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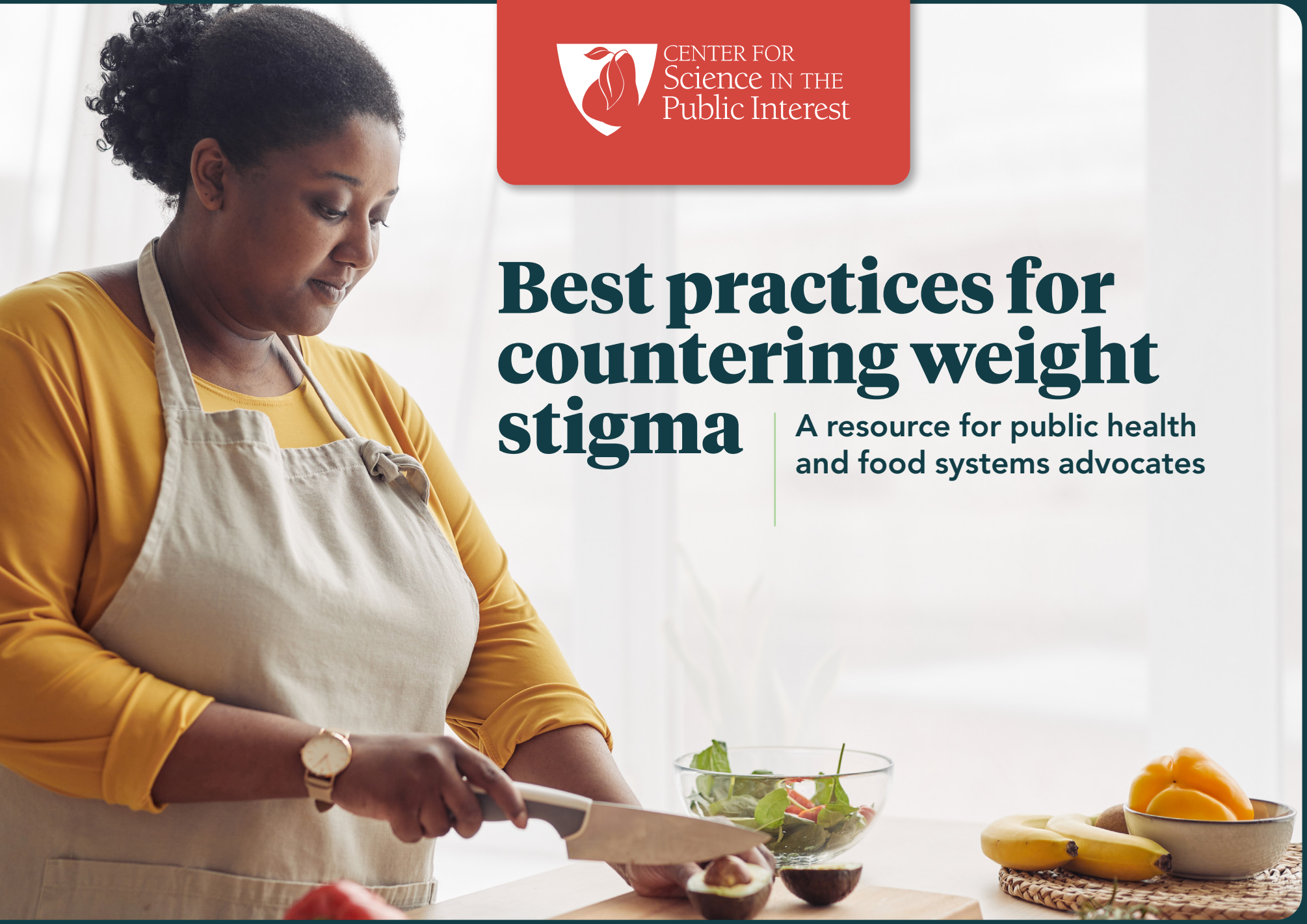
Best practices for countering weight stigma

A resource for public health and food systems advocates



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About this resource

This slide deck was created by the Center for Science in the Public Interest (CSPI) for our partners in the public health and food systems spaces. Staff with expertise in public health, nutrition, dietetics, health equity, and policy contributed to and reviewed the content.

