

# **Fairness in Wellness**

## **Implications of Weight Bias and Access to Care**

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# OAC: What We Do

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- **The OAC, a 501(c)(3) non-profit organization, was created to fill the advocacy gap for individuals affected by obesity**
- **By building a nationwide network, the OAC empowers individuals to be effective advocates for change**
- **The OAC also produces a wide variety of educational resources on obesity and its treatments**

# OAC Priorities

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- **Building awareness of obesity as a serious medical condition**
- **Educate the public on the effects of obesity**
- **Help individuals affected by obesity gain access to safe and effective treatment options**
- **Advocate for obesity treatments**
- **Eliminate the negative stigma/bias associated with obesity**
- **Empower individuals affected to make a difference in their lives and the lives of others**

# What Is Weight Bias?

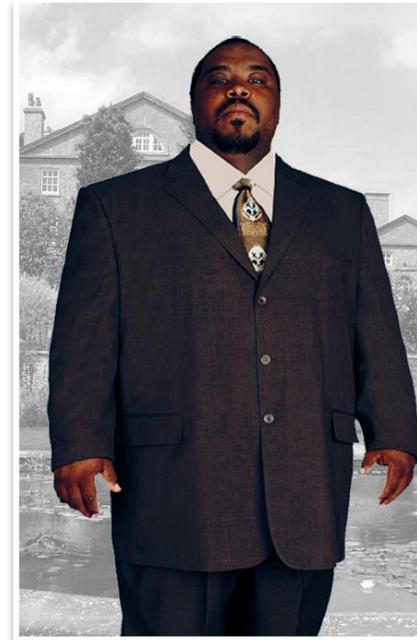
- **Negative attitudes toward individuals with obesity**
- **Stereotypes leading to:**
  - Stigma
  - Rejection
  - Prejudice
  - Discrimination
- **Verbal, physical, relational, cyber**
- **Subtle and overt**



# Discriminatory Hiring Practices

## Job candidates with obesity are:

- Less likely to be hired
- Ascribed more negative attributes
- Perceived as poor fit for position
- Assigned lower starting salary
- Evaluated less favorably, even when compared to thin applicants who were *unqualified*



Finkelstein, Frautschy Demuth, Sweeney (2007); Kutcher & DeNicolis Bragger (2004); Sartore & Cunningham. (2007).

# Workplace Discrimination

**2,449 Women with overweight/obesity:**

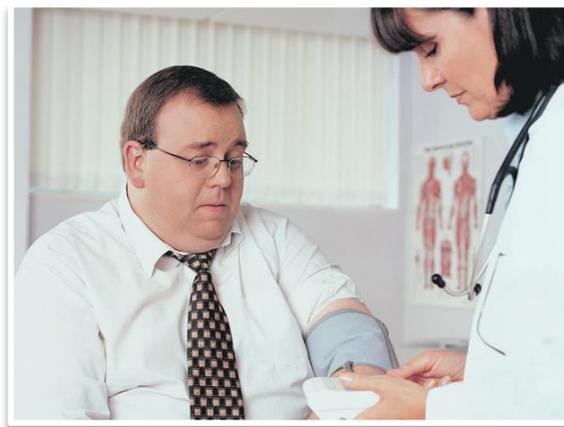
- **Weight Prejudice from Employers: 43%**
- **Weight Prejudice from Co-workers: 54%**



Puhl & Brownell (2006). *Obesity*.

# Healthcare Providers Harbor False Assumptions about Patients with Obesity

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



# Weight Bias

## Can Undermine Wellness Programs

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- An implicit assumption that obesity is entirely a result of personal choice
- Health plans commonly erect barriers to evidence-based obesity treatment
- Bias can lead people to assume that BMI<30 is a reasonable goal for all

# A Critical Gap in Wellness Programs

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- **Employers are increasingly using wellness programs as a gateway to health benefits**
- **The proportion of employers imposing penalties will double in 2014 and 2015**
- **Among employers who require participation:**
  - **67% set weight-related goals**
  - **Yet 59% don't cover evidence-based obesity treatment**

# Goal Setting

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- **Arbitrary BMI goals are counter-productive**
- **One body size will never fit all**
- **Realistic, individual goals are essential**
- **Goals depend on individuals:**
  - **Histories**
  - **Motivations**
  - **Circumstances**

# Incentives

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- **Incentives for healthy behaviors target something under an employee's control**
- **Incentives for an unattainable BMI raises fundamental issues of fairness**

# Weight Versus Health

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- **Exclusive focus on weight and appearance will alienate many**
- **CVS and Penn State backlash from weighing employees**
- **Authentic focus on health wins support**

# Healthy Workplaces

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- **A culture of health, modeled by leaders**
- **Healthy nutrition onsite**
- **Opportunities to be physically active built into the workday**
- **Employers control the work environment**

# Respect for People with Obesity

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- **Weight bias and discrimination can poison workplace culture**
- **AMA designation of obesity as a chronic disease**
- **Healthy diversity includes recognition that talented people come in all sizes**