Dispelling the myths

A guide for media and communications professionals

Shift.

Shifting the narrative on obesity
8 things to consider when reporting on obesity

As communicators and informers, you have the power and agency to play a **positive role** in fostering better public perceptions of obesity. Here’s how to shift the narrative in a positive direction...

**Balance the messaging**
Recognise the complexity of obesity causes and solutions. Take the opportunity to acknowledge that obesity is a complex condition influenced by many factors outside of an individual’s control.

**Stop the ‘blame game’**
There is no quick fix to overweight and obesity. Avoid framing stories that place the solutions solely within an individual’s responsibility and perpetuate the personal failure narrative.

**Use person-first language**
Put people before the condition. For example, say “people with obesity” or “people who are overweight” rather than “overweight or obese people”.

**Use neutral and scientific words**
Colloquial or combative language e.g. “fatter” or “war against obesity” can be stigmatising. Choose words that are neutral or scientific terms e.g. “Body Mass Index”, “body weight” and “health priority”.

**Choose respectful images**
Treat people with obesity with dignity and respect. Consider images that portray our diverse, multicultural society, rather than images of isolated large bodies.

**Picture the environments**
Obesity stories don’t always need to feature images of people. Diverse imagery can help tell the full story of obesity causes and solutions e.g. supermarkets, food marketing and public green spaces.

**Break the stereotypes**
People with obesity are often stereotyped as lazy, uneducated or lacking will-power. Consider imagery that breaks down these stereotypes.

**Promote help-seeking**
Provide an invitation at the end of each story that directs people to options for support if they want to make behaviour changes or have concerns about their health.
Almost everyone has conscious or unconscious biases that stigmatise people with obesity. Weight stigma (including weight bias or weight discrimination) is a pervasive problem and commonly internalised by those who experience it.\(^1\)\(^2\)\(^3\)

The majority of Western Australians have a higher body weight; two in three adults are overweight or obese. Yet the truth is we still find this common condition difficult to talk about.

We need to change how we talk about weight to reduce the stigma and shame experienced by people with obesity. Choice of language, messaging and imagery can help start a respectful conversation about weight and health.\(^4\)\(^5\)

We can all help frame the conversation, and media professionals play an important role in shaping opinions about obesity.\(^6\) Reporting on overweight and obesity often focuses on individual responsibility and choice. This narrative perpetuates weight stigma and bias.\(^6\)\(^7\)

The environmental and societal causes of obesity are rarely mentioned, fuelling the personal failure and blame narrative.\(^4\)\(^5\)

This guide aims to support media and communications professionals to work in a non-stigmatising manner when reporting on body weight, size or obesity. It does not intend to censor, but rather provide guidance on how to start the conversation well, challenge the stigma, and ultimately help improve the lives of people with obesity.\(^8\)

I’ve noticed an incredible increase in the amount of time that the media spend reporting on the obesity epidemic or the war on obesity. I just think it is appalling that it is being called a war. I feel like an enemy. I feel like an enemy of society.\(^21\)
Part One

Dispelling the myths

The facts: overweight & obesity in WA
Weight bias & stigma
Impacts of weight stigma
The facts: overweight and obesity in Western Australia

Obesity is a chronic relapsing condition that impairs health.\(^{[8,9]}\) Over 70 per cent of Western Australian adults and 25 per cent of children have a body mass index classified as overweight or obese.\(^{[10]}\) By 2025 it is projected that 17 million Australians will be living with overweight or obesity.\(^{[11]}\)

The causes and solutions to obesity are complex. More than 100 different factors contribute to the development of obesity, most of these are outside a person’s control.\(^{[12]}\) Whilst obesity is a key risk factor for chronic disease, it is also important to recognise that not every individual with a higher body weight has health issues or lives an unhealthy life.

