UNIVERSITY OF LEEDS

Weight stigma and discrimination; pervasiveness, impact and implications

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In a class of 30 students.

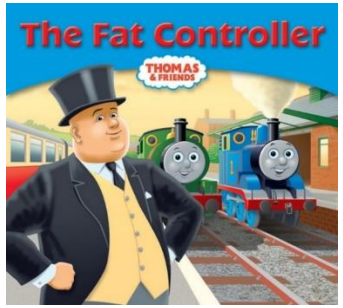
If one fails, you might blame the child.

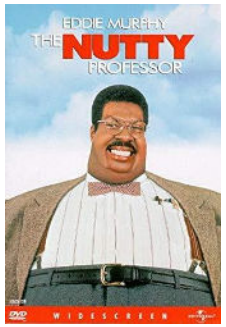
If 20 fail, you must blame the teacher (or establishment).

With almost 2 in 3 of us overweight or with obesity, why do we still blame the individual?

Adapted from @sandrodemaio

Exposure and often adoption of weight





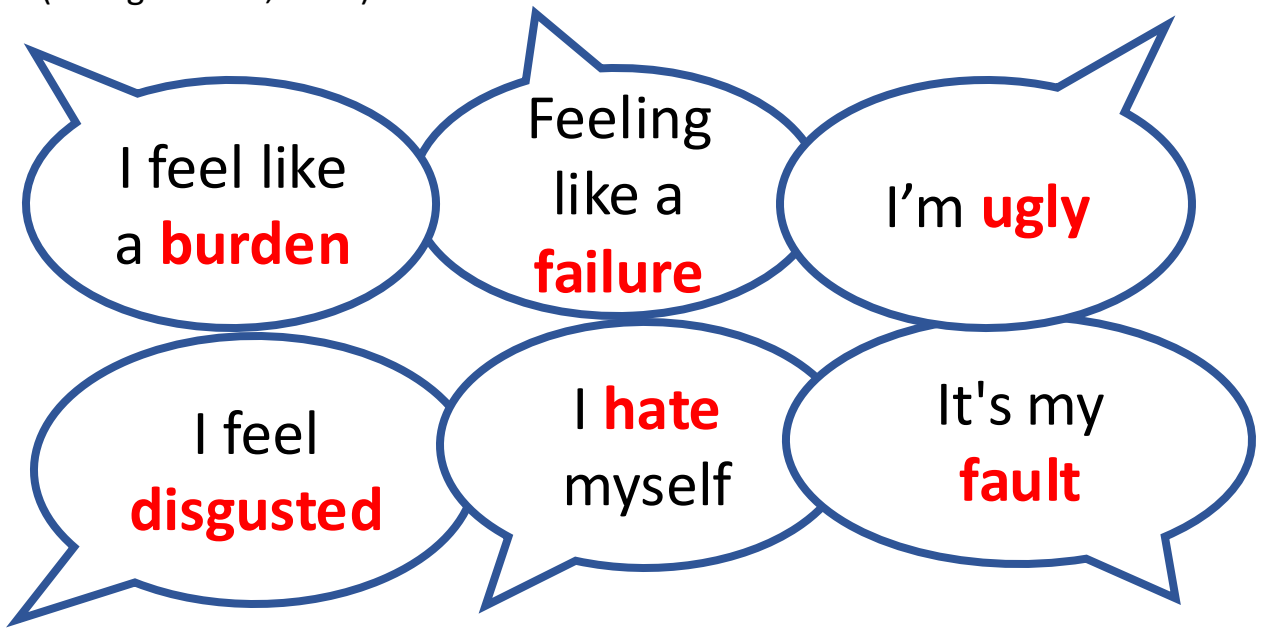
(Baker et al., 2020; Flint & Reale, 2016; Hall et al., 2016; Kato et al., 2016; Lui et al., 2017; Pont et al., 2017; Tang-Péronard & Heitmann, 2008 ; Yoo, 2013)

Internalised Weight Bias in Everyday Talk

(i) awareness of negative stereotypes about one's social identity; (ii) agreement with and application of those stereotypes to oneself; and (iii) self-devaluation as a result (Corrigan et al., 2006)

Characterised by…

- Self-hatred
- Lowered self-esteem and self-worth
- Lowered self-efficacy & confidence
- Disengagement from society
- Engaging in risky behaviours
- Engaging in maladaptive coping responses



ORIGINAL ARTICLE OPEN ACCESS

'Beyond the Scale': A Qualitative Exploration of the Impact of Weight Stigma Experienced by Patients With Obesity in General Practice

Leona Ryan[1] | Fiona Quigley[2] | Susie Birney[3] | Michael Crotty[4] | Owen Conlan[5] | Jane C. Walsh[1]

[1]School of Psychology, University of Galway, Galway, Ireland | [2]School of Communication and Media, Ulster University, Belfast, Northern Ireland | [3]Irish Coalition for People Living with Obesity (ICPO), Dublin, Ireland | [4]Best Weight Clinic, Dublin, Ireland | [5]School of Computer Science and Statistics, Trinity College Dublin, Dublin, Ireland

Correspondence: Leona Ryan (L.ryan33@universityofgalway.ie)

> "It was my fault you know. And it's all about blame and shame. Those two words you know [sic] and failure. You failed the diet, you failed all these different things you know [sic]. So that's what it was about with my GP all the time, pretty much."

THE LANCET *Regional Health*
Europe

Demographic, socioeconomic and life-course risk factors for internalized weight stigma in adulthood: evidence from an English birth cohort study

Amanda M. Hughes,[a,*] Stuart W. Flint,[b,c] Ken Clare,[d,e,f] Antonis A. Kousoulis,[g,h] Emily R. Rothwell,[i] Helen Bould,[a,j,k,m] and Laura D. Howe[a,l,m]

Avon Longitudinal Study of Parents & Children (ALSPAC)

- 4060 participants completed the IWBS at age 31 years
- Sex, ethnicity, socioeconomic factors, sexual orientation, and family and wider social influences
- IWS was higher for people who at age 13 years felt pressure to lose weight from family, and the media, or had experienced bullying
- IWS risk was elevated for females, sexual minorities, and socioeconomically disadvantaged adults - **This is not explained by differences in BMI**
- Pressure to lose weight from family and the media in adolescence may have long-lasting effects on IWS.

