ECHO Diabetes
Weight Stigma

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Diabetes Project

Pre-Question - which options are correct

- Weight related stigma
  A. Is rarely present in the health care setting
  B. Helps patients better achieve lifestyle changes
  C. Usually perpetuates harmful behaviors and weight gain
  D. Is best managed by bariatric surgery

  - A
  - B
  - C
  - D
  - A & B
  - A & C
  - A, B & D

Weight Stigma/ Weight Bias

- Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size.
- Weight stigma is a result of weight bias.
- Weight bias refers to the negative ideologies associated with obesity.

Weight bias (or what many people think of as "fatphobia") perpetuates the belief that people who have overweight or obesity are lazy and lack will power

Internalized Weight Stigma

- …when a person applies negative societal or cultural beliefs about body weight to themselves (i.e., they apply a negative stereotype [e.g., *lazy, undisciplined, not worthy, less deserving of success or love*] to themselves) and engages in **self-devaluation** based on their weight

- Results in toxic stress & toxic shame *("feel less than fully human")*

- More common with higher body weights, younger age, women

Sources of Weight Stigma - Portrayal by Media

- Images used to accompany news stories frequently depict people with obesity from unflattering angles, often inactive or consuming unhealthy food.
- They invariably exploit the “shock value” of focusing on abdomens or lower bodies and excluding heads from the frame of view.
- This portrayal creates an environment where there is a lack of understanding and even a desire to shame individuals who have obesity.

Sources of Weight Stigma

- An international study found
  - **Family members** were the most common source of weight stigma
    - more than 75% of participants reporting that they had experienced weight stigma from their relatives
  - Approximately two-thirds (~66%) of all participants reported perceived negative weight bias from **health care clinicians**

Weight Stigma in the Health Care Setting

- Weight stigma in the general populations:
  - Public health research has repeatedly demonstrated that Americans attribute extra weight with *personal failure* (70% of Americans have overweight or obesity)….
- Weight Stigma in Health Care:
  - A sample of 2284 ***physicians*** showed strong explicit and implicit 'anti-fat' bias
  - Too often, ***medical students*** find it socially acceptable to mock patients who are obese.
  - And it's not just doctors…
    - study of ***dietitians and nutrition students*** and found that many displayed weight bias
    - as did ***nurses & other health care personnel***….

"Well, it's kind of his fault, right?"

"If she wasn't so lazy ..."

"That patient is so undisciplined."

"Put simply, weight stigma is a form of discrimination based on a person's body weight"

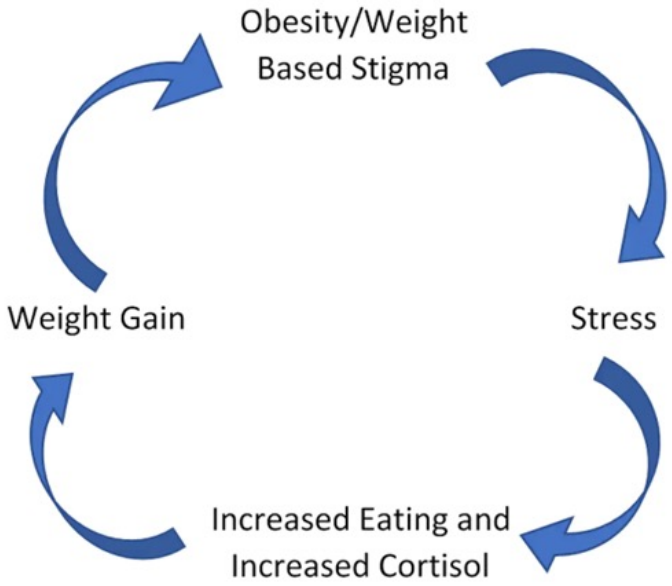
- Weight-based discrimination in the HC setting:
  - Seating, gowns & examination tables
  - Lower health care quality
    - Often provided with less health information
    - Less time spent with them
    - View them as undisciplined, annoying, and noncompliant with treatment.
    - Reluctance to perform pelvic & other exams
    - Attribute everything to obesity/focus only on their weight & overlook other health issues - missed diagnoses & treatments

