

Stigma, Prejudice, and Childhood Obesity

Tools to Increase Sensitivity in Health Care Delivery

Rebecca Puhl, Ph.D.



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FOR FOOD POLICY
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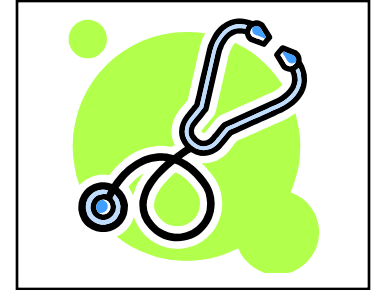
Keith Bachman, MD,FACP



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Objectives

- 🍎 **Youth as targets of weight bias**
- 🍎 **How bias affects physical & emotional health**
- 🍎 **Provider strategies to reduce weight bias**
- 🍎 **System approaches to address weight bias**



What is Weight Bias?

- 🍎 **Negative attitudes affecting interactions**
- 🍎 **Stereotypes leading to:**
 - stigma
 - rejection
 - prejudice
 - discrimination
- 🍎 **Verbal, physical, and relational forms**
- 🍎 **Subtle and overt expressions**

The Science on Weight Bias

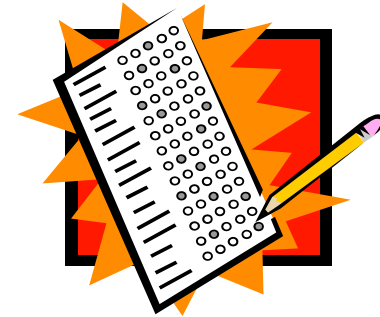
Substantial Evidence of Bias in:

- 🍎 Employment
- 🍎 Education
- 🍎 The Media
- 🍎 Interpersonal Relationships
- 🍎 Health care
- 🍎 Youth

Puhl & Brownell (2001); Puhl & Heuer (2009)

How is Bias Measured?

- 🍎 **Self-Report Surveys**
- 🍎 **Experimental Research**
- 🍎 **Population Studies**
- 🍎 **Implicit Associations Test (IAT)**



IMPLICIT ASSOCIATIONS TEST

<https://implicit.harvard.edu/implicit/demo/index.jsp>



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Word Categorization

Insects		Flowers
Bad		Good
<input type="radio"/>	wonderful	<input checked="" type="radio"/>
<input checked="" type="radio"/>	Roach	<input type="radio"/>
<input checked="" type="radio"/>	nasty	<input type="radio"/>
<input type="radio"/>	Daisy	<input checked="" type="radio"/>
<input type="radio"/>	joyful	<input type="radio"/>
<input type="radio"/>	Tulip	<input type="radio"/>
<input type="radio"/>	terrible	<input type="radio"/>

Guidelines

Go fast

Try not to make mistakes

Don't correct errors

Don't skip any items

Quick check through circle

Word Categorization

Insects Good		Flowers Bad
<input checked="" type="checkbox"/>	Wonderful	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Roach	<input type="checkbox"/>
<input type="checkbox"/>	Nasty	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Daisy	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Joyful	<input type="checkbox"/>
<input type="checkbox"/>	Tulip	<input type="checkbox"/>
<input type="checkbox"/>	Terrible	<input type="checkbox"/>

