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The Ongoing Legacy of Weight Stigma

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Agenda

- ▶ Format
- ▶ Privilege
- ▶ Invitation to Explore

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Weight Stigma and Language

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“Obese” and “Overweight”

- ▶ Stigmatizing- created to pathologize bodies based on size rather than symptomology or health status
 - ▶ Obese is from the Latin root meaning “to eat oneself fat”
 - ▶ More stereotype than science
- ▶ Rooted in Body Mass Index (BMI)
 - ▶ Height: weight ratio
 - ▶ Developed by and for European white cis men
 - ▶ Based in and institutionalizes racism

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“Person First Language”

- ▶ “Person with obesity” and “Person with overweight”
- ▶ Championed by the weight loss industry
 - ▶ Goal to define living in a higher-weight body as a “chronic lifelong disease”
 - ▶ Co-opted from disability community
 - ▶ Not endorsed by the weight-inclusive health or fat activism communities
 - ▶ Creates additional stigma
 - ▶ Treats higher-weight bodies differently than other bodies (ie: no call for saying “person with thinness”)

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Fat

- ▶ Reclaiming term
 - ▶ Takes back the power of the word for some
 - ▶ Strong feelings/negative associations for others
- ▶ Doesn't pathologize/medicalize higher-weight bodies
- ▶ Can be anti-stigma language
 - ▶ If used, should be used with a neutral/positive connotation only
 - ▶ When in doubt, only use after self-identification
 - ▶ Clinicians should include education and background

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Non-Stigmatizing Language

- ▶ Two-Part Test
 - ▶ Accurately describes bodies without pathologizing them
 - ▶ Not used as a slur (thus doesn't trigger past trauma)
- ▶ Examples of non-stigmatizing language:
 - ▶ Higher-weight, larger-bodied, higher end of the weight spectrum, person of size

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Defining Weight Stigma and Bias

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What is Weight Bias?

- ▶ The belief that a thinner body is better (healthier, more attractive, more valuable, etc.) than a fatter body
 - ▶ Varies among cultures and subcultures
- ▶ Weight bias often leads to weight stigma

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Types Of Weight Bias

Implicit Bias

- ▶ Subconscious- the person is not aware of their bias
- ▶ Poor treatment of higher-weight people is unintentional

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Types Of Weight Bias

Explicit Bias

- ▶ Conscious weight stigma and bias
- ▶ Person is aware of their stereotypes/assumptions
- ▶ Poor treatment of higher-weight people is intentional

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Types of Weight Bias

Internalized Bias

- ▶ Occurs when a higher-weight person internalizes negative beliefs about their own body
 - ▶ Often causes participation in self-oppression and the oppression of other higher-weight people

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What is Weight Stigma

- ▶ Stereotyping, discrimination, and/or unequal treatment of higher-weight people including unfair judgment, treatment, and social exclusion.
- ▶ Caused by weight bias
- ▶ Exacerbated when blame is placed on higher-weight bodies rather than weight stigma

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Structural Weight Stigma

- ▶ Things higher-weight people need/want fail to include/accommodate them
 - ▶ Examples: chairs, blood pressure cuffs, medical research, best practices, MRIs, restaurant booths, etc.
- ▶ Stigma is exacerbated when bodies are blamed
 - ▶ ie: you are too big for the MRI vs. the MRI fails to accommodate you

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Progressive Weight Stigma and Bias

- ▶ Weight bias can happen to people of all sizes
- ▶ As a person's size increases, so does their exposure to weight stigma and bias
- ▶ This is particularly true for structural bias for those at the highest weights (often identify as "superfat" or "infinifat")
 - ▶ Lack of clothing options in stores and online
 - ▶ Not accommodated by medical equipment
 - ▶ Not accommodated in public spaces and transportation

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Negative Health Impacts of Weight Stigma

- ▶ Increased disease risk/stress/cortisol
 - ▶ Type 2 Diabetes, High Blood Pressure, CVD et al
- ▶ Disordered eating/eating disorders
- ▶ Sleep disturbance, alcohol use, suicidality
- ▶ Lowered personal health care engagement
- ▶ Increased mortality risk of nearly 60%

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Negative Social/Financial Impacts of Weight Stigma

