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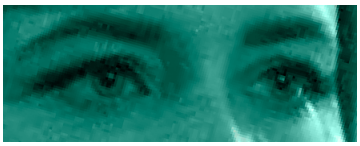

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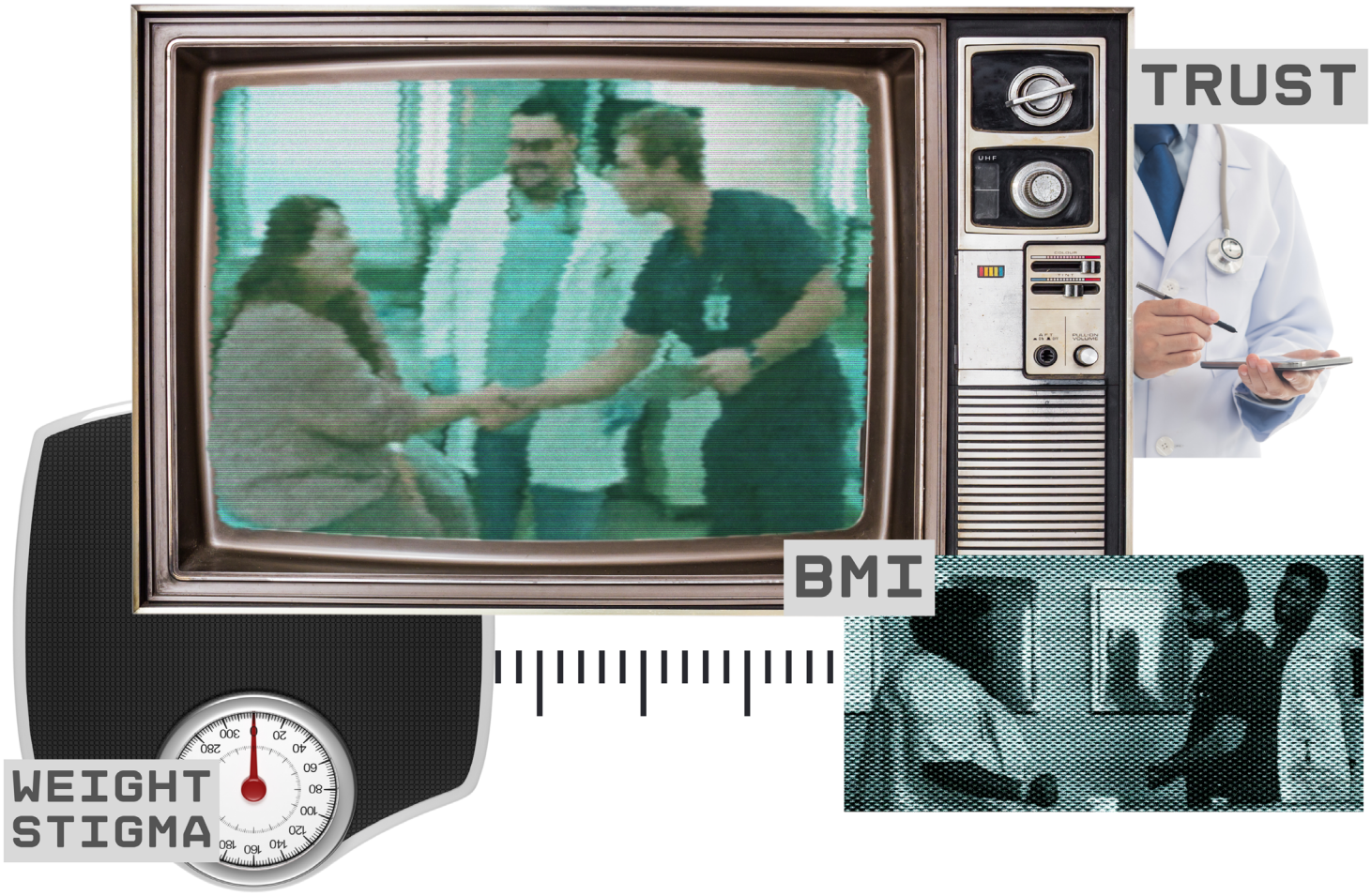

How Television Depictions of Weight Stigma Impact Future Health Professionals

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January 2026

ACKNOWLEDGEMENTS

The USC Norman Lear Center is led by Director Marty Kaplan and Managing Director Johanna Blakley. Special thanks to Adam Rogers for project management and to Veronica Jauriqui for project management and report design.

USC STUDENT RESEARCH ASSISTANTS: Special thanks to student content coders Arianna Werner and Blake Stauffer.

UPITT STUDENT RESEARCH ASSISTANTS: Special thanks to student content coders Cristy Gross, Savannah Shannon, Selam Mekbeb-Gillett, and Ore Fawole. Thank you also to Ore Fawole and Nana Inkoom for their work on experimental survey development and implementation.

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ABOUT THE NORMAN LEAR CENTER: The Norman Lear Center is a nonpartisan research and public policy center that studies the social, political, economic, and cultural impact of entertainment. The Lear Center helps bridge the gap between the entertainment industry and academia, and between them and the public. Through its scholarship, researc,h and partnerships; its events, publications, and outreach to the creative community; and its role in formulating the field of entertainment studies, the Norman Lear Center works to be at the forefront of discussion and practice – and to illuminate and repair the world.

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This report was prepared by the USC Norman Lear Center and was supported by two Data for Good grants from the Nielsen Foundation (2023 and 2024). The findings and conclusions are those of the authors and do not necessarily reflect the positions or policies of the Nielsen Foundation.

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EXECUTIVE SUMMARY

The notion that **representation matters** has guided efforts in Hollywood that aim to increase or improve representation of various marginalized communities. Body size, however, remains frequently overlooked as an important aspect of identity. Those living in larger bodies face discrimination across various contexts, including employment and healthcare. These types of discrimination remain legal in most places because weight and body size are not considered protected categories under the Equal Employment Opportunity Commission.

Challenging weight stigma can be particularly difficult because it is often framed as being motivated by concern for one's health. However, growing research indicates a more complicated relationship between weight/size and health than previously acknowledged, and experiencing weight stigma has been linked to a myriad of negative health outcomes.

Media representations of fat individuals are limited, and those that do exist often reinforce negative stereotypes about those in larger bodies. Exposure to such portrayals has been linked to both negative attitudes towards the *self* and towards *others*. However, less is known about how depictions of larger body sizes are framed *in relation to health* or about how storylines about weight stigma influence the attitudes and intentions of future health professionals, specifically.

To address these gaps, the USC Norman Lear Center launched a multi-part research project including:

- A content analysis focused on depictions of fat patients across 72 episodes set in medical contexts.
- A content analysis of non-thin characters across 38 episodes set in *any* context, including non-medical settings.
- An experimental study examining the impact of a weight stigma storyline in a healthcare setting on student health professionals.

Key findings from the content analyses include:

- Across content analyses, fat and non-thin characters were predominantly white and female.
- In contrast to real-world reports about providers typically being the initiators of discussions about weight, both patients and providers brought up the topic across both content analyses.
- Fat and non-thin patients were sometimes viewed as untrustworthy or deceitful by health providers.
- When storylines address factors that contribute to weight or size, they almost exclusively focus on individualistic explanations.
- Few storylines actively challenged myths about those in larger bodies.

Key findings from the impact study suggest that those exposed to a storyline challenging weight stigma in healthcare:

- Were more critical of the use of BMI in health screenings;
- Exhibited less stigma towards those in larger bodies; and,
- Showed a greater intention to address weight stigma in their own practice by speaking with other providers, supporting patients who choose to opt out of weigh-ins, and framing discussions about weight and health in a way that avoids judgment and focuses on overall well-being rather than weight alone.

Based on our findings, we put forth the following recommendations for storytellers:

1. **Create stories that challenge individualistic narratives and myths about fatness.**
2. **Increase diversity among fat characters.**
3. **In medical contexts on television, include more fat healthcare providers.**
4. **In non-medical contexts on TV, include more recurring fat characters that are not defined by their weight.**
5. **Model a range of supportive actions from healthcare professionals.**
6. **Lean on *free* subject-matter experts and lived-experience consultations.**

INTRODUCTION

Communications scholars have long argued that what we see on screen, particularly with regard to marginalized social groups, has implications for our real-world attitudes and interactions.[1] So critical is this representation that George Gerbner, a key figure in early communications scholarship, coined the powerful phrase ***symbolic annihilation*** as a way to emphasize how **the omission, trivialization, and condemnation of marginalized groups in media serve to reinforce real-world social inequities**.[2] This sentiment—that **representation matters**—has continued to guide efforts in Hollywood that aim to increase or improve representation of women, racial and ethnic minority groups, LGBTQ+ communities, those with disabilities, and more. Yet one important aspect of identity remains frequently overlooked in this area—body size.

