

# Weight-Related Stigma and Health Disparities

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HEALTHIEST COMMUNITIES

# The Great Body-Acceptance Debate

A battle over the perils of obesity is playing out in pop culture and the medical community.

By Joseph P. Williams Senior Editor Feb. 3, 2020, at 12:01 a.m.



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# American Academy of Pediatrics Guidelines for Childhood Obesity

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FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL PRACTICE GUIDELINE | JANUARY 09 2023

## Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity **FREE**

Sarah E. Hampl, MD, FAAP ; Sandra G. Hassink, MD, FAAP; Asheley C. Skinner, PhD; Sarah C. Armstrong, MD, FAAP; Sarah E. Barlow, MD, MPH, FAAP; Christopher F. Bolling, MD, FAAP; Kimberly C. Avila Edwards, MD, FAAP; Ihuoma Eneli, MD, MS, FAAP; Robin Hamre, MPH; Madeline M. Joseph, MD, FAAP; Doug Lunsford, MEd; Eneida Mendonca, MD, PhD, FAAP; Marc P. Michalsky, MD, MBA, FAAP; Nazrat Mirza, MD, ScD, FAAP; Eduardo R. Ochoa, Jr, MD, FAAP; Mona Sharifi, MD, MPH, FAAP; Amanda E. Staiano, PhD, MPP; Ashley E. Weedn, MD, MPH, FAAP; Susan K. Flinn, MA; Jeanne Lindros, MPH; Kymika Okechukwu, MPA

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**FINANCIAL/CONFLICT OF INTEREST DISCLOSURES:** An Independent review for bias was completed by the American Academy of Pediatrics. Dr Barlow has disclosed a financial relationship with the Eunice Kennedy Shriver National Institute of Child Health and Human Development as a co-investigator.

*“The BMI must be communicated to the patient and family, as it guides next steps for comprehensive evaluation and treatment of obesity and related comorbidities.”*

American Academy of Pediatrics' Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity

# Why increase weight perception accuracy?

Accurately perceiving oneself as overweight is associated with increased report of weight loss attempts

Chen 2004

Edwards, Pettingell, & Borowsky, 2010



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# Among youth with high body weights, those who thought they were “about the right weight” had...

**Less adoption  
of disordered  
eating**

Sonneville, Thurston, et al.  
International Journal of  
Eating Disorders, 2016.  
Hazzard, Hahn, Sonneville.  
Eating Behaviors, 2017.

**Lower blood  
pressure later  
in life**

Unger, Kawachi, et al. JAH,  
2017.

**Less  
depressive  
symptoms**

Thurston, Sonneville, et al.  
Prevention Science, 2017.

**Less weight  
gain over time**

Sonneville, Thurston, et al.  
International Journal of  
Obesity, 2016.



# Among people with high body weights, those who thought they were “overweight” have...

Fewer healthy  
behaviors

Hahn, Borton, Sonnevile.  
BMC Public Health, 2018.

More  
internalized  
weight bias

Borton, Sonnevile.  
*Unpublished findings.*  
Puhl, Himmelstein, Quinn.  
Obesity, 2018.

Attempted  
weight loss but  
more weight  
gain

Haynes, et al., *Obesity  
Reviews*, 2017



# Inaccuracy or body satisfaction?

- Difference between self-reported and measured BMI was ~1 BMI unit
  - No difference in those who perceived themselves as just about right v. overweight/obese
- Those who scored higher on body satisfaction were less likely to self-describe as overweight/obese



# **If we aren't informing of something they don't know, what are we doing?**

- Injuring someone's relationship with their body or food
- Introducing weight stigma

