

THE FOCUS IS ON HEALTH, NOT WEIGHT

Shifting from “obesity prevention” to health promotion and weight stigma prevention

Introduction

This document supports the work of all VCH staff in the prevention of eating-related and weight-related problems. The high prevalence of weight stigma (1) contributes to the development of maladaptive eating behaviours for individuals at any size or shape (2). The association between increased body weight and certain medical conditions translates into the common practice of recommending weight loss to individuals of higher body weight. However, the persistent messaging of “eat less, exercise more” for weight loss can result in unintended harm (4, 5).

People who experience weight stigma are less motivated around self-care and seeking help. It is possible to decrease harm to higher weight individuals and prevent eating disorders by challenging the current norms around size and weight (3). This document invites you to consider an alternative approach in all our interactions that is mutually respectful and sustainable. These principles extend to all forms of interaction and communication with the public.

Helping Without Harming

Plan interventions based on health behaviours and patient/client goals, rather than weight. It is critical that one’s attitudes and practices regarding weight-related issues start with the goal of “doing no harm”.

- Consider interventions that meet ethical standards and which emphasize “health promotion” versus “obesity prevention^a”. Reconsider the concept of the “obesity epidemic” as it reinforces the overvaluation of weight and shape (7-10).
- Avoid making weight-related comments or using stigmatizing terms of “obese”, “overweight”, and “fat” (11-14).
- Respect the reason for a patient/client’s visit, versus rushing to give weight-based advice.

Focus on Health, not Weight

^a In this paper, the term “obesity” will be presented in quotation marks to communicate the authors’ critical stance on the word. The term “obesity” medicalizes normal human diversity, contributes to weight stigma and hence, can inherently cause harm.

Key Messages

Weight stigma exists and research demonstrates that it contributes to adverse health outcomes (2).

Weight bias and discrimination are social injustices that lead to health inequities (3).

Discussing weight goals or weight loss increases weight stigma and can lead to poorer health outcomes (6).

Respect individuals at different weights/shapes as individuals of all sizes experience weight stigma (15).

Focus your practice on health enhancing behaviours, not weight (16).

Understand the limitations of focusing only on personal responsibility as weight is influenced by many factors, including genetics, stress, socioeconomic status, and environment (18).

To ensure equitable care is offered, consider how your intervention might be changed if the only difference is that the client you are seeing is slim.

Adopt a holistic, psychosocial view of health that encompasses physical, emotional, spiritual, psychological and intellectual aspects. Research shows that body satisfaction and freedom from weight-based stigma are linked to reduced risk for unhealthy dieting practices, sedentary behaviours, eating disturbances and weight gain. Some guiding principles:

- As weight is not a behaviour use alternate goals for behaviour change.
- Healthy eating and physical activity are important for health, regardless of BMI.
- Healthy bodies come in different sizes and shapes.
- It is important to encourage self-esteem, body satisfaction and respect for size diversity.
- Consider an integrated approach that addresses risk factors for the spectrum of weight-related problems, including screening for unhealthy weight control behaviors; and promotes protective behaviors, such as decreasing dieting, increasing balanced nutrition, encouraging eating competence, increasing activity, promoting positive body image and decreasing weight-related teasing and harassment.

Sustainability:

- Very few people are able to sustain weight loss over time (17). As many as two-thirds of people who intentionally lose weight will regain more weight than they initially lost (17).
- People who are able to maintain weight loss longer term may be engaging in high levels of disordered eating (19-21). Disordered eating can consist of a range of thoughts and feelings about food and body image that lie between healthy/normal eating habits with body acceptance at one end and eating disorders (anorexia, bulimia, or binge eating disorder) at the other. Though disordered eating behaviours may appear less severe, individuals can be at risk for developing a clinically diagnosable eating disorder.

Ethics:

- The evidence demonstrates that weight loss is, at best, impermanent, and comes with a significant likelihood of weight regain (22). Practitioners must consider that recommending weight loss as a goal may be characterized as unethical (23, 24).

Assessment:

- Consider the use of non-weight based objective health markers for assessing health and behaviour change – including blood glucose and lipids, blood pressure, hemoglobin A1c, VO2max, etc.

Provide Care with Compassion

Seek to understand and address inequities that shape opportunities for health in order to base care and services that are sensitive, culturally appropriate, and trauma-informed. Interventions grounded in compassion, understanding and non-judgment avoid possible physical and psychological harm and can contribute to effective outcomes.

