Shifting Paradigms: Adopting a ‘Health not Weight’ Approach
Presentation Overview

Contemplating the research:

- Exploring the “problem of obesity”: Interpreting the research
- Diverging fields of obesity research
- Common findings: What we know
- Benefits of adopting a ‘Health not Weight’ approach
- ‘Health not Weight’ in the NL context
Exploring the “Problem” of Obesity

Diverging fields of obesity research. Considering:

1. The relationship between obesity and health

2. Focus on stigma

3. Implementing an approach that “Does no Harm”
Diverging Fields of Obesity Research

- Obesity as Disease
- Obesity as Disease: SDH approach Leads to stigma
- Critical perspectives Obesity as a construct considering SDH Leads to stigma
Obesity as Disease

- WHO (2000) - defined obesity as a chronic disease
  - Epidemic, Pandemic
- Utilize energy in/energy out model
- Resulting from individual behaviour
- ‘Co-morbidities’ associated with increased health and financial burdens
- Issues of mental health, lower academic achievement directly attributed to obesity
- Proposed solution: weight loss/treatment and prevention

Obesity - “dramatic rise over last 25 years”

Obesity - “An alarming threat to global health”

Childhood obesity - “a ticking time bomb”
Obesity constructed as an individual problem

Obesity has become a public discussion

Science and public debate intertwine
Obesity as Disease

“...Adopted by various national and local associations: Poor eating habits, physical inactivity and their contribution to obesity are also critical public health challenges.

Achieving a healthy weight is an important step in promoting your heart and brain health, and it isn’t easy. Weight loss is a challenging goal and should be met with a positive attitude and patience. But it’s worth it in the end.”

“A healthy lifestyle and weight can help prevent and/or manage diabetes; improve blood glucose (sugar), blood pressure, and blood lipids; reduce the risk of complications, such as heart attack and stroke; and improve general well-being and energy levels. Although many things can make managing weight a challenge, including stress, some medical conditions and certain medications, the key to reaching and staying at a healthy weight is to make positive lifestyle changes, including healthy eating (according to Canada’s Food Guide), and adding exercise to your daily..."
It is now beyond doubt that obesity is a pandemic disease that poses a great challenge to global health because it leads to many comorbidities affecting life expectancy.

(Bifulco, M., & Pisanti, S., 2013, p.4664)
However….Consider Life Expectancy and the ‘Obesity Paradox’

- Increased risk of mortality - Underweight (BMI <18.5; (RR) = 1.73, $P < 0.001$) and obesity class II+ (BMI >35; RR = 1.36, $P <0.05$)

- Decreased risk of mortality - Overweight (BMI 25 to <30; (RR) = 0.83, $P < 0.05$)

- No increased risk of mortality for obesity class I (BMI 30–35; RR = 0.95, $P >0.05$).


- Optimal BMI for lowest mortality not a constant; varies with age, ethnicity and the presence of established disease

- Over 70 years of age appear to have an optimal BMI for mortality in the overweight and class I obese range

- Obesity Paradox

(Dixon et al, 2015)
What we also know:

● Prevention and treatment have been consistently ineffective

● Inconsistency in research:
  ■ Measures/ criteria vary (behavioral, pharmacological, e-health)
  ■ Treatments and approaches to prevention are not consistent
  ■ Weight loss measures tend to be short-term
  ■ Few long term measures, little success noted
  ■ Issues with attrition have been noted
  ■ Measures of harm are inconsistent- evidence of harm

(Hesketh & Campbell, 2010; Mühlig, et al, 2014; Nguyen, Kornman, & Baur, 2011; Skelton & Beech, 2011; Tsai, & Wadden, 2009; Yanovski, & Yanovski, 2014)
Obesity as Disease: SDH approach

- Obesity causation influenced by the social determinants of health
  - Environment (obesogenic environment)
  - Genetics
  - Education
  - Social support
  - Socioeconomic status

- Obesity results in stigma

- Proposed Solution: reduce obesity through policy, behavioral methods, address stigma

(Bryant, Hess, & Bowen, 2015; pont et al, 2017; Sacks, Swinburn, & Lawrence, 2009)
Policies tend to focus on:

- Addressing energy imbalance
- Lifestyle
- Individual behaviour
Obesity as Disease: SDH approach

Canadian Obesity Network

“Obesity is a chronic and often progressive condition”
Re-thinking Prior Conclusions

• Questioning the causal relationship between obesity and chronic disease

• The environment as true cause of much chronic disease, rather than obesity *per se*

• Recommend a policy-based approach to address common causes of biological and ecological ‘disease’

(Egger & Dixon, 2009)
Phrase of the week
‘as clear as mud’

Meaning:
Very difficult to understand.

Example:
“Do you understand all that?”
“No, there’s too much information. It’s as clear as mud to me!”

