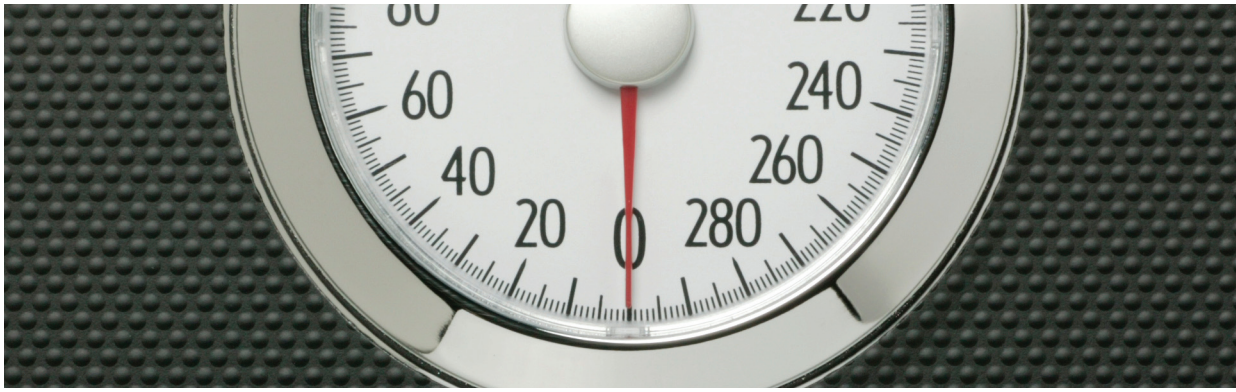
RUDD REPORT

2009



WEIGHT BIAS
A Social Justice Issue

A Policy Brief

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RUDD CENTER
FOR FOOD POLICY
& OBESITY
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Introduction

Science has documented clear, consistent evidence that overweight people face discrimination in employment, education, and health care.[1] In a country where two out of three adults and one out of two children are overweight or obese, weight bias affects millions, at a steadily increasing rate. In 1995-96, weight discrimination was reported by 7% of US adults. In 2004-2006, that percentage rose to 12% of adults.[2]

Weight bias

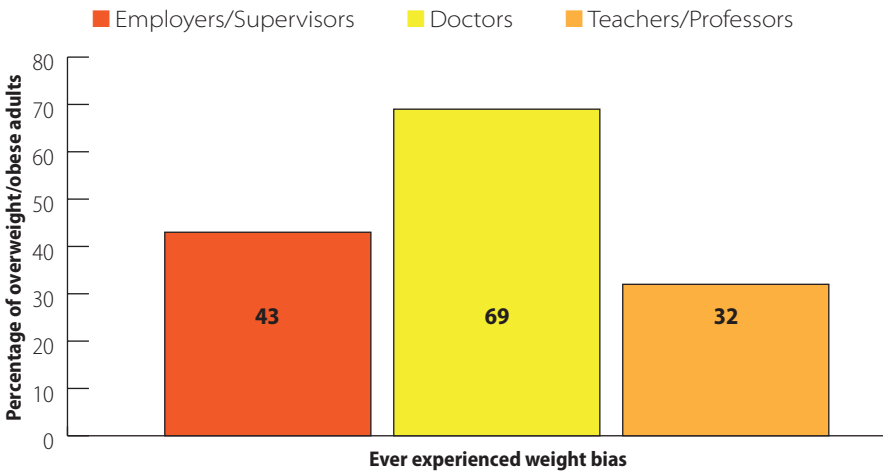
- **has serious medical and psychological consequences;**
- **reduces earning potential;**
- **affects hiring and promotion opportunities;**
- **affects academic opportunities and achievement.**

Right now, no federal laws protect overweight people from discrimination.

Including weight as a category of discrimination in federal, state, and local statutes has the potential to:

- reduce unfair treatment of overweight people;
- make weight bias an unacceptable form of prejudice, similar to bias on the basis of race or gender;
- prevent some of the social and medical consequences of obesity.

Overweight Individuals Experience Weight Bias from Employers, Doctors, and Teachers



(Puhl, Brownell 2001)[3]

The table above shows the results of a survey of 2,449 obese and overweight adults on their experience of weight bias.

Consequences

What are the consequences of weight bias?

Weight bias can have a significant impact on social, economic, and physical health.

