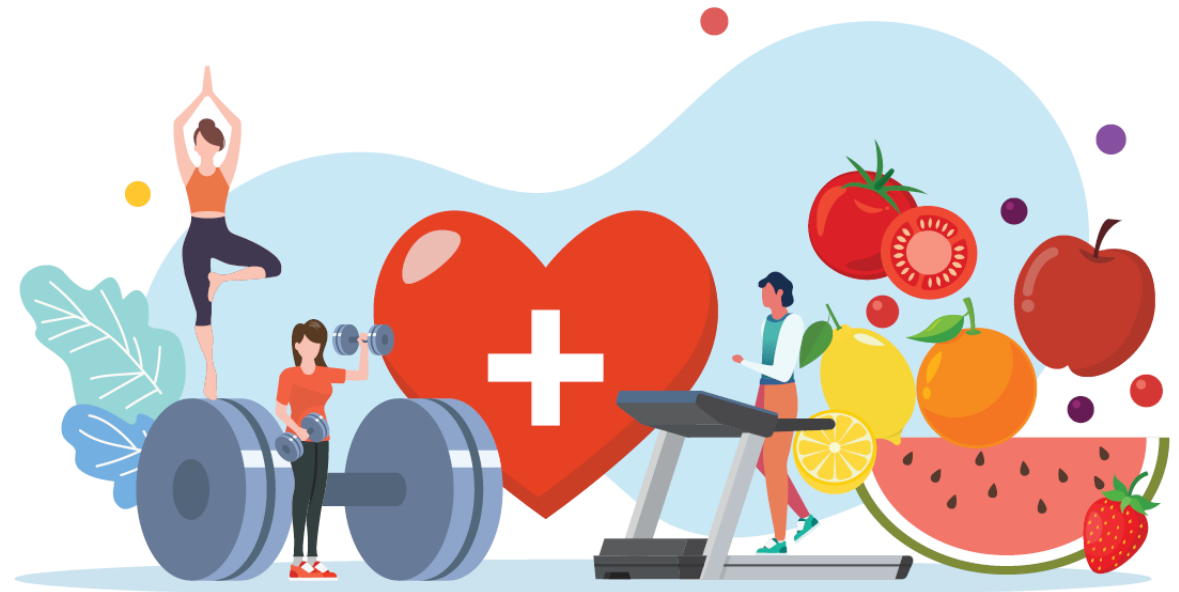


Tools and Strategies for Nutrition and Exercise Quality Improvement: Project ECHO Model Sessions

*Session 2: Strategies to Reduce
Weight Stigma*



March 18, 2026

Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



National Center for Health in Public Housing

- This session is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



Moderators



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MPH, CHES
Training & Technical
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Health Communications
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Speaker



Jose Leon, MD
Chief Medical Officer

- Chief Community Health Officer at La Maestra Community Health Centers, leading community health strategy and implementing the Circle of Care model to address medical, behavioral, and social needs in San Diego communities.
- Chief Medical Officer at the National Center for Health in Public Housing, with over 12 years developing training and technical assistance programs for community health centers serving public housing populations.
- National leader in population health and chronic disease prevention, contributing to major initiatives such as the American Diabetes Association's Practice Committee and the development of the Standards of Care in Diabetes.

TOOLS AND STRATEGIES FOR NUTRITION AND EXERCISE QUALITY IMPROVEMENT: PROJECT ECHO MODEL SESSIONS

Session 2: Strategies to Reduce
Weight Stigma

March 18, 2026

Dr. Jose Leon, MD

Chief Medical Officer

The National Center for Health in Public Housing

North American Management



Poll Questions

1. **Research evidence indicates that weight stigma can contribute to the following psychological consequences, EXCEPT for which?**
 - a) Depressive symptoms
 - b) Post-traumatic stress
 - c) Substance use
 - d) Suicidal ideation

2. **Which of the following can contribute to poor health?**
 - a) Experiencing weight stigma in an interpersonal interaction
 - b) Being exposed to weight stigma in the media
 - c) Internalizing weight stigma
 - d) All of the above

Poll Questions

3. **According to longitudinal evidence, weight stigma predicts which of the following outcomes over time?**
- a) Type 2 diabetes
 - b) Weight gain
 - c) Hypertension
 - d) Substance use

Can you mention some forms of weight stigma?