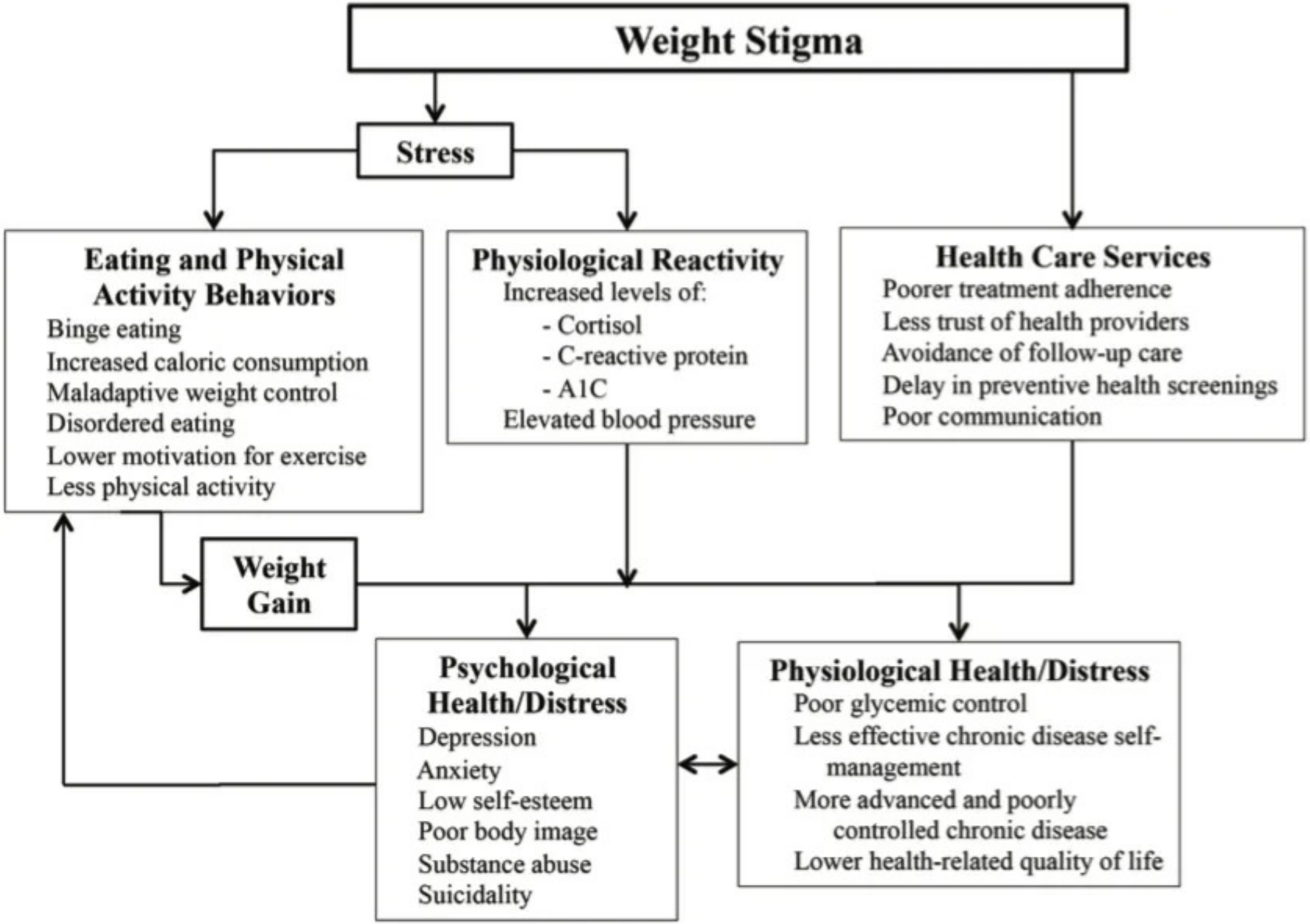
Weight Stigma in the Healthcare Setting

- Misconceptions → dismissive medical care & blame
  - most doctors still view obesity as a lifestyle choice — something that happens because patients are 'lazy' and haven't 'tried hard enough’
  - doctors can place blame on people for not losing weight to take charge of their health
  - automatically assume a patient with obesity is engaging in overeating behaviors
  - pressuring patients about their weight is simply a way of trying to motivate them to be healthier
  - weight stigma/discrimination is beneficial in encouraging weight loss

