

Fairness in Wellness

Implications of Weight Bias and Access to Care

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OAC: What We Do

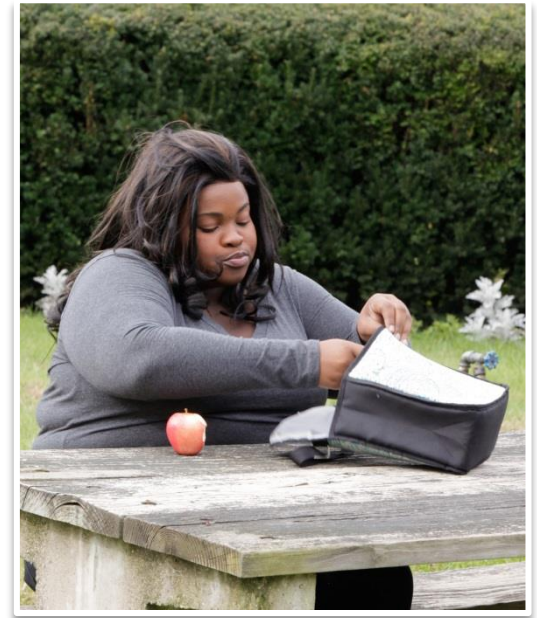
- **The OAC, a 501(c)(3) non-profit organization, was created to fill the advocacy gap for individuals affected by obesity**
- **By building a nationwide network, the OAC empowers individuals to be effective advocates for change**
- **The OAC also produces a wide variety of educational resources on obesity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

OAC Priorities

- **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:

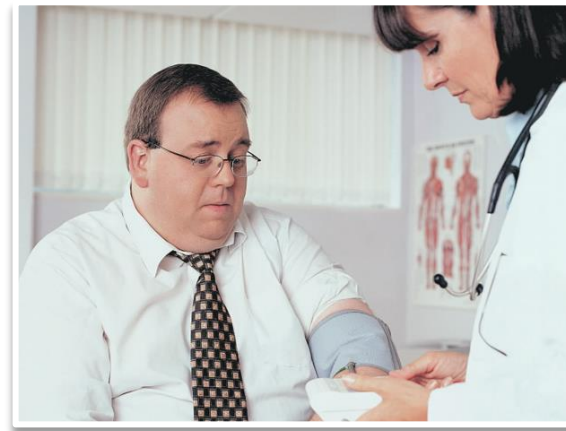
- **Weight Prejudice from Employers: 43%**
- **Weight Prejudice from Co-workers: 54%**



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

- 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

- **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

- **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

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

Weight Versus Health

- **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

- **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

- **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**