What is weight stigma?

Weight Stigma:

Societal devaluation of people because of their body weight or body size

Common weight-based stereotypes:

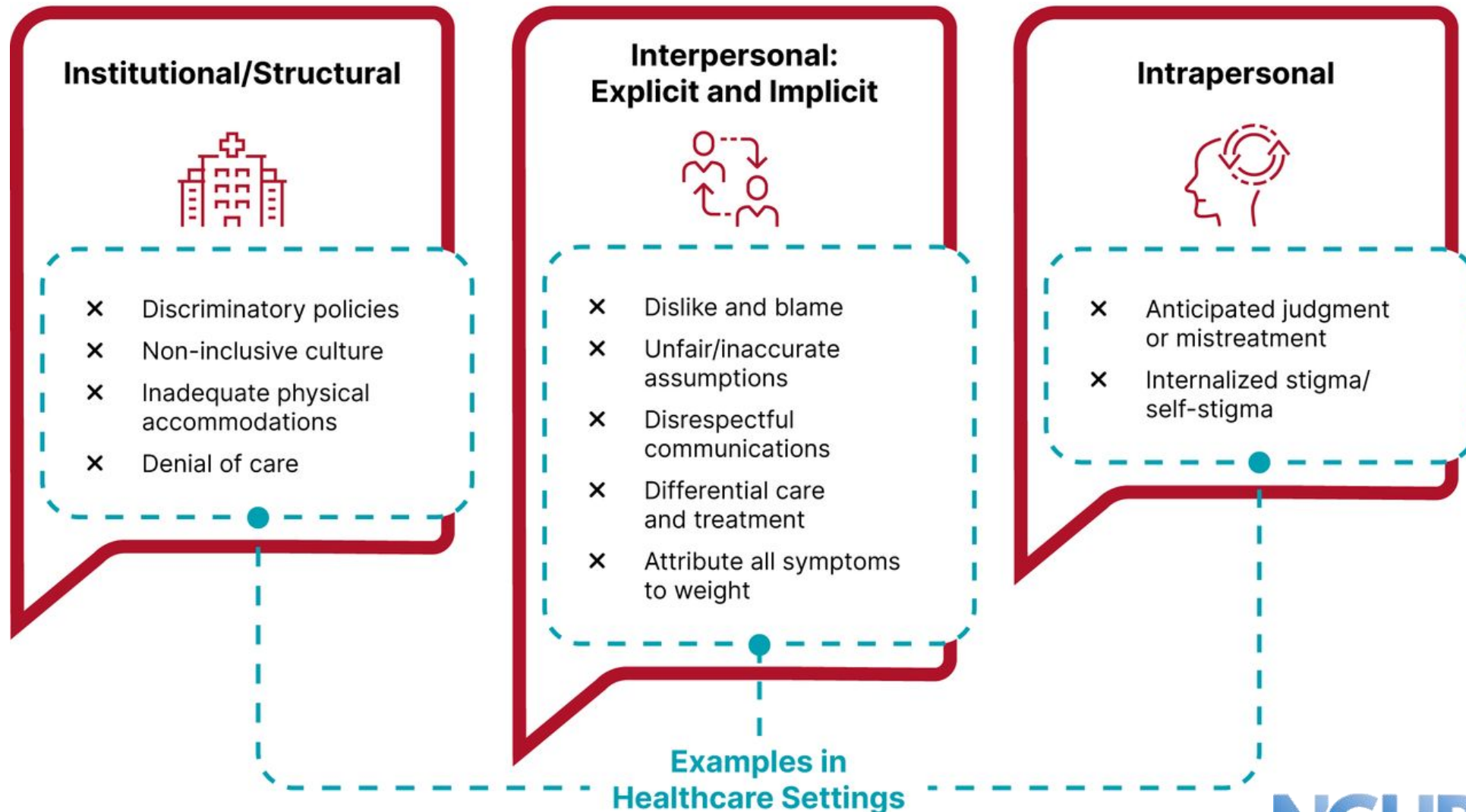
People with higher weight viewed as...