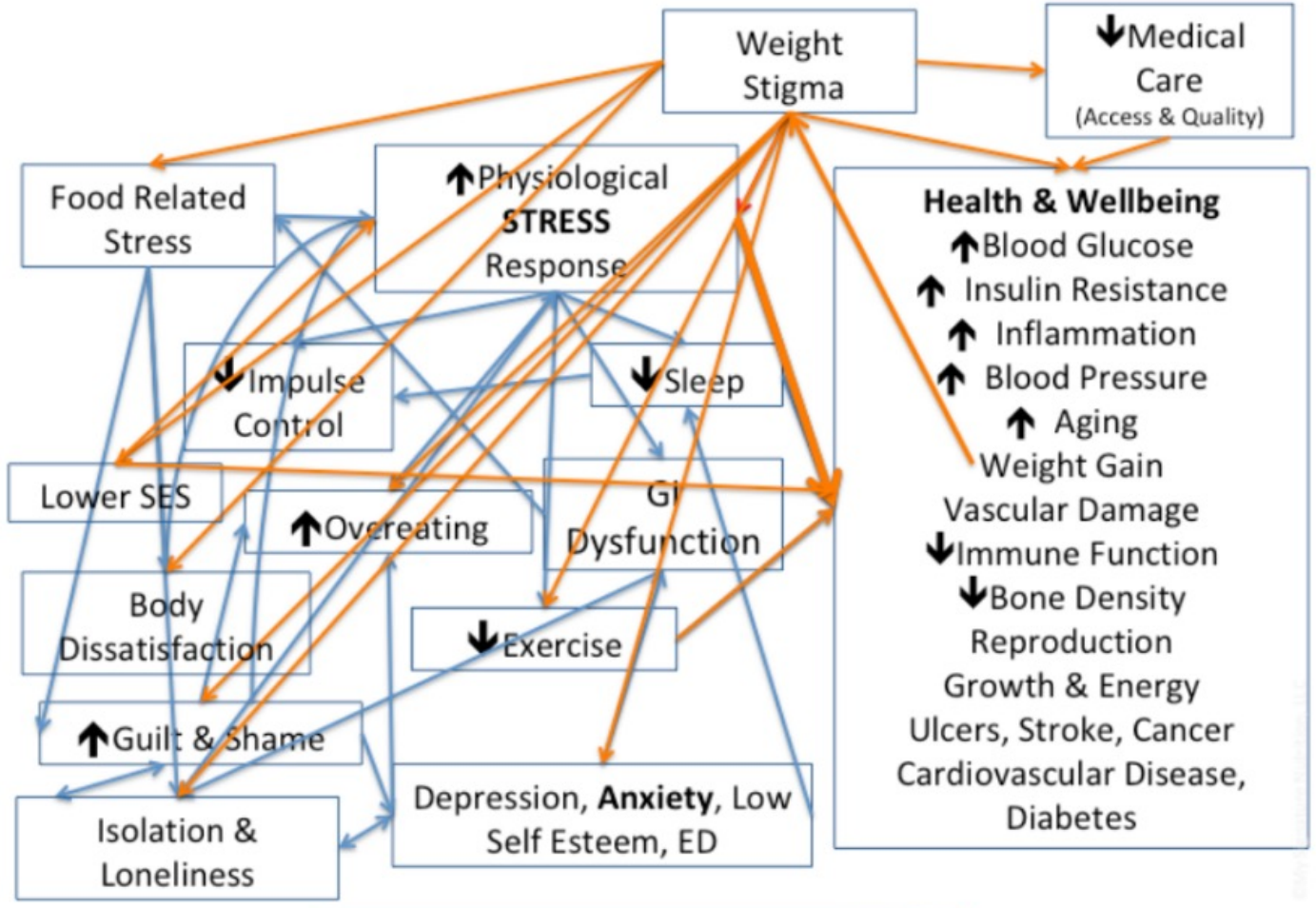
Effects of Weight Stigma

- Physiologic reactivity/stress (increased SNS [BP], cortisol, CRP, A1c etc.)
- Body-related shame and guilt, along with a reluctance to pursue adequate healthcare measures → Psychologic & physical health distress (→ *"comfort"* →self-destructive)
  - body dissatisfaction or shame and low self-esteem, feelings of low self-worth, loss of self-efficacy
  - disordered eating, which may include yo-yo dieting, binge eating, or eating disorders (increased calorie intake)
  - may delay seeking medical treatment and distrust doctors – avoid f/u care, delay preventive care
  - depression and/or anxiety/impaired cognitive function
  - exercise avoidance (reduced physical activity)
  - higher triglycerides, increased risk of metabolic syndrome
  - reduced adherence to treatments




