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The bias we don't want to talk about

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Obesity remains one area where bigotry won't go away

In 2011, St. Mary Medical Center of Northwest Indiana advertised its weight-loss and bariatric surgery services through a series of billboards that boldly stated: Obesity is a disease. Not a decision.

The hospital expected to spark a debate on obesity, but it was not prepared for the outrage and anger that the billboards provoked. People argued that obesity was a choice, not a disease, and that the hospital was doing a disservice to the community by normalizing obesity instead of encouraging healthy dieting and exercise.

In 2013, the American Medical Association officially recognized obesity as a disease. It faced the same outrage and anger that St. Mary Medical Center did but on an even larger national scale.

As the health-care industry moved toward classifying obesity (defined by the National Institutes of Health as a body mass index of 30 or more) as a disease, researchers have increased their study of the mechanics and impact of obesity bias.
Obesity bias is the attachment of non-weight personal characteristics to obese people. This bias leads people to explicitly or implicitly perceive obese people as "lazy, sloppy, less competent, lacking in self-discipline, disagreeable, less conscientious and poor role models."

From a social perspective, explicit obesity bias is tolerated more than other explicit biases. For example, one person responded to St. Mary Medical Center's billboards by writing: "There is no disease that causes your body to drive to McDonald's to go get some fries. There is no disease that makes your hands unwrap a candy bar." There was debate on whether people's obesity was fully within their control, but there was no dialogue on whether it is OK to assume negative characteristics about people simply because of how they look.

Regardless of whether a person contributes (or doesn't) to his or her obesity, is it OK to assume that the person is lazy or lacks self-discipline or is less competent simply because he or she looks different than the accepted norm?

A recent analysis of obesity bias research found that 28 percent of teachers in one study said that becoming obese is the worst thing that can happen to a person; 24 percent of nurses said that they are repulsed by obese people, and this explicitly affected how they interacted with students and patients respectively even if they spoke about their biases directly with others in their workplaces.

Implicit obesity bias, on the other hand, is rarely examined and interrupted. Even when people see and rate themselves as fair and compassionate, they rely unintentionally on their implicit obesity biases. A study by Wake Forest University researchers found that 2 out of 5 medical students had significant unconscious bias against obese people even though they thought they did not.

The study also found that doctors with this bias were more likely to assume that “obese individuals won’t follow treatment plans, and they are less likely to respect obese patients than average-weight patients.”

Many medical students in this study also talked about how obese patients were discussed differently by their peers and teachers.

In workplaces generally, other studies have shown that people in hiring positions will consistently choose candidates of average weight over similarly qualified obese candidates.

Obese people have a significantly less chance of being hired, promoted, paid in sync with their peers and trusted as having leadership potential. Yet, workplaces have not yet stepped up to candidly examine this bias because obesity bias, unlike racial or gender bias, has not yet been socially shunned as thoroughly unacceptable.

Obesity bias may not receive the attention of racial, gender, sexual orientation or disability biases, but the lack of attention is not an indicator of the lack of impact of this bias. People who are obese are less likely to get jobs, good evaluations, promotions or pay equity simply because of how they look. Further, obese women are more likely to be discriminated against because of the narrow standards for women’s weight. Full inclusion requires attention to obesity bias regardless of the debate about whether obesity is a choice or a disease.

For some, obesity bias may be conscious and deliberate. For others, it may be unconscious and unintentional. For many, it may be both. Regardless of whether the bias is explicit or implicit, the impact suffered by individuals who are obese and workplaces is the same. Individuals are denied opportunities based on how they look, and workplaces are losing out on talent and brilliance because their hiring practices are biased.

So, what should workplaces do to interrupt the obesity bias that prevents them from seeing who people really are? As the cliche goes, the first step in solving a problem is the admission that there is a problem, and the problem is not the debate of whether obesity is a choice or a disease. The problem is that obesity bias impairs the ability to objectively see and develop talent regardless of the roots of the obesity.

The question of whether obesity is a choice or a disease won’t be answered anytime soon, but the interruption of obesity bias is a choice that you can make today.