Stamping out weight stigma: a checklist for the workforce

Whilst stigmatisation and discrimination based on characteristics such as sex, ethnicity and mental health has become less acceptable in the UK, weight stigma and associated discrimination does not tend to be viewed in the same light and continues to be reported and experienced, primarily by people who live with overweight or obesity.

Weight stigma, bias and discrimination can be found across different forms of communications in a wide range of contexts, including the media, healthcare systems and across social circles. This can have a profound and harmful impact on people across the weight spectrum, but in particular those people living with overweight and obesity. If you would like more information on weight stigma, please click here to read our evidence briefing.

We realise that on the majority of occasions, communications and resources are not developed with the intention of stigmatising individuals with excess weight, and many individuals are unclear on what constitutes weight stigma and discrimination. However, there are some simple steps that we can all take to stamp out weight stigma in our own settings and set a standard on how to communicate issues concerning obesity appropriately. This checklist has been designed to give the writer, trainer or health and social care professional the confidence and tools to examine whether the content of an article, training package, blog, policy paper or report is free from stigmatising language, stereotypes and images.

Notes for use: Please use this checklist to proof any documents before publishing. In addition, it would be considered good practice (time permitting) to consult with the target audience (people living with overweight or obesity) when preparing a training package or policy paper – to name just two examples.

This checklist has been developed by Food Active and informed by resources produced by Obesity UK[1] and World Obesity Federation[2].

STIGMA-FREE CHECKLIST:

	✓ / ✗	If ✓, suggested actions:
1.1 LANGUAGE		
People at the centre: Does the resource include language which uses obesity as the describing word for the person? (i.e. the obese man, the number of obese women)		Use person-centred language* and use terms such as • 'the number of people **with** obesity' • 'the man was **living with** obesity' • 'People **experiencing** obesity' • 'the woman was **affected by** obesity' *Person-centred language refers to using language that puts people first rather than the disease, symptoms or conditions that they may have. More information can be found here.
Avoid humour: Does the resource use humour or weight-based stereotypes when referencing individuals with obesity? (e.g. *'run fat boy, run'*)		Carefully consider whether terminology and language used to describe body weight could be offensive to persons with obesity, and how this language will be interpreted by the intended audience. Make sure you try to use an empathic language style which seeks to ascertain a person's point of view of their condition, rather than making assumptions.
Cut the drama: Avoid using sensationalist and combative language to describe obesity, such as *'crisis'*, *'shocking'*, *'emergency'* and *'epidemic'*. When describing efforts to address obesity, avoid using language such as *'drastic action'*, *'tackling'*, *'combat'* or *'fighting'*.		Avoid using terminology or adjectives that infers panic, shock or disaster to the reader. It can also lead to frustration and anger.

Description matters: Does the resource use terms such as "weight problems" "fat" "fatty" "plump" "chubby" "chunky" "severely obese" "morbidly obese"?		Always use scientific terminology such as Body Mass Index (BMI) descriptors and use terms such as "weight" or "excess weight". Language can be very powerful – the descriptive words we choose to use can determine how the communication is received. It is important to remember that some words can be offensive, regardless of the intention.
Focus on the positives: Does the resource focus on the potential harm of obesity? (e.g. "obesity can cause type 2 diabetes, which can result in amputations")		Rather than focusing on the potential harm of obesity to an individual's health, focus on the potential for improved quality of life, and how these have been, and could be, further realised. You can also focus on the benefits of being a healthy weight and/or moving towards a healthier weight, rather than focussing on the negative impacts of obesity. Try to use empowering and inclusive language – such as *'losing weight can prove to be a helpful and effective way to enjoy a healthier lifestyle. There is lots of support out there that can help you on this journey, including XYZ.'*

	✓ / ✗	If ✓, suggested actions:
1.2 CONTENT		

Check the evidence: Does the resource reference research papers that are subject to significant limitations and based on poor evidence?		Always make sure your resource references the best available evidence out there, to help prevent the spread of misinformation. If you are unsure on the quality of any paper, read the conclusions and limitations carefully and make a judgement on whether it should be referenced at all. Take into consideration:
		
		• The hierarchy of research: systematic reviews and meta analyses are considered as the gold standard of evidence. Read more here.
		• Language: Most papers are not able to claim a direct cause and effect relationship, as with many research topics (including obesity), there may be many more confounding factors that explain various relationships. Avoid using language that attributes cause and effect and instead use language that makes a link. For example, if you are referencing a paper that found an association between screen time and childhood obesity:
		   ○ AVOID: *'Obesity is caused by too much screen time.'*
		   ○ INSTEAD, TRY: *'A new study suggests that watching too much TV could be a contributing factor for childhood obesity'* or *'One study suggests that watching too much TV was associated/linked with childhood obesity.'*
		A useful resource which can be used to check the validity of various news headlines is the NHS 'Behind the Headlines' page. It includes two sections on food, diet and obesity and by carefully explaining the evidence comes to an informed conclusion.

