Addressing Stigma and Bias in Caring for Patients with Obesity

Module 4

FORWARD
FOCUS ON OBESITY EDUCATION

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The goal of FORWARD is to present a complete, accurate, non-promotional and fair-balanced picture of the current state of obesity. FORWARD is intended to inspire the development of obesity education in clinical professional schools, ensuring adequate training of future healthcare providers on the diagnosis and management of obesity. By choosing to access and browse this module of FORWARD, you acknowledge that you have read, understand and agreed to the FORWARD Terms of Use. If you do not agree with the FORWARD Terms of Use, you are not permitted to further access this module and should immediately discontinue your use.

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Content current as of September 2025

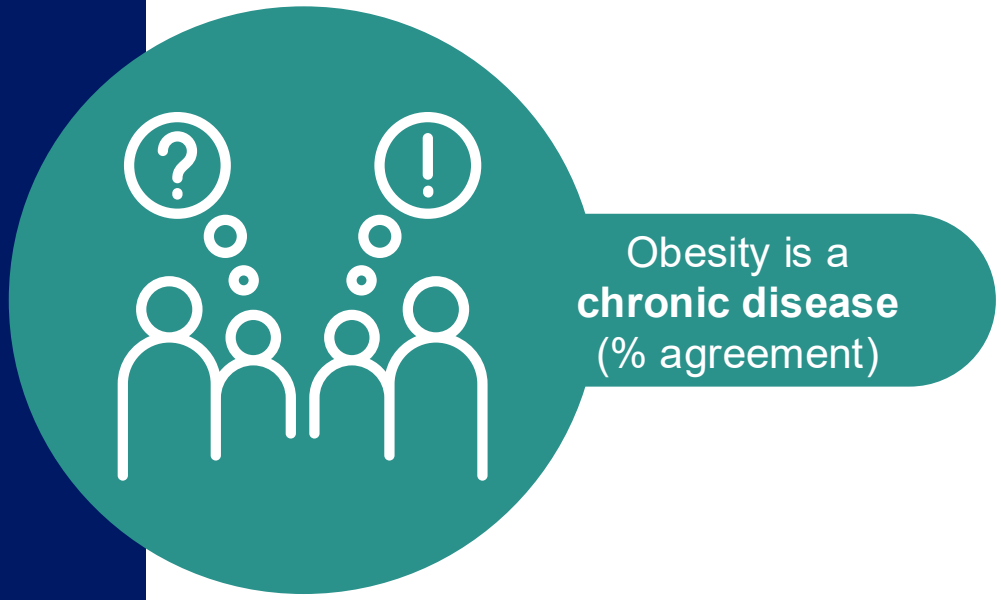
Learning outcomes

After completing this module, the learner will be able to:

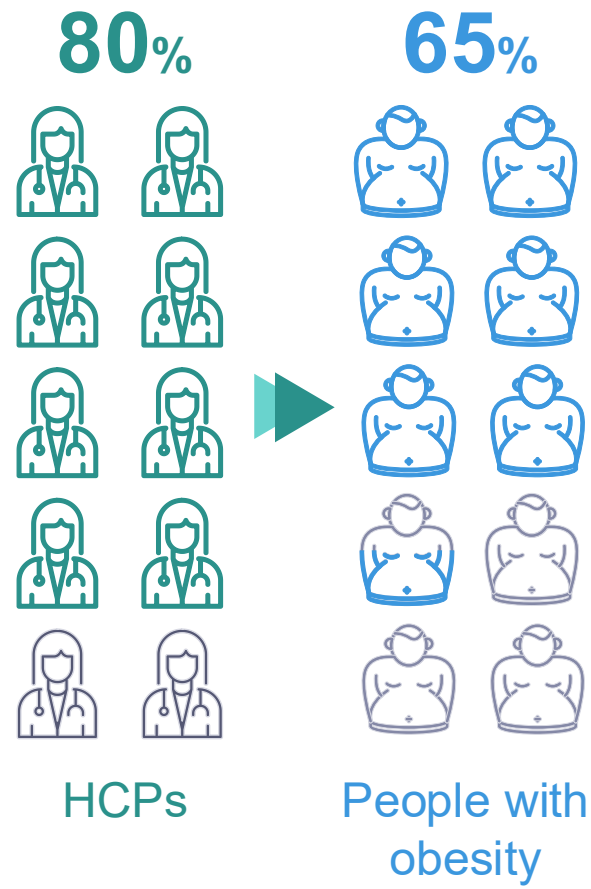
- Recognize weight stigma and bias as a barrier to providing appropriate care to patients with obesity
- Understand the impact of implicit and explicit bias against obesity in the healthcare setting
- Use unbiased, non-judgmental, empathetic, and respectful verbal and non-verbal language when communicating with patients with obesity and their family members
- Advocate for accommodations that are respectful and free of weight bias