Fat Children

fat

obese

large

Thin Children

slim

thin

skinny

Good

wonderful

joyful

excellent

Bad

terrible

nasty

horrible

Stupid

dumb

stupid

dense

Smart

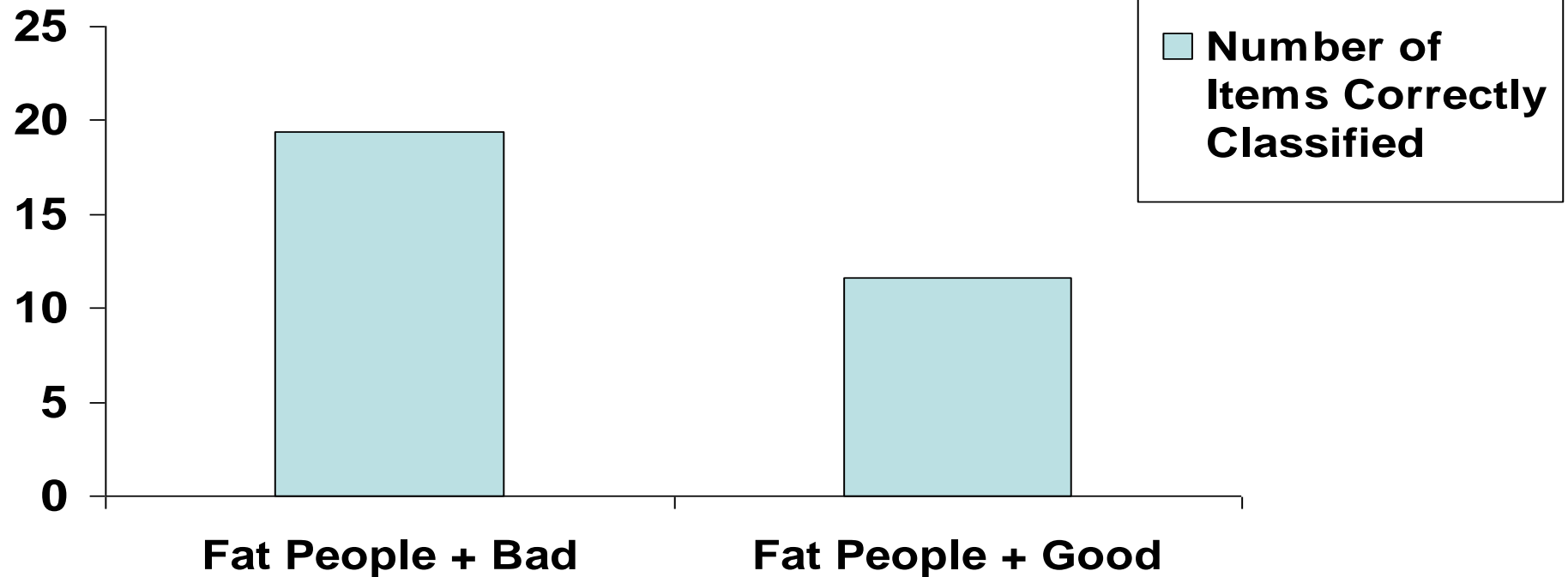
intelligent

smart

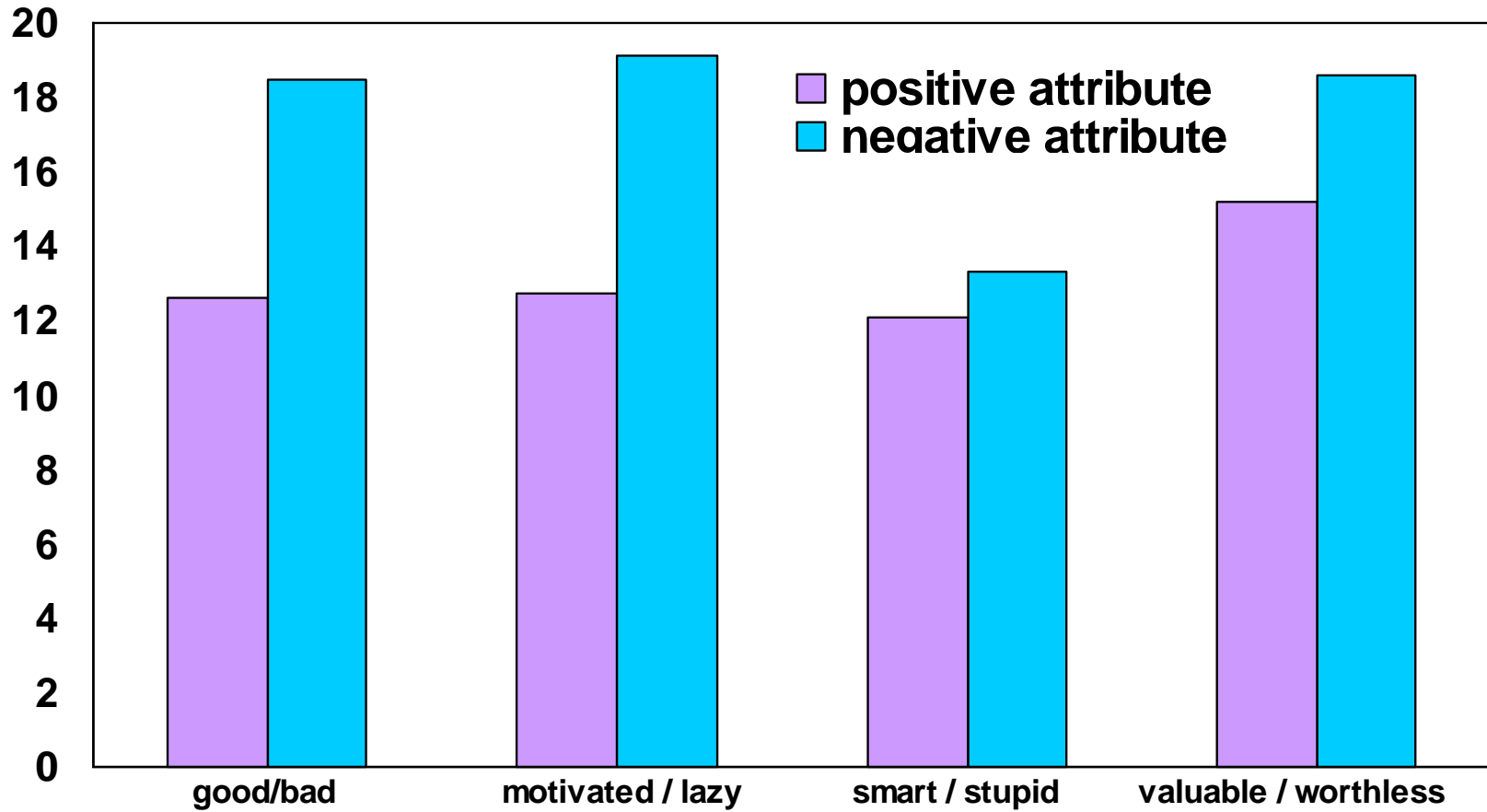
bright



Implicit Attitudes: General Population