HCPs are NOT Immune to Weight Stigma

- Weight stigma is identified in HCPs including weight management/obesity specialists

- Only 1.4% of healthcare students or trainees expressed a 'positive or neutral' attitude about PLWO

- HCPs are 'ambivalent' about how to support PLWO

- HCPs with high weight stigma:
  - spend less time in consultations with PLWO
  - make less eye contact
  - less likely to refer people to services or further support

- Patients also hold stigmatising views of healthcare professionals

(Puhl & Brownell,2006,Obesity; Kristellor & Heorr, 1997; Price et al., 1987; Brown et al., 2022; Flint 2021,EclinicalMedicine; Swift et al.,2014; Brown & Flint, 2024; Cadek et al., 2023)

THE LANCET
Diabetes & Endocrinology

CORRESPONDENCE | VOLUME 8, ISSUE 5, P363-365, MAY 01, 2020

Knowledge gaps and weight stigma shape attitudes toward obesity

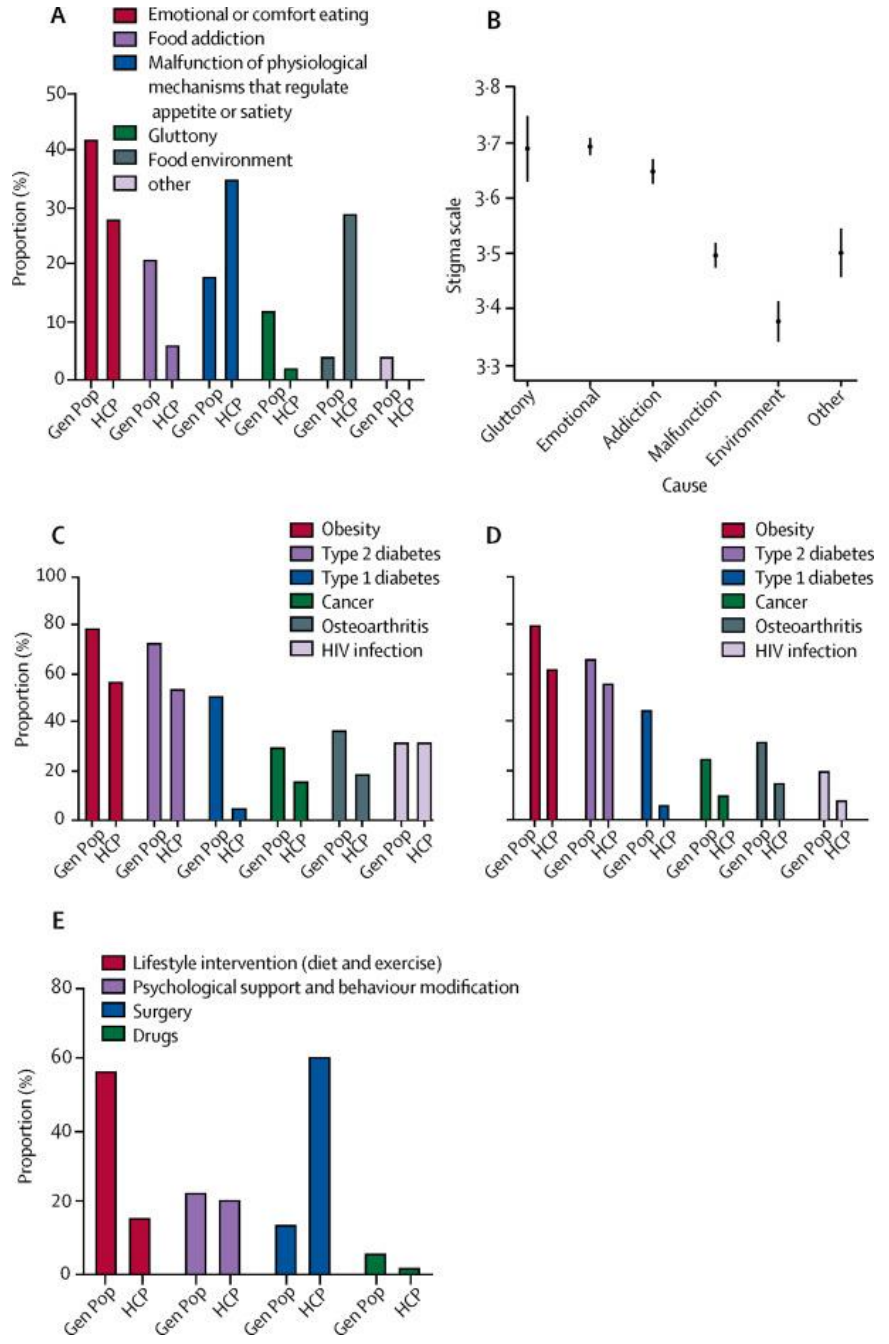
Majella O'Keeffe † • Stuart W Flint † • Krista Watts • Francesco Rubino • Show footnotes

Published: March 03, 2020 • DOI: https://doi.org/10.1016/S2213-8587(20)30073-5

Between Jan 14, 2019, and Nov 1, 2019,

- 5623 respondents (aged ≥18 years);
- 4056 Gen Pop: Aus (n=1021), NZ (998), UK (1025), USA (1012)
- 1567 HCPs from 77 countries across the world.

A. Beliefs about the most common causes of overeating
B. Correlation between beliefs on causes of overeating and weight stigma;
   because the same relation was seen between causes of overeating and weight stigma in both the GenPop and among HCPs, the figure shows the effects across both groups
C. Participants believing that conditions can be entirely prevented by commitment to a healthy lifestyle
D. Participants believing that conditions can be cured by commitment to a healthy lifestyle
E. Beliefs about most effective treatments for severe obesity



Does Policy Influence Weight Stigma?

