

# Understanding Obesity: Weight Bias and Its Consequences



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# What is Weight Bias?

- Negative attitudes toward individuals with obesity
- Stereotypes leading to:
  - stigma**
  - rejection**
  - prejudice**
  - discrimination**
- Verbal, physical, relational, cyber
- Subtle or overt



# Weight Bias in the Media



- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity

# Weight Bias In Employment

## Population Studies

## Experimental Research



Inequitable hiring practices  
Prejudice from employers  
Lower wages  
Disciplinary action  
Wrongful job termination



# Healthcare Providers Express Bias Against People with Obesity

**Non compliant**

**Lazy**

**Lacking in self-control**

**Awkward**

**Weak-willed**

**Sloppy**

**Unsuccessful**

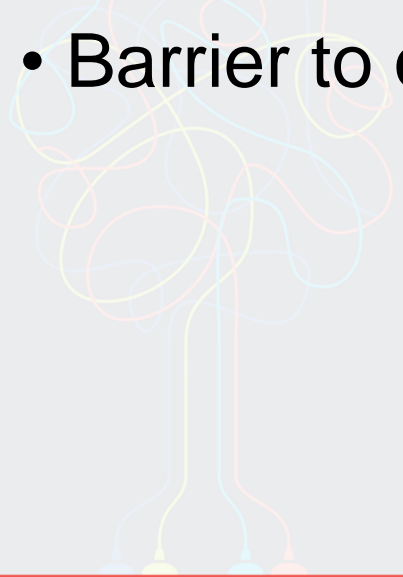
**Unintelligent**

**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

# Weight Bias Matters Because:

- It's no different from any other bigotry
- Violation of human dignity
- Dehumanizes people
- Waste of Human Potential
- Barrier to overcoming obesity



# Expect for our Biases, Obesity is much like other Diseases:

- Biology is the dominant driver
- Environment shapes biological responses
  - Food supply
  - Microbes
  - Barriers to physical activity
  - Trauma and stressors
  - Environmental pollution
  - Many other factors
- Personal choices can help or hurt

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



# Health plans discourage people from seeking obesity treatment:

- Routine policy exclusions for obesity “regardless of medical necessity or potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates

# Bias Compromises Quality of Care

- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom

“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

# Using Shame and Blame against Obesity is a Lie

- Research shows that weight discrimination doubles the risk of developing obesity
- and triples the risk of persistent obesity
- Encouragement, not blame is needed!

Gudzune et al, Prevent Med, 2014

# Summary

- Bias compromises research, care, health and policy
- Humanizing obesity is key to reducing bias
- A strong voice for people with obesity is essential
- Progress is coming from empowering people, confronting bias, access to care and innovative research.