Weight Stigma
Stress
Eating and Physical Activity Behaviors
Binge eating
Increased caloric consumption
Maladaptive weight control
Disordered eating
Lower motivation for exercise
Less physical activity
Physiological Reactivity
Increased levels of:
- Cortisol
- C-reactive protein
- A1C
Elevated blood pressure
Health Care Services
Poorer treatment adherence
Less trust of health providers
Avoidance of follow-up care
Delay in preventive health screenings
Poor communication
Weight Gain
Psychological Health/Distress
Depression
Anxiety
Low self-esteem
Poor body image
Substance abuse
Suicidality
Physiological Health/Distress
Poor glycemic control
Less effective chronic disease self-management
More advanced and poorly controlled chronic disease
Lower health-related quality of life

WHAT'S THE HARM OF WEIGHT STIGMA?



"Accumulated exposure to high levels of stress hormones (allostatic load) has several ***long-term physiological health effects***, including heart disease, stroke, depression & anxiety disorder, diseases that disproportionately affect obese individuals and have been empirically ***linked to perceived discrimination***.

Indeed, ***stress pathways*** may present an alternate explanation for some proportion of the association between obesity and chronic disease."

obesity reviews (2015) **16**, 319–326

Toxic Shame from Internalized Weight Stigma

- *"Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love, belonging, and connection."* Brene Brown Atlas of the Heart

- Toxic shame is shame that leads to chronic negative emotions, or behavior that harms oneself or others.
  - People who feel chronic shame may think they are unworthy of love and may fear connecting to others, convinced that others will eventually see the "real" person and reject them. *(visceral reaction)*
    - Feels like "life or death" threat to survival – rejected & left alone on the Serengeti with the lions
  - Toxic shame can cause people to ***isolate*** themselves from others, to feel the *need to hide* - if they were to be seen, it could cause others to realize how worthless they are and to abandon them.
  - People experiencing shame may engage in self-harm such as cutting, binge eating, or restrictive eating.

Internalized weight stigma makes it more difficult to engage in healthy behaviors, not easier: negative self-judgements →deregulated eating & weight management behaviors →maintain both obesity & weight stigma

Suggested Approaches - Healthcare

- There is a need to improve communication between healthcare professionals and people with obesity – empathy
  - Language: Person-centered, non-judgmental, foster collaboration, avoid labelling, use person first language ("person with obesity" vs "obese person") [higher-weight individuals, bigger-body]
  - Don't focus on weight – focus on behaviors for wellness & health
    - Reframe; e.g., Hyperlipidemia as the problem – weight loss as one Rx option
  - Offer "you could" instead of "you should" or "you need to"….
  - Remember SDoH – what resources available

- Education & understanding regarding the *complexity of weight regulation* (many factors we have no control over ["non-voluntary"]) - empathy
  - E.g., being born SGA &/or childhood under-nutrition and/or experiencing ACEs (trauma) increase obesity risk (*epigenetic changes*)
  - Multiple factors drive weight regain
  - BMI not a reliable indicator of risk or even adiposity

