

Pervasive Bias: An Obstacle to Obesity Solutions

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In the ongoing work on critical issues in obesity, the neglected problem of societal bias, stigma, and discrimination toward individuals with obesity impedes progress toward evidence-based solutions. Much of this bias and discrimination stems from negative stereotypes that persons with obesity are lazy, gluttonous, lacking in willpower and discipline, and personally to blame for their weight. National estimates indicate that the prevalence of weight discrimination has significantly increased in recent decades and is comparable to rates of racial discrimination.¹⁻² This form of bias is pervasive in many domains of living, including employment settings, health care, educational institutions, the media, and interpersonal relationships.³

In addition to perpetuating social and economic inequalities for individuals with obesity, weight bias leads to adverse health consequences for both children and adults. Experiencing weight bias or discrimination increases risk for a range of negative consequences for emotional health, including depression, anxiety, suicidality, and substance use. Weight bias also has significant implications for physical health and obesity, as those who face weight bias are more likely to avoid health care, engage in unhealthy and disordered eating behaviors, increase food consumption, avoid physical activity, experience elevated physiological stress, and have an increased risk of becoming and remaining obese over time.⁴⁻⁷ Evidence consistently points to the conclusion that weight bias impairs health. Pervasive bias interferes

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with all aspects of efforts to address obesity: policymaking, research, prevention, access to care, and quality of care.

Despite decades of science on this issue, weight bias has been largely ignored in the national discourse about obesity. In fact, weight bias and societal attributions of personal blame for obesity are so prevalent that many view stigma as a necessary incentive to motivate individuals with obesity to lose weight. This viewpoint is at odds both with scientific evidence on the health consequences of weight bias and with what is known about disease stigma and its power to thwart public health efforts. Throughout history, disease stigma has been a known enemy impairing efforts to prevent and treat numerous illnesses and diseases, ranging from tuberculosis to mental illness to HIV/AIDS. The recognition of significant obstacles created by disease stigma has contributed to the emergence of public health policies, research, and programs to counteract disease stigma. Despite broad consensus that stigma undermines health, this principle has been neglected with obesity. The stigma of obesity remains a glaring omission in obesity prevention and treatment, even in

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the face of high prevalence rates of obesity and evidence of widespread societal bias and its negative consequences for individuals with obesity.

Acknowledging and reducing the detrimental effects and public health consequences imposed by weight stigma are essential. Resolving this issue will be critical to achieving effective obesity solutions. This requires efforts to increase public awareness of weight stigma and its health impacts, challenge societal stereotypes and attributions of blame for body weight, combat harmful messages in the media that promote obesity stigma, disseminate interventions that support and empower rather than stigmatize or shame persons with obesity, and implement stigma reduction efforts in settings where weight bias is prevalent, such as in schools, the workplace, and in health care. Ultimately, we must separate the disease of obesity from the people who are affected and implement solutions for obesity while maintaining respect and dignity for children and adults with this disease.

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References:

1. Puhl, R., T. Andreyeva, and K. Brownell. 2008. Perceptions of weight discrimination: prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity* 32:992-1000.
2. Andreyeva, T., R. Puhl, and K. Brownell. 2008. Changes in perceived weight discrimination among Americans, 1995-1996 through 2004-2006. *Obesity Journal* 16(5): 1129–1134.
3. Puhl, R. and C. Heuer. 2009. The stigma of obesity: a review and update. *Obesity Journal* 17(5):941-964.
4. Sutin, A. and A. Terracciano. 2013. Perceived weight discrimination and obesity. *PLoS One* 8(7):e70048.
5. Tsenkova, V., D. Carr, D. Schoeller, and C. Ryff. 2011. Perceived weight discrimination amplifies the link between central adiposity and nondiabetic glycemic control (HbA1c). *Annals of Behavioral Medicine* 41(2):243-51.
6. Almeida, L., S. Savoy, and P. Boxer. 2011. The role of weight stigmatization in cumulative risk for binge eating. *Journal of Clinical Psychology* 67(3):278–92.
7. Hatzenbuehler, M., K. Keyes, and D. Hasin. 2009. Associations between perceived weight discrimination and the prevalence of psychiatric disorders in the general population. *Obesity Journal* 17(11): 2033-2039.