Social and economic consequences include social rejection, poor quality of relationships, worse academic outcomes, and lower socio-economic status.[4]

Health consequences can include behaviors such as binge eating,

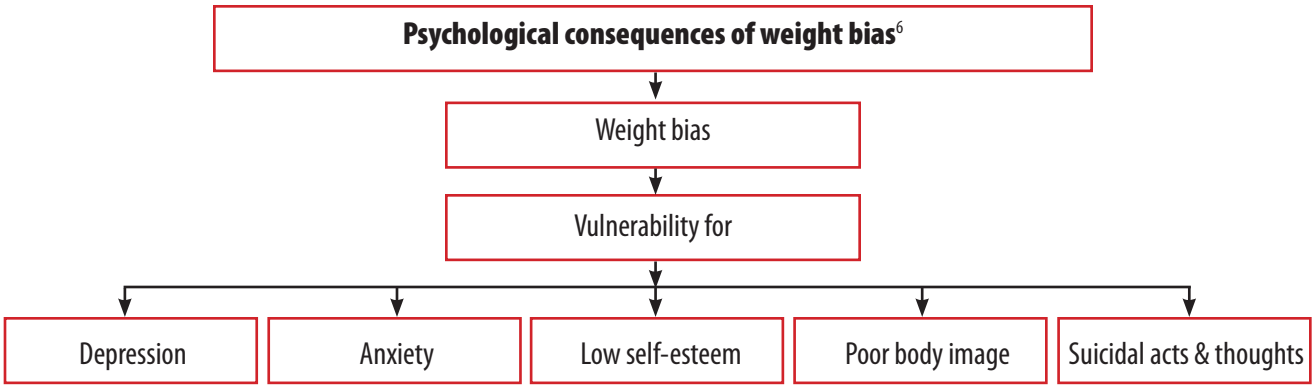
"Obesity carries with it one of the last forms of socially acceptable discrimination. We, as a society, need to make every possible effort to eradicate it from our culture. One important step would be by enacting meaningful public policy to protect those who have been subject to weight discrimination."

—Joseph Nadglowski, Jr., President and CEO, Obesity Action Coalition

INSIDE THIS BRIEF:

unhealthy weight control practices, coping with stigma by eating more, refusing to diet, and avoiding physical activity. Weight bias can also lead to higher blood pressure, more stress, and an overall poor quality of life.[5]

The diagram below illustrates some of the negative psychological consequences of weight bias on children and adults.



"If weight discrimination against obese individuals continues without sanction, thousands of people will suffer the emotional, social, and physical health consequences. Legislation to protect overweight and obese individuals from unfair treatment is badly needed."

—Rebecca Puhl, PhD, Rudd Center, Yale University

WHY DOES WEIGHT BIAS EXIST?

Weight bias exists because of beliefs that:

- stigma and shame will motivate people to go on diets and lose weight;
- the only reason people fail to lose weight is because of poor self-discipline or a lack of willpower.

Weight bias also exists because our culture:

- sanctions its overt expression;
- values thinness and perpetuates societal messages that obesity is the mark of a defective person;
- blames the victim rather than addressing environmental conditions that cause obesity;
- allows the media to portray obese individuals in a biased, negative way.

Weight Bias in Employment

In the hiring process

Compared to job applicants with the same qualifications, obese applicants are rated more negatively and are less likely to be hired. Obese applicants are also perceived to be unfit for jobs involving face-to-face interactions.

In addition, overweight and obese applicants are viewed as having

- poor self-discipline;
- low supervisory potential;
- poor personal hygiene;
- less ambition and productivity.[7]

In the workplace

- A 2007 study of over 2,800 Americans found that overweight adults were 12 times more likely to report weight-based employment discrimination compared to "normal" weight adults, obese persons were 37 times more likely, and severely obese adults were 100 times more likely. Women appear particularly vulnerable: over one-quarter (27%) of them report employment discrimination.[8]
- Forty-three percent of overweight people report that they have experienced weight bias from employers and supervisors.[9]
- Some companies are planning to regularly charge overweight employees unless they meet standards for weight, cholesterol, and blood pressure.[10]

27% OF OBESE WOMEN REPORT WEIGHT-BASED EMPLOYMENT DISCRIMINATION.

"Appearance, especially weight, has a lot to do with advancing. I have been normal size and have advanced. But since I have been heavy, no one wants me. I have a high IQ and my productivity is extremely high. But, no one cares."

—**Employee**[11]

BIAS EXAMPLES

- not being hired because of weight;
- becoming the target of derogatory comments and jokes by employers and coworkers;
- being fired for failure to lose weight;
- being penalized for weight, through company benefits programs.