This deck is intended to be read as a standalone resource. Key points and best practices are in the slides, while references and further reading may be found in the notes for each slide.

Disclaimer: This resource is adapted from CSPI's organizational guidelines for countering weight stigma. They were originally developed for CSPI's needs and may not be entirely applicable to other organizations.

Introduction

- Excess body weight can increase the risk of several chronic diseases, including type 2 diabetes, cardiovascular disease, several cancers, fatty liver disease, and osteoarthritis.[1]
- A healthy diet can reduce the risk of excess weight gain, as well as reduce the risk of chronic disease independent of weight.
- Many public health and food systems organizations seek to prevent and/or reverse excess weight gain in the population. Such organizations are increasingly recognizing that while doing this work, we must take care not to perpetuate weight stigma.[2]

What is weight stigma?

WEIGHT STIGMA:

- Refers to social devaluation based on body size or body weight;[2]
- Can lead to stereotypes, prejudice, and discrimination; and
- Takes place in many settings, including the workplace, school, healthcare, mass media, and interpersonal relationships.[3]

- ~41% of US adults report being subjected to weight-based teasing or discrimination.[4]
- Weight-based prejudiced is one of the most common reasons for bullying among youth.[5]
- Half to two thirds of patients with obesity report experiencing weight stigma from a healthcare provider.[6]

Health consequences of weight stigma

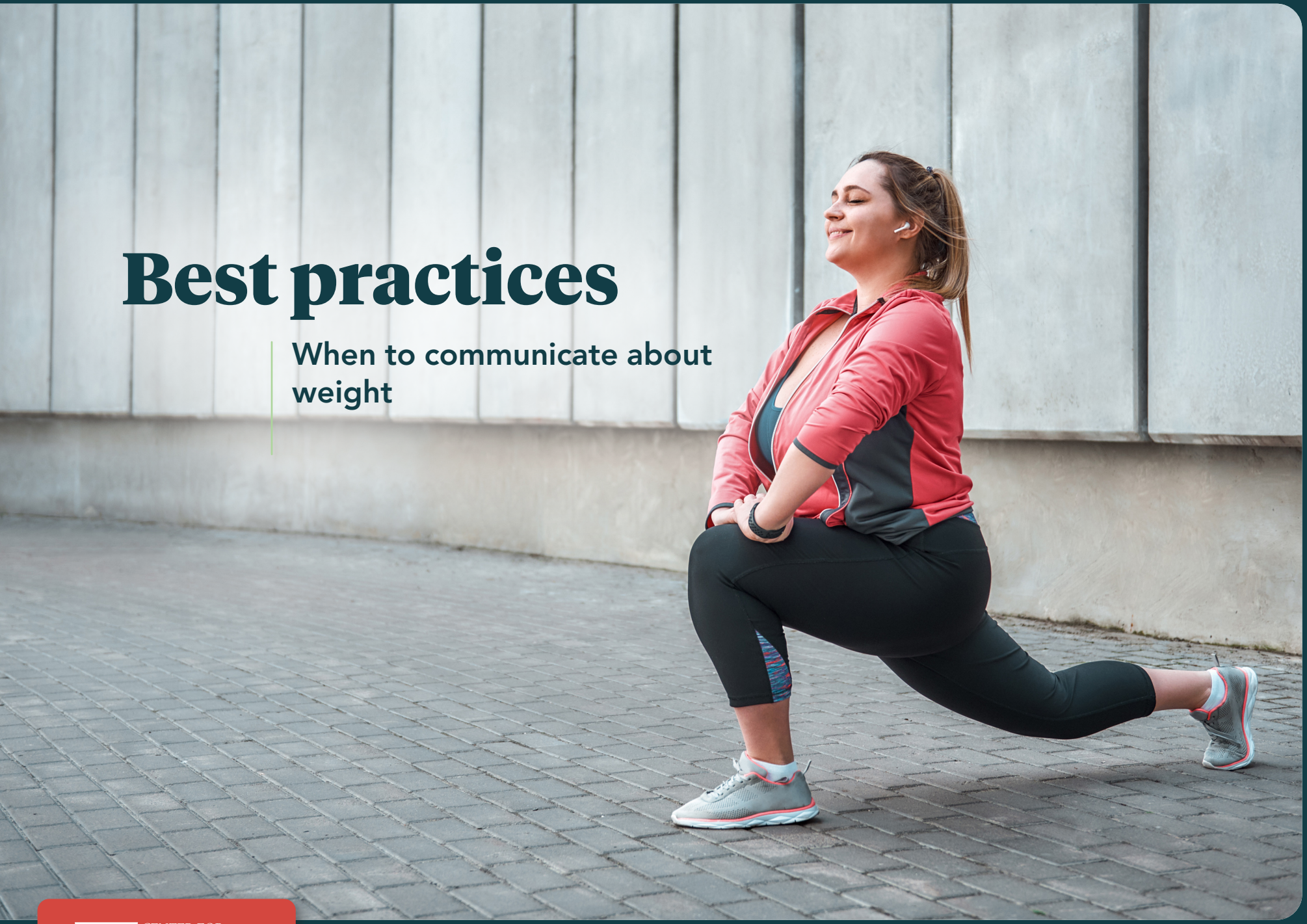
- Increases psychological distress: increased risk of depression, anxiety, low self-esteem, poor body image, and substance use.[7-10]
- Interferes with healthy eating, physical activity, and weight management:
  - People subjected to weight stigma are more likely to avoid physical activity and engage in unhealthy eating behaviors.[11-14]
  - Weight stigma predicts weight gain and acts as a barrier to weight loss.[15-18]
- Interferes with healthcare utilization and quality of care:
  - Perceived weight bias among medical professionals leads to lower health care utilization and can lead patients to delay or avoid important health screenings.[19,20]
  - Weight stigma may lead medical professionals to perceive larger-bodied patients as less compliant with medications and spend less time educating patients.[21,22]