Consider your audience: Is your resource targeted at children and young people?		The issue of growth and weight with young people, and their parents, can be a particularly sensitive issue. Think carefully about the language used and whether it is appropriate for your audience. Public Health England have produced a useful step-by-step guide to conversations about weight management with children and families.
Don't generalise: Does the resource use language that infers generalisations, stereotypes or prejudice about people's health or health habits based on their weight? (e.g. only consume unhealthy food or lead a sedentary lifestyles)		There are many reasons a person may live with overweight and obesity. Do not make assumptions that people living with obesity lead less healthy lifestyles than peers without obesity.
Avoid the blame game: Does the resource attribute the causes of obesity on the individual, e.g. describing it as a lack of willpower or laziness?		It is important to not use language which blames an individual for carrying excess weight or attributes responsibility. Make sure you acknowledge the causes of obesity go way beyond what an individual chooses to eat and can be influenced by a wide range of other factors including environmental, biological, genetic, economic and social factors.
Avoid oversimplifying: Does the resource oversimplify the causes and solutions of obesity, e.g. references to '*eat less, move more*'?		People living with obesity often feel criticised or judged by others about their food choices, eating habits and levels of physical activity. Many people living with obesity will have tried very hard to lose weight, and oversimplifying the causes of obesity can make them feel like they have failed. It is very important to acknowledge the complex causes of obesity, including environmental, biological, genetic, economic, social and individual factors.

	✓ / ✗	If ✓, suggested actions:
1.3 IMAGERY		
Does the article use any images that feature the following aspects: • Unnecessary emphasis on excess weight or that isolate an individual's body parts? This includes pictures of individuals affected by excess weight or obesity from the neck down, or with the face blocked. • Inappropriate clothing (i.e. shirt buttons gaping open)? • Stereotypes such as consuming unhealthy food and being inactive? • Inappropriate picture captions which use inappropriate language.		The imagery used when communicating about obesity is as important as the language used. Make use of some of the fantastic stigma free image banks, including: • World Obesity Federation • The UConn Rudd Centre for Food Policy & Obesity • The Obesity Action Coalition These image banks are free to use, however you must credit the images and follow any guidelines for usage. Remember, unless you have a license make sure you do not use copyrighted images.

THE CHECKLIST IN ACTION

Below are some useful examples of various forms of communication before and after utilising the advice outlined the checklist.

Home | News

Obese patients '50 % more likely to die of COVID-19'

Written by: Mike Shallcross | Published: 26 August 2020

- This news headline is stigmatising owing to obesity being used as the describing word for individuals. It is also mentions death and mortality, which can cause fear and worry.

- Instead, use person-centred language (*People with obesity are xyz…*) and remove language that may cause distress and worry.

- Alternative: '*People living with obesity linked to experiencing more severe COVID-19 outcomes.*'

Extra Pounds May Raise Risk of Severe Covid-19

- This article is stigmatising owing to the focus on the describing the weight of an individual, and focuses on the negatives.

- Remove descriptive language from both the headline and body, and focus on the positives to eliminate from the article.

- Alternative: '*Being a healthy weight may help to reduce risk of severe Covid-19.*'

Obesity epidemic demands more action and investment to protect children

- This news headline could be improved by removing sensationalistic language such as 'epidemic'.

- Alternative: '*Addressing obesity requires more action and investment to support children's health.*'

FAT'S A BIT MUCH Anthea Turner says obese people are 'destroying' their own bodies & can save NHS by losing weight – after with Piers

EXCLUSIVE

Amanda Devlin, Senior Showbiz Journalist
12 Feb 2021, 17:51 | Updated: 13 Feb 2021, 9:51

- This article is stigmatising in a number of ways; the descriptive language, humour and hurtful language which could result in feelings of guilt (i.e. being a burden on NHS resources).

- Use person-centred language, remove humour and descriptive words i.e. fat and finally, remove any association which places blame on the individual in the headline and throughout the article to eliminate the stigma.

- Alternative: *'Supporting people living with obesity can help to improve quality of life and save the NHS money.'*

How obesity is harming the planet: Overweight people generate an extra 700 MILLION tons of carbon dioxide a year, US study claims

- Obesity Society calculated environmental impact of increased food intake
- Overweight people are responsible for 20 per cent more greenhouse gas emissions compared with a lean person
- Transporting obese people also causes an excess of carbon dioxide emissions

- This news headline and summary bullet points is stigmatising as a result of the type of language used which attributes blame.

- Instead, use person-centred language and avoid language that attributes blame and responsibility to those living with obesity. Also check to source of the evidence to ensure this is what the paper concluded.

- Alternative: *'A new study suggests 700 million tonnes of carbon dioxide could be saved through supporting those living with obesity to loose weight.'*

PLATELL'S PEOPLE: Obesity a sickness? No, it's just plain greed

By AMANDA PLATELL FOR THE DAILY MAIL
PUBLISHED: 01:51, 19 August 2017 | UPDATED: 15:29, 19 August 2017

- This headline is stigmatising as it generalises and oversimplifies the causes of overweight and obesity.

- Instead, recognise the wider drivers of an individual's weight status. It is also important to not make generalisations about people living with obesity, so remove references to greed and gluttony.