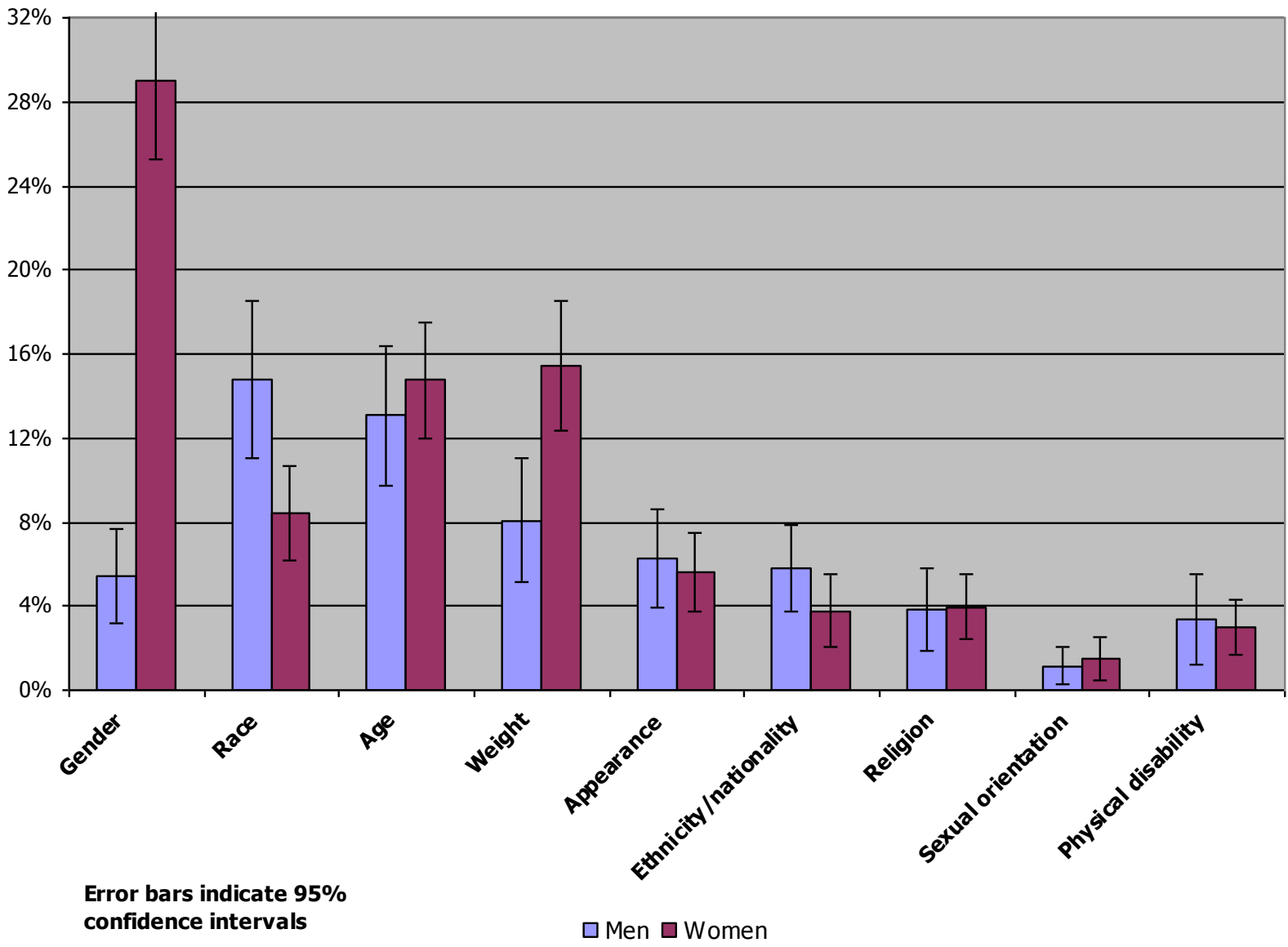


Implicit Attitudes: Health Professionals



Schwartz et al., 2003.

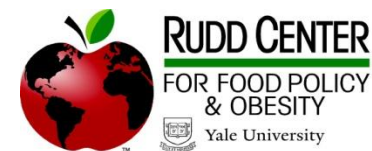
Rates of Perceived Discrimination Among Americans Aged 35-74 Data for 2004-2006



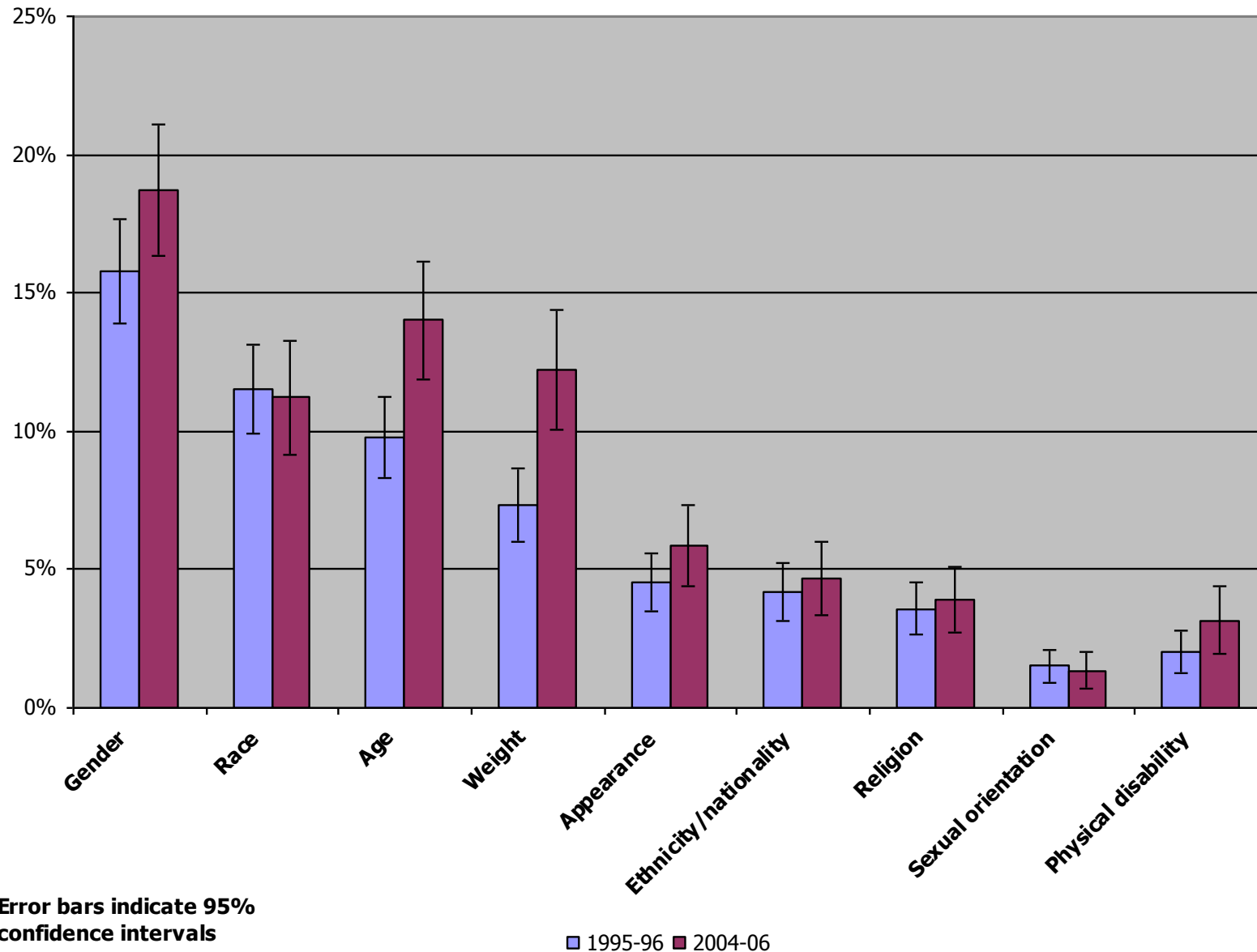
Error bars indicate 95% confidence intervals