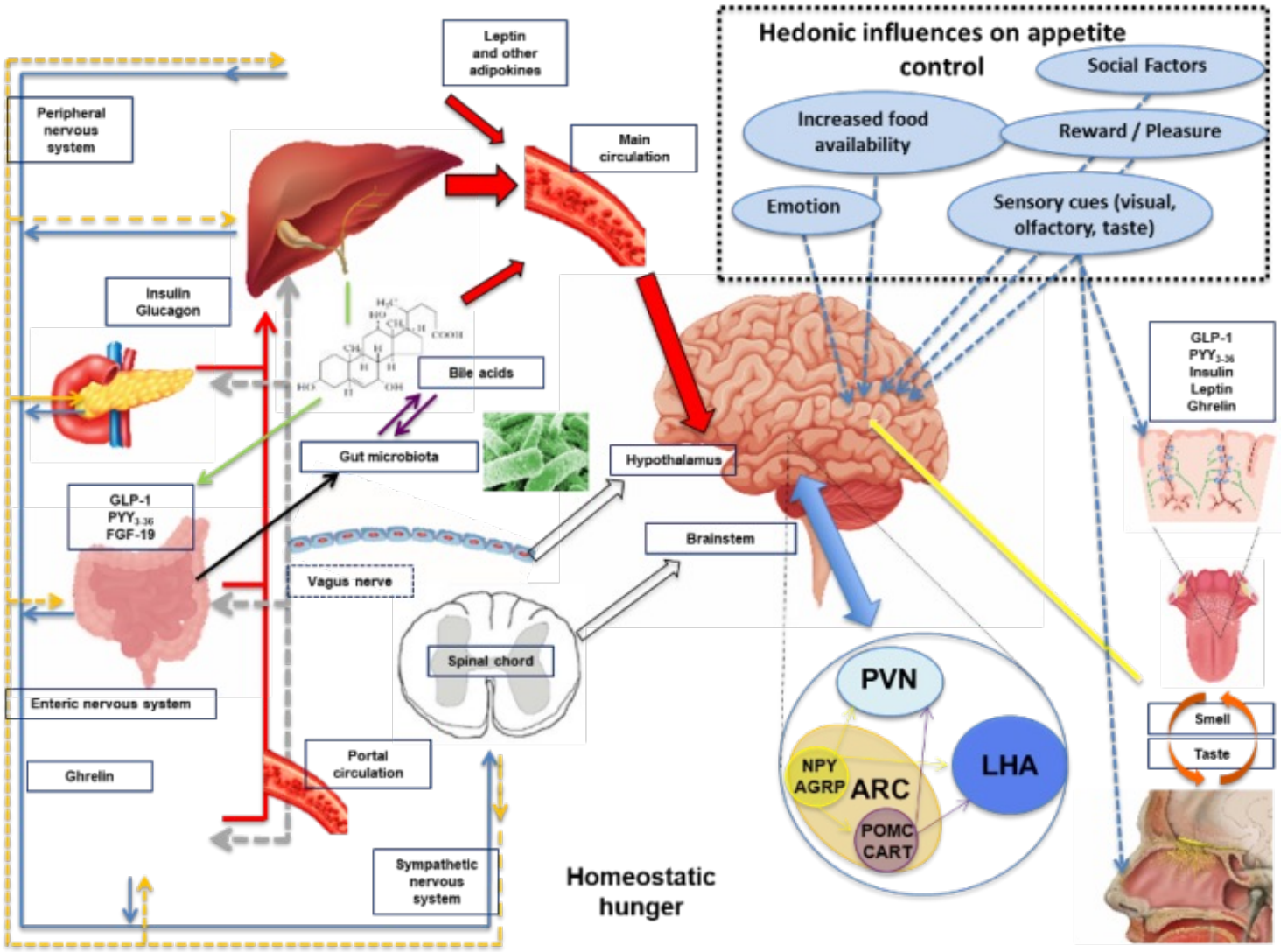
Roots of Obesity - complex

Nonvoluntary genetic, environmental and biologic factors can contribute to the development of obesity.

In 2013, the AMA recognize obesity as a disease requiring treatment and prevention efforts.

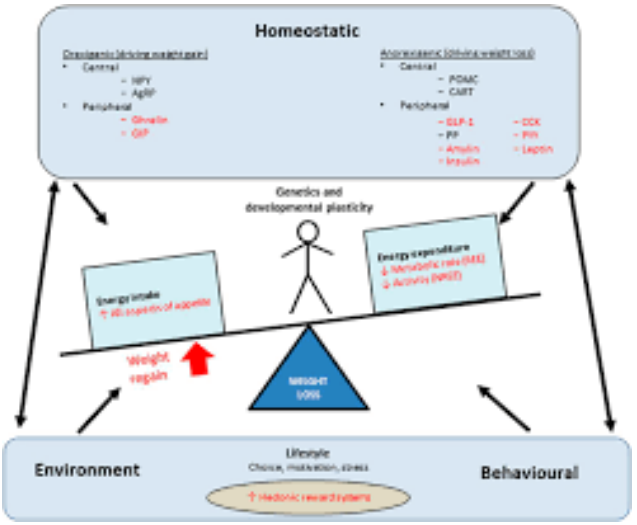
This has been both beneficial & detrimental

Complexity of Hunger



"…obesity is not always attributable to eating too many calories.
People with obesity have impaired metabolic pathways, and their brains send out disordered signaling for hunger and fullness.
That's why it's not as simple as just telling patients to watch what they eat and exercise."

