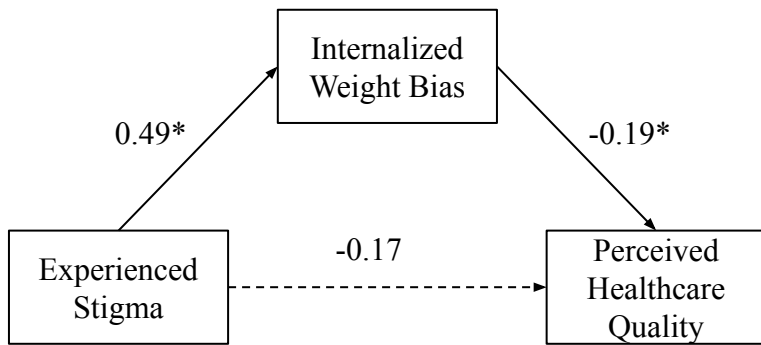
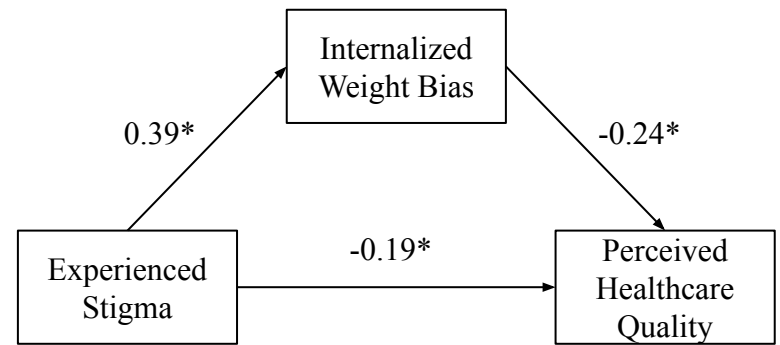


Figure 7. Standardized effect estimates of experienced weight stigma on perceived quality of healthcare received in last 12 months through internalized weight bias, separately for each country. Covariates included age, sex, educational attainment, BMI, WW membership duration, WW membership type. * $p \leq .001$.



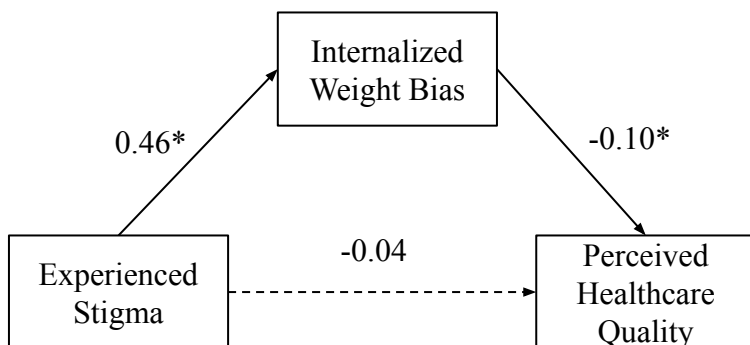
Indirect Effect = -0.09, 99% CI: -0.15 to -0.04

Figure 7a. Indirect effect of experienced stigma, **Australia**



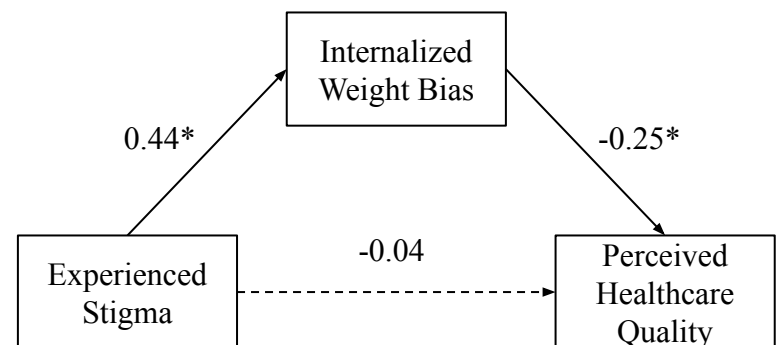
Indirect Effect = -0.09, 99% CI: -0.13 to -0.06

Figure 7b. Indirect effect of experienced stigma, **Canada**



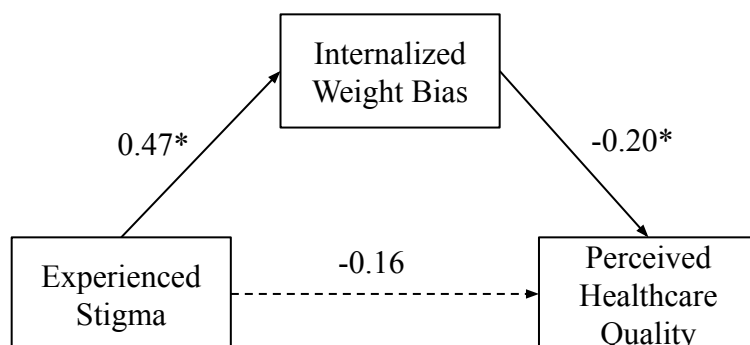
Indirect Effect = -0.05, 99% CI: -0.08 to -0.01

Figure 7c. Indirect effect of experienced stigma, **France**



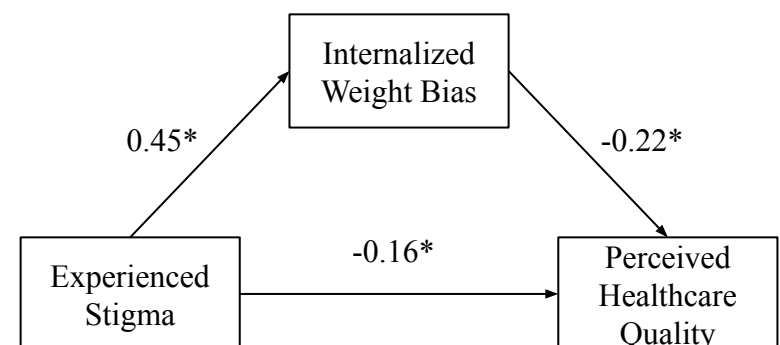
Indirect Effect = -0.11, 99% CI: -0.15 to -0.07

Figure 7d. Indirect effect of experienced stigma, **Germany**



Indirect Effect = -0.09, 99% CI: -0.14 to -0.05

Figure 7e. Indirect effect of experienced stigma, **United Kingdom**



Indirect Effect = -0.10, 99% CI: -0.14 to -0.06

Figure 7f. Indirect effect of experienced stigma, **United States**

Note. Estimated models include only individuals who indicated needing medical care in the last year. (A similar pattern of results emerged when examining the associations among the full sample).