Cambridge English
Critical Perspectives

- Including: Critical Obesity Scholarship, Fat Studies, Critical Public Health

- Obesity as a Social Construction

- The ‘science of obesity’ is not without moral and ideological bias

- Conflation of obesity/disease and thinness/health contributes stigma

- Presence of obesity discourse in research, health and education, and policy documents reinforcing stigma and weight bias

(Beausoleil, 2009; Gard & Wright, 2005; Monaghan, L. F., Colls, & Evans, 2013; Rail, G., & Jette, S., 2015; Ward, 2016)
Weight Stigma and Bias

**Weight Stigma:**
When body size, particularly weight that is higher than “normal”, is devalued in a social context.

(Puhl & Brownell, 2006)

**Weight Bias:**
Negative attitudes about weight that often result in false and negative stereotypes that lead to the unequal, or unfair treatment of people because of weight.

(Puhl & Heuer, 2009)
Factors Contributing to Weight Bias

- Health Promotion Campaigns
Discourses Contributing to Weight Bias

● Obesity Discourses:
  ○ focus on weight over health
  ○ construct obesity as disease
  ○ reinforce judgement based upon weight
  ○ promote the valuing of thinness
  ○ support societal messages that obesity is the mark of a defective person
  ○ portray obesity in negative ways through media, health promotion policy/campaigns

(Lebesco, 2011; Rail, Holmes & Murray, 2010; Ward, Beausoleil & Heath, 2017; Wright, 2009; Wright & Halse, 2014)
What are people telling us?

● Adopting Common Constructions of health
  ○ People take up the notion of health=thinness
  ○ Adopt a fat identity
  ○ Increase in body dissatisfaction leads to unhealthy dieting practices

● Experiencing stigma

● We understand the health ‘rules’

● Resistance: “I am healthy”
Why Shift to a ‘Health not Weight’ Approach?

- Obesity treatment/prevention is ineffective
- Obesity discourses are causing harm, leading to fear of fat
- Fitness may be more predictive of fatness
- Focus on weight $\rightarrow$ increased body dissatisfaction + lower self esteem
- Body Dissatisfaction $\rightarrow$ lower physical activity, unhealthy behaviors, Weight gain

(Friend et al, 2012; Neumark-Sztainer, et al, 2012; Nelsen, Jensen & Steele, 2011; Bacon & Aphramor, 2011)
"[M]ounting evidence has linked many current obesity reduction approaches with harm to mental and physical health and well-being. Facile “energy in = energy out” equations, that ignore mental health and wellbeing and the broad socio-environmental determinants of health that powerfully influence individual behaviours, can result in unintended negative consequences, particularly weight-bias.” (BC Provincial Health Services Authority, 2013, p. 9).
Adopting a ‘health not weight’ approach

Models of Obesity and Health Outcomes by: Medvedyuk, Ahmednur, & Raphael (2017)
What Does this Shift Mean for Practice?

- Recognizing that all people are influenced by SDH
- Chronic Disease affects the entire population
- Weight no longer viewed as the primary determinant-Complex
- A shift to a supportive ‘positive’ health promotion/safe spaces for all
- Working with educators and health professionals to address weight bias
- Consider new criteria/indicators of health
Locally: ‘Health not Weight’ Collaborative

● Members

Bernadette Doyle-Follett
Tracy English
Anne Wareham
Pam Ward
Erin Cameron
Erin McGowan
Holly Foley
Lori Robbins
Sarah Nutter
Carolyn Taylor

● Organizations

● Policy

• Eastern Health

● Practice

• Janeway Lifestyle Program
• Eating Disorder Foundation of NL
• Body Diversity NL
• Health Innovation through Promotion & Practice Collaborative

● Research

• MUN-Human Kinetics and Recreation
• MUN- Medicine: Community Health &Humanities
• Centre for Nursing Studies
Current Initiatives

• WHO growth charts – focus on growth over time
• Thinking about your Weight? What about your Health?
• Creating awareness in Eastern Health region:
  1. Promoting Health Not Weight presentations
  2. Promoting Health, Not Weight Public Health Nurse working group
  3. Community requests
Current Initiatives

Body Diversity NL (formerly Body Image Network)

• Toolkit
• Presentations to provincial government on health positive messaging and removing “obesity” from government documents
• Review and revise health curriculum
• Safe and Caring Schools
• New website under construction
• Student involvement
Current Initiatives

Janeway Lifestyle Program

• Good Health for EveryBODY program (GHEB)

• Health Behaviour Matters, including office checklist and how to talk about weight [www.Easternhealth.ca/jlp](http://www.Easternhealth.ca/jlp)

• Clinical program (local and provincial)
Current Initiatives

Eating Disorder Foundation of NL

○ BodySense
○ The Body Project
Research

• Relevant Projects:
  • Childhood Obesity Treatment Program
  • Female Reproductive health
  • The Body Project
  • Nursing Practice
  • Bariatric Surgery
  • Aging
  • 5A’s – Medical Education
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References

● Egger, G., & Dixon, J. (2009). Should obesity be the main game? Or do we need an environmental makeover to combat the inflammatory and chronic disease epidemics?. obesity reviews, 10(2), 237-249.
● Hesketh, K. D., & Campbell, K. J. (2010). Interventions to prevent obesity in 0–5 year olds: an updated systematic review of the literature. Obesity, 18(S1).
References Cont’d


