINATION INTERVENTIONS

Institutional: stigmatizing and discriminatory practices and policies in education and healthcare systems; media

Individual: Implicit, Explicit, Internalized bias



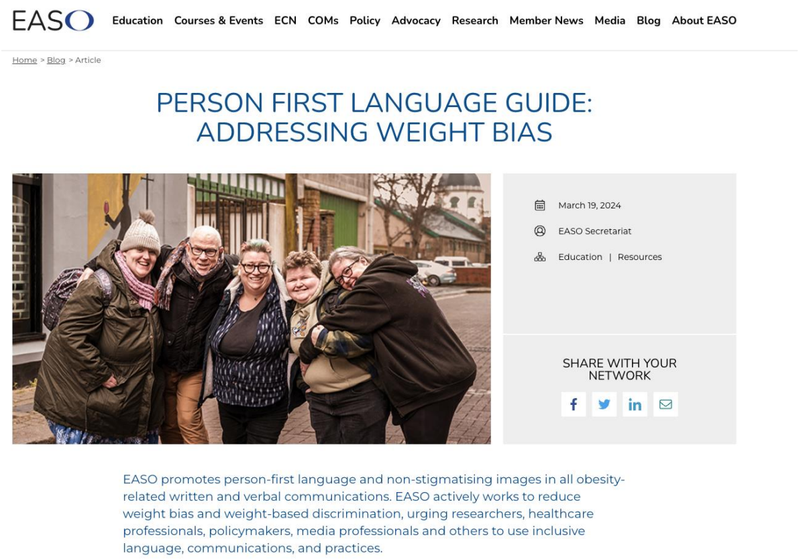
Population: stigmatizing and discriminatory social and health policies

Interpersonal: stigmatizing personal behaviours and professional practices

McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351-377.

Person-First Language / Reframing Obesity as a Chronic Disease

1. Obese patient → Patient living with obesity
2. Morbidly obese patient → patient with severe or complex obesity
3. Non-compliant patient → Treatment non-adherence
4. Is this patient appropriate for this intervention? → Is this treatment appropriate for this patient's obesity phenotype?
5. Patient failed to lose weight with the intervention → Treatment was not effective for this patient (obesity phenotype) – Patients do not fail treatments → treatments fail based on disease phenotype (sub-optimal treatment response)
6. Patient failed the treatment and regained weight → Obesity is a chronic and relapsing/recurrent disease → recurrent weight gain is not the patient's fault → treatments need to be adjusted based on disease trajectory



https://easo.org/person-first-language-guide-addressing-weight-bias/

HEALTHCARE INSTITUTIONS SOLUTIONS

- Clinical practice guidelines and standards of care
- Obesity education for healthcare professionals
- Weight bias sensitivity training for healthcare professionals, policy makers, educators
- Weight-based discrimination included in healthcare institutions (policies)
- Weight inclusive healthcare practices:
  - ✓ Treat patient symptoms rather than telling them to lose weight
  - ✓ Provide patients in larger bodies the same treatment as those in thinner bodies with similar health concerns
  - ✓ Ask permission before discussing weight with patients
  - ✓ Avoid using BMI as a criteria for healthcare services and/or medical procedures (e.g. fertility treatments, knee/hip replacement surgery)

What can HCPs do to improve obesity care and reduce weight stigma?

ASK

Do not assume all persons living with obesity are prepared to initiate obesity treatments.

Ask for permission to discuss weight when medically necessary.

ASSESS

BMI is not an accurate measure for diagnosing obesity and adiposity related impairments, nor is waist circumference alone a direct measure of visceral fat.

Use tools such as the **5As of Obesity Management** to guide patient interactions and management, the **4Ms framework** to assess root causes of obesity, and the **EOSS** to assess disease severity and guide treatment.

ADVISE

Discuss all evidence-based treatment options and adjunctive therapies with each patient.

AGREE

Agree with the patient the goals of obesity treatment, focusing mainly on the values that the person derives from health-based interventions.

ASSIST

Engage with the person in continued follow-up, reassessment, and support.

https://obesitycanada.ca/guidelines/

Key Take Aways: Weight bias is everywhere: what we say, how we say it and the context in which we practice health promotion/chronic disease prevention /management matters

Check-in

Check your own attitudes (self-reflection)

Avoid Assumptions

Avoid assumptions about weight / BMI and health

Person-centred

Apply person-centred health promotion/disease prevention approaches; engage people living with obesity

Terminology & Imagery

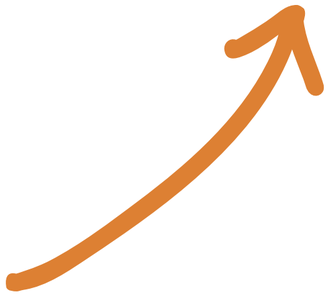
Use respectful terminology and imagery

Critical assessment

Critically assess health promotion/ chronic disease prevention policies, strategies and programs and correct for weight bias and stigma

Address weight stigma

Shift focus to health and well-being, addressing obesity as a chronic disease and prioritizing people-centered health promotion/chronic disease prevention approaches; avoid framing weight and obesity as individual health behaviours



THANK YOU

ximenars@gmail.com

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