Estimated time to complete: **15** min

Perception of obesity



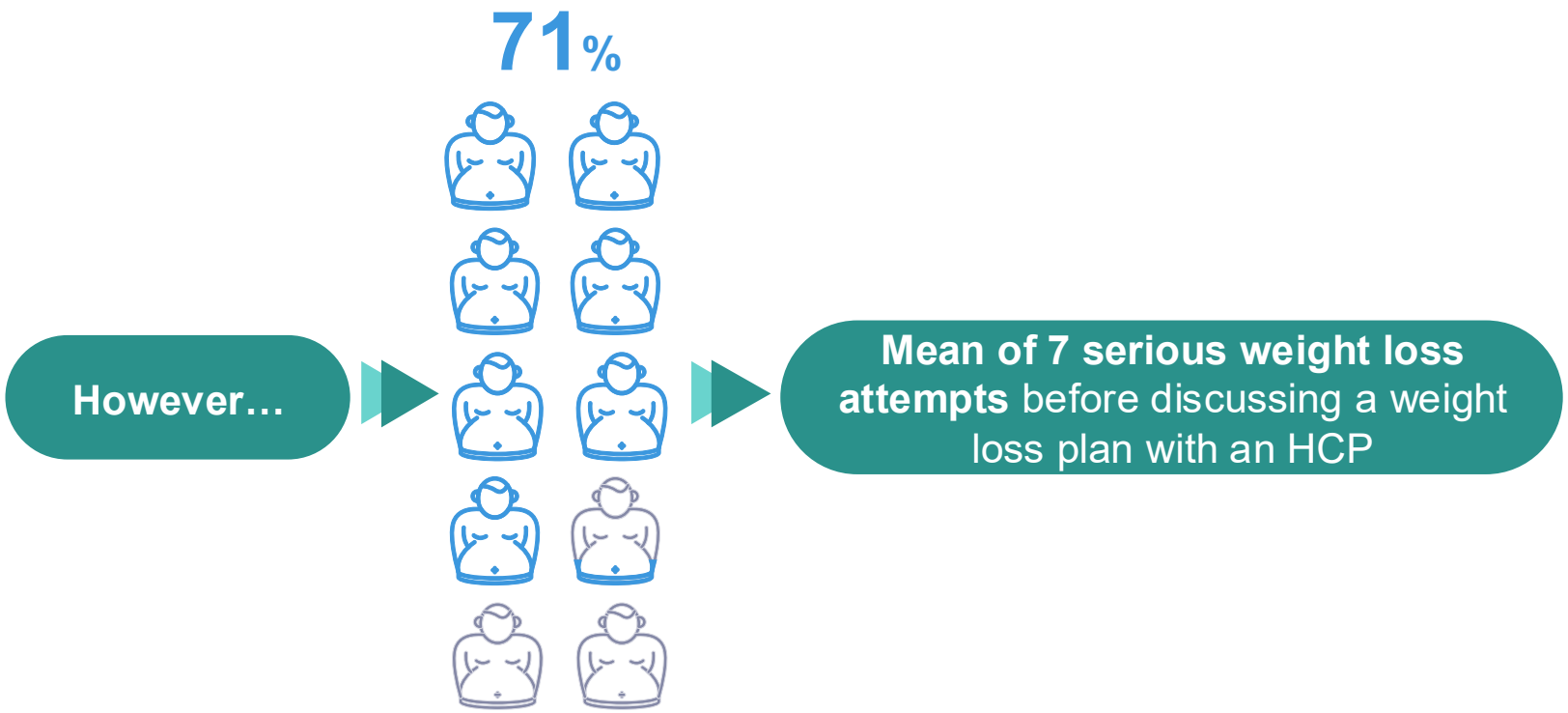
Obesity is a **chronic disease** (% agreement)



