



July 2023 Edition

Prejudice: Body Image

"Every time I rap about being a big girl in a small world, it's doing a couple of things: It's empowering my self-awareness, my body image, and it's also making the statement that we are all bigger than this. We're part of something bigger than this, and we should live in each moment knowing that." - Lizzo

Body image is a combination of the thoughts and feelings that you have about your body. Family and friends provide positive or negative messages that can shape your perception about your body. Social and cultural norms also influence your body image.

Social media, news platforms, television, movies, and fashion all flood us with filtered, edited, and unnatural images of what our “ideal” body should look like. With so much societal pressure to look a certain way, it is normal to experience insecurities about your body sometimes. It’s easy to get trapped in the spiral of negative body image, which can have a profound impact on your physical and mental health.

Sometimes maintaining a positive body image is difficult. However, appreciating and respecting your body does not mean you are always satisfied with every aspect of your physical appearance. You just don’t allow any dissatisfaction **to define your self-worth or limit your enjoyment of life.** After all, health, beauty, and happiness are more than just a person’s weight or how they look. Improving your body image can have long-term positive effects on your mental health, physical health, and well-being.

Positive Body Image

- Feeling comfortable in your body
- Accepting how your body looks and feels
- Placing less value on physical appearances
- Having a broad concept of beauty
- Taking care for your body and appearance in ways that are healthy and fulfilling to you
- Your identity as a person is not dependent on outside influences or societal messages

Negative Body Image

- Dissatisfaction with your body and appearance
- Comparing yourself to others and finding you are inadequate
- Feeling the need to frequently monitor, measure, weigh, or look in the mirror
- Feeling ashamed, embarrassed, uncomfortable, or awkward about your body
- Avoiding social situations and belittling your body
- Battling with your body, telling it needs to be different than it is

Weight Bias and Healthcare

“When my mother tried to bring up concerns about my weight at doctors’ visits . . . the physician simply told her not to feed me cookies for dinner.” - [Faith](#)

We have long known that bias and stigma can impact how patients with weight challenges are treated in the healthcare system. Negative perceptions and comments can be detrimental to how patients view themselves, seek care, and receive appropriate medical treatment.

Weight stigma is a barrier to medical care for people with obesity and overweight. They may avoid or delay medical treatment for fear of criticism from a healthcare provider or shame about their weight. Their physician's office also may not have the equipment in the exam room or appropriate seating in the waiting room to accommodate people with obesity and overweight. However, people want and expect weight loss guidance from their healthcare providers, and such guidance can be crucial to addressing obesity. A recent AMGA [study](#) determined that a conversation with a provider and a formal obesity diagnosis can lead to treatment and successful weight loss.

Providers often have no training in obesity and may be unsure about what to say to be supportive. AMGA has a number of resources and strategies to help healthcare organizations, providers, and their care teams manage their patients with obesity, address stigma and bias, and provide appropriate treatment. Learn more by visiting the [Obesity Care Model Collaborative](#) webpages and the [obesity focus area](#) on AMGA's website.

Additional tools and resources can be found by visiting the Strategies to Overcome and Prevent (STOP) Obesity Alliance [website](#).

Overweight and Obesity

There are 70 million adults in the US with obesity, and rates have tripled since the 1980s. Black and Hispanic people have higher rates of obesity. African American women have the highest rate of obesity. Obesity is a serious risk factor for hospitalization and complications from COVID-19, type 2 diabetes, and heart disease. Traditional management of obesity has focused on psychological approaches aimed at reducing individual food intake and increasing physical activity. But obesity is a complex condition with interconnected parts including genetic, biological, environmental, and cultural factors—and our current, one-size-fits-all approach has failed to adequately address obesity.

Workplace Bias

“Being told I was clearly the top choice throughout the process, I felt I was in line for a new opportunity. Then came the in-person portion of the process. I was met with what looked like shock on the person's face.” - Peter

Bias against people with overweight or obesity, even if unconscious, is rampant in the workplace. Colleagues may perceive people with obesity as less competent and conscientious. Employers are less likely to hire people with obesity.

