The Global Dimensions of Weight Bias, Stigma and Self-Stigma

Ted Kyle, RPh, MBA
October 21, 2021
Sao Paulo University Medical School
Endocrine Grand Rounds
Disclosures

• Professional fees
  – Gelesis
  – Novo Nordisk
  – Nutrisystem

• Personal biases that favor:
  – Evidence-based interventions, both prevention and treatment
  – Respect for people living with obesity
  – Critical thinking about all evidence
Presentation Objectives

• Explain how bias corrupts our response to obesity and its complications

• Describe the global extent of weight Bias
More and More People Live with Obesity

Source: NHANES estimates
Why Does Obesity Grow So Relentlessly?
Two Kinds of Bias Corrupt Our Response to Obesity

• Intellectual bias favoring personal convictions

• Weight bias directed at people with obesity

God Judging Adam, Etching by William Blake / WikiArt
Bias is an inclination or outlook to present or hold a partial perspective, often accompanied by a refusal to consider the possible merits of alternative points of view. Biases are learned implicitly within cultural contexts. People may develop biases toward or against an individual, an ethnic group, a nation, a religion, a social class, a political party, theoretical paradigms and ideologies within academic domains, or a species.

Adapted from:
*Psychology: Contemporary Perspectives*
Paul Okami
What Is Weight Bias?

• Negative attitudes
  • Beliefs
  • Judgments
  • Stereotypes
  • Discriminatory acts
• Based solely on weight
• Subtle or overt
• Explicit or implicit
People Typically View Obesity as the Result of Poor Choices

70% Environment • Choices • Genes
Long Viewed as a Matter of Choice

“Which phrase comes closest to describing the type of problem that you think obesity is?” (Feb 2013)

- Personal Problem, Bad Choices 44%
- Community, Bad Food, Inactivity 24%
- Something Else 24%
- Medical 18%

- Bad personal choices was the dominant explanation in 2013
- Data from ongoing tracking
- Respondents asked to pick one

Source: ConscienHealth research 2013.02
Explicit Bias Is Down, But Implicit Bias Is Growing

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Source: Charlesworth & Banaji, 2019, *Psychological Science*
Public Views of Obesity Vary in Different Countries

Public views of obesity as a problem of irresponsibility or disease

- **Irresponsibility UK (3.3 ± 0.1)**
  - Strongly Disagree: 12%
  - Disagree: 15%
  - Neutral: 30%
  - Agree: 18%
  - Strongly Agree: 25%

- **Irresponsibility Brazil (2.7 ± 0.2)**
  - Strongly Disagree: 35%
  - Disagree: 13%
  - Neutral: 20%
  - Agree: 11%
  - Strongly Agree: 21%

- **Disease UK (2.9 ± 0.1)**
  - Strongly Disagree: 20%
  - Disagree: 19%
  - Neutral: 31%
  - Agree: 15%
  - Strongly Agree: 15%

- **Disease Brazil (3.4 ± 0.1)**
  - Strongly Disagree: 17%
  - Disagree: 9%
  - Neutral: 26%
  - Agree: 15%
  - Strongly Agree: 33%

Source: ConscienHealth research 2017
Across Nine Different Countries
We Found Less Blame for Obesity in Brazil

Odds Ratios for Blame Questions
Higher Means More Agreement with Blame

Source: ConscienHealth Research, 2017
Note: Odds ratios calculated from cumulative logit models
The Truth Is That

Obesity Is a Highly Heritable Chronic Disease

Heritability 70%

- Heredity plays a dominant role in obesity risk
- But environmental factors serve to activate it
- Then, people can choose what to do about it

Source: Musani, Erickson, and Allison, AJCN, 2008; “Obesity – Still Highly Heritable After All These Years”
Misunderstanding Obesity Fosters Demeaning Stereotypes About People with Obesity

- Lazy
- Stupid
- Undisciplined
- Sloppy
- Awkward
- Losers
- Dishonest
- Won't follow directions
- Uniformly unhealthy
- Ignorant about nutrition
- Lives spent gorging on junk food

In the Kitchen, photograph © Obesity Action Coalition / OAC Image Gallery
Living with Bias & Stigma Makes People Sicker

- Pathways from stress to obesity

Source: Tomiyama, 2019, Ann Rev Psych
In Fact, When People Label Themselves Overweight, Weight Gain Often Follows

Perceived weight status and risk of weight gain across life in US and UK adults

E Robinson, J M Hunger, M Daly

Conclusions:
Perceiving oneself as being “overweight” is counter-intuitively associated with an increased risk of future weight gain among US and UK adults.
Good Obesity Care Requires Access To the Full Range of Obesity Care Tools
People Have Unrealistic Expectations for Obesity Self-Help

Obesity Treatments - U.K.
1. Which of the following treatments for obesity is most effective?

- Self-directed diet and exercise: 59.5%
- Intensive lifestyle programs: 22.0%
- Bariatric surgery: 10.2%
- Obesity medications: 8.4%

766 respondents

Obesity Treatments - U.S.
1. Which of the following treatments for obesity is most effective?

- Self-directed diet and exercise: 52.5%
- Intensive lifestyle programs: 26.1%
- Bariatric surgery: 15.9%
- Obesity medications: 5.5%

776 respondents

Source: Google Surveys research by ConscienHealth and OAC
Bias Makes It Easy for Health Systems to Discourage People from Seeking Obesity Care

- Routine policy exclusions for obesity “Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- But obesity complications are fully covered
Because of Bias, Self-Care Is Often the Only Option for Obesity Care
Weight Bias Is a Global Problem

- Evidence of weight stigma
- 130 sources
- 33 countries
- Spanning every non-western region of the world
- Much more research needed

Obesity, Hunger, and Weight Stigma Coexist in Many Regions

“Emergent evidence includes: implicit and explicit measures showing very high levels of weight stigma in middle and low-income countries, complex ethnographic evidence of widespread anti-fat beliefs even where fat-positivity endures, the globalization of new forms of ‘fat talk,’ and evidence of the emotional and material damage of weight-related rejection or mistreatment even where severe undernutrition is still a major challenge.”

Source: Brewis, SturtzSreetharan, and Wutich, 2018
Bias May Lead Us to Rely on Policies That Are Not Working

Sources: USDA ERS Food Availability Reports, NHANES Obesity Estimates
Bias Leads to Simplistic Policy Solutions
What’s Required for Progress?

Progress will require:

• **Objectivity** to replace bias
• **Curiosity** about obesity and the people it affects
• **Care** for these people
More Information

stopweightbias.com

conscienhealth.org/news

@ConscienHealth

Facebook.com/ConscienHealth

For these slides: