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# **WEIGHT BIAS** A Social Justice Issue





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# Introduction

Science has documented clear, consistent evidence that overweight people face discrimination in employment, education, and health care.<sup>1</sup> In a country where two out of three adults and one out of three 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, demonstrating a 66% increase.<sup>2</sup>

# 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:

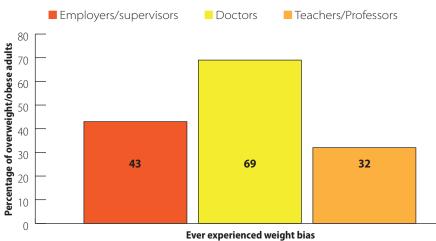
- reduce unfair treatment of overweight people
- make weight bias an unacceptable form of prejudice, similar to bias on the basis of race or gender
- prevent some of the social and medical consequences of obesity

# **INSIDE THIS BRIEF:**

2

2 Consequences of Bias
4 Bias in Employment
4 Bias in Health Care
5Bias in Education
7Current Law and Policy Recommendations
8 Common Arguments Against Policy and Responses
10 More Information
11References

# Employees, patients, and students who experienced weight bias



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

# **Consequences of Bias**

# What are the consequences of weight bias?

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

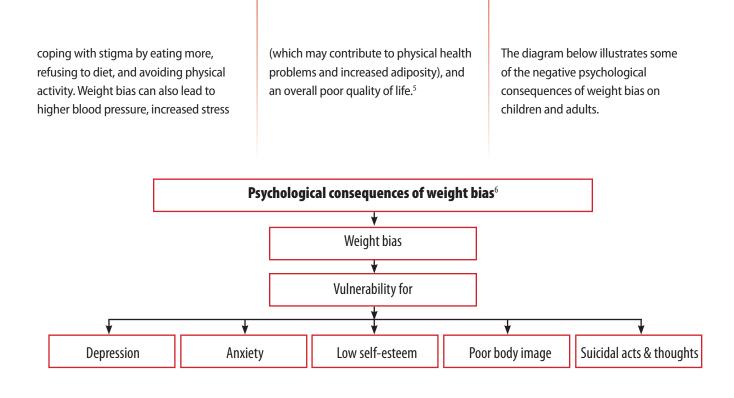
Social and economic consequences include social rejection, poor quality of relationships, worse academic outcomes and lower socio-economic status.<sup>4</sup>

Health consequences can include behaviors such as binge eating, unhealthy weight control practices, "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."

(Puhl, Brownell 2001)<sup>3</sup>

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

RUDD REPORT WEIGHT BIAS



"If weight discrimination against obese individuals continues without sanction, millions 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 stems from beliefs that:

- stigma and shame will motivate people to lose weight
- people are responsible for their own weight and only fail to lose weight 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

# **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
- Iow supervisory potential
- poor personal hygiene
- less ambition and productivity<sup>7</sup>

# In the workplace

 A 2007 study of over 2800 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.<sup>8</sup>

- Forty-three percent of overweight people report that they have experienced weight bias from employers and supervisors.<sup>9</sup>
- Some companies regularly charge overweight employees unless they meet standards for weight, cholesterol, and blood pressure. A 2010 survey found that 17% of employers polled were currently, or had plans to, start imposing such penalties.<sup>10</sup>

### OVER HALF (54%) OF OVERWEIGHT PEOPLE REPORTHAVING BEEN STIGMATIZED BY CO-WORKERS.<sup>11</sup>

"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<sup>12</sup>

# **BIAS EXAMPLES**

- not being hired because of weight;
- becoming the target of derogatory comments and jokes by employers and co-workers;
- being assigned less important or challenging tasks than thinner colleagues;
- being fired for failure to lose weight;
- being penalized for weight, through company benefits programs.

# Consequences

### **Overweight people**

- earn less than non-overweight people in comparable positions, and obese females suffer more than obese males<sup>13</sup>
- get fewer promotions<sup>13</sup>
- are viewed as lazy, less competent, and lacking in self-discipline by their employers and co-workers.<sup>15</sup> More than half (54%) of overweight participants in a study reported they had been stigmatized by co-workers.<sup>16</sup>
- can be fired, suspended, or demoted because of their weight, despite demonstrating good job performance and even though weight is unrelated to their job responsibilities.<sup>17</sup>

# **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.<sup>18</sup>
- Self-report studies show that doctors often view obese patients negatively, and hold stereotypes of them as lazy, lacking in self-control, non-compliant, unintelligent, weak-willed, sloppy and dishonest.<sup>19</sup>
- Psychologists ascribe more pathology, more negative and severe symptoms, and worse prognosis to obese patients compared to thinner patients presenting identical psychological profiles.<sup>20</sup>

4



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.<sup>21</sup>

## Consequences

### **Overweight patients**

- are reluctant to seek medical care
- cancel or delay medical appointments
- put off important preventative healthcare services.<sup>22</sup>

### 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<sup>23</sup>
- may refuse to provide services such as obstetric screenings and in-vitro fertilization to women over a certain BMI<sup>24</sup>

### MORE THAN TWO OF EVERY THREE (69%) OVERWEIGHT PEOPLE REPORT HAVING BEEN STIGMATIZED BY DOCTORS.<sup>11</sup>

# **BIAS EXAMPLES**

- being denied medical services because of your weight
- 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
- having unrelated medical problems attributed to your weight

## 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.<sup>25</sup>

# **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.<sup>26</sup>
- Forty-three percent of teachers agreed that "most people feel uncomfortable when they associate with obese people."<sup>27</sup>
- Teachers have lower expectations for overweight students (compared to thinner students) across a range of ability areas.<sup>28</sup>

# 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<sup>29</sup>

"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."

-Person affected by obesity

"... 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<sup>40</sup>

# **Bias by classmates**

- In a study of 1555 adolescents, almost a third had experienced weightrelated victimization, with overweight youth being six times more likely to report such experiences than thinner youth.<sup>30</sup> Peers view obese children as undesirable playmates who are lazy, stupid, ugly, mean, and unhappy.
- Negative attitudes begin in pre-school and may get worse as children age.<sup>31</sup>

### 92% OF ADOLESCENTS **REPORT THAT THEY WITNESS** THEIR OVERWEIGHT AND **OBESE PEERS BEING TEASED** AT SCHOOL.<sup>39</sup>

### IN ELEMENTARY SCHOOL, THE LIKELIHOOD **OF BEING BULLIED IS 63% HIGHER FOR AN OBESE CHILD THAN A NON-OVERWEIGHT PEER.<sup>38</sup>**

### Consequences

- Obese elementary school children miss more days of school than their non-obese peers.32
- Obese adolescents are less likely to attend college as well as obtain a degree compared to their non-obese peers.33
- Students who were obese at age 16 had fewer years of education compared to non-obese peers.<sup>34</sup>
- Youth who have been victimized because of their weight report that it harms their grades, and demonstrate poorer academic performance.35
- Youth who are victimized because of their weight are more vulnerable to depression, low self-esteem, poor body image, and suicidal thoughts.<sup>36</sup>
- Weight-based teasing makes young people more likely to engage in unhealthy eating patterns and avoid physical activity.37

RUDD REPORT WEIGHT BIAS

# CURRENT LAW

# Current federal laws do not adequately address weight discrimination

- The Americans with Disabilities Act of 1990 (ADA) protects against discrimination based on a real or misperceived mental or physical disability. Since Congress passed the ADA Amendments Act in 2008, morbid obesity has been found to be a covered impairment. But this law only protects against disability discrimination so it does not apply widely to weight-based discrimination.
- The Rehabilitation Act of 1973 is interpreted similarly to the ADA. Together these statutes protect against disability discrimination by the federal, state and local governments and the private sector in employment, public services, and privately owned accommodations.
- The Civil Rights Act of 1964 does not include weight as a protected class.
- Health, education, housing, and employment are not considered fundamental rights under the Equal Protection Clause of the US Constitution.

# One state and several local laws cover weight discrimination

Michigan is the only state that prohibits discrimination against people based on their weight. Enacted in 1977, the Elliott-Larsen Civil Rights Act, prohibits discrimination based on 10 categories, including weight, in areas covering employment, housing, and real estate, public accommodations, public service, and educational facilities.

# Six cities and municipalities 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.
- Madison, WI: A city antidiscrimination ordinance includes "height, weight, or physical characteristics" as protected categories.
- Urbana, IL: A city anti-discrimination ordinance includes "height, weight, or physical characteristics" as protected categories.
- Binghamton, NY: A city antidiscrimination ordinance includes "height, weight, or physical characteristics" as protected categories.

# Does the public support laws to limit weight discrimination?

A recent 2010 study of 1001 American adults found that 81% of women and 65% expressed support for proposed laws with specific provisions to limit weight discrimination in the workplace, although only moderate support (61% or women, 47% of men) was found for laws that would add weight as a protected category to Civil Rights statutes.<sup>41</sup>

# 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.

### Federal, State and Local Governments

- Include weight as a protected class under civil and human rights statutes.
- Create new weight-based employment discrimination legislation mirrored off of the ADEA.
- Align state disability laws with the ADA Amendments Act to cover weight-based impairments and perceived impairments.

### State and Local School Boards

- Adopt and enforce policies prohibiting harassment, intimidation, bullying, and cyber-bullying on school property or by school peers. Include weight as a specific protected category.
- Train teachers and staff on how to recognize and intercept prohibited behavior to enforce policies.

### **Health Care Organizations**

- Include language on weight bias in patients' rights policies.
- Cover obesity as a reimbursable expense.

# COMMON ARGUMENTS AGAINST POLICY AND RESPONSES

#### Argument Response Weight bias? It's not a big deal, and Weight bias is serious and pervasive. It leads to negative emotional, social, economic, besides, people who say negative things and physical health consequences for overweight and obese people. about overweight people are just having some friendly fun. 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 There is substantial scientific evidence to make weight a protected status under the discrimination as a compelling social law. For example: problem worthy of protected status. 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. The opposite is true. A 2006 study of over 2400 overweight and obese adults found If you fight weight stigma, you'll actually discourage people from trying to lose that close to three of every four coped with weight bias by eating more and refusing weight. The criticism is motivating. to diet. People who feel they've been Claiming disability using the ADA has not been successful in the courts except when a discriminated against already have person is significantly disabled due to illnesses or other conditions related to his or her a legal recourse: they can use the weight. This is of little help to overweight people who suffer discrimination on a daily Americans with Disabilities Act to claim basis. Also, labeling persons as "disabled" who have been treated unfairly because of discrimination based on disability. weight is itself stigmatizing. Overweight and obese people don't Many years of scientific evidence show that significant weight loss is difficult to need legal protection. If they want to achieve and sustain over time. Only a very small percentage of people can achieve this avoid discrimination, they should simply goal. The vast majority cannot. lose weight. We should be focusing on education Education is important but can't succeed without legal protection. States don't rely rather than the law. 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 Each time a group has been added to anti-discrimination regulations, opponents a lot more lawsuits in the workplace, 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 which we don't need. lawsuits.

## Argument

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.

### Response

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.

# **MORE INFORMATION**

**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 & 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.

**Rebecca M. Puhl, PhD**, is the Director of Research and Weight Stigma Initiatives at the Rudd Center, and is responsible for identifying and coordinating research aimed at reducing weight bias.

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# REFERENCES

- 1. **Puhl R, Heuer C.** The stigma of obesity: A review and update. *Obesity, 17,* 941-964.
- Andreyeva T, Puhl R, Brownell KD. Changes in perceived weight discrimination among Americans: 1995- 1996 through 2004-2006. Obesity. 2008; 16(5):1129-34.
- Puhl R, Brownell KD. Bias, discrimination, and obesity. Obes Res. 2001; 9:788-805.
- Ball K, Crawford D, Kenardy J. Longitudinal 4. relationships among overweight, life satisfaction, and aspirations in young women. Obes Res. 2004;12:1019-1030. Crosnoe R. Gender, obesity, and education. Sociol Educ 2007;80:241-260. Fowler-Brown AG, Ngo LH, Phillips RS, Wee CC. Adolescent obesity and future college degree attainment. Obesity. 2010;18(6):1235-1241. Judge TA, Cable DM. When it comes to pay, do the thin win? The effect of weight on pay for men and women. J Appl Psychol. 2011;96(1):95-112. Krukowski RA, West DS, Perez AP, Bursac Z, Phillips MM, Raczynski JM. Overweight children, weight-based teasing and academic performance. Int J Pediatr Obes. 2009;4(4):274-280. Pearce MJ, Boergers J, Prinstein MJ. Adolescent obesity, overt and relational peer victimization, and romantic relationships. Obes Res. May 2002; 10(5):386-93; Puhl RM, Heuer CA. Weight bias: a review and update. Obesity (Silver Spring). 2009;17(5):941-964.
- 5. Ashmore JA, Friedman KE, Reichmann SK, Musante GJ. Weight-based stigmatization, psychological distress, & binge eating behavior among obese treatment-seeking adults. Eat Behav. 2008;9(2):203-209; Libbey HP, Story MT, Neumark-Sztainer DR, Boutelle KN. Teasing, disordered eating behaviors and psychological morbidities among overweight adolescents. Obesity. 2008;16(2):S24-S29; Lillis J, Levin ME, Hayes SC. Exploring the relationship between body mass index and health-related quality of life: A pilot study of the impact of weight self-stigma and experiential avoidance. J Health Psychol. 2011;16(5):722-727. Puhl. (2006) Op.cit.; Schvey NA, Puhl RM, Brownell KD. The impact of weight stigma on caloric consumption. Obesity. 2011; [advanced online publication]; Schwimmer JB, Burwinkle TM, Varni JW. Health-related guality of life of severely obese children and adolescents. JAMA. 2003; 289:1813-19; Vartanian LR, Novak SA. Internalized societal attitudes moderate the impact of weight stigma on avoidance of exercise. Obesity. 2011;19(4):757-762. Wardle J, Chida Y, Gibson EL, Whitaker KL, Steptoe A. Stress and adiposity: A meta-analysis of longitudinal studies. Obesity. 2011;19:771-778.