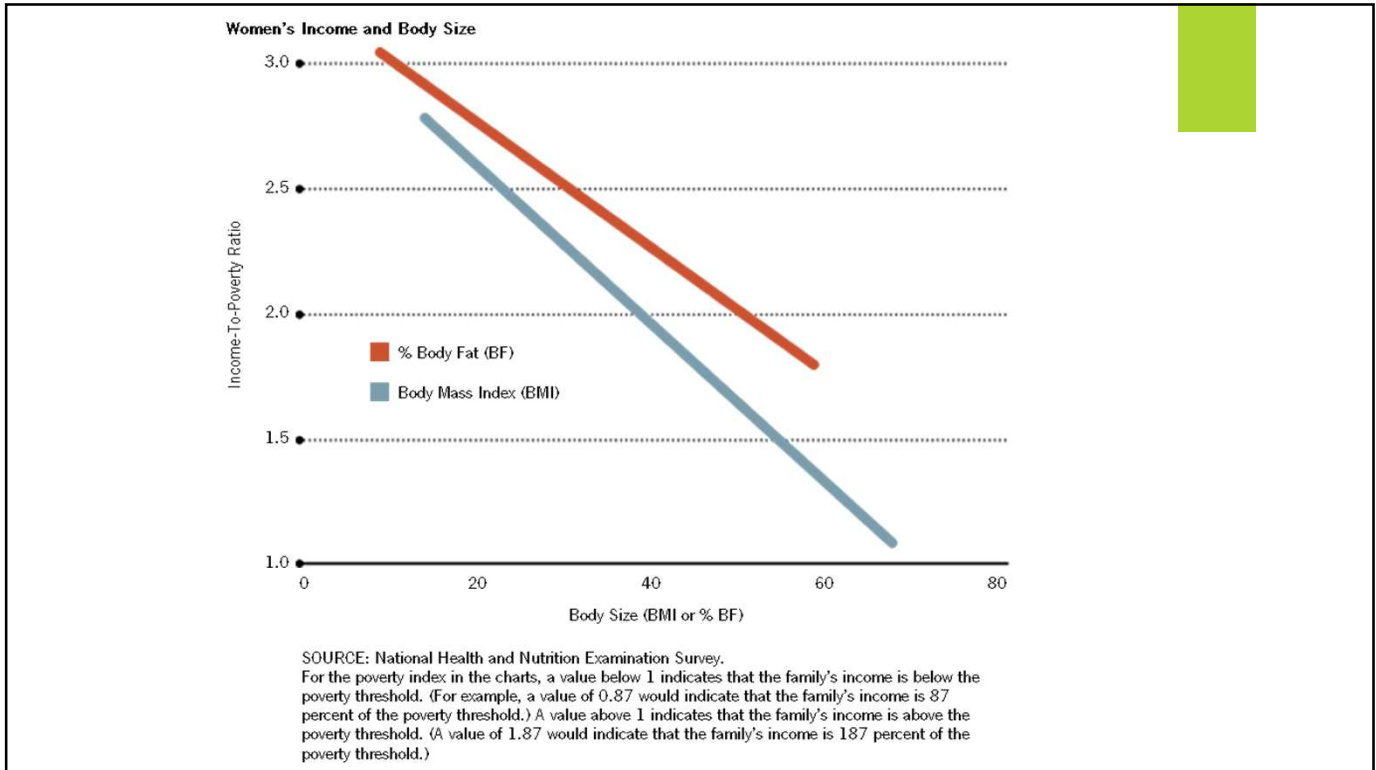
- ▶ Unequal access and accommodation to travel, movies, theaters, leisure and fitness activities
- ▶ Housing discrimination including short and long-term rentals and hotels
- ▶ Education discrimination
- ▶ Higher-weight people hired, paid, and promoted less than similarly qualified thinner people

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Weight Stigma and Employment

- ▶ Hiring managers were shown only a picture of a higher-weight woman:
 - ▶ 20% characterized her as "lazy"
 - ▶ 21% called her "unprofessional"
 - ▶ Only 15.2% of hiring managers said they would consider hiring her
- ▶ Heavy women earned \$9,000 less than their average-weight counterparts; very heavy women earned \$19,000 less. Very thin women, on the other hand, earned \$22,000 more than those who were "average weight," and the penalty is even higher for Women of Color.

