Obesity Stigma and Health Inequities

Examining the Social and Psychological Consequences of Weight Bias in Healthcare and Beyond

Ifeoluwa M. Adesoye
University of Illinois Extension

Content

- Learning Objectives

- Introduction

- Understanding obesity stigma

- Health inequities and obesity stigma

- Psychological consequences

- Social consequences

Content

- Obesity stigma in healthcare settings
- Strategies for addressing obesity stigma
- Promoting health equity
- Activity (Agree/Disagree)
- Call to action
- Conclusion
- References

Learning Objectives

- Identify the signs and manifestations of obesity stigma within communities

- Recognize the social and psychological consequences experienced by individuals facing obesity stigma

- Assess strategies for mitigating these effects.

- Develop strategies for fostering a supportive environment for individuals affected by obesity.

Introduction

- The Body Mass Index (BMI), is determined by dividing a person's weight (in kilograms) by the square of their height (in meters), which is the metric used to characterize obesity.

- The American Medical Association defines obesity as having a BMI of 30 kg/m2 or higher.

- Since the 1970s, the prevalence of obesity has increased, and by 2030, it is predicted that over 48.9% of people in the US will be obese.

Introduction

- Obese patients are often discriminated against and this social problem is called obesity stigma.

- It is the pervasive negative attitudes and beliefs surrounding weight.

- Stigma associated with being obese harms the mental and physical well-being of those who experience it.

Understanding Obesity Stigma

- Currently, its burden is similar to age and race discrimination.

- Despite the enormous burden, there is no legal or social protection.

- Common areas of stigma include schools, workplaces, and medical facilities.

- It leads to health inequities.

Health Inequities and Obesity Stigma

- Health inequities "are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age".

- Obesity stigma puts obese patients at risk of health inequities due to restriction of access to health care as shown by Alberga et al. in 2019 and supported by some other studies.

Health Inequities and Obesity Stigma

- This leads to delayed presentation which is associated with advanced, difficult-to-treat, and complicated diseases.

- Puhl et al. (2021) showed that at least 66% of those who experienced weight stigma also encountered it from medical professionals.

- Another study by Sagi-Dain et al. (2022) also showed that 48% of people with BMI >25% had received subpar care with >50% getting snide remarks from healthcare workers.

- Phelan et al. (2015) also found that primary care physicians spend less time with obese patients due to bias.

Psychological Consequences of Obesity Stigma

Stigma associated with obesity plays a significant role in the poor mental health outcomes experienced by those who live with obesity.
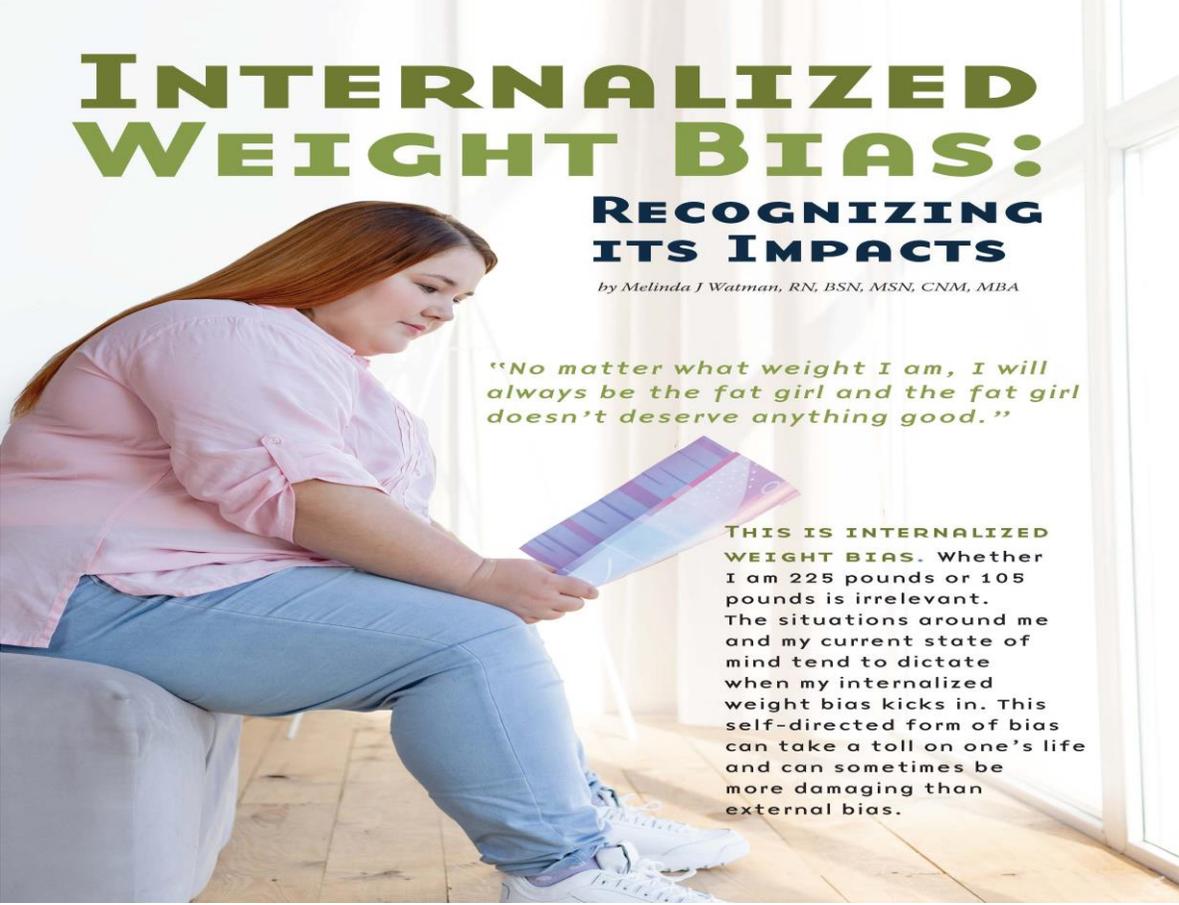
The stigma surrounding body fat has more of an impact on depression than obesity itself.

