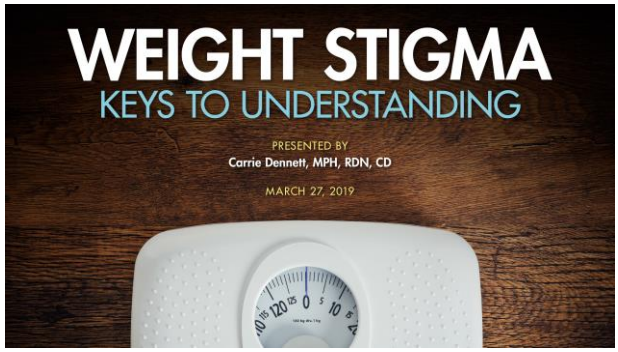


Learning Objectives

After completing this continuing education course, nutrition professionals should be able to:

1. **Better** evaluate research on weight and health.
2. **Use non-stigmatizing language** in written and oral communications.
3. **Demonstrate an understanding** of the impact of external and internalized weight stigma.
4. **Identify** personal weight-based biases and stereotypes.
5. **List resources** for further education on weight stigma.

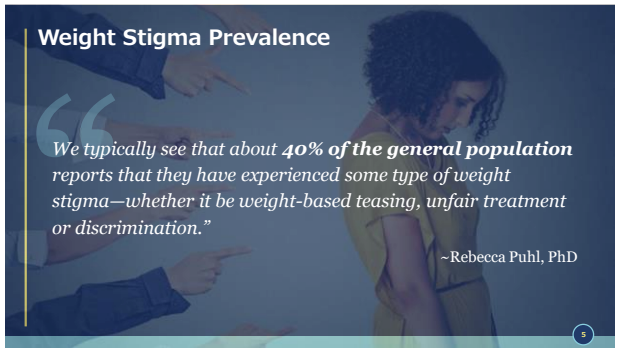
2

Disclosures

- No disclosures

3

PREVALENCE & IMPACT



Weight Stigma Impact

- Being the target of weight stigma increases the risk of depression, anxiety, poor self-esteem, suicidal thoughts and behaviors, and eating disorders.
- These associations happen regardless of BMI, so it is unlikely that body weight itself is a cause.

Papadopoulous et al (2015)

7

What is Weight Stigma?

Bias vs. Stigma vs. Discrimination

1

Weight Bias
Negative, prejudiced attitudes towards/ beliefs about weight

2

Weight Stigma
Directing that prejudice towards individuals based on their weight

3

Weight Discrimination
Overt behavioral manifestation of weight bias

9

Weight Stigma

Labeling, stereotyping, ostracizing, status loss and discrimination that may be:

- Embedded in institutions, governments and the broader society (structural/institutional)
- Perpetuated by others, including friends, family, co-workers or strangers (external)
- Internalized and enacted by the self (internalized)

10

Pressure to Conform

The driving force behind weight stigma is to motivate individuals who don't meet personal or societal ideals for body size to alter their behavior to avoid this lack of conformity and the stigma itself.

However, this is not the usual outcome.

Stuber et al (2008)

11

Health Effects of Weight Stigma

Psychosocial Effects

- Increased risk of depression and anxiety
- Poor body image
- Lower self-esteem
- Increased stress
- Disordered eating behaviors
- Avoidance of physical activity

Puhl et al (2017) Muenning (2008), Papadopoulous et al (2015), Hayward et al (2018)

13

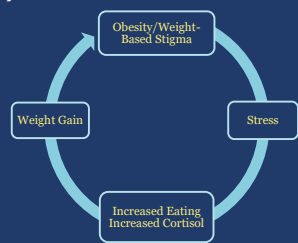
Dysregulated Eating

- More common in marginalized groups
  - Racial/ethnic minorities
  - People with low SES
  - Women
  - LGBTIQA+ individuals
  - Individuals with higher body weights
- Includes emotional eating and binge eating
- May explain why binge eating treatment fails

Mason et al (2019), Hunger et al (2015)

14

Cyclic Obesity/Weight-based Stigma Model (COBWEBS)



Tomiyama et al (2014)

15

Physical Effects

- Higher cortisol levels
- Greater oxidative stress
- Higher blood pressure
- Higher systemic inflammation and CRP
- Visceral fat accumulation
- High-risk health behaviors

Himmelstein et al (2015), Muenning P (2008),Papadopoulous et al (2015), Sutin et al (2017), Wu et al (2017)

16

Physical Effects

1

Even after adjusting for BMI and sociodemographic risk factors, the experience of weight stigma is associated with multiple chronic medical conditions.

