Clinical Implications of Obesity Stigma

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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 leading to:
  
  stigma
  rejection
  prejudice
  discrimination

• Verbal, physical, relational, cyber

• Subtle and overt
Why weight bias is a priority:

- Millions affected by stigma and prejudice
- Serious psychological consequences
- Pervasive social/economic inequalities
- Adverse effects on physical health
- Reduces quality of life
- Hinders policy and treatment for obesity
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)
Prevalence of Weight Discrimination

- 2,290 American Adults, 25-74 years old
- Nationally representative sample
- Reported experiences of discrimination due to multiple characteristics
- How does weight discrimination compare to other forms of discrimination?
Rates of Reported Discrimination Among Adults Ages 25-74 (N = 2290)

Error bars indicate 95% confidence intervals
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%</td>
</tr>
<tr>
<td>Disability</td>
<td>11%</td>
</tr>
<tr>
<td>Weight</td>
<td>21%</td>
</tr>
<tr>
<td>Sexist Remarks</td>
<td>24%</td>
</tr>
<tr>
<td>Racial Remarks</td>
<td>17%</td>
</tr>
<tr>
<td>Religious Remarks</td>
<td>19%</td>
</tr>
</tbody>
</table>

National Education Association, 2011
Weight bias in youth

Preschoolers (age 3-4) view obese peers as mean, ugly, stupid, undesirable playmates

In elementary school, the likelihood of being bullied is 63% higher for an obese child compared to a healthy weight peer. Obese youth are less accepted by peers; stereotyped as lazy, unfriendly, dishonest.

In middle school, weight-related teasing elicits most negative emotional reactions compared to teasing for other reasons, and is more prevalent, frequent, and longer lasting for overweight youth.

Victimization of 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><strong>Being overweight</strong></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*
Parents concerned about weight bullying

Figure 1. Health Concerns Rated as a “Big Problem” by Parents of Children Age 6-13

- Neighborhood safety: 11% healthy weight child, 21% overweight or obese child
- Not enough opportunities for physical activity: 12% healthy weight child, 22% overweight or obese child
- Bullying: 22% healthy weight child, 36% overweight or obese child

Source: C.S. Mott Children’s Hospital National Poll on Children’s Health, 2008
Parental weight bias

47% of overweight girls, 34% of overweight boys report weight victimization from family members

Overweight children feel stigmatized by parents; report negative parental comments about their weight

Parents communicate weight stereotypes to their children

Parental teasing predictive of sibling teasing

Adams et al., 1988; Bacardi-Gascon et al., 2007; Crandall, 1991; 1995; Davison & Birch, 2004; Eisenberg et al., 2003; Holub et al., 2011; Keery et al., 2005; Lindelof et al., 2011; Musher-Eizenman et al., 2003; Neumark-Sztainer et al., 2002; 2010; van den Berg et al., 2008
<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>Family members</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><strong>53</strong></td>
<td><strong>44</strong></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><strong>44</strong></td>
<td><strong>34</strong></td>
</tr>
<tr>
<td>Employer/ supervisor</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td><strong>Sister</strong></td>
<td><strong>37</strong></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td>Dietitians/ nutritionists</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td><strong>Brother</strong></td>
<td><strong>36</strong></td>
<td><strong>28</strong></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><strong>20</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td><strong>Daughter</strong></td>
<td><strong>18</strong></td>
<td><strong>12</strong></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
Nurses

View obese patients as:

- Lazy
- Lacking in self-control / willpower
- Non-compliant

In one study...

- 31% “would prefer not to care for obese patients”
- 24% agreed that obese patients “repulsed them”
- 12% “would prefer not to touch obese patients”

Poon & Tarrant, 2009; Brown, 2006; Bagley, 1989; Hoppe & Ogden, 1997; Maroney & Golub, 1992
Medical Students

Believe obese patients to be...