The roots of weight stigma

- Weight stigma stems from our society's unrealistic standards of thinness and harsh, unfair moral judgments tied to body size.[2]
- These societal ideals both contribute to and are reinforced by the view that body weight is entirely a matter of personal responsibility. This inaccurate and oversimplified attribution perpetuates blame and stigma, and ignores systemic, structural, environmental, and biological influences on body weight.[23]
- There is a historical intersection between discrimination based on race, ethnicity, religion, and weight, whereby excessive eating and body size were among the characteristics unfairly used by White people to attribute inferiority to people of African, Chinese, and Jewish descent.[24]

Best practices

When to communicate about weight



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Consider whether it is necessary to mention body weight.

- When you are drafting a document, post, presentation, etc., consider whether it is necessary to mention body weight to make your point effectively.
- Research demonstrates that public health messages are least stigmatizing when they make no mention of body weight and instead emphasize healthy behaviors (i.e., healthy eating and exercise) that are relevant to everyone, regardless of their weight.[2,25-28]
- If your ultimate goal is chronic disease prevention, in many cases it may be appropriate and preferable to refrain from discussing weight and focus instead on the chronic disease(s) of interest and overall health.
    - –Among children and youth, since chronic disease incidence is low, non-weight outcomes of interest may include food security, diet quality, and educational outcomes.

Consider the format and audience for your communication.

- The shorter the length and broader the audience for the document, the more you should carefully consider the need to mention weight.
- Short media intended for a wide audience, like social media or press releases, limit your ability to provide contextualization and nuance.

Photo: UConn Rudd Center.

