



### **Weight Bias Awareness**

*Call for action using health education and promotion activities directed to enhance awareness of unconscious and internalized weight bias.*

*Advocacy to emphasize beneficial effects of promoting clients' body acceptance among health education and health promotion professionals, by presenting on weight bias at chapter and national meetings.*

**Accepted by the SOPHE Board of Trustees**

**October 18, 2019**

**Whereas**, over one-third of Americans are classified as obese according to the body mass index (BMI)\* (Centers for Disease Control and Prevention, 2015);

**Whereas**, the BMI is recognized as a crude measure of health and fatness (Flegal, Kit, Orpana, Graubard, 2013; Prado, Cristina Gonzalez, & Heymsfield, 2015; Tomiyama, Hunger, Nguyen-Cuu, & Wells, 2016);

**Whereas**, myths, presumptions, and misinformation are often presented as facts about weight and health in public health and scientific literature (Casazza et al., 2013; Hebert, Allison, Archer, Lavie, & Blair, 2013);

**Whereas**, weight bias, including its manifestation in micro-aggressions and discrimination, is highly prevalent in multiple social contexts including healthcare settings (Bombak, 2014; Munro, 2017; Phelan et al., 2015; Puhl & Heuer, 2010; Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Spahlholz, Baer, König, Riedel-Heller, & Luck-Sikorski, 2016; Tylka et al., 2014);

**Whereas**, consequences of weight bias include avoidance of medical care, poorer quality of care, medication non-adherence, disordered eating, inactivity, psychosocial stress, provider distrust, and poorer mental health (Chrisler & Barney, 2016; Mensinger, Tylka, Calamari, 2016; Phelan et al., 2015; Puhl & Heuer, 2010);

**Whereas**, weight dissatisfaction and internalized bias are associated with subjective ill health, incidence of diabetes, and other negative cardiometabolic outcomes (Pearl et al., 2017; Wirth, Blake, Hebert, Sui, & Blair, 2014);

**Whereas**, weight regain following weight loss is highly likely (Mann, Tomiyama, & Ward, 2015; Schwartz et al., 2017);

**Whereas**, independent of BMI, cardiorespiratory fitness and health behavioral changes are protective of morbidity and mortality (Barry, Baruth, Beets, Durstine, Liu, & Blair; Chow et al., 2016);

**Whereas**, sustained psychological, behavioral, and cardiometabolic improvements can be produced independently of weight loss in interventions incorporating body acceptance, physical activity, and

dietary modifications (Bacon & Aphramor, 2011; Borkoles, Carroll, Clow, & Ploughman; Humphrey, Clifford, & Neyman Morris, 2015);

**Whereas**, weight self-stigma can mediate the effect of health behavior change (Mensinger, Calogero, & Tylka, 2016; Mensinger & Meadows, 2017);

**Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:**

#### ***Internal Actions***

1. Enhance awareness of weight bias, including unconscious and internalized biases and the beneficial effects of promoting clients' body acceptance among health education and health promotion professionals, by presenting on weight bias at chapter and national meetings.
2. Prepare health educators with training to take a holistic approach to evaluating health including medical history, symptomology, self-care behaviors, and the social determinants of health, and not a predominant focus on weight, as part of a weight-inclusive approach to health (Tylka et al., 2014).
3. Enhance competencies among members for dealing with weight-related issues that do not reinforce explicit or internalized weight bias and do not conflate weight, behavior, and health by developing and disseminating a toolkit for chapters on weight bias and health.
4. Consider weight bias in terms of intersectionality, cultural competency, health equity, and social justice by incorporating weight as an added dimension when advocating for other forms of equity.
5. Seek out the voices and opinions of advocates of equality for higher weight people in policy, programming, and messaging by reaching out to international and grassroots size acceptance advocacy organizations.
6. SOPHE will advocate for equity for individuals with obesity in regard to healthcare.

#### ***External Actions***

1. Work with other organizations in the fields of mental and behavioral health, nutrition, physical activity, non-communicable disease, and health care on external actions by sending a letter to collaborating agencies about weight bias and by working with the Department of Health and Human Services in their new strategic plan to ensure that weight bias is considered an important health issue.
2. Advocate for messaging, environments, and policies that do not discriminate against individuals of higher weights and that encourage inclusivity by working with jurisdictions on anti-weight discrimination and -bullying policies.
3. Foster and support organizations and partnerships that seek to add to the literature on weight bias and investigate research opportunities to explore weight bias and related training among health educators and public health practitioners.

#### **Note**

\*BMI is calculated by dividing weight in kilograms by height in meters squared; the following categories are often associated with BMI: underweight (BMI of <18.5), normal weight (BMI of 18.5–<25), overweight (BMI of 25–<30), and obesity (BMI of ≥30).

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