11

- 6. Benas JS, Gibb BE. Weight-related teasing, dysfunctional cognitions, and symptoms of depression and eating disturbances. Cognit Ther Res. 2008;32(2):143-160. Chen EY. Depressed mood in class III obesity predicted by weight-related stigma. Obes Surg. 2007; 17(5):669-671. Eisenberg ME, Neumark-Sztainer D, Story M. Associations of weight-based teasing and emotional wellbeing among adolescents. Arch Ped Adol Med. 2003; Friedman KE, Ashmore JA, Applegate KL. Recent experiences of weight-based stigmatization in a weight loss surgery population: psychological and behavioral correlates. Obesity (Silver Spring) 2008;16 Suppl 2:S69-S74. Hatzenbuehler ML, Keyes KM, Hasin DS. Associations between perceived weight discrimination and the prevalence of psychiatric disorders in the general population. Obesity. 2009;17(11):2033-2039. Mather AA, Cox BJ, Enns MW, Sareen J. Associations of obesity with psychiatric disorders and suicidal behaviors in a nationally representative sample. J Psychosom Res. 2009;66(4):277-285. Menzel JE, Schaefer LM, Burke NL, Mayhew LL, Brannick MT, Thompson JK. Appearance-related teasing, body dissatisfaction, and disordered eating: A meta-analysis. Body Image. 2010;7:261-270. Puhl RM, Latner JD. Stigma, Obesity, and the Health of the Nation's Children. Psychol Bull. 2007; 133 (4): 557-80; Puhl RM, Heuer CA. The stigma of obesity: a review and update. Obesity (Silver Spring) 2009;17:941-964.
- 7. Agerström J, Rooth, DO. The role of automatic obesity stereotypes in real hiring discrimination. J Appl Psychol. 2011;. Bellizzi JA, Hasty RW. Territory assignment decisions and supervising unethical selling behavior: The effects of obesity and gender as moderated by job-related factors. J Pers Sell Sales Manag. 1998; 2:35-49; Everett M. Let an overweight person call on your best customers? Fat chance. Sales Market Manag. 1990; 142:66-70; Giel KE, Thiel A, Teufel M, Mayer J, Zipfel S. Weight bias in work settings - a qualitative review. Obes Facts. 2010;3(1):33-40.; Pingitore R, Dugoni R, Tindale S, Spring B. Bias against overweight job applicants in a simulated employment interview. J Appl Psychol. 1994; 79: 909-17; Rooth DO. Obesity, attractiveness, and differential treatment in hiring; A field experiment. J Hum Resour. 2009;44(3):710-735; Rudolph CW, Wells CL, Weller MD, Baltes BB. A meta-analysis of empirical studies of weight bias in the workplace. J Vocat Behav. 2009;74(1):1-10.

- Roehling MV, Roehling PV, Pichler S. (2007). The relationship between body weight and perceived weight related employment discrimination: The role of sex and race. *Journal* of Vocational Behavior, 2007; 71: 300-318.
- 9. Puhl RM. (2006) Op. cit.
- 10. Costello D. "Employers penalize obesity; Company to charge workers who fail to lose excess weight." Baltimore Sun, July 29, 2007. Retrieved July 29, 2007, from www. baltimoresun.com; Gabel JR, Whitmore H, Pickreign J, et al. Obesity and the Workplace: Current Programs and Attitudes Among Employers and Employees. Health Aff. 2009;28:46-56.; Hewitt Associates. Hewitt Survey Shows Growing Interest Among U.S. Employers to Penalize Workers for Unhealthy Behaviors . Enhanced Online News. March 17, 2010. From http://eon.businesswire.com/ news/eon/20100317005918/en. Retrieved August 24th, 2011. Pearson SD, Lieber SR. Financial penalties for the unhealthy? Ethical guidelines for holding employees responsible for their health. Health Aff. 2009;28(3):845-852.
- Puhl RM, Brownell KD. Confronting and coping with weight stigma: An investigation of overweight and obese individuals. *Obesity*. 2006;14(10):1802-1815.
- Brownell KD, Puhl RM, Schwartz MB, Rudd L. Weight Bias. Nature, Consequences, and Remedies. New York: The Guilford Press, 2005, p. 15.
- Baum CL, Ford WF. The wage effects of obesity: a longitudinal study. *Health Econ*. 2004;13:885-99.; Judge TA. (2010) Op cit.; Han E, Norton EC, Powell LM. Direct and indirect effects of body weight on adult wages. *Econ Hum Biol*. 2011;9(4):381-92.
- 14. Loh ES. The economic effects of physical appearance. *Soc Sci Quart*. 1993; 74: 420-37.
- Roehling MV. Weight-based discrimination in employment: psychological and legal aspects. *Personnel Psychol*. 1999; 52: 969-1017; Shapiro JR, King EB, Quinones MA. Expectations of obese trainees: how stigmatized trainee characteristics influence training effectiveness. *J Appl Psychol*. 2009;92(1):239-249.
- 16. Puhl. (2006) Op. cit.
- Korn, J. (2010) Too Fat. Virginia Journal of Social Policy & the Law, 17. 209-256; Puhl RM, DePierre JA. Appearance Discrimination and the Law. In: Thomas F. Cash, editor. Encyclopedia of Body Image and Human Appearance. San Diego: Academic Press. 2012:30–35; Rothblum ED, Brand PA, Miller CT, Oetjen HA. The relationship between obesity, employment discrimination, and employment-related victimization. J Voc Beh. 1990; 37: 251-66.



