Weight Bias: How it Hurts and How to Help

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Premises of this Presentation

All bodies are good bodies and deserve respect and care.

The goal is the healthiest, happiest body weight that is realistic for that person.
What is Health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Socio Ecological Model of Health

https://www.uclahealth.org/sustainability/social-determinants-of-health
Commercial Determinants of Health

Physiological Influences of Obesity

- Intergenerational and hereditary risk
- Psychology and mental health
- Hypothalamus signals and structural circuits
- Genetics
- Digestive microbes
Environmental Influences of Obesity

- Food supply
- Stress
- Sleep deprivation
- Screen time and sedentary activities
- Physical environment
- Medications (20% of adults take medications that trigger obesity)
- Chemicals and plasticized air pollution
Weight Bias

Negative weight-related attitudes, beliefs, assumptions, and judgments toward individuals who are overweight and obese.
Prevalence

➢ Starts as early as 3 years old
➢ Measures equivalent to racial bias
➢ Increasing over time
➢ Almost 60% of obese adults experienced weight stigma
  • Families
  • Classmates
  • Doctors

Weight Bias =/= Promoting Health

➢ According to a survey of over 4,000 people:
  • 46% of respondents would be willing to give up at least 1 year of life rather than be obese
  • 15% willing to give up 10 or more years of life
  • 30% would rather be divorced
  • 25% would rather be unable to have children
  • 15% would rather be severely depressed
  • 14% would rather be alcoholic

Racism and Weight Bias

George Loftus, 1814, National Maritime Museum. Available at: https://www.rmg.co.uk/collections/objects/object-object-254860
Advertising and Weight Bias
Social Media

➢ 40% of teens who feel unattractive said the feelings started when using Instagram.
➢ Half of Instagram users who follow “healthy eating” accounts show symptoms of orthorexia.
➢ Instagram is engineered toward greater “social comparison” than other apps, especially with comparisons about bodies and lifestyles.

https://www.instagram.com/danaemercer/?hl=en
Airplanes

➢ Most have seats that are 17 inches wide
➢ If passengers need more room they usually have to buy a second ticket at full cost of the initial ticket
➢ Southwest Airlines allows buying an extra seat and receiving a refund after the trip is over
➢ Seats are too small for people to evacuate the plane within 90 seconds
➢ Bathrooms too small for passengers to get in and out

Employment and Pay

➢ Heavier workers are paid an average of $1.25 less per hour than their thinner counterparts.
➢ Obese workers are not given raises as often as thinner workers.

➢ The discrepancy in pay increases the heavier someone is and is more prevalent for women than for men.
➢ In one study, obese workers were denied health insurance benefits and pressured to resign due to their weight.
➢ Obese people are less likely to be hired than their thinner peers, even with comparable work experience and qualifications.

Healthcare

As a patient’s body mass index (BMI) increases, doctors report:

• less desire to help the patient;
• less respect for the patient;
• being more likely to say treating the patient is a waste of time.

Healthcare

Doctors:

- 33.3% “feel frustrated with patients who have obesity;”
- 27.8% “feel that patients with obesity are often noncompliant;”
- 18% “feel disgust when treating a patient with obesity.”

Weight Cycling or Yo-Yo Dieting

- Weight loss and maintenance anywhere from 5%-20% of people.
- With weight loss, typical to have lowest weight six months after start, increasing at the 1-year mark, and then regain.
- Weight cycling increases risk of binge eating and:
  - Higher mortality
  - Risk of osteoporotic fractures
  - Gallstone attacks
  - Loss of muscle tissue
  - Hypertension

Eating Disorders

1. Do you make yourself **sick** because you feel uncomfortably full?
2. Do you worry that you have lost **control** over how much you eat?
3. Have you recently lost more than **one stone** (14 lbs) in a 3-month period?
4. Do you believe yourself to be **fat** when others say you are too thin?
5. Would you say that **food** dominates your life?
How Can We Help?

Patients taught acceptance-based strategies showed:

• improvements in body mass;
• increased quality of life; and
• decreased psychological distress.
How Can We Help?

➢ Body-neutral or body-positive images and media

➢ Provider education on the genetic, social and environmental causes of obesity

➢ Anti-discrimination legislation
Source: Marynak K & Cohen JE, manuscript under review
➢ **Weight inclusivity:** Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

➢ **Health enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional and other needs.

➢ **Eating for well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

➢ **Respectful care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

➢ **Life-enhancing movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.
Can I be fat in peace?

Resources

- Maintenance Phase podcast (NSFW but hilarious)
- *What We Don’t Talk About When We Talk About Fat* by Aubrey Gordon
- *Fearing the Black Body: The Racial Origins of Fatphobia* by Sabrina Strings
From a fat person’s perspective, the “war on obesity” is a war on fat people. It’s a license to bully, shame, and ostracize fat people and deny us employment, medical care, and even ordinary family life because we don’t look right. Fat people, proclaimed by medical authority to be the enemy and identifiable on sight as outsiders, are made into targets for all kinds of free-floating anger. For example, I am apparently sucking away people’s tax dollars via my fat, and it’s also my fault that men expecting to fantasize about every woman they see on the street encounter my distasteful fatness instead. But no matter how many times we get told that we are wrong just for existing, we go on existing, in public even. How dare we?

- Jennifer Hansen


Citations

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Thank you!

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