- Poor in self-control
- Less likely to adhere
- Sloppy
- Awkward
- Unsuccessful
- Unpleasant
- Responsible for symptoms

Clinical Psychology Interns & Medical Students at Yale

<table>
<thead>
<tr>
<th>Obese persons…</th>
<th>% Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>are insecure</td>
<td>47%</td>
</tr>
<tr>
<td>are self-indulgent</td>
<td>50%</td>
</tr>
<tr>
<td>are inactive</td>
<td>63%</td>
</tr>
<tr>
<td>have poor self-control</td>
<td>44%</td>
</tr>
<tr>
<td>have no willpower</td>
<td>38%</td>
</tr>
</tbody>
</table>

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

(Puhl & Grilo, in prep)
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
“I think the worst was my family doctor who made a habit of shrugging off my health concerns…The last time I went to him with a problem, he said, "You just need to learn to push yourself away from the table." It later turned out that not only was I going through menopause, but my thyroid was barely working.”

“I asked a gynecologist for help with low libido. His response “Lose weight so your husband is interested. That will solve your problem". I changed doctors after that! And I've told everyone I know to stay away from that doctor.”

“I became very frustrated when a provider disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems.”

“Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation.”
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
Impact on Care

*Patients with obesity are less likely to obtain…*

- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

*and are more likely to…*

- Cancel appointments
- Delay appointments and preventive care services

Adams et al., 1993; Aldrich & Hackley, 2010; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000
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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would feel bad about myself</td>
<td>42%</td>
</tr>
<tr>
<td>I would be upset/embarrassed</td>
<td>41%</td>
</tr>
<tr>
<td>I would talk to my doctor about it</td>
<td>24%</td>
</tr>
<tr>
<td>I would seek a new doctor</td>
<td>21%</td>
</tr>
<tr>
<td>I would avoid future doctor appointments</td>
<td>19%</td>
</tr>
</tbody>
</table>

N = 1064 Adults

Increased Medical Visits

Health Consequences

Avoidance of Health Care

Bias in Health Care

Negative Feelings

Unhealthy Behaviors, Poor Self Care

Obesity

Health Consequences

Increased Medical Visits
Consequences of Weight Bias

- Social
- Psychological
- Medical
Social Consequences

- Social rejection
- Lower peer acceptance
- Spend less time with friends
- Worse relationship quality
- Viewed as less desirable dating partner
- Report more negative judgment from partners
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)

Random sample of 1071 public school students

Being overweight predicted poorer school performance

However, when ‘weight-based teasing’ was examined, BMI was no longer a significant predictor

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

Krukowski et al., 2009
Weight Bias

Vulnerability for

Depression  Anxiety  Low Self-Esteem  Poor Body Image  Suicidality

(See review by Puhl & Heuer, Obesity, 2009).
Health Consequences

Maladaptive eating behaviors:

- Binge eating
- Unhealthy weight control practices
- Coping with stigma by eating more food

Haines, et al., 2006; Neumark-Sztainer et al., 2002; Puhl & Brownell, 2006, Puhl et al., 2007; Puhl & Luedicke, 2011
Coping with weight stigma...

Study: Survey of 2449 women

*How do they cope with stigma experiences?*

79% reported eating; turning to food as coping mechanism

* Stigma is a stressor *
- Both acute and chronic form of stress
- Eating is common coping strategy in response to stress

Puhl & Brownell, 2006
Study: 1013 women
(national non-profit weight loss support organization)

Women who internalized experiences of weight stigma and blamed themselves engaged in more frequent binge eating

(even after accounting for self-esteem, depression, and amount of stigma experienced)

Health Consequences

Impairs weight loss efforts:

- Higher calorie intake
- Higher program attrition
- Less weight loss

Schvey, Puhl, & Brownell, 2011; Carels et al, 2009; Wott & Carels, 2010
...more health consequences

- Avoidance of physical activity
- Lower motivation for exercise
- Cardiovascular health
  - elevated blood pressure
  - increased physiological stress

Bauer et al., 2004; Faith et al., 2002; Matthews et al., 2005; Schwimmer et al., 2003, Storch et al., 2006; Schmaltz, 2010; Seacat & Mickelson 2009; Vartanian & Shaprow, 2008; Vartanian & Novak, 2011.
Possible Medical Impact