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Weight Stigma
 is rooted in and
 inextricable from
 racism

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Sabrina Strings – Fearing the Black Body: The Racial Origins of Fat Phobia

“...the current anti-fat bias in the United States and in much of the West was not born in the medical field. Racial scientific literature since at least the eighteenth century has claimed that fatness was ‘savage’ and ‘black.’”

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Da’Shaun Harrison—Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness

“...in this moment where Protestant Christianity is being spread through colonialism, through anti-Blackness and through anti-Black violence like slavery, you get the coherence of an ideology that we now refer to as fatphobia or anti-fatness...that is the origin of these two things coming together. From that moment, structures are built to determine the ways that fat folks are going to be engaged, but disproportionately those engagements are harming Black folks.”

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Intersections of Weight Stigma with Other Marginalized Identities

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Intersections of Weight Stigma with Ableism

Disability

- ▶ Increase lack of access to public facilities, transportation, healthcare, housing and even disability services themselves
 - ▶ More expensive where available
- ▶ Accessibility devices not made to accommodate higher-weight people
 - ▶ Exponentially more expensive

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Intersections of Weight Stigma with LGBTQIA+ Identity Stigma

LGBTQIA+

- ▶ BMI-Based Denials
 - ▶ Gender-affirming care
 - ▶ Fertility Services
- ▶ Community services less/not accessible

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Intersections of Weight Stigma with Ageism

Older adults

- ▶ Increased employment discrimination
- ▶ Public transportation and other public services, size discrimination can make navigating and fully participating in society difficult or even impossible
 - ▶ increases the impact of size-based medical discrimination on their basic ability to access society equally

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Weight Stigma in Public Health Messaging

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Children's Healthcare
of Atlanta

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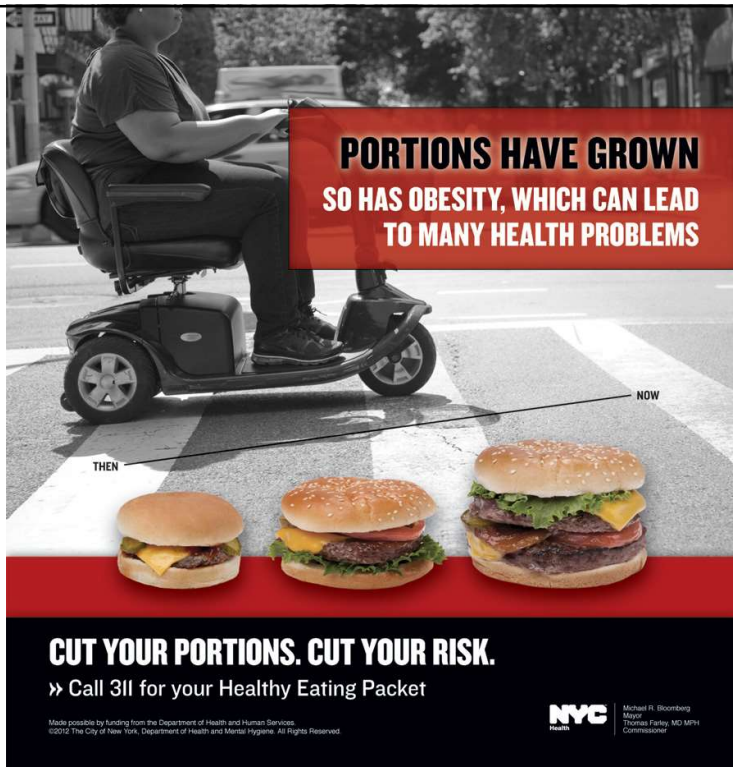
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New York City Department of Health

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New York City Department of Health

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Michael R. Bloomberg Mayor
Thomas Farkas, MD MPH Commissioner

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Gilbert Gee et al.

Weight stigma “poses serious risks to [higher-weight people’s] psychological and physical health and generates health disparities...Despite decades of science documenting weight stigma, its public health implications are widely ignored.”