Fat people—or those living in larger bodies—face stigma and discrimination in many different realms. In workplaces, fat people typically earn 3-6% less than thin people for performing the same job.[3] Much of the research on workplace weight discrimination has found that the penalties are far steeper for women, with one analysis indicating that for every 10% increase in a woman's body mass, her income decreased by 6%.[4]" Even worse, this wage penalty seems to increase for women both as they age[5] and as they rise to executive positions.[6]

Because weight and body size are not considered protected categories under the Equal Employment Opportunity Commission,[7] discrimination based on weight or size remains legal in most places.[8] Some exceptions exist, such as New York City, which added height and weight to its list of protected classes in 2023.[9]

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1 Dogan, J. N., Rosenkrantz, D., Wheeler, P. B., & Hargons, C. N. (2021). Exploring identity and coping among Black viewers of Marvel's Black Panther. *Psychology of Popular Media, 11*(2), 1-13. https://doi.org/10.1037/ppm0000359; Rosenthal, E. L., Rogers, A. A., Peterson, E., Watson-Currie, E., & Shin, H. (2020). *Change the narrative, change the world: How immigrant representation on television moves audiences to action.* USC Annenberg Norman Lear Center and Define American. https://defineamerican.com/wp-content/uploads/2022/02/Change-the-Narrative-Change-the-World.pdf ; Murrar, S., & Brauer, M. (2018). Entertainment-education effectively reduces prejudice. *Group Processes & Intergroup Relations, 21*(7), 1053-1077. https://journals.sagepub.com/doi/10.1177/1368430216682350; Scharrer, E., Ramasubramanian, S., & Banjo, O. (2022). Media, diversity, and representation in the US: A review of the quantitative research literature on media content and effects. *Journal of Broadcasting & Electronic Media*, *66*(4), 723-749. https://doi.org/10.1080/08838151.2022.2138890; Deerwater, R., Townsend, M., & Hurwitz, A. (2023). *Where we are on TV 2023-2024.* GLAAD. https://glaad.org/wherewareontv23/

2 Gerbner, G., & Gross, L. (1976). Living with television: The violence profile. *Journal of Communication, 26*, 172-199. https://doi.org/10.1111/j.1460-2466.1976.tb01397.x

3 UConn Rudd Center for Food Policy and Health. (2020). *Weight bias in the workplace: Information for employers.* https://uconnruddcenter-org.media.uconn.edu/wp-content/uploads/sites/2909/2020/07/Weight-Bias-in-the-Workplace.pdf

4 Gogoi, P. (2023, April 29). *The weight bias against women in the workplace is real — and it's only getting worse.* NPR. https://www.npr.org/2023/04/29/1171593736/women-weight-bias-wages-workplace-wage-gap

5 National Institute on Aging. (2007). *Growing older in America: The health & retirement study.* https://web.archive.org/web/20250928154620/https://www.nia.nih.gov/sites/default/files/2017-06/health_and_retirement_study_0.pdf

6 Gogoi, P. (2023, April 29). *The weight bias against women in the workplace is real—and it's only getting worse.* NPR. https://www.npr.org/2023/04/29/1171593736/women-weight-bias-wages-workplace-wage-gap

7 Protected categories include race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, and genetic information; U.S. Equal Employment Opportunity Commission. (n.d.). *Who is protected from employment discrimination?* https://web.archive.org/web/20251203203956/https://www.eeoc.gov/employers/small-business/3-who-protected-employment-discrimination

8 In fact, discrimination based on body size is currently legal in almost every state in the US; Vox Creative. (2022, November 23). *Why is weight discrimination still legal?* https://www.vox.com/ad/23298808/why-is-weight-discrimination-still-legal

9 NYC Commission on Human Rights. (n.d.). *Height and weight protections in the New York City human rights law.* https://web.archive.org/web/20251107044758/https://www.nyc.gov/site/cchr/media/height-and-weight.page

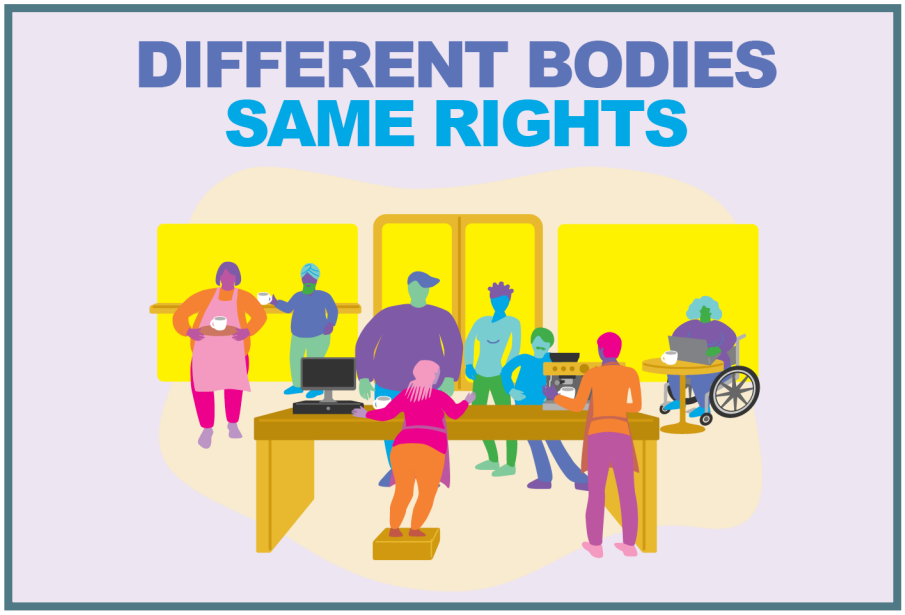

Figure 1.
Promotional poster for New York City Human Rights Law, which prohibits discrimination based on various characteristics, including height and weight[10] [11]

Throughout this report, we use several terms to refer to those living in larger bodies. When describing validated measures used in prior research, we defer to the language originally used in the publication, typically "overweight" or "obese." Otherwise, we use the term "fat," which is preferred by many who argue that the terms "overweight" and "obese" are both othering and stigmatizing.[11]

As with any other social identity, language norms and preferred terms are continuously evolving.

The notion that weight stigma has a detrimental impact on individuals grounds the present research study, which examines the representation of fat and non-thin individuals and the impact of depictions of weight stigma on future healthcare providers.

Weight Stigma as a Public Health Issue

Individuals living in larger bodies also report facing discrimination in healthcare settings. A review of research found extensive evidence of weight bias across a range of health professionals, including doctors, nurses, dieticians, psychologists, and even obesity specialists.[12] In one study, 24% of nurses reported feeling "repulsed" by fat patients and 12% reported that they did not want to touch these patients.[13] Healthcare providers who hold negative attitudes towards fat patients often fail to provide adequate diagnostic and treatment options, and even spend less time with patients because they assume such patients are "non-compliant." Provider attitudes have also been associated with less patient-centered care and lower

10 NYC Commission on Human Rights. (n.d.). *Height and weight protections in the New York City human rights law.* https://web.archive.org/web/20251107044758/https://www.nyc.gov/site/cchr/media/height-and-weight.page

11 Hardy, K. A. (2023). Five ways health care can be better for fat people. *AMA Journal of Ethics*, *25*(7), 528-534. https://journalofethics.ama-assn.org/article/five-ways-health-care-can-be-better-fat-people/2023-07; UConn Rudd Center for Food Policy and Health. (2020). *Weight bias in the workplace: Information for employers.* https://uconnruddcenter-org.media.uconn.edu/wp-content/uploads/sites/2909/2020/07/Weight-Bias-in-the-Workplace.pdf

12 Talumaa, B., Brown, A., Batterham, R. L., & Kalea, A. Z. (2022). Effective strategies in ending weight stigma in healthcare. *Obesity Reviews*, *23*(10), e13494. https://doi.org/10.1111/obr.13494

13 Schvey, N. (2010). Weight bias in health care. *AMA Journal of Ethics*, *12*(4), 287-291. https://journalofethics.ama-assn.org/article/weight-bias-health-care/2010-04

patient ratings of care.[14]

Weight stigma can be particularly challenging to combat because unlike other forms of discrimination, weight stigma is often framed as occurring out of concern for one's health rather than contempt. Two issues arise: the complex science on the relationship between weight and health, and the impacts of weight stigma regardless of intention.

For decades, body mass index (BMI) has been used as a central tool in clinical care and in research outlining the relationship between weight and health, but more and more providers are questioning its usefulness.[15] In fact, a 2023 report from the American Medical Association (AMA) Council on Science and Public Health reviewed the problematic history of BMI and its limitations, particularly with regards to applicability across race/ethnicity, gender, and age.[16] More and more research indicates that weight is about far more than "calories in versus calories burned"[17] and that health outcomes are shaped by a variety of factors, such as socioeconomic status, food insecurity, housing stability, chronic stress and discrimination, genetics, and much more.[18]

While health professionals believe that labeling individuals as obese will in and of itself motivate weight loss,[19] the impacts of weight stigma raise serious public health concerns. Research has consistently found an association between experiencing weight stigma and increased risk of depression, anxiety, suicidal thoughts, and low self-esteem.[20] Furthermore, experiencing weight stigma can actually deter patients from receiving regular medical care, with such patients being more likely to cancel appointments and avoid future preventative care.[21] Concerns about embarrassment, lack of appropriately sized examination equipment, and poor patient-provider communication can even lead women in larger bodies to avoid screening procedures like Pap smears and mammograms,[22] which can lead to delayed diagnosis or even death.