2

Weight dissatisfaction is a major driver of unhealthy dieting behaviors, which are associated with adverse health-related endpoints.

Blake et al (2013), Sutin et al (2015), Udo et al (2016)

17

Healthcare Avoidance

Weight bias by healthcare providers leads to:

- Canceled or delayed appointments
- Avoidance of preventive screening exams

This in turn leads to:

- Worse health outcomes
- Higher healthcare costs

Fruh et al (2016), Jung et al (2015), Ridolfi et al (2013), Secord et al (2016), McGuigan et al (2015)

18

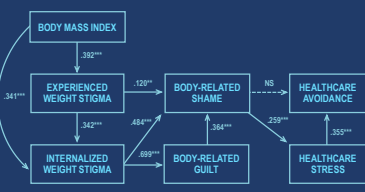


Fig. 2. Standardized path coefficients for the final trimmed model. The nonsignificant path between body-related shame and healthcare avoidance was deleted.
**p < .01
***p < .001

Mensinger et al (2018)

19

JAMA: Addressing Medicine's Bias

*"According to her obituary, Ellen Maud Bennett had felt unwell for a few years before her death in 2018. But the physicians Bennett consulted couldn't see past the extra pounds she carried. '**If she'd only lose weight, she'd feel better,' they told her**. Finally, a physician must have suspected another reason for her malaise, because Bennett was diagnosed with advanced-stage cancer just days before her death at age 64 years."*

~ Rita Rubin, MA, February 20, 2019

Internalized Weight Stigma

External vs. Internal

- 1 External weight stigma is perpetuated by others
- 2 Internal (or internalized) weight stigma is self-directed
  (i.e., someone accepts weight-based stereotypes to be true about themselves)

22

Internalized Weight Stigma

- Stronger predictor of poor health
- Can lead to unhealthy eating behaviors
- Can contribute to eating disorders
- Worsened by failed weight loss attempts
- May not improve with weight loss

Jung et al (2017), Kahan et al (2017, Pearl et al (2014/2016/2017/18), Puhl et al (2010)

23

Why Weight Stigma is Different

- Internalization
- Little group "protection"
- Social acceptability
- Exacerbated by BED

Papadopoulous et al (2015), Puhl et al (2010)

24

Who Is Impacted By Weight Stigma?

Weight, Stigma & Health

- Intermediary between weight and poor health outcomes?
- Which health problems are due to stigma?
- Why stigma studies control for BMI
- "Unique contributing role to poor health"

Rebecca Pearl and Rebecca Puhl, written communications

26

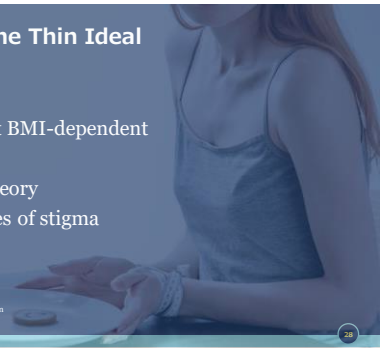
Social Determinants of Health

- Social identity threat
- Micro-aggressions
- Discrimination in jobs and education
- Access to healthcare

Blodorn et al (2016), Hunger et al (2015), Papadopoulous et al (2015), O'Hara et al (2006)

27

The Pressure of the Thin Ideal



- Weight stigma is not BMI-dependent
- Fear of weight gain
- Modified labeling theory
- Vicarious experiences of stigma