# REFERENCES

- Klein D, Najman J, Kohrman AF, Muncro C. Patient characteristics that elicit negative responses from family physicians. *J Fam Prac*. 1982; 14: 881-88.
- 19. Bocquier A, Verger P, Basdevant A et al. Overweight and obesity: knowledge, attitudes, and practices of general practitioners in France. Obes Res 2005;13:787-795. Foster GD, Wadden TA, Makris AP et al. Primary care physicians' attitudes about obesity and its treatment. Obes Res. 2003;11:1168-1177.; Harvey EL, Hill AJ. Health professionals' views of overweight people and smokers. Int J Obes. 2001;25:1253-1261. Huizinga MM, Cooper LA, Bleich SN, Clark JM, Beach MC. Physician respect for patients with obesity. J Gen Intern Med. 2009;24(11):1236-9.Persky S, Eccleston CP. Medical student bias and care recommendations for an obese versus nonobese virtual patient. Int J Obes. 2011;35:728-735.; Puhl RM. (2001) Op. cit.; Puhl RM, Heuer CA. (2009) Op cit.
- 20. Davis-Coelho K, Waltz J, Davis-Coelho R. Awareness and Prevention of Bias against Fat Clients in Psychotherapy. *Prof Psych-Res & Practice*. 2000; 31(6): 682-84.
- 21. Puhl RM. (2006) Op. cit.
- 22. Amy NK, Aalborg A, Lyons P, Keranen L. Barriers to routine gynecological cancer screening for White and African-American obese women. Int J Obes Relat Metab Disord. 2006; 30; 147-55. Texeira ME, Budd GM. Obesity stigma: A newly recognized barrier to comprehensive and effective type 2 diabetes management. J Am Acad Nurse Pract. 2010;22(10):527-533; Meisinger C, Heier M, Loewel H. The relationship between body weight and health care among German women. Obes Res 2004;23:1473-1480. Olson CL, Schumaker HD, Yawn BP. Overweight women delay medical care. Arch Fam Med. 1994; 3:888-92. Aldrich T, Hackley B. The impact of obesity on gynecological cancer screening: An integrative literature review. J Midwifery Womens Health. 55(4). 344 356; Mitchell JE, Padwal RS, Chuck AW, Klarenbach SW. Cancer screening among the overweight and obese in Canada. Am J Prev Med. 2008;35:127-132.
- Bertaki KD, Azari R. The impact of obesity on primary care visits. *Obes Res.* 2005; 13:1615-23; Bocquier A, Bocquier A, Verger P, et al. (2005) Op. cit.; Campbell K, et al. Obesity