HCP, healthcare professional.

Kaplan LM et al. Obesity (Silver Spring) 2018;26:61–69.

Perception of obesity



HCP, healthcare professional.

Kaplan LM et al. Obesity (Silver Spring) 2018;26:61–69.

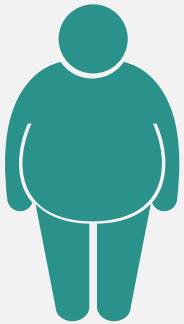
Weight bias

Weight bias is defined as negative ideologies associated with excess body weight[1]

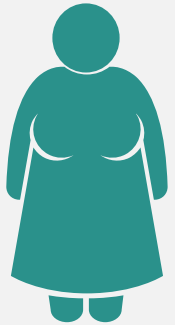


Weight bias ranks just below race, gender, and age as the **4th most common form of discrimination** in the United States[2]

5% *and* **10%**



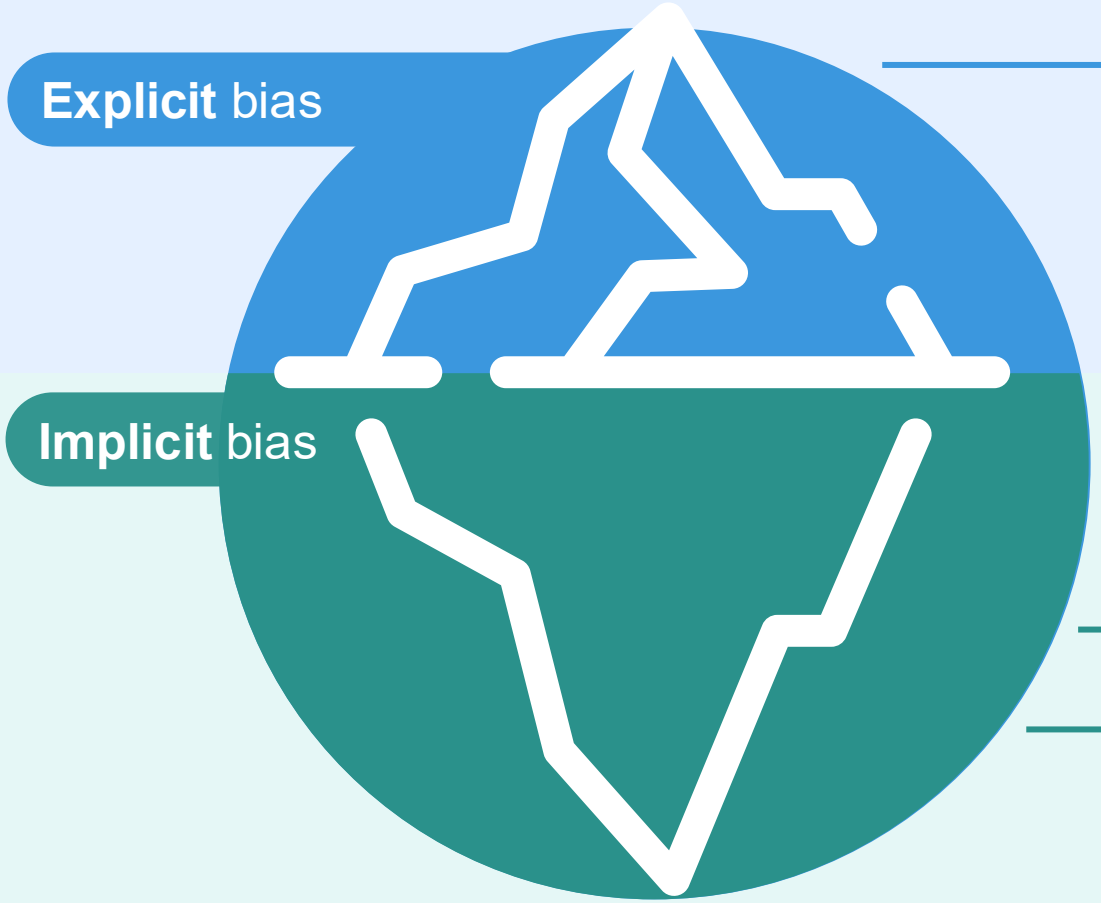
of men and women with obesity, respectively



