Obesity Stigma: Implications for Patients and Providers

Rebecca M. Puhl, PhD
Director of Research
Rudd Center for Food Policy & Obesity
Yale University
Objectives

- Overview of the nature and extent of weight bias
- Consequences of weight bias for psychological and physical health
- How to reduce weight bias in clinical practice
What is Weight Bias?

• Negative attitudes toward obese persons

• Stereotypes that obese persons are to blame for their weight, lazy, sloppy, lacking will-power & discipline, gluttonous

• Rarely challenged - leads to rejection, prejudice, and discrimination

• Can be both subtle and overt
The Science on Weight Bias

Substantial Evidence of Bias in:

- Employment
- Education
- The Media
- Interpersonal Relationships
- Youth
- Health care

Puhl & Brownell (2001); Puhl & Heuer (2009)
Rates of Reported Discrimination Among Adults Ages 25-74 (N = 2290)

Error bars indicate 95% confidence intervals

Puhl, Andreyeva, Brownell (2008)
Trends in rates of reported discrimination among adults ages 25-74 (N = 2962)

Error bars indicate 95% confidence intervals

Andreyeva, Puhl, Brownell (2008)
Fat is the new ugly on the playground

By Katia Hetter, Special to CNN

updated 12:25 PM EDT, Fri March 16, 2012
Findings from the National Education Associations’ Nationwide Study of Bullying

Figure 5. Percentage of Staff Who Reported that Bullying Behaviors Were a Moderate/Major Problem

<table>
<thead>
<tr>
<th>Nature of the Bullying</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>13 ESPs, 19 Teachers</td>
</tr>
<tr>
<td>Disability</td>
<td>11 ESPs, 12 Teachers</td>
</tr>
<tr>
<td>Weight</td>
<td>21 ESPs, 24 Teachers</td>
</tr>
<tr>
<td>Sexist Remarks</td>
<td>17 ESPs, 21 Teachers</td>
</tr>
<tr>
<td>Racial Remarks</td>
<td>13 ESPs, 19 Teachers</td>
</tr>
<tr>
<td>Religious Remarks</td>
<td>6 ESPs, 6 Teachers</td>
</tr>
</tbody>
</table>
Victimization of Overweight & Obese Youth

Among overweight youth, 30% of girls and 24% of boys are victimized at school.

Vulnerability increases with body weight.

Among the heaviest youth, 60% report victimization.

BMI predicts future victimization.

Eisenberg et al., 2003; Griffiths et al, 2006; Janssen et al., 2004; Neumark-Stzainer et al., 2002; Storch et al., 2006
# Teasing and Bullying in Adolescence

Adolescent reports of why peers are teased/bullied, and observed frequency (N = 1555)

<table>
<thead>
<tr>
<th>Reason for teasing</th>
<th>Primary reason students are teased</th>
<th>Observed sometimes, often, very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being overweight</td>
<td>40.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>37.8%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Ability at school</td>
<td>9.6%</td>
<td>61.2%</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>6.5%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>3.3%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Religion</td>
<td>1.2%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Low income/status</td>
<td>0.8%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Puhl, Luedicke, Heuer. (2011) *J School Health*
### Types of Weight-Based Victimization Observed Toward Overweight and Obese Adolescents (N = 1555)

<table>
<thead>
<tr>
<th>Types of weight-based victimization</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>made fun of</td>
<td>92</td>
</tr>
<tr>
<td>called names</td>
<td>91</td>
</tr>
<tr>
<td>teased in a mean way</td>
<td>88</td>
</tr>
<tr>
<td>teased during physical activity</td>
<td>85</td>
</tr>
<tr>
<td>ignored or avoided</td>
<td>76</td>
</tr>
<tr>
<td>teased in the cafeteria</td>
<td>71</td>
</tr>
<tr>
<td>excluded from activities</td>
<td>67</td>
</tr>
<tr>
<td>target of negative rumors</td>
<td>68</td>
</tr>
<tr>
<td>verbally threatened</td>
<td>57</td>
</tr>
<tr>
<td>physically harassed</td>
<td>54</td>
</tr>
</tbody>
</table>

Puhl, Luedicke, Heuer. (2011) *J School Health*
Weight-loss Treatment-Seeking Youth

- 361 adolescents enrolled in weight-loss camps
- 64% reported experiencing weight-based victimization
- 4/5 students > 1 year
- More than 1/3 > 5 years

- *Adolescents who reached a healthy weight were still at risk for WBV

Perpetrators:

Peers - 90%
Friends – 70%
PE teachers/coaches – 42%
Parents – 37%
Classroom teachers – 27%