There is evidence that internalized stigma, also known as "weight bias internalization" (WBI) or "obesity "self-stigma," is associated with detrimental mental health effects.
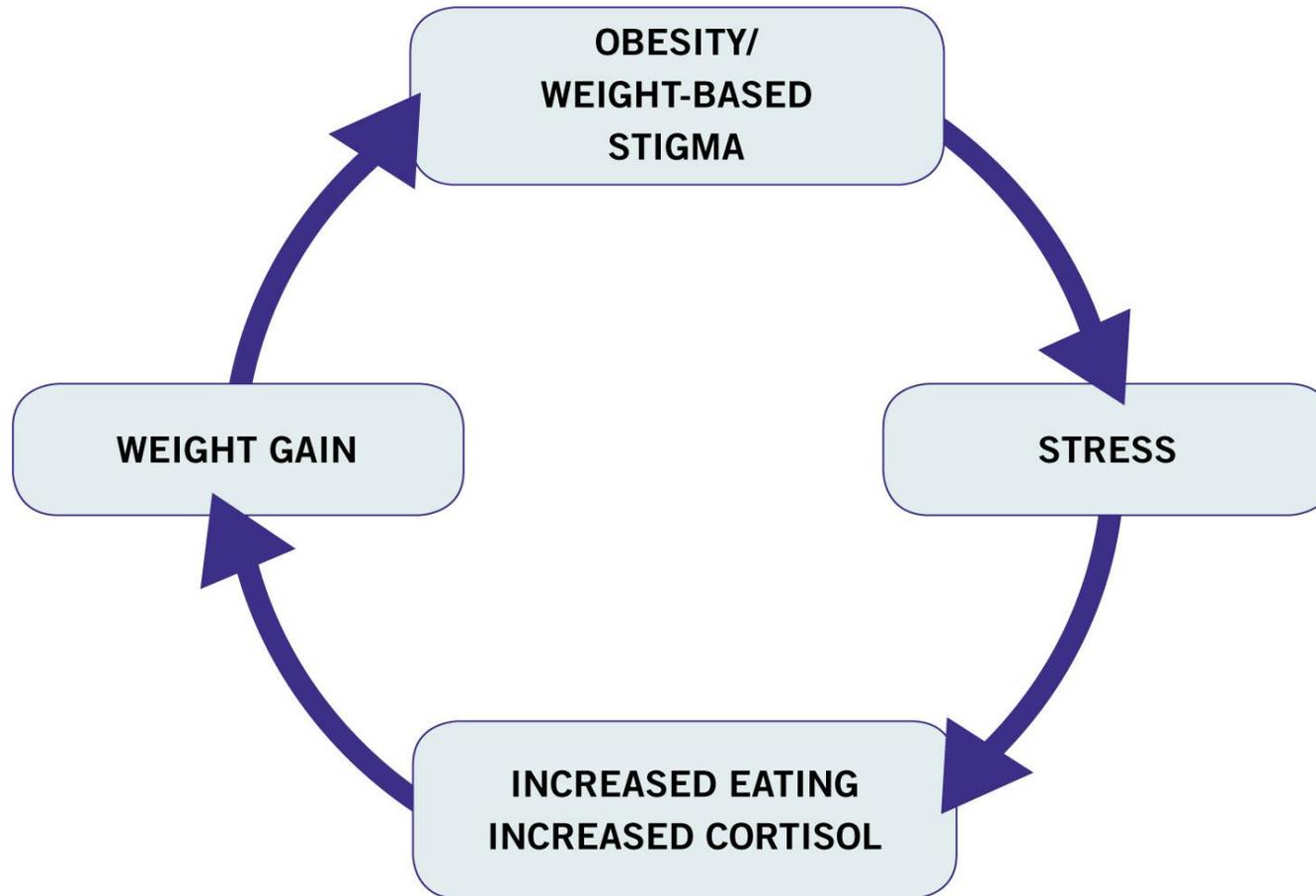
Psychological Consequences of Obesity Stigma