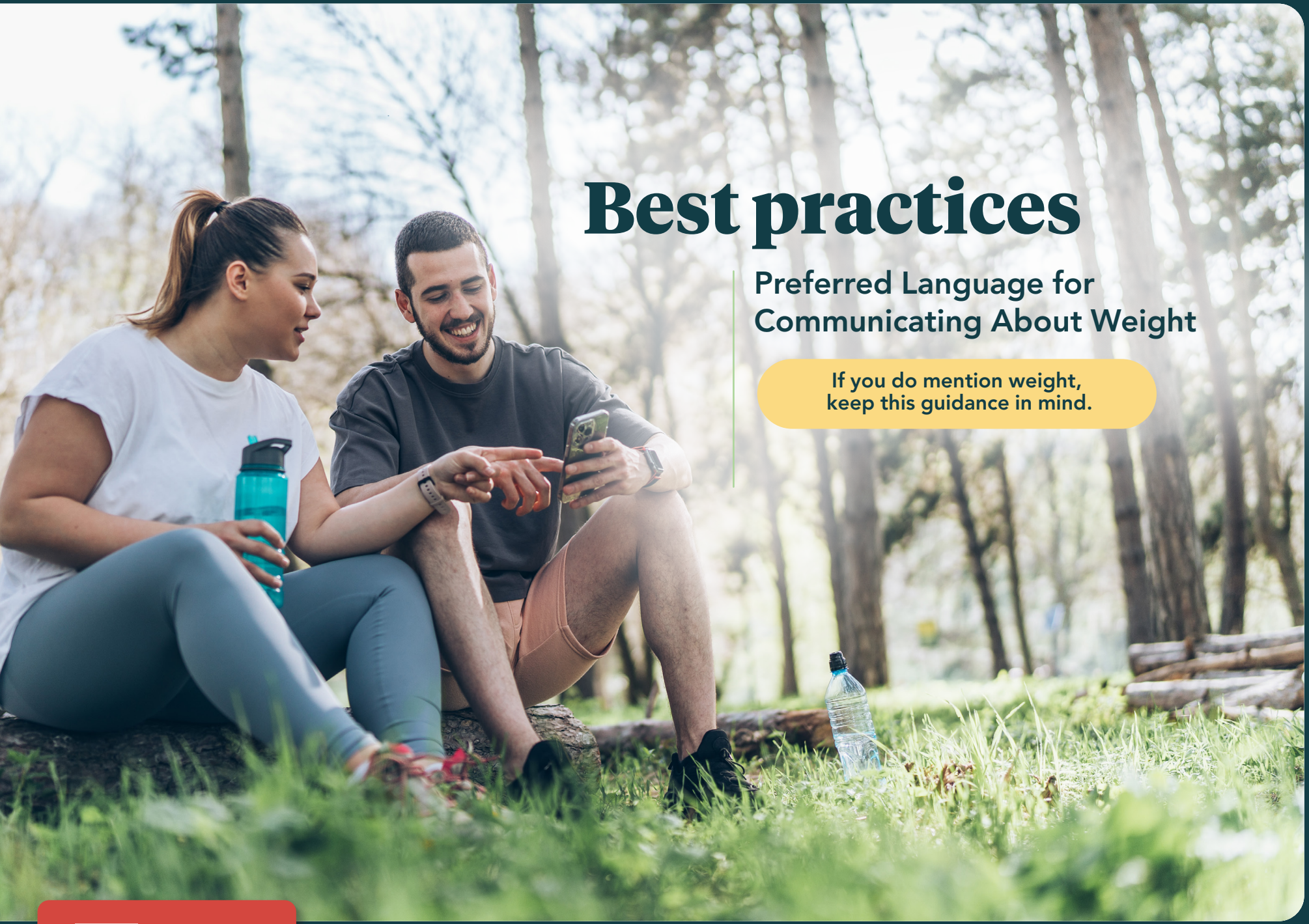
Mentioning weight in the context of racial health disparities is discouraged.

- There are differences in the prevalence of obesity between racial and/or ethnic groups in the United States: in 2017-2020, non-Latine Black adults had the highest obesity prevalence (49.9%) followed by Latine (45.6%), non-Latine White (41.4%), and non-Latine Asian (16.1%) adults.[29]
- However, unduly attributing chronic disease disparities to differences in obesity prevalence can mask the greater importance of structural racism and other root causes of worsened health outcomes for racial and/or ethnic minorities.
    - –This is in part because, other than the considerably lower obesity rates among non-Latine Asians, the prevalences are not very different from one another.

It is appropriate to mention body weight if necessary to uphold scientific integrity.

