



A Roadmap for Addressing Weight Stigma in Public Health Research, Policy & Practice

An expert consensus statement developed using the Delphi Method

STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders

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A consensus-based statement developed using the Delphi Method

This roadmap was developed using the Delphi expert consensus method. A group of panelists (or experts) from diverse sectors within public health, divided into two groups based on professional backgrounds, completed a series of surveys. In these surveys, groups rated items (i.e., generally single-sentence ideas) about weight stigma to determine which should be included in this roadmap. Participants received a summary of each group's item ratings between survey rounds. Only the items with the highest consensus were included in the roadmap. The authors of this roadmap (the Delphi research team) drafted the list of items into prose, then invited participants to review.

By including only high-consensus items from a diverse group of experts, the roadmap provides widely endorsed ideas and actions that should be immediately implemented by public health professionals. Future work should continue to push the boundaries of what the field of public health can do to recognize and remove weight stigma and to heal the harms that it has caused.

For more information on the development of this roadmap please see: LM Hart, KB Ferreira, S Ambwani, EB Gibson, SB Austin. *Developing Expert Consensus on How to Address Weight Stigma in Public Health Research and Practice: A Delphi Study*. *Stigma Health*. 2021; 6(1): 79–89 ([Abstract](#)).

“Research is mounting showing the pernicious effects of weight stigma on health. As public health professionals, our responsibility is to root out the practices and systems that perpetuate weight stigma.”

–S. Bryn Austin, ScD, STRIPED Director

Sometimes called **weight bias**, weight stigma refers to negative weight-related attitudes and beliefs that can manifest as stereotypes, rejections, prejudice, and discrimination. Examples of this include weight-related teasing, public health messaging and imagery, bullying, harassment, ostracism, pressure to lose weight, or negative weight-related commentary. This roadmap provides recommendations for public health professionals to address weight stigma. It was developed via a consensus-building process called the Delphi method.

Terms:

- When we refer to **experts** in the statement below, we are referring to the professionals who self-identified as working in the fields of public health, eating disorders, fat activism, or obesity who participated in our study.
- Fat activism is a social movement focused on reducing weight bias and promoting fat acceptance. **Fat activists** work to identify and address weight bias and eliminate discrimination in legal, media, public health, and medical realms. Fat activists have reclaimed and embrace the use of the word “fat” as a neutral descriptor.
- We use the terms **obesity** and **obesity researchers** in this roadmap to refer to the field of obesity and the professionals who currently identify as working in that field.
- The term **people living in larger bodies** is used throughout the survey in place of “obese” or “fat.” It was selected as a neutral descriptor that may be helpful in promoting collaboration and inclusive communication across fields. This term was also rated by the experts as the most acceptable term for use in the roadmap.
- **Public health professionals** is the term used throughout the roadmap to refer to the wide variety of professionals who work in public health research, policy, or practice. These professionals may work in medical, academic, government, and community settings.

Weight stigma and weight discrimination are problems in the field of public health.

Public health, eating disorder, fat activist, and obesity experts in our study agreed that weight stigma is a critical social justice issue of our time. Some of the negative consequences of weight stigma include avoidance of healthcare, greater cardiovascular risks, and reduction in health-promoting behaviors.

Experts also agree that:

- weight loss is NOT the cure for weight stigma, and weight loss should NOT be recommended as a response to weight stigma.
- public health research or practice that increases weight stigma is causing harm.
- public health research and practice do not adequately address the negative consequences of weight stigma.
- anti-weight discrimination law on its own will be insufficient to combat weight stigma.

Ultimately, all public health professionals want the same thing: for everyone to be healthy. However, public health interventions that single out people in larger bodies contribute to weight stigma, and weight-loss focused interventions can cause harm and create shame. Experts agree that we need to disrupt the negative meanings that people attach to weight and body size (e.g., stigmatized beliefs about health, ability and moral character).

We need a new focus on health instead of on weight.

Experts in our study agreed that public health professionals should stop trying to “treat obesity” (i.e., encourage weight loss) and should instead encourage health behaviors. This means we should avoid narrowly focusing on weight and instead focus on health behaviors and well-being. For example, we should focus on increasing healthy eating habits for all people, irrespective of their weight. Focusing on health-enhancing behaviors rather than weight or weight loss has the potential to mitigate harm caused by weight-focused interventions. This shift is beneficial for both public health and people living in larger bodies.

Using Body Mass Index (BMI)

Efforts to improve population health need to move beyond BMI. With a new focus on health instead of on weight, public health professionals need to apply a critical lens when examining the use of BMI in research and interventions. For example, research investigating the link between BMI and health outcomes should take into account the independent effects of weight stigma. Public health researchers should also carefully consider the complexities and implications of measuring specific constructs related to size and weight (e.g., BMI, waist circumference, weight stigma, body dissatisfaction). It is important that public health professionals do not equate BMI and behavior (i.e., we should not make assumptions about one's health behaviors based on BMI).

