



CREATED BY GUSNIP NTAE CENTER

Weight Stigma Measurement Toolkit

Resource Prepared by
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Overview

The National Training, Technical Assistance, Evaluation, and Information Center (NTAE) is tasked with providing Reporting and Evaluation (R&E) support to all projects awarded from the Gus Schumacher Nutrition Incentive Program (GusNIP) family of funding (GusNIP COVID Relief and Response [GusCRR], American Rescue Plan Act [ARPA], etc.) and the grantees that launch, modify, or expand nutrition incentive (NI) or produce prescription (PPR) projects. One component of R&E support is the development and collection of the core minimum dataset, as described in the Request for Applications (RFA) and hereafter referred to as “core metrics.” Except for GusNIP Pilot Projects, all projects awarded through the GusNIP family of funding are required to collect core metrics in order to demonstrate the impact of incentive projects on participants. This includes collecting a participant-level survey from a subsample of participants using an electronic or paper-and-pencil survey. Specific lists of core metrics are provided here for [NI projects](#) and [PPR projects](#). In addition to these required metrics, grantees are also encouraged to collect information about additional topics that may be relevant to their projects. One topic that is emerging as a social determinant of health is weight stigma. The measurement tools described below are survey items not required as core metrics by the NTAE but are supplemental measures that can provide a deeper understanding of the negative psychological and health outcomes participants may experience as a result of weight stigmatization. The data collected using these metrics will also help to broaden a mostly untapped area of research – the relationship between experiencing weight stigma and food insecurity, and how nutrition incentive and produce prescription interventions may impact the two.

Contact Information

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Weight Stigma

What is it?

Weight stigma refers to the discriminatory acts targeted towards individuals because of their weight and size. Weight stigma is the result of weight bias, which refers to the negative ideologies associated with overweight and obesity.¹ Individuals who live in larger bodies experience the repercussions of these stigmatizing beliefs in a multitude of areas, including educational spaces, the workplace, in personal relationships, healthcare settings, and the media.^{1,2} Stigmatizing individuals based on their weight is currently legal in every state except two (Michigan and Washington).³ Currently, the U.S. Equal Employment Opportunity Commission has federal laws that protect employees from being discriminated against because of their race, religion, sex, color, or gender identity at work, but weight is not currently included.⁴ This, along with other contextual factors, make weight stigma the most socially acceptable form of stigma.³

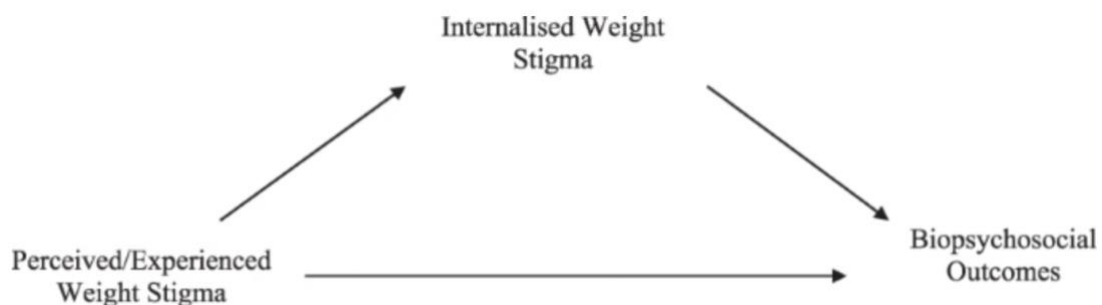
It has been well documented in the literature that stigmatizing groups of people is negative and leads to shame and, therefore, is not an effective public health intervention.^{5,6,7,8,9} All forms of

stigma, including weight stigma, can be both physically and psychologically harmful, yet weight stigma specifically is commonly viewed as an acceptable and encouraged motivator for weight loss across society.¹⁰

There are different ways weight stigma can manifest. Typically, stigmatizing behaviors towards those in larger bodies are encouraged by weight bias, which is defined as, “negative attitudes towards, and beliefs about, others because of their weight.”¹¹ These negative attitudes are fueled by stereotypes and prejudice towards people living in larger bodies, such as overweight people being lazy or unintelligent.¹² In short, weight-based stereotypes lead to discriminatory actions.

As a result of these attitudes being so commonplace, people of any body weight can also experience internalized weight stigma (also referred to as self-stigma or self-directed weight stigma). Internalized weight stigma describes the self-stigmatizing attitudes people hold based on social stereotypes about their perceived weight status and a belief that thinner bodies are more healthy and desirable – it is similar to, but distinct from, body image. While body image is a multidimensional assessment of one’s body, internalized weight stigma emphasizes beliefs in social stereotypes surrounding weight status.¹³ Research has suggested that internalized weight stigma likely acts as a mediator in the relationship between experienced/perceived weight stigma and psychological well-being and physical health.¹⁴

Figure 1. The Mediating Role of Internalized Weight Stigma¹⁴



Why does it matter?