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14 Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & van Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, *16*(4), 319-326. https://doi.org/10.1111/obr.12266

15 Williams, S. (2024, November 15). *BMI, aka body mass index: What the science says.* Stanford Medicine News Center. https://med.stanford.edu/news/insights/2024/11/bmi-body-mass-index-alternatives-science.html

16 American Medical Association. (2023, June 14). *AMA adopts new policy clarifying role of BMI as a measure in medicine.* https://www.ama-assn.org/press-center/ama-press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine

17 Tello, M. (2018, May 30). *Obesity is complicated — and so is treating it.* Harvard Health Publishing. https://www.health.harvard.edu/blog/obesity-is-complicated-and-so-is-treating-it-2018053013943

18 Baez, A. S., Ortiz-Whittingham, L. R., Tarfa, H., Baah, F. O., Thompson, K., Baumer, Y., & Powell-Wiley, T. M. (2023). Social determinants of health, health disparities, and adiposity. *Progress in Cardiovascular Diseases*, *78*, 17-26. https://web.archive.org/web/20250206232343/https://pmc.ncbi.nlm.nih.gov/articles/PMC10330861/

19 Puhl, R. M., Moss-Racusin, C. A., Schwartz, M. B., & Brownell, K. D. (2008). Weight stigmatization and bias reduction: Perspectives of overweight and obese adults. *Health Education Research*, *23*(2), 347-358. https://doi.org/10.1093/her/cym052

20 Vartanian, L. R., & Porter, A. M. (2016). Weight stigma and eating behavior: A review of the literature. *Appetite*, *102*, 3-14. https://doi.org/10.1016/j.appet.2016.01.034

21 Puhl, R., & Brownell, K. D. (2013). Bias, discrimination and obesity. *Health and Human Rights in a Changing World*, 581-606.; Schwartz, M. B., Chambliss, H. O. N., Brownell, K. D., Blair, S. N., & Billington, C. (2003). Weight bias among health professionals specializing in obesity. *Obesity Research*, *11*(9), 1033-1039. https://doi.org/10.1038/oby.2003.142

22 Aldrich, T., & Hackley, B. (2010). The impact of obesity on gynecologic cancer screening: An integrative literature review. *Journal of Midwifery & Women's Health*, *55*(4), 344-356. https://doi.org/10.1016/j.jmwh.2009.10.001

Narratives of Fatness

Like many other health and equity-related issues, the dominant narrative of fatness is one of individualism — where individual people are blamed as opposed to discussing systemic matters such as food deserts and lack of safe exercising spaces that are largely out of their control.[23]

Historically, entertainment media has played a large role in perpetuating myths about fatness and in idealizing thin body types.[24] Previous research has found that fat characters are very rarely shown on television, with less than 6% of leading characters on popular scripted TV shows from 2016 to 2020 having a larger body type. When these characters are shown, they frequently serve in minor or supporting roles and/or roles that embody stereotypes about fat people, such as:[25]

- **Comic relief:** A fat character is used as the punchline of the joke or portrayed as overly jolly or funny, often as a hilarious best friend to a main character
- **Losers:** A fat character is portrayed as lazy, undisciplined, or a failure in their personal and/or professional lives; this may incorporate appearance-based judgments such as being shown as unattractive, slovenly, or poorly-dressed
- **Mother figure:** A fat female character is depicted as matronly, nurturing, and/or a great listener, often in support of a thin main character
- **Sexually promiscuous:** A fat character, typically female, is shown as having an overactive sex drive, often to comedic effect

Negative depictions of fat people in entertainment media have real world consequences. In a survey of over 1000 people with larger bodies, one third of respondents reported that media portrayals of fat people led to poor body image and self-esteem, while more than a quarter said that it negatively impacted their overall mental health.[26] Furthermore, such depictions have been associated with stigmatizing attitudes towards and beliefs about those in larger bodies, regardless of one's own weight/size.[27]

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[23] Nath, R. (2022). Obesity and responsibility for health. In B. Davies, G. De Marco, & N. Levy (Eds.), *Responsibility and healthcare* (pp. 184-209). Oxford University Press. https://web.archive.org/web/20250204172344/https://www.ncbi.nlm.nih.gov/books/NBK603826/; Frameworks Institute. (2024). *The state of American culture: 2023-2024.* https://www.frameworksinstitute.org/app/uploads/2024/10/FWI-CCP-2024-Update-Report-FINAL.pdf

[24] The Media Empathy Foundation. (2022). *The media empathy report: Spotlight on weight stigma.* https://uconnruddcenter.media.uconn.edu/wp-content/uploads/sites/2909/2024/08/The-Media-Empathy-Report-2022-06-24.pdf; Grabe, S., Ward, L. M., & Hyde, J. S. (2008). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin*, *134*(3), 460. https://doi.org/10.1037/0033-2909.134.3.460; Hawkins, N., Richards, P. S., Granley, H. M., & Stein, D. M. (2004). The impact of exposure to the thin-ideal media image on women. *Eating Disorders*, *12*(1), 35-50. https://doi.org/10.1080/10640260490267751

[25] The Geena Davis Institute and USC Viterbi School of Engineering. (2024). *See Jane 2021: Looking back and moving forward — The state of representation in popular television from 2016 to 2020.* https://geenadavisinstitute.org/wp-content/uploads/2024/01/GDIGM-See-Jane-2021-Report-v2.pdf; The Representation Project. (2022). *#AllBodies report: Representations of fat women and girls in Hollywood.* https://therepproject.org/wp-content/uploads/2022/07/2022AllBodies_FatWomenInHollywood_Report_V2_TypoFixed.pdf

[26] Media Empathy Foundation. (n.d.). *Weight stigma.* https://www.mediaempathy.org/weight-stigma/#and-media

[27] Kite, J., Huang, B. H., Laird, Y., Grunseit, A., McGill, B., Williams, K., & Thomas, M. (2022). Influence and effects of weight stigmatisation in media: A systematic review. *EClinicalMedicine*, *48*. https://doi.org/10.1016/j.eclinm.2022.101464

Study Overview

While previous research has documented the prevalence of the thin ideal in entertainment media, less is known about how depictions of larger body sizes are framed in relation to health. Furthermore, researchers have yet to examine how storylines about weight stigma influence the attitudes and intentions of future health professionals, specifically.

To address these gaps, the USC Norman Lear Center launched a multi-part research project including:

- A content analysis focused on depictions of fat patients across 72 episodes set in medical contexts.
- A content analysis of non-thin characters across 38 episodes set in *any* context, including non-medical settings.
- An experimental study examining the impact of a weight stigma storyline in a healthcare setting on health professional students.

The present research is grounded in examining how media depictions promote or push back against prominent myths about body size and fatness that underpin the current state of sizeism in the US:

MYTH #1: Fatness is an individual choice.
REALITY: Genetics and environmental factors play a large role in body size.[28]

MYTH #2: Fatness is inherently unhealthy.
REALITY: Body size and BMI are no longer regarded as good indicators of a person's overall health.[29]

MYTH #3: Fatness is a moral failure.
REALITY: Body size is not a reflection of discipline, willpower, or one's character.[30]

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[28] Harvard Health Publishing. (2019, June 24). *Why people become overweight.* https://www.health.harvard.edu/staying-healthy/why-people-become-overweight

[29] Katella, K. (2023, August 4). *Why you shouldn't rely on BMI alone.* Yale Medicine. https://www.yalemedicine.org/news/why-you-shouldnt-rely-on-bmi-alone

[30] Ramos Salas, X., Forhan, M., Caulfield, T., Sharma, A. M., & Raine, K. D. (2019). Addressing internalized weight bias and changing damaged social identities for people living with obesity. *Frontiers in Psychology*, *10*, 1409. https://doi.org/10.3389/fpsyg.2019.01409; Hardy, K. A. (2023). Five ways health care can be better for fat people. *AMA Journal of Ethics*, *25*(7), 528-534. https://journalofethics.ama-assn.org/article/five-ways-health-care-can-be-better-fat-people/2023-07

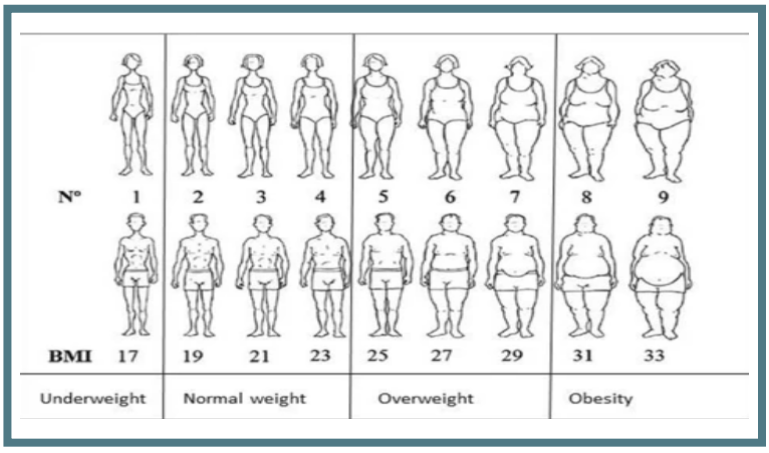
HOW ARE CHARACTERS IN LARGER BODIES REPRESENTED IN SCRIPTED TELEVISION?

What We Did

We conducted two related but distinct content analyses (see Table 1) to explore how those in larger bodies are depicted in scripted television. Because existing research points to a severe underrepresentation of characters in larger bodies across television, we used the Norman Lear Center Script Database[31] to identify relevant content by searching television transcripts for 15 fat-related keywords, focusing on content that aired between 2013 and 2022. Thus, all episodes across both studies were selected because they included weight-related content.