FOR EXAMPLE:

- You are describing the scientific evidence connecting a dietary and a health outcome and evidence indicates that excess weight is in the causal pathway.
  - –For example: Consumption of sugary drinks increases the risk of type 2 diabetes, in part by increasing the risk of excess weight gain.
- Weight or body mass index is the primary or only outcome of a study or body of research reported on for an exposure of interest.
  - –For example: studies of hypothesized metabolic disruptor chemicals, studies comparing weight-loss diets.
- You are citing evidence for potential health consequences of a dietary factor, and the evidence linking it to weight gain or obesity is stronger than for other outcomes.



Best practices

Preferred Language for Communicating About Weight

If you do mention weight, keep this guidance in mind.

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Language Dos and Don'ts

DON'T use the following words when describing people: *obese*, *morbidly obese*, *morbid obesity*, *heavy*, *chubby*. These were least preferred in studies conducted in general population samples of adults, individuals seeking weight loss, and parents.[30]

DON'T use *"fat,"* which is viewed by many as pejorative,[30] **unless** you have confirmed it is preferred by the individual or group to which you are referring.[2]

DO use more neutral, preferred language to discuss excess weight while remaining scientifically accurate and precise: *weight gain*, *excess body weight*, *higher weight*.[2,30]

–Example: "Sugary drinks contribute to weight gain, which can lead to type 2 diabetes and cardiovascular disease."

DON'T use "overweight" or "obesity" when you can use the preferred terms without sacrificing accuracy or precision.

Language Dos and Don'ts, cont.

DO use "overweight" or "obesity" when used by your source material.

- –Example: "According to the CDC, the prevalence of obesity was 42.4% in 2017-2018."
- –Example: "The study reported a 55% increased risk of incident overweight or obesity in children who consumed at least one daily serving of SSBs at baseline compared to those who consumed little or none."

DO use person-first language to describe people.

- –Examples: "people at higher weights"; "people with obesity"
- –**DON'T** say "obese people" or "x% of people are overweight or obese."

DO contextualize any mention of weight in terms of the impact on health and wellbeing.

- –Example: "Improvements to the National School Lunch Program are a key strategy for preventing health problems later in life by helping children grow up at a healthy weight. Research shows that updated nutrition standards could prevent up to two million cases of childhood obesity and save up to $792 million in healthcare costs over 10 years."

Language Dos and Don'ts, cont.

DO be mindful about the limitations of body mass index (BMI) when referring to overweight or obesity (which are classified based on BMI).[2,31]

DON'T categorize obesity as a disease because the impact of disease classification on stigma is subject to ongoing debate.[2] Instead, call it a risk factor or condition.

DO consider whether words used in your discussion of weight could be stigmatizing.

