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All-Party  
Parliamentary  
Group on  
Obesity

# UK Parliamentary Guidelines: Positive Communication About Obesity

These guidelines have been produced by Dr Stuart W. Flint of the University of Leeds, Scaled Insights and Obesity UK. These guidelines have been reviewed by the APPG on Obesity and supported by the secretariat of the APPG on Obesity. The secretariat of the APPG on Obesity is funded by financial support provided by Novo Nordisk, Medtronic and Johnson & Johnson. These companies have had no influence over the content.

## Forewords

### All-Party Parliamentary Group on Obesity

The All-Party Parliamentary Group (APPG) exists to call on the Government to improve the prevention and treatment of obesity.

I was delighted to become the Chair of this Group following the 2019 General Election. But even before then, it was clear when I attended meetings of the Group that weight stigma was a common theme, which ties the many different aspects of obesity and weight management together.

If we are going to improve the prevention and treatment of obesity, we simply have to eliminate the stigma associated with it. We need effective prevention through a whole-systems approach which allocates resources to where they are most likely to succeed in preventing obesity. And we need services to be available to treat people who develop the condition, and to prevent secondary illnesses. Stigma acts as a barrier to all of this.

These guidelines will help Parliamentarians to have more open and productive conversations about obesity. They will help us to feel more confident speaking about obesity in public and with constituents, without causing unintended harm to people with the condition. And they will help us to all change the way we think about obesity to remove damaging stereotypes, which can often hold people with obesity back from living fulfilling lives.

I would like to thank Dr Stuart Flint for his work in writing these guidelines, which the APPG on Obesity is pleased to endorse. I encourage all colleagues to support these guidelines and the work of the APPG.



*Mary Glendon MP,  
Chair, All-Party Parliamentary Group on Obesity*

## Obesity UK

At Obesity UK, our priority is ensuring people with obesity are supported and empowered to lead happy and fulfilling lives.

Unfortunately, we know many people with obesity face stigma and discrimination every day. As a person with obesity, I understand how damaging this can be. This stems largely from a misunderstanding of the complex and multi-faceted causes of obesity, which fuels inaccurate media coverage, offensive public conversations and the propagation of damaging stereotypes.

The prevailing presumption obesity is the fault of the individual, caused by poor self-control and irresponsible choices, does nothing but stifle debate and increase stigmatisation. Consequently, obesity is either dismissed as something which can be easily remedied through diet and exercise, or it is avoided by those who feel they lack the subject knowledge to speak about it appropriately without causing offence. In both cases, it is people with obesity who suffer; their needs remaining unmet.

This is why these guidelines for parliamentarians are so important and why it is so encouraging they have been informed and endorsed by the cross-party membership of the All-Party Parliamentary Group (APPG) on Obesity. They will help to support parliamentarians to speak about obesity in a constructive and respectful way. They will help to ensure obesity is given the consideration it needs in public policy discussions. And they will ensure the voices of those of us with obesity are properly represented at the highest possible level, ultimately encouraging a better understanding of the support we need.

We are pleased to have been involved in the development of these guidelines and we are grateful for the invaluable insights provided by the APPG, which have undoubtedly helped shape this document. These guidelines are an important first step on the road to changing political discourse on obesity and I hope they will be used by politicians across the political spectrum.



*Sarah Le Brocq, Director, Obesity UK*



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## Introduction

The increasing prevalence of overweight and obesity, and the associated health conditions including diabetes, coronary heart disease, some cancers and depression, has led the UK and many countries across the world, identifying obesity as “a major public health concern”. Consequently, obesity has been included in many public health policies and campaigns aimed at prevention and treatment. However, evidence suggests that weight stigma, problematic framing of obesity, inaccurate information, and inappropriate language and terminology, for instance in public health policy and campaigns or when communicating health messages, can reduce their intended effectiveness and engagement.

Given the impact of weight stigma and discrimination, it is imperative that UK Government’s use of language and framing of obesity when communicating with the public encourages healthy behaviours, and in doing so, avoids unintentional weight bias and discrimination.