Original Scholarship

Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992–2020

DOLLY R.Z. THEIS* and MARTIN WHITE*,†

*Centre for Diet and Activity Research and MRC Epidemiology Unit, University of Cambridge; †Bennett Institute for Public Policy, University of Cambridge

Health

People must take responsibility for own health, says Matt Hancock

Professionals criticise health secretary's call for adoption of healthier lifestyles

Denis Campbell, *Health policy editor*

Mon 5 Nov 2018 00.01 GMT

9,141

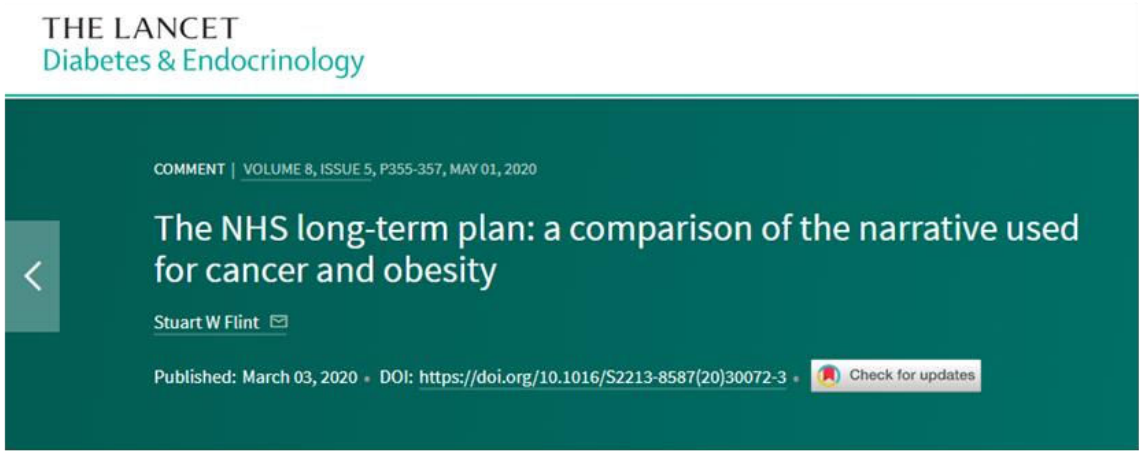
▲ Matt Hancock said people should consume less alcohol and junk food in a speech to the International Association of National Public Health Institutes on Monday. Photograph: Wiktor Szymanowicz/Barcroft Images

Matt Hancock has triggered a row after urging people to take greater responsibility for their own health to tackle the rising toll of illness from diseases such as cancer and obesity.

In a speech on Monday the health and social care secretary will call for a big increase in people making healthier lifestyle choices, such as reducing the amount of alcohol and junk food they consume.

- 689 wide-ranging policies proposed "to tackle" obesity in England over a 28-year period
- 14 obesity strategies commissioned
- Governments policies largely make high demands on individual agency, meaning they rely on individuals to make behaviour changes rather than shaping external influences and are thus less likely to be effective or equitable.

Government/ Political Rhetoric



Narrative used for cancer

Optimism and hope are known to be more effective in supporting people and encouraging healthy behaviours

(Schaivon et al., 2017)

Narrative used for obesity

Pessimism, fear, and unpleasantness lead to frustration, despair, and anxiety

(Petersen et al., 2008)

PANEL

Differences in the narrative used for cancer and obesity in the NHS long-term plan

Cancer

- Cancer discussed positively reflecting hope and optimism
- People with cancer discussed as survivors
- Positive engagement from across the cancer family
- Cancer discussed alongside health outcomes
- Person-first language
- Cancer forums and groups discuss and give advice on key priorities

Obesity

- Obesity discussed negatively reflecting fear and pessimism
- Obesity described as a problem
- UK ranks among worst in Europe
- Burden of obesity
- Obesity discussed alongside behaviours
- Individual focused
- Condition-first language
- No indication of patient and public involvement

ARE YOU ABLE TO IDENTIFY WHEN YOU ARE EXPOSED TO WEIGHT STIGMA?

NHS Digital

Coronavirus Services Data Cyber Developer News About

NHS Digital > Data and information > Areas of interest > Public health > Lifestyles

Lifestyles

Lifestyle publications cover a range of topics including smoking, alcohol, drug use, obesity and

Page contents

Top of page
Smoking
Alcohol and drugs
Obesity
Contraception
Surveys

Obesity

Statistics on obesity, physical activity and diet

Annual statistical report presenting a range of information on obesity, physical activity and diet, drawn together from a variety of sources. Topics covered include, overweight and obesity prevalence among adults and children; physical activity levels among adults and children; trends in purchases and consumption of food and drink and energy intake and health outcomes of being overweight or obese.

View all editions of the statistics on obesity, physical activity and diet publications.

National Child Measurement Programme

Annual report summarising key findings from the National Child Measurement Programme (NCMP) for England. This provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight', 'obese', 'severely obese' and 'overweight and obese combined' children in Reception (typically aged 4 to 5 years) and Year 6 (typically aged 10 to 11 years), measured in state schools in England.

View all editions of the National Child Measurement Programme publications.

Supplementary NCMP resources

NCMP Background

NCMP IT System and guidance

NCMP Public Health England (PHE) Operational Guidance

NCMP and child obesity profile (fingertips tool)

Contraception

Sexual and Reproductive Health Services

GIG CYMRU NHS WALES

Health in Wales

Search

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Conditions

If you would like to find out more about a particular condition from a patient's perspective please visit the *NHS Direct Wales Health Encyclopedia pages*. Find out about how NHS Wales is addressing prevention, care, control, risk factors and related health issues and concerns for the following conditions:

- Autism Spectrum Disorders
- Cancer
- Chronic Conditions
- Chronic Obstructive Pulmonary Disease
- Cardiac Disease
- Coronary Heart Disease
- Diabetes
- Dementia
- Ear Nose and Throat
- Low Back Pain
- Lymphoedema
- Mental Health
- Renal Disease
- Skin cancer