- Alternative: *Scrap and start again!*

"We are urging everyone who may be overweight to take action now before they develop a serious health condition. Being overweight or obese can also shorten life expectancy."

"The risk is higher the more weight a person gains and the longer they are overweight for, but the good news is small changes that are kept up over time can make a real difference"

"We would encourage anyone who is overweight or obese to contact their GP practice for important advice about losing weight safely by eating a healthy, balanced diet and regular physical activity."

- This press release from a CCG is stigmatising as it oversimplifies the causes and solutions of obesity. It also focuses on the harms of obesity, and uses sensationalistic language.

- Use person-centred language when discussing obesity and do not infer that loosing weight is easy. Focus on the benefits of loosing weight, rather than the harm.

News

31st December 2020

NHS report says Wirral has major obesity problem

By George Morgan
Local Democracy Reporter

- This headline could be improved by removing sensationalist language such as 'major obesity problem'.

- Alternative: '*NHS report suggests high rates of obesity in Wirral*' .

'It's the parents who need to educate themselves on how best to raise that child and how to feed the child, how to look after the child, how to make sure the child gets lots of exercise.

'I don't feel we can go around blaming anyone else, you can't say, "Oh it's the Government's fault, it's this one's fault" — no, the responsibility is with the parents' when that child comes into the world, you can't get away from that fact.'

- This article is stigmatising as it oversimplifies the causes of obesity and issues a sense of blame for parents whose children are living with overweight or obesity.

- Remove language which blames an individual for carrying excess weight or attributes responsibility. It is also important to acknowledge the complex causes of obesity that go far beyond what a parent chooses to feed their child.

The following examples relate to the imagery used to communicate obesity, highlighting bad practice and suggestions for alternatives.

Examples of bad practice

Alternative image

Image by Anja😷#helpinghands #solidarity#stays healthy🙏 from Pixabay

This image is not suitable because:

✗ Features isolated body parts

✗ Creates an unnecessary emphasis on excess weight.

✗ Removes the person's identity

Image by the World Obesity Federation

Photo by **Artem Podrez** from **Pexels**

This image is not suitable because:

✗ Features isolated body parts

✗ Stereotypes of people living with obesity such as consuming unhealthy food.

✗ Removes the person's identity

Image by the World Obesity Federation

The following examples relate to the imagery used to communicate obesity, highlighting bad practice and suggestions for alternatives.

Examples of bad practice

Alternative image

Image by Michal Jarmoluk from Pixabay

This image is not suitable because:

✗ Features isolated body parts

✗ Creates an unnecessary emphasis on excess weight.

✗ Removes the person's identity

Image by UConn Rudd Center for Food Policy & Obesity

Photo by **Karolina Grabowska** from **Pexels**

This image is not suitable because:

✗ Features isolated body parts

✗ Stereotypes of people living with obesity such as consuming unhealthy food.

✗ Removes the person's identity

Image by the World Obesity Federation

The following examples relate to the imagery used to communicate obesity, highlighting bad practice and suggestions for alternatives.

Examples of bad practice

Alternative image

Image by Freepic.diller on FreePik.

This image is not suitable because:

✗ Includes stereotypes of people living with obesity as being inactive.

Image by UConn Rudd Center for Food Policy & Obesity

Image by RawPixel on FreePik.

This image is not suitable because:

✗ Features isolated body parts

✗ Creates an unnecessary emphasis on excess weight.

✗ Removes the person's identity

Image by Shurkin_Son on FreePik.

IDENTFYING WEIGHT STIGMA: A COMPARISION

Below is an example of how different sources of information can report and covey the same piece of information in very different ways – on this occasion, stigmatising way.

Less stigmatising

More stigmatising

The Guardian

Pfizer vaccine may be less effective in people with obesity, says study

Healthcare workers with obesity found to produce only about half the antibodies healthy people do.
1 day ago

- ✓ Uses person-centred language, 'people with obesity'
- ✓ References the study
- ✓ Uses an appropriate image

Metro

Pfizer Covid vaccine may not work as well on obese people, study finds

Italian scientists tested the number of antibodies generated by healthcare workers who had been given two doses of the jab.
5 hours ago

- ✗ Describes obesity first 'obese people'
- • References the study
- • Uses an appropriate image

EUobserver

Pfizer vaccine possibly less effective in obese people

Italian researchers have discovered that healthcare workers with obesity produced only about half the amount of antibodies in response to a....
13 hours ago

- ✗ Describes obesity first 'obese people'
- • Uses an appropriate image

Daily Mail

Pfizer's Covid vaccine may not work as well if you're fat

Pfizer's coronavirus vaccine may be less effective in obese people, scientists have warned. Advertisement. Severely overweight healthcare...
9 hours ago

- ✗ Describes obesity first 'obese people'
- ✗ Uses unpleasant descriptive words 'fat'
- ✗ Uses a stigmatising image

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Header Images: World Obesity Federation

This resource has been developed by Food Active, a healthy weight programme of work delivered by the Health Equalities Group. March 2021.

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