## 2,449 Obese and Overweight Women

<table>
<thead>
<tr>
<th>Source of Bias</th>
<th>Ever Experienced</th>
<th>More than Once &amp; Multiple Times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family members</strong></td>
<td>72</td>
<td>62</td>
</tr>
<tr>
<td>Doctors</td>
<td>69</td>
<td>52</td>
</tr>
<tr>
<td>Classmates</td>
<td>64</td>
<td>56</td>
</tr>
<tr>
<td>Sales clerks</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>Friends</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>Co-workers</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td><strong>Mother</strong></td>
<td>53</td>
<td>44</td>
</tr>
<tr>
<td>Spouse</td>
<td>47</td>
<td>32</td>
</tr>
<tr>
<td>Servers at restaurants</td>
<td>47</td>
<td>35</td>
</tr>
<tr>
<td>Nurses</td>
<td>46</td>
<td>34</td>
</tr>
<tr>
<td>Members of community</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td><strong>Father</strong></td>
<td>44</td>
<td>34</td>
</tr>
<tr>
<td>Employer/supervisor</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td><strong>Sister</strong></td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Dietitians/nutritionists</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td><strong>Brother</strong></td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Teachers/professors</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>Authority figure (e.g. police)</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Mental Health Professionals</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td><strong>Son</strong></td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td><strong>Daughter</strong></td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>13</td>
</tr>
</tbody>
</table>

Puhl & Brownell, 2006
Weight Bias in Health Care
Weight bias documented in studies of:

- Physicians
- Nurses
- Medical Students
- Psychologists
- Dietitians
- Fitness Professionals

Puhl & Brownell, 2001; Puhl & Heuer, 2009
Providers view obese patients as:

Non compliant
Lazy
Lacking in self-control
Awkward
Weak-willed
Sloppy
Unsuccessful
Unintelligent
Dishonest

Ferrante et al., 2009; Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Price et al., 1987; Puhl & Heuer, 2009; Huizinga et al., 2010
Physicians...

View Obese Patients as:

- less self-disciplined
- less compliant
- more annoying

As patient BMI increases, physicians report:

- having less patience
- less desire to help the patient
- seeing obese patients was a waste of their time
- having less respect for patients

Hebl & Xu, 2001; Huizinga et al., 2009
Medical Students

- Poor in self-control
- Non-compliant
- Sloppy
- Awkward
- Unsuccessful

- 24% have witnessed other students making derogatory jokes about obese patients in medical settings
- 31% have witnessed instructors make jokes
- 53% have witnessed health providers make jokes

Blumberg & Mellis, 1980; Keane, 1990; Persky & Eccleston, 2011; Puhl & Grilo, in prep; Wigton & McGaghie, 2001
Reactions of Overweight Patients

- Feel berated & disrespected by providers
- Upset by comments about their weight from doctors
- Perceive that they will not be taken seriously
- Report that their weight is blamed for all problems
- Reluctant to address weight concerns
- Parents of obese children feel blamed / dismissed

Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005
Is Care Affected?

Provider interactions with obese patients:
- Less time spent in appointments
- Less discussion with patients
- More assignment of negative symptoms
- Less intervention

Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987
Avoidance of Health Care

Study of 498 women:
Obese women delayed preventive services despite high access

Women attributed their decisions to:

- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
* Barriers increased with BMI

Amy et al. (2006) *Int J Obesity*
If your doctor referred to your weight in a way that makes you feel stigmatized, how would you react?

- I would feel bad about myself: 42%
- I would be upset/embarrassed: 41%
- I would talk to my doctor about it: 24%
- I would seek a new doctor: 21%
- I would avoid future doctor appointments: 19%

N = 1064 Adults

Increased Medical Visits

Health Consequences Avoidance of Health Care

Obesity

Unhealthy Behaviors, Poor Self Care

Health Consequences

Negative Feelings

Bias in Health Care

Increased Medical Visits

Bias in Health Care
Consequences of Weight Bias

- Social
- Psychological
- Physical health
Social & Economic Consequences

- Social rejection
- Lower peer acceptance
- Worse relationship quality
- Employment inequities
- Lower wages: obesity wage penalty

Gortmaker et al., 1993; Karnehed et al., 2006; Krukowsi et al., 2009; Pearce et al., 2002; Puhl & Heuer, 2009; Roehling et al., 2008; Sargent & Blanchflower, 1994; Strauss & Pollack, 2003
Because of weight-based teasing:

- Students report their grades are harmed
- Students report avoiding school
- The odds of these reports increased by 5% per teasing incident

(Even after controlling for gender, age, race, grades, and weight status)

- Weight-based teasing mediates relationship between BMI and poor school performance

