

# Shift.

A guide for media and communications professionals

Shifting the  
narrative  
on obesity



Department of Health  
East Metropolitan Health Service

# 8 things to consider when reporting on obesity

As communicators and informers, you have the power and agency to play an influential 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.

# It's time to **change** the way we talk about **obesity**

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.<sup>(1-3)</sup>

**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.<sup>(4,5)</sup>

**We can all help frame the conversation, and media professionals play an important role in shaping opinions about obesity.**<sup>(6)</sup>

Reporting on overweight and obesity often focuses on individual responsibility and choice. This narrative perpetuates weight stigma and bias.<sup>(6,7)</sup>

The environmental and societal causes of obesity are rarely mentioned, fuelling the personal failure and blame narrative.<sup>(4,5)</sup>

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.<sup>(8)</sup>

“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.”<sup>(21)</sup>



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.<sup>(8, 9)</sup>

Over 70 per cent of Western Australian adults and 25 per cent of children have a body mass index classified as overweight or obese.<sup>(10)</sup> By 2025 it is projected that 17 million Australians will be living with overweight or obesity.<sup>(11)</sup>

**The causes of 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.<sup>(12)</sup> 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.<sup>(9, 10)</sup>

Body Mass Index (BMI) is a useful indicator for assessing health risk and monitoring obesity trends at a population level.<sup>(9)</sup>

At an individual level, routine assessment of BMI is a valuable part of general health checks that include measurements such as blood pressure.<sup>(9)</sup>

**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.**<sup>(9)</sup>

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.

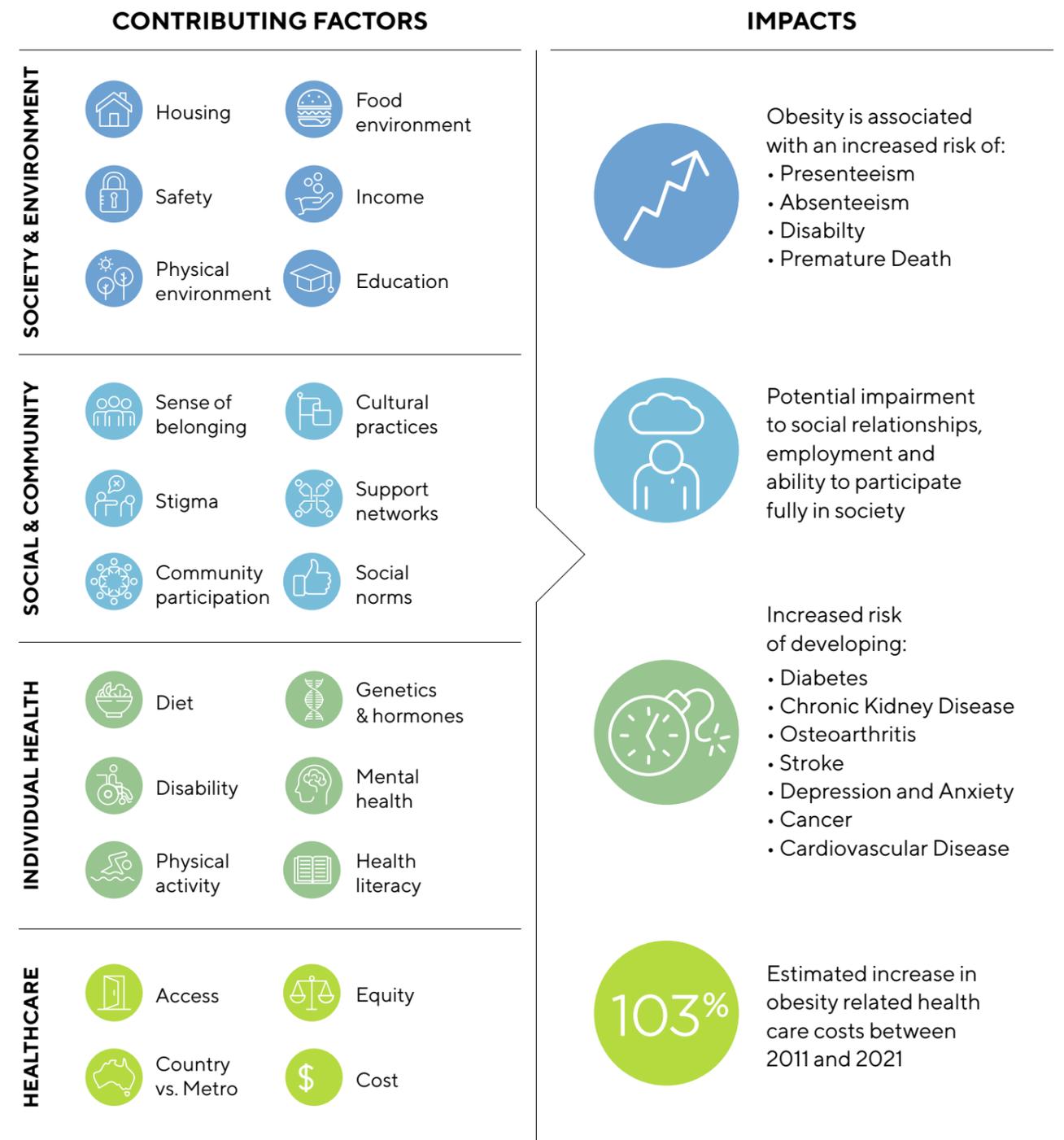
BMI is a valuable screening tool to support prevention and early intervention efforts for improving health, despite having some limitations.

