

The Burden of Weight Bias

How the last socially acceptable bias is impacting the health of your people

Weight bias is prevalent and engrained within our society, with 42% of U.S. adults experiencing weight stigma at some point in their lives.¹ Addressing weight bias head on can feel overwhelming when it exists on so many levels—health care, workplaces, diet culture and more. But by understanding the root of weight bias and taking concrete steps, employers and health-care providers can help improve the physical and mental health of their populations.



1

Understanding weight bias

Weight bias remains one of the last socially acceptable biases. There are no federal laws and very few state laws prohibiting weight-based prejudice within the workplace. Recognizing and understanding the driving forces behind weight bias is an important step to treating obesity and obesity-related conditions.

The underlying blame game

Obesity is a complex issue, with many biological and environmental contributing factors. Yet willpower takes a disproportionate amount of blame. Stereotypes associated with obesity are laziness, lack of self-discipline, and low intelligence.² Complicating matters is that many individuals with obesity experience shame and self-blame. Seventy-nine percent of people with excess weight or obesity report eating more food as a coping mechanism for weight discrimination.³ With almost half of American adults affected by obesity,⁴ these internal and external weight biases can have a long-term impact on the health of your population.

2

Weight bias in health care

Research has shown that weight discrimination within a health-care setting is not only present, but prevalent. Weight bias within a health-care setting can lead to missed diagnoses and inadequate care.

69% of weight stigma interactions are with a physician⁵

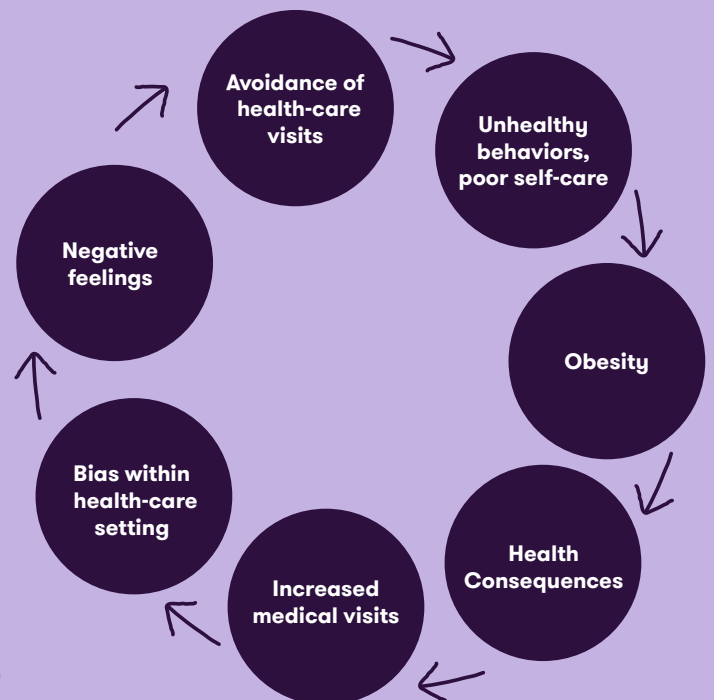
40% of health-care professionals admit to negatively reacting to patients with obesity⁶

42% of nurses prefer not to treat patients with obesity⁷

People who experience weight bias in a health-care setting are:

- Less likely to obtain preventative care and exams such as cancer screenings, mammograms, or flu vaccinations⁸
- More likely to delay or cancel appointments⁹

Feeling uncomfortable and discriminated against in a health-care setting can lead to a perpetual cycle of obesity—with serious long-term health consequences and increased associated costs.



What you can do

1

Examine the biases within your own organization: It's common for people with obesity to face discrimination in the workplace. Consider implementing solutions such as taking a weight discrimination implicit association test (IAT), comfortably sized furniture, and workplace policies that address and promote equality across all sizes.

2

Screen benefits to ensure they're weight-inclusive: It's important to ask the right questions when evaluating new and existing solutions. Do they use people-first language? Are the marketing images and materials weight-inclusive? Does the solution avoid harmful diet-culture language such as "off-limits" food, "bad" vs. "good" calories, or "cheat day"?

3

Include an integrated mental health component: Stress, anxiety, and depression can contribute greatly to unhealthy habits that lead to poor health or obesity-related disease management. Solutions that simultaneously address mental health treat the person—not the scale or condition—yielding long-lasting results.

4

Reframe to shift the focus to behavioral change: What does research find to be most effective for weight-loss solutions? Participants are more motivated to lose weight when there's no mention of obesity at all but focus on behavioral change—such as how to increase veggie and fruit consumption or replacing sugary drinks with water.

The importance of comprehensive care

Obesity is extremely complex and requires solutions that address the physical, mental, and behavioral factors. Clinically proven behavioral-change strategies can make an enormous difference in your wellness strategy. These programs, such as Wondr, can easily fit within your benefits ecosystem and make a big impact on the health of your people and your bottom line.



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Sources: 1. Lee, K. M., et al. Fat shaming in the doctor's office can be mentally and physically harmful. *International Journal of Obesity*. 2. Latner, J. D., et al. Assessment of obesity stigmatization in children and adolescents. *Obesity*. 3. Puhl RM, Brownell KD. Confronting and coping with weight stigma. *Obesity*. 4. Hales CM, et al. Prevalence of obesity and severe obesity among adults: United States, 2017–2018. *NCHS Data Brief*, no 360. 5. Puhl R, Brownell K. Confronting and coping with weight stigma: an investigation of overweight and obese adults. *Obesity*. 6. Fruh, S. M., et al. Obesity Stigma and Bias. *JNP*. 7. Maroney D, Golub S. Nurses' attitudes toward obese persons and certain ethnic groups. *Percept Mot Skills*. 8. Østbye, T., et al. Associations between obesity and receipt of screening mammography, Papanicolaou tests, and influenza vaccination. *American Journal of Public Health*. 9. Phelan, S. M., et al. A model of weight-based stigma in health care and utilization outcomes. *Obesity science & practice*.