Men Women

Puhl, Andreyeva, Brownell (2008).
International Journal of Obesity.



Trends in rates of perceived discrimination among Americans ages 35-74



Andreyeva, Puhl, Brownell (2008).
Obesity.

Error bars indicate 95% confidence intervals

■ 1995-96 ■ 2004-06

Weight bias toward Youth

Multiple forms: Verbal, Physical, Relational

Multiple sources: Peers, Teachers, Parents

Multiple consequences: Emotional, Social, Physical

Weight bias in the School Setting

- 🍎 Extensive peer victimization at school
- 🍎 Bias by teachers & school administrators
- 🍎 Bias at institutional levels



Weight Bias by Peers

🍎 **Negative attitudes begin in pre-school**

🍎 **Obese children viewed by peers as:**

lazy

stupid

ugly

unhappy

mean

having few friends

undesirable playmates



🍎 **Bias continues in high school & college**

Bauer et al., 2004; Cramer & Steinwert, 1998; Latner et al., 2005;
Neumark-Sztainer et al., 1998



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Peer Victimization

Among overweight youth, **30%** of girls and **24%** of boys are *teased at school*

Vulnerability to bias increases with body weight

Among the *heaviest* youth, **60%** report victimization

Being overweight predicts future victimization

Examples

“Kids at school would make fun of me, and kick me. It made me feel worse about myself. It has made me depressed so I just eat more.”

“All through school, kids called me names, laughed at me, tripped me, stuck pins in me to see if I would pop. It still hurts.”

“Every single minute of high school was awful. I weighed 240 pounds when I was 14. I was spit on, pinched, teased daily. I was ridiculed and had no real friends.”

“My mother took me out of kindergarten because I would come home every day crying. The kids made fun of me all day long- in class, on the playground, and on the walk home. I would be hysterical by the time I got home.”

Weight Bias by Educators

🍎 Teachers report that obese students are:

Untidy

More emotional

Less likely to succeed at work

More likely to have family problems

Poorer social, reasoning, cooperation skills



🍎 Educators have lower expectations for overweight youth than thinner students

Greanleaf & Weiller, 2005; Neumark-Sztainer et al., 1999; O'Brien et al., 2007



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Reactions of students to bias at school

🍏 **Overweight students who are aware of bias from teachers & peers:**

- **Experience emotional distress**
- **Avoid participating in PE classes**
- **Report that school anti-bullying policies are not being enforced.**

Educational Institutions

- 🍎 **Lower educational attainment**
- 🍎 **Poorer academic performance**
- 🍎 **Lower college acceptances**
- 🍎 **Wrongful dismissal from college**



Canning & Mayer, 1966; Karnehead et al., 2006; Krukowski et al., in press;
Weiler & Helms, 1993

National Education Association (1994)

“For fat students, the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment”



“From nursery school through college, fat students experience ostracism, discouragement, and sometimes violence”

Examples

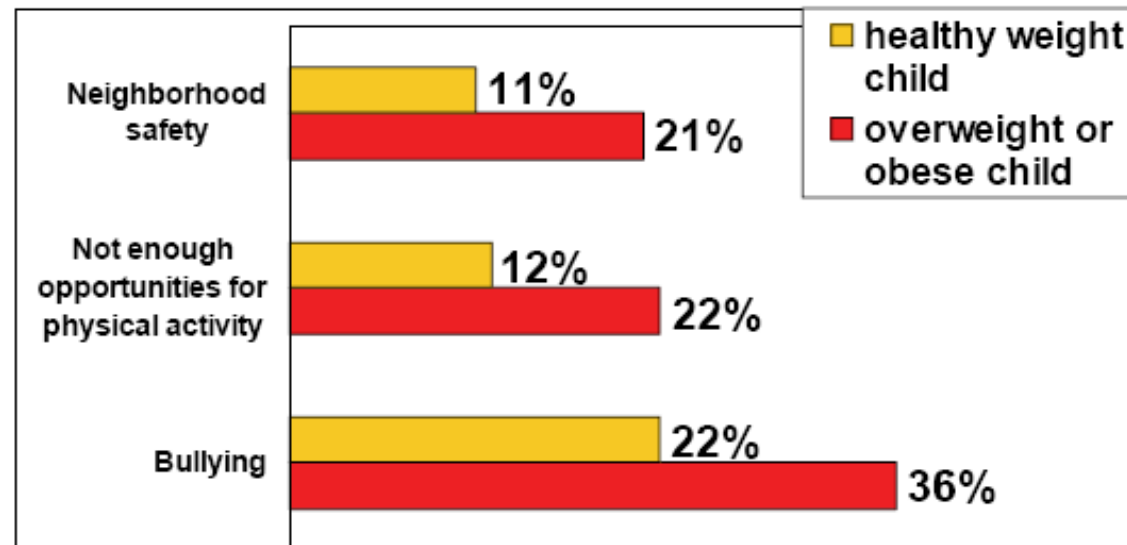
“My worst experience of being overweight would have to be one of my male teachers (who was also my softball coach) in high school constantly making fun of my weight in front of my other classmates.”