- management: Australian general practitioners' attitudes and practices. *Obes Res.* 2000; 8: 459-66; **Galuska DA, Will JC, Serdula MK, Ford ES.** Are health care professionals advising obese patients to lose weight? *JAMA.* 1999; 282: 1576-78; **Hebl MR, Xu J.** Weighing the care: Physicians reactions to the size of a patient. *Int J Obes Relat Metab Dis.* 2001; 25:1246-52; **Hernandez-Boussard T, Ahmed SM, Morton JM.** Obesity disparities in preventative care: Findings from the national ambulatory medical care survey, 2005-2007. *Obesity.* 2011 [epub. ahead of print].
- McGee G. Fat chance getting an obstetrician in south Florida? Ethics and discrimination in obstetrics and gynecology. *The American Journal of Bioethics*. 2011;11(6):1-2; Abraham C. "Canadian MDs consider denying fertility treatments to obese women." From *Globe and Mail*, September 20th, 2011. http:// www.theglobeandmail.com. Accessed on September 22nd, 2011.
- Maroney D, Golub S. Nurses' attitudes toward obese persons and certain ethnic groups. *Percept Mot Skills*. 1992; 75: 387-91.
- Neumark-Sztainer D, Story M, Harris T. Beliefs and attitudes about obesity among teachers and school health care providers working with adolescents. J Nutr Ed. 1999; 31: 3-9.
- 27. **Price JH, Desmond SM, Stelzer CM.** Elementary school principals' perceptions of childhood obesity. *J Sch Health*. 1987; 57: 367-70.
- O'Brien KS, Hunter JA, Banks M. Implicit anti-fat bias in physical educators: Physical attributes, ideology, and socialisation. *Int J Obes*. 2007; 31:308-14.
- National Education Association. Report on Size Discrimination. 1994; Available at http:// www.lectlaw.com/files/con28.htm. Retrieved September 5, 2007.
- Puhl RM, Luedicke J, Heuer C. In the trenches: Nature and extent of weight-based victimization experienced by overweight adolescents at school. 2012; manuscript submitted for publication.
- 31. Chalker B, O'Dea J. Fat kids can't do maths: Negative body weight stereotyping and associations with academic competence and participation in school activities among primary school children. *The Open Education Journal*. 2009;2:71-77; Greenleaf C, Chambliss H, Rhea DJ, Martin SB, Morrow

JR. Weight stereotypes and behavioral intentions toward thin and fat peers among White and Hispanic adolescents. J Adolescent Health. 2006;39:546-552; Turnbull JD, Heaslip S, McLeod HA. Pre-school children's attitudes to fat and normal male and female stimulus figures. Int J Obes. 2000; 24, 1705–06; Watanabe H, Chen RS. Reactions to morphological deviance: A comparison of Japanese and American children and adolescents. Soc Devl. 2000; 9, 40–61.

- Geier A, et al. The Relationship between Relative Weight and School Attendance Among Elementary Schoolchildren. *Obesity*, 2007; 15 (8): 2157-61.
- Crosnoe R. Gender, Obesity, and Education. Social Educ. 2007; 80 (3): 241-60; Fowler-Brown AG, Ngo LH, Phillips RS, Wee CC. Adolescent obesity and future college degree attainment. Obesity 2010;18(6):1235-1241.
- Sargent JD, Blanchflower DG. Obesity and stature in adolescence and earnings in young adulthood. Arch Ped Adol Med. 1994; 148: 681-87.
- 35. Krukowski RA, West DS, Perez AP, Bursac Z, Phillips MM, Raczynski JM. Overweight children, weight-based teasing and academic performance. Int J Pediatr Obes. 2009;4(4):274-280; Puhl RM, Luedicke J. Weight-based victimization among adolescents in the school setting: Emotional reactions and coping behaviors. J Youth Adolesc 2011;41:27-40
- Eisenberg ME, et al. (2003; 2006) Op cit; Puhl RM (2007) Op. cit.;
- Libbey HP et al. (2008) Op. cit.; Puhl RM (2007) Op. cit.; Salvy SJ, Bowker JC, Nitecki LA, et al. Impact of simulated ostracism on overweight and normal-weight youths' motivation to eat and food intake. *Appetite*. 2011;56:39-45.;
- Lumeng JC, Forrest P, Appugliese DP et al. (2010). Weight status as a predictor of being bullied in third through sixth grades. *Pediatrics*. 125;e1301-e1307
- Puhl, RM, Luedicke, J, & Heuer, C. (2011). Weight-based victimization toward overweight and obese adolescents: Observations and reactions of peers. *Journal of School Health*, 81, 696-703.
- 40. Brownell KD. (2005) Op.cit., p. 2.
- Puhl RM, Heuer CA. Public opinion about laws to prohibit weight discrimination in the United States. *Obesity*. 2010;19,74–82.