Bias, Stigma, Discrimination

- Diminished Income, Education
- Reduced Use of Health Care
- Diminished Self-Esteem, Perceived Inadequacy
- Negative Impact on Physiology

Compromised Health Care
- Impaired ability to lose weight
- Psychological Disorders
- Elevated Risk Factors
- Unhealthy behaviors
- Diminished Social Support

Morbidity and Mortality
What Can Health Care Professionals 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?
Get the facts

Understand and recognize that:

• Patients have likely already experienced stigmatizing encounters with health professionals

• Most patients have tried to lose weight repeatedly

• Obesity is a product of many factors
  Genetics and environment are paramount
  Our environment makes lifestyle change difficult

• Not just “personal responsibility”
Scientific Consensus on Achievable, Sustainable Weight Loss

- Weight loss of 5% to 10% = success
- 10% loss is typical outcome of the best behavioral and/or pharmacological treatments
- Only 10-20% can maintain a 10% weight loss after 1 year


Scientific Consensus

- Expert panels:
  - Institute of Medicine
  - National Institutes of Health

- Significant weight loss is not readily sustainable with current conventional treatment options


Tsai & Wadden, 2005; Wadden & Foster (2000); Wing & Hill, (2001).
Use supportive communication / language

**Talking to patients:**

- Emphasize lifestyle change and health improvement
- Emphasize achievable behavior goals rather than weight
- Avoid language that places blame on patients
(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.”
Two National Studies

Adults (N = 1064) and Parents (N = 445)

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:
Feel upset/embarrassed 42%
Seek a new doctor 35%
Avoid future medical appointments 24%

*Directly challenges recommendations from Public Health Minister

Talking to patients about weight

Neutral terms such as *weight* and *BMI* are preferred to terms like *fat, morbidly obese,*

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?”
Motivational Interviewing

Assessing patients’ perceptions of their weight:

Tell me how things would be different for you if you _______ (were at a different weight, etc.)

What do you think would happen if your weight doesn’t change?

What are the most important things to you? What impact does your weight have on these things?

How do you feel about changing your ________(eating/exercise behaviors)?

What are the good things about ________ (losing weight, eating healthier, exercising more)? What are some of the less good things about making those changes?

What concerns do you have about _________ (losing weight, eating healthier, exercising more)?
Sensitive Weighing Procedures

*Use appropriate weighing procedures*

*Patients avoid health care to avoid the scale*

Weigh in private location

Record weight silently, free of judgment or commentary

Ask patients for permission to weigh
Office Environment

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

* AMA Checklist
PREVENTING WEIGHT BIAS
HELPING WITHOUT HARMING IN CLINICAL PRACTICE

If you learned a certain group of patients was facing disparities in health care, would you advocate for them?

If you discovered a barrier that was preventing your patients from getting recommended screenings, and it was within your power to knock down that barrier – would you?

If you found a technique that helped your patients adopt healthy lifestyle changes, would you use it?

The questions are easy. But the answers challenge us to change our practice.

Doctors, nurses and other health professionals self-report bias and prejudice against overweight and obese patients. Research demonstrates that obese patients frequently feel stigmatized in health care settings. These patients are more likely to avoid routine preventive care, and when they do seek health services they may receive compromised care. When patients feel stigmatized, they are vulnerable to depression and low self-esteem, they are less likely to feel motivated to adopt lifestyle changes, and some may even turn to unhealthy eating patterns for solace.
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, 2003). Specifically, patients rated the desirability of 11 terms to describe excess weight. Here are the findings:

DESIRESIBLE TERMS to refer to body weight:

Promoting a positive office environment

From Medical Care for Obese Patients; NIDDK Weight Control Information Center

Using the following guidelines can improve patient care in your office. To create a positive office environment, review these guidelines with your medical and administrative staff.

