Moving Towards Consensus on Weight Bias Reduction
Messages and Strategies

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The 6th Conference on Recent Advances in the Prevention and Treatment of Childhood and Adolescent Obesity: Understanding the Interplay between Physical and Mental Health

Ottawa, October 25, 2016
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Disclosure of Conflict of Interest

• Doctoral Fellowship - Canadian Institutes of Health Research - Training Program in Population Intervention for Chronic Disease Prevention: A Pan-Canadian Program (PICDP)
• Student travel awards from CIHR, University of Alberta
• Consultant – World Health Organization – Regional Office of Europe – Nutrition, Physical Activity and Obesity Division
• Consultant – Canadian Obesity Network
Summit Funding & Support

- Alberta Health Services – Strategic Clinical Network on Diabetes, Obesity and Nutrition – Seed Grant
- Canadian Institutes of Health Research – Strategic Patient Oriented Research Grant
- Alberta Innovates for Health Solutions – Community Engagement Grant
Aims

• Share the outcomes of the 3rd Canadian Weight Bias Summit which aimed to move towards consensus on key messages and strategies to reduce weight bias.

• Generate a discussion about the generalizability of these common weight bias reduction messages in the field of prevention and treatment of obesity in children and adolescents.
Negative attitudes and views about obesity and people with obesity

Labeling, stereotyping
Damaged identities
Deeply rooted in society

Verbal, physical, relational
Subtle and overt actions/expressions

Bias
Stigma
Discrimination

Weight bias
Weight Stigma
Weight-based Discrimination
WEIGHT BIAS AND DISCRIMINATION IS RAMPANT IN OUR SCHOOLS, WORKPLACES, HEALTH SYSTEMS AND MEDIA.

The problem is widespread:

- 63% of elementary school kids with obesity face a 63% higher chance of being bullied.
- 54% of adults with obesity report being stigmatized by coworkers.
- 69% of adults with obesity report experiences with weight bias from a health care professional.
- 72% of images and 77% of videos stigmatized obese persons according to recent media studies.
Consequences of Weight Bias

- Negative consequences include shame and guilt, anxiety, depression, poor self-esteem and body dissatisfaction that can lead to unhealthy weight-control practices
- Weight bias also negatively affects access to obesity treatment, education attainment, employment opportunities, and quality of health care ultimately leading to inequalities

Stigma is a Population Health Issue

Stigma

Social, Economic & Health Inequalities

Stereotypes that Damage Peoples’ Identities

Social Exclusion and Discrimination

Suppress individuals’ agency (stress, anxiety)

Canadian Weight Bias Summits

1st Weight Bias Summit
Toronto, ON, 2011
- Raise awareness
- Citizen Jury
- Recommendation to address weight bias in the areas of:
  - healthcare
  - education
  - public policy


2nd Weight Bias Summit
Calgary, AB, 2015
- Identify future research directions
  1) Cost
  2) Causes
  3) Measurement
  4) Interventions
  5) Qualitative research & lived experiences
  6) Learning from other models of discrimination

3<sup>rd</sup> Canadian Weight Bias Summit - Objectives

- Share best practices in reducing weight bias and discrimination.

- Move towards consensus on key weight bias reduction messages and strategies that can be used in future interventions.
Key Discussion Points – Part I

• Weight bias and discrimination is associated with economic and human costs to Canadians.

• Distinguish between people who have obesity (i.e. a chronic disease) and people who identify themselves as “fat” (or by other descriptors).

• People deserve to be treated with respect and dignity in health and education systems, regardless of their weight.
Key Discussion Points – Part II

- There is no single approach to prevent or reduce weight bias and discrimination.
- Education is important but it is not enough.
- Need champions to role model behaviour in health and education settings.
- We must change the narrative that obesity is a lifestyle/behaviour choice (controllability).
Key Discussion Points – Part III

• There is a role for activism in weight bias and discrimination reduction efforts.

• Narratives from people who face weight bias and discrimination can be powerful, but there can be a personal cost for those that speak up.

• We can learn from others who have led stigma reduction efforts (e.g. mental illness, HIV/AIDS, diabetes, LGBTQ communities)

Nothing about me, without me!
Day II- Moving towards consensus

• Participants were pre-selected into small working groups, ensuring appropriate representation in each sector.
• Two groups were assigned to work on each of health, education, and public policy sectors.
• Note takers were assigned to each table to capture the discussion around audiences, key messages, rationale, strategies and tactics, feasibility and outcome measures.
## Key Messages & Target Audiences

### HEALTH

<table>
<thead>
<tr>
<th>AUDIENCES:</th>
<th>Key Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patients</td>
<td>- Weight bias and discrimination will not be tolerated.</td>
</tr>
<tr>
<td>- Health Professionals</td>
<td>- Obesity should be recognized and treated as a chronic disease.</td>
</tr>
<tr>
<td>- Policy Makers</td>
<td></td>
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</tbody>
</table>

**Key Strategies:**
- People-Centered Care
- People-First Language
### Key Messages & Target Audiences

**EDUCATION**

<table>
<thead>
<tr>
<th>AUDIENCES:</th>
<th>- Weight bias and discrimination will not be tolerated.</th>
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</thead>
<tbody>
<tr>
<td>Professional associations</td>
<td>- Need to promote body positivity and inclusivity.</td>
</tr>
<tr>
<td>Schools and districts</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Unions</td>
<td></td>
</tr>
<tr>
<td>Universities (pre-service teachers)</td>
<td></td>
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<tr>
<td>Administrators</td>
<td></td>
</tr>
<tr>
<td>Provincial and national organizations</td>
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**Key Strategies:**

- Decouple weight and health
- Do not use obesity as a hook for health education and programming
- Build body resilience in children and youth
### Key Messages & Target Audiences

**POLICY**

<table>
<thead>
<tr>
<th>AUDIENCES:</th>
<th>Key Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Canadian Obesity Network and others involved in policy development</td>
<td>- Weight bias and discrimination will not be tolerated.</td>
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<tr>
<td>• Federal and provincial civil service</td>
<td>- Obesity needs to be accepted as a chronic disease.</td>
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<tr>
<td>• Professional associations and the regulatory bodies that oversee them</td>
<td></td>
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<tr>
<td>• Government legislators and administrators</td>
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<tr>
<td>• Legal professionals</td>
<td>Key Strategies:</td>
</tr>
<tr>
<td></td>
<td>- Develop a clear definition of obesity (beyond Body Mass Index)</td>
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<td></td>
<td>- Protect against weight discrimination through policies and laws (GBA+, Human Rights Act)</td>
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</table>
Next Steps: Creating Research and Action Coalitions

PROVINCIAL AND TERRITORIAL GROUPS

Professional Organizations & Partners

Champions/Role Models/ Patient Advocates
Images

• Canadian Obesity Network – Perfect at Any Size Image Bank: [http://www.obesitynetwork.ca/images-bank](http://www.obesitynetwork.ca/images-bank)

THANK YOU

www.obesitenetwork.ca/join