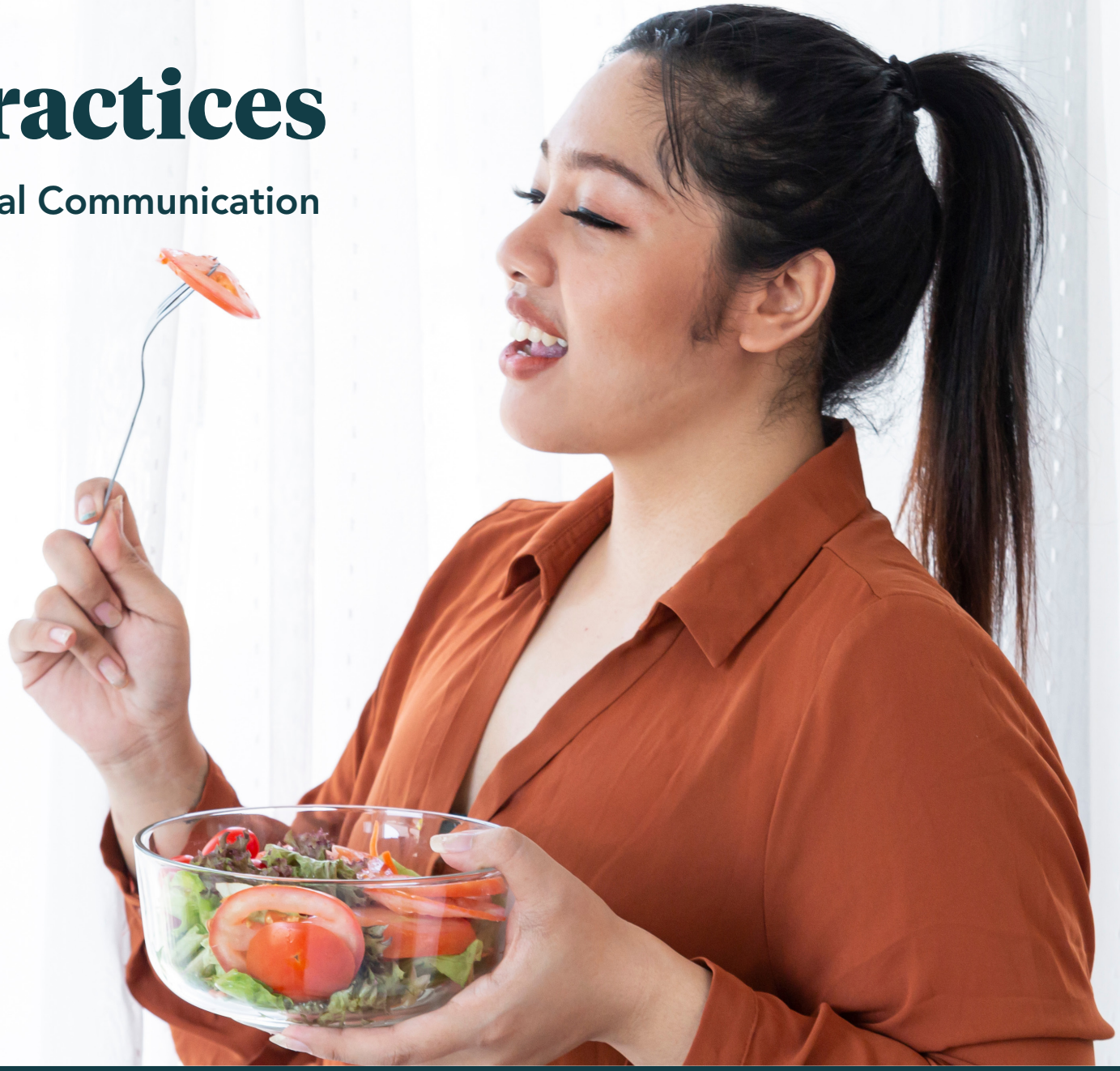
- –Example: Avoid words like "burden" when referring to people at higher weights.

DON'T imply that just about everyone needs to lose weight.

DO criticize aspects of the food environment that contribute to chronic disease risk.

Best practices

Visual Communication



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Visual Dos and Don'ts

DON'T use images or videos of people at higher weights that further perpetuate stigma, such as those shown below. Avoid photos that isolate an individual's body parts to place emphasis on excess weight or depict individuals at higher weights engaging stereotypical behaviors (e.g., eating junk food) or looking disheveled in their appearance.[2,32]

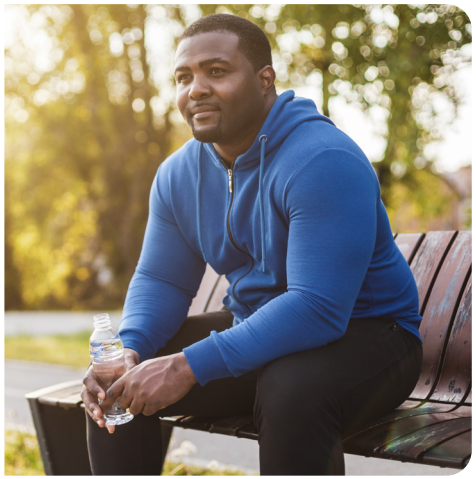
Photos (left to right): stock.adobe.com - SUPERMAO, motortion, TATIANA KIM

Visual Dos and Don'ts, con't.

DO use respectful images of people at higher weights from these free galleries, with proper attribution:[2]

- UConn Rudd Center for Food Policy and Health
- World Obesity Federation
- Obesity Action Coalition
- Obesity Canada

DO portray people of diverse body sizes when using images to promote healthy behaviors, such as eating, buying, or cooking health foods.[33]



Photos (left to right): stock.adobe.com - Seventyfour, LIGHTFIELD STUDIOS, inesbazdar

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