TESTIMONY

To Members of the Programme Development Group,
for the National Institute for Health and Care Excellence (NICE) on *Managing overweight and obesity in adults: lifestyle and weight management services.*

Submitted by:

Rebecca Puhl, PhD
Director of Research
Rudd Center for Food Policy & Obesity
Yale University
July 9th, 2013

Thank you for the opportunity to provide testimony on weight bias and stigmatization affecting individuals who are overweight and obese. This topic is an important issue to consider in efforts to effectively manage and treat obesity. As a leading research expert on the topic of weight stigmatization, I am well qualified to speak to this issue and have summarized relevant scientific evidence below.

I: Prevalence of weight bias and discrimination

Research evidence spanning several decades has established weight-based prejudice to be a significant social injustice for individuals who are overweight and obese. Weight bias and discrimination have been documented in multiple domains of living, including the employment setting, health care facilities, educational institutions, the mass media, and in interpersonal relationships from friends and family members. Recent population-based studies using nationally representative samples of thousands of adults shows that weight discrimination increased by 66% between 1995-2005,[1] and is more prevalent than discrimination due to ethnicity, religion, sexual orientation, or physical disability. In fact, reported rates of weight discrimination are now on par with, and in some cases exceeding, rates of reported racial discrimination in American adults, especially among women.[2] One of the most common settings where weight discrimination has been documented is the

workplace,[3] where overweight and obese individuals face prejudice in inequitable hiring practices, denial of promotion, lower wages, and job termination. Some key findings from population-based studies include the following:

1) Overweight adults are 12 times more likely to report *weight-based* employment discrimination than non-overweight adults. Obese persons are 37 times more likely and 'severely obese' persons are 100 times more likely to report this discrimination.[4]

2) Compared to average weight persons, overweight persons are 26% more likely to report work discrimination; obese persons are 50% more likely, and 'very obese' persons are 84% more likely.[5]

3) Both men and women face a persistent obesity wage penalty in the United States. Even after accounting for numerous socio-demographic characteristics (e.g., age, education, race, family size, health, occupation type, etc.), wages for obese females are 6-11% lower compared to thinner females for the same work performed, and wages for obese males are over 3% lower compared to thinner males for the same work performed.[6,7]

In addition to the workplace, weight bias and stigmatization extend to the health care setting, where patients who are obese are vulnerable to pervasive bias by health providers. Studies have consistently documented weight bias among health care providers (including those in the UK) toward obese patients, including negative stereotypes by physicians, nurses, medical students, dietitians, psychologists, and fitness professionals.[8-10] Providers typically report views that patients with obesity are lazy, lacking in self-control, undisciplined, and non-compliant with treatment, and that these personality characteristics are the central causes of obesity rather than genetic or environmental factors.[11-14] Providers also report having less respect for patients as their BMI increases,[15] beliefs that treatment efforts will be futile, and find treating obesity to be professionally unfulfilling.[9,11,13] Given these negative perceptions, it is not surprising that doctors report spending less time with obese patients than thinner patients, are less likely to discuss weight loss options, and admit that they don't intervene as much as they think they should.[14,15] Weight bias exists even among health professionals who specialize in obesity, who exhibit anti-fat bias and endorse implicit stereotypes of obese persons as lazy, stupid, and worthless.[16] Unfortunately, because this form of bias remains socially acceptable, it is often ignored and rarely challenged, leaving no recourse or protection for those who are unfairly victimized and discriminated against because of their weight.

II: Adverse psychological, social, and physical health consequences of weight bias

Being a target of weight bias or stigmatization increases risk for numerous adverse health outcomes. Consistent research has documented that overweight and obese individuals who are victimized or stigmatized because of their weight are at risk for a range of psychological consequences including depression, anxiety, poor body image, substance abuse, low self-esteem, and suicidality.[17,18] These findings have been demonstrated in both clinical and non-clinical samples of obese individuals, and findings persist even after controlling for variables such as BMI, obesity onset, gender, and age.[19,20] Thus, psychological outcomes are not associated with body weight per se, but rather are linked specifically to experiences of weight stigmatization.

In addition, weight bias poses concerning consequences for social and academic functioning, and often translates into pervasive teasing, bullying, and victimization toward overweight youth and adolescence. Recent studies show that adolescents perceive being overweight to be the most prevalent reason that peers are teased and bullied at school,[21] and teachers similarly agree that weight-based bullying is the most problematic form of bullying in the school setting.[22] Longitudinal research among 8,210 British youth found that weight category significantly predicted future victimization, with those whose weight was above the 95th percentile having an increased likelihood of being bullied one year later.[23] The pervasiveness and negative psychological correlates of weight-based victimization in turn becomes a risk for academic consequences for youth who are targeted. Weight-based teasing in the school setting has been shown to mediate the relationship between high BMI and poor academic performance among adolescents,[24] with recent research demonstrating that the likelihood of overweight students skipping school or reporting that being teased about their weight harmed their grades increased by 5% per teasing incident.[25]