Consequences

Overweight people:

- earn 1 to 6 percent less than non-overweight people in comparable positions, and obese females suffer more than obese males;[12]
- get fewer promotions;[13]
- are viewed as lazy, less competent, and lacking in self-discipline by their employers and co-workers;[14] more than half (54%) of overweight participants in a study reported they had been stigmatized by co-workers;[15]
- can be fired or suspended because of their weight, despite demonstrating good job performance and even though weight is unrelated to their job responsibilities.[16]

Weight Bias in Health Care

Bias among medical professionals

- In a study of 400 doctors, one of every three listed obesity as a condition to which they respond negatively. They ranked it behind only drug addiction, alcoholism, and mental illness. They associated obesity with noncompliance, hostility, dishonesty, and poor hygiene.[17]
- Self-report studies show that doctors view obese patients as lazy, lacking in self-control, non-compliant, unintelligent, weakwilled, and dishonest.[18]
- Psychologists ascribe more pathology, more negative and severe symptoms, and worse prognosis to obese patients compared to thinner patients

presenting identical psychological profiles.[19]

- In a survey of 2,449 overweight and obese women, 69 percent said they had experienced bias against them by doctors, and among 52 percent the bias had occurred on more than one occasion.[20]

Consequences

Overweight patients

- are reluctant to seek medical care;[21]
- cancel or delay medical appointments;[22]
- put off important preventative healthcare services.[23]

Doctors seeing overweight patients

- spend less time with the patient;
- engage in less discussion;
- are reluctant to perform preventive health screenings such as pelvic exams, cancer screenings, and mammograms;
- do less intervention.[24]

MORE THAN TWO OF EVERY THREE (69%) OVERWEIGHT PEOPLE REPORT HAVING BEEN STIGMATIZED BY DOCTORS.

"I think the worst was my family doctor who made a habit of shrugging off my health concerns . . . the last time I went to him with a problem, he said, 'You just need to learn to push yourself away from the table.' It later turned out that not only was I going through menopause, but my thyroid was barely working."

—Patient[25]

BIAS EXAMPLES

- being the target of derogatory comments and jokes by doctors, nurses, nutritionists, and other health professionals;
- not being provided appropriate-sized medical equipment such as blood pressure cuffs and patient gowns.

In one study of nurses

- 31 percent said they would prefer not to care for obese patients;
- 24 percent agreed that obese patients "repulsed them";
- 12 percent said they would prefer not to touch obese patients.[26]

Weight Bias in Education

Bias by teachers

- Teachers say overweight students are untidy, more emotional, less likely to succeed at work, and more likely to have family problems.[27]
- Forty-three percent of teachers agree that "most people feel uncomfortable when they associate with obese people."[28]
- Teachers have lower expectations for overweight students (compared to thinner students) across a range of ability areas.[29]

According to the National Education Association, "For fat students, the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment. . . . From nursery school through college, fat students experience ostracism, discouragement, and sometimes violence."

—NEA, 1994[30]

Bias by educational institutions

Obese students are significantly less likely to be accepted for admission to college despite comparable academic performance.[31]

ONE OF THREE CHILDREN HAS EXPERIENCED WEIGHT BIAS FROM A TEACHER. TWO OF EVERY THREE HAVE EXPERIENCED IT FROM A CLASSMATE.

"… I was sick and absent from school one day. The teacher taking attendance came across my name and said, 'She must have stayed home to eat.' The other kids told me about this the next day."

—Person seeking treatment for obesity[32]

Bias by classmates

- Close to one of three overweight girls and one of four overweight boys report being teased by peers at school. Among the heaviest group of young people, that figure rises to three out of every five.[33]
- Peers see obese children as undesirable playmates who are lazy, stupid, ugly, mean, and unhappy.[34]
- Negative attitudes begin in pre-school and may get worse as children age.[35]

Consequences

- Obese elementary school children miss more days of school than their non-obese peers.[36]
- Obese adolescent girls are less likely to attend college compared to non-obese girls.[37]
- Students who were obese at age 16 had fewer years of education compared to non-obese peers.[38]
- Youth who are victimized because of their weight are more vulnerable to depression, low self-esteem, poor body image, and suicidal thoughts.[39]
- Weight-based teasing makes young people more likely to engage in unhealthy eating patterns and avoid physical activity.[40]

Current Law

SOME STATE AND LOCAL LAWS COVER WEIGHT DISCRIMINATION

Michigan has the only state law prohibiting discrimination against overweight people, enacted in 1977. The law, entitled the Elliott-Larsen Civil Rights Act, prohibits discrimination practices based on 10 categories, including weight. The practices include obtaining employment, housing, and real estate; and using public accommodations, public service, and educational facilities.

THREE CITIES HAVE LAWS PROHIBITING WEIGHT DISCRIMINATION

- Washington DC: the Human Rights Law includes "personal appearance" in its protected categories;
- San Francisco, CA: the Human Rights Commission added "weight and height" to the municipal code to ensure that programs, services, and facilities would be accessible;
- Santa Cruz, CA: the municipal code on discrimination includes "height, weight, or physical characteristics" as protected categories.

PROPOSED LEGISLATION

Legislators in Massachusetts, Nevada, and Oregon filed weight bias bills in 2009.

Policy Recommendations

To improve working conditions, healthcare, and overall quality of life for millions of Americans, include weight on the list of categories that are covered in anti-discrimination laws. This can be accomplished on a federal, state, or local level.

IN EMPLOYMENT

Include weight in the Civil Rights Act or create separate federal anti-discrimination legislation based on weight.

