Tensions Between Public Health Obesity Prevention Narratives and Experiences of People with Obesity

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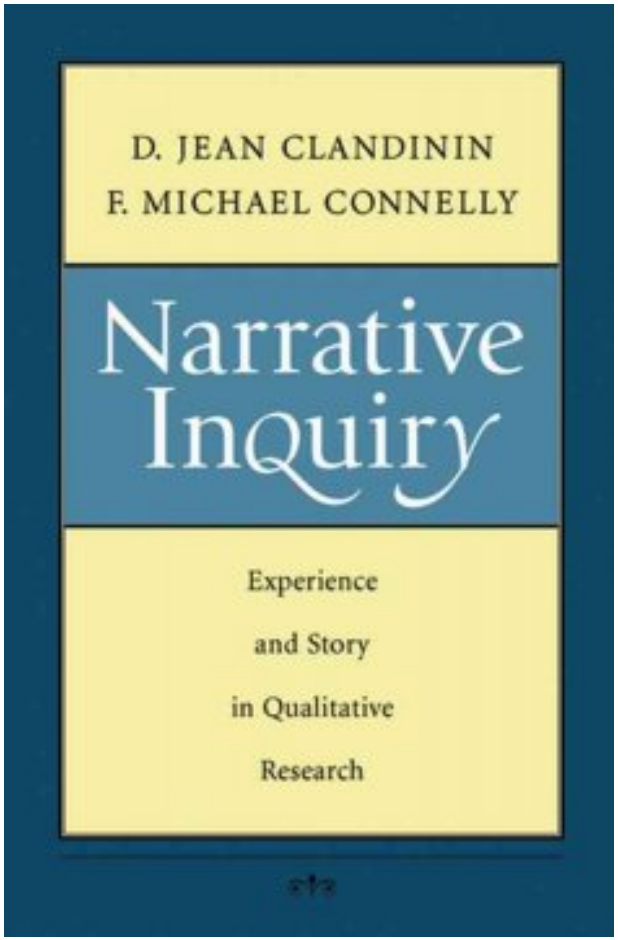
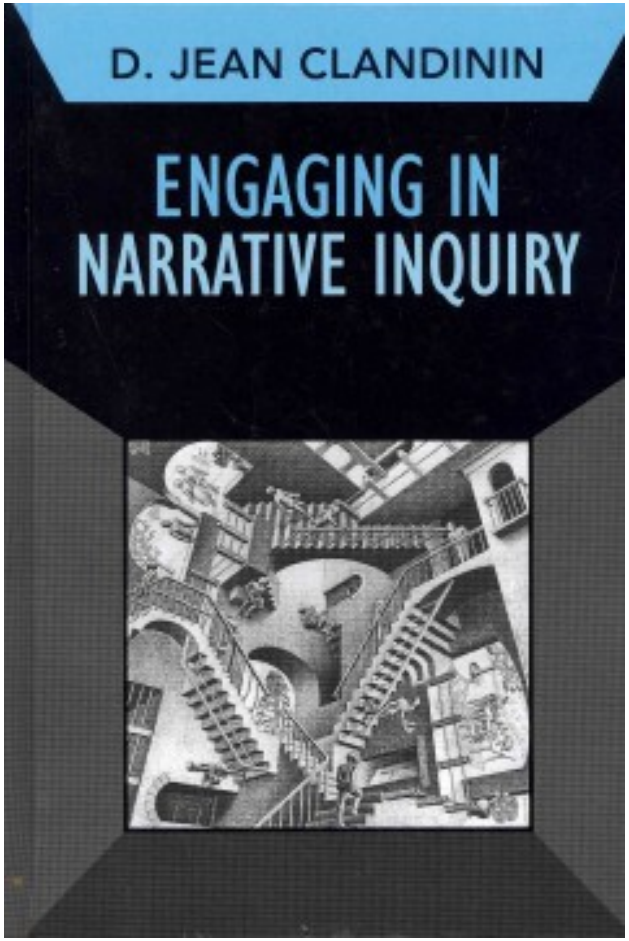
Narrative Inquiry





shift Obesity System Influence Diagram

Media
Social
Psychological
Economic
Food
Activity
Infrastructure
Developmental
Biological
Medical

shift clarity in complexity

Narrative Inquiry Research Questions

What are the stories that people with obesity live and tell?