People with overweight and obesity often receive lower pay and fewer promotions. They experience derogatory comments and inappropriate behavior from colleagues and supervisors.

To address this inadequacy, AMGA's [Obesity Care Model Collaborative](#) developed a reliable framework for successfully treating obesity and overweight through a population health approach.

Women in particular experience more weight bias in the workplace.

All of these factors contribute to the microaggressions experienced by people who are overweight, leading to poor body image, depression, and alienation.

What Can You Do?

If you are struggling with body image, diabetes, or obesity, AMGA has resources for you. As always, please consult with your primary care physician to discuss these issues and how they can help.

Did you know that CareFirst has a [Wellness](#) page where you can access information such as eating right, access to the **Noom** program to help with weight loss, coaching to help you take charge of your health, and smoking cessation support? If you do not have a primary care physician, you can consider using their program called **CloseKnit**, which gives you access to a virtual primary care doctor. Or, you can see an online doctor 24/7 through their **Video Visit** platform. Additionally, you can also take a look at the **Your Wellness Resources: CareFirst Wellbeing** page to view other recommendations related to health. As a reminder, please log on to your CareFirst account to ensure these services are available or give them a call at 877.260.3253.

Additionally, if you are struggling with any of these issues, AMGA has a resource for those who are seeking counseling through the **Employee Assistance Program (EAP)**. If you feel comfortable, talk to your supervisor or a trusted source who can be an ally for you and help get the support you need. If you have questions about how to access the EAP, contact Laura Welsh at lwelsh@amga.org.

Even if you are not struggling with poor body image, it is helpful to be conscious of your own prejudices concerning obesity and overweight, which are often exacerbated by media and our own workplaces. By recognizing the negative stereotypes associated with people who are overweight, we can try to eradicate these biases and improve our understanding and respect for those who are confronting weight-related and body image issues.

Reflections

Video Resources:

Be mindful of how you speak about your own and other people's bodies in casual conversation. Blaming or shaming ourselves or someone else with overweight or obesity can be incredibly damaging to others. Let us be a source of encouragement and support by cultivating a culture that values and respects *all* bodies.

- What is your first reaction to people with obesity or who are really thin?
- Should we define obesity as a disease? What are the pros and cons?
- Do you think it is fair for people to charge people with obesity more for the same services?

We invite you to bring your perspective to the Discussion Den taking place **August 11, 2023, 12 - 1 pm ET** as we will continue to explore these questions. If you can't make it for any reason, please feel to reach out to us and we'd be happy to involve your thoughts in the conversation.

[How Does Body Image Affect Mental Health – INTEGRIS Health](#)

[Is Your Body Image Holding You Back? | Rani St. Pucchi at TEDxWilmington](#)

[Living without Shame: How We Can Empower Ourselves | Whitney Thore at TEDxGreensboro](#)

[The Impacts of Weight Bias in Healthcare](#)



DE&I Committee May Picks:

[Weight Bias in Health Care](#), *AMA Journal of Ethics*, April 2010

[The Bizarre and Racist History of the BMI](#), *Elemental*, October 2019



Did You Know?

In the United States, Disability Pride Month is celebrated each year in July. Disability Pride initially started as a day of celebration in 1990—the year that the

[How Some Employers Are Addressing Weight Discrimination](#), SHRM,

May 2022

[Yes, You Can Still Be Fired for Being Fat](#),
Businessweek, March 2022

Do you have a topic you want to see in the next edition of *DE&I Digest*? Do you want us to tell your story? Send topics or your story to

DEICommittee@amga.org for review by the DE&I Committee. Please ensure resources submitted are from reputable sources.

Americans with Disabilities Act (ADA) was signed into law. That same year, Boston held the first Disability Pride Day. The first official celebration of Disability Pride Month occurred in July 2015, which also marked the 25th anniversary of the ADA. Since then, cities across the country have celebrated disability pride month with parades and other festivities.

July ADA Events in Washington, DC

[2023 AAPD ADA Celebration](#)

[Know Your Rights with Disability Rights DC \(Virtual Program\)](#)

Questions? Comments? Suggestions? We'd love to hear from you! Email the DE&I Committee at DEICommittee@amga.org

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