- **Study 1: Fat Patients in Medical Contexts.** For this study, we analyzed depictions of **44 fat patients** (defined as those with a body size corresponding to an 8 or 9 on Stunkard's Figure Rating Scale[32]) across **72 episodes** set in **medical contexts.**
- **Study 2: Non-thin Characters in Any Context.** For this study, we broadened the scope to examine **73 non-thin characters** (defined as those with a body size corresponding to 5 or above on Stunkard's Figure Rating Scale) across **38 episodes** set in ***any* context,** including non-medical settings. Study 2 was conducted to address questions that emerged from Study 1.

Figure 2.
Stunkard's Figure Rating Scale



Together, these studies examined whether fatness was framed as an individual or systemic issue, how these storylines reinforce or challenge myths about fat people, and how fat or non-thin patients were shown in their interactions with healthcare providers. For more detailed information on methodology, see Appendix A and B.

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31 The Norman Lear Center Script Database contains over 167,000 transcripts from scripted film and television dating back to 1912.

32 Stunkard, A. J., Sørensen, T., & Schulsinger, F. (1983). Use of the Danish adoption register for the study of obesity and thinness. *Association for Research in Nervous and Mental Disease*, *60*, 115–120. https://web.archive.org/web/20240214153559/https://pubmed.ncbi.nlm.nih.gov/6823524/. Previous research has shown this scale to be a valid and reliable tool for assigning weight status to women shown on video: Cardinal, T. M., Kaciroti, N., & Lumeng, J. C. (2006). The figure rating scale as an index of weight status of women on videotape. *Obesity*, *14*(12), 2132-2135. https://doi.org/10.1038/oby.2006.249

	STUDY 1	STUDY 2
No of Episodes	72	38
Character Focus	44 fat TV patients	73 non-thin TV characters
Setting/ Context	Medical	Medical AND Non-Medical

Table 1.
The present studies

What We Found

Demographics

Onscreen, both fat and non-thin characters were predominantly white and female. Such homogenous depictions may obscure the ways in which weight-stigma disproportionately impacts those with other intersecting identities, such as race.[33]

STUDY 1	STUDY 2
Among the 44 fat patients identified: • 59% were white (41% POC) • 57% were women (43% male)	Among the 73 non-thin characters identified: • 73% were white (27% POC) • 53% were women (47% male)

Table 2.
Demographics of fat and non-thin characters

Medical Experiences of Fat and Non-Thin Patients

Both patients and providers brought up the topic of weight.

- Nine percent of fat patients were seen by a provider specifically for weight-related issues, but 18% of episodes had a provider introduce the topic of weight and 23% of episodes had the patient introduce the topic of weight.
- Among medical episodes in study 2, 13% of episodes depicted a healthcare provider initiating a discussion about a non-thin patient's weight.
- These depictions contrast real-world estimates, where 30–40% of patients in larger bodies say they've had a doctor recommend a diet even if they did not intend to discuss weight.[34]

[33] Himmelstein, M.S., Puhl, R.M., & Quinn, D.M. (2017). Intersectionality: An understudied framework for addressing weight stigma. *American Journal of Preventive Medicine, 53*(4), 421-431. https://doi.org/10.1016/j.amepre.2017.04.003

[34] Remmert, J. E., Convertino, A. D., Roberts, S. R., Godfrey, K. M., & Butryn, M. L. (2019). Stigmatizing weight experiences in health care: Associations with BMI and eating behaviours. *Obesity Science & Practice*, *5*(6), 555–563. https://doi.org/10.1002/osp4.379

Both fat and non-thin patients were sometimes viewed as untrustworthy or deceitful by health providers.

- Eleven percent of fat patients were questioned by a doctor about their truthfulness, and 7% were shown lying about their health-related behaviors.
- Among medical contexts in study 2, doctors approached non-thin patients with skepticism or mistrust in 23% of episodes, almost always with regards to diet or exercise.
- While we don't know whether thin patients on television face the same skepticism or mistrust, such depictions may reinforce beliefs that those in larger bodies are inherently non-compliant as patients.

Myths and Stereotypes

Nearly half of the storylines did not address factors that contribute to a person's weight or size, but when they did, they almost exclusively focused on personal responsibility.

- In the study of medical contexts, 32 episodes (44%) included any information about factors contributing to a person's weight.
- The vast majority (80%) of these episodes attributed weight to individual choices like poor diet or lack of exercise.
- Twenty-five percent of episodes discussed metabolic factors or broader systemic factors associated with weight.[35] For example, one patient on *Chicago Med* (NBC) stated: "*I tried to break the cycle with lean recipes, meal prep, organic, but I work two jobs and can barely make rent. Eating right takes planning and money.*"
- Thirty-five percent of episodes offered solutions to fatness, but none acknowledged systemic factors that play a role in weight and weight loss. Solutions like dieting and exercise were far more frequent than discussions of weight loss surgery or medication.

Few storylines actively challenged myths about people in large bodies.

- In the study of medical contexts, 13% of episodes had storylines that pushed back against weight bias or challenged myths about fatness in some way.
  - Six episodes (8%) portrayed fatness as something other than an individual choice and 5 episodes (7%) showed medical professionals who questioned the idea that fatness is inherently unhealthy.
- In the study across contexts, some storylines challenged weight bias in less direct ways, such as by portraying the biased character as unlikable or being in the wrong.
  - A doctor in *The Night Shift* (NBC) realized he was unfairly stigmatizing a fat patient, saying *"I judged her and her mother. I just saw an obese girl eating candy and never considered there could be something more going on."*
  - In *Shrill* (Hulu), one character was portrayed as unlikeable and crude when he complimented the company's new health incentive program, which he said would save him money if his employees can "pry [their] cheese-thighs off the couch more than once a week."

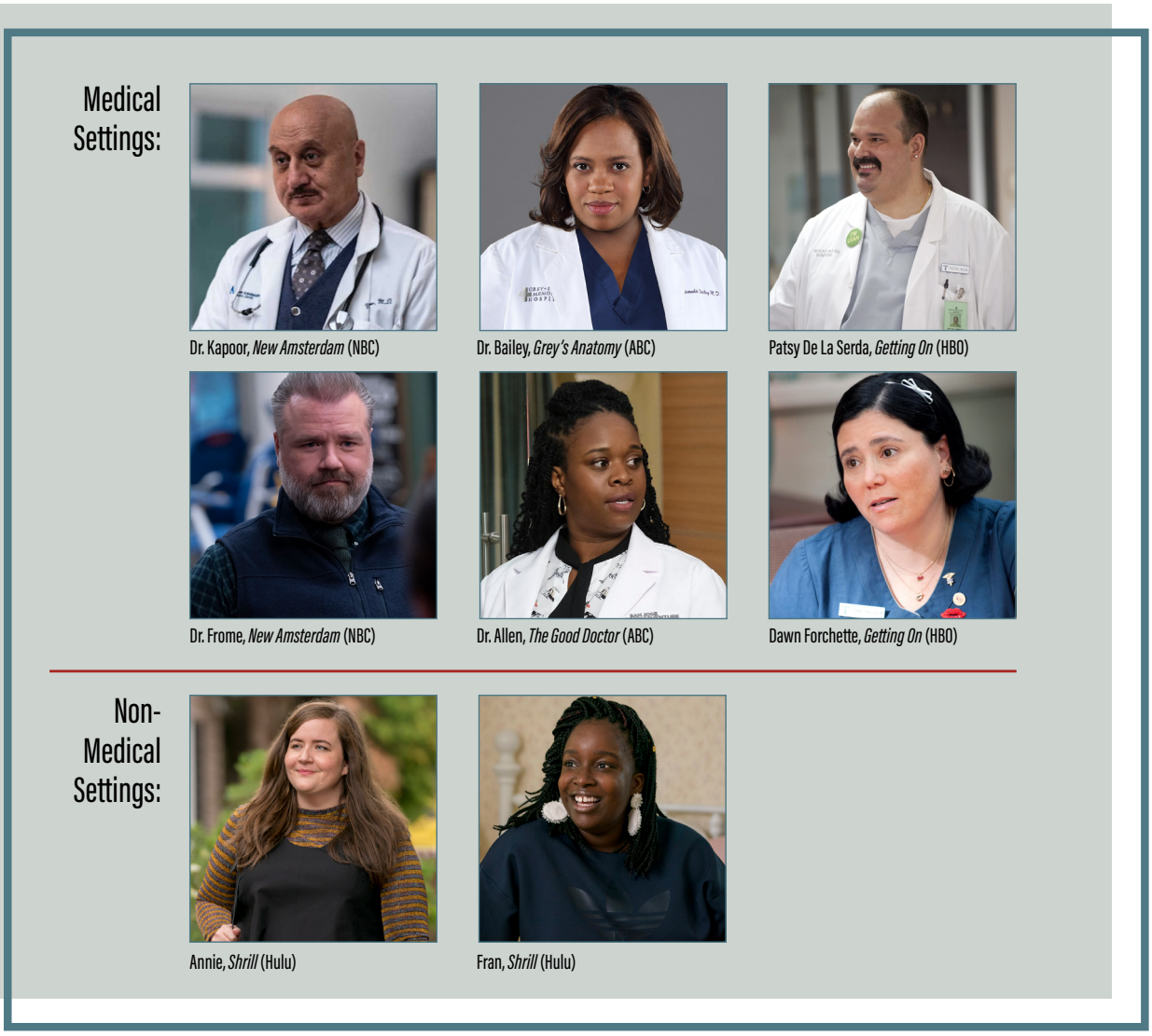
[35] The percentage of episodes with individualistic discussions about weight and those with systemic discussions about weight do not add up to 100% because in some instances, both of these occurred in the same episode.