“A grade school teacher commented that I was the fattest kid in the class. I wanted to cry but didn't. From then on I was forever conscious of my size. I never wanted to get on a scale again at school.”

“When I was 8, my elementary school gym teacher saw me walking down the hall with my saxophone when I was on my way to music class, and he asked me if the case was my “lunch box” in a very rude demeanor. I was extremely upset by his remark and I went home and told my mother. She called the school principal and the teacher was put on probation because of the comment.”

Parents concerned about Weight Bias

Figure 1. Health Concerns Rated as a “Big Problem” by Parents of Children Age 6-13



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2008

Bias Expressed by Parents

- 🍎 Bias modeled at home by parents
- 🍎 Parental victimization of children
- 🍎 47% of overweight girls, 34% of overweight boys report weight bias from families

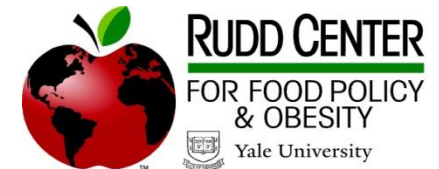


Adams et al., 1988; Crandall, 1991; 1995; Eisenberg et al., 2003

2,449 obese and overweight women

Source of Stigma	"Ever" experienced	Multiple Times
Family members	72	62
Doctors	69	52
Classmates	64	56
Sales clerks at stores	60	47
Friends	60	42
Co-workers or colleagues	54	38
Mother	53	44
Spouse	47	32
Servers at restaurants	47	35
Nurses	46	34
General community members	46	35
Father	44	34
Employers, supervisors	43	26
Sister	37	28
Dieticians, nutritionists	37	26
Brother	36	28
Teachers, professors	32	21
Authority figures (e.g., police)	23	15
Mental health professionals	21	13
Son	20	13
Daughter	18	12
Other	17	13

Puhl & Brownell, 2006



Examples

“My dad use to call me a cow as I was growing up. It still hurts.”

“I overheard my father as a young child tell my mother I was disgusting fat pig.”

“My father used to pinch my arm at dinner and call me lazy.”

“My mother told me in a loud voice at a family gathering that I should buy my clothes at the tent and awning supply store.”

“My mother told me that I won't find a boyfriend/husband being fat. She said that no one could fit their arms around me, that I was the biggest person she's ever seen, and swears I get bigger each time she looks at me.”

“My mother put little signs on the fridge – ‘little snacks make bigger slacks.’”

CHILDREN'S MEDIA

- 🍎 **In cartoons, films, television shows, and books, overweight characters are depicted as:**

Unattractive	Eating junk food
Unintelligent	Unfriendly
Unhappy	Cruel
Aggressive	Having no friends
Evil	Unpopular

- 🍎 **TV exposure predicts expressions of weight bias**

Klein & Shiffman, 2005; 2006; Herbozo et al., 2004; Robinson et al., 2008;
Harrison, 2000; Latner et al., 2007

2. Should overweight kids be taken from their parents?

Last year, three-year-old Albuquerque, New Mexico, native Anamarie Martinez-Regino, right, was taken into custody by state officials, who believed she was so overweight that her health was at risk. Should the state have intervened?

38% say yes

"Kids need their parents to manage their food consumption, and if this girl's diet is off the charts, her parents are failing her."

-SALLY, 24, TOPEKA, KANS.

62% say no

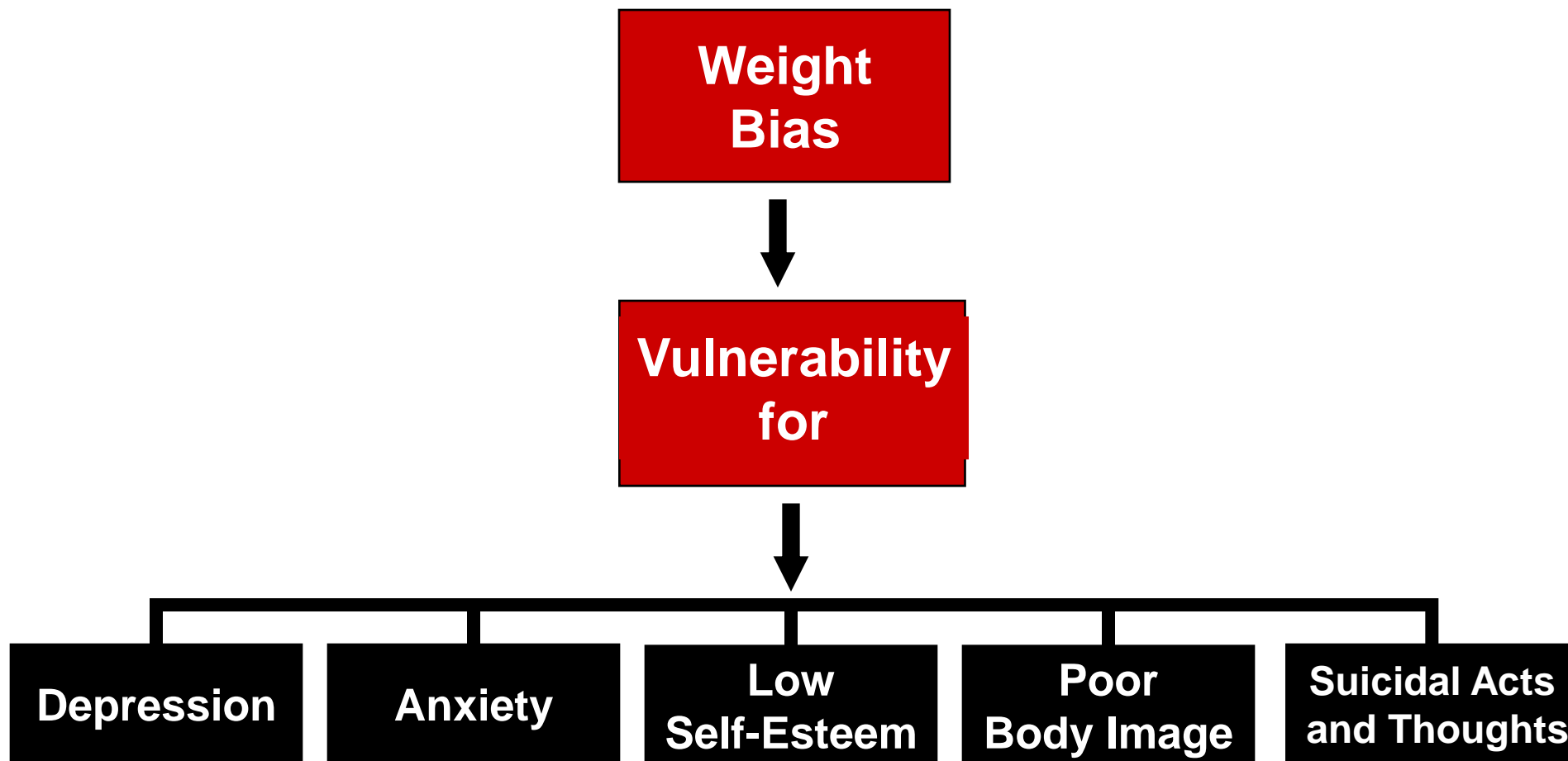
"The state should offer diet counseling rather than rip the family apart. A happy fat child seems better to me than a miserable thin one."