Fatima Cody Stanford MD



Weight Regain - complex

Suggested Approaches – Patients (PLWO)

- Empathy & Support & Connection - *"The fire of shame is fed by silence, judgment, and secrecy; left to burn, it can damage all aspects of our lives. And yet, it doesn't have to be this way; empathy has the potential to put out the flames, turn down the heat, and stop throwing fuel on the fire (Brown, 2021)."*
  - Group sessions with CBT seem to be beneficial for many people with internalized stigma
  - Addressing shame in therapy can help with *multiple psychological* difficulties
  - Empathy [& connection vs isolation] is central; need to hear and feel someone saying:
    - I get it; I've felt the same way.
    - What you are feeling is normal. It's OK
    - I understand what you are going through.
    - Or just saying " I believe you" – listening
  - Pushback – "Okay at any weight" [but excess weight can cause harms]
    - "Both-and" (love yourself & mitigate the harms)

Summary - “ Stigma is 100% curable”

- Weight stigma results in discrimination
- Weight stigma does NOT motivate weight loss
- Weight stigma & especially *internalized weight stigma* can result in toxic stress & toxic shame
- Weight stigma is common in the health care setting –
  - worsens weight gain
  - increases co-morbidities & complications
  - results in missed care & missed diagnoses
- Weight regulation is more complex than eating less & exercising more
  - nonvoluntary factors often involved
- We need to assess our own & our facility’s weight stigma & discrimination
  - Person-first language, empathy, respect, dignity
  - Properly sized furniture, medical equipment and gowns for people of all sizes

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Thoughts, Comments, Q&A

- Caring
  - *“the secret of the care of the patient is in caring for the patient”* Peabody

- Curiosity & Compassion
  - *“Do we meet each person curious about the miracle of a human being that we are about to connect with?”* Senge

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Be an ally

- Call out weight bias
- Question you own bias
- Watch your language (“you look great, did you lose weight?”)
- Tweak your media habits

- use of person-first language (such as "people with obesity" or "people affected by obesity" rather than "obese people").
  - avoid using stigmatizing terms such as "unhealthy weight," "obese," "morbidly obese" and "fat,"
- importance of equipping health care facilities with properly sized furniture, medical equipment and gowns for people of all sizes

- Expectancy theory
  - Emerging evidence indicates that this harmful cycle may even be intergenerational, wherein children perceived as overweight by their parents are at greater risk for excess weight gain across childhood, independent of the child's actual weight. Collectively, these findings suggest that stigma attached to being 'overweight' is a significant yet unrecognized agent in the causal pathway from weight status to health. How and why weight stigma drives the obesity 'epidemic' and harms health | BMC Medicine | Full Text (biomedcentral.com)
- Unintended consequences of focus on obesity as a risk factor – guidelines, etc.

- Some doctors may argue that pressuring patients about their weight is simply their way of trying to motivate them to be healthier.
- But this logic doesn’t make a lot of sense.
- Research shows that doctors are ill-equipped to provide evidence-based advice to help patients lose weight. Most physicians have not been trained to provide nutrition counseling. Moreover, many physicians recommend diets, despite the fact that studies show that 95-98 percent of efforts to lose weight through dieting alone do not succeed. With half of American adults preoccupied with their weight, added stigma from health care providers can act as a chronic stressor and lead patients to skip appointments and binge eat.
- so ingrained that healthcare professionals may unwittingly engage an inappropriate communication, stigma or discrimination.

Weight Stigma in the Healthcare Setting

- Weight stigma and discrimination is experienced by people living with obesity (PLWO) on almost a daily basis, across many settings. Counterintuitively, given that healthcare settings should be a safe space that is free of judgement, empirical evidence has demonstrated that weight stigma in healthcare settings is pervasive, where PLWO are stigmatized, disrespected, and in some instances discriminated against through lack of equitable access to care.
- The conscious and unconscious stigmatizing attitudes held by healthcare professionals is a reflection of (1) exposure to consistent and widespread weight stigma, and (2) the lack of training and education for healthcare professionals about the complexity of obesity as well as how to avoid bias and stigmatizing attitudes that may impact care for PLWO. It should be noted that weight stigma and discrimination is reported by healthcare professionals across many professions including clinicians specializing in obesity care.
- Contrary to societal misconceptions, and often reflecting media content and portrayal of obesity, that weight stigma can be beneficial, substantial evidence informs that experiences of weight stigma are detrimental and are well-known to be associated with physical and mental health concerns such as depression, and increased cardio-metabolic risk factors.
    - These experiences can also lead to maladaptive responses including reduced physical activity, disordered eating behavior and reduced healthcare seeking behavior.
    - When weight stigma is experienced in healthcare settings, this can lead to avoidance of future care, reduced adherence to services, and lower trust and communication with healthcare professionals, which may contribute to reduced quality of care and exacerbate health disparities.