Assessing health risk

Excessive body fat (adiposity) produces biological changes which can increase the risk of 22 different chronic diseases and early death.\(^{[9,10]}\)

Body Mass Index (BMI) is a useful indicator for assessing health risk and monitoring obesity trends at a population level.\(^{[9]}\) At an individual level, routine assessment of BMI is a valuable part of general health checks that include measurements such as blood pressure.\(^{[9]}\)

In adults, BMI is a weight-for-height index for obesity classification, used to gauge the risk for associated chronic diseases. Waist circumference, a good indicator of total body fat, helps refine risk assessment.\(^{[9]}\)

In young children, regular measurements enable health professionals to identify if BMI-for-age is accelerating at a faster than expected rate, which is an indicator of increased risk for obesity and health impacts in the future.

BMI is a valuable screening tool to support prevention and early intervention efforts for improving health, despite having some limitations.

### The complexity of overweight and obesity

More than 100 different factors contribute to the development of obesity. Most of these are outside a person’s control.

### Contributing factors

<table>
<thead>
<tr>
<th>Social &amp; Environment</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Obesity is associated with an increased risk of:</td>
</tr>
<tr>
<td>Food environment</td>
<td>• Presenteeism</td>
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<tr>
<td>Safety</td>
<td>• Absenteeism</td>
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<tr>
<td>Income</td>
<td>• Disability</td>
</tr>
<tr>
<td>Physical environment</td>
<td>• Premature Death</td>
</tr>
<tr>
<td>Education</td>
<td>Potential impairment to social relationships, employment and ability to participate fully in society</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Social &amp; Community</th>
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<tbody>
<tr>
<td>Sense of belonging</td>
<td>Increased risk of developing:</td>
</tr>
<tr>
<td>Cultural practices</td>
<td>• Diabetes</td>
</tr>
<tr>
<td>Stigma</td>
<td>• Chronic Kidney Disease</td>
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<tr>
<td>Support networks</td>
<td>• Osteoarthritis</td>
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<tr>
<td>Social norms</td>
<td>• Stroke</td>
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<tr>
<td>Community participation</td>
<td>• Depression and Anxiety</td>
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<tr>
<th>Individual Health</th>
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<tbody>
<tr>
<td>Diet</td>
<td>Cancer</td>
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<tr>
<td>Genetics &amp; hormones</td>
<td>Cardiovascular Disease</td>
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<tr>
<td>Disability</td>
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<td>Mental health</td>
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<tr>
<td>Physical activity</td>
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<td>Health literacy</td>
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<tr>
<th>Healthcare</th>
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<tbody>
<tr>
<td>Access</td>
<td>Estimated increase in obesity related health care costs between 2011 and 2021</td>
</tr>
<tr>
<td>Equity</td>
<td>103%</td>
</tr>
<tr>
<td>Country vs. Metro</td>
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<tr>
<td>Cost</td>
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</table>

### Table: Risk of chronic disease

<table>
<thead>
<tr>
<th>Adult BMI (kg/m²)</th>
<th>Waist circumference (cm)</th>
<th>Risk of chronic disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0 – 29.9</td>
<td>94-102</td>
<td>Increased risk</td>
</tr>
<tr>
<td>(Overweight)</td>
<td>&gt;102</td>
<td>High risk</td>
</tr>
<tr>
<td></td>
<td>80-88</td>
<td></td>
</tr>
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<td></td>
<td>&gt;88</td>
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</tr>
<tr>
<td>≥30.0</td>
<td>94-102</td>
<td>High risk</td>
</tr>
<tr>
<td>(Obesity I, II, III)</td>
<td>&gt;102</td>
<td>Very high risk</td>
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<td></td>
<td>80-88</td>
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<td></td>
<td>&gt;88</td>
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Adapted from SIGN, Management of obesity - A national clinical guideline (Table 3); 2010.
For many individuals, weight stigma has an ongoing impact on their life and is an important social determinant of health. Weight stigma may not always be obvious, but the evidence of its negative impacts on health and wellbeing is clear.