# What is weight stigma?

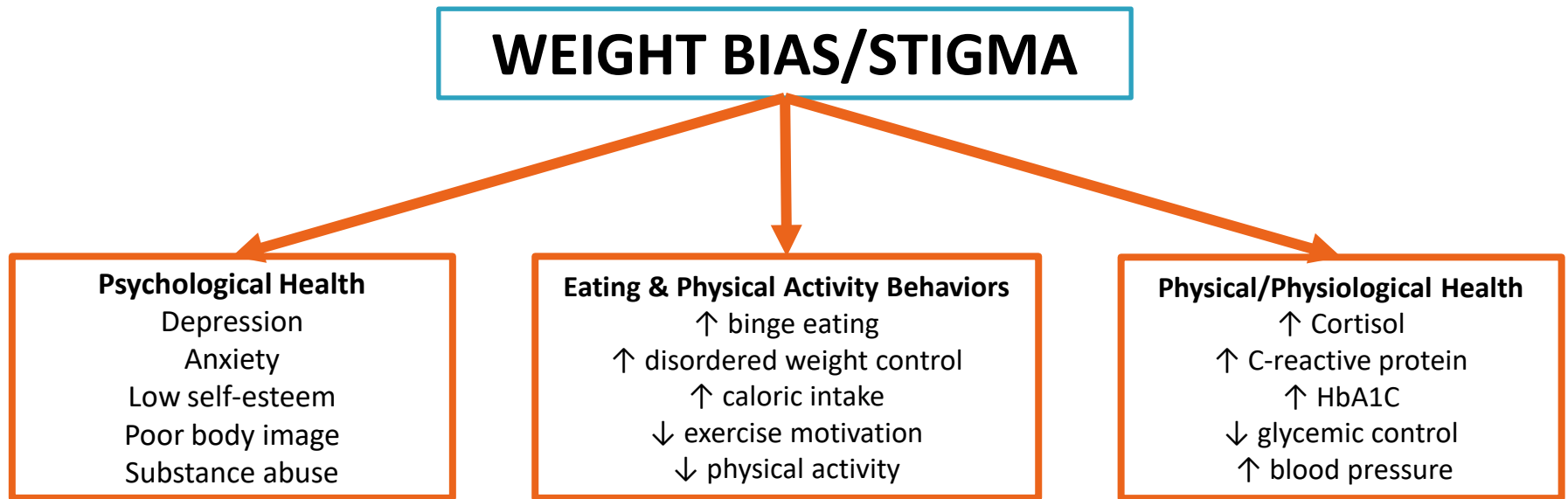
*Negative or stereotypical beliefs about  
and social devaluation of  
people in larger bodies*



# Why care about it?

- It is common
  - 40% of US adults have been teased, treated unfairly, or discriminated against because of their weight
  - Most common reason for youth bullying
- Doctors are named as the second most common source of weight stigma
- Larger people deserve to be treated with dignity and respect
- Weight stigma is harmful in many ways but particularly to health

# Weight Bias & Health



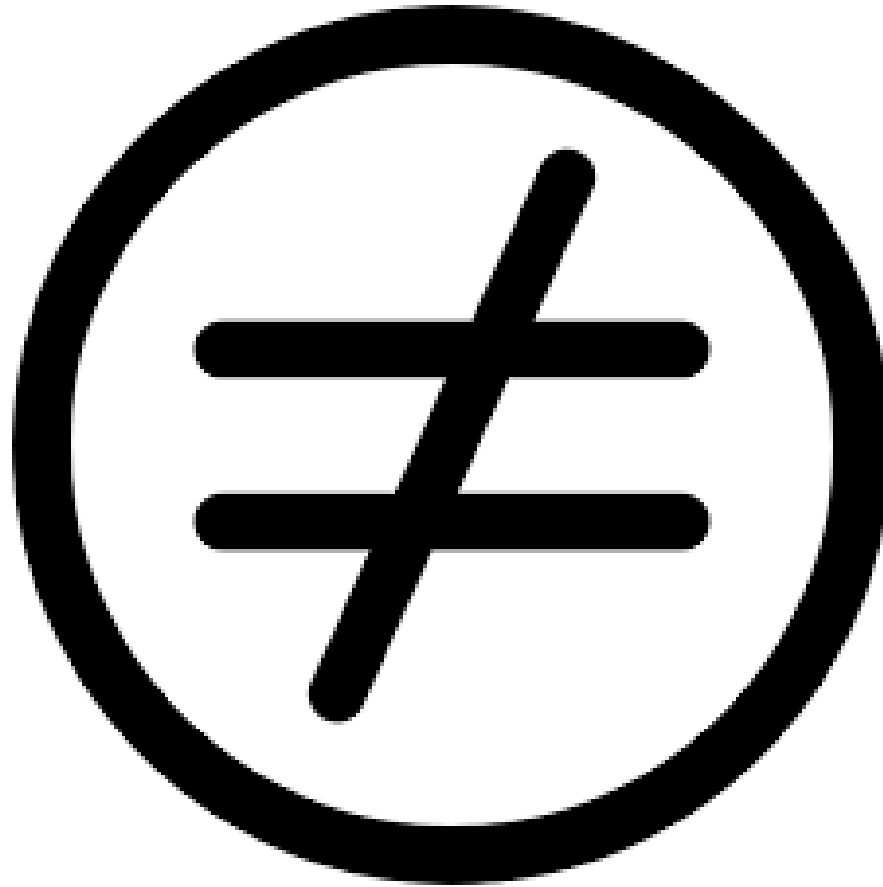
Sonneville et al, EDRS; 2021. Puhl, Suh; 2015. Hunger et al; 2015. Tomiyama et al, 2018.