What are the stories that public health policy makers live and tell?

Are there tensions between these stories? If yes, how can we resolve them?

Tensions Exist

- Public health obesity narrative does not reflect the experiences of people with obesity
- Weight-centric approaches are not helpful
- Eat Less & Move More narrative leads to judgments about individuals with obesity
- Risk factor approach is not consistent with clinical narrative of obesity as a chronic disease
- Prevention policies can silence need for treatments
- There is a lack of engagement of people with obesity in obesity prevention efforts

Public Health Narratives Influence Experiences of People with Obesity

“The public health war on obesity tells the world that being obese is bad. Obesity and obese people are a burden to society. **This narrative has an impact on public perception.** When I walk down the street, I will have strangers telling me: 'You know that obesity is unhealthy, right? You should lose weight' or 'You should not be eating that' or "You should take the stairs instead of the elevator’.”

Narratives
of Public Health Policy Makers

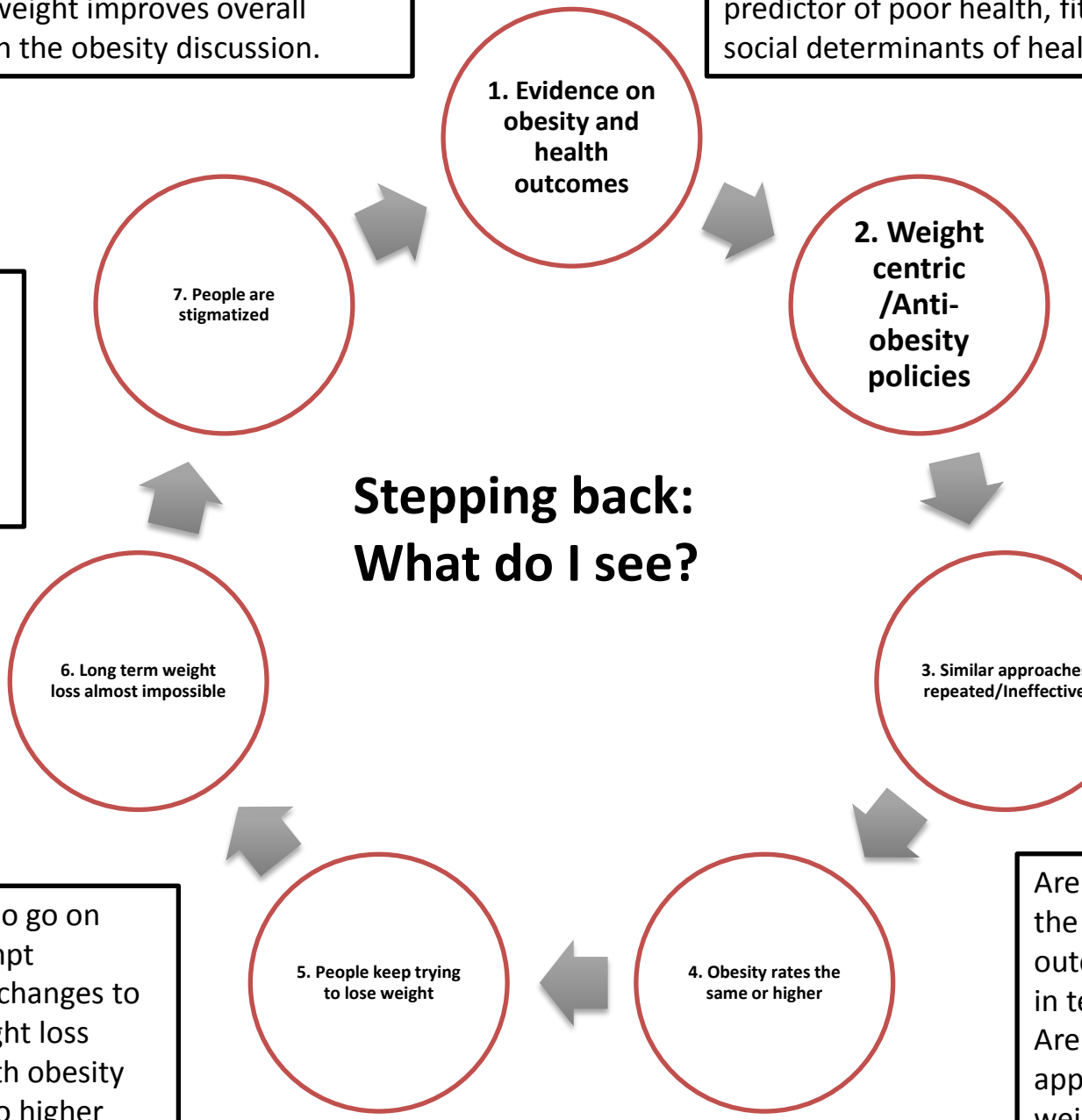
NI Policy Makers

- Public health is about improving the health of populations
- BMI is a population health tool and it is all we got
- Public health approaches have good intentions
- Face political barriers to implementing comprehensive strategies
- Policy makers concerned about how weight-centric approaches impact people with obesity
- Need a shift in paradigms to move beyond weight

Shift in Paradigms

The political aspect of public health, however, cannot be understated. Political influences also present a barrier for systems thinking in public health. In order to prevent diseases, we need to have a better understanding of the larger forces that influence behaviours. In the field of obesity prevention, we need a shift in paradigm. But shifting paradigms is challenging. We work in a medical paradigm. This is our story. This is how we live our professional lives.

Stepping back: What do I see?



Evidence that improving health behaviours regardless of weight improves overall health is lost in the obesity discussion.