- Lazy
- Lacking self-discipline and willpower
- Unmotivated to improve health
- Personally to blame for their weight



Teasing
Bullying
Rejection
Prejudice
Unfair treatment
Discrimination

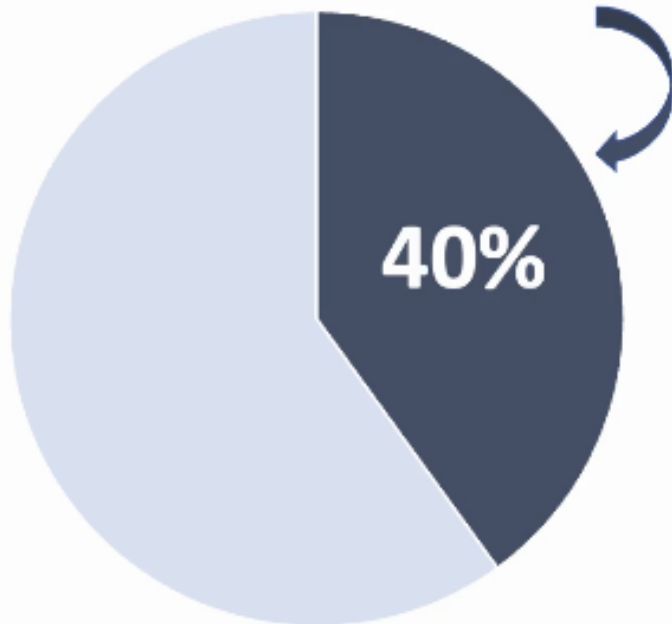
Examples of Weight Bias and Stigma at Multiple Levels



Prevalence of weight stigma and discrimination



Percentage of American adults in the general population who experience weight stigma