1. Create an accessible and comfortable office environment.
   - Provide sturdy, armless chairs and high, firm sofas in waiting rooms.
   - Provide sturdy, wide examination tables that are bolted to the floor to prevent tipping.
   - Provide extra-large examination gowns.
Weight Bias
in Public Health Efforts to Address Obesity
Weight Bias as a Public Health Issue

Weight bias absent in public health discourse

Stigma undermines public health efforts

Stigma affects policy decisions about treatment

 Obesity-Related Health Campaigns

Numerous campaigns across the country

Developed from positive intentions to improve health

Some have been embraced, others have been criticized

Promoting stigma/shame or supporting behavior change?

Little assessment and testing
Misguided Public Health Efforts

Georgia Children’s Health Alliance
Campaign to stop childhood obesity

WARNING

Stocky, chubby, chunky are still fat.

WARNING
BIG BONES didn’t make me this way. BIG MEALS did.
stopchildhoodobesity.com

WARNING
FAT KIDS become fat adults.
stopchildhoodobesity.com

WARNING
CHUBBY KIDS may not outlive their parents.
stopchildhoodobesity.com

WARNING
HE has his father’s eyes, his laugh and maybe even his diabetes.
stopchildhoodobesity.com
Fat-Focused Billboards Warn Albany that Cheese Makes You Chubby

Your Abs on Cheese
PCRM.org

Your Thighs on Cheese
PCRM.org
“Habit Heroes” Exhibit on childhood obesity
Disney shuts down, retools obesity exhibit after critics complain

By CBS News Staff  Topics Health Care, News, Kids and family

17 Comments  Email Story  Share This  Tweet This  More

Have Your Say  Send to a Friend  Tell Your Friends  Share It

(CBS/AP) Walt Disney World calls itself the "happiest place on earth." But its latest Epcot exhibit, Habit Heroes, could have made obese children unhappy, critics say. After receiving complaints about the exhibit shortly after its unofficial opening in February, the park closed it down and is retooling the attraction.

PICTURES: Busted! 11 photos obesity docs don't want you to see

Habit Heroes featured animated fitness superheroes "Will Power" and "Callie Stenics" and super-sized villains "Snacker" and "Lead Bottom", who eat junk food and watch too much television. Critics said these characters are insensitive and reinforce stereotypes that obese children are lazy and have poor eating habits.

Obesity can sometimes be attributed to genetics and certain medications, and food can be used as a coping mechanism, doctors say.

"We're appalled to learn that Disney, a traditional hallmark of childhood happiness and joy, has fallen under the shadow of negativity and discrimination," the National Association to Advance Fat Acceptance said in a statement.
Public Reactions to Anti-Obesity Campaigns

Examined 266 messages, 76 national or visible campaigns

Randomly selected 30 messages (covering distinct themes):

- Sugar-sweetened beverages
- Portion sizes
- Fruit / vegetable consumption
- Physical activity
- Parent-targeted messages
- Stigmatizing content

Public Reactions to Anti-Obesity Campaigns

Nationally representative sample of 1001 Americans

Assessed public perceptions of messages:

- effective
- informative
- motivating
- accurate
- important
- confusing
- stigmatizing
- inappropriate
- vague
- pointless

* Do participants intend to act upon the message?
Public Reactions to Obesity Campaigns

1) Georgia campaign messages – rated worst, most stigmatizing, less motivating, & lowest intent to comply with message content

2) Messages that focus on behavioral changes (e.g., increased F/V consumption, decreased soda) had best ratings, rated most motivating, and highest intentions of compliance

3) Messages perceived as most motivating made no mention of obesity at all

Increase attention to weight bias and its consequences

Use respectful language, messaging, images

Avoid approaches that shame and blame

Focus on specific health behaviors

Remove stigma from existing efforts

Fight obesity, not obese persons
Insight: America's hatred of fat hurts obesity fight

Prejudice is impeding anti-obesity efforts, experts say

Some anti-obesity campaigns may backfire, researchers say

Obesity Campaigns: The Fine Line Between Educating and Shaming
Thank you

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