Part of the problem, not the solution: When obesity risk communication stigmatises

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Prejudice… is maintained because stigma is seen as part of the solution to obesity, when in fact it is part of the problem

(An Roinn Sláinte NTO 2005)
Risk communication or “raising awareness”

• An ethical role in terms of informed choice

• But intended mainly as a behaviour change strategy
  – Common sense, isn’t it? Gives ppl a reason to change their behaviour
  – Cost:benefit analysis
  – Assumes a lack of knowledge and that rectifying this will change behaviour
  – (After all, this would be rational!)
  – And strong messages will be more most effective
Unacceptable
Words matter

• People with a higher weight value honesty

• Fat, overweight, obese, BMI, your weight is damaging your health… (e.g. Swift et al. 2013)

• Epidemic, crisis, contagious, expensive (Groskopf 2005)

• Use of military metaphors (Rail et al. 2010)
  • The war on obesity, fat as a form of domestic terrorism, the ticking time-bomb of childhood obesity
These are more than just unpleasant...

Negativity can lead to resistance & learned helplessness, particularly for individuals with low self-esteem

Puhl et al. (2013, 2014) Obesity campaign messages
• Most positive/motivating were behavioural & didn’t mention ‘obesity’
• Stigmatising messages induced less (self-reported) self-efficacy for behaviour change

Swift et al. (in progress) RCT of obesity campaign messages
• 15* (healthy weight) participants who viewed stigmatising images:
  – Rated them significantly more negatively & had a significant reduction in positive affect compared to those viewing neutral images.
  – Also non-significant increases in blood pressure, snack consumption, & calorie & carbohydrate (CHO) intake *below power
The *demotivational* effect

Freedom to demonize fatness under the aegis of “health”

Over 4yrs, those who experienced weight discrimination gained while those who didn’t lost weight (Jackson et al. 2014)

Weight bias contributes to:

1. unhealthy eating behaviours such as binge eating, increased caloric consumption, and reluctance to diet
2. attenuating physical activity and motivation to exercise
When obesity risk communication stigmatises

• Where is the tipping point?

• We (hopefully) accept that stigma should play no part in health care

• But...we are we in danger of colluding. We have a duty to tackle obesity for individual’s and society’s sake, and be prepared to say it like it is.
DOCTORS should stop mincing their words and tell overweight Australians they are "fat", a top medico says.

Harry Hemley, Victorian president of the Australian Medical Association, said calling some overweight and obese people fat might be the nudge they needed.

Obese? Just call them fat: Plain-speaking doctors will jolt people into losing weight, says minister

NHS chief calls on parents to show some 'tough love' in obesity battle

Size 16 mannequins make being fat 'normal'

Chief medical officer says large fashion mannequins "normalise" being overweight

Dame Carol, a former consultant rheumatologist who moved into academic research and is now principal of Newnham College, Cambridge,

‘I want it to be socially unacceptable,’ she said. ‘It seems the public doesn’t mind it. I’ve seen no feeling that it would be a good thing that we all try to be a more normal weight. It hasn’t caught on.’
Tensions

Dame Carol added that doctors could no longer call their patients fat for fear of being politically incorrect or offending patients. She said: ‘If I were discussing with a patient their size I would now have to use very careful words.

‘You could always talk to someone about smoking. You always felt like you could have a sensible conversation. I couldn’t sit in front of them and ever use the word fat.’

Swift et al. (2013): “Reducing weight bias is important, hand on (sic) hand with an improvement in health”

Swift & O’Malley (in prep): Need for reassurance that won’t result in collusion (“but of course…” )

What’s wrong with the word obese?

How can I be an obesity specialist/researcher if I can say the word obese?
Honesty and accuracy

- Honest inspection of the ‘common sense’ assumption that knowledge will change behaviour
- Self-reflection
- Avoiding unintentional over-inflation for attention
- Population risk vs. individual risk
Language

Differences in opinion but that is ok!

- Obese people, the obese

- First person language, e.g. adults who are obese, adults with obesity (ASO 2015), people who have obesity (CON)

- People suffering from obesity

- Also, adults with a higher weight (Burgard 2014), adults with a BMI that can be categorized as obese according to…
Small, practical steps are best way of maintaining a healthy weight

Limiting screen time, walking more, and eating healthily are among the most effective ways of maintaining a healthy weight and preventing excess weight gain.

Latest NICE guidance says that while there's no "silver bullet" solution for overweight or obesity, taking small practical steps can help.

Maintaining a healthy weight has become increasingly important public health issue in recent years.

Over the past two decades the number of people classed as obese has nearly doubled. This raises concerns, as carrying extra weight increases the risk of a range of long-term conditions such as coronary heart disease, liver disease, type 2 diabetes, and stroke.

People who are overweight or obese are at higher risk of developing these conditions.

The new guideline is aimed at all or prevent excess weight gain.

It aims to tackle the significant maintain a healthy weight and

"Chiefs Medics Wrens Britains APORKERLYPSE NOW"

Obesity as big a risk as terrorism

The Sun's headline writers plump for "aporkerlypse now". The paper says Dame Sally wants obesity to be considered a "national risk" to health and the NHS.
Embracing diversity

Advocating for social justice

Emphasising capabilities

Promoting health
Outcomes and social justice

But we have to do something. So what is the alternative?

A compelling argument is to focus on behaviour

Obesity is an outcome, but ppl can perhaps ‘learn’ behaviours that predispose them to obesity. So perhaps behaviour is the real ‘problem’?

If so, isn’t this what should be targeted rather than some crude proxy of health? As less stigmatising (less damaging & more acceptable) & more equitable

After all, the outcome of public health ultimately is health (for all), not weight?
They’re children. Give them child-sized portions.

Childhood Obesity
Let’s take it on, one small step at a time

safefood.eu
Guidelines for Communicating Obesity

I: Respect Diversity and Avoid Stereotypes
II: Use Appropriate Language and Terminology
III: Conduct Balanced and Accurate Coverage of Obesity
IV: Select Appropriate Pictures and Images of Individuals Affected by Obesity

Rudd Centre, The Obesity Centre, OAC