-JANET, 25, RALEIGH, N.C.



The Personal (and very real) Consequences

- ✓ **Psychological**
- ✓ **Social and Academic**
- ✓ **Medical**



Cattarin & Thompson, 1994; Eisenberg et al., 2003; Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Hayden-Wade et al., 2005; Lunner et al., 2000; Neumark-Sztainer et al., 2002; Shroff & Thompson, 2004; Thompson et al., 1995; van den Berg et al., 2002; Young-Hyman et al., 2003

Social and Academic Consequences

- 🍎 **Social rejection**
- 🍎 **Poor quality of relationships**
- 🍎 **Worse academic outcomes**
- 🍎 **School absences**

Gortmaker et al., 1993; Karnehed et al., 2006; Krukowski et al., in press; Pearce et al., 2002; Sargent & Blanchflower, 1994; Strauss & Pollack, 2003

Health Consequences

Unhealthy eating behaviors:

- 🍎 binge eating
- 🍎 unhealthy weight control practices
- 🍎 coping with stigma with eating more and refusing to diet

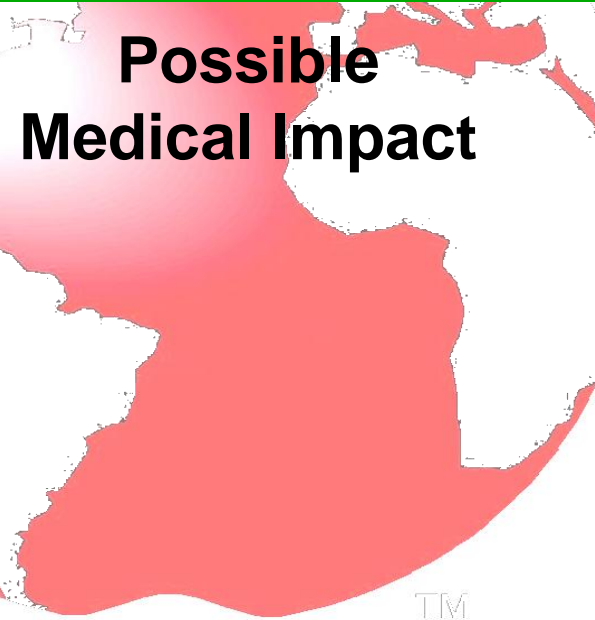
Haines, et al., 2006; Neumark-Sztainer et al., 2002; Puhl & Brownell, 2006

..more health consequences

- 🍎 **Avoidance of physical activity**
- 🍎 **Cardiovascular health**
 - elevated ambulatory blood pressure**
 - increased physiological stress**
- 🍎 **Poor quality of life overall**

Bauer et al., 2004; Faith et al, 2002; Matthews et al., 2005; Schwimmer et al., 2003, Storch et al., 2006

Possible Medical Impact



**Bias,
Stigma,
Discrimination**



**Diminished
Income,
Education**

**Reduced
Use of
Health Care**

**Poor Access
to, Delivery of
Health Care**

**Diminished
Self-Esteem,
Perceived
Inadequacy**

**Negative
Impact
on
Physiology**



**Poor
Recovery
From
Disease**

**Elevated
Risk Factors**

**Psycho-
logical
Disorders**

**Diminished
Social
Support**



**Morbidity
and
Mortality**



Weight bias documented in studies of:

- 🍎 **Physicians**
- 🍎 **Nurses**
- 🍎 **Dietitians**
- 🍎 **Psychologists**
- 🍎 **Medical Students**

Physicians view obese patients as:



- 🍎 non compliant
- 🍎 lazy
- 🍎 lacking in self-control
- 🍎 awkward
- 🍎 weak-willed
- 🍎 sloppy
- 🍎 unsuccessful
- 🍎 unintelligent
- 🍎 dishonest



Campbell et al., 2000; Fogelman et al., 2002; Foster, 2003; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987



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Physicians

Experimental Research:

Randomly assigned to view 1/6 patient vignettes that differed only by BMI and gender. Physicians rated heavier patients to be:

- *less self-disciplined*
- *less compliant*
- *more annoying*

As patient BMI increased, physicians reported:

- *liking their jobs less*
- *having less patience*
- *less desire to help the patient*
- *seeing obese patients was a waste of their time.*

Hebl & Xu, 2001



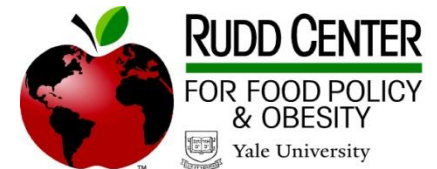
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Physicians

Using derogatory humor toward obese patients

'One attending walked into the OR and he was having a bad day...It was another obese patient, probably 350-400 pounds, a C-section, and he walked into the room, walked over to the woman (she was under) got in her face and said, "Why can't you lose some goddamn weight and make my job a little easier?" Everyone in the entire room stopped and the scrub tech said, "That was really inappropriate".'