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Weight Stigma in Healthcare

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Weight Stigma in Healthcare

- ▶ Over 50% of doctors found their “obese” patients awkward, ugly, weak-willed and unlikely to comply with treatment.
- ▶ 28% of nurses were “repulsed” by “obese” patients
- ▶ 12% of nurses said that they did not want to touch “obese” patients
- ▶ 31% of nurses indicated they would prefer not to treat patients who are “obese”

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Weight Stigma Drives Weight-Centric Healthcare Paradigm

- ▶ Conceptualization of “obesity” as a disease
 - ▶ Deep weight loss industry involvement at every level of healthcare and public health
- ▶ Eradication and prevention of higher-weight people by almost any means necessary
 - ▶ Approval processes for interventions based on two tenets:
 - ▶ It's worth risking higher-weight people's lives and quality of life to make them thin
 - ▶ It's reasonable to deny healthcare unless or until people become thin
- ▶ Clinging to a failed paradigm

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The Truth about Weight Loss

There isn't even one peer-reviewed controlled clinical study of any intentional weight-loss diet that proves that people can be successful at long-term significant weight loss. No commercial program, clinical program, or research model has been able to demonstrate significant long-term weight loss for more than a small fraction of the participants. Given the potential dangers of weight cycling and repeated failure, it is unscientific and unethical to support the continued use of dieting as an intervention for "obesity".

Wayne Miller, George Washington University

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Who says dieting almost always fails?

(Partial List)

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1959	Stunkard et al
1992	National Institutes of Health (NIH) statement
1999	W C Miller
2007	Mann, Tomiyama, et al
2013	Australian National Medical Health and Research Council NHMRC
2020	Canadian Expert Panel
2021	Gaesser & Angadi

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What The Research Finds

Almost everyone loses weight short-term (1 year)

About 95% regain weight long-term (2-5 years)

Up to 66% of people regain more weight than they lost

Blame placed on higher-weight people and not interventions

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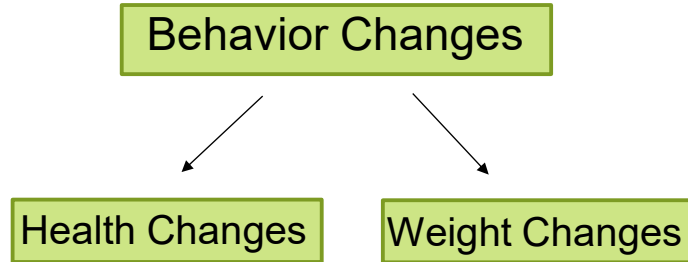
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Does 5-10% Weight Loss Create Clinically Meaningful Health Change

- ▶ Tomiyama, Ahlstrom, and Mann, 2013
- ▶ 5-10% arrived at by attrition, not clinical research
- ▶ Sought to find out if small amounts of weight loss actually create health benefits
- ▶ "we uncovered no clear relationship between weight loss and health outcomes related to hypertension, diabetes or cholesterol, calling into question whether weight change per se had any causal role in the few effects of the diets. Increased exercise, healthier eating, engagement with the health care system, and social support may have played a role instead."

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Weight stigma leads us to credit small, simultaneous, temporary weight changes for health changes, ignoring the preceding behavior changes.

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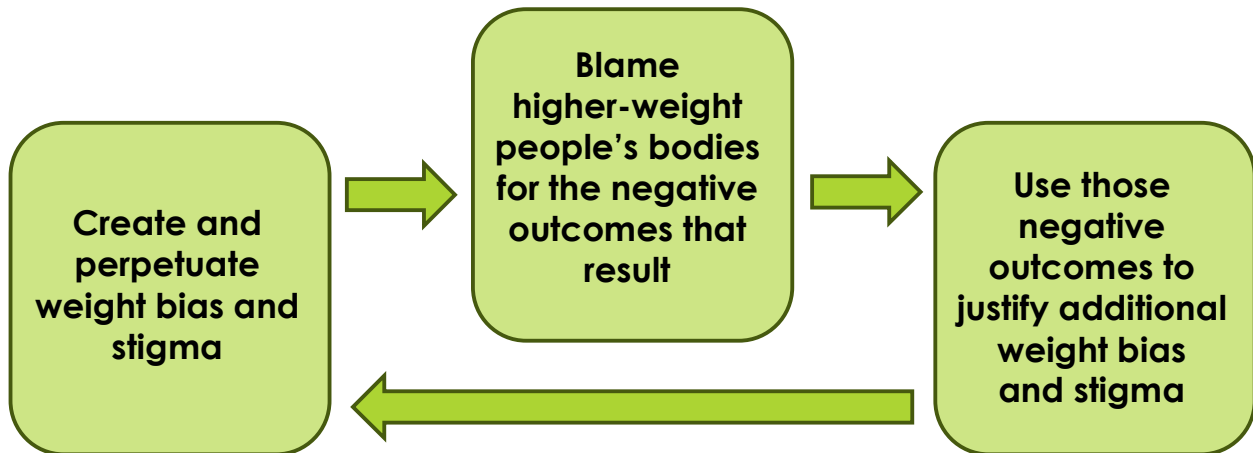
Impacts of Weight Stigma/Bias in Healthcare

