A Toolkit for Addressing Obesity-Related Stigma and Bias in Healthcare and Public Health
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The purposes of this toolkit are to identify strategies and provide resources for healthcare and public health practitioners to use when caring for adults and youth with obesity. Healthcare and public health practitioners have an ethical obligation to recognize obesity as a disease and to implement compassionate, evidence-based prevention and treatment efforts that counter weight stigma and bias.

Individuals with overweight or obesity frequently experience the following:
- Negative and harmful comments about their weight
- Discriminatory treatment because of their weight (e.g., refusal of treatment unless they lose weight)
- Environments that are uncomfortable and unaccommodating (e.g., small chairs in waiting rooms, lack of appropriate equipment in healthcare settings)

Sometimes negative treatment is due to implicit bias on behalf of medical or public health staff. Implicit bias refers to thoughts and feelings that are outside of our conscious awareness. In other words, health professionals may not realize they harbor negative feelings and are treating people with the disease of obesity with disrespect. On the other hand, explicit biases are feelings a person is aware of, and related behaviors are intentional. Biases can also sometimes be harmfully internalized. For instance, Internalized weight stigma or internalized bias is when a person applies negative societal or cultural beliefs about body weight to themselves.

Obesity-related stigma and bias are harmful; healthcare and public health professionals have a responsibility to educate themselves about implicit, explicit and internalized bias and the disease of obesity, and to create environments where adults and youth feel safe and welcome, ensuring a higher quality of care.
I am in healthcare, what should I know?

Evidence of the harm of weight-related stigma and bias in healthcare settings:

- More than two-thirds of women with overweight or obesity report being stigmatized about their weight by doctors.
- Health professionals, such as physicians, nurses, dietitians, psychologists, and medical trainees self-report bias and prejudice toward patients with obesity.
- Parents were asked how they would react if a doctor referred to their children’s weight in a stigmatizing way; 34% stated they would change doctors, and 24% responded they would avoid future medical appointments for their children.

**Bottom Line:** Health providers should recognize and address their own biases. They should treat all patients with respect and compassion, and model professional care with colleagues, staff, and trainees that is unbiased toward patients with obesity.
For Practitioners: Educational Resources & Training

- Video: Weight Stigma and Bias: What can we do to improve care? Presented by Dr. Rebecca Puhl at the Let’s Go 2021 Annual Obesity Conference
- Take the Implicit Association Test: Weight Bias
- Toolkit for Health Providers: Preventing Weight Bias: Helping without Harming in Clinical Practice

20.3% of U.S. adults have experienced weight bias in healthcare. LEARN MORE OBESITYACTION.ORG/WEIGHTBIAS
Considerations for Caring for All Patients

Language Matters! Research shows discriminatory language toward people with obesity lowers the likelihood they will seek medical care and worsens the patient-provider relationship.

There are steps practices can take to change their culture, including adopting a zero-tolerance policy for staff’s use of derogatory language about people with obesity.

- In studies, the terms used to describe medical conditions such as “fat,” “obese,” and “extremely obese” were rated as the most undesirable, stigmatizing, blaming, and least motivating. In contrast, more neutral words like “weight,” or “unhealthy weight” were rated as the most desirable and motivating for weight loss.
- Using people-first language, which places the individual before the medical condition (e.g., “a child with obesity” rather than “an obese child”) reduces the use of stigmatizing language.
- People-first language is now emerging as the preferred language standard with obesity as well as other diseases and disabilities.
People with obesity, including children, may face further forms of discrimination in addition to weight bias, such as microaggressions, structural racism, and Adverse Childhood Experiences (ACEs), which result in harmful physiological and psychosocial health outcomes. **Intersectionality** analyzes the interactive effects of these various forms of discrimination, which can lead to poor health.

“Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.”

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Examples of weight-related microaggressions include:
- Giving a person with obesity unsolicited warnings about the association of obesity and health problems
- When a person with obesity describes experiencing a weight-based insult, responses that encourage them to focus on managing their reactions to others’ behaviors
- Providers insisting they do not focus on body size, similar to claims of “color blindness”
Considerations for Caring for All Patients

Environmental

Clinic staff are responsible for creating a safe, comfortable, respectful, and welcoming space for all patients. Specific to patients with obesity, clinics should address the following:

- **Interactions with personnel:** Ensure scheduling process, check-in are confidential and non-stigmatizing.
- **General office:** Provide chairs with and without arms in various sizes, ensure 6–8 inches of space between chairs. Weight-sensitive reading materials, lavatories with hand holds and floor mounted toilets with well-supported toilet bowls.
- **Medical equipment:** Have large adult blood pressure cuffs, extra-long needles, weight scales with adequate capacity (greater than 350 lbs.), various gown sizes, adjustable exam tables.
- **Experience with weighing:** Ensure that weighing occurs in a private area. Record weight without comment and ask before verbally reciting this number. Some patients may prefer not to be weighed. Staff should do their best to respect and honor patient concerns and requests.

More information about creating a comfortable and welcoming office environment is available from the University of Connecticut’s Rudd Center for Food Policy & Health.
Caring for Pediatric Patients

All considerations outlined for adults apply to youth.

For more information on special considerations for pediatric populations, the American Academy of Pediatrics has a helpful resource. Studies show that even the youngest patients are aware of weight-related stigma and bias.
Considerations & Resources

Public Health

I am in public health, what should I know?
For Practitioners: Educational Resources & Training

**Weight Bias: A Hidden Harm:** This two-part module by Dr. Rebecca Puhl provides an overview of the nature and extent of weight bias experienced by youth and adults, with specific attention to consequences of weight bias for health and care.

Toolkit for Healthcare Providers: Preventing Weight Bias: Helping without Harming in Clinical Practice. Module 1 can be used by public health professionals

- [Module 1: Increasing Self-Awareness of Weight Bias](#)
Considerations for Working Across Populations

Images

Use appropriate images that are inclusive, accurate, and respectful of all people.

Two resources that offer free images:

- University of Connecticut’s Rudd Center for Food Policy & Health media gallery
- Obesity Action Coalition (OAC) Bias-free Image Gallery
Considerations for Working Across Populations

Language

Use person-first or people-first language. Use respectful language and avoid unintentional blaming. Adopt a weight-inclusive framework that supports practices that enhance people’s health regardless of weight.

VISIT STOPWEIGHTBIAS.COM FOR MORE RESOURCES
Youth with overweight and obesity are frequently teased, tormented, and victimized because of their weight. Weight-based teasing and stigma (also called "weight bias") has a detrimental impact on both emotional well-being and physical health.

- **Video:** [Weight Bias at Home and School](https://www.youtube.com/watch?v=dQw4w9WgXcQ) – For parents and teachers to understand the severity and impacts of weight bias in school and at home and presents strategies to address it.
Thank You

This toolkit compiles educational and practical resources for use by healthcare and public health professionals. Use these resources to identify and reduce your implicit bias toward people with obesity, and to implement practices and strategies to eliminate obesity-related stigma and bias in your work.

We look forward to continuing to engage in this conversation to address obesity-related stigma and bias so all people feel safe and welcome in healthcare and public health settings.

For more information:
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Provide Toolkit feedback here.
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