Weight stigma is pervasive and affects people across the weight spectrum. It has been linked with a number of physical and mental health issues including increased risk of depression, anxiety, body dissatisfaction, disordered eating, suicidal ideation, impaired peer relationships and social bonding amongst children, poor academic performance, poor physical health outcomes, and less participation in physical activity. Weight biases, which are the attitudes that underlie weight stigma, can be difficult to measure. Implicit measures of weight bias (measures that capture attitudes that an individual is less aware that they hold) may better predict behaviors than explicitly endorsed attitudes. This month’s research summary highlights a study published in *Pediatrics* by Skinner et al (2017) that assessed implicit weight bias in children 9-11 years old. The study also got a write-up in the New York Times that you can read here (https://www.nytimes.com/2017/08/21/well/live/fat-bias-starts-early-and-takes-a-serious-toll.html).

As part of a larger NIH-funded study, Skinner and her colleagues recruited 114 children aged 9-11 years old. Participants were administered the Affect Misattribution Procedure in which participants briefly viewed images on a computer screen of the priming bias target image (a child either at a “healthy weight” or “overweight”) followed by a neutral image and were then asked to assess the neutral image as either “good” or “bad.” The difference between the positive (“good”) ratings to the neutral image shown after the “healthy weight” versus the “overweight” image is the measure of implicit bias. Results of this study indicate an implicit bias rate of 5.4% against “overweight” children. “Healthy weight” participants showed greater bias (7.9%) than “overweight” (1.4%) or “underweight” (0.3%) participants.

The authors conclude that there is significant evidence of implicit weight bias in US children aged 9-11 years old. The magnitude of this bias is similar to that observed in studies of racial bias (5-9%). This was a pilot study and had limitations including lack of power to detect differences in bias based on demographic characteristics and reliance on a predominately white (69%) and higher SES sample.

What do you think? Join our discussion of this research article, as well as The New York Times’s coverage of the study, on our Facebook page.