Psychological Consequences of Obesity Stigma

Social Consequences of Obesity Stigma

- It affects personal relationships due to rejection by peers and family members.

- Weight stigma in some parts of North America is seen as a form of motivation for weight loss and increases the vulnerability of obese individuals in this region.

- It negatively impacts patient engagement and treatment adherence.

- Patients are further discouraged from seeking treatment due to avoidance of environments where they could be helped e.g. fitness centers.

Obesity Stigma in Healthcare Settings

- Studies have shown that healthcare environments are a major source of weight stigma.

- This makes it more difficult for obese individuals to get the quality treatment they need.

- Examples of bias in healthcare settings include:

- Beliefs that obesity is a result of complacency, incapacity, and an absence of willpower in patients.

- Thoughts that obese patients are not compliant with instructions making their care a waste of time.

Obesity Stigma in Healthcare Settings

- Over-attribution of symptoms to obesity, the unwillingness to consider alternative diagnoses, the decreased investigation of treatment alternatives, and the reluctance to perform clinical examinations are additional health problems that have been linked to the stigma associated with obesity.

- Individuals who are obese are up to three times more likely to report being denied healthcare, and they also report being mistreated and even ignored when they are receiving it.

Strategies for Addressing Obesity Stigma

This can be done through health policies and environmental modifications.

Changing focus from the promotion of weight loss interventions to the promotion of healthy behaviors.

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De-emphasizing the role of individuals and emphasizing genetics and environmental factors as major culprits to dismantle obesity stigma.

Strategies for Addressing Obesity Stigma

In healthcare settings, healthcare workers should also focus on the overall health of the patients.

Cautious use of language is also advised in healthcare settings.

Utilization 5 'A's method that offers a nonjudgemental approach to obesity counseling.

Participation of health workers in health education, awareness creation, and advocacy exercises to combat obesity stigma.

Strategies for Addressing Obesity Stigma

5A's of obesity management

Ask
Permission to discuss weight
Explore readiness to change/address

Assess
Obesity stage and/or BMI, for co-morbidities
Drivers, complications, and barriers

Advise
Discuss benefits of modest weight loss in context
Discuss treatment options

Agree
Agree on realistic weight loss expectations
Agree on SMART behaviour change goals
Agree on a treatment plan

Assist
Assist in addressing drivers and barriers
Assist in accessing resources
Refer prn / arrange follow up

Promoting Health Equity

- Provision of appropriate-sized equipment for all patients:
- ➢ Such equipment include:
- ➢ Large armless chair
- ➢ Large hospital gowns
- ➢ Large weighing scales
- ➢ Big sphygmomanometer cuffs
- Adoption of telemedicine.
- Medicaid expansion.

Activity

- People with obesity have full control over their weight.

- Healthcare providers should receive specialized training on how to treat patients with obesity.

- Obesity is primarily a result of personal choices and behaviors.

- Weight loss is the only effective treatment for health issues associated with obesity.

Call to Action

- Recognize and acknowledge bias
- Promote sensitivity and empathy
- Implement education and training
- Advocate for policy change
- Support research and evidence-based practices
- Engage in community outreach and education
- Seek feedback and continuous improvement
- Take action today

Conclusion

- Obesity is a common chronic disease with a huge burden in the USA.

- Pervasive negative attitudes or beliefs surrounding weight puts people with obesity at risk of discrimination known as obesity stigma.

- Weight stigma exists in healthcare settings and results in health inequities.

- Health inequities are worsened by the social acceptability of obesity stigma.

- There is a need for strong awareness exercises, advocacy efforts, policies, and legislation to address this menace.

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