The “obesity epidemic” and its repercussions is common discourse in the field of public health, and especially in nutrition, it is used to promote weight-loss and the adoption of healthy behaviors. However, it is rarely studied or viewed through the lens of weight stigma, which is not only extremely prevalent (and often perpetuated by clinicians, public health practitioners, and researchers) but has been heavily documented as a construct that negatively influences both physical and mental health outcomes.^{15,16} Studies have shown that weight stigma is related to poorer health outcomes when body mass index (BMI) is controlled for – in fact, among older adults, those who had experienced weight stigma had a 60% increase in mortality independent of BMI.^{16,17} Additionally, weight stigma has been found to trigger physiological and behavioral changes linked to poor metabolic health and increased weight gain.¹⁷ It has been theorized that the underlying mechanisms that explain the relationship between weight stigma and negative

health outcomes might reflect the compounded effects of chronic social stress and negatively impact biological pathways, including dysregulation in metabolic health and inflammation, such as higher C-reactive protein, an amplified relationship between abdominal obesity and HbA1c, as well as metabolic syndrome more generally.^{17,18}

GusNIP nutrition incentive and produce prescription programming utilizes required core metrics to evaluate the impact of fruit and vegetable (FV) incentives on health outcomes, food insecurity, and FV intake (FVI). However, there is an existing knowledge gap regarding how the effects of weight stigma impact these findings. Given the growing body of evidence suggesting that those who are stigmatized due to weight status experience negative health outcomes as a result, it is possible that weight stigma may moderate the effects of FVI, food security, and perceived health status measured in NI and PPR projects awarded by the GusNIP family of funding.

Measuring Weight Stigma

NI and PPR projects are both required to assess the impact of incentives for FVs on health outcomes. As previously mentioned, weight stigma may moderate the impact of these incentives on an individual's health status. To help discern the impact an NI or PPR project has on participants' health while minimizing weight stigma, the NTAE has compiled some measurement tools that will be helpful based on the type of project(s) you are operating.

All example measurement tools provided below are researched and validated instruments designed to assess weight stigma.

See Table 1 below for measurement tools relevant to participants and clinicians.

Psychometric properties describe the validity and reliability of a measurement tool. For a questionnaire to have sound psychometric properties, it must be evaluated thoroughly. ***Validity*** refers to the extent to which a concept is accurately measured, and ***reliability*** describes the accuracy of an instrument. These characteristics ensure that the results of a questionnaire can be relied upon.

Table 1. Example Surveys Used to Measure Weight Stigma

Metric	Population	# of Items	Example Item	Rationale
<p>Internalized Weight Stigma:</p> <p><i>Modified Weight Bias Internalization Scale (WBIS-M)</i></p>	Adult (18+ years) project participants	11	I feel anxious about my weight because of what people might think of me.	This is a validated tool, which was modified from the original WBIS to make it appropriate for individuals of all body types, sizes, and weights. It has sound psychometric properties and is generalizable across genders. High scores on this scale have been associated with weight gain, less physical activity, binge-eating, increased stress, as well as poorer mental and physical HRQOL. ¹⁹
<p>Experienced or Explicit Weight Stigma:</p> <p><i>Stigmatizing Situations Inventory - Brief (SSI-B)</i></p>	Adult (18+ years) project participants	10	Having a doctor recommend a diet, even if you did not come in to discuss weight loss.	The original SSI was 50 items long, and since the shortened version (SSI-B) was created, it has been shown to be an efficient yet reliable (e.g., internal consistency) and valid (e.g., convergent validity) measure of stigmatizing experiences. It is generalizable across genders. ²⁰ The SSI-B has exhibited convergent validity with measures of body dissatisfaction, disordered eating, and other measures of weight stigma experiences. Higher scores represent more frequent stigmatizing experiences. ²¹

Metric	Population	# of Items	Example Item	Rationale
Composite Weight Stigma Measure	Adult (18+ years) project participants	2	In your day-to-day life, how often are you concerned about or worried you will be negatively stereotyped or mistreated because of your weight?	This is a validated questionnaire that can be used to assess weight stigma when survey length is a concern. ¹⁷
Perceptions of Overweight and Obese People: Beliefs about Obese Persons Scale (BAOP)	Health care staff/ clinicians	8	Obesity is usually caused by overeating.	This is a psychometrically sound scale with high internal consistency. Beliefs about people with obesity are consistently and strongly correlated with attitudes towards those with obesity. ²²

Internalized Weight Stigma

Modified Weight Bias Internalization Scale (WBIS-M)¹⁹

Prompt: These next set of questions will ask you about weight stigma (*negative experiences that people have because of their body weight or size, such as being teased, devalued, rejected, denied opportunities, treated unfairly, or discriminated against*). Please mark each statement below according to how much you agree or disagree with it.