Blodorn et al (2016) Hunger et al (2015/2018), Mason et al (2019), Schvey et al (2015)

28

Sources of Weight Stigma

Implicit vs. Explicit Bias

- Explicit attitudes are conscious
- Implicit attitudes are unconscious (but still affect our actions)
- Both types of bias coexist
- Project Implicit: Implicit Associations Test

Alberga et al (2016), Wu et al (2017), Fitzgerald et al (2017)

30

Healthcare Providers: Doctors

- One of the biggest sources of weight stigma
- Stereotypes → lack of patient trust
- Primary care guidelines
  - BMI >30 → automatic weight loss intervention even for issues unrelated to body weight
  - Does this do more harm than good?

Dollar et al (2017), Fruh et al (2016), Puhl et al (2006/2013), Tylka et al (2014)

31

Healthcare Providers: Dietitians

2015 Systematic Review:

- RDs and dietetic students tend to have less-negative attitudes than the public
- But, 6 of 8 studies found some degree of weight bias against people with "obese" BMIs
- 4 studies found that RDs viewed weight as personal responsibility

Jung et al (2015)

32

Friends & Family

- One of the most common types of stigma is inappropriate comments from family members.
- Stigma experienced from family members is significantly associated with behaviors that work against health.

Papadopoulous et al (2015), Puhl et al (2006)

33

Friends & Family

Having "fat friends" will:

- Erode your eating habits.
- "Normalize" higher body weights.
- Cause you to gain weight.

The subtext? People in larger bodies should be ostracized.

O'Hara et al (2018), Swinburn et al (2019)

34

Education & Employment

Despite being just as intelligent and qualified, people in larger bodies are:

- Less likely to get higher education
- More likely to have to pay their own college tuition
- More likely to be refused letters of recommendation from teachers
- Less likely to be hired or promoted

O'Hara et al (2018), Swinburn et al (2019)

35

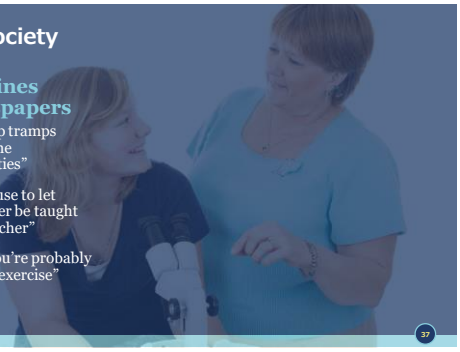
Media & Society

- **Emphasis** on personal responsibility
- **Portrayal** of larger bodies as lazy or gluttonous
- **Constant** "obesity epidemic" messages
- **Sensationalist** or miscommunicated research

Fruh et al (2016), Phelan et al (2008), Sikorski et al (2011), Swinburn et al (2019)

36

Media & Society



2017 Headlines in UK Newspapers

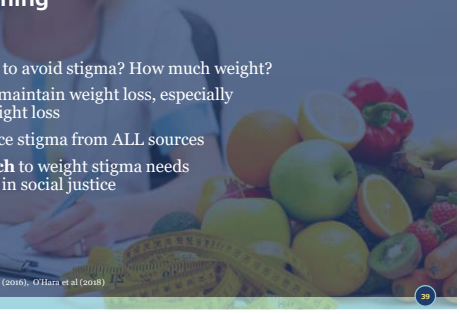
- "Heffalump tramps will clear the NHS of fatties"
- "Why I refuse to let my daughter be taught by a fat teacher"
- "Obese? You're probably too lazy to exercise"

Flint et al (2018)

37

Weight Stigma as a Social Justice Issue

Victim Blaming



- **Lose weight** to avoid stigma? How much weight?
- **Few people** maintain weight loss, especially significant weight loss
- **Need** to reduce stigma from ALL sources
- **The approach** to weight stigma needs to be founded in social justice

Alberga et al (2016), Nutter et al (2016), O'Hara et al (2018)

39

Victim Blaming

"In a bitter twist of irony, there is evidence of a direct causal pathway from weight stigma to weight gain, with or without changes in eating behavior as a mediator, which demonstrates that the adipophobicogenic environment is itself an 'obesogenic' environment: a fat-hating environment makes people fat."

