

SYNOPSIS

“What is known about the experience of weight bias and/or stigma, and how does it influence health outcomes?”

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One-Minute Summary

- The article in focus is a Rapid Review from the National Collaborating Centre for Methods and Tools (NCCMT), by their Rapid Evidence Service (RES). It sought to answer two questions related to weight stigma.
- The first question addressed by the Rapid Review was: **What is known about the experience of weight stigma and/or weight bias for those living in a larger body?** This question was limited to health or social service delivery settings, including public health. Study designs included were qualitative or mixed-methods.
- There is a **high** confidence in the following findings:
 - Weight stigma and bias lead to shame, low self-esteem, depression, and anxiety for patients in health and social service delivery settings.
 - Patients reported that their health issues were often blamed on weight or otherwise dismissed, particularly in preventative care, such that other causes were not investigated, resulting in delayed diagnosis or care.
- There is a **moderate** confidence in the following findings:
 - Weight stigma and bias in various healthcare settings result in harm to patients. Patients reported receiving lower-quality care due to weight stigma. This was related to multiple factors, including avoiding/delaying or cancelling health appointments, unnecessary testing, insufficient testing/investigations, limited say in and options for health interventions, and feeling the need to ‘fight’ for adequate care.
 - There is a lack of appropriate medical equipment in healthcare settings.
- The review did not identify any studies that explored weight bias or stigma in public health messaging or program delivery.

- The second question addressed by the Rapid Review was: **How does weight stigma and/or weight bias impact (i.e., mediate, moderate, confound, etc.) the epidemiologic relationship between body size and health outcomes?** Study design was restricted to longitudinal cohort studies.
- There is a **low** certainty of evidence to support the following:
 - Weight bias or stigma may mediate the relationship between body size and physiologic outcomes.
- There is a **very low** certainty of evidence to support the following:
 - Weight bias or stigma may mediate the relationship between body size and psychological health outcomes and quality of life, particularly in middle-aged and older adults where there is slightly more strength to the evidence although it is still classified as low certainty.
- All the included quantitative studies used body mass index (BMI) as a measure of body size; only one also considered waist to hip ratio (WHR), and most did not consider body composition or other measures of body size. Many physical health outcomes were not examined in these studies.
- Most quantitative studies included in this rapid review controlled for ethnicity, sex and some socioeconomic factors. However, they did not examine the impacts of weight stigma on communities who experience social and structural inequities. Most studies were conducted in high-income countries with predominantly white, non-racialized participants.

Additional Information

Weight bias, which stems from negative beliefs, attitudes or stereotypes based on body size, can lead to weight stigma and discrimination against people of all size but in particular those with larger bodies. Weight stigma can negatively impact social, psychological and physical health.

The Rapid Review used rigorous and transparent methods for the rapid evaluation of a body of evidence. The search included evidence published from 2014 to February 23, 2024. Critical appraisal tools were used to evaluate the quality of the included evidence, allowing for the categorization of evidence by certainty or confidence as outlined in this synopsis' One-Minute Summary.

The Rapid Review included six reviews of qualitative studies. The quality of the studies was mostly strong and findings were consistent across the six reviews, indicating that weight bias or stigma and its impacts are widespread across the healthcare system. Eight single qualitative studies of moderate-high quality were included. Many of the studies considered experiences of children, adolescents and their families.

The Rapid Review included one moderate-quality systematic review of quantitative studies and ten single cohort studies of moderate-high quality. The systematic review and single cohort studies include adults, and in three studies, adolescents/children.

PHO Reviewer's Comments

The Rapid Review is a comprehensive review of the evidence on the impacts of weight stigma in healthcare settings, and mediating impacts of weight stigma on health outcomes attributed to higher weights. For the question focused on the experience of weight stigma, settings were limited to

healthcare, social service delivery, and public health. No studies were identified that addressed weight stigma in public health messaging or program delivery, highlighting the lack of research in this area.

Question One

The first question addressed in the Rapid Review focused on the experience of weight stigma and/or weight bias for those living in larger bodies. A robust body of qualitative evidence was identified, including multiple high-quality reviews and single studies. Based on this evidence, the Rapid Review concluded with high certainty that weight stigma and bias lead to shame, low self-esteem, depression, and or anxiety, and that health issues were blamed on weight and resulted in delayed care. The Rapid Review concluded with moderate certainty that weight stigma resulted in lower quality of care and that there was a lack of appropriate medical equipment for patients in larger bodies. Based on these findings, we can be confident in the conclusion that weight bias and/or stigma exist in healthcare settings and result in negative outcomes for individuals in larger bodies.

The findings of the Rapid Review are consistent with other review-level evidence on the widespread nature of weight stigma in society. While no studies were identified that focused on public health settings, we can reasonably infer that public health messaging or program delivery that focus on weight as a problem or weight loss would similarly result in harms to people in larger bodies.

Question Two

The second question addressed in the Rapid Review focused on the impact of weight stigma and/or weight bias on the epidemiologic relationship between larger body size and health outcomes. There was less evidence identified for this question compared to the first question addressed in this Rapid Review, and many physical health outcomes associated with body size and negative health outcomes were not examined. Where evidence did exist, depending on the health outcome, the Rapid Review concluded that there was low or very low certainty in the findings. The Rapid Review used the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) to appraise quantitative evidence, and in this context a low or very low certainty in the findings means that the findings may change as more evidence becomes available. With that caveat in mind, available evidence suggests that weight stigma partly, but not entirely, explains the relationships between body size and negative physical and mental health outcomes.

Conclusions for public health

There is robust evidence of the pervasiveness and harms of weight stigma in healthcare. While no peer-reviewed, published evidence exists on the harms of weight stigma in public health, it is reasonable to conclude that public health programs or messaging that position larger bodies as problematic will cause harm. There is emerging evidence for a partially moderating effect of weight stigma on the relationship between larger body sizes and negative health outcomes, however the overall certainty of findings is low in this area at this time. The evidence summarized in this Rapid Review suggest that public health work that reduces weight stigma would improve physical and mental health outcomes of the population.

Citation

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