- Of those episodes set in medical contexts in study 2, 40% of episodes featured a non-thin patient who presented to the emergency department following an injury at the gym. It's unclear whether this serves to reinforce tropes about fat people as clumsy, subverts myths about fat people as lazy, or both.

A few differences emerged between medical and non-medical storylines in Study 2.

- Across both medical (24 episodes) and non-medical contexts (14 episodes), the vast majority of non-thin characters were in one-time roles. However, medical contexts were more likely to feature non-thin characters in recurring roles, often as healthcare providers themselves.
- Non-thin characters were less likely to be defined by their weight in medical settings than non-medical settings, but non-medical episodes were more likely to critique society's emphasis on weight and to address the intersection of weight and gender.
- In medical contexts, 26% of episodes featured a non-thin provider who advocated for their non-thin patient. In contrast, non-thin characters in non-medical settings often had to advocate for themselves.

Figure 3.
Examples of Recurring Non-thin Characters in Study 2



HOW DOES A WEIGHT STIGMA STORYLINE IMPACT VIEWER ATTITUDES AND INTENTIONS?

What We Did

Our content analysis research found that storylines with weight-related content focused almost exclusively on individualistic causes and solutions and rarely challenged common myths about fatness. To build on that work, **we sought to understand how a storyline that confronts weight stigma in medical settings would impact the attitudes and intentions of health professional students who will one day be health providers.**

We surveyed 264 health professional students, which included undergraduate pre-health (e.g., pre-med, pre-PA, pre-dental), nursing and public health students, and graduate or professional students (e.g., MPH, MD, PhD, PA-C). Students were randomly assigned to view either an experimental clip featuring a storyline about weight stigma in healthcare or a control clip featuring a storyline unrelated to weight stigma, both of which were five minutes long.

- **Weight stigma storyline (Experimental condition):** In *Grey's Anatomy* episode "Living in a House Divided" (Season 18, Episode 10). Dr. Lincoln advises a patient, Lila, to lose weight as a treatment for leg pain (Figure 6), overlooking the need for an MRI. Another doctor, who is fat himself, steps in and confronts Lincoln. Later, Dr. Bailey discusses the limitations of BMI and the need to treat patients, not their weight. We chose this storyline because it specifically challenged the use of BMI as a measure of health, underscored how assumptions about weight/size negatively impact care, and focused on discussions between healthcare providers under the assumption that this would feel relatable to health professional students.

Figure 4.
Grey's Anatomy (ABC), episode "Living in a House Divided"

- **Control condition:** In *Grey's Anatomy* episode "Living in a House Divided" (Season 18, Episode 10), Dr. Webber agrees to suspend the "Webber Method," where residents perform surgeries without the supervision of an attending, after being confronted by several doctors in the aftermath of a patient's death. Like the experimental clip, the control storyline took place in a hospital setting and depicted a health professional challenging another health professional about a matter related to patient care.

All participants were asked about their attitudes towards fat patients, the utility of BMI, causal attributions to obesity, and their intentions for addressing the topic in their profession. Viewers of both the experimental and control clip were also asked about their response to the video, including emotional reactions, transportation into the narrative, and psychological reactance. We compared outcomes for those exposed to the target storyline (i.e. experimental condition) against those who saw the control clip, and examined the underlying mechanisms of impact, such as psychological reactance to the story. Additional details on methodology can be found in Appendix C.

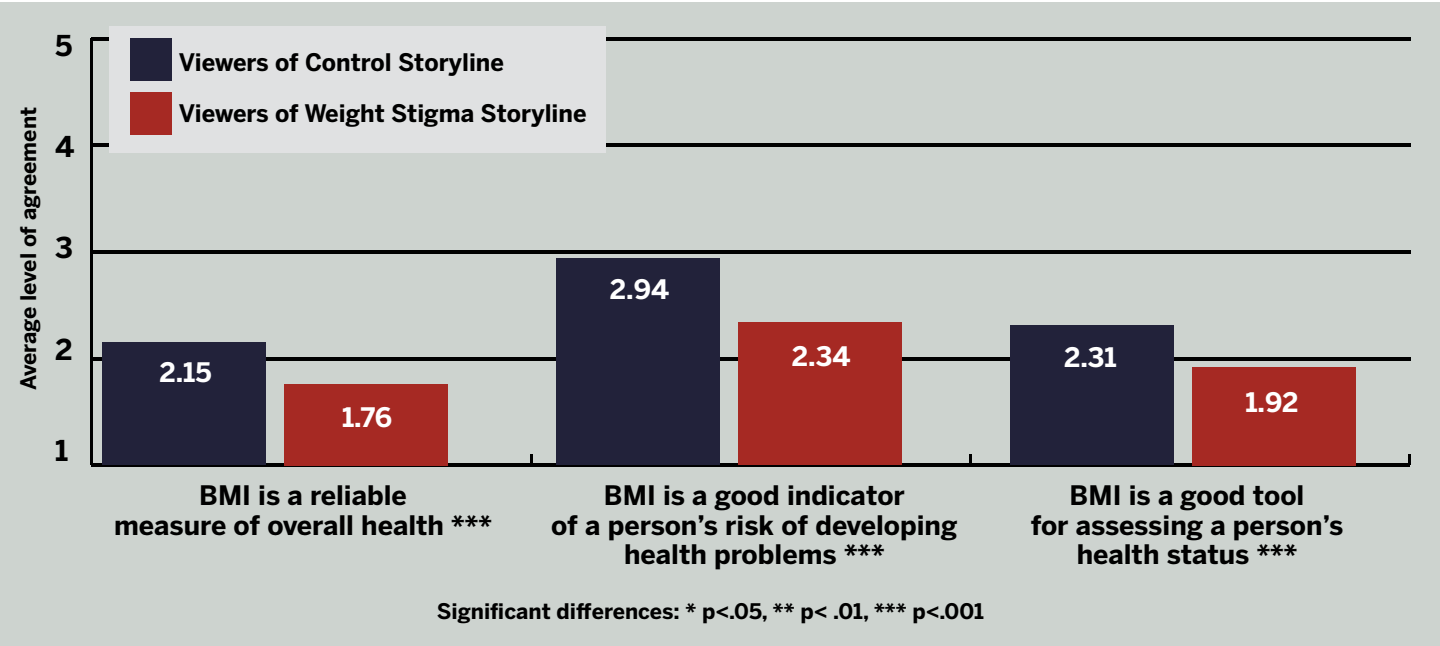
What We Found

Attitudes & Intentions

Those who viewed the weight stigma storyline were more critical of the use of BMI in health screenings.

- Specifically, they were less likely than those who viewed the control clip to agree that:
  - BMI is a reliable measure of overall health;
  - BMI is a good indicator of a person's risk of developing health problems; or that
  - BMI is a good tool for assessing a person's health status.

Figure 5.
Attitudes towards BMI, by condition



Those who watched the weight stigma clip exhibited less stigma towards those in larger bodies, and they were less likely to attribute weight to individual choices.

- Compared to the control clip, viewers of the weight stigma storyline were less likely to believe that overweight individuals tend to be lazy about exercise or lack willpower.
  - Experiencing feelings of anger and empathy were associated with less stigmatizing attitudes towards fat patients, while feelings of disgust were associated with greater stigma.
- Viewers of the weight-stigma clip were no more or less likely to attribute obesity to things like genetics, metabolic deficits, or endocrine disorders than those who viewed the control clip. However, they were significantly less likely to attribute obesity to individual factors like:
  - Weakness of character;
  - Not enough physical activity;
  - Eating the wrong foods;
  - Overeating; or
  - Poor nutrition knowledge