What weight stigma looks like:
- Weight stigma is pervasive and global, occurring across multiple areas of society e.g. workplaces, schools, healthcare, families and media.\(^\text{1,15}\)
- Research suggests that weight stigma is an almost daily experience for people of a higher body weight.\(^\text{16}\) The prevalence of weight bias is higher among women, younger adults and those with higher BMI.\(^\text{1,17}\)
- Weight stigma can be obvious e.g. negative attitudes, judgemental comments, public ridicule; or subtle e.g. body language, negative stereotypes, lack of employment opportunities, and physical barriers such as chair size.\(^\text{1,16}\)
- People who are overweight or have obesity are often pre-judged to be lazy, weak-willed, lacking intelligence, unsuccessful and non-compliant with health advice.\(^\text{4,16}\)
- Weight-based bullying is the most common form of harassment experienced and reported by children and adolescents.\(^\text{19}\) Those with larger body sizes are also more likely to experience victimisation and social isolation.\(^\text{5,19}\)

People of a higher body weight:
- More frequently report being treated with less respect or courtesy in public and receiving poorer treatment in healthcare settings.\(^\text{17,20}\)
- Are at least 3 times more likely to remain obese if they experience weight stigma.\(^\text{20}\)

I get very frustrated because you do telephone interviews and you come across very well and then when they see you they are full of discrimination...You face more discrimination by being overweight.\(^\text{3}\)

Weight bias
- Defined as negative attitudes towards, and beliefs about others because of their weight.\(^\text{14}\)
- Internalised weight bias is defined as holding negative beliefs about oneself due to weight or size.\(^\text{14}\)
- Can lead to weight stigma.

Weight stigma
- Defined as “the social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape.”\(^\text{26}\)
- Involves discriminatory actions against people with obesity that can lead to exclusion or inequities.\(^\text{14}\)
**Impacts of weight stigma**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative behaviour changes</strong></td>
<td>Stigma experience has been linked with exercise-avoidance and binge eating behaviours, contributing to poor metabolic health and further weight gain. Contrary to popular belief, messages which imply personal blame for excess weight do not motivate people to make healthy behaviour changes or seek support.</td>
</tr>
<tr>
<td><strong>Greater psychological distress</strong></td>
<td>Independent of BMI, weight-based discrimination has been associated with depressive symptoms, higher levels of anxiety, loneliness and frustration, lower self-esteem, body dissatisfaction and increased suicidal ideation.</td>
</tr>
<tr>
<td><strong>Increased risk of mental ill-health</strong></td>
<td>People who have experienced weight discrimination are 2.5 times more likely to experience a mood or anxiety disorder, independent of standard mental illness risk factors and BMI.</td>
</tr>
<tr>
<td><strong>Youth health</strong></td>
<td>Children and adolescents who experience weight-based bullying are more vulnerable to psychological distress e.g. depression, substance abuse, disordered eating, exercise-avoidance, low self-esteem, poor academic performance and social isolation. Experiencing weight stigma in adolescence has been shown to predict a higher BMI and obesity in adulthood.</td>
</tr>
<tr>
<td><strong>Increased physiological stress</strong></td>
<td>Experiencing weight discrimination is linked with higher levels of inflammatory markers associated with chronic stress.</td>
</tr>
<tr>
<td><strong>Internalised stigma</strong></td>
<td>Weight stigma is often internalised, that is, people believe the negative stereotypes to be true about them, contributing to worse mental and physical health over time.</td>
</tr>
<tr>
<td><strong>Residual stigma</strong></td>
<td>The impact of stigma can be enduring, that is, it is still experienced in people who were formerly overweight, contributing to worse mental and physical health over time.</td>
</tr>
<tr>
<td><strong>Increased obesity risk</strong></td>
<td>Weight discrimination is associated with an increased risk of weight gain over time. People without obesity who experienced weight discrimination were 2.5 times more likely to become obese four years later than those who did not report weight discrimination.</td>
</tr>
<tr>
<td><strong>Increased mortality risk</strong></td>
<td>People who reported experiencing weight discrimination had a 60 per cent increased risk of dying, independent of BMI. This reported association was as strong as other established risk factors, such as smoking history and disease burden, likely related to the negative physical and mental health impacts of weight stigma.</td>
</tr>
</tbody>
</table>
Part Two