- Understand that factors beyond the control of the individual can impact health and well-being, such as inequitable social, economic and environmental influences.
- Understand that an individual's behaviours depend on their own life circumstances, experiences, and social determinants of health.

- Understand the complexity and the entrenchment in society of the broad social factors that contribute to weight stigma and oppression.
- Recognize that weight bias and discrimination are social injustices that lead to health inequities.
- Focus on strengths rather than deficits. Acknowledge the challenges and the resources in their lives to support them to move away from self-blame.
- Consider strategies to enhance health supporting environments such as providing welcoming, safe, inclusive waiting rooms, eating areas and recreational spaces. Consider appropriate equipment and seating for all body sizes, as well as the messaging of brochures, magazines or posters present in these spaces. Include guidelines against weight-related teasing in anti-bullying policies.
- If clients initiate a discussion around weight, respect how individuals wish to be referenced about their bodies and ask what terms they prefer to use to describe their bodies.

Prevention Strategies

Considerations for Children and Youth Population

“It is unrealistic to expect all children to fit into the “normal weight” category. Do not market interventions as “obesity prevention” or focus on changing weight (increase or decrease). Focus on interventions that support maintenance of individually appropriate weights—that is, children will continue to grow at their natural rate and follow their own growth curve when healthy eating is combined with regular physical activity.

Determining normal or abnormal growth in children should be dependent on the consistency of their growth trajectory over time and not the percentile at one point in time. A healthy weight is not a fixed number but varies for each individual.

A sudden shift away from the growth trajectory in either direction may indicate a problem, but further information about eating and physical activity habits, physical markers, family history, and psychological functioning is needed before a diagnosis can be made. Changes in weight are not always a sign of abnormal development. An increase in weight often precedes a growth spurt in children and some girls begin to gain body fat as part of normal adolescence at a young age (25-29).

Multi-Sector Collaboration

Multi-sector collaboration to decrease weight stigma can help reduce risk of eating disorders and the pressure against higher weight individuals to suppress their weight.

- Collaborate at multiple levels and across a variety of sectors to develop environments that nurture well-being in body and mind.
- Consider diversity training for community partners, school staff to support recognition and address weight-related stigma and harassment and building a size-friendly environment in and out of work and school settings. See Weight Stigma Resources below.

Conclusion

In conclusion the evidence supports weight inclusive care to promote health and prevent disordered eating. The promotion of healthy eating and physical activity removes focus on restrictive dieting, calorie counting, or shame-based messaging. Weight stigma exists and the research demonstrates that it contributes to adverse health outcomes. Discussing weight goals or weight loss increases weight stigma and can lead to lower health outcomes. To ensure that equitable care is offered, it may be helpful to ask the question, would you provide the same intervention to someone who is “slim”? The focus is on health, not weight.

Weight Stigma Resources and Education

Resource:	How To Access:
Balanced View BC <ul style="list-style-type: none"> Online weight bias training & resource for health professionals 	https://balancedviewbc.ca/
Association for Size, Diversity, & Health (ASDAH) <ul style="list-style-type: none"> Offers curriculum (including webinars) to provide a peer reviewed, weight neutral approach towards health, fills a void in health curricula at colleges, universities, and professional training programs 	https://www.sizediversityandhealth.org/
Rudd Center for Weight Stigma <ul style="list-style-type: none"> Resource for research, practice and publications to raise awareness of weight stigma 	http://www.uconnruddcenter.org/weight-bias-stigma
Rudd Center Media Guidelines <ul style="list-style-type: none"> Guidelines for written or verbal communication of messages free from weight 	http://www.uconnruddcenter.org/resources/upload/docs/what/bias/media/MediaGuidelines_Po_rtrayalObese.pdf
Ontario Dietitians in Public Health - Health and Wellbeing Philosophy and Approach to Weight <ul style="list-style-type: none"> Comprehensive review of current literature on weight bias and health and guidance for how to shift the conversation away from a traditional weight-centric approach 	https://www.odph.ca/upload/membership/document/2018-06/odph-version-of-health-and-wellbeing-approach-final.pdf

This document is endorsed by Public Health Program Coordinating Committee, November 2019. Written by representatives from VCH Public Health Dietitians, VCH Eating Disorders Program, Mental Health, Vancouver Acute, and Medical Health Officer. Refer to [background document](#) for more information.

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Additional Resources

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