NHS Wales Lifestyle Links

- Alcohol
- Drugs
- Nutrition
- Obesity
- Physical Activity
- Sexual Health
- Smoking

gov.ie

Departments Consultations Publications Policies Languages

Policy information

Healthy Ireland Policies

From Healthy Ireland; Department of Health
Published on 4 April 2019
Last updated on 22 September 2022

1. Strategic Action Plan
2. Healthy Ireland Framework
3. Healthy Workplace Framework
4. Healthy Campus Framework
5. Physical activity
6. Obesity
7. Smoking
8. Alcohol
9. Sexual health
10. Skin cancer
11. Vitamin D
12. Folic Acid
13. Nutrition Guidelines for Food Parcels
14. The Healthy Ireland Survey
15. Healthy Ireland Outcomes Framework

Part of

Campaigns
Healthy Ireland
Policies
Health

3. Healthy Ireland Outcomes Framework

The establishment of the Healthy Ireland Outcomes Framework (2018), to collate, monitor and evaluate the achievement of Healthy Ireland's targets and performance indicators, was a key action in the Healthy Ireland Framework.

The Healthy Ireland Outcomes Framework was developed through an iterative process, involving consultations with a range of Government Departments and key stakeholders.

The Healthy Ireland Outcomes Framework sets out four high level outcomes which reflect the broad determinants of health and wellbeing across the life course.

These outcomes are:

1. Responsibility is shared in addressing the social determinants of health and wellbeing.
2. People of all ages and abilities participate in education, work, and leisure activities to their full potential.
3. Children are active and healthy, with positive physical and mental wellbeing.
4. We live longer healthier lives in safe, healthy environments in resilient communities.

The outcomes are supported by three indicator sets, which work together to create an overall picture of health and wellbeing and will, in time, provide a holistic view of the effectiveness and impact of current policies, as trends become apparent. These are shown in Figure 5. The Strategic Action Plan for the Healthy Ireland Framework seeks to deliver on, and improve the outcomes set out in the Healthy Ireland Outcomes Framework. Thirteen additional indicators have been included, such as housing and homelessness, these factors can have a significant impact on mortality and morbidity. Further wider environmental indicators on noise pollution, fuel poverty and the incidence of skin cancer have also been included.

3. Healthy Ireland Outcomes Framework continued

Health Status

Preventative Measures
- Breast Cancer Screening Rate
- Cervical Cancer Screening Rate
- Measles Mumps and Rubella (MMR) Immunisation Rate
- Meningitis C Immunisation Rate
- Bowel Cancer Screening Rate

Lifestyle and Behaviour Risks
- Overweight and Obesity
- Physical Activity Levels
- Current Smoking Rate
- Harmful Use of Alcohol
- Breastfeeding Rates
- Condom Use (young people)
- Screen Time (young people)
- Illicit Drug Use

Health Outcomes

Mortality and Morbidity
- Healthy Life Years
- Premature Non-Communicable Disease Mortality
- Cancer Incidence
- Excess Winter Mortality
- Road Traffic Mortality
- Drug-induced Mortality

Wellbeing Factors
- Self-Perceived Health
- Positive Mental Health
- Probable Mental Health Problem
- Moderate and Severe Depression (age 50+)
- Social and Cultural Participation (age 50+)
- Safety and Security (age 50+)
- Feeling Safe (young people)
- Access to Green Space
- Active Travel

Social Determinants

Environmental Factors
- Air Quality Index
- Water Quality
- Radon
- Noise Pollution
- Fuel Poverty
- Skin Cancer Incidence

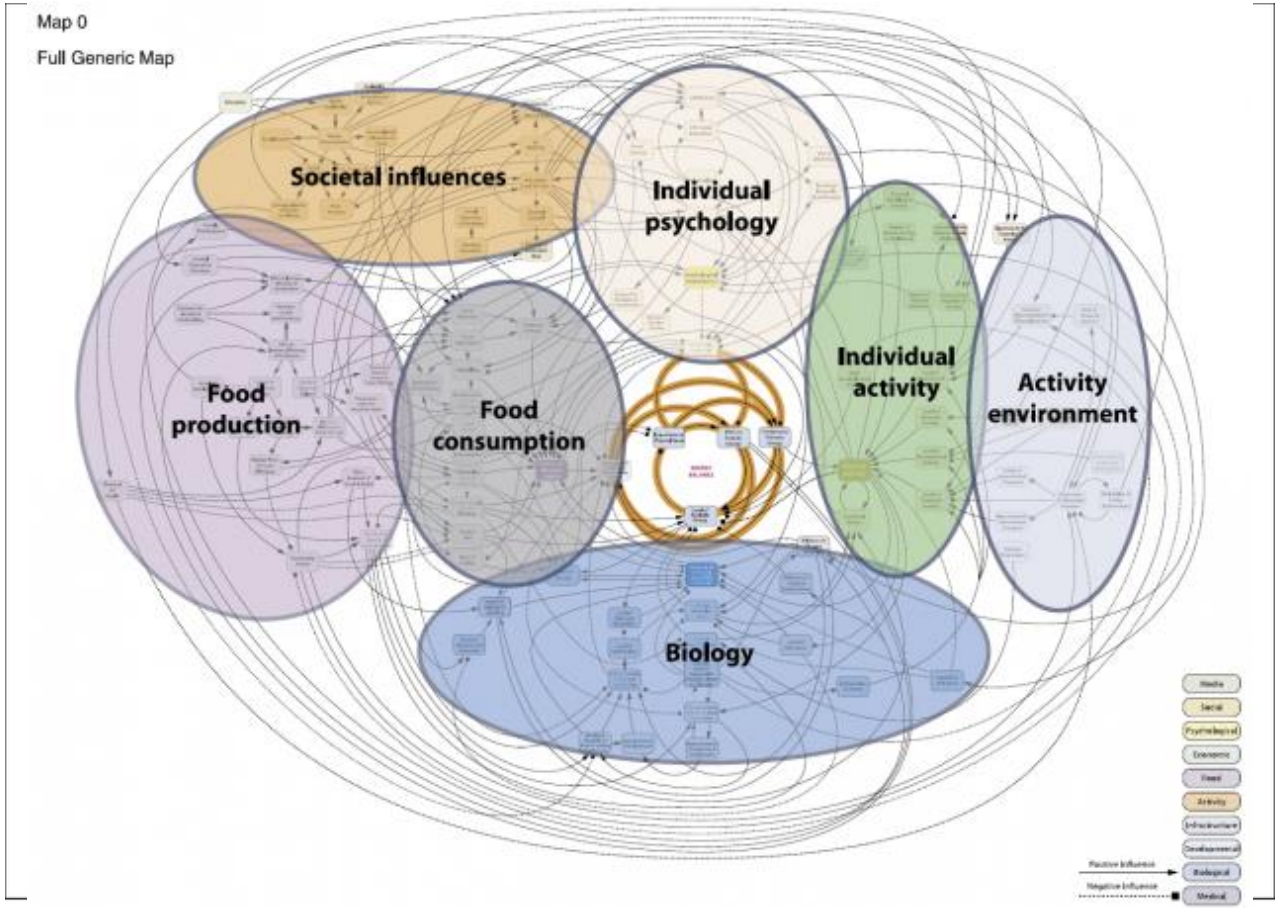
Socio-Economic Factors
- Long-term Unemployment
- Jobless Households
- Education: Retention
- Education: Attainment
- Literacy and Numeracy
- Consistent Poverty Rate
- Inequality of Income
- Homelessness
- Inadequate Housing (Affordability)
- Housing Quality (BER)

Figure 5: Board Indicator Sets – Healthy Ireland Outcomes Framework

Common misconceptions

Common misconceptions about obesity:

1. The causes of obesity are simple = WRONG!



(Butland et al., 2007; Foresight Report)

1. Everybody can lose weight with enough willpower
2. People living with obesity are to blame
3. People living with obesity are a failure
4. People living with obesity are lazy

Common misconceptions about obesity:

2. People can lose weight quickly & rapidly = ~ WRONG!

"Obesity is a **chronic** progressive disease caused by an imbalance between energy intake and energy expended, with a wide range of damaging effects on the body"

(Royal College of Physicians)

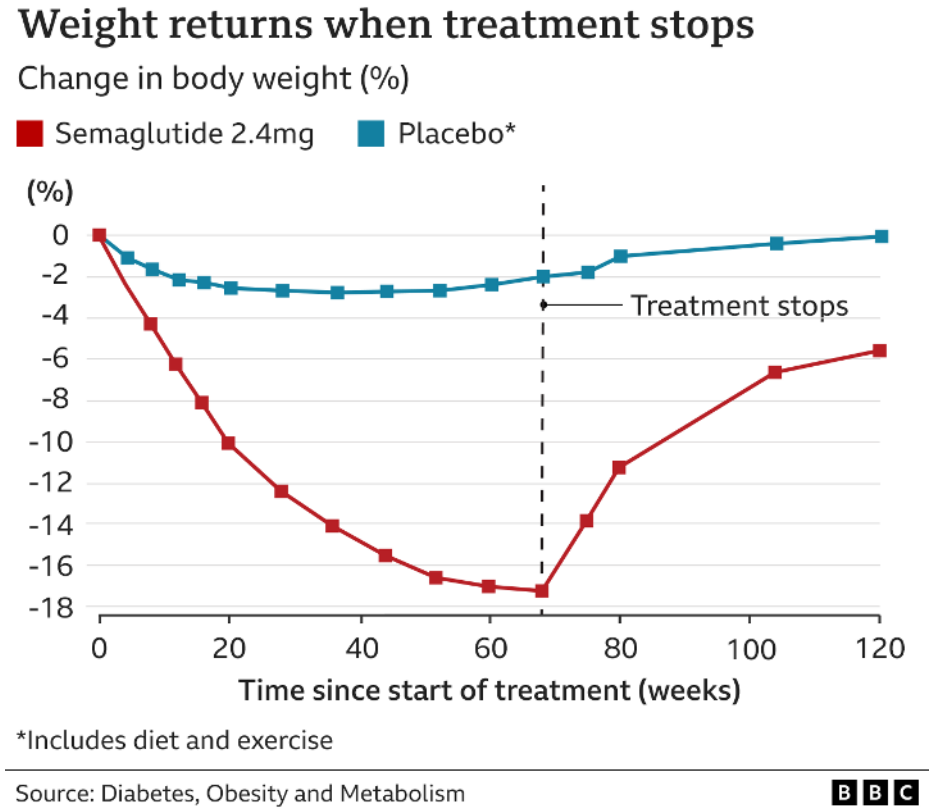
- **48%** of Brits have tried to lose weight within the previous year
- **57%** for women alone

(UK Attitudes towards eating healthy market report, 2016)

- **62%** of Britons have made a change to their diet to get healthier over the past year

(British Nutrition Foundation, 2021)

The Reality of Obesity



OBESITY Reviews
WORLD OBESITY
OBESITY/PUBLIC HEALTH | Open Access

The lived experience of patients with obesity: A systematic review and qualitative synthesis

Emma Farrell, Eva Hollmann, Carel W. le Roux, Marta Bustillo, Joe Nadglowski, Deirdre McGillicuddy

First published: 16 August 2021 | https://doi.org/10.1111/obr.13334 | Citations: 21

"Treatment"

Participants felt judged felt **silenced** due to the societal messaging about "successful weight loss and transformation" as well as the long-standing misconception that bariatric surgery is "an easy way out".

Flint SW, Vázquez-Velázquez V, Le Brocq S, Brown A. The real-life experiences of people living with overweight and obesity: A psychosocial perspective. Diabetes, Obesity and Metabolism.
Farrell E, Hollmann E, le Roux CW, Bustillo M, Nadglowski J, McGillicuddy D. The lived experience of patients with obesity: a systematic review and qualitative synthesis. Obesity reviews. 2021 Dec;22(12):e13334.
Groven KS, Glenn NM. The experience of regaining weight following weight loss surgery: A narrative-phenomenological exploration. Health care for women international. 2016 Nov.
Sides N, Pringle A, Newson L. The lived experience of weight loss maintenance in young people. Health Expectations. 2024 Feb;27(1):e13955.