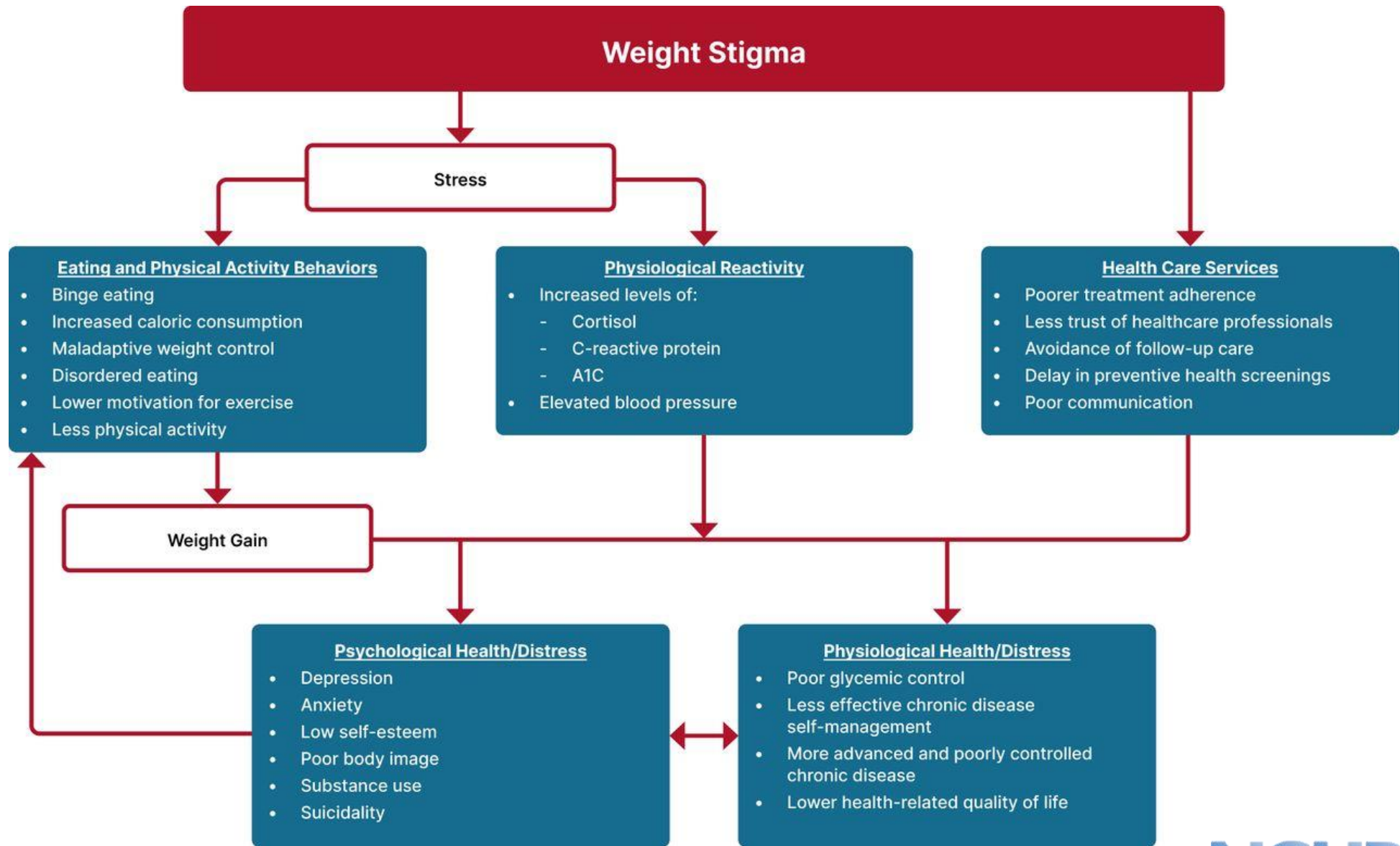
Among adults who have obesity, prevalence rates of weight discrimination range from 19%-40%.

What is weight stigma?

Weight stigma can affect anyone.

- Sex
- Age
- Race and ethnicity
- Socioeconomic status
- Sexual orientation
- Body size
- Nationality