Communicating about obesity

Framing and messaging ➔
Language ➔
Imagery ➔
Providing help-seeking information ➔
Spokespersons ➔
Framing and messaging

Obesity is not simple or solely within a person’s control. To avoid weight stigma it is important to address the misconceptions about the causes of obesity.\(^{(30)}\)

People with obesity are often stereotyped as individuals who over-eat, are lazy, uneducated, less attractive or lack self-discipline.\(^{(3,7,8)}\)

But the scientific evidence highlights that more than 100 different factors – such as genetics, neighbourhood environments, childhood trauma and some medicines – can potentially contribute to obesity or undermine people’s efforts to stay healthy.\(^{(12,31)}\)

**Make the shift:**
- Recognise that the causes of and solutions to obesity are complex.
- Shift attention away from individuals by focusing on the external barriers and enablers to health.
- Include real experiences of people managing their weight by contacting Health Consumers’ Council.

They (in news reporting) talk about fat people like they’re not there or that they’re not one of their readers. There are all these fat people out there, be careful you might run into one.\(^{(21)}\)

### Consider how obesity is framed and portrayed:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Problematic</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unbalanced, biased or simplified coverage of obesity.</td>
<td>Single-narrative stories with an overemphasis on individual responsibility, choices and actions. Assumes that obesity is caused and solved by personal behaviour change alone. “Eat healthier to combat obesity.”</td>
<td>Messaging that frames obesity as a complex chronic condition influenced by many factors. Focus on external drivers of obesity e.g. highlighting greedy behaviours of the processed food industry. Include people’s experiences of living with obesity, if appropriate, which can help dispel misconceptions.</td>
</tr>
<tr>
<td>Problem-focused messaging around addressing obesity. “crack down” “banning” “restricting”</td>
<td>Solution-focused messaging e.g. “kids can now play sports free from the influence of unhealthy food marketing.” If it is necessary to talk about individual behaviours, ensure other external enablers of health are also mentioned e.g. creating safer neighbourhoods.</td>
<td></td>
</tr>
<tr>
<td>Overemphasis on weight for health.</td>
<td>Assumes weight loss is the primary goal of people. Implies weight loss alone is the epitome of a healthy life.</td>
<td>Focus on the variety of health benefits independent of weight loss as the primary motivator for behaviour change e.g. mental wellbeing, managing stress, social connectedness, improved clinical outcomes.</td>
</tr>
</tbody>
</table>
The language used when communicating about obesity can play a big role in shifting the focus away from stereotypes, myths and stigma. Consider how language used will be interpreted by the intended audience. Language preferences vary between individual, cultures and contexts. If communicating about an individual’s experience of living with obesity, consider asking them about their personal preference on terms to use before discussing body weight.\(^{32-34}\)

### Make the shift:
- Create new standards when talking about obesity by using person-first language and neutral or scientific terms.
- Using positive language or tone can help tell the story that change is not only necessary, but possible and within reach.\(^{37}\)

#### The following messages can be woven into media responses to contextualise obesity:

- Obesity is a common condition driven by a complex mix of factors, including genetic, social, environmental and cultural.
- Individuals are not at fault for the growing global rates of obesity.
- People with obesity aren’t lacking in willpower or self-discipline. More than 100 different factors contribute to the development of obesity and many are outside a person’s control.
- Weight stigma is a pervasive problem across many areas of society that has significant mental and physical health impacts on those that experience it.
- There is no single or simple solution to obesity. We all have a role to play in changing the narrative that places blame solely on individuals for having excess weight.
- Weight loss is complex too. No one program or plan will work for everyone; it’s okay to try different options and seek support if needed.
- Healthy behaviours have significant benefits independent of weight loss, such as improved social connection and mental health.