reported **daily or lifetime** discrimination due to weight[2]

1. Nadolsky K et al. Endocr Pract 2023;29:417–417; 2. Puhl R et al. Int J Obes 2008;32:992–1000.

Implicit vs explicit bias[1–3]



Bias within **conscious awareness** **intentionally influences** outward behavior

Unconscious attitudes & stereotypes affecting actions & decisions

Activated **without awareness or control**

Different from known **biases** a person **chooses to conceal**

1. Still C. Bariatric Times 2018;15:3; 2. Nadolsky K et al. Endocr Pract. 2023;29:417–417; 3. Kirwan Institute for the Study of Race and Ethnicity. Understanding implicit bias (2015). http://kirwaninstitute.osu.edu. Accessed August 2025.

HCP weight bias impacts care



Healthcare providers have explicit and implicit biases against people with obesity

Healthcare obesity stigma is characterized by stereotypes of laziness, and lack of discipline and willpower

Bias, stigma, and stereotyping impact:

- Access to healthcare
- Quality of healthcare provision
- Seeking healthcare

SELECT AN ITEM TO LEARN MORE

HCP, healthcare professional.

Westbury S et al. Curr Obes Rep 2023;12:10–23.

HCP weight bias impacts care



For people with obesity, misconceptions of **low competency**, **slow thinking**, **poor role models**, and **weak self-discipline** can lead to **fewer promotions**, **wage inequities**, and **wrongful job terminations**, resulting in **less access to healthcare**

Weight bias is a significant **barrier** to **healthcare utilization**

People with obesity are **less likely to schedule** healthcare encounters and are **3x** more likely to report being **denied healthcare**



Access to healthcare

Quality of healthcare provision

Seeking healthcare

SELECT AN ITEM TO LEARN MORE

HCP, healthcare professional.

Westbury S et al. Curr Obes Rep 2023;12:10–23.

HCP weight bias impacts care

Physicians reported spending close to **9 minutes less** in appointments with people with obesity (BMI 36 kg/m^2) than with people with average weight (BMI 23 kg/m^2)[1]



68%

of women with BMI >55 kg/m^2 delayed care due to bias, even with insurance coverage[2]



~60%

increased risk of mortality associated with weight-based discrimination[3]



Weight bias has been shown to affect **the incidence and progress of cancer** due to **fewer screening** mammograms, colonoscopies, and annual pelvic exams[4]

Access to healthcare | **Quality of healthcare provision** | Seeking healthcare

SELECT AN ITEM TO LEARN MORE

BMI, body mass index; HCP, healthcare professional.

1. Hebl MR and Xu J. Int J Obes 2001;25;1246–1252; 2. Amy NK et al. Int J Obes 2006;30:147–155; 3. Sutin AR et al. Psychol Sci 2015;26:1803–1811; 4. Eisenberg D et al. Surg Obes Relat Dis 2019;15:814–821.

