



## 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 1 in 3 adults and almost 1 in 5 youth.<sup>1</sup> Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and a 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.<sup>2</sup>

- 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.<sup>3</sup>
- 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.<sup>4</sup>
  - 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:<sup>5</sup>

- 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

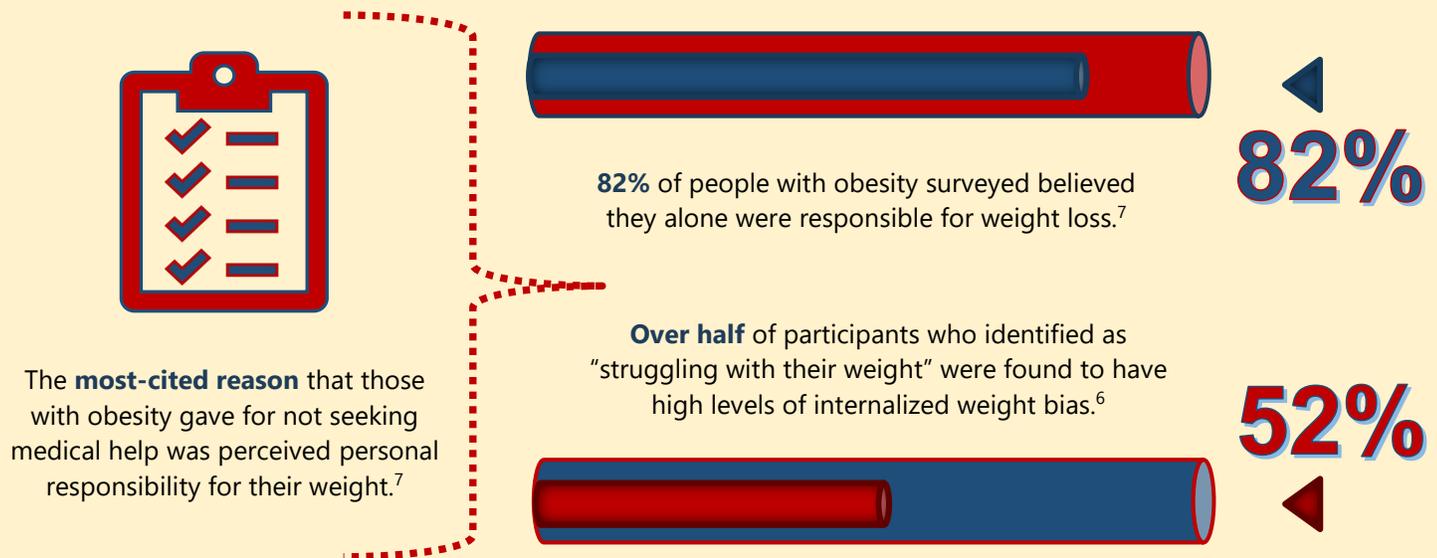
### KEY TAKEAWAYS

- 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.<sup>6</sup>



## 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:<sup>8</sup>

- 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.

## REFERENCES

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