Figure 6.
Stigma towards overweight individuals by condition

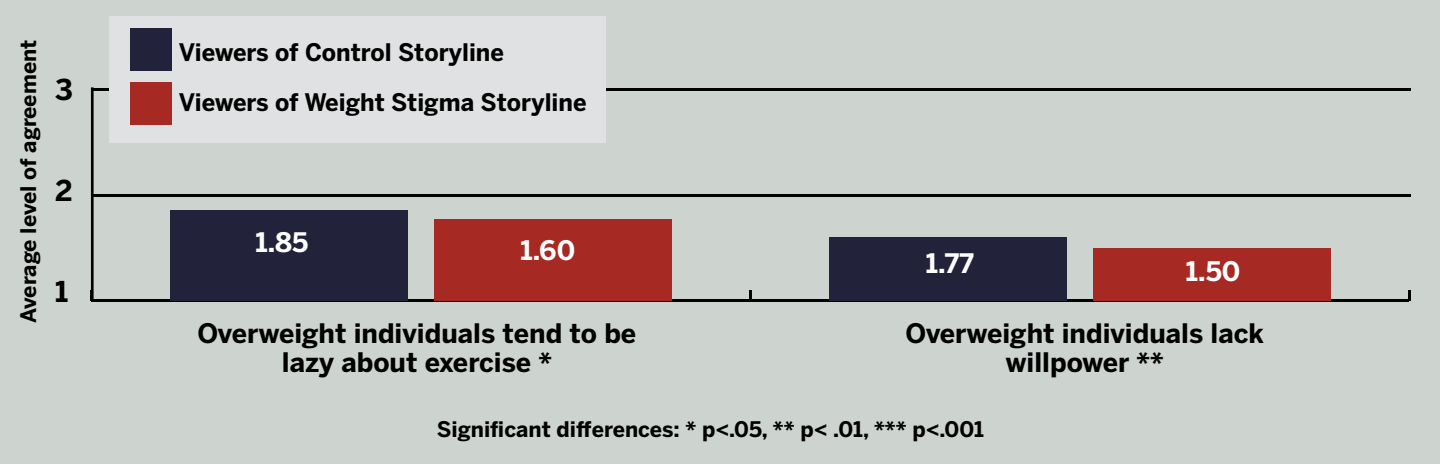
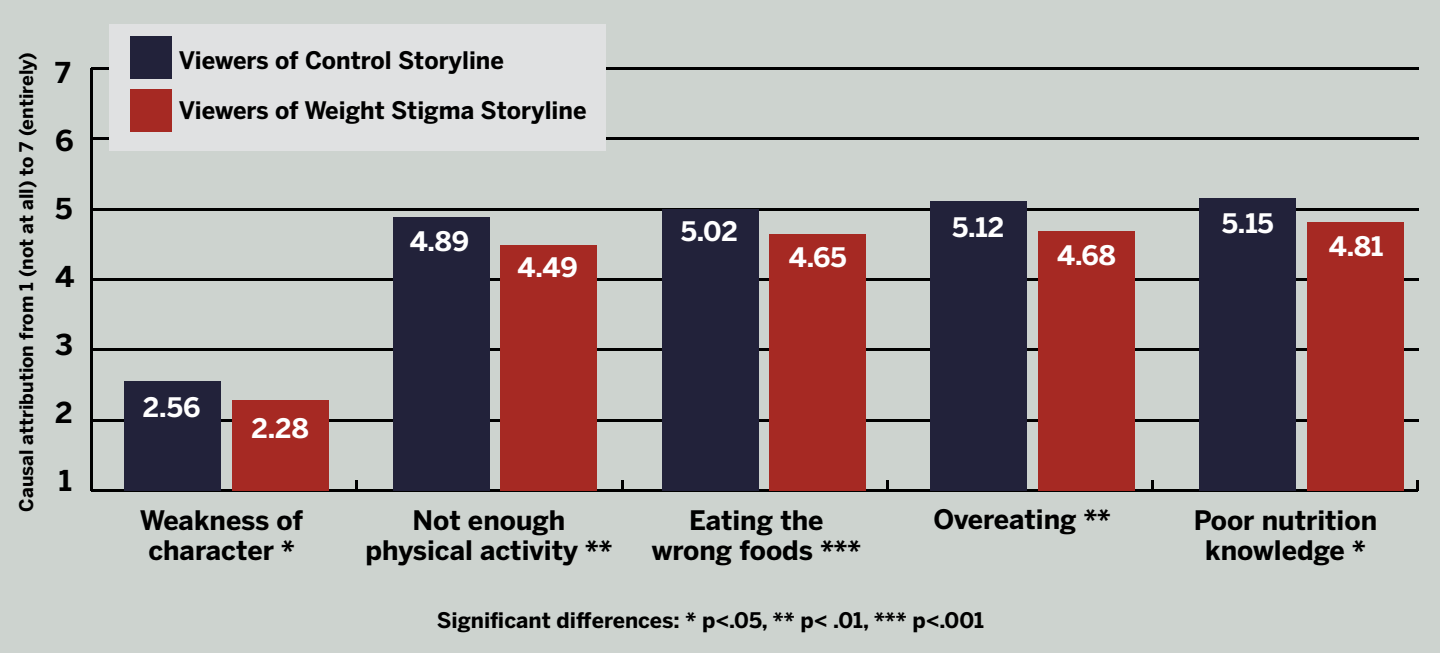


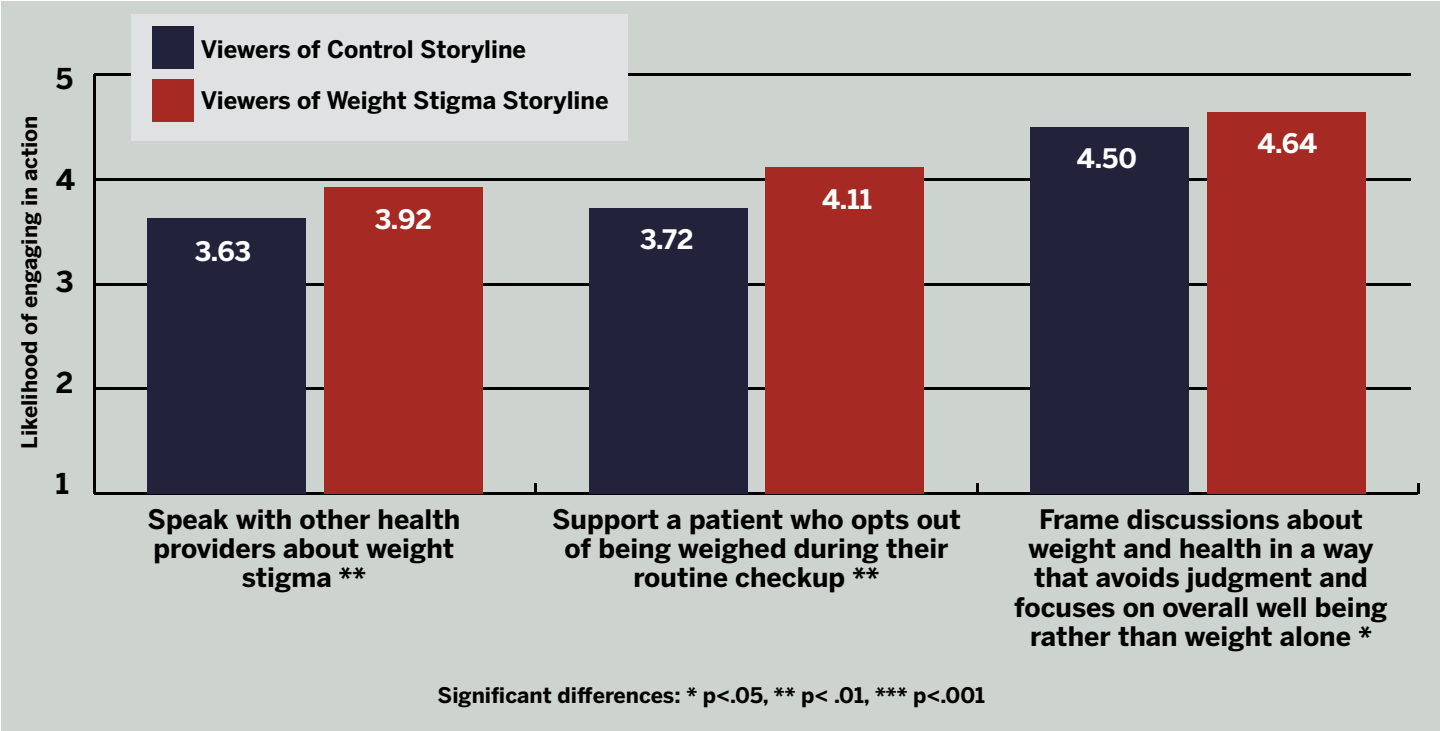
Figure 7.
Casual attributions to obesity, by condition



Viewing the storyline about weight stigma informed how health professional students intend to address weight stigma in their careers.

- For example, viewers of this storyline were more likely to report that they intended to:
  - Speak with other health providers about weight stigma
  - Support a patient who opts out of being weighed during their routine check up
  - Frame discussions about weight and health in a way that avoids judgment and focuses on overall well-being rather than weight alone.
- Those who watched the storyline about weight stigma also reported a greater level of confidence in their ability to treat overweight patients.

Figure 8.
Patient care intentions, by condition



Response to Weight Stigma Storyline

Overall, viewers found the weight stigma storyline to be engaging and not overly didactic.

- The majority (62%) of viewers reported feeling immersed in the storyline, with 74% saying that the storyline affected them emotionally and 81% reporting that the storyline was relevant to their everyday life.
- One third of respondents (32%) indicated that they felt empathy while viewing the storyline, 28% felt anger, 24% felt sad, 23% felt disgust, and 20% felt surprised.
- Only a minority of viewers (11%) experienced psychological reactance, or the feeling that the storyline was trying to manipulate their opinion, indicating that audiences did not feel like they were being lectured to.

Fear of Judgment

Nearly one-in-three (29%) health professional students reported worrying about having their credibility judged by their weight or body size.

- This was nearly twice the percentage of students who worried about having their credibility judged by the presence of an accent (16%), but less than the percentage who worried about being judged by their race (35%).
- Women (30%) and men (29%) were equally likely to worry about being judged by their weight or body size.

Qualitative Findings

In addition to our main outcomes of interest, we provided all survey participants (regardless of condition) with the opportunity to share their thoughts on weight stigma in healthcare.

A substantial number of health professional students opened up about their own experiences with weight stigma.

- *"As someone who is overweight and has been for several years, I have experienced the stigma of weight. I love sports and have been especially into weightlifting over the past 3 years.* ***I found that many providers will see my weight and immediately think that I am unhealthy or at risk because of that...*** *For this reason, I understand the stigma of weight and how that can cause anxiety for people going to the doctor and it makes them feel unseen for who they are."*
- *"As someone who, when growing up, was considered overweight, I've experienced the weight stigma in both healthcare and by other individuals (from family, to friends, to peers in school). I know how it feels when your doctor, based on your weight, automatically assumes that you're lazy and that it is your laziness that is the main culprit behind you being overweight, which is simply (and often) not the case."*
- *"****As a fat medical student, it is very difficult to see the ways my attendings treat patients living in larger bodies. This is especially evident on my current surgery rotation—people will say wild things about a patient when they are unconscious.*** *I think weight stigma prevents many many people from getting the care they need and deserve, be it because patients are afraid to be dismissed or told they need to lose weight, or because they are afraid to face more direct mistreatment because of prior experiences. The weight stigma epidemic is much more deadly than the obesity epidemic."*

Figure 9.
In a storyline on *The Resident* (FOX), a patient's eating disorder is missed because of her high BMI.

