



Moving Towards Consensus on Weight Bias Reduction Messages and Strategies

Ximena Ramos Salas, PhD (c), Managing Director, on behalf of the EveryBODY Matters Collaborative

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

Every**BODY** Matters

COLLABORATIVE

Moving beyond raising awareness
by promoting changes in behaviour,
practice and policy to end weight
bias and discrimination.



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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

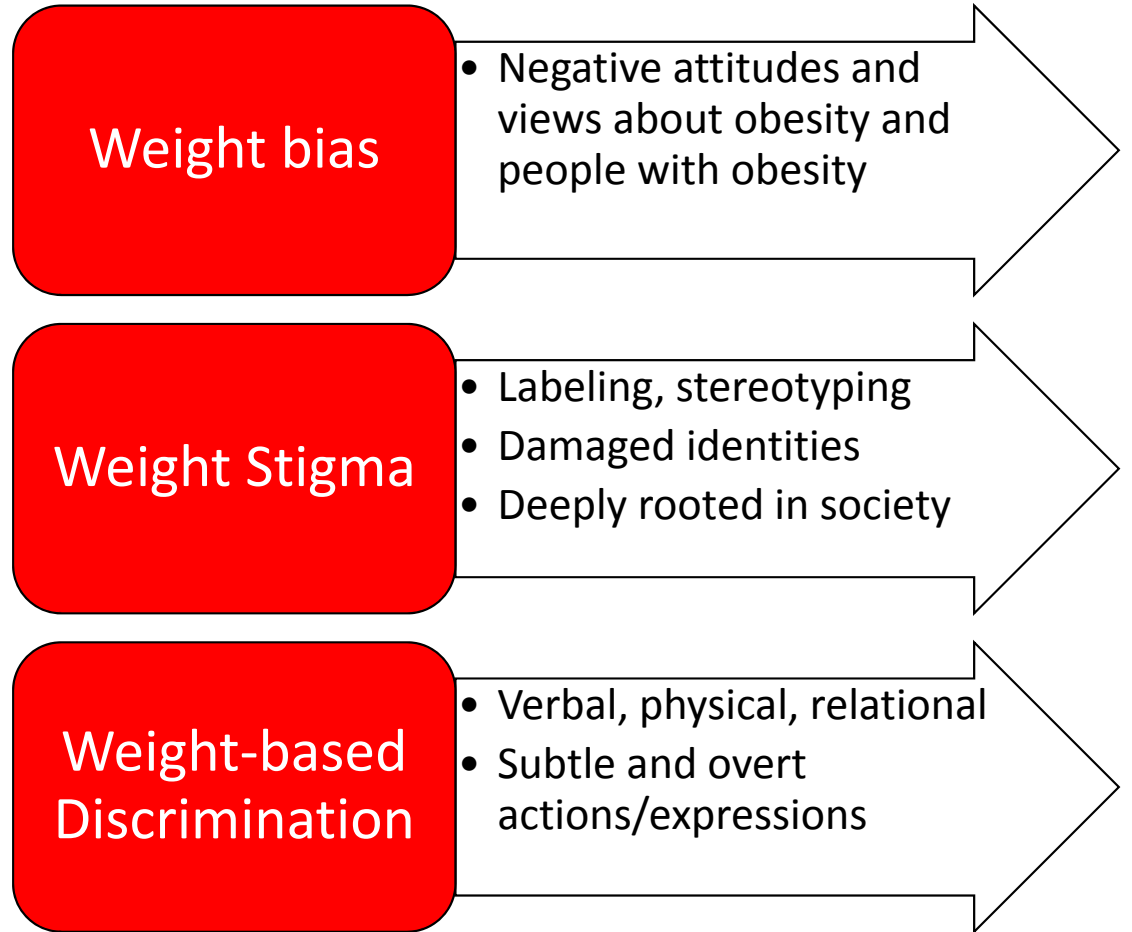
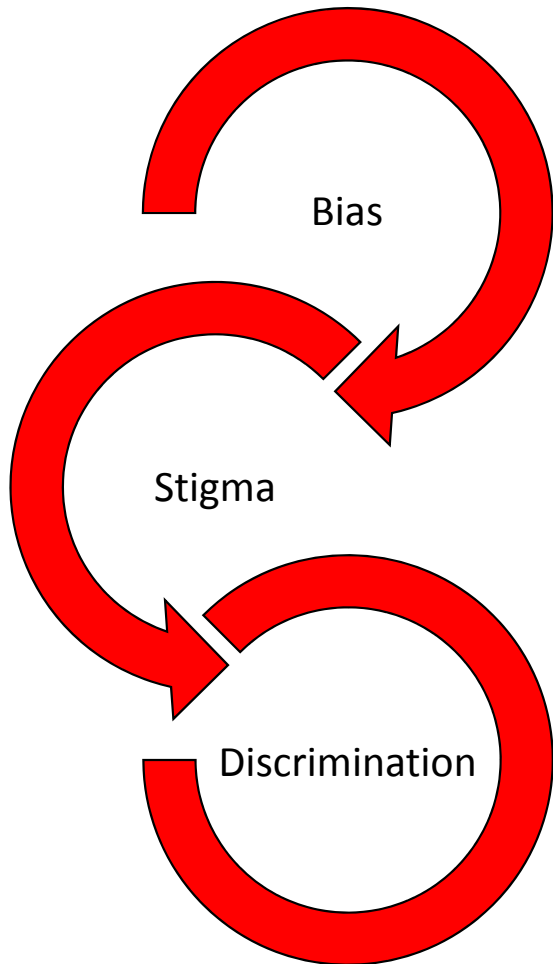
Summit Funding & Support

