About the Obesity Health Alliance

Obesity Health Alliance (OHA) is a coalition of over 40 leading health charities, medical royal colleges and campaign groups. Currently one in three children and more than two in three adults have a weight status that is classed as overweight or obese. Excess weight increases the risk of a range of diseases including Type 2 diabetes, cancer, heart and liver disease as well as associated mental health problems.

OHA members work together to influence national policy by calling for evidence-based population health measures that address the social, economic and cultural factors that contribute to obesity. Within this, the OHA recognises the importance of reducing weight stigma.

This statement has been developed to outline the OHA's position on weight stigma and provide members with a guide of steps they can take to reduce stigma in their own communication activities.

About weight stigma

Weight bias is defined as negative attitudes towards, and beliefs about, others because of their weight.[1] Stigma can take place in a multitude of environments including; the workplace[2], health care facilities[3], educational institutions, the mass media[4], and interpersonal relationships.[5] Weight stigma has been know to impact children as young as three years old.[6]

Weight stigma exists because our society; blames the victim rather than addressing the environmental conditions that cause obesity; values thinness and perpetuates the assumption that a person's lack of willpower is the reason for their obesity; and allows the media to portray people with obesity in a biased, negative way.[7]

Evidence indicates that weight stigma can be harmful to individuals' wellbeing, with psychological, behavioural and social consequences for those affected by obesity.

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[1] Andreyeva T, Puhl RM, Brownell KD. Changes in perceived weight discrimination among Americans, 1995–1996 through 2004–2006. Obesity 2008;16(5):1129–34

[2] Flint, S. W., Čadek, M., Codreanu, S. C., Ivić, V., Zomer, C., & Gomoiu, A. (2016). Obesity discrimination in employment recruitment: 'You're not Hired!' Frontiers in Psychology, 7, 647.

[3] Flint, S. W., Oliver, E. J., & Copeland, R. J. (2017). Obesity stigma in healthcare: Impacts on policy, practice, and patients. Frontiers in psychology, 8, 2149.

[4] Flint, S. W., Nobles, J., Gately, P., Sahota, P., Association for the Study of Obesity, Obesity Empowerment Network, Helping Overweight People Overcome Problems, World Obesity Federation, Applied Obesity Research Centre and Weight Stigma Research Group at Leeds Beckett University. (2018). Weight Stigma; a call to media. The Lancet Diabetes & Endocrinology, 6(3), 169-170.

[5] Chen, E. Y., & Brown, M. (2005). Obesity stigma in sexual relationships. Obesity Research, 13(8), 1393-1397.

[6] Rebecca M. Puhl, and Chelsea A. Heuer. June 2010. *Obesity Stigma: Important Considerations for Public Health*. Am J Public Health; 100(6): 1019–1028. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866597/ [Accessed 03/08/2018]

[7] Roberta R. Friedman and Rebecca M. Puhl. Yale Rudd Center for Food Policy and Obesity. *WEIGHT BIAS: A Social Justice Issue: A Policy Brief*. http://www.uconnruddcenter.org/files/Pdfs/Rudd_Policy_Brief_Weight_Bias.pdf [Accessed 03/02/2018] P.3

Psychological outcomes can include; depression, anxiety, low self-esteem, poor body image, self-harm and suicide.[8] Behavioural outcomes can include; unhealthy weight control practises, binge-eating, and avoidance of physical activity and health screening.6[9] Social outcomes can include; social rejection by peers, poor quality of interpersonal relationships, potential negative impact on academic outcomes, the denial of jobs and promotions, the reduction of earning potential, biased attitudes from health care professionals, and stereotypes in the media. [10]

Our approach to reducing obesity

Obesity Health Alliance members agree the following aims to reduce and address weight stigma:

- We will use person centred language when describing individuals or a group of individuals (e.g. *the number of people with obesity* rather than *the number of obese people*).
- We will avoid the use of stigmatising images in our own communications, websites and on social media and encourage the use of stigma free image banks such as the World Obesity Federation.
- We will avoid the use of combative language such as *fighting obesity, the battle with obesity* while maintaining the seriousness of the impact of the condition.
- We will avoid the use of humour or weight based stereotypes when referencing individuals with obesity.
- Where appropriate, we will use positive terminology such as referencing the benefits of having a healthy weight.

As a coalition focused on influencing Government policy, we need to clearly communicate the impact of obesity, both to the individual and wider society, to parliamentarians and policymakers to ensure that reducing obesity remains a priority for Government policy. We endeavour to do this in a responsible way and will continue to draw on the experience of researchers and those with lived experience of obesity to help us shape our messages.

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[8] Stuart Flint. 2015. British Journal of Obesity. *Obesity stigma: Prevalence and impact in healthcare.* Vol 1, No 1, Pages 1–40. http://www.britishjournalofobesity.co.uk/journal/2015-1-1-14 [Accessed 03/08/2018]
[9] Obesity Action Coalition. *Understanding Obesity Stigma Brochure*. https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-obesity-stigma-brochure/ [Accessed 03/08/2018]
[10] UConn Rudd Center for Food Policy and Obesity. *Weight Bias and Stigma.* http://www.uconnruddcenter.org/weight-bias-stigma [Accessed 03/02/2018]