Adult BMI (kg/m <sup>2</sup> )	Waist circumference (cm)		Risk of chronic disease
	Men	Women	
25.0 – 29.9 (Overweight)	94-102 >102	80-88 >88	Increased risk High risk
≥30.0 (Obesity I, II, III)	94-102 >102	80-88 >88	High risk Very high risk

Adapted from SIGN, Management of obesity – A national clinical guideline (Table 3); 2010.

## 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.**



Adapted from the WA Healthy Weight Action Plan 2019-2024, with permission from Health Networks Unit.

# Weight bias and stigma

For many individuals, weight stigma has an ongoing impact on their life and is an important social determinant of health.<sup>(13)</sup> 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.<sup>(6,15)</sup>
- Research suggests that weight stigma is an almost daily experience for people of a higher body weight.<sup>(16)</sup> The prevalence of weight bias is higher among women, younger adults and those with higher BMI.<sup>(5,17)</sup>
- 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.<sup>(1,16)</sup>
- 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.<sup>(4,18)</sup>
- Weight-based bullying is the most common form of harassment experienced and reported by children and adolescents.<sup>(19)</sup> Those with larger body sizes are also more likely to experience victimisation and social isolation.<sup>(5,19)</sup>

## 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.<sup>(17,20)</sup>
- Are at least 3 times more likely to remain obese if they experience weight stigma.<sup>(20)</sup>

“ 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.”<sup>(3)</sup>

## Weight bias

- Defined as negative attitudes towards, and beliefs about others because of their weight.<sup>(14)</sup>
- Internalised weight bias is defined as holding negative beliefs about oneself due to weight or size.<sup>(14)</sup>
- 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.”<sup>(26)</sup>
- Involves discriminatory actions against people with obesity that can lead to exclusion or inequities.<sup>(14)</sup>



# Impacts of weight stigma

“

Your mates pick on them and you join in, but you don't want to inside.<sup>(36)</sup>

## Negative behaviour changes

Stigma experience has been linked with exercise-avoidance and binge eating behaviours, contributing to poor metabolic health and further weight gain.<sup>(5,7,22)</sup> Contrary to popular belief, messages which imply personal blame for excess weight do not motivate people to make healthy behaviour changes or seek support.<sup>(1,7)</sup>

## Greater psychological distress

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.<sup>(2,3,23-25)</sup>

## Increased risk of mental ill-health

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.<sup>(13,21,26)</sup>

## Youth health

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.<sup>(19,20)</sup> Experiencing weight stigma in adolescence has been shown to predict a higher BMI and obesity in adulthood.<sup>(19)</sup>

## Increased physiological stress

Experiencing weight discrimination is linked with higher levels of inflammatory markers associated with chronic stress.<sