WEIGHT BIAS

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Weight bias is defined as “the negative attitudes and beliefs attributed to an individual based on their weight.”

Prevalence of weight bias is comparable to racial discrimination in the U.S.

EXPLICIT WEIGHT BIAS

Refers to the negative attitudes that are in the conscious attention.

Examples of explicit weight bias include patients with obesity being described as lazy, unattractive, awkward, ugly, inactive, weak, insecure, stupid, bad, worthless, slow, and shapeless

IMPLICIT WEIGHT BIAS

Implicit bias refers to subconscious negative attitudes.

An example of implicit bias is how physicians spend less time with patients with obesity and build less rapport with them.

WEIGHT BIAS AND THE INDIVIDUAL

Causes significant stress for the individual which leads to physiological changes in the body – high levels of cortisol, high levels of oxidative stress, high levels of C-reactive protein, high levels of hemoglobin A1c, and high blood pressure.

More likely to have an eating disorder such binge eating.

Affects an individual's inclination to participate in physical activity.

Individuals who experience weight bias are 2.5-3 times more likely to develop obesity or continue to have obesity.

Linked with a 60% increased risk of dying, regardless of BMI or other risk factors.

HEALTHCARE AVOIDANCE AND WEIGHT BIAS

- Leads to increased rates of cancelled appointments and avoidance of preventative care and screenings, especially in women. As BMI increases, so does the percentage of women who delay their appointments.
- Women with obesity lack trust in the healthcare system and are given inappropriate, ineffective, or disrespectful advice about their weight.
- Additional factors for the avoidance include experiencing weight bias from healthcare professionals, lack of proper equipment like gowns, blood pressure cuffs, and exam tables, and being embarrassed by weighing procedures.

WEIGHT BIAS AND THE PROFESSIONAL

Physicians are the second most common source of weight bias.

HCPs label patients with obesity as lazy, lacking will-power, having poorer self-management skills, noncompliant with treatment, and having psychological problems.

HCPs feel that treating patients with obesity is frustrating and ineffective.

HCPs believe obesity is caused by the patient's behavior, such as the lack of physical activity, rather than genetic, environmental, or psychosocial factors.

DIFFERENCE IN QUALITY OF CARE

- HCPs tend to recommend more procedures and more lifestyle changes to patients with obesity versus patients of normal weight.
- HCPs have a lack of knowledge and understanding on how to care for patients with obesity. Many feel unprepared to care for individuals with obesity.
- HCPs spend a significantly less amount of time with patients with obesity.
- HCPs lack the proper equipment necessary for treating patients with obesity.