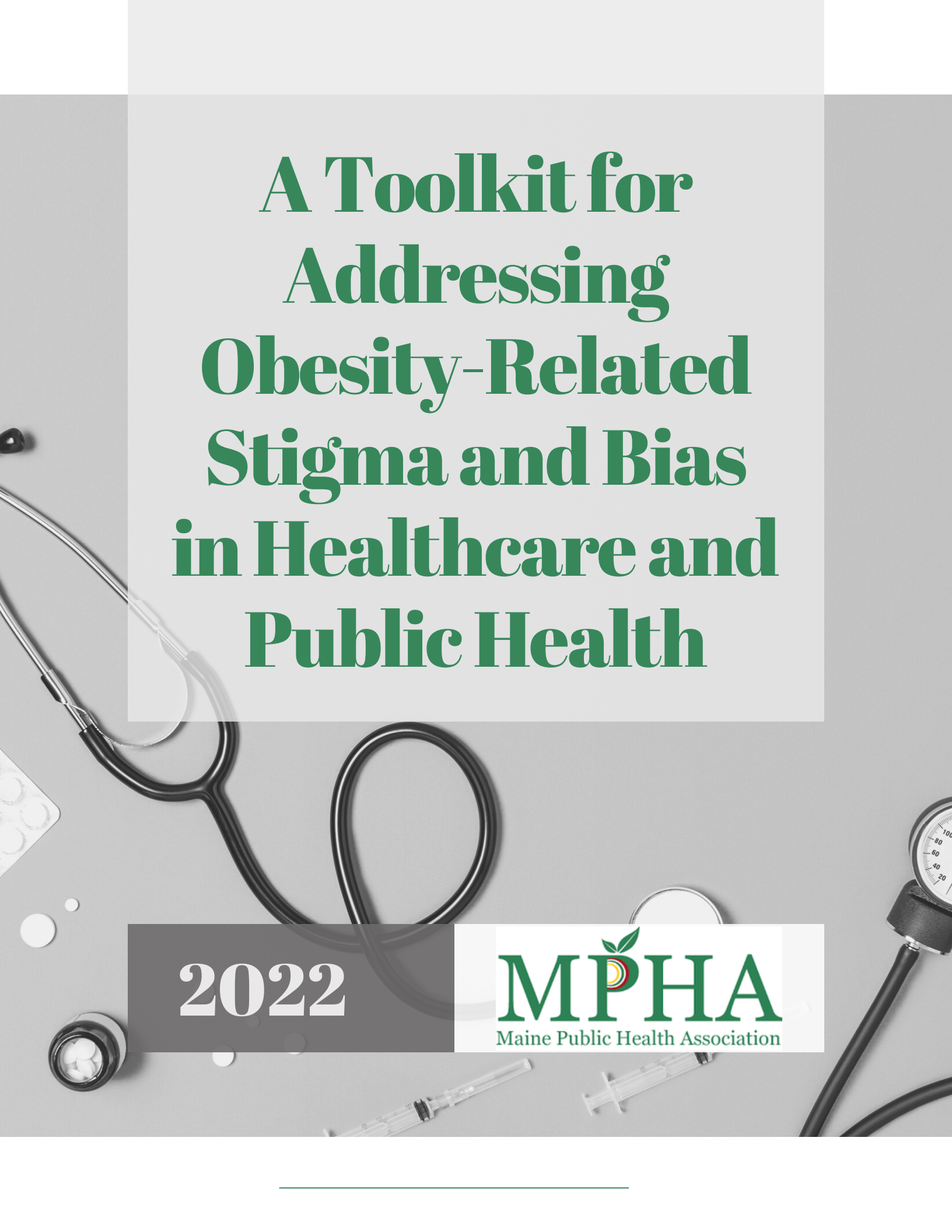


# A Toolkit for Addressing Obesity-Related Stigma and Bias in Healthcare and Public Health

2022

  
Maine Public Health Association



---

# Table of Contents

• Purpose	01
• Considerations & Resources: Healthcare	02
• For Practitioners: Educational Resources & Trainings	03
• Considerations for Caring for All Patients	
◦ Language	04
◦ Microaggressions	05
◦ Environment	06
• Caring for Pediatric Patients	07
• Considerations & Resources: Public Health	08
• For Practitioners: Educational Resources & Trainings	09
• Considerations for Working Across Populations	
◦ Images	10
◦ Language	11
• Working with Youth	12
• Thank you	13
• References	14



---

# Purpose

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.