- 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



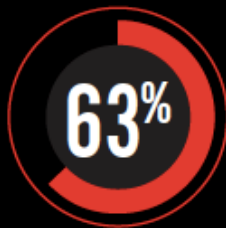
Aims

- 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.

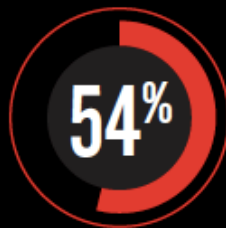


WEIGHT BIAS AND DISCRIMINATION IS RAMPANT IN OUR SCHOOLS, WORKPLACES, HEALTH SYSTEMS AND MEDIA.

The problem is widespread:



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

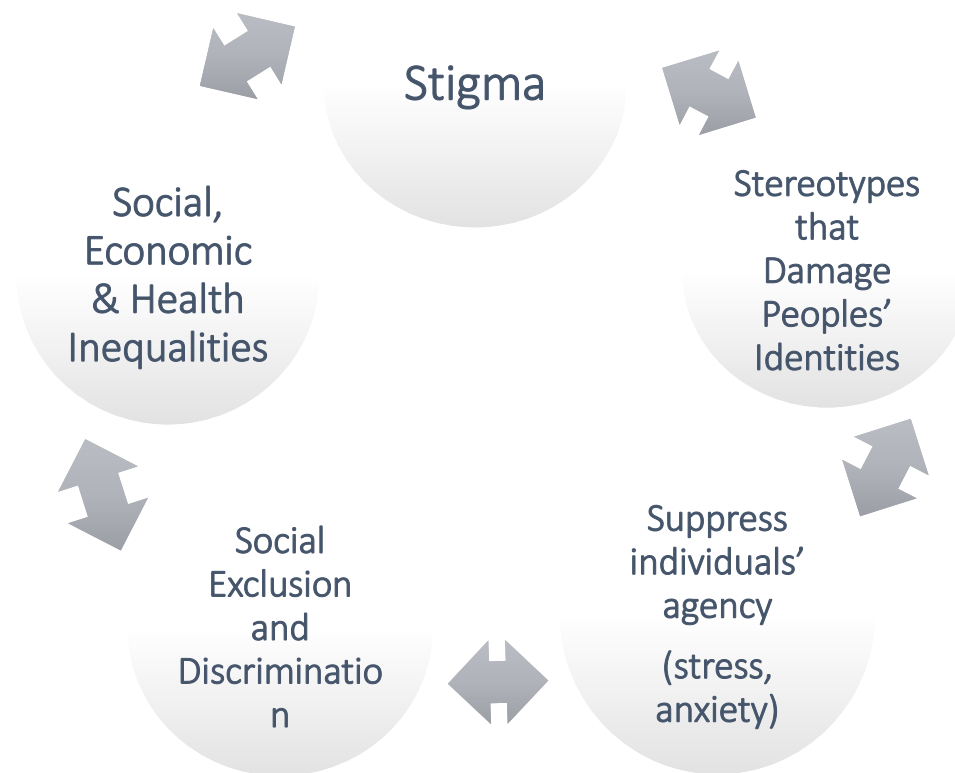
Consequences of Weight Bias

- 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

Pearl, R. L., & Puhl, R. M. (2016). The distinct effects of internalizing weight bias: An experimental study. *Body Image, 17*38-42.

Forhan, M., & Ramos Salas, X. (2013). Inequities in healthcare: a review of bias and discrimination in obesity treatment. *Canadian Journal Of Diabetes, 37*(3), 205-209.

Stigma is a Population Health Issue



Hatzenbuehler, M.L, Phelan, J.C. & Link, B.C. (2013). Stigma as a Fundamental Cause of Population Health Inequalities. *Am J Public Health*; 103(5).

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**

Forhan, M. (2011). 1st Canadian Weight Bias Summit – Final Report:
http://www.obesitynetwork.ca/files/Weight_Bias_Summit_Report.pdf

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

Alberga, A., et al. Future Research in Weight Bias: What Next? Obesity (2016) 24, 1207–1209.

3rd 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.





Treatment of someone with a mental illness

Knowledge is essential - - Understand the signs and symptoms of mental illness - Know where to get help - Know how to get help	Prevention is important - - Recognize the signs and symptoms of mental illness - Know where to get help - Know how to get help	Understanding is key - - Know the signs and symptoms of mental illness - Know where to get help - Know how to get help