### Consider the language you use around obesity:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Problematic</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labelling a person by their weight.</td>
<td>“Obese or overweight people”</td>
<td>People-first language e.g. “People with obesity” “People who are overweight” “People living with obesity”</td>
</tr>
<tr>
<td>Language or tone that implies judgement of people with larger bodies.</td>
<td>“Fat people” “Lazy” “Morbidly obese” “Suffering from obesity”</td>
<td>Neutral or scientific descriptive terms e.g. “Body weight”, “Larger bodies”, “Body size”, “Body Mass Index”</td>
</tr>
<tr>
<td>Combative language that sensationalises obesity.</td>
<td>“War on obesity” “Fight against obesity” “Obesity crisis”</td>
<td>Emphasise the influence of external factors e.g. “Aggressive advertising keeps junk food in the spotlight” “Storm the tide of unhealthy food options flooding our streets”(^{37})</td>
</tr>
<tr>
<td>Language that implies individual blame or single solutions.</td>
<td>Individual focus: “Better choices” “Lifestyle changes” “Common sense” “Poor people”</td>
<td>Society focus e.g. “Obesity is a complex issue that affects all of us” “Communities are bombarded with unhealthy food advertising” “Low-income neighbourhoods”(^{37})</td>
</tr>
<tr>
<td>Language that portrays public health efforts in a negative light.</td>
<td>“Policing” “Banned” “Restrictions” “Nanny state”</td>
<td>Normalise the support not the struggle: “Promoting healthy neighbourhoods” “…supporting West Australians to achieve optimal health” “…opportunities to thrive”</td>
</tr>
</tbody>
</table>
Images are integral to grabbing a reader’s attention, but they can often stigmatise people who are overweight or obese. Only using images of people with severe obesity may also undermine the impact of messages about the health risks of being overweight, among those who the message aims to reach.

People living with obesity want to see people with larger bodies present in the media more generally, included in diverse stories and other topics, not just about obesity.

Make the shift:
- Maintain dignity and respect. Avoid headless images and negative stereotypes of people with larger bodies.
- Acknowledge diversity in WA. Show people of diverse body sizes, ethnicities, genders and ages.
- Reflect the multiple causes and solutions for obesity, external to the individual.
- Explore opportunities to add photographs of environments that support health.

Free photo libraries of non-stigmatising images
- Weight Issues Network
- Rudd Center for Food Policy & Obesity
- Obesity Canada Image Bank
- World Obesity Federation Image Bank
- Obesity UK - The Truth From Within Project
- WA Health Communications Photo Library (see ‘Healthy Lifestyles – Outdoors’)

Making the shift through imagery:

<table>
<thead>
<tr>
<th>Stigmatising, single-narrative imagery</th>
<th>Non-stigmatising, balanced imagery</th>
<th>Examples of images to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Image emphasises or isolates a body part e.g. abdomen, buttocks.</td>
<td>People with higher BMI engaging in daily activities.</td>
<td>Source: istockphoto.com</td>
</tr>
<tr>
<td>Image implies or reinforces negative stereotypes e.g. lazy, dishevelled, over-eaters.</td>
<td>People with higher BMI engaged in health-promoting behaviours.</td>
<td>Source: istockphoto.com</td>
</tr>
<tr>
<td>Headless images or photos taken at an unflattering angle.</td>
<td>People with higher BMI depicted in different careers, appropriate-fitting clothing and well-kept appearance.</td>
<td>Source: istockphoto.com</td>
</tr>
<tr>
<td>Images that portray a single child in a negative light.</td>
<td>Children of different body sizes, ethnicity and gender playing together. Families.</td>
<td>Source: UConn Rudd Center for Food Policy &amp; Obesity</td>
</tr>
<tr>
<td>Images only focusing on what people are doing wrong e.g. eating fast food.</td>
<td>Images relating to external drivers of obesity e.g. fast food advertising, traffic congestion.</td>
<td>Source: Ethical Marketing News</td>
</tr>
<tr>
<td>Lack of health-promoting images used.</td>
<td>Images relating to external enablers of health e.g. green spaces, playgrounds, public transport.</td>
<td>Source: Obesity Canada</td>
</tr>
<tr>
<td>Images only featuring people who have a higher BMI.</td>
<td>Group photos of a diverse range of people (i.e. ethnicity, age, gender, and body size).</td>
<td>Source: istockphoto.com</td>
</tr>
</tbody>
</table>
Provide help-seeking information

