Understanding Obesity: Weight Bias and Its Consequences

Joe Nadglowski
President/CEO
Obesity Action Coalition
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

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

Experimental Research
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.