Using a Social Ecological Approach to Address Weight Stigma

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The Obesity Society
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Weight bias & discrimination in adults

- Impact of weight bias on public health
- Addressing bias in health care
- Addressing weight bias in the media
- Policy & legislative remedies

School, state, & policy remedies

Impact on health

Weight-based bullying in youth

Broader societal factors (media)

Parental response & roles
Excellent and Inspiring Mentorship

- Ask research questions that can improve public health or policy
- Default response to new ideas = “YES”
- Don’t duplicate existing efforts; do something novel
- Challenge the status quo
- Be a generous collaborator
- Translate and disseminate your work for those who can use it for action
The Rudd Foundation

Established the Rudd Foundation in 1998

Saw the need to address weight bias and discrimination long before others were paying attention

Critical part of the Rudd Center’s mission

Leslie Rudd

Bias, Discrimination, and Obesity

Rebecca Puhl and Kelly D. Brownell

Abstract

PURPOSE: BECAUSE OF THE ASSOCIATION BETWEEN OBESITY AND DISCRIMINATION, THERE HAS BEEN INCREASED CONCERN ABOUT WHETHER SYSTEMATIC DISCRIMINATION OCCURS AND, IF SO, ITS IMPACTS ON POPULATION HEALTH. THIS REVIEW METALLANDA AND BARONE, THIS PAPER REVIEWED RECENT EVIDENCE ON SYSTEMATIC DISCRIMINATION AGAINST OBESITY AND EXAMINER THE PREVALENCE OF DISCRIMINATION IN THE U.S. AND CANADA AND ITS IMPACT ON THE HEALTH OF OBESIVE INDIVIDUALS.

INTRODUCTION

The prevalence of obesity is increasing globally, and it is estimated that 1 in 4 adults and 1 in 6 children are obese. Obesity is associated with a number of health risks, including diabetes, hypertension, and some types of cancer. Discrimination against obese individuals is also prevalent and has been linked to negative health outcomes.

METHODS

A systematic review of the literature was conducted to identify studies that examined discrimination against obese individuals. Studies were included if they met the following criteria: (1) they were published in peer-reviewed journals, (2) they reported on the prevalence of discrimination against obese individuals, and (3) they were conducted in the United States or Canada.

RESULTS

The systematic review identified 23 studies that met the inclusion criteria. The prevalence of discrimination against obese individuals was found to vary across different settings and populations. For example, a study conducted in the United States found that 44% of obese individuals reported experiencing discrimination in their workplace, while another study found that 30% of obese individuals reported discrimination in their healthcare setting.

DISCUSSION

Discrimination against obese individuals is a significant issue that has important implications for population health. Further research is needed to better understand the mechanisms underlying discrimination against obese individuals and to develop effective interventions to address this issue.

CONCLUSIONS

Discrimination against obese individuals is a significant issue that has important implications for population health. Further research is needed to better understand the mechanisms underlying discrimination against obese individuals and to develop effective interventions to address this issue.
Addressing Weight Stigma: A Social Ecological Framework

Most effective approaches for understanding and addressing weight stigma require research and intervention at all levels.
Addressing Weight Stigma at the Individual Level

Rates of Reported Discrimination Among Adults Ages 25-74 (N = 2290)

- Women
- Men

National U.S. Studies*

<table>
<thead>
<tr>
<th></th>
<th>2012&lt;sup&gt;a&lt;/sup&gt;</th>
<th>2015&lt;sup&gt;b&lt;/sup&gt;</th>
<th>2015&lt;sup&gt;c&lt;/sup&gt;</th>
<th>2017&lt;sup&gt;d&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>Self-reported</td>
<td>41.4%</td>
<td>44.6%</td>
<td>43%</td>
<td>40.7%</td>
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<tr>
<td>experiences of</td>
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<td>weight-based</td>
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<tr>
<td>victimization,</td>
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<tr>
<td>unfair treatment,</td>
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<tr>
<td>or discrimination</td>
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Youth with obesity in weight loss programs:
90% teased/bullied about weight from peers
37-60% teased/bullied about weight from parents/family