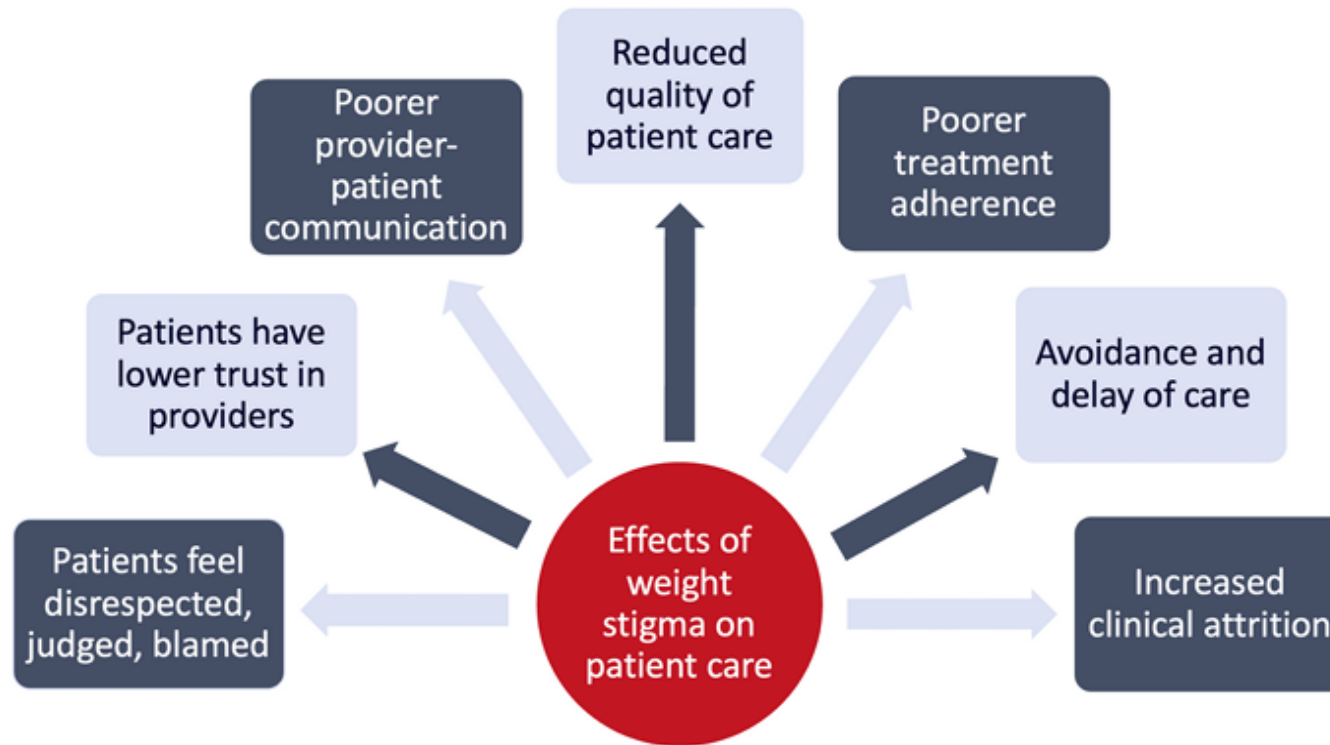




Source: Bannuru, R. R., & Professional Practice Committee. (2025). *Weight stigma and bias: Standards of care in overweight and obesity—2025*. *BMJ Open Diabetes Research & Care*, 13(Suppl 1), e004962. <https://doi.org/10.1136/bmjdr-2025-004962>

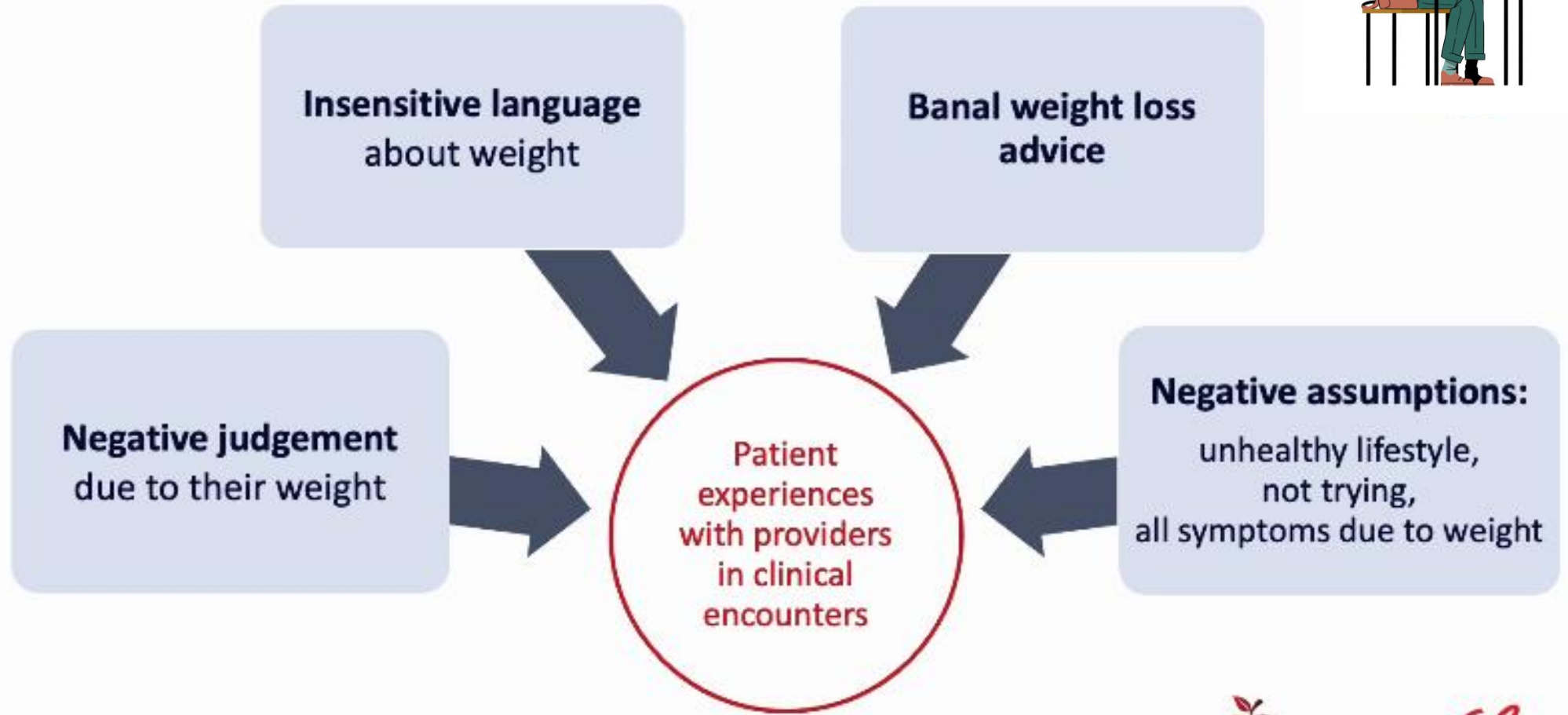
Where
does
weight
stigma
occur?