It is essential that information about support services is included in all content that explores, discusses, portrays or reports on obesity and/or weight stigma. Including links to relevant information and services can assist individuals who want support to make positive changes for their health, whether or not weight loss is a goal. Maintaining and losing weight is also complex. If weight loss is a goal, people may need ongoing support to try different things to find out what works for them. (3)

Make the shift:
- At the end of each story, direct readers to local sources of health information and support.
- Provide an invitation that encourages people to talk to their GP, other health professionals, trusted friends or family. For example, “If you are looking for support to achieve your health goals, speak with your GP or a dietitian / see links below.”

Offer further information and resources:

### General health & wellbeing

<table>
<thead>
<tr>
<th>INFORMATION &amp; RESOURCES</th>
<th>PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td>Aboriginal health services – Perth</td>
</tr>
<tr>
<td>Guy’s &amp; St Thomas’ Charity</td>
<td>Better Health Program (for children)</td>
</tr>
<tr>
<td>Health first: talking about childhood obesity</td>
<td></td>
</tr>
<tr>
<td>Holland Bloorview Kids Rehabilitation Hospital</td>
<td>Food Sensations® Programs (for adults/parents)</td>
</tr>
<tr>
<td>Weight related conversations casebook</td>
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<tr>
<td>Rudd ‘Roots Parents’ Weight bias and bullying</td>
<td>Let’s Prevent (regional WA)</td>
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<tr>
<td>Raising Children Network</td>
<td>Healthier Workplace WA</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>Heart Foundation walking groups</td>
</tr>
<tr>
<td>Dietitians Australia</td>
<td>My Healthy Balance</td>
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<tr>
<td>Health at Every Size Australia</td>
<td>The HEAL™ Program</td>
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<tr>
<td>Healthdirect 1800 022 222</td>
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<tr>
<td>Healthy WA</td>
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<tr>
<td>LiveLighter</td>
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<tr>
<td>No Money No Time Healthy Eating Quiz</td>
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### Mental health

<table>
<thead>
<tr>
<th>HELPLINES</th>
<th>RESOURCES</th>
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<tbody>
<tr>
<td>Beyond Blue on 1300 224 636</td>
<td>Australian Indigenous HealthInfoNet</td>
</tr>
<tr>
<td>Headspace on 1800 650 890</td>
<td>Embrace Multicultural Mental Health</td>
</tr>
<tr>
<td>Kids Helpline on 1800 551 800</td>
<td>Health Consumers’ Council</td>
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<tr>
<td>Lifeline on 13 11 14</td>
<td>QLife on 1800 184 527</td>
</tr>
<tr>
<td>MensLine Australia on 1300 789 978</td>
<td>The Butterfly Foundation on 1800 33 4673</td>
</tr>
<tr>
<td>Suicide Call Back Service on 1300 659 467</td>
<td>WellMob</td>
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</tbody>
</table>

No one program or plan will work for everyone, so encouraging people to try different options can help.
Spokespersons

In addition to WA Health internal spokespersons, the following people can be contacted if external input is sought on the complexity of obesity.

**Professor Amanda Salis**
Having personally struggled with binge eating and excess weight (and having now lost 28 kilos and kept it off for over 20 years), Amanda is passionate about research to help more people safely attain and maintain an optimum body weight and composition. Amanda leads a research team at UWA, whose randomised controlled trials focus on dietary obesity treatments using severe energy restriction, either continuously or intermittently applied.