“People should lose weight – but not that way”

The Telegraph
@Telegraph
Following

Tanya Gold: 'The new mannequin is obese, and she is not readying herself for a run in her shiny Nike gear. She cannot run. She is, more likely, pre-diabetic and on her way to a hip replacement. What terrible cynicism is this on the part of #Nike?'

Obese mannequins are selling women a dangerous lie

I fear that the war on obesity is lost, or has even, as is fashionable, ceased to exist, for fear of upsetting people into an early grave.

telegraph.co.uk

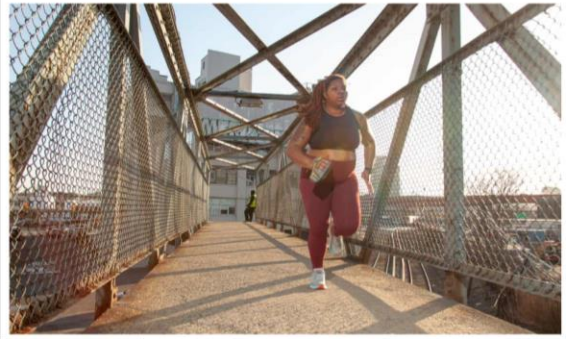
Health & wellbeing

Insults, projectiles, well-intentioned fat-shaming: the perils of being a plus-size runner

It is hard enough to exercise when you are overweight, so why do people feel the need to add their judgment to the workload?

Phoebe-Jane Boyd
Sun 12 May 2019
14.00 BST

693 192



Mail Online

Rebel Wilson's trainer Jono Castano says using Ozempic for weight loss is 'lazy' and 'dangerous' - and reveals what dieters should be doing instead

By CALEB TAYLOR FOR DAILY MAIL AUSTRALIA
PUBLISHED: 02:43, 8 May 2023 | **UPDATED:** 21:04, 9 May 2023

Share 36 shares 19 View comments

3. Common misconceptions about obesity:
Weight stigma is beneficial

thetimes.co.uk
Fat shaming is only way to beat obesity crisis

Opinion
Obesity

This article is more than 4 years old

It's not fine to be fat. Celebrating obesity is irresponsible

Lizzie Cernik

Tue 10 Apr 2018 11.56 BST

496

No one should be bullied for their weight or food choices, but 'fat pride' promotes dangerous weight levels

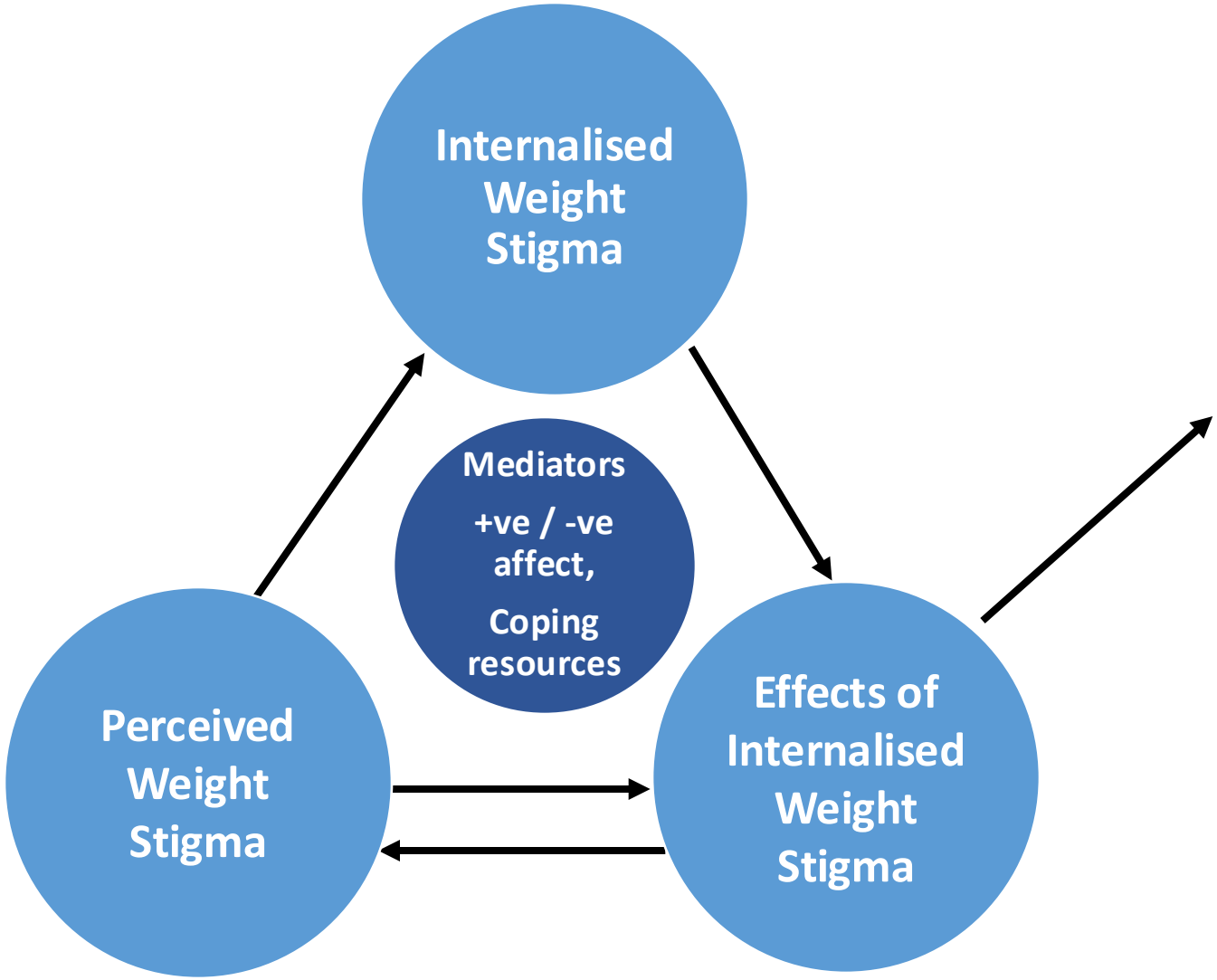
Privacy Policy | Feedback Follow 21.7M

Mail Online

If we don't dare criticise people for being fat they will crush the NHS, writes DR MAX PEMBERTON

By DR MAX PEMBERTON FOR THE DAILY MAIL
PUBLISHED: 01:54, 7 May 2015 | UPDATED: 11:39, 7 May 2015

Effects of Internalised Weight Stigma



Health (direct & indirect)

- Quality of Life
- Increased depression
- Increased anxiety
- Increased Stress
- Body image disturbance
- Reduced self-esteem & self-worth
- **Lead to weight gain**

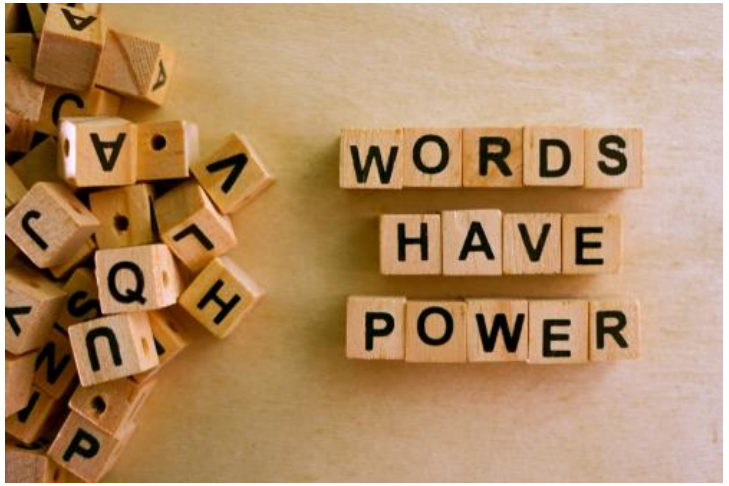
Behavioural

- Increased disordered eating behaviour
- Avoidance/reduced exercise behaviours
- Avoidance of weight-related and perceived stigma environments
- Increased risk of unhealthy response

1) Bidstrup H, Brennan L, Kaufmann L, de la Piedad Garcia X. Internalised weight stigma as a mediator of the relationship between experienced/perceived weight stigma and biopsychosocial outcomes: a systematic review. International Journal of Obesity. 2022 Jan;46(1):1-9.
2) Carels RA, Hlavka R, Selensky JC, Solar C, Rossi J, Caroline Miller J. A daily diary study of internalised weight bias and its psychological, eating and exercise correlates. Psychology & Health. 2019 Mar 4;34(3):306-20.
3) Pearl RL, Puhl RM. Weight bias internalization and health: a systematic review. Obesity reviews. 2018 Aug;19(8):1141-63.
4) Romano KA, Heron KE, Sandoval CM, MacIntyre RI, Howard LM, Scott M, Mason TB. Weight bias internalization and psychosocial, physical, and behavioral health: a meta-analysis of cross-sectional and prospective associations. Behavior Therapy. 2023 May 1;54(3):539-56.
5) Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, Nadglowski J, Ramos Salas X, Schauer PR, Twenefour D, Apovian CM. Joint international consensus statement for ending stigma of obesity. Nature medicine. 2020 Apr;26(4):485-97.

Language matters

"Diabetic", "control" & "sufferer" examples of disliked terms [1,2]



Neutral words - "weight" or "unhealthy weight" or "BMI" are possible preferred terms. "Obese" and "fat" were disliked[3-9]

- Reporting "fat" has negative connotations from previous bullying[10]
- Despite this, ambiguity remains[7]

Emotional responses to weight stigma include sadness, disgust and contempt[7]

Word preferences can differ with gender, ethnicity, internalisation of stigma/blame & BMI[8]

Weight labelling can initiate stigma;

- Important HCP appreciate long-lasting effect of words & use non-biased language [3]

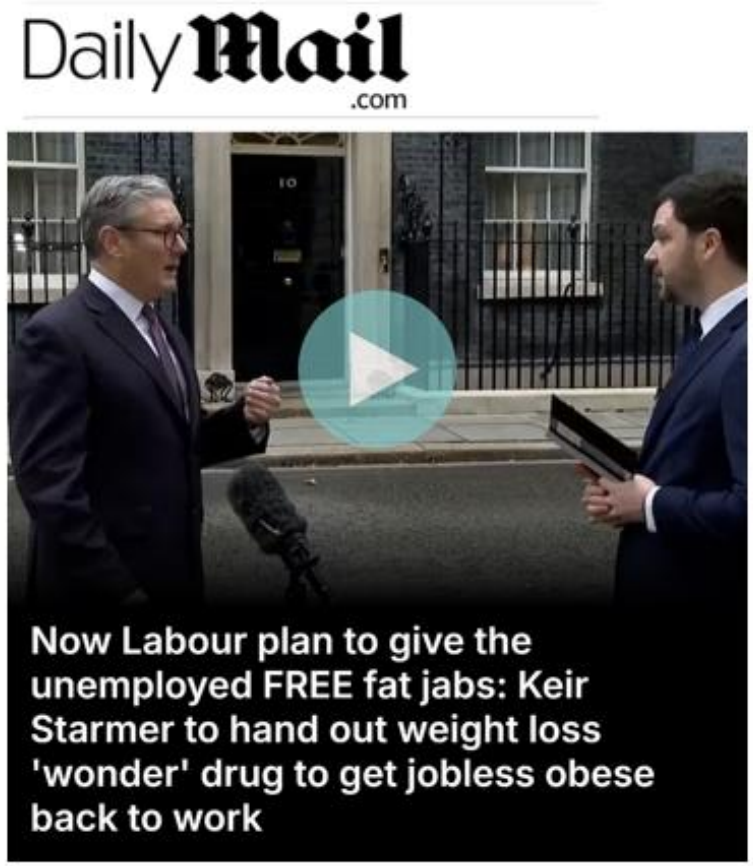
(1. Dunning et al., 2017 Diabetes Educator, 2. NHSE, 2018 3. Hirschfeld-Dicker et a., 2019 Acta Paediatr; 4. Ivezaj et al., 2020 Obesity; 5. Hayward et al., Stigma and Health, 2020; 6. Puhl & Suh, 2015, Curr Obes Rep;7. Brown & Flint, 2021; 8. Puhl 2020 Obes Rev; 9. Puhl et al., 2011 Pediatrics; 10. Stuji et al., Child Health 2020)

Framing Exacerbates Stigma

"Magic pill"

"Weight loss pill"

"Miracle weight loss drug"



Stigma towards obesity and poverty is longstanding.