# Lower Quality of Care



- Contemptuous, patronizing, and disrespectful treatment
- Providers attributing all issues to weight, making assumptions about behaviors based on weight
- Less time in appointments
- Less rapport building
- Less screening, intervention
  - Higher weight individuals are less likely to undergo screenings for cervical, breast, or colorectal cancer
- Equipment (for vital signs, imaging, lifting, daily-use)
- Lack of training

Alberga, Edache, Forhan, Russell-Mayhew. Prim Health Care Res Dev, 2019; Phelan et al. Obes Rev, 2015. Aldrich, Hackley; J Midwifery Womens Health, 2010.



# Paradigm Shift

## Weight-normative approach

Emphasis on weight and weight loss when defining health and well-being

Weight is the focal point for intervention

## Weight-inclusive approach

Emphasis on viewing health and well-being as multifaceted

Health behaviors and their social determinants are the focal point for intervention

People of all sizes, ability levels, and health statuses should be included in healthcare settings

Healthcare professionals must examine and unlearn anti-fat beliefs, which result in poor outcomes, health disparities, and health care avoidance by fat people

Tylka, Annunziato, Burgard, Danielsdottir, Shuman, Davis, Calogero. Journal of Obesity, 2014; <https://asdah.org/health-at-every-size-haes-approach/>; HAES®: From a Social Justice “Movement” to a Framework of Care with Veronica Garnett MS RDN, Foundations of WIND Workshop

# Weight Normative vs. Weight Inclusive

	Weight Normative	Weight Inclusive
Weight	<ul style="list-style-type: none"><li>• Body size is highly controllable</li><li>• Individuals should engage in weight control behaviors to achieve a “healthy” weight</li></ul>	<ul style="list-style-type: none"><li>• Body size is a morally-neutral, naturally-varying human characteristic</li><li>• Genetics and social determinants of health &gt;&gt;&gt; individual behaviors</li></ul>
Food	<ul style="list-style-type: none"><li>• Good/bad, health/unhealthy, should/shouldn’t etc.</li><li>• Quantity/quality determined by external source (calories, grams, exchanges)</li></ul>	<ul style="list-style-type: none"><li>• All food has value and is acceptable</li><li>• Quantity/quality are determined by responding to physical cues (hunger/fullness, taste, etc.)</li></ul>
Physical activity	<ul style="list-style-type: none"><li>• Exercise for weight control</li></ul>	<ul style="list-style-type: none"><li>• Be active in fun/enjoyable and functional ways</li></ul>

<http://www.haescommunity.org>; <https://haescurriculum.com/>



# Weight Inclusive Care in Practice

1. Acknowledge previous experiences
2. Use respectful communication
3. Focus on behaviors

# Acknowledge Previous Experiences

- High weight patients have likely already experienced stigmatizing encounters with health professionals
- Many have tried to lose weight repeatedly
- May have heightened sensitivity to weight-related conversations and language

# Use Respectful/Sensitive Communication

- Ask permission to weigh and talk about weight-related topics
- Ask about preferred terminology
- Avoid stigmatizing terms

# Focus on Behaviors

- Focusing on weight may
  - Contribute to feelings of shame or frustration
  - Promote extreme or unsustainable weight control strategies
  - Lead to health care avoidance
- Support practices that enhance people's health regardless of where they fall on the weight spectrum

# Clinical Recommendations

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active to stay healthy.

Golden NH, Schneider M, Wood C, AAP COMMITTEE ON NUTRITION.  
Preventing Obesity and Eating Disorders in Adolescents. Pediatrics.  
2016;138(3):e20161649



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- Thank you to Kendrin Sonnevile, RD, ScD



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