**Areas of expertise**
Lived experience of overweight and obesity, obesity treatments, research, media training, non-stigmatising communications

**Contact details**
08 6488 1384 or 0407 844 746 amanda.salis@uwa.edu.au

**Dr Amelia Harray**
Amelia is an Accredited Practising Dietitian and Research Fellow at Telethon Kids Institute, with experience in research, clinical dietetics, public health nutrition and policy. She has extensive experience communicating complex nutrition concepts clearly via interviews for national and state television, live talkback radio, prints and online media.

**Areas of expertise**
Childhood overweight and obesity, nutrition and dietetics, research, diabetes.

**Contact details**
Amy Birch
Media and Content Manager, 08 6319 1671 or 0437 575 875 amy.birch@telethonkids.org.au

**Associate Professor Christina Pollard**
Christina is a public health dietitian and the Director of the Public Health Advocacy Institute of Western Australia. With over 30 years of government experience, Christina has developed policy, interventions and research to improve nutrition and physical activity. Best known for developing the Gofor2&5® and Find 30® social marketing campaigns, Christina is committed to advocating for those rendered vulnerable to poor health and food insecurity due to their social or economic circumstance.

**Areas of expertise**
Public health nutrition, food insecurity, obesity, policy and research, social marketing campaigns.

**Contact details**
Lucien Wilkinson
Media Consultant
08 9266 9185 or 0401 103 683 lucien.wilkinson@curtin.edu.au

**Professor Deborah Kerr**
Deborah is an Accredited Practising Dietitian and a Professor of Nutrition and Dietetics in the School of Public Health at Curtin University. Deborah leads highly innovative interdisciplinary nutrition and physical activity randomised controlled trials. Her recent interventions have involved novel tailored feedback interventions using new technologies for assessing diet and activity in young adults and people living with obesity.

**Areas of expertise**
Body composition and anthropometry, digital health technology, dietary assessment, nutrition and physical activity interventions.

**Contact details**
Lucien Wilkinson
Media Consultant
08 9266 9185 or 0401 103 683 lucien.wilkinson@curtin.edu.au

**Adjunct Professor Trevor Shilton**
Trevor is National Director Active Living at the National Heart Foundation of Australia. He has over 30 years experience in health promotion practice, research and policy development (national and international). Trevor is passionate about advocacy, chronic disease prevention, physical activity and obesity. He has directed major community-wide initiatives, such as physical activity social marketing campaigns, as well as state-wide and national initiatives in workplace and school health.

**Areas of expertise**
Environmental determinants of obesity, advocacy, policy, equity, physical activity, social marketing.

**Contact details**
Siobhan McMahon
Media Manager
0478 313 656 siobhan.mcmahon@heartfoundation.org.au

**Dr Susan Byrne**
Susan is a Clinical Psychologist and senior academic at the School of Psychological Science, UWA. With over 25 years of research and clinical practice in the field of eating disorders, Susan leads international and national research projects which aim to identify the causes of, and new treatments for, the whole range of eating and weight disorders. Susan is Clinical Director of the Swan Centre in Perth, which provides specialist treatment for eating, weight and body image problems in children, adolescents and adults.

**Areas of expertise**
Eating and weight disorders, body image, clinical psychology, research.

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Lucien Wilkinson
Media Consultant
08 9266 9185 or 0401 103 683 lucien.wilkinson@curtin.edu.au

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**Contact details**
sue.byrne@uwa.edu.au
Part Three

Putting it into practice
Use neutral and scientific words. Make the shift: "Obesity findings highlight harm"

Balance the messaging. Make the shift: "high body mass index for age

Promote help-seeking. Make the shift: "Parents who are concerned about their child’s health or body weight are encouraged to seek help from their doctor."

Stop the ‘blame game’. Make the shift: "...individuals are not at fault for rising obesity rates so actions like increased taxes on ultra-processed food and making community sport more accessible could help..."

“I’ve been working in this area for a decade and the focus on individual change has had no impact.”