Weight stigma creates multiple barriers for effective patient care. To reduce weight stigma in healthcare, improving clinician-patient communication is essential. Through increased self-awareness and education about weight stigma, respectful language, supportive counseling, and patient-centered approaches, healthcare professionals can deliver more compassionate and effective clinical care.

Patient perspectives of clinical encounters



Healthcare providers

Express stereotypes that patients with higher weight are:

- Lazy
- Unmotivated
- Lacking self-control
- Lacking willpower
- At fault for their weight
- Poor at self-management
- Less compliant

- Doctors*
- Nurses
- Dietitians
- Obstetricians
- Mental health professionals
- Physiotherapists
- Occupational therapists
- Exercise physiologists
- Medical students

*Levels of weight bias in doctors are similar to the general population
(Sabin, Marini, & Nosek, *PLoS One* 2012)



Provider communication plays a role

If your doctor referred to your (or your child's) weight in a way that makes you feel stigmatized, how would you react?

Reaction to stigmatizing language	Adults (N=1,064)	Parents (N=445)
Seek a new doctor who is more sensitive about weight	21%	35%
Avoid future appointments with my doctor	19%	24%

Puhl, Peterson, & Luedicke, *Pediatrics* 2011; Puhl, Peterson, & Luedicke, *Int J Obesity*, 2013

Recommendations

1.2 Implement protocols to minimize risk of stigmatization during provision of healthcare services, including anthropometric measurements and communication practices for patient-directed care.

1.3 Ensure availability of clinical equipment and furniture that accommodates all individuals (e.g., waiting room chairs, examination tables, gowns, blood pressure cuffs, high-capacity scales).

1.4 Make accommodations to provide privacy during anthropometric measurements, including locating the scale in a private area.

Recommendations

1.5 Use person-centered, nonjudgmental language that fosters collaboration between individuals and healthcare professionals, including person-first language (e.g., “person with obesity” rather than “obese person”).

1.6 Engage individuals in shared decision-making to individualize diagnostic and treatment approaches, including collaborative goal setting beyond weight reduction. Support and collaborate with individuals on long-term obesity care.

1.7 Ask permission to discuss weight with individuals. If individuals decline, respect autonomy and refrain from forcing conversation. If individuals accept, inquire about their preferred terms/words to discuss weight.

