

INTERSECTIONAL STIGMA

Weight Stigma in Minoritized Communities

Weight stigma affects people of different racial and ethnic backgrounds, sexual orientations, gender identities, and income levels. Some evidence suggests that the prevalence of weight stigma is similar across White, Black, and Hispanic/Latinx populations. Other research has found that weight discrimination is higher among certain groups, such as people who identify as Hispanic or Latinx. Similarly, while some studies have documented similar rates of experienced weight stigma among heterosexual and sexual minority adults, other evidence indicates an increased vulnerability to weight stigma among bisexual adults and those who identify as gender non-binary.

Experiencing weight discrimination can increase risk of poor health regardless of gender, race, ethnicity, or sexual orientation.

However, the health consequences of weight discrimination may be elevated in certain minoritized communities, such as Hispanic women and adults with lower income.

According to this evidence, one's cultural or sexual identity is not protective against weight stigma or its harmful impact.

Adults who experience both weight and racial discrimination, and especially multiple forms of discrimination, have a heightened risk of CVD.

Among sexual minority adults engaged in weight management, as many as 59% have experienced weight stigma from a healthcare professional.

Among patients with obesity who report experiencing weight discrimination, 80% have experienced at least one other form of discrimination.

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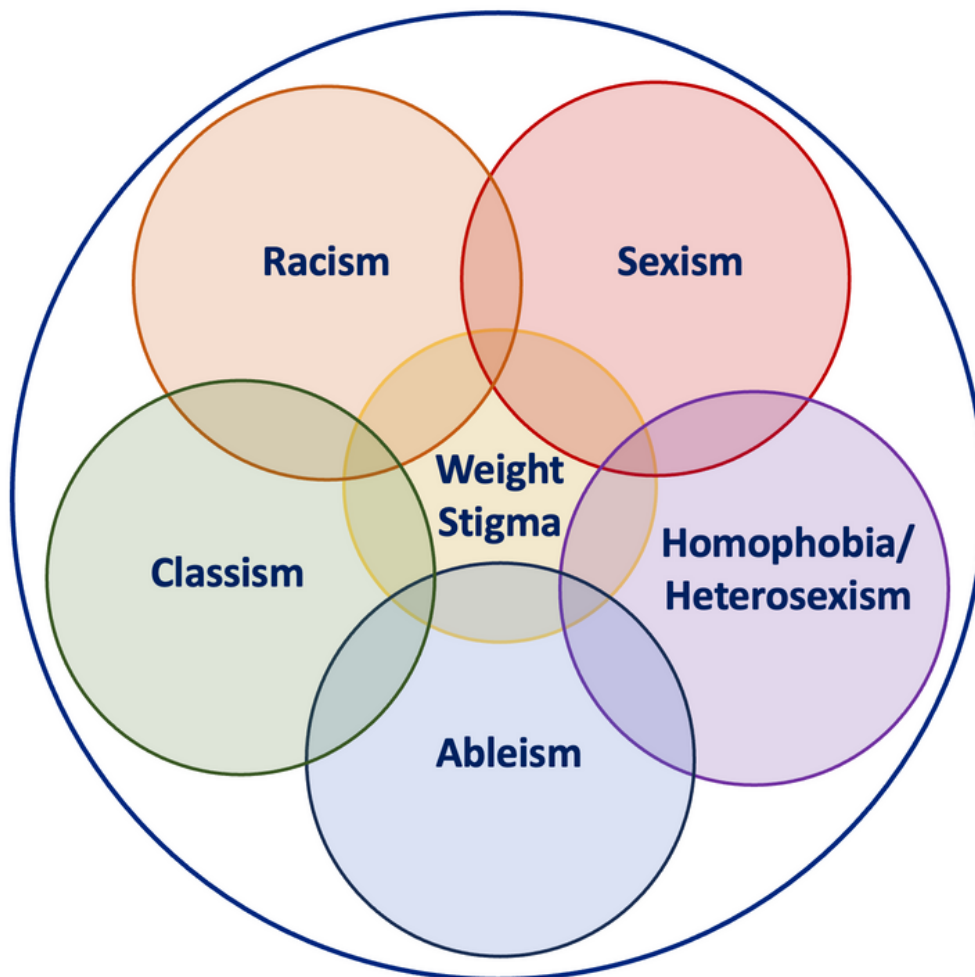


Intersectional Stigma

Being aware of weight stigma among minoritized communities is important for several reasons:

1 Many people who experience weight stigma are also stigmatized because of their racial or ethnic identity and/or their sexual or gender identity.

Intersectional stigma describes co-occurring forms of different stigmatized identities that exist and overlap within a person or group. Experiencing multiple forms of stigma amplifies health disparities and negatively affects mental and physical health.



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2 Racial and ethnic minority populations experience disparities in their health and healthcare, in part because of racism and discrimination. Sexual orientation-related disparities also exist in healthcare, and sexual minority adults are 2–3 times more likely than heterosexual adults to delay healthcare due to past negative healthcare experiences. Weight stigma can worsen these disparities, contributing to poorer health and patient care for these populations.

3 Obesity-related health disparities exist for racial and ethnic minority groups, sexual minority populations, and sexual minority people of color. There is a higher prevalence of obesity in these groups, which places them at increased risk for weight stigma. Additionally, weight stigma may amplify obesity-related health disparities, which may reduce the response to obesity treatment in these populations.

What Can Healthcare Professionals Do?

Recognize that patients may have multiple stigmatized identities

Consider the complex health consequences and risks of intersectional stigma

Think holistically about how multiple stigmatized identities can affect patient outcomes and care

Look for ways to integrate an intersectional perspective into patient care approaches

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