IN HEALTH CARE

Encourage health care organizations to include language on weight bias in their patients' rights policies, and require weight bias training for all health care professionals.

IN SCHOOLS

Protect overweight and obese children from bullying and intimidation in school by requiring states and/or school districts to adopt and enforce policies prohibiting harassment, intimidation, or bullying on school property. Include weight as a specific protected category.

CURRENT FEDERAL LAWS DO NOT COVER WEIGHT DISCRIMINATION

- The Americans with Disabilities Act of 1990 (ADA) requires people to prove their obesity is a "disability."

  This not only creates further stigmatization for those who do not consider themselves disabled, but also fails to address the problem because courts rarely recognize such claims even when the person is morbidly obese.
- The Rehabilitation Act of 1973 is similar to the ADA, except that this act governs discrimination by the federal government, contractors, and/or programs that get federal funding.
- The Civil Rights Act of 1964 deals exclusively with employment and does not include weight as a category of discrimination.

RESPONSES TO ARGUMENTS AGAINST WEIGHT BIAS

Argument	Response
Weight bias? It's not a big deal, and besides, people who say negative things about overweight people are just having some friendly fun.	Weight bias is serious and pervasive. It leads to negative emotional, social, economic, and physical health consequences for overweight and obese people.
Weight isn't worthy of protected status.	The two-thirds of Americans who are overweight or obese deserve equitable treatment under the law.
Science has not established weight discrimination as a compelling social problem worthy of protected status.	There is substantial scientific evidence to make weight a protected status under the law. For example: ■ The frequency of weight discrimination increases with body weight. A 2005 study found that 26 percent of overweight adults were more likely than normal weight persons to report work-related discrimination. Obese persons were 50 percent more likely, and very obese persons were 84 percent more likely to report job-related discrimination, compared to non-overweight individuals. ■ A 2006 study found that 43 percent reported weight bias from employers and supervisors and 53 percent experienced weight bias from co-workers.
If you fight weight stigma, you'll actually discourage people from trying to lose weight. The criticism is motivating.	The opposite is true. A 2006 study of over 2400 overweight and obese adults found that close to three of every four coped with weight bias by eating more and refusing to diet.
People who feel they've been discriminated against already have a legal recourse: they can use the Americans with Disabilities Act to claim discrimination based on disability.	Claiming disability using the ADA has not been successful in the courts except when a person is significantly disabled due to illnesses or other conditions related to his or her weight. This is of little help to overweight people who suffer discrimination on a daily basis. Also, labeling persons as "disabled" who have been treated unfairly because of weight is itself stigmatizing.
Overweight and obese people don't need legal protection. If they want to avoid discrimination, they should simply lose weight.	Many years of scientific evidence show that significant weight loss is difficult to achieve and sustain over time. Only a very small percentage of people can achieve this goal. The vast majority cannot.
We should be focusing on education rather than the law.	Education is important but can't succeed without legal protection. States don't rely solely on education about fairness to stop racial and sexual discrimination; rather, they step in to protect people who are treated unfairly.
Anti-discrimination laws will generate a lot more lawsuits in the workplace, which we don't need.	Each time a group has been added to anti-discrimination regulations, opponents have predicted a huge increase in lawsuits—and each time the prediction has been wrong. In the 30 years that the Michigan law has been enforced, it has resulted in few lawsuits.

RESPONSES TO ARGUMENTS AGAINST WEIGHT BIAS continued

Argument	Response
With all the work being done to reduce obesity in this country, it's a contradiction to want to make people thinner but also protect them when they're fat.	We need to fight obesity, not obese people! Stigma, bias, and discrimination aimed at overweight and obese people are pervasive, powerful, and wrong. Little has been done to stop this discrimination. Improving the food environment to help people reach a healthy weight goes hand in hand with reducing weight bias. Medicine and public health offer many precedents for addressing both a problem and the stigma associated with it. For example, ■ When alcoholism was declared a disease, blaming decreased and resources increased for prevention. ■ With cancer, bold and aggressive efforts for prevention proceed side-by-side with efforts to reduce stigma. ■ Reducing the stigma associated with AIDS allowed for advancement in treatment and prevention. The aim is not to punish people with alcoholism, cancer, AIDS—or obesity. Quite the contrary. It is to protect their basic human rights.

REAL CHANGE WILL REQUIRE COMPASSION AND A CLEAR METHOD OF DEFENDING BASIC HUMAN RIGHTS.

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For a comprehensive list of Rudd Center publications on weight bias, tools for researchers, faculty presentations, and web links, visit **www.yaleruddcenter.org**.

The Rudd Center for Food Policy and Obesity at Yale University is directed by **Kelly D. Brownell, PhD**, and works to improve the world's diet, prevent obesity, and reduce weight stigma by making creative connections between science and public policy.

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