Weight stigma is reported by people of all ages and backgrounds in the UK, and across the world.<sup>1-2</sup> Weight stigma and discrimination is evidenced across a range of settings including, but not limited to, schools,<sup>3-4</sup> workplaces,<sup>5-6</sup> exercise environments<sup>7-8</sup> and in healthcare.<sup>9-10</sup>

A range of sources contribute to weight stigmatising attitudes and influence discriminatory behaviour. For example, media portrayal of obesity is often stigmatising, derogatory and discriminatory.<sup>11-14</sup> Current communication about obesity typically frame the causes and solutions solely within the responsibility of individuals and the result of moral failings (lack of willpower, etc.). Thus, the evidenced complexity of obesity<sup>15</sup> is rarely disseminated to the public and these simplistic and often stigmatising portrayals contribute to the formation and maintenance of stigmatising attitudes and beliefs. The public also receive messages that overweight and obesity is easily and rapidly changeable, which based on empirical evidence, is typically not the case.

Experiences of weight stigma and discrimination have physical and mental health impacts including, but not limited to depression, reduced self-esteem, and increased risk of self-harming.<sup>16-17</sup> There is also documented proof that demonstrates that these experiences lead to maladaptive responses such as avoidance of healthcare and unhealthy eating behaviour.<sup>18-19</sup> Thus, ending weight stigma and discrimination is warranted, and by doing so, this can encourage healthy behaviours. Leading from the



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front, the UK Government can and should be a trailblazer in communicating effectively about obesity and supporting efforts to reduce weight stigma and discrimination in the UK.

## Purpose

The aim of these guidelines is to support parliamentarians and policymakers to communicate and work in a non-stigmatising manner relating to body weight or size. When communicating about body weight of size, whether in reports, media interviews, social media posts or developing policy or campaigns, these guidelines will support parliamentarians to produce accurate information and without stigmatising and discriminatory material.

Ultimately, improving communication about obesity, by developing non-stigmatising and non-discriminatory policy, campaigns and reports will contribute to ending weight stigmatising attitudes and discriminatory behaviours that are currently pervasive in society today.

## How to communicate effectively and fairly

1. Where possible, use the neutral terms 'weight' or 'body weight', and for consistency with terminology used to describe weight in healthcare, use scientific descriptive terms, such as Body Mass Index.
2. Use person first language (i.e., put people before a characteristic of disability). For instance, rather than using "obese people like to...", try people first language "people with obesity like to...".
3. Take the opportunity to work with people with overweight and obesity when developing policy, campaigns, interventions, or communicating messages about obesity to the public. We should work **'with'** patients and public to ensure their voice is heard.<sup>20-21</sup> There are several obesity charities in the UK that can be consulted and would welcome collaborative opportunities to support Government work on obesity such as Obesity UK.<sup>22</sup>
4. Public health policy, campaigns, and other communication such as social media posts about obesity are often accompanied by stigmatising and derogatory images which contributes to



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and perpetuates weight stigma and discrimination. There are now a range of well stocked, free to use banks of non-stigmatising images, photographs or video clips that can be used when communicating or disseminating information about body weight. For a list of non-stigmatising image banks, please see the resources below.