O'Hara et al (2018)

40

Impact of the "War on Obesity"

- Public health campaigns may have opposite effect
- Stigmatizing language
  - "Childhood obesity is child abuse"
  - "Chubby kids may not outlive their parents"
- Stereotypical and stigmatizing imagery

Papadopoulous et al (2015), Pearl et al (2015), Puhl et al (2013)

41

Framing Weight Stigma

Is weight stigma a problem because it creates a barrier to weight loss?

- Obesity research POV
- Weight stigma research POV

Fruh et al (2016), Rebecca Pearl and Rebecca Puhl (written communications)

42

Weight Stigma in Obesity Research

- Inferring causality based on correlations
- Failure to address weight stigma as a confounder in weight/health studies
- Separation of stigma research and obesity research

43

What Dietitians Can Do?

Look Inward, With Compassion

- Examine your personal beliefs and biases
- Be prepared to be uncomfortable (it will be OK!)
- Pair newfound awareness with non-judgment
- Remember that you are human, and humans are fallible
- When you know better, do better

45

Consider Diet Culture vs. HAES®

- We all swim in the waters of diet culture
- Contemplate how you feel about your own body
- Investigate Health At Every Size®
- Change focus to changing health behaviors rather than changing weight

46

Reading Obesity Research

Use a nuanced and critical eye:

- Do the authors conflate correlation and causation?
- Do they factor in cardiorespiratory fitness?
- What is the length of follow up?
- What are the health endpoints?
- Do they assess for internalized weight stigma?

47

Perils of Person-First Language

- The word "obesity" is stigmatizing, period
- Use neutral terms, like "weight" and "higher weight"
- Do you even need to discuss size?
- Ask your patient what words *they* prefer!

Meadows et al (2016)

48

Weight Stigma in Dietetics Education & Practice

Fitting the "RD Image"

- There's not a lot of diversity in dietetics (including size)
- RDs and students who don't fit the "thin ideal" face judgment
- This is discriminatory
- Remember, we can't judge health based on size

50

First, Do No Harm

- Move towards weigh inclusivity
- Educate yourself about the effects of weight stigma
- Offer evidence-based health intervention
- Help people get into their bodies, out of their heads
- Focus on long-term health and well-being

Bacon et al (2005), Dollar et al (2017), O'Hara et al (2018), Tylka et al (2014), Kasten (2018)

51

Reconsider Weigh-Ins

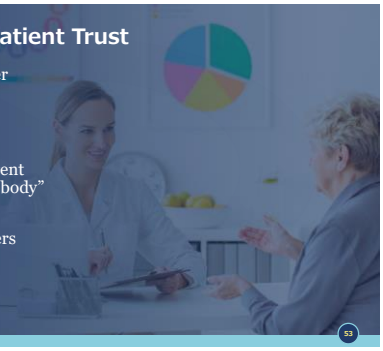
- Is a weigh-in medically necessary?
- Consider the patient's previous experiences
- Ask permission (and present options)
- Avoid praising weight loss or dissecting weight gain

52

Respect & Build Patient Trust

- Be an empathetic listener
- Assess for experiences of weight stigma and history of weight cycling
- Ask, "What will be different in your future, idealized body"
- Offer to talk to patient's other healthcare providers
- Help patient develop and set boundaries

Tomiyama et al (2018)



53

Final Thoughts

Questions for Future Research

- Cause-and-effect relationship?
- Behavioral and biological mechanisms
- This will require:
  - Long-term observational studies
  - Mechanistic studies

Papadopoulos et al (2015)

55

Where to Find Me

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Credit Claiming

You must complete a brief evaluation of the program in order to obtain your certificate. The evaluation will be available for 1 year; you do not have to complete it today.

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  and go to "My Courses" and click on the webinar title.
- Click "Take Course" on the webinar description page.
- Select "Start/Resume" Course to complete and submit the evaluation.
- Download and print your certificate

57