- ▶ Patient Disengagement
 - ▶ Lack of early detection/screenings
 - ▶ Internalizing weight bias
 - ▶ Mistrust of other practitioner recommendations
- ▶ Practitioner weight distraction
 - ▶ See the patient as a pathology
 - ▶ Missed diagnoses and recommendations
 - ▶ Dieting prescriptions and delayed care
 - ▶ Practicing stereotypes instead of medicine

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The Cycle and Legacy of Weight Stigma

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What Can We Do?

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Personal Steps

- ▶ Create relationship with your body...for better or for worse
- ▶ Stop negative body talk starting with your own mouth
- ▶ Prevent eating disorders – don't diet
- ▶ Separate weight and health (ie: no "healthy weight")

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Personal Steps

- ▶ Separate health and value/self-worth
- ▶ Notice who is selling what you're buying
- ▶ Create a slogan
- ▶ Stop waiting for another body to show up and take the body you have out for a spin

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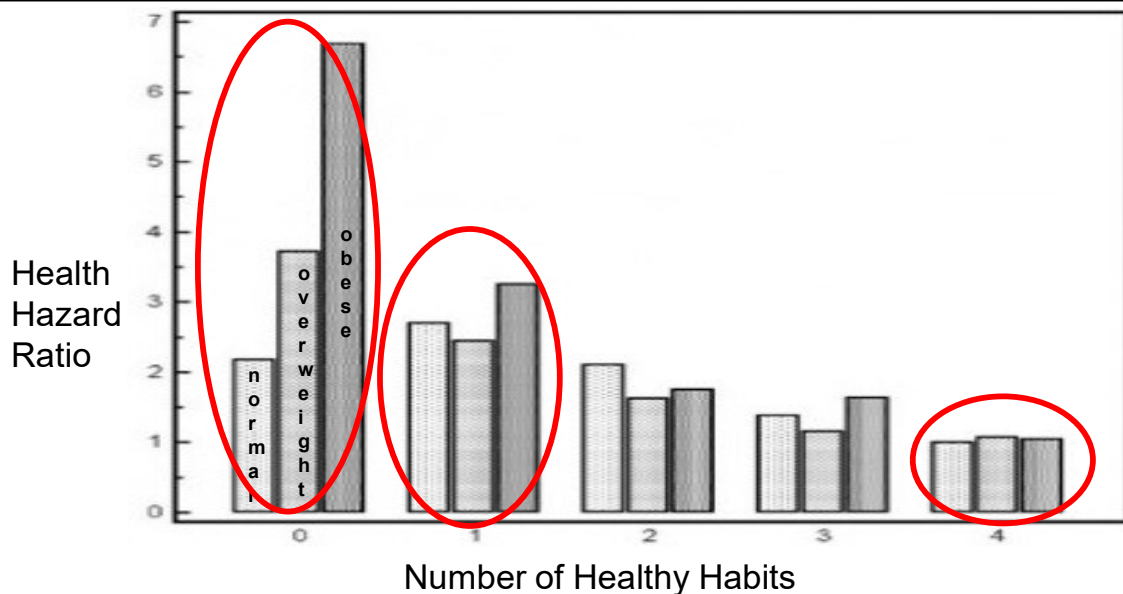
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Public Health and Healthcare Steps