HCP weight bias impacts care

Reasons people with obesity **avoid care**



Access to healthcare | Quality of healthcare provision | **Seeking healthcare**

△

SELECT AN ITEM TO LEARN MORE

HCP, healthcare professional.
Amy NK et al. Int J Obes 2006;30:147–155.

Weight stigma

Weight stigma refers to prejudiced, stereotyped, and discriminatory views and actions towards people with obesity, often fueled by inaccurate ideologies about the causes of obesity[1]



DEVALUATION

DISCRIMINATION

MOCKERY[1–4]

"Labeling individuals as '**obese**' creates negative feelings toward **individuals with obesity** and perpetuates weight bias. It is time to recognize the **importance of people-first language** and the influence it has on people who are affected by obesity"[4]

In all written communication, use non-stigmatizing, people-first language (i.e., patients with obesity vs obese patients)

1. Westbury S et al. Curr Obes Rep. 2023;12:10–23; 2. Pearl L et al. Obesity 2017;25:317–322; 3. Phelan SM et al. Obesity Reviews 2015;16:319–326; 4. Obesity Action Coalition. Weight bias: People-first language (2023). https://www.obesityaction.org/wp-content/uploads/1033162_FirstPersonOne-Pager01_041921.pdf. Accessed August 2025.

Patients who experience weight stigma have both adverse behavioral and physiological effects

1.5x higher distress over body image[1,2]



2.4x more likely to have a major depressive episode[3]

3.4x more calories consumed[4]



1.4x lower score on self-efficacy scale* for dietary control[5]

1.4x increased BP[6]



2.3x more likely to avoid exercise[7]

*Self-efficacy scale assessed confidence on the following questions: "Could you control what you eat; avoid eating unhealthy food that you like; avoid unhealthy foods every day; stick to your diet even when you are hungry; and avoid giving in to temptation to break a diet if offered tempting foods?"

BP, blood pressure.

1. Puhl M et al. Clin Diabetes 2016;34:44–50; 2. Phelan SM et al. Obesity Rev 2015;16:319–326; 3. Hatzenbuehler ML et al. Obesity (Silver Spring) 2009;17:2033–2039;
4. Schvey NA et al. Obesity 2011;19:1957–1962; 5. Major B et al. J Exp Soc Psychol 2014;51:74–80; 6. Major B et al. Soc Psychol Personal Sci 2012;3:651–658;
7. Vartanian LR and Novak SA. Obesity 2011;19:757–762.

Weight stigma impacts quality of care



Worse patient outcomes when HCPs provide less patient-centered care[1]



of patients achieved **≥10%** weight loss if they **did not perceive judgment** by their HCP

VS



who perceived judgment[2]

HCP, healthcare professional.
1. Puhl M et al. Clin Diabetes 2016;34:44–50; 2. Gudzune KA et al. Prev Med 2014;62:103–107.

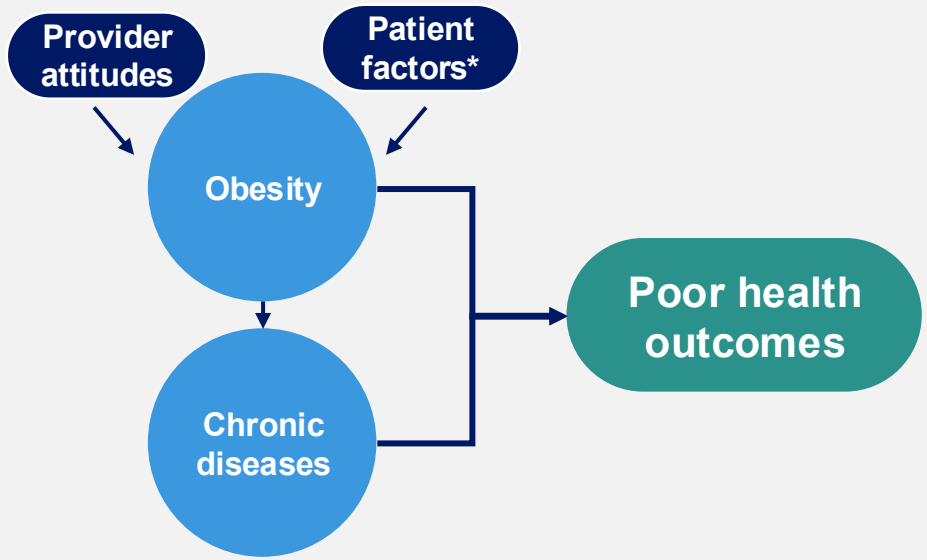
Potential impact of intersectionality with race and weight bias contributing to poor health outcomes