Wear et al., 2006



Nurses



Nurses view obese patients as:

Lazy Lacking in self-control Non-compliant

In one study...

- 31% “would prefer not to care for obese patients”
- 24% agreed that obese patients “repulsed them”
- 12% “would prefer not to touch obese patients”

Brown, 2006; Bagley, 1989; Hoppe & Ogden, 1997; Maroney & Golub, 1992

Medical Students

Believe obese patients to be...

- ✓ poor in self-control
- ✓ less likely to adhere
- ✓ sloppy
- ✓ awkward
- ✓ unsuccessful
- ✓ unpleasant



Blumberg & Mellis, 1980; Keane, 1990; Wigton & McGaghie, 2001

Medical Students

Students reported that patients with cancer are “off limits” as targets for humor. Except if the cancer patient is obese:

Interviewer: “*So cancer trumps everything else? What if there were a morbidly obese cancer patient?*”

Students: “*We would still make fun of them for being obese*”.

Physicians as a Source of Bias:

A study surveying 2,449 overweight and obese women listed 22 individuals (e.g., family members, employers, doctors, educators, strangers) and asked how often they were sources of weight stigmatization.



52% reported doctors had stigmatized them on more than one occasion

2,449 obese and overweight women

Source of Bias	Ever Experienced	More than Once & Multiple Times
Family members	72	62
Doctors	69	52
Classmates	64	56
Sales clerks	60	47
Friends	60	42
Co-workers	54	38
Mother	53	44
Spouse	47	32
Servers at restaurants	47	35
Nurses	46	34
Members of community	46	35
Father	44	34
Employer/supervisor	43	26
Sister	37	28
Dietitians/nutritionists	37	26
Brother	36	28
Teachers/professors	32	21
Authority figure (e.g. police)	23	15
Mental Health Professionals	21	13
Son	20	13
Daughter	18	12
Other	17	13

Puhl & Brownell, 2006

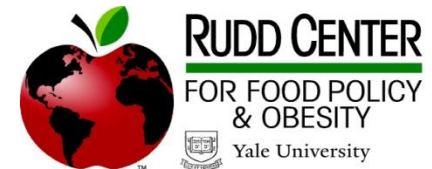


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Reactions of Patients

- 🍏 **Feel berated & disrespected by providers**
- 🍏 **Upset by comments about their weight from doctors**
- 🍏 **Perceive that they will not be taken seriously**
- 🍏 **Report that their weight is blamed for all problems**
- 🍏 **Reluctant to address weight concerns**
- 🍏 **Parents of obese children feel blamed and dismissed**

Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005



Patient Examples

"I think the worst was my family doctor who made a habit of shrugging off my health concerns...The last time I went to him with a problem, he said, "You just need to learn to push yourself away from the table." It later turned out that not only was I going through menopause, but my thyroid was barely working."

"I asked a gynecologist for help with low libido. His response "Lose weight so your husband is interested. That will solve your problem". I changed doctors after that! And I've told everyone I know to stay away from that doctor."

"I became very frustrated when a doctor disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems."

"Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation."



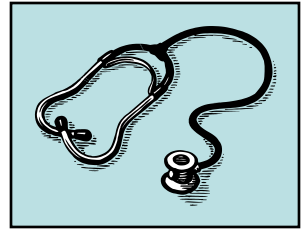
Is Care Affected?

Physician interactions with obese patients:

- less time spent in appointments
- less discussion with patients
- more assignment of negative symptoms
- reluctance to perform certain screenings
- less intervention

Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Galuska et al., 1999; Hebl & Xu, 2001; Kristeller & Hoerr, 1997; Price et al., 1987

Impact on Care



Obese patients are less likely to obtain...

- Preventive health services & exams
- Cancer screens, pelvic exams, mammograms

and are more likely to...

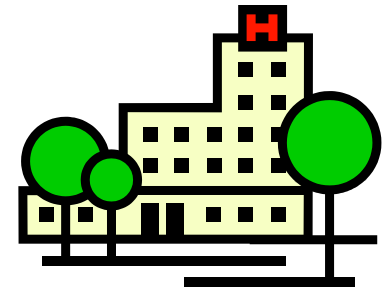
- Cancel appointments
- Delay appointments and preventive care services

Adams et al., 1993; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005; Wee et al., 2000; 2005.



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Weight Bias Contributes to Delayed Preventive Care



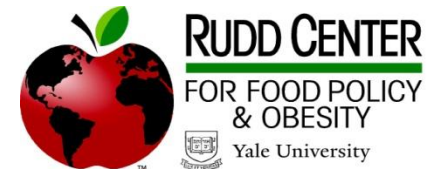
Study of 498 women:

Obese women delayed preventive services despite high access

Women attributed their decisions to:

- Disrespect from providers
- Embarrassment of being weighed
- Negative provider attitudes
- Medical equipment too small
- Unsolicited advice to lose weight

Amy et al., 2006



What can healthcare providers do?

4 practical steps identified

- 🍏 **Step 1:** Identify your personal attitudes about obese persons
- 🍏 **Step 2:** Get the facts
- 🍏 **Step 3:** Use optimal language and communication strategies
- 🍏 **Step 4:** Improve your office environment

Step 1: Identify your personal attitudes

Ask yourself:

- 🍏 How do I feel when I work with people of different body sizes?
- 🍏 Do I make assumptions regarding a child's (and family's) character, intelligence, health status, or behaviors based only on their weight?
- 🍏 Do my obese patients leave the office feeling empowered and more confident? Or otherwise?