- *"I have always been considered 'overweight' according to the BMI chart... this contributed to my body dysmorphia and my negative view of my body. I developed an eating disorder in college because of it. Because of this history* ***I don't want to know my weight because I may relapse into disordered eating...*** *Then recently I went to an ortho doctor for joint pain and the MA asked me 'Are you still (blank) pounds?' And at first I was shocked because I hadn't heard my weight in years* ***... I had a lot of mental health issues after that and I now do not want to go back to that place and probably never will.*** *People need to be trained to be more weight conscious in healthcare settings."*
- *"As the child of a parent with hypothyroidism that went untreated for many, many years due to the shame they felt about their weight and the shaming they had received at their last visit, I know first-hand the consequences of the 'tough love' approach. The results, more weight gain, then more shame,*

in an ongoing continuous spiral. ***That is the ultimate failure to our patients. To make someone feel so bad, so ashamed, that they stop seeking help from any type of doctor for more than a decade, is truly a betrayal of our oath.****"*

Many others acknowledged weight stigma as an issue that could impact care provision and emphasized the need for empathetic care, without disregarding the importance of weight altogether.

- *"****It is a difficult subject. On one hand, obesity is a predisposing factor for many chronic health conditions, including type 2 diabetes, heart disease, osteoarthritis, PCOS, and more. It has been proven that weight loss helps with these conditions, so, logically, it would not be unreasonable to suggest weight loss to obese patients who have or are at risk for these conditions. On the other hand, weight and body image are much bigger, multifaceted topics.*** *Weight is not the only contributing factor to chronic health conditions, and a person can meet their health goals while living in a larger body. In healthcare, it is easy to be close-minded about body weight. It takes the societal stigma around body weight and compounds it with social determinants of health and individualized patient health, which can create truly destructive biases."*
- *"****Weight stigma is real and causes people to get lower quality care. However, obesity and being overweight does have negative health implications.*** *Healthcare providers need to come at patients with a nuanced, respectful perspective and consider many reasons why a person may be overweight or obese."*
- *"I think there needs to be a balance, it's a fact that being obese comes with comorbidities. However, being a healer comes with needing empathy and kindness. They can go hand in hand."*
- *"I think that since our society cares so much about being thin and looking a certain way that it creates unhealthy standards for many people. With that being said I also believe that* ***a lot of people who are overweight are not interested in making different health and lifestyle changes*** *to better their overall health related to weight and fitness."*

A smaller number of health professionals doubled down on the importance of weight, with one participant saying they were "all for [weight stigma]."

- *"Body fat, not necessarily weight, are very important and* ***any attempts to diminish them as negative in order to make people 'feel' better goes directly against the hippocratic oath.****"*
- *"Excessive weight predisposes people to a vast number of comorbidities. Whether deserved or not, weight stigma exists in healthcare; be it from the patient or from the provider. I personally believe that being overweight is an incredibly easy thing to become in today's age, however, I find that* ***remaining excessively overweight despite the vast array of interventions available is less acceptable.*** *We are constantly bombarded with health information... and so to remain ignorant about it is* ***a failure on behalf of the individual.****"*
- *"****It is strong, but it is there for a reason.*** *Especially since GLP1s are proving to help with so many diseases like liver disease, diabetes, weight loss, heart disease, weight and the obesity epidemic is really affecting a lot of Americans today and I think we should be making it accessible to more people."*
- *"****Carrying excess weight is objectively unhealthy,*** *so this should not be celebrated."*

CONCLUSION

The present research sought to understand how fat and non-thin characters are portrayed in both medical and non-medical contexts, as well as the impact of a specific storyline addressing weight stigma on future healthcare providers.

Figure 10.
In *Shrill* (Hulu), the character of Annie (played by Aidy Bryant) attends a "Fat Babe Pool Party" and revels in the experience of fat women swimming, dancing, and just generally being comfortable in their own skin.

Our content analysis findings indicate some positive portrayals—healthcare providers typically were not the ones to bring up the subject of weight, and a subset of episodes actively challenged myths about those in larger bodies. However, we also saw several areas where improvement is possible.

- Fat and non-thin patients in our sample were largely white and female. This means that stories exploring the intersection of weight stigma and other marginalized identities, such as the variability in BMI across racial/ethnic groups or the common experiences reported by fat and disabled individuals, remain largely untapped.
- Both fat and non-thin patients were sometimes depicted as being untrustworthy or deceitful, which can reinforce the idea that such patients are non-compliant or simply making excuses for poor choices.
- Storylines that addressed factors that contribute to a person's weight focused almost entirely on individualistic explanations.

Our experimental study indicates that nuanced stories about weight stigma have the power to shift the attitudes and intentions of future health professionals, reducing stigma and even boosting confidence in their ability to treat patients in larger bodies.

- Even though the experimental clip in this study featured two healthcare providers explicitly calling out another provider for his assumptions about a patient's health based on weight, participants reported positive responses to the storyline and largely did not feel like they were being lectured. This suggests that entertainment media can be a particularly effective method of providing information to health professionals without triggering defensiveness.
- Entertainment clips have been found to be well received as educational tools by providers precisely because viewers are able to see the "conflict" through fictional characters, rather than viewing the information as personal criticism. Thus far, curricula leveraging entertainment media for provider training has found this to be an acceptable and feasible approach in the context of addressing racial bias and improving communication skills,[36] but has yet to utilize it for weight stigma or anti-fat bias training.

[36] Hoffman, B. L., Sidani, J. E., Jonassaint, C. R., Wolynn, R., & Donovan, A. K. (2023). Utilizing television clips for graduate medical education anti-racist curricula: An acceptability study. *Cureus*, *15*(7), e41526. https://doi.org/10.7759/cureus.41526

Open-ended responses from health professional students underscore the complexity of this topic.

- The personal experiences shared by some respondents highlight the lasting and emotional impact of experiencing weight stigma, and corroborate research that links weight stigma with negative mental health outcomes and avoidance of healthcare.
- Many students encouraged a "balance" between acknowledging weight and providing empathetic care, though more research is needed to understand how that balance plays out in practice.
- Many respondents acknowledged the slow shift away from stigmatizing attitudes about weight, and only a minority of respondents doubled down on the importance of weight in a way that cast doubt or judgment on the value of this shift.

Together, this research indicates that storytellers can play a significant role in advancing discussions about the public health impacts of weight stigma, and that these stories can have a direct impact on a new generation of healthcare professionals.

Recommendations

Based on the findings from this research, we propose the following recommendations for storytellers and content creators:

1. **Create stories that challenge individualistic narratives and myths about fatness.** When focusing on weight/size as a health topic, focus on systemic contributors like chronic stress or food and housing insecurity, and avoid simplistic solutions like diet and exercise.
2. **Increase diversity among fat characters.** In order to explore how weight stigma disproportionately impacts some communities, depictions of fat characters need to reflect greater diversity with regards to age, gender, race/ethnicity, and disability status.
3. **In medical contexts on television, include more fat healthcare providers.** This can help real-world health professionals wrestle with their own concerns about being judged by their own body weight or size.
4. **In non-medical contexts on TV, include more recurring fat characters that are not defined by their weight.** By depicting well-rounded fat characters, you can challenge monolithic and negative attitudes towards fat individuals.
5. **Model a range of supportive actions from healthcare professionals.** These actions can include support for patients who delay or opt-out of weigh-ins, nuanced discussions from providers, or even depicting providers that do not bring up the topic of weight unless it is the focus of the appointment.
6. **Lean on *free* subject-matter experts and lived-experience consultations.** Consultations are available through the USC Norman Lear Center's **Hollywood, Health, & Society** program. HH&S can help you stay up-to-date on the latest medical research and avoid medical misinformation.

Appendix A

Content Analysis 1

Keyword Identification

1. First, we developed an initial list of 15 keywords that are associated with mentions of weight in electronic health records (e.g., diabetes, BMI, weight gain), which we hypothesized would help us identify relevant content.
2. We then tested these keywords by searching the Norman Lear Script Database for television scripts containing these keywords from 2013 to 2022. This search turned out 24,738 keyword mentions, which were reviewed by four research assistants from the University of Pittsburgh.
    - This preliminary search offered insights into which keywords are good proxies for identifying storylines illustrating weight bias. For example, obesity, overweight, weight loss, high cholesterol, diet, and diabetes were found to be good indicators of weight bias, while terms like dietician produced largely irrelevant results.
3. Using this information, we conducted a second round of 20 searches, each with two keywords (e.g., overweight AND weight gain; diet AND exercise) in order to see if this led to more targeted results.
    - Research assistants then compared the 16,518 keyword mentions to the initial list of 24,738 in order to produce a final, refined list of search terms.