Source: Bannuru RR. *Weight stigma and bias: standards of care in overweight and obesity—2025*. BMJ Open Diabetes Research & Care. 2025;13:e004962. <https://doi.org/10.1136/bmjdr-2025-004962>

Clinical practice checklist—minimum accommodations

Waiting Room

- Sturdy chairs with double-width seats (35 in) or firm loveseats with weight capacity ≥ 300 lbs (136 kg)
- Ensure 6–8 inches of space between chairs
- Weight-sensitive media including reading materials, artwork, video displays
- Available bariatric wheelchairs with extra-wide seat and weight capacity ≥ 300 lbs (136 kg)

Scale

- Located in an area that offers privacy and confidentiality
- Wide-based scale that measures ≥ 500 lbs (227 kg) and meets established accuracy requirements

Exam rooms

- Sturdy chair with weight capacity ≥ 300 lbs (136 kg) and double-width seat (35 in)
- Wide examination table with weight capacity ≥ 500 lbs (227 kg)
- Large, extra-large, 2XL and 4XL size gowns
- Large and extra-large adult and thigh blood pressure cuffs

Ancillary services

- Extra-long phlebotomy needles and tourniquets
- Imaging systems accommodate individuals ≥ 500 lbs (225 kg)
- The accommodations listed are the minimum requirements for all healthcare practices to implement to reduce weight stigma as the physical environment of the clinic may be a source of stigmatization for individuals living with obesity.

Clinic Assessment Checklist

Waiting Room and Common Areas

- Large, sturdy chairs (preferably armless) or benches that can accommodate patients and visitors with large body sizes
- Doors and hallways that accommodate large size wheelchairs, walkers, scooters
- Weight-sensitive reading materials in waiting area
- Bathrooms that are wheelchair accessible
- Floor-mounted/pedestal toilets in bathrooms
- Sturdy grab bars in bathrooms

Examination Room

- Sturdy step stools
- Large sturdy chairs
- Large examination tables with proper width and weight capacity
- Extra-large examination gowns
- Extra-large adult-sized arm and thigh blood pressure cuffs
- Extra long phlebotomy needles and tourniquets

Scale

- Accurate, high capacity scale that can support >500 lbs
- Wide platform with handles for support during weighing
- Accessible for patients with disabilities
- Situated in a private area
- Staff trained in sensitive weighing procedures

Staff Training

- Healthcare providers assess their own potential for weight bias
- Staff is educated about the needs of patients with obesity to promote their understanding, sensitivity and respect of this patient population
- Office staff is trained on strategies to eliminate stigma and foster supportive and respectful communication with patients of all body sizes

Case Study

Maria is a 38-year-old School Administrator.

Medical History: Mild asthma, chronic knee pain, elevated blood pressure

BMI: 33

Maria is an active, dedicated mother of two who walks regularly, cooks at home, and is engaged in her community. Despite her effort to stay healthy, she has long felt judged because of her weight—especially in healthcare settings.

Maria visited her primary care clinic due to worsening knee pain. She hoped to receive imaging, physical therapy options, or an evaluation for joint instability.

Instead, her doctor glanced at her chart and immediately attributed her pain to her weight, saying: “If you just lost some weight, your knee pain would go away.”

No physical exam was performed. No questions were asked about activity, injury, or family history. Maria left feeling dismissed, unheard, and ashamed.

Discussion

1. Impact of the weight Assessment on the patient
 - A. Emotional
 - B. Medical
 - C. Behavioral
2. How weight stigma appeared?
3. What should the physician have done?
4. Discuss Evidence-based solutions
5. What do you find most challenging when communicating with patients about body weight?

Q & A SESSION



COMPLETE OUR POST EVALUATION SURVEY



Upcoming Sessions

Tools and Strategies for Nutrition and Exercise Quality Improvement in Health Center Settings: Project ECHO Model Sessions	Topic	Dates & Time
Session 3	Motivational interviewing for nutrition and physical activity improvement	3/25/2026 1:00 – 2:00 pm EDT
Session 4	Solutions for physical activity improvement	4/01/2026 1:00 – 2:00 pm EDT

Registration form: <https://app.smartsheet.com/b/form/019c8bf59fa678bb990c59eec10f4181>

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THANK YOU!