Framing of policies may reinforce this stigma and further marginalise people living with obesity

"….losing some extra fat" and to "get 'fit, ripped and healthy'" (Elon Musk)

Access Issues, Turning Into Blame…

Mail Online

Rebel Wilson's trainer Jono Castano says using Ozempic for weight loss is 'lazy' and 'dangerous' - and reveals what dieters should be doing instead

By CALEB TAYLOR FOR DAILY MAIL AUSTRALIA
PUBLISHED: 02:43, 8 May 2023 | **UPDATED:** 21:04, 9 May 2023

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Steve
@Steve8201651385

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I feel for diabetics who can't get their meds because fatsos can't put down the burgers and are using all the stock of jabs

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Diabetics stuck without vital drugs as they are snapped up by obesity sufferers

The only GLP-1 drug licensed purely for weight loss in the UK is Wegovy, while the others are approved just to control diabetics' blood sugar levels and not for weight loss.

By Emma Birchley, news correspondent

Saturday 9 March 2024 07:27, UK

Paul Konikoff
@Konman8

Follow

@cpso_ca I am diabetic and my pharmacy just told me I can't get my refill of Ozempic until the end of March! Changes must be made. Stop your members from prescribing it for weight loss so us diabetics who really need it can get it. @novonordisk #ozempicshortage

GEN AI: An Emerging issue…

AIM: This study aimed to explore perceptions and use of Gen AI for obesity-related content, and the content created by Gen AI

Phase 1: Cross-sectional survey

N = 186 adults (50% PLWO, 25% clinician, 23% work for an organisation creating obesity content, 20% researching obesity)

Most common communication method was social media (71%), presentations (57%) & patient facing resources (47%)

~80% of respondents reported inaccuracies in obesity communication

75% reported stigmatising obesity content including derogatory language

"Rolling a giant donut up a hill"

"Headless imagery"

"Person lying on a couch watching TV whilst eating less healthier foods"

27% are or someone in their organisation use Gen AI to create obesity content

Gen AI is used to create images, build scripts for videos and to craft messages

"Generate info for patients"

"To create AI animated videos"

"Summary articles for our newsletter"

Concerns: Simplifying obesity, stereotyping PLWO, blaming PLWO for their weight, and inferring that a person's worth is based on their weight/appearance

"AI is not objective and may be hateful or stigmatising"

"It lacks empathy"

"AI generated information can include social and cultural biases"

GEN AI: An Emerging Issue…

Phase 2: Adapted systematic review approach

Five searches (four combinations) were used to assess obesity content produced by text, image and video Gen AI (15 tools in total)

1) Label categories, 2) Label AND cause, prevention, treatment, 3) Label AND Setting, 4) Label AND Activity, 5) Label AND Stereotype

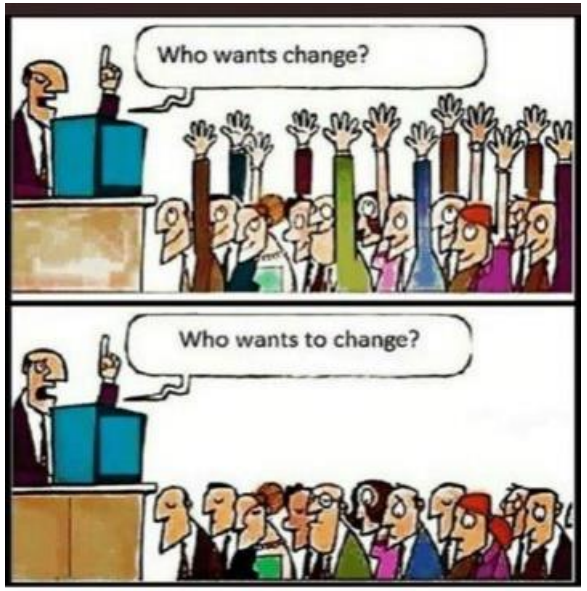
Sample Images Below

Preliminary analysis highlights:

- Conversational GEN AI highlights inaccuracies in information created compared to current evidence about obesity.
- Whilst conversational GEN AI highlights that weight stigma is pervasive and detrimental, it also produces stigmatising content.
- Image GEN AI is stigmatising and discriminatory. This may exacerbate current pervasiveness of weight stigma.

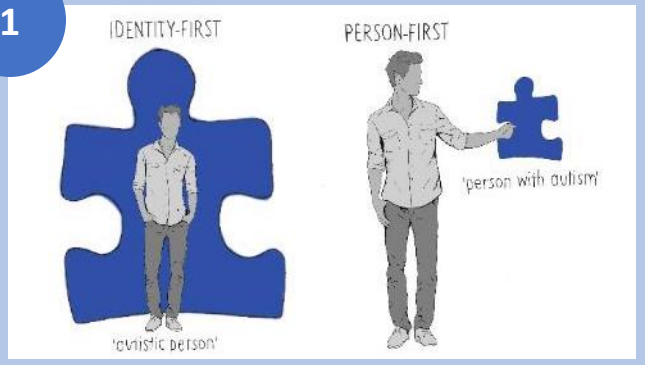
Summary

- Weight stigma (***Internalisation***) may impact engagement, compliance and outcomes in healthcare.
- Experiences of weight stigma & discrimination is a **modifiable risk factor!**
  - We must be prepared to make changes ourselves



What can you do differently <u>TODAY</u>?

1



2

3

"If you are neutral in situations of injustice, you have chosen the side of the oppressor" Desmond Tutu

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