Weight Stigma

**Stress**

**Eating & Physical Activity Behaviors**
- Binge eating
- Increased caloric consumption
- Maladaptive weight control
- Disordered eating
- Lower motivation for exercise
- Less physical activity

**Physiological Reactivity**
- Increased levels of:
  - Cortisol
  - C-reactive protein
  - HbA1C
  - Elevated BP

**Health Care Quality**
- Poorer treatment adherence
- Less trust of health providers
- Avoidance of follow-up care
- Delay in preventive health screenings
- Poor communication

**Weight Gain**

**Psychological Distress**
- Depression
- Anxiety
- Low self-esteem
- Poor body image
- Substance abuse
- Suicidality

**Physiological Health**
- Poor glycemic control
- Less effective chronic disease self-management
- More advanced and poorly controlled chronic disease
- Lower health-related quality of life

The role of weight stigma in weight loss maintenance

- 549 adults who intentionally lost ≥10% weight in the past year
- 314 maintained weight loss, 235 re-gained weight
- What factors are related to weight loss maintenance?

Demographics
Age
Sex
Race/ethnicity
Education
Income

Behaviors linked with sustained WL
- Eating breakfast
- Dietary monitoring
- Self-weighing
- Physical activity

Weight Stigma
- Experienced stigma
- Internalized stigma

*For every 1-unit increase in internalized weight stigma, odds of maintaining weight loss decreased by 28%

Some predictive value for WLM
Did not predict WLM outcomes
Unique predictive value to WLM

Addressing Weight Stigma at the Interpersonal Level

How interpersonal relationships contribute to stigma, and can be targeted for stigma reduction.
Weight-based teasing from peers and family predicts obesity 15 years later

- Project EAT-IV (*Eating & Activity in Teens and Young Adults*)
- 15-year study: Wave 4, 1,830 adults in early 30’s
- Adjusted for race/ethnicity, SES, age, and baseline weight status

**FOR WOMEN:**
Teasing in adolescence from *family & peers*

Increased odds of:

- Obesity (2x higher)
- Unhealthy weight control
- Eating as a coping response to negative emotions
- Poor body image

**FOR MEN:**
Teasing in adolescence from *peers only*

Increased odds of:

- Obesity (2x higher)
- Eating as a coping response to negative emotions
- Poor body image

Puhl, Wall, Chen, Austin, Eisenberg, Neumark-Sztainer. *Preventive Medicine*, 2017
Weight-based teasing in sexual and gender minority youth

9,679 sexual minority adolescents (13-17 years old)

Across diverse sexual identities, high percentages of sexual minority adolescents reported weight-based teasing from family members and peers.

<table>
<thead>
<tr>
<th>BMI Percentile</th>
<th>Weight-teasing from peers</th>
<th>Weight-teasing from family</th>
<th>Weight-teasing from both</th>
</tr>
</thead>
<tbody>
<tr>
<td>85&lt;95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>54.3%</td>
<td>63.1%</td>
<td>40.2%</td>
</tr>
<tr>
<td>≥ 95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>77.2%</td>
<td>72%</td>
<td>59.2%</td>
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</tbody>
</table>

After accounting for BMI and demographics:

Weight-based victimization (especially from family) associated with:

dieting, binge eating, lower physical activity, more trouble sleeping, higher levels of stress, and using food to cope with stress.
Harnessing Research for Education and Resources

**Targeted Research**

*Strategies to Address Weight-Based Victimization: Youths’ Preferred Support Interventions from Classmates, Teachers, and Parents*

Rebecca M. Puhl · Jamie Lee Peterson · Joerg Laudek

*A Word to the Wise: Adolescent Reactions to Parental Communication about Weight*