AANS

SUMMER 2008

NEUROSURGEON

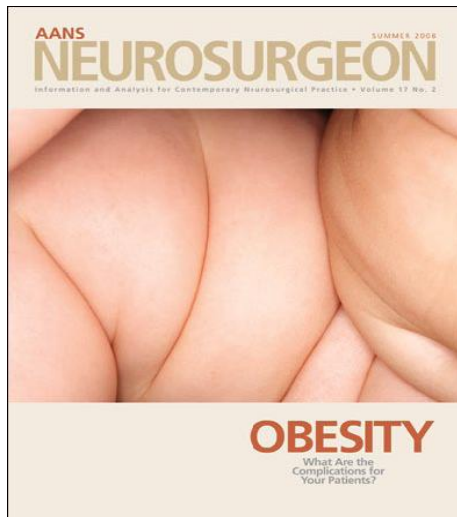
Information and Analysis for Contemporary Neurosurgical Practice • Volume 17 No. 2

What feelings
does this
image evoke?



OBESITY

What Are the
Complications for
Your Patients?



Step 2: Get the facts!

Understand and recognize that:

- 🍎 Patients and families have already had negative experiences with health professionals
- 🍎 Most patients have tried to lose weight repeatedly
- 🍎 Overweight is a product of many factors
 - Genetics and environment are paramount
- 🍎 Our environment makes lifestyle change really difficult.

Step 3: Use optimal language and counseling strategies

Talking to parents:

- 🍏 Avoid language that places blame on parents
- 🍏 Emphasize family lifestyle change and family health improvement
- 🍏 Emphasize achievable behavior goals rather than weight.

What can parents do?

Parents should be encouraged to:

- 🍏 Build self-esteem in their child
- 🍏 Avoid making disparaging or critical comments about their own body size or shape
- 🍏 Intervene if bullying present.
- 🍏 Emphasize health and a healthy family lifestyle rather than an ideal of thinness.



Talking to children

- 🍏 Research indicate neutral terms “*weight*” and “*BMI*” are preferred to more judgmental terms “*fatness*”, “*heaviness*” and “*obesity*”.
- 🍏 Consider this language:

“What words would you like to use when we talk about weight?”

Talking to children

Ask permission when broaching the topic of weight.

“Could we talk about your weight today?”

“How do you feel about your weight?”

Talking to educators

Physicians can advocate with educators to:

- 🍏 Encourage overweight students to succeed
- 🍏 Include examples of overweight role models
- 🍏 Teach weight tolerance
- 🍏 Support zero tolerance bullying policy
- 🍏 Critically examine the media portrayal of weight ideals

Step 4: Improve the Office Environment

Examine the physical office setting:

Appropriate medical equipment

Weight-friendly waiting room

Appropriate examination room



Step 4: Improve the Office Environment

Use appropriate weighing procedures

Weigh in private location

Record weight silently, free of judgment or commentary

Consider if weight is really necessary for visit

Ask patients for permission to weigh



Weighing Scripts for Nurses and Medical Assistants

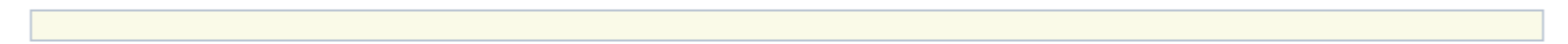
- 🍏 *“Would you like to be weighed today?”*
- 🍏 *“Do I have your permission to weigh you today?”*
- 🍏 *“Dr X likes me to ask all of his/her patients if it would be ok for me to weight and measure them. Would that be ok with you?”*
- 🍏 *“Would you prefer if I weighed you facing away from the scale?”*

Health care system approaches

- 🍏 Incorporating weight bias recognition and sensitivity into all weight management clinician and staff training
- 🍏 Development of scripts and weighing procedures to ensure sensitivity while obtaining weights
- 🍏 Working with clinic management and procurement staff to purchase size appropriate exam room equipment.
- 🍏 Emphasizing healthy behavior changes and rather than weight loss.

Conclusions

- 🍎 Weight bias is well documented in healthcare settings
- 🍎 Weight bias affects care quality
- 🍎 Careful attention to clinician communication and counseling strategies, improving the office environment, and system approaches will improve the healthcare of overweight children.



Weight Bias in Clinical Settings: Improving Health Care Delivery for Obese Patients

Course Description

Research shows that weight stigma in health care settings has a significant negative impact on obese patients' health. Recognizing that providers face complex challenges in treating their obese patients, this course is designed to help clinicians improve delivery of care for this growing patient population. This course aims to increase awareness of the sources of weight bias in health care and provides a range of practical strategies to optimize the health care experience for overweight and obese patients.



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Chelsea A. Heuer, M.P.H. – Research Associate, Yale Rudd Center for Food Policy & Obesity

This course is accredited by the Yale School of Medicine for AMA PRA Category 1 Credit™. After participating in the course, successfully taking the quiz and completing an evaluation, you will be able to print a Certificate of Credit. For more information, [click here](#).



Additional Resources

Yale Rudd Center

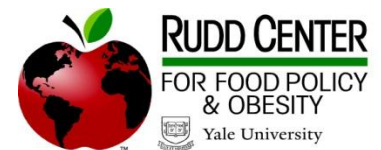
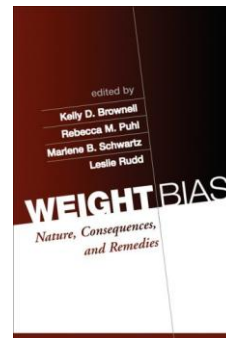
www.YaleRuddCenter.org

Weight Bias Resources for Providers

<http://www.yaleruddcenter.org/what/bias/toolkit/index.html>

“Weight Bias: Nature, Consequences, and Remedies”

Guilford Press, 2005



Thank you!