---

# Considerations & Resources

---

## Healthcare

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](#)



**OAC**  
Obesity Action Coalition

**20.3%**  
of U.S. adults have  
experienced weight  
bias in healthcare.

**LEARN MORE**  
[OBESITYACTION.ORG/WEIGHTBIAS](https://obesityaction.org/weightbias)

---

# Considerations for Caring for All Patients Language



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

**19%**  
of people report that they would avoid future medical appointments if their doctor stigmatized them about their weight.



*Excerpt from Obesity Action Coalitions' Handout:  
PEOPLE-FIRST LANGUAGE FOR OBESITY*

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.



---

# Considerations for Caring for All Patients Microaggressions



"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."

- 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.

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.



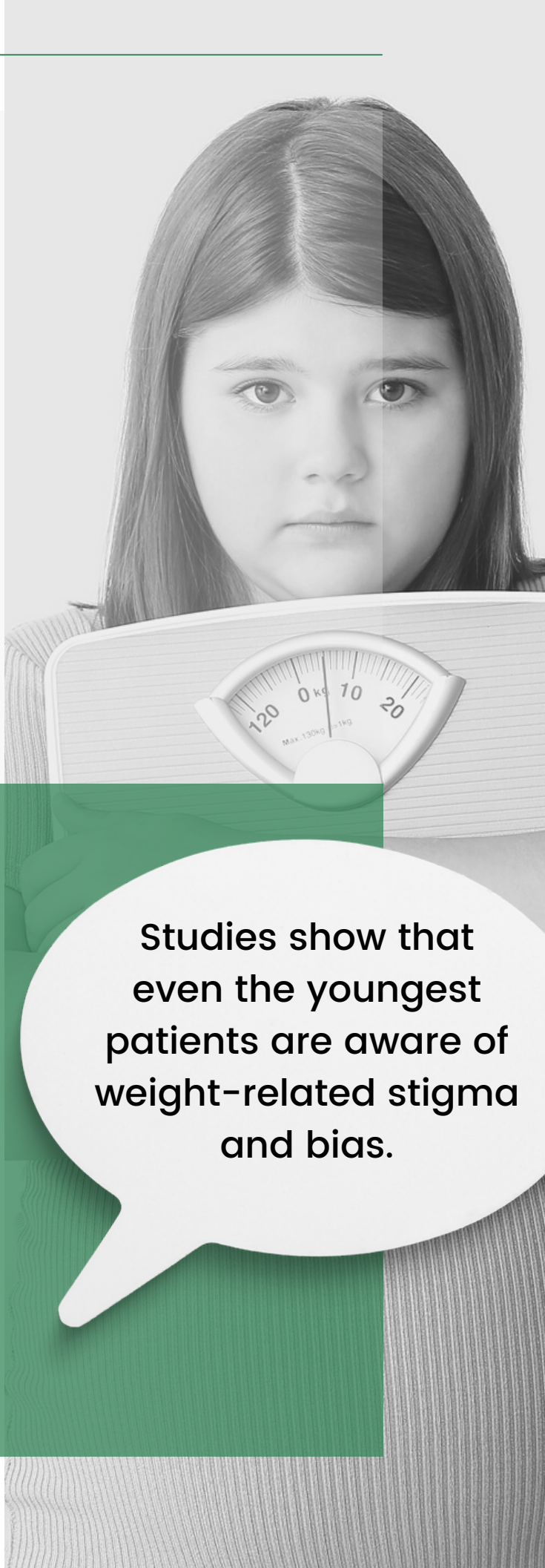




# Caring for Pediatric Patients

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



Using first person-language can help prevent bias and discrimination. For more information on why weight bias is harmful, please visit [StopWeightBias.com](https://stopweightbias.com).

## Example of using people-first language:

**“The woman was affected by obesity.”** instead of **“The woman was obese.”**

Referring to individuals as "obese" has been shown to influence how individuals feel about their condition and how likely they are to seek medical care.



*These excerpt were taken from Obesity Action Coalitions' Handout:  
PEOPLE-FIRST LANGUAGE FOR OBESITY*

## [Use appropriate language to communicate about weight and health.](#)

- 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.

