



Weight Bias & Stigma

OBESITY is a complex chronic disease in which abnormal or excessive accumulation of body fat impairs health. Adult obesity rates have more than doubled since the 1980s — in the U.S. today, obesity affects over 42% of adults and 18% of youth.¹ Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and the recent decline in U.S. life expectancy. This fact sheet is part of a series designed to provide basic information about the science of obesity and current strategies to address it.

The Prevalence of Weight Bias

Unfortunately, weight bias is exceedingly prevalent in our society and has been considered by some to be “the last socially acceptable form of discrimination.”

Researchers found that participants reported more bias towards those with obesity than towards many other stigmatized groups.²

- As the prevalence of obesity has increased, so has the prevalence of weight bias. Perceived weight-based discrimination increased 66% from the 1990s to the 2000s.³
- Weight bias is prevalent in medical settings and among healthcare providers. When surveyed, medical students reported that they were exposed to weight bias in many forms.⁴
 - 40% reported that their instructors made negative jokes or comments about patients with obesity
 - 50% reported that their peers held negative attitudes about patients with obesity
 - 65% reported hearing derogatory comments or jokes about patients with obesity from other healthcare providers

Weight Stigma and Health

Although some have argued that weight bias could prompt those with obesity to lose weight, evidence have repeatedly shown that stigma and bias have harmful effects. Bias can be destructive and disruptive to both the personal lives and clinical experiences of those with obesity. A systematic review of weight bias literature reported that:⁵

- Adolescents who experienced stigma were more likely to engage in disordered eating and less likely to engage in physical activity.
- A majority of women with severe obesity reported that their weight was a barrier to healthcare and that it prevented them from seeking medical attention. Their reasons included:
 - Disrespect and negative attitudes from providers
 - Insufficient or inappropriate gowns, examination tables, and medical equipment
 - Embarrassment over getting weighed
 - The likelihood of receiving unsolicited weight loss advice

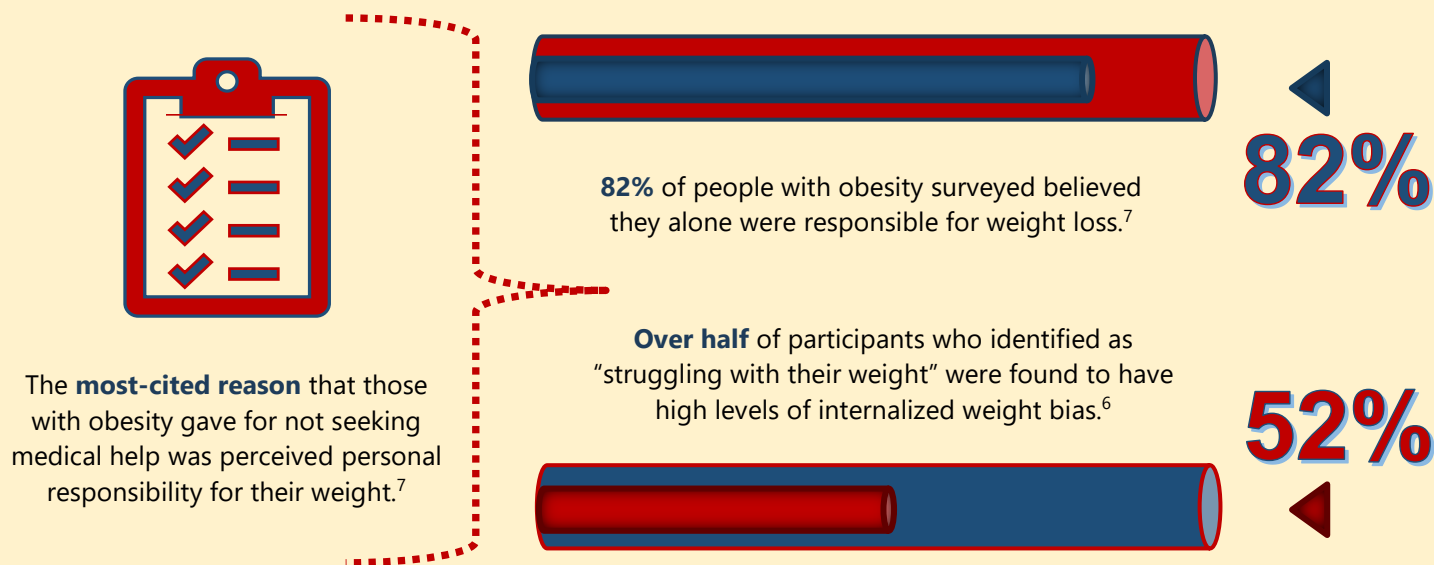
KEY TAKEAWAYS

- Weight bias is exceedingly prevalent in our society. People with obesity experience stigma and may internalize that stigma.
- Weight stigma is inherently harmful and impairs the successful treatment of obesity.
- Clinicians who are sensitive to the dangers of weight stigma can take steps to prevent it and improve the care of their patients with obesity.

LEARN MORE

The Rudd Center's Resources for Media Portrayal of People with Obesity
STOP Obesity's Why Weight Guide for Providers

When people with obesity internalize weight stigma, they apply harmful weight-related stereotypes to themselves. Internalized weight stigma is correlated with poor emotional and physical health independent of BMI or external stigma experiences.⁶



Countering Weight Bias

Although weight bias is pervasive, clinicians can do several simple things to combat obesity-related stigma.

Treating those with obesity with dignity and respect improves their quality of care and creates a societal environment where there are no acceptable forms of discrimination. Strategies to address weight stigma in clinical settings include:⁸

- Using people-first language. Patients who have been diagnosed with obesity should be considered “patients with obesity” and the term “obese” should never be used to describe them.
- Adopting a zero-tolerance policy regarding derogatory jokes or comments about patients.
- Ensuring that waiting areas, bathrooms, and exam rooms are usable and accommodating for patients of all sizes and abilities.
- Emphasizing the complex etiology of obesity, rather than focusing on a “calories in, calories out” approach.
- Encouraging providers to examine and challenge their existing biases and stereotypes regarding weight.

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