Rebecca M. Puhl, PhD² and Mary S. Himmelstein, PhD²

*Weight-Based Victimization Toward Overweight Adolescents: Observations and Reactions of Peers*

Rebecca M. Puhl, PhD² · John Leventhal, MPH · Eryc Heise, MPH

**Public Awareness**

*Feeling Bullied by Parents About Weight*

*The New York Times*

*Parenting*:

*Study: Overweight Teens Bullied By Parents*

January 15, 2013

**Evidence-based Resources**

*Weight Prejudice: Myths & Facts Video Discussion Guide*

*Weight Bias at Home and School*

*Weight Bias at Home and School Video Discussion Guide*

*Parent Fact & Action Sheet*

*Weight Bias at School* occurs when parents, children, and other family members hold negative stereotypes and attitudes about a child with overweight or obesity. Bias at home can include:

- Hostile comments about body weight
- Inappropriate labels, like “fat” or “unhealthy”
- Treating or judging weight
- Judgmental remarks about others’ body weight in front of children, like “She is too big to wear that.”
- Negative comments about one’s own weight in front of kids, like “This makes me look fat.”

*Remember that even subtle forms of weight bias that are not intended to be hurtful can be just as negative.*
Addressing Weight Stigma at the Institutional Level

What characteristics of health care contribute to weight stigma and should be targeted for intervention?

Bias-related barriers:

- Weight-based stereotypes
- Causal attributions for obesity
- Communication about weight
- Clinical/professional environment where stigma goes unchallenged
### Provider-Patient Communication about Weight

Stigmatizing communication about weight from providers has implications for patients’ health care utilization.

<table>
<thead>
<tr>
<th>Reactions to Stigmatizing Language from Providers</th>
<th>Adults (care for self)</th>
<th>Parents (care for child)</th>
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</thead>
<tbody>
<tr>
<td>Upset/embarrassed</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>Seek new doctor</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>Avoid future medical appts</td>
<td>19%</td>
<td>24%</td>
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## Prioritizing Efforts to Reduce Weight Bias in Health Care

### Support for Stigma Reduction Approaches
(N = 461 Adults with Obesity)

<table>
<thead>
<tr>
<th>Support for Stigma Reduction Approaches</th>
<th>% rated as “High Importance”</th>
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<tbody>
<tr>
<td>Require education on weight stigma for HCPs</td>
<td>94%</td>
</tr>
<tr>
<td>Require HCP training to provide more respectful, compassionate care to patients with obesity</td>
<td>94%</td>
</tr>
<tr>
<td>Medical school obesity curriculum should be required to include content on weight stigma</td>
<td>89%</td>
</tr>
<tr>
<td>Weight loss programs should include services to help people cope with weight stigma</td>
<td>91%</td>
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</table>

*Providers agree:*
Of 1420 health professionals, 97% agreed that health care providers should receive sensitivity training to prevent weight stigma in their clinical practice.

Puhl, Himmelstein, Gorin, Suh, *Obes Sci Prac*, 2017
Puhl, Neumark-Sztainer, Austin et al., *BMC Pub Health*, 2014
Evidence-based Training and Education

Educational videos tested and broadly disseminated

Specialist Certification of Obesity Professional Education (WOF)

Pervasive Bias: An Obstacle to Obesity Solutions

American Medical Association
American Academy of Pediatrics
Alliance for a Healthier Generation
The Obesity Society
ASMBS
Stigma Experienced by Children and Adolescents With Obesity

Stephen J. Pont, MD, MPH, FAAP, Rebecca Puhl, PhD, FTOS, Stephen R. Cook, MD, MPH, FAAP, Wendelin Slusser, MD, MS, FAAP, SECTION ON OBESITY, THE OBESITY SOCIETY


Reuters: Help obese kids avoid weight stigma, doctors advise

Today's Parent: How to (delicately) talk to a child who's overweight

ADVOCACY
- Work with schools on anti-bullying policies
- Training on weight stigma
- Educate parents
- Reduced stigma in youth media