Sampling Via Keyword Search

1. Next, we searched the script database with the final list of 15 keywords, which produced 17,945 mentions. From there, we selected episodes that included 2+ mentions of our target keywords.
2. For this study, we only included shows set in medical contexts, which consisted of:
    - Medical dramas (e.g., *Grey's Anatomy*, *New Amsterdam*);
    - Comedies in which the relevant episodes had prominent medical themes (e.g., *Black-ish, Getting On*).
3. Students viewed the resulting 123 episodes and eliminated 51 that did not include meaningful content above and beyond keyword mentions, leaving a final sample of 72 episodes.

Table 1.

Final List of Search Keywords for Episode Sampling

BMI	Weight	Gain	Lose	Gross
Body Mass Index	Fat	Pounds	Obese	Overweight
Diet	Disgusting	Cholesterol	Diabetes	Obesity

Coding Procedure

Twenty percent of the 72 episodes were double coded to establish inter-rater reliability. Patients were coded as fat if their body size corresponded to 8 or 9 on Stunkard's Figure Rating Scale,[37] for a total of 44 fat patients.

Figure 11.

Stunkard's Figure Rating Scale, Study 1

Six student coders were trained to assess:

- The presence or absence of content related to fatness and weight bias,
- The number of and demographics of fat patients with speaking roles,
- Characteristics associated with stereotypes and tropes about fat people,
- Medical experiences of fat patients,
- And the language complexity of fat patients.

[37] Stunkard AJ, Sorensen TI, Schulsinger F, eds. (1983). *Use of the Danish Adoption Register for the Study of Obesity and Thinness*. New York: Raven Press. https://web.archive.org/web/20240214153559/https://pubmed.ncbi.nlm.nih.gov/6823524/

Appendix B

Content Analysis 2

Expanding the Sample to Build on Study 1

Study 2 was designed to build on study 1 in two key ways:

- given the relatively small number of fat patients in study 1, we expanded criteria to include all non-thin characters, defined as 5 or above on Stunkard's Figure Rating Scale.

The final sample included 38 episodes with a total of 73 non-thin characters:

- 24 with storylines in a medical context (e.g., *The Good Doctor*, *Getting On*)
- 14 in non-medical contexts (e.g., *Euphoria*, *This Is Us*)

Figure 12.
Stunkard's Figure Rating Scale, Study 2

Coding Procedure

A codebook for thematic analysis was developed using a hybrid approach focused on the research questions at hand and an initial review of five episodes. Research questions included:

1. What are the main themes in interactions between non-thin patients and healthcare providers on screen?
2. How is weight and body size framed in both medical and non-medical settings?
3. What are the attributes of non-thin characters?

Two research assistants viewed each episode in the sample and recorded demographic information about non-thin characters, timestamps, and descriptions of each thematic priority. Coding discrepancies were reviewed and adjudicated by Dr. Beth Hoffman.

Appendix C

Audience Impact Study

Recruitment

Through our collaboration with Dr. Beth Hoffman at the University of Pittsburgh School of Public Health, we were able to collect data from over 260 students. Students were recruited through direct engagement with six different courses ranging from undergraduate to medical school, and by circulating study flyers at the Pitt School of Public Health, NYU Medical School, University of Wisconsin Medical School, and Geisinger Medical School.

Those who completed the survey were rerouted to a separate link where they could submit their contact information to receive a $20 payment. Payment was distributed using Tango, a platform that allows users to choose from a wide variety of gift card options.

A total of 387 students clicked on the survey and 264 students completed the survey, for a completion rate of 68%. Respondents were randomly assigned to either the experimental (weight bias storyline) or control (unrelated storyline from the same episode) condition.

Sample Characteristics

Condition	• 50.4% assigned to Experimental Condition (n=133) • 49.6% assigned to Control Condition (n=131)
Age	• Range = 18-35 • Mean = 22.2 • Median= 22.0
Gender	• 73.5% Women (n=194) • 23.9% Men (n=63) • 0.4% Trans, non-binary, or genderqueer (n=1)
Race *Note: select all that apply*	• 49.6% White (n=131) • 36.4% Asian (n=96) • 7.2% Hispanic or Latino (n=19) • 5.3% Black (n=14) • 1.9% Middle Eastern or North African (n=5) • 1.1% Other (n=3) • 0.8% Native American (n=2) • 0.4% Hawaiian or Pacific Islander (n=1)

Health Professional Student Status	• 43.6% Undergraduate pre-health student (n=115) • 49 Junior • 28 Senior • 28 Sophomore • 10 Freshman • 9.1% undergraduate nursing or public health student (n=24) • 19 Public Health • 5 Nursing • 47.3% graduate or professional student (n=125) • 95 MD • 16 MPH • 6 PhD • 3 PA-C • 2 Combined MD, PhD • 2 PharmD • 1 DPT

Survey Instrument

SCREENING VARIABLES

How old are you? [text entry]

Which of the following best describes you:

- Undergraduate pre-health student
- Undergraduate nursing or public health (BSPH) student
- Graduate student or professional student (e.g., MPH, MD, PhD, PA-C)
- None of the above

If undergraduate pre-health student

Which year of your academic program are you currently in?

- Freshman
- Sophomore
- Junior
- Senior

What health profession do you plan to pursue (e.g., pre-med, pre-PA, pre-dental)? [text entry]

If undergraduate nursing or public health (BSPH) student

What academic program are you currently enrolled in?

- Nursing
- Public Health

Which year of your academic program are you currently in?

- Freshman
- Sophomore
- Junior
- Senior

If Graduate student or professional student (e.g., MPH, MD, PhD, PA-C)

What degree are you working to obtain (e.g., MPH, MD, PA-C)? [text entry]

Which year of your academic program are you currently in?

- 1st
- 2nd
- 3rd
- 4th
- 5+

GENERAL VARIABLES

How often, if ever, do you worry about others judging your credibility as a health professional based on any of the following personal characteristics?
1= Never, 2= Seldom, 3= Sometimes, 4= Often

- Accent
- Age
- Body/size weight
- Gender
- Race/Ethnicity

VIDEO CONDITION RESPONSE ITEMS

Emotional Responses: Which of the following emotions did you feel while watching this clip? *Select all that apply.*

- Angry
- Hopeful
- Afraid
- Disgusted
- Empathetic
- Sad
- Surprised
- Happy
- None of these

Transportation: Indicate the extent to which you agree or disagree with each of the following statements
1= Strongly disagree, 2= Somewhat disagree, 3= Neither agree nor disagree, 4= Somewhat agree, 5= Strongly agree

- While I was watching the storyline, I could easily picture the events in it taking place.
- While I was watching the storyline, activity going on in the room around me was on my mind.
- I could picture myself in the scene of the events shown in the storyline.
- I was mentally involved in the storyline while watching it.
- After finishing the storyline, I found it easy to put it out of my mind.
- I wanted to learn how the storyline ended.
- The storyline affected me emotionally.
- I found myself thinking of ways the storyline could have turned out differently.
- I found my mind wandering while watching the storyline.
- The events in the storyline are relevant to my everyday life.
- The events in the storyline have changed my life.

Reactance: Indicate the extent to which you agree or disagree with each of the following statements
1= Strongly disagree, 2= Somewhat disagree, 3= Neither agree nor disagree, 4= Somewhat agree, 5= Strongly agree

- The storyline tried to make a decision for me.
- The storyline tried to pressure me.
- The storyline threatened my freedom to choose.
- The storyline tried to manipulate me.

OUTCOME VARIABLES

Attitudes Towards BMI: Indicate the extent to which you agree or disagree with each of the following statements
1= Strongly disagree, 2= Somewhat disagree, 3= Neither agree nor disagree, 4= Somewhat agree, 5= Strongly agree

- BMI is a reliable measure of overall health.
- BMI is a good indicator of a person's risk of developing health problems.
- BMI is a good tool for assessing an individual's health status.

Attitudes Towards Fat Patients: Indicate the extent to which you agree or disagree with each of the following statements
1= Strongly disagree, 2= Somewhat disagree, 3= Neither agree nor disagree, 4= Somewhat agree, 5= Strongly agree

- Overweight individuals tend to be lazy about exercise.
- I feel confident treating overweight patients.
- Overweight individuals lack willpower.

Causal Attribution: Please rate the extent to which you think obesity is caused by the following factors
1= Not at all through 7= Entirely

- Genetics
- Metabolic deficit
- Endocrine disorder
- Weakness of character
- Lack of willpower
- Laziness
- Not enough physical activity
- Eating the wrong foods
- Overeating
- Poor nutrition knowledge

Intentions: How likely are you to engage in any of the following actions
1= Very Unlikely, 2= Somewhat unlikely, 3= Neutral, 4= Somewhat likely, 5= Very likely

- Seek more information about weight stigma.
- Speak with other health providers about weight stigma.
- Seek out training and resources on weight stigma and how to address it in healthcare settings.
- I would support a patient who opts out of being weighed in during their routine check up.
- Frame discussions about weight and health in a way that avoids judgment and focuses on overall well-being, rather than solely on weight.
- Avoid stigmatizing language and instead use neutral terms when referring to body size.
- Delay weigh-in for a new patient until I've established a relationship with them.
- Incorporate the principles of HAES (Health at Every Size), which emphasize health and well-being over weight loss.
- Provide patients with a blind weigh-in option.

OPEN-ENDED QUESTION

What are your thoughts about weight stigma in healthcare? [text entry]

DEMOGRAPHICS

Which of the following most closely describes your gender identity?

- Woman
- Man
- Trans Woman
- Trans Man
- Non-binary or gender-queer
- Other [text entry]
- Prefer not to say

Which of the following best represents your race/ethnicity? Select all that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other [text entry]
- Prefer not to say