Finally, exposure to weight stigmatization predicts binge-eating behaviors, maladaptive eating patterns, eating disorder symptoms, increased caloric intake, and eating more food, and poorer outcomes in weight loss treatment,[26-29] as well as avoidance of exercise and lower motivations for exercise behaviors.[30,31] Internalization of weight bias may exacerbate these health consequences. Among obese adults, those who blame themselves for stigmatizing experiences and internalize negative weight-based stereotypes report more frequent binge-

eating compared to those who do not internalize stigma.[32] Furthermore, weight bias held by healthcare professionals may have important implications for the quality of care that patients receive, with some research showing that weight bias in the health care setting increases avoidance of healthcare utilization for obese individuals,[33,34] and increases risk of obesity associated with functional disability as well as health-related quality of life.[35,36] Thus, weight stigma increases vulnerability to adverse outcomes and unhealthy behaviors that may ultimately reinforce obesity and impair weight loss efforts. This point is important to highlight, as there remains a public perception that perhaps stigmatization will provide incentive and motivation for individuals to lose weight. Instead, the above research evidence indicates the opposite is true; that stigmatization instead creates significant barriers and impedes individuals' attempts to manage their weight effectively.

III: Weight stigmatization in efforts to prevent and manage obesity

In addition to the evidence summarized above, weight stigmatization has been found to be present even in public health campaigns that aim to address obesity. In recent years, multiple health campaigns have emerged to address obesity, with messages that encourage the public to increase physical activity and consumption of fruit and vegetables, reduce portion sizes and intake of sugar sweetened beverages, and promoting other health behaviors to achieve a healthy weight. Although these efforts stem from positive intentions to improve public health, some campaigns have been singled out for inciting negative attitudes and stereotypes towards obese persons, stigmatizing obese youth, or blaming parents of overweight children, with criticisms noted across the popular media[37] and scientific literature.[38] Two recent national experimental studies assessed public reactions to various obesity-related health campaigns, demonstrating that campaigns that were evaluated most positively (i.e., rated as helpful, motivating for improving weight-related health) were those that promoted topics related to healthy behavior changes such as increasing fruit and vegetable intake, and notably, did not refer to body weight or mention the word "obesity." (An example of a positively-rated campaign from this research is Britain's "Change4Life" campaign encouraging individuals to eat well, move more, and live longer). Similarly, campaigns that received public criticism for promoting stigma were rated by participants as the most negative (i.e., stigmatizing, inappropriate), and elicited the lowest intentions and self-efficacy to engage in lifestyle

behaviors promoted by the campaign.[39,40] Findings from this research highlight the need for careful selection of language and visual content used in obesity-related health campaigns, and provide support for efforts to portray obese persons in a non-stigmatizing manner, or to simply avoid depicting images of obese persons all together. This evidence further suggests that the public may be more amenable to improving their eating habits and physical activity when the emphasis is on health, rather than body weight per se.

IV: Strategies to Reduce Weight Stigmatization

Despite ample empirical evidence of weight bias and discrimination, the number of studies identifying and testing strategies to effectively reduce weight bias pales in comparison. Still, of the limited work that exists, several studies have demonstrated educational approaches that can effectively reduce weight stigmatization. Considering the blameful explanations for the causes of obesity commonly reported among medical professionals, and findings that lower levels of weight bias are predicted by stronger views that obesity is not under a person's control, one key bias-reduction strategy is to provide education emphasizing the complex etiology of obesity. Several experimental studies have tested this strategy, and indicate that weight stigmatization can be reduced by presenting medical students with information about obesity that highlights contributing factors outside of personal control (e.g., biological and genetic contributors) as well as the difficulties in obtaining significant, sustainable weight loss. Among pre-clinical and medical students, stigma-reduction approaches addressing causal attributions of obesity have demonstrated significant reductions in negative bias and stereotypes[41-44] and improvements in self-efficacy for counseling obese patients.[45] To highlight a specific example, a recent randomized control trial tested the effects of educational films (developed by the Rudd Center) to reduce stigmatization toward obese patients on UK trainee dietitians' and doctors' attitudes, and found that this brief educational intervention was effective in reducing stigmatizing attitudes toward obese patients at 6-week follow up.[43] Of importance, the above tested approaches have been delivered and tested using different formats (e.g., lectures, written materials, simulated interactions with virtual patients, and brief educational films) suggesting that stigma-reduction interventions can be feasibly implemented into health-related curricula and clinical training settings.

The Rudd Center has developed a number of evidence-informed tools to help reduce weight stigmatization toward patients with obesity in the health care setting:

1) **Clinician tool kit** "Preventing Weight Bias: Helping without Harming in Clinical Practice" http://www.yaleruddcenter.org/resources/bias_toolkit/index.html

2) **Web-based Course (Continuing Medical Education)** "Weight Bias in Clinical Settings: Improving Health Care Delivery for Obese Patients" http://learn.yale.edu/rudd/weightbias/login.asp?ec=60852

3) **Educational Video** http://www.yaleruddcenter.org/what_we_do.aspx?id=196

These free, educational online resources aim to increase awareness of weight bias in health care settings, help health care providers become aware of personal attitudes that may affect health care delivery, and highlight appropriate and sensitive communication strategies to address weight with patients.

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