“...are calling for a number of government actions to stop childhood obesity, such as...”

Promote help-seeking. Better to use this space to provide support options for parents/families.

Putting it into practice:

Example 1

**Only 11 & at artery risk**

**Shock kid obesity findings**

**Exclusive**

Children who are obese or overweight as toddlers are showing signs of cardiovascular disease from as young as 11 years old, according to research published in the Medical Journal of Australia. A landmark 10-year study found Australian toddlers who had a high body mass index when they were 2 had twice the risk of developing cardiovascular disease compared to a healthy weight.

The findings of the study have led to a surge in research and government action to stop childhood obesity.

Many already showed evidence of higher blood pressure and increased risk of developing metabolic syndrome in childhood, and are an indicator of a high risk of developing metabolic syndrome in later life.

"Obesity is a complex public health issue. Australia’s increasing obesity rate is driven by a mix of over 100 factors, including social and environmental." Use neutral and scientific words. Make the shift: "Avoid using stigmatising words such as ‘fatter’.”

"One in four children is classified as too heavy for their age and this study highlights the impact this could have on their health.”

Balance the messaging. Make the shift: "... childhood obesity was a complex public health issue.”

Putting it into practice:

Example 2

**One in five preschoolers now obese**

**Australia’s obesity crisis**

Australia’s obesity crisis has hit preschoolers with one in five to two preschoolers classified as overweight or obese, according to a new report. It shows that childhood obesity is a complex public health issue.

"Obesity is impacting the health of more Australian preschoolers, with one in five...” Use neutral and scientific words. Make the shift: "...individuals are not at fault for rising obesity rates so actions like increased taxes on ultra-processed food and making community sport more accessible could help..."

“I’ve been working in this area for a decade and the focus on individual change has had no impact.”

“One in four children is classified as too heavy for their age and this study highlights the impact this could have on their health.”

Balance the messaging. Make the shift: "... childhood obesity was a complex public health issue.”

Promote help-seeking. Better to use this space to provide support options for parents/families.
Putting it into practice:

Example 3

Stop the ‘blame game’.

**Make the shift:**
Order of article can frame the complex nature of obesity first, what is being done to curb external drivers, then the support being provided for behaviour changes.

Use neutral and scientific language.

**Make the shift:**
Portraying public health efforts in a positive light can influence public support and amenability. “The new government initiatives will address several factors that drive obesity such as junk food advertisements, price promotions and high caloric foods.”

Balance the messaging.

**Make the shift:**
Highlight that obesity is a complex health condition. “The Better Health campaign will support positive individual and environmental changes to address obesity.”

Promote help-seeking.

**Make the shift:**
Including what support he had could encourage others to seek help. “...I have been steadily building up my fitness with support from...”

Add in help-seeking information at the end of the article.

Use neutral and scientific words.

**Make the shift:**
“Mr Johnson said Britain had higher rates of obesity than most European counterparts and his Government would be taking urgent action to address obesity.”

Use data graph to illustrate population rate, or an image and caption related to an external driver of obesity.

Choose respectful images.

**Make the shift:**
Use a data graph to illustrate population rate, or an image and caption related to an external driver of obesity.

Picture the environments.

**Make the shift:**
Highlight that obesity is a complex health condition. “The Better Health campaign will support positive individual and environmental changes to address obesity.”

Highlight that obesity is a complex health condition.

**Make the shift:**
“...the Better Health campaign will support positive individual and environmental changes to address obesity.”

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Picture the environments.
Challenging and changing widespread, deep-rooted beliefs, longstanding preconceptions and prevailing mindsets requires a new public narrative of obesity that is coherent with modern scientific knowledge.(2)
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East Metropolitan Health Service
10 Murray Street PERTH WA 6000
GPO Box X2213 PERTH WA 6847
www.emhs.health.wa.gov.au

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By 2025 it is projected that 17 million Australians will be living with overweight or obesity. We need to change how we talk about weight to reduce the stigma and shame experienced by people with obesity.

We need to shift.