5. The Government should take the lead in communicating accurate information about weight. Inaccurate information about weight, and the causes and consequences of obesity, contribute to inaccurate beliefs and stigmatising attitudes towards people with obesity.
6. Government communication about obesity should recognise the complexity of obesity: there are over 100 factors that contribute to the causes of obesity,<sup>15</sup> many of which are outside of a person's control. Despite the Government's Foresight report on obesity, which evidences the complexity of obesity over a decade ago, current communication continues to inform and present a distorted picture to the public that obesity is simple, is solely within a person's control and can be reduced easily and rapidly. Where appropriate, communication to the public should recognise the complex array of causes, that both controllable and uncontrollable, as well as the need to engage a wide range of organisations to support interventions.
7. Communication of efforts to reduce the rate of obesity should focus on supporting people to engage in health behaviours rather than weight loss. People are more likely to engage with interventions that are focused on health behaviours rather than explicitly reducing weight. Indeed, the most motivating and least stigmatising public health campaigns relating to obesity, are those focused on supporting people to engage in healthy behaviours without the mention of obesity.<sup>23</sup>
8. Weight stigma and discrimination is detrimental to prevention efforts. Where possible, take opportunities to promote weight equality and to condemn weight stigmatising attitudes and discriminatory behaviour. Weight stigma and discrimination is widespread and in many areas of society and is perceived to be acceptable. The Government has an opportunity to lead from the front in addressing the perception that weight stigma attitudes and behaviours are acceptable by using appropriate language and imagery in all communications.



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## What to avoid?

1. Humour or ridicule when communicating about body weight. This includes in interviews or other public facing activities. Weight-related humour, ridicule and bullying are used in many sources, which can have a detrimental effect on motivation and adherence to health behaviours, and reduced self-esteem, depression and anxiety.
2. Suggestions that a person's body weight implies negative assumptions about their character, intelligence, abilities, etc.
3. Stereotyping people based on body weight. There are a range of stereotypes about people with obesity such as laziness, gluttony, or lacking willpower and intelligence.
4. Inappropriate language or terminology when reporting on body weight or using terms such as 'obesity' or 'overweight' as adjectives. Inappropriate language or terminology can cause distress, and reduce receptiveness, motivation and adherence to public health policy and campaigns, including healthy behaviours.
5. Implying that all people with overweight and obesity have a desire to lose weight. Where weight loss is desired, recognise that no one form of method is appropriate for all and that people have different views and opinions. People who want to lose weight should be enabled to do so.
6. Combative language when referring to efforts to reduce the prevalence of overweight and obesity. For instance, 'the war on obesity' and 'fight against obesity' should not be used. Using combative language can lead to frustration, anger and defensiveness.
7. Blaming individuals, families and groups. People should be supported, not blamed. The complexity of obesity demonstrates that there are an array of factors that contribute to obesity which are both controllable and uncontrollable.



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## **Summary**

Weight stigma is complex and ingrained in our society. It is therefore imperative that sources within society, which influence attitudes and behaviours, understand their role and contribute to reversing weight stigma and discrimination. The Government sets the agenda and influences public health messaging, develops policy and campaigns, and are an authority that can contribute to the reduction of harmful weight stigma and discrimination experiences that directly and indirectly impacts health. It is envisaged that with the Government and Parliamentarians help and by using these guidelines when communicating about obesity and body weight, they can contribute to improved public perceptions of obesity and public engagement in obesity-related work.

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## Further information and resources

### *Non-stigmatising imagery*

1. World Obesity Federation: <http://www.imagebank.worldobesity.org/>
2. Canadian Obesity Network: <http://www.obesitynetwork.ca/images-bank>
3. University of Connecticut's Rudd Center: <http://www.uconnruddcenter.org/media-gallery>
4. Obesity Action Coalition: <https://www.obesityaction.org/get-educated/public-resources/oac-image-gallery/>
5. European Association for the Study of Obesity: <http://easo.org/media-portal/obesity-image-bank/>
6. IFB Adiposity Diseases centre: <http://www.ifb-adipositas.de/en/news-press/photos>

### *General information on weight stigma*

University of Connecticut's Rudd Center:

<http://www.uconnruddcenter.org/weight-bias-stigma>

[http://www.uconnruddcenter.org/files/Pdfs/Rudd\\_Policy\\_Brief\\_Weight\\_Bias.pdf](http://www.uconnruddcenter.org/files/Pdfs/Rudd_Policy_Brief_Weight_Bias.pdf)

World Health Organisation EU Region:

<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/publications/2017/weight-bias-and-obesity-stigma-considerations-for-the-who-european-region-2017>



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**Parliamentarian who have signed up to use these guidelines**

Name

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Signature

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Date

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