We must change public health practice.

Public health professionals should be aware of and concerned about weight stigma and its consequences. Professionals working in public health or obesity should become educated about weight stigma and its effects by doing the following:

Understanding...

- how the presence of weight stigma across all domains and levels of public health is shaping our science (research questions, priorities, outcomes, and knowledge).
- how obesity research contributes to weight stigma.
- which stakeholder interests are represented on our teams and how these might affect research and implementation outcomes.
- how positive social and emotional support might mitigate the negative health effects of weight stigma.

Including...

- professionals living in larger bodies and the perspectives of people living in larger bodies in our work.
- diversity of body size/shape, race, ethnicity, gender, and appearance in any advertising or social media materials.
- the voices of those who may be affected by our research and interventions (e.g., children, parents, teachers, and people with lived experience) in design and implementation.
- people with experience of living in a larger body in our research and intervention design and implementation.
- a focus on weight-inclusive approaches to training public health professionals.
- research on weight stigma in public health training.
- corporations, industries, government, and health care as stakeholders in strategic science to maximize opportunities for change and to understand constraints.
- colleagues in obesity research in our conversations about mitigating weight stigma.

Advocating...

- for confronting weight stigma in all areas of public health, including at the highest levels of funding and governance.
- for research and practice to address what evidence shows to be the negative consequences of weight stigma (e.g., avoidance of healthcare, greater cardiovascular risks, reduction in health-promoting behaviors).
- for policy and funding agencies to investigate and mitigate weight stigma in their approaches.
- for additional support for children and adolescents who are growing into larger bodies because they may be more likely to experience weight stigma than their peers. for making the field of public health more inclusive toward professionals living in larger bodies.

How to avoid harm

We need to critically examine our work and monitor outcomes to ensure that we are not contributing to weight stigma. To avoid harm, we should:

- demand evidence of efficacy and safety before implementing interventions to improve health outcomes.
- consider the risk of contributing to weight stigma and eating disorders before launching a new public health campaign, intervention, or research initiative.
- monitor and evaluate unintended consequences related to weight stigma and eating disorder risk for all health-related interventions.
- monitor all existing nutrition, diet, physical activity, mental health, and health-screening interventions for unintended consequences related to weight stigma and eating disorder risk.
- monitor the use of experimental materials or communications involving body shape, size, or weight (e.g., images, BMI status notification) for iatrogenic harm.
- when designing public health interventions, ensure that spaces accommodate large bodies (e.g., appropriate seating).
- ensure any marketing materials include diversity of body size/shape, race, ethnicity, gender, and appearance.
- be careful in the use of educational materials involving body shape, size, or examples of weight stigma when providing presentations or lectures.
- seek input from or collaborate with people living in larger bodies.
- remember that weight-loss focused interventions can create shame in people living in larger bodies.

Although we know about the harmful effects of weight stigma and have some strategies to reduce it, there is still more to learn. There is still a great deal of research on weight stigma that needs to be done to improve our understanding of its effects and how to eliminate it. For example, public health researchers need to examine the effects of weight stigma in diverse populations, including groups affected by racism or ageism. Understanding the effects of multiple sources of stigma (e.g., weight, race, and age) will help us to design and implement effective interventions to reduce weight stigma.

Understanding weight stigma and eating disorders

Individuals living in larger bodies are at increased risk of disordered eating and clinical eating disorders. Experiencing weight stigma can exacerbate eating disorder symptoms and form barriers to early detection and access to care. When weight stigma is present in healthcare or research practices, this leads to negative outcomes for individuals across the weight spectrum seeking treatment for eating disorders. However, weight stigma should be avoided to avert the human cost and distress it causes, whether or not this prevents eating disorders.

Therefore, in addition to weight stigma, eating disorder risk should be considered before we launch any new public health campaign, intervention, or research initiative. For example, public health professionals should be mindful of how food labeling can increase risk for eating disorders.

Professionals working in obesity should coordinate efforts with eating disorder researchers to understand weight stigma and its effects. Professionals working in eating disorders should know that people of all sizes deserve appropriate treatment for eating disorders.

Addressing cultural weight stigma

Public health professionals should work to reduce cultural weight stigma to improve health outcomes for all people. We can do this by intervening at the macro-level (i.e., influencing beauty/fashion/food industries) for example by:

- working to tighten regulations around industries that profit from consumers having negative body image (e.g., the diet, food, media, advertising, and fashion industries).
- advocating for increasing size diversity in the fashion industry.
- leveraging corporate social responsibility to reduce weight stigma (e.g., by encouraging advertisers not to alter advertising images).
- demanding manufacturers make clothing equally available for larger and smaller bodies.

We can also do this by conducting research that examines strategies to effect change at the macro level to both prevent eating disorders and reduce weight stigma.

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