Krukowski et al., 2009; Puhl, Luedicke, Heuer, 2011 J Youth Adol.
Weight Bias

Vulnerability for

Depression  Anxiety  Low Self-Esteem  Poor Body Image  Suicidality

(See review by Puhl & Heuer, Obesity, 2009).
Consequences for Eating Behaviors

Weight stigma increases risk of:

- Chronic dieting
- Unhealthy weight control practices
- Eating disorders
- Binge eating
- Increased food consumption

- Those with more negative affect in response to weight stigma are more likely to binge eat, and eat more

Eisenberg, Berge, Fulkerson, & Neumark-Sztainer (2011); Haines, Neumark-Sztainer, Eisenberg, & Hannan (2006); Haines, Neumark-Sztainer, Wall, & Story (2007); Puhl et al., (2007); Puhl et al., (2011); Schvey, Puhl, Brownell, (2011).
Consequences for Physical Health

- Avoidance of physical activity
- Lower motivation for exercise

- Cardiovascular health
  - elevated blood pressure
  - increased physiological stress
  - increased cortisol reactivity

Bauer et al., 2004; Faith et al., 2002; Matthews et al., 2005; Schvey, Puhl, Brownell (under review); Schwimmer et al., 2003, Storch et al., 2006; Schmaltz, 2010; Seacat & Mickelson 2009; Vartanian & Shaprow, 2008; Vartanian & Novak, 2011.
What Can Health Care Providers Do?
Identify personal attitudes

Ask yourself:

• How do I feel when I work with people of different body sizes?

• Do I make assumptions regarding a person’s character, intelligence, abilities, health status, or behaviors based only on their weight?

• What stereotypes do I have about persons with obesity?

• How do my obese patients feel when they leave my office?
(Reuters) - British Public Health Minister has urged doctors to call overweight patients 'fat' rather than ‘obese.’

“Doctors and health workers are too worried about using the term ‘fat’”, said the health minister, “but doing so will motivate people to take personal responsibility for their lifestyles.”

“Calling them ‘obese’ does not provide sufficient motivation. Just call them fat: Plain-speaking doctors will jolt people into losing weight.”
How would Americans react?

2 National Studies: 1064 Adults and 445 Parents

Perceptions of language used by doctors

Least Stigmatizing/Blaming
weight
unhealthy weight
high BMI

Most Stigmatizing/Blaming
fat
morbidly obese

Most Motivating
unhealthy weight
overweight

Least Motivating
fat
morbidly obese
chubby

Findings were consistent across the population

Reactions to stigmatizing language among parents:

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel upset/embarrassed</td>
<td>42%</td>
</tr>
<tr>
<td>Seek a new doctor</td>
<td>35%</td>
</tr>
<tr>
<td>Avoid future medical appointments</td>
<td>24%</td>
</tr>
</tbody>
</table>

*Challenges recommendations from Public Health Minister

*The language that providers use about weight is important

Talking to patients about weight

Neutral terms such as weight and BMI rather than terms like fat, morbidly obese.

Avoid language that places blame on patients

Consider this language in discussions about weight:

“Could we talk about your weight today?”

“How do you feel about your weight?”

“What words would you like to use when we talk about weight?”
With overweight and obese youth...

Look for signs of weight-based teasing and bullying

Look for symptoms of associated psychological distress

Identify whether there is a support system in place

Share concerns with parents

Assist in efforts to obtain mental health services if needed

*WBV occurs at a diverse range of body sizes
Office Environment

**Considerations**
- Seating
- Reading materials
- Ramps & hand rails
- Scales
- Bathrooms

* AMA Checklist
Online Clinician Toolkit

**How to talk about 'weight' with your overweight and obese patients**

Approaching the topic of body weight with patients is a sensitive issue. It can be challenging for providers to discuss health issues related to excess weight while also remaining sensitive to terminology and language that may offend patients. To help facilitate patient-provider interactions that are both productive and positive experiences, it may be useful to recognize and implement language about weight that patients prefer and feel comfortable with.

A recent study examined terms that obese patients found desirable or undesirable for describing obesity (Wadden & Didie, 2013). Specifically, patients rated the desirability of 11 terms to describe excess weight. Here are the findings:

<table>
<thead>
<tr>
<th>Desirable Terms to refer to body weight:</th>
<th>Weight</th>
<th>Excess Weight</th>
</tr>
</thead>
</table>

**Website:**

www.yaleruddcenter.org
Efforts to Address Obesity

Include weight bias on the agenda:

- Increase attention to weight bias and its consequences
- Use respectful language
- Avoid approaches that shame and blame
- Focus on specific health behaviors
- Remove stigma from existing efforts
- Fight obesity, not obese persons
Thank you

Rudd Center for Food Policy & Obesity
www.YaleRuddCenter.org