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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.



EveryBODY Matters

3rd Canadian Weight Bias Summit Summary

May 26-27, 2016 | Edmonton, Alberta



www.obesitynetwork.ca

<http://www.obesitynetwork.ca/files/EveryBODY-Matters-Summary-4.pdf>

Key Messages & Target Audiences

HEALTH

AUDIENCES:

- Patients
- Health Professionals
- Policy Makers

- Weight bias and discrimination will not be tolerated.
- Obesity should be recognized and treated as a chronic disease.

Key Strategies:

- People-Centered Care
- People-First Language

Key Messages & Target Audiences

EDUCATION

AUDIENCES:

- Professional associations
- Schools and districts
- Parents
- Unions
- Universities (pre-service teachers)
- Administrators
- Provincial and national organizations

- Weight bias and discrimination will not be tolerated.
- Need to promote body positivity and inclusivity.

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

AUDIENCES:

- Canadian Obesity Network and others involved in policy development
- Federal and provincial civil service
- Professional associations and the regulatory bodies that oversee them
- Government legislators and administrators
- Legal professionals

- Weight bias and discrimination will not be tolerated.
- Obesity needs to be accepted as a chronic disease.

Key Strategies:

- Develop a clear definition of obesity (beyond Body Mass Index)
- Protect against weight discrimination through policies and laws (GBA+, Human Rights Act)

Next Steps: Creating Research and Action Coalitions



Images

- Canadian Obesity Network – Perfect at Any Size Image Bank: <http://www.obesitynetwork.ca/images-bank>
- Obesity Action Coalition – Image Gallery: http://salsa4.salsalabs.com/o/51094/p/salsa/web/questionnaire/public/?questionnaire_KEY=97

— THANK YOU

www.obesitynetwork.ca/join