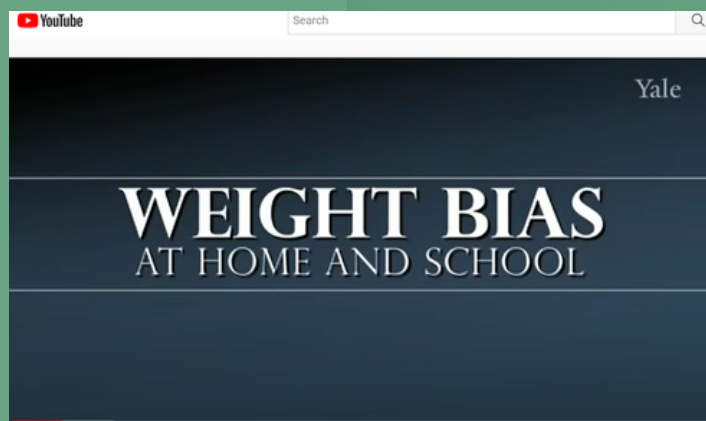
[VISIT STOPWEIGHTBIAS.COM FOR MORE RESOURCES](https://stopweightbias.com)



# Working with Youth

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](#) – 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:

[info@mainepublichealth.org](mailto:info@mainepublichealth.org)

[Provide Toolkit feedback here.](#)



**MPHA**  
Maine Public Health Association

---

# References

## Page 01

- Cardel MI, Newsome FA, Pearl RL, et al. Patient-centered care for obesity: How health care providers can treat obesity while activity addressing weight stigma and eating disorder risk. *J Acad Nutr Diet.* 2022;122(6):1089-1098.
- Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: Results from the national ACTION study. *Obesity.* 2018;26(1):61-69.
- Strategies to Overcome and Prevent (STOP) Obesity Alliance. [Understanding obesity: A messaging framework featuring accessible and unbiased information about the harms of weight bias.](#) Milken Institute School of Public Health at The George Washington University.
- Montgomery A. [Addressing weight stigma and fatphobia in public health: Public health needs to decouple weight and health.](#) Collaboratory for Health Justice. 2021. University of Illinois at Chicago.
- National Center for Cultural Competence at Georgetown University. [Conscious & unconscious biases in health care: Two types of bias.](#)
- Latner JD, Barile JP, Durso LE, O'Brien KS. Weight and health-related quality of life: The moderating role of weight discrimination and internalized weight bias. *Eat Behav.* 2014;15(4):586-90.
- Fruh SM, Nadglowski J, Hall HR, et al. Obesity stigma and bias. *J Nurse Pract.* 2016;12(7):425-432.

## Page 02

- Puhl R, Brownell K. Confronting and coping with weight stigma: An investigation of overweight and obese adults. *Obesity.* 2006;14(10):1802-1815.
- Puhl RM, Lessard LM, Himmelstein MS, Foster GD. The roles of experienced and internalized weight stigma in healthcare experiences: Perspectives of adults engaged in weight management across six countries. *PLoS ONE.* 2021;16(6):e0251566.
- Puhl RM & Heuer CA. The stigma of obesity: A review and update. *Obesity.* 2009;17(5):941-964.
- Sabin JA, Marini M, Nosek BA. Implicit and explicit anti-fat bias among a large sample of medical doctors by BMI, race/ethnicity and gender. *PLoS One.* 2012;7(11):e48448.
- Puhl RM, Peterson JL, Luedicke J. Parental perceptions of weight terminology that providers use with youth. *Pediatrics.* 2011 Oct;128(4):e786-e793.

## Page 03

- Puhl, R. [Weight stigma and bias: What can we do to improve care?](#) Presentation at the Let's Go Annual Obesity Conference 2021.

---

# References

## Page 04

- Puhl RM, Phelan SM, Nadglowski J, Kyle TK. Overcoming weight bias in the management of patients with diabetes and obesity. *Clin Diabetes*. 2016;34(1):44-50.
- Puhl R, Peterson JL, Luedicke J. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obes*. 2013;37(4):612-619.
- Puhl RM, Peterson JL, Luedicke J. Parental perceptions of weight terminology that providers use with youth. *Pediatrics*. 2011;128(4):e786-e793.
- Pont SJ, Puhl R, Cook SR, et al., SECTION ON OBESITY, THE OBESITY SOCIETY; Stigma experienced by children and adolescents with obesity. *Pediatrics*. 2017;140(6): e20173034.

## Page 05

- Sue DW. [Microaggressions: More than just race](#). *Psychology Today*. 2010.
- Browne NT, Hodges EA, Small L, et al. Childhood obesity within the lens of racism. *Pediatric Obesity*. 2022;17:e12878.
- MP Associates, Center for Assessment and Policy Development, and World Trust Educational Services. [Racial Equity Tools Glossary](#). 2021.
- Schafer KJ. [Weight-based microaggressions experienced by obese women in psychotherapy](#). UNLV Theses, Dissertations, Professional Papers, and Capstones. 2014;2215.

## Page 06

- University of Connecticut Rudd Center for Food Policy & Health. [Creating a comfortable and welcoming office environment for patients with high body weight](#). 2020.

## Page 12

- University of Connecticut Rudd Center for Food Policy & Health. [Weight bias at home and school](#). 2009.