



# Words Matter: Body Weight Language & Stigma Awareness Tool

Understanding the complexity of obesity is important for productive conversations about body weight.

Misperceptions about the causes and contributors to weight gain and obesity can lead to blaming and shaming individuals for their weight challenges, undermining productive discussions and clinician-patient relationships.

## Why Language Matters

Weight stigma - negative attitudes, stereotypes, and discrimination directed at individuals because of their body weight - can manifest as implicit and explicit bias in healthcare settings.



### IMPACT ON CARE:

- Patients may receive less personalized care, including oversimplified advice like “eat less, exercise more”
- Symptoms may be misattributed to weight, leading to missed or incorrect diagnoses
- Patients may experience discomfort with standard clinical equipment when it does not accommodate all body shapes and sizes or may not offer privacy
- Patients may report feeling disrespected, judged, or emotionally unsupported

### PATIENT CONSEQUENCES:

- Avoidance of medical care due to fear of stigma
- Delays in seeking treatment and preventive services
- Reduced trust in healthcare professionals and systems
- Unhealthy weight management practices

## Weight-Inclusive Language & Discussion Tips



- **Using person-first** (describing the person before the condition) and motivational language is important when discussing weight management
- **Approach conversations** with empathy and ask for permission to “open the door” to this sensitive topic
- **Actively listen** to the individual and work to understand their situation, including cultural and environmental factors – be curious, not judgmental
- **Encourage shared** decision-making by empowering patients to participate in their treatment plans

# Reframing Common Phrases



## STIGMATIZING LANGUAGE



## RESPECTFUL ALTERNATIVE

“Obese/overweight patient”

“Morbidly obese”

“Fat person”

“You need to lose weight” or “You need to take better care of yourself”

“You’ve gained a lot of weight”

“You should just eat less and exercise more.”

“You are unmotivated/noncompliant/not trying hard enough”

“If you have higher BMI, you’re at higher risk for health conditions”

“Individual with excess weight/obesity/overweight”

“Severe obesity” or “Class III obesity”

“Individual living with excess weight

“Let’s talk about ways to support your health goals” or “Let’s explore ways to support your health that work for you”

“I’ve noticed some changes – how are you feeling about your health lately?”

“Would you like to explore nutrition and activity strategies that fit your lifestyle?”

“Many factors can make behavior change difficult—let’s work together to find solutions.”

“Body mass index (BMI) is one tool health care professionals may use to assess risk for certain health conditions”

## What’s Next?

Use established toolkits to support weight-management discussions with your patients: [STOP Obesity Alliance](#) | [Milken Institute School of Public Health](#) | [The George Washington University](#)



Prioritize weight management for patients living with CVD and high CKM syndrome risk with referrals to dietitians, behavioral counselors and/or obesity medicine specialists as appropriate.

Visit [heart.org/CKMtools](http://heart.org/CKMtools) to access resources that support holistic care for patients with CKM syndrome.

[heart.org/CKMHprofessional](http://heart.org/CKMHprofessional)



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