Addressing Weight Bias and Stigma in Your Practice

What Are Weight Bias and Stigma?[1-3]

- *Weight bias* is the negative perception of people based on their weight (eg, stereotypes, attitudes, expectations), and *weight stigma* refers to the social devaluation, mistreatment, and discrimination directed at people with obesity

Weight Stigma Is Strongly Associated With Negative Health Outcomes	
Lifestyle-associated behaviors	Increased calorie consumption, disordered eating (eg, binge eating), maladaptive weight control, lower physical activity/exercise motivation
Healthcare resource utilization	Lower treatment adherence, reduced trust of healthcare professionals (HCPs), poor communication, missed follow-up care and preventive health screenings
Physiologic responses and distress	Physiologic responses (eg, increases in cortisol, C-reactive protein, A1C, blood pressure), poorer chronic disease self-management, chronic disease progression, lower healthcare-related quality of life
Psychologic distress	Depression, anxiety, low self-esteem, poor body image, substance use, suicidality

- Weight bias and stigma are found across specialties and at multiple healthcare levels
  - Institutional: discriminatory policies, noninclusive culture, inadequate physical accommodations, denial of care
  - Interpersonal (explicit and implicit): dislike/blame, assumptions, disrespectful communication, all conditions/symptoms attributed to weight

HCPs should actively prevent and reduce weight bias and stigma to provide the best possible care!

Recognize and Address HCP Biases: Self-Assessment, Reflection, Education[1-4]

- Take advantage of the many tools available for bias self-assessment (eg, Antifat Attitudes Questionnaire, Attitudes Toward Obese Persons Scale, Beliefs About Obese Persons Scale, Fat Phobia Scale [short form], Universal Measure of Bias-Fat Scale, Weight Bias Internalization Scale, Stigmatizing Situations Inventory)
- Promote training on weight bias and stigma for HCPs and healthcare setting staff; ongoing education on obesity as a chronic disease is also recommended

How do I feel when I work with patients of different body sizes? Do I make assumptions based on a patient's weight? How do patients with obesity feel after their appointment with me?

Recognize Internalized Weight Bias (IWB)[1-3]

- IWB occurs when a person with overweight or obesity applies societal weight biases to themselves
- Consequences of IWB include:
  - Shame, self-blame, low self-esteem, higher stress
  - Increased caloric intake and disordered eating
  - Low motivation for healthy lifestyle behaviors and treatment plan adherence
  - Poorer health outcomes and health-related quality of life
- Consider IWB when evaluating people with overweight or obesity
  - Tools for assessing IWB include the **Weight Self-Stigma Questionnaire** and the **Weight Bias Internalization Scale**
  - IWB should be addressed through long-term mental health care (eg, cognitive behavioral therapy)

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Practices to Minimize Bias and Stigma[1-3]

Language and Communication

- Encourage person-first language (eg, *person with obesity* instead of *obese person*) and preferred language practice-wide; see the resource on language use in obesity care for more information
- Extend the practice to documentation, including visit notes and other health record documentation
- Use updated diagnostic codes that incorporate unbiased, nonstigmatizing language. For example:
  - E66.8 "Other obesity" instead of E66.0 "Obesity due to excess calories"
  - E66.813 "Class 3 obesity" instead of E66.01 "Morbid (severe) obesity due to excess calories"

Provide a Care Environment That Accommodates Individuals of All Sizes

- Furnishings, equipment, and supplies should have appropriate weight/size capacity (eg, ≥500 lb)
  - Scales, chairs, examination tables, wheelchairs
  - Blood pressure cuffs, phlebotomy needles, gowns
- Ensure privacy for measurements (eg, weight, waist circumference)
- Media in waiting and exam rooms should be weight sensitive

Care Environment Personnel

- Model desired behavior for staff
- Encourage ongoing training/education on obesity as a chronic disease and current evidence-based care

Consult Other HCPs for Additional Insights

- Share approaches for reducing weight-related bias and stigma with other HCPs on your obesity care team
- Obesity specialists can also provide additional resources and suggestions for minimizing weight-related bias and stigma in your practice

References:
1. obesitymedicine.org/resources/obesity-algorithm/
2. Nadolsky. Endocr Pract. 2025;31:351.
3. Bannuru. BMJ Open Diabetes Res Care. 2025;13:e004962.
4. uconnruddcenter.org/wp-content/uploads/sites/2909/2020/07/Measures-to-Assess-Weight-Bias.pdf.

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