Disclaimer: Weight is a sensitive subject for many. Our intention is to determine the impact of weight stigma on the outcomes of this [PPR or NI] project. While the information being collected is valuable, you are not required to answer any questions that make you uncomfortable.

1. Because of my weight, I feel that I am just as competent as anyone.
 - Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Neither Agree Nor Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree

2. I am less attractive than most other people because of my weight.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

3. I feel anxious about my weight because of what people might think of me.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

4. I wish I could drastically change my weight.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

5. Whenever I think a lot about my weight, I feel depressed.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

6. I hate myself for my weight.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

7. My weight is a major way that I judge my value as a person.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

8. I don't feel that I deserve to have a really fulfilling social life, because of my weight.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

9. I am OK being the weight that I am.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

10. Because of my weight, I don't feel like my true self.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

11. Because of my weight, I don't understand how anyone attractive would want to date me.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree Nor Disagree
- Somewhat Agree
- Agree
- Strongly Disagree

Experienced/Explicit Weight Stigma

Stigmatizing Situations Inventory – Brief (SSI-B)²⁰

Prompt: These next set of questions will ask you about weight stigma (*negative experiences that people have because of their body weight or size, such as being teased, devalued, rejected, denied opportunities, treated unfairly, or discriminated against*). Below is a list of situations that people encounter because of their weight. Please indicate whether, and how often, each of these situations happens to you.

Disclaimer: Weight is a sensitive subject for many. Our intention is to determine the impact of weight stigma on the outcomes of this [PPR or NI] project. While the information being collected is valuable, you are not required to answer any questions that make you uncomfortable.

1. Being singled out as a child by a teacher, school nurse, etc., because of your weight.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

2. Being stared at in public.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

3. Children loudly making comments about your weight to others.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

4. Having a doctor recommend a diet, even if you did not come in to discuss weight loss.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

5. Having a romantic partner exploit you, because she or he assumed you were 'desperate' and would put up with it.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

6. Overhearing other people making rude remarks about you in public.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

7. Not being hired because of your weight, shape, or size.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

8. Having family members feel embarrassed by you or ashamed of you.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

9. Having people assume you overeat or binge eat because you are overweight.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

10. Being glared at or harassed by bus passengers for taking up 'too much' room.

- Never
- Once in your life
- Several times in your life
- About once a year
- Several times per year
- About once a month
- Several times per month
- About once a week
- Several times per week
- Daily

Composite Weight Stigma Measure¹⁷

Prompt: These next set of questions will ask you about weight stigma (*negative experiences that people have because of their body weight or size, such as being teased, devalued, rejected, denied opportunities, treated unfairly, or discriminated against*). This short survey is designed to determine the impact weight stigma might have on you. Please indicate whether, or how often, each of these situations happens to you.

Disclaimer: Weight is a sensitive subject for many. Our intention is to determine the impact of weight stigma on the outcomes of this [PPR or NI] project. While the information being collected is valuable, you are not required to answer any questions that make you uncomfortable.

1. In your day-to-day life, how often are you concerned about or worried you will be negatively stereotyped or mistreated because of your weight?

- Not at all
- Rarely
- Sometimes
- Often

2. In your day-to-day life, how often are you treated with less respect, harassed, or discriminated against because of your weight?

- Not at all
- Rarely
- Sometimes
- Often

Perceptions of Overweight and Obese People

Beliefs about Obese Persons Scale (BAOP)²²

Prompt: These next set of questions will ask you about weight stigma (*negative experiences that people have because of their body weight or size, such as being teased, devalued, rejected, denied opportunities, treated unfairly, or discriminated against*). Please mark each statement below according to how much you agree or disagree with it.

Disclaimer: Weight is a sensitive subject for many. Our intention is to determine the impact of weight stigma on the outcomes of this [PPR or NI] project. While the information being collected is valuable, you are not required to answer any questions that make you uncomfortable.

1. Obesity often occurs when eating is used as a form of compensation for lack of love or attention.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

2. In many cases, obesity is the result of a biological disorder.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

3. Obesity is usually caused by overeating.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

4. Most obese people cause their problem by not getting enough exercise.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

5. Most obese people eat more than nonobese people.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

6. The majority of obese people have poor eating habits that lead to their obesity.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

7. Obesity is rarely caused by a lack of willpower.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

8. People can be addicted to food, just as others are addicted to drugs, and these people usually become obese.

- Strongly Disagree
- Moderately Disagree
- Slightly Disagree
- Slightly Agree
- Moderately Agree
- Strongly Agree

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