- ▶ Instead of focusing on body size and body size manipulation, focus on supporting health in people of all sizes
- ▶ Educate about the fact that many aspects of our health are not within our control, and the ways in which systemic issues (including weight stigma) and social determinants of health impact health

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- 5 or more servings of fruits and vegetables
- Exercise more than 12 times per month
- Alcohol up to 1 drink/day for cis-women and up to 2 drinks/day for cis-men
- not smoking

Matheson et. al.
Healthy lifestyle habits and mortality in overweight and obese individuals.
11,761 cis men and women

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What Messaging Works

- ▶ Shame Free, Blame Free, Future-Oriented
- ▶ Positive, Additive Behavior-Based
- ▶ Multiple aspects and options
- ▶ Weight-Neutral / Body Affirming

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Successful Messaging

“Messages that were perceived to be most positive and motivating made no mention of the word ‘obesity’ at all, and instead focused on making healthy behavioral changes without reference to body weight.”

-Puhl et. al., 2013

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Successful Message – Part 2

“Participants responded most favorably to messages involving themes of increased fruit and vegetable consumption, and general messages involving multiple health behaviors.”

-Puhl et. al, 2013

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Nutrition Incentive Hub
CREATED BY GUSNIP NTA&E CENTER

2022 National Convening

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Need a snack?
Grab an apple from the caf.



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Additional Benefits of Weight-Neutral/ Fat-Positive Messaging

- ▶ Avoids double disservice
- ▶ Avoids reinforcement of public shame and stigma
- ▶ Creates a belief of the fat body as deserving of care
- ▶ Establishes positive relationship between people of size and health/healthcare/wellness

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What To Watch Out For

- ▶ Hidden Stigma in Health Initiatives/Discussions
 - ▶ Pathologizing higher-weight bodies
 - ▶ Referring to higher-weight people simply existing as a problem – epidemic, pandemic, crisis, etc.
 - ▶ Eradication is stigma
 - ▶ Higher-weight people not shown in positive ways/leadership roles

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Dangers in Weight Stigma Research

- ▶ Is based in/creates additional stigma
 - ▶ Uses stigmatizing terms and pictures
 - ▶ obese, overweight, excess weight, epidemic
 - ▶ Funding conflicts of interest
 - ▶ Representation issues
 - ▶ BIPOC and POC
 - ▶ Trans and nonbinary people
 - ▶ Highest Weight People

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Issues with Weight Stigma Research

- ▶ Takes (and supports) views that are, in and of themselves, stigmatizing:
 - ▶ Weight stigma is bad because it creates weight gain
 - ▶ Weight stigma is bad because it makes people less likely to participate in or “comply with” weight loss interventions
- ▶ These (typically thin, white) voices are centered as “weight-stigma experts”

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De-Pathologizing is De-Stigmatizing

“All weight stigma interventions must begin from the premise that fatness is not pathological... Anything less is merely perpetuating the oppression of fat people at the hands of the institution of medicine,” they end by saying “weight stigma research should treat fat people the way that fat people would be treated in a world without weight stigma.”

--Fox et al, 2021

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Steps to Take to End Weight Stigma

- ▶ Use higher-weight, larger body, or another neutral term instead of “obese,” “overweight,” or “person with obesity/overweight”
- ▶ Focus on the health of higher-weight people, rather than trying to change their weight
- ▶ Become more educated about weight stigma, including its racist roots
- ▶ Search for inequalities and solve them
 - ▶ How/when do higher-weight people receive different treatment than thinner people?

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Steps to Take to End Weight Stigma

- ▶ Become conscious of any negative stereotypes, thoughts, or assumptions about higher-weight people
 - ▶ Take responsibility for doing the work to undo them
- ▶ Don't blame higher-weight people for accommodation failures

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Final Thoughts

- ▶ You can't do everything to solve weight stigma
- ▶ You can do something to solve weight stigma
 - ▶ Where do you have privilege/power/leverage?
 - ▶ Where can you build coalitions to create more privilege/power/leverage?
- ▶ What you do can make a real difference

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Q & A

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Email me

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Message me

Instagram: @RagenChastain

Find more resources at

HAESHealthSheets.com

WeightAndHealthcare.com

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