

Relationship Between Weight Bias Internalization, Diabetes Stigma, and Perceptions of Healthcare Interactions Among People with Type 2 Diabetes

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OBJECTIVE

- To assess associations among weight and diabetes bias and stigma and perception of healthcare quality and avoidance behaviors in U.S. adults living with type 2 diabetes (T2DM).

CONCLUSION

- Weight bias internalization (WBI) and diabetes stigma are associated with poorer person – provider interactions and increased healthcare avoidance in adults with T2D. Enhancing awareness of WBI and stigma among healthcare professionals and promoting compassionate, person-centered communication may reduce stigma and improve healthcare engagement and health outcomes.



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BACKGROUND

- Internalized weight-bias suffered by a person with a larger body coupled with weight and diabetes related stigma from healthcare professionals can negatively affect treatment decisions, person–provider communication, and overall healthcare experience in people with T2DM. Prior evidence shows that stigma may be associated with person with T2DM engagement, healthcare avoidance, and perception of healthcare quality.
- This study investigates how weight bias internalization (WBI), diabetes stigma, and perception of healthcare interactions intersect to affect person with T2DM healthcare behaviors and healthcare experiences.

HIGHLIGHT RESULT

Participants who avoided visiting their healthcare professional because they felt uncomfortable about their body being examined (22.4%) had higher mean scores across measures compared to participants who felt otherwise.

I avoid seeing my primary or other healthcare provider because I feel uncomfortable when my body is being examined					
Parameter	Strongly disagree n = 456	Somewhat disagree n = 208	Somewhat agree n = 154	Strongly agree n = 38	p-value
WBIS-M, mean (SD)	2.9 (1.4)	3.5 (1.3)	4.1 (1.5)	4.1 (1.5)	<0.0001 ^a
WSSQ-Total, mean (SD)	26.6 (10.3)	31.9 (9.9)	35.1 (9.6)	36.1 (13.9)	<0.0001 ^a
WSSQ-Self-devaluation, mean (SD)	13.9 (5.2)	16.2 (5.3)	17.4 (5.4)	17.7 (6.6)	<0.0001 ^a
WSQQ-Fear of Enacted Stigma, mean (SD)	12.6 (5.8)	15.8 (5.3)	17.7 (5.3)	18.4 (8.0)	<0.0001 ^a
DSAS-2 Total, mean (SD)	33.9 (13.8)	43.9 (15.0)	45.8 (15.2)	54.7 (21.8)	<0.0001 ^a
DSAS-2-Treated Differently, mean (SD)	9.2 (4.3)	11.8 (5.0)	11.9 (5.1)	15.1 (7.9)	<0.0001 ^a
DSAS-2-Blame and Judgement, mean (SD)	14.4 (6.5)	18.4 (6.0)	18.7 (6.7)	22.0 (8.8)	<0.0001 ^a
DSAS-2-Self-stigma, mean(SD)	10.4 (4.9)	13.7 (5.7)	15.1 (5.8)	17.1 (8.0)	<0.0001 ^a

WBIS-M Weight Bias Internalization Scale - Modified, WSSQ – Weight Self-Stigma Questionnaire, DSAS-2 – Type 2 Diabetes Stigma Assessment Scale

METHODS

Design

- Observational, survey-based study.

Participants

- 857 U.S. adults with T2DM
- 61.6% were men,
- Mean (SD) age 57.4 (15.7) years
- Mean (SD) BMI of 33.4 (8.4) kg/m²
- Mean (SD) HbA1c of 7.0% (1.5%)

Measures

- WBIS-M, Weight Bias Internalization Scale-Modified; WSSQ, Weight Self Stigma Questionnaire; DSAS-2 Type 2 Diabetes Stigma Assessment Scale

Analyses

- Mean scores and subgroup comparisons based on PRO score levels.

HIGHLIGHT RESULT

Some people avoid visiting their primary care provider or other health care provider even when they suspect they should. Would you say this is true for you?

Parameter	True n = 271	False n = 584	p-value
WBIS-M, mean (SD)	3.9 (1.5)	3.0 (1.4)	<0.0001 ^a
WSSQ-Total, mean (SD)	34.2 (10.8)	27.8 (10.4)	<0.0001 ^a
WSSQ-Self-devaluation, mean (SD)	17.0 (5.8)	14.5 (5.2)	<0.0001 ^a
WSQQ-Fear of Enacted Stigma, mean (SD)	17.2 (6.0)	13.3 (5.8)	<0.0001 ^a
DSAS-2 Total, mean (SD)	46.9 (17.4)	35.9 (14.0)	<0.0001 ^a
DSAS-2-Treated Differently, mean (SD)	12.6 (5.9)	9.6 (4.4)	<0.0001 ^a
DSAS-2-Blame and Judgement, mean (SD)	19.4 (7.1)	15.1 (6.4)	<0.0001 ^a
DSAS-2-Self-stigma, mean(SD)	15.0 (6.5)	11.1 (5.2)	<0.0001 ^a

WBIS-M Weight Bias Internalization Scale - Modified, WSSQ – Weight Self-Stigma Questionnaire, DSAS-2 - Diabetes Stigma Assessment Scale

References

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Disclosures: Tracy J. Sims, Richa Kapoor, and Chanadda Chinthammit are employees and stockholders of Eli Lilly and Company. Erik Spaepen is a contractor

FINDINGS

- Experienced and internalized stigma are common among people with T2DM in healthcare settings.
- Suboptimal interactions with HCPs are associated with higher WBI and diabetes stigma.
- Prior experiences of stigma increase the likelihood of care avoidance or delays and less frequent routine checkups.
- Both weight and diabetes stigma may negatively affect diabetes diagnosis, treatment, and health outcomes.
- There is a need for equitable, person-centered care that is sensitive to a person's experiences and vulnerabilities.
- Enhanced support is needed for people experiencing WBI and diabetes stigma to reduce adverse health outcomes.
- Weight and diabetes stigma in healthcare may undermine engagement with care and health outcomes in people with T2DM.
- Educating HCPs about stigma and improving provider– person with T2DM communication may reduce stigma and improve outcomes.
- Compassionate, individualized, and engaging language is critical in diabetes care.
- Development of stigma-reduction interventions for HCPs is needed.
- Use of alternative, non–weight-focused outcome measures may promote better person with T2DM–provider interactions and T2DM management.