Underlying risks for disparities in obesity prevalence among non-Hispanic Blacks, Native Americans, Asian and Pacific Islanders, and Hispanics[1,2]

Social determinants of health

- Lower high school graduation rates
- Higher rates of unemployment
- Higher levels of food insecurity
- Poor access to healthy food
- Less access to convenient places for physical activity
- Targeted marketing of unhealthy foods
- Poor access to healthcare or referrals

Bias and stigma



This data on this slide are in reference to the United States. *Patient experiences (i.e., psychological, stress) due to weight stigma and bias.

1. Centers for Disease Control and Prevention (CDC). Racial and ethnic disparities in adult obesity in the United States: CDC's tracking to inform state and local action (2019). https://www.cdc.gov/pcd/issues/2019/18_0579.htm. Accessed August 2025; 2. Westbury S et al. Curr Obes Rep 2023;12:10–23.

Medical societies' recommendations for addressing obesity



- Advance **equitable access** to obesity care
- Utilize **physician education**, advocacy, and partnerships to advance a stigma-free culture with **evidence-based treatment options**
- Promote education on obesity science and **compassionate care** to empower HCPs to better address social drivers of heath
- Destigmatize obesity through empathy and **patient-centered language**
- Advocate for **coverage of obesity treatment** through the Treat and Reduce Obesity Act or other proposed legislation

AACE, American Association of Clinical Endocrinology; ACP, American College of Physicians; AMA, American Medical Association; AMWA, American Medical Women's Association; HCP, healthcare professional.

1. Nadolsky K et al. Endocr Pract 2023;29:417–417; 2. American College of Physicians (ACP). https://www.acponline.org/acp-newsroom/american-college-of-physicians-announces-initiative-to-advance-equitable-access-to-obesity-care. Accessed August 2025; 3. American Medical Association (AMA). https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2Fdirectives.xml-0-1498.xml. Accessed August 2025; 4. American Medical Women's Association (AMWA). https://www.amwa-doc.org/wp-content/uploads/2022/12/The-Impact-of-Obesity-on-Women-Final-12-5-22.pdf. Accessed August 2025.

Principles of language in obesity care

With patients, use language (including tone and non-verbal gestures) that is:



Free from judgement or negative connotations

"It is not unusual for people not to lose weight immediately; It's hard work that your body is fighting"

"It sounds as though your weight is really hard to manage at the moment"

Person-centered

"What thoughts have you had yourself about your eating?"

Collaborative and engaging

"Let's talk together about the different options and then see what you think would suit you best"

How clinicians can open a conversation about obesity with patients

"Would it be alright to discuss your weight today?"

"Would you like to talk about your weight, and how it may be impacting your *[choose one of the following]* energy level, diabetes, hypertension, sleep apnea, etc.?"

"Obesity is a chronic disease caused by metabolic dysfunction. It is not your fault, and I am here to support you"

Obesity UK. Language matters: Obesity (2020). https://icpobesity.org/wp-content/uploads/2021/10/Obesity-UK-Language-Matters-2020.pdf. Accessed August 2025.