Correlations, obesity paradox, low SES stronger predictor of poor health, fitness level versus fatness, social determinants of health linked to health

- ✓ Healthy eating
- ✓ Physical activity
- ✓ Energy balance
- ✓ Healthy weight
- ✓ Individual responsibility

Stigma increases morbidity and mortality independent of weight

Population variance in body weight & health outcomes determined by individual genetics and biology.

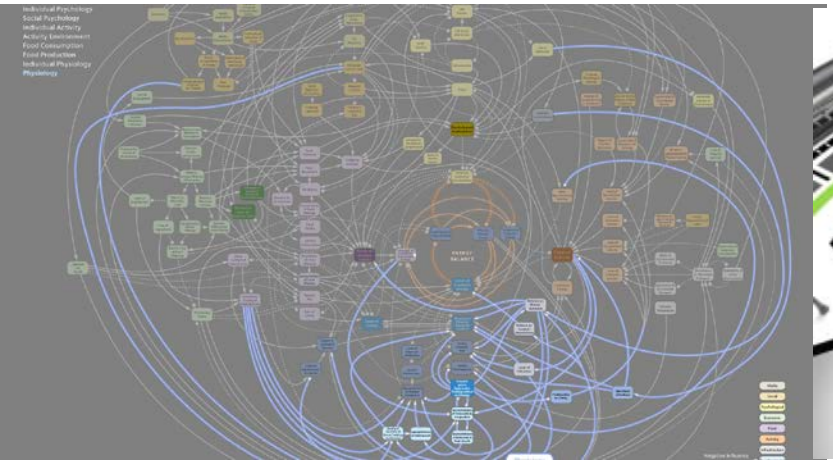
- ✓ People who go on diets prompt biological changes to resist weight loss
- ✓ People with obesity progress to higher stages

Are we shooting ourselves in the foot by measuring the outcomes of our approaches in terms of weight loss?
Are weight-centric approaches contributing to weight stigma?

Need Practical Solutions

- Unpacking these stories gave us the chance to identify opportunities for personal and practice change.
  - Becoming aware of our own attitudes about weight and health
  - engaging people with obesity at the outset of policy and program development
  - developing non-weight centric population health goals such as behavioural outcomes
  - focusing on upstream population-based approaches that are not just directed at people with obesity

Strategies to Reduce Weight Bias



Potential Policies and Laws to Prohibit Weight Discrimination: Public Views from 4 Countries

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People First Language and Appropriate Images

People-first language is the standard for respectfully addressing people with chronic disease, rather than labeling them by their illness. Because of the importance of reducing bias associated with obesity, the Canadian Obesity Network and their partners urge everyone to use people-first language.

(Click on the links below to access the resources.)

Flint, S. W. and Reale, S. (2014). Obesity Stigmatisation from obesity researchers. *The Lancet*

Kyle, T. K. and Puhl, R. M. (2014). Putting People First in Obesity.

Obesity Action Coalition

FREE NON-STIGMATIZING IMAGES: The Canadian Obesity Network Image Bank. The Perfect At Any Size galleries.

Thank you