Disseminated to 66,000 pediatricians in the US, Canada, Mexico and other countries.
Addressing Weight Stigma at the Societal Level

Broader societal norms
- reinforce weight bias
- create a society that tolerates bias

Media
Presence of weight bias in news media:
77% of images and videos contain stigmatizing portrayals of people with obesity

Impact of media portrayals on public attitudes:
stigmatizing images worsen bias

Obesity-related Media Campaigns

Media Campaigns Targeting Obesity

Stigmatizing campaigns:
- least motivating for improving lifestyle behaviors
- induced lower self-confidence and intent for health behavior change

NON-stigmatizing campaigns:
- more motivating for improving lifestyle behaviors
- especially focused on health behaviors

Campaigns that generated highest motivation and intentions for health behavior change made *no mention of weight or obesity*
Working With the Media to Address Weight Stigma

Free Image Bank of Non-Stigmatizing Images and B-roll Videos

Guidelines for Media Portrayals of Individuals Affected by Obesity
Addressing Weight Stigma at the Policy Level

What can be done at the policy level to address weight bias and discrimination?

**Weight-based bullying in youth**

- School-based policies
- State anti-bullying laws

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**Adding protections for weight-based bullying in:**

- Federal anti-bullying law
- State Anti-bullying law
- School-based Anti-bullying policy

**% Who Support Improving Policy/Law**

- Parents of child with higher body weight
- Parents of child with lower body weight

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*Puhl & Luedicke, Int J Obesity, 2014*
Status of U.S. Legislation on Weight Discrimination

No Federal laws

One State law

Several city jurisdictions

1. State Civil Rights Statutes
2. Disability Legislation (ADA)
3. Weight Discrimination in Employment Act

Legislative Strategies

6 national studies
2 international studies
National trends in public support from 2011-2015

Comparing overall support in 2011-13 versus 2014-15:

**Significant increase** for civil rights amendments and disability rights. **Consistently high** support for employment laws.

Using evidence to inform key policy makers

Disseminate evidence to advocacy organizations

Meet with State Representatives

Educate House Committees and Staffers

Testify at State Hearings

State House News -- Committee backs bill adding height, weight to anti-discrimination law

Ten bills related to workers’ rights and benefits, including one that prevents discrimination based on height and weight, moved forward in the Legislature after a legislative committee voted to recommend passage of the proposals Tuesday.

It was a somewhat quixotic move. The bill had been proposed every session for the last 15 years, and never gone anywhere.

But this year is different. Last month, the weight discrimination bill sailed through the committee that considered it, gaining easy approval in a 7-to-1 vote.

What changed?

“I think the key to this shift was research,” said Rep. Byron Rushing, the Democrat and now House majority whip who has sponsored the bill for the last 15 years. “It was having academics who’ve been working in the field of obesity, having testimony from a medical doctor. To be able to say that in recent studies of discrimination against women, that a higher number of women report seeing discrimination based on their body shape than you have of women being discriminated against because of race. Those kinds of studies are giving people pause.”
Where to go from here?

Limited success of stigma reduction at the individual level

Changes in knowledge, not in bias

Minimal improvement after interventions

Lack of long-term sustainability
Multi-level stigma reduction research

**Increased Policy Research**
- Test impact of proposed policies/laws
- Assess feasibility and other avenues

**Test Media Initiatives to Reduce Bias**
- Anti-bias media messaging
- Social justice & public health campaigns

**Implement & Test Institutional-level Training and Education**
- Health care settings, medical schools
- K-12 school anti-bullying programs
- Workplace diversity & harassment

**Reduce Adverse Impact of Stigma on Individual Health**
- Address stigma in obesity treatment
- Help patients adopt healthier coping strategies

**Reduce Bias in Families**
- Family-based treatment approaches
- Parent education initiatives
“Stay the course”

“Full steam ahead”

“Our greatest successes are to come”