Patient-centered strategies to mitigate weight stigma and bias

Emphasize benefits of healthy behaviors[1]

Nutrient-rich diets

Regular physical activity

Sleep sufficiency

Avoid stigmatizing or blaming words[1,2]

> **Obese**
>
> **Morbidly obese**
>
> **Fat**

Use "patient-first" language & be mindful of your approach[1]

> **High BMI**
>
> **Unhealthy weight**
>
> **Having obesity**

Implement sensitivity training & check materials for language & imagery[2]

> "Could we talk about your weight today?"

> "Patients with obesity, patients affected by obesity…"



Teach the biology of obesity[2]

1. Westbury S et al. Curr Obes Rep 2023;12:10–23; 2. Still C. Bariatric Times 2018;15:3.

Clinical setting strategies to mitigate weight stigma and bias

A "**weight-friendly**" clinical environment can be created with appropriate furnishings and equipment



Sturdy chairs without armrests in waiting area and consultation room



Accessible and **appropriately sized** examination tables with steps and stools



Scales designed for **weights above 180 kg** (400 lb) in a private space



Clinical supplies

Extra-large patient gowns
Large blood pressure cuffs
Longer needles for phlebotomy
Vaginal specula in bigger sizes

Establish a **zero-tolerance policy** against stereotypical language, images or humor that negatively depict patients with overweight or obesity

Ginsburg BM et al. StatPearls [Internet] 2024. PMID:35201725.

Key takeaways

1. Weight stigma and bias are inherently harmful and negatively impact treatment of obesity
2. The burden of obesity is exacerbated by racial and ethnic disparities where groups of individuals have systematically experienced greater social and/or economic obstacles to health
3. Many professional societies are advocating for equitable access to obesity care
4. HCPs who are self-aware and engage in empathetic conversations can create environments and interactions that are conducive to improvements in the care of their patients with obesity



Assessments

1 Arjun is a 43-year-old man who has recently undergone laparoscopic Roux-en-Y gastric bypass surgery. He has attended his 3 scheduled postoperative visits at 1-, 6-, and 12-weeks post-surgery. After his last visit, he expressed that he would not be returning for a further follow-up due to feeling uncomfortable with the HCPs. What weight bias could Arjun have experienced that led him to decline additional follow-up?

a. Surgeon spent additional time during appointments, offering extensive replies to Arjun's questions
b. Dietitian referred to Arjun as "having obesity," not as an "obese patient"
c. Surgeon expressed disbelief that Arjun was following the dietitian's plan, given Arjun's less-than-optimal weight loss
d. Office nurse asked Arjun's permission to obtain his weight

2 Yichen is a 37-year-old woman with a BMI of 36 kg/m^2 and complications, including hypertension and type 2 diabetes. After attending an information seminar, she decided she needed formal treatment for her obesity through sleeve gastrectomy surgery. Throughout her hospital stay, the staff constantly questioned whether she met the criteria for surgery and suggested that she was taking the easy way out. What negative effect could this weight stigma have on Yichen's weight loss journey?

a. Yichen is less likely to have depressive episodes
b. Yichen is more likely to avoid exercise
c. Yichen experiences less distress over her body image
d. Yichen exercises greater control over her diet



Assessments

3 Valentina is a 52-year-old woman who started her weight loss journey at 564 lbs (256 kg). During her pre-operative weight loss program, she was treated respectfully by the staff, but often felt ashamed and dehumanized due to the lack of accessibility in the hospital. What are some strategies to improve accessibility and comfort in healthcare environments for patients with obesity?

a. Scales with adequate capacity for people with obesity
b. Removal of reading materials that stigmatize weight
c. Weighing patients in discrete areas
d. All of the above

4 Kadeem is a 24-year-old individual who is seeing their family physician, Dr Patel, for an initial check-up. Kadeem has been gaining weight lately, largely due to stress with a hectic college life – a fact unknown to Dr Patel. Upon seeing Kadeem for the first time, Dr Patel observes that Kadeem is African American. She immediately attributes Kadeem's obesity to unhealthy eating habits that she believes are typical of African American diets. What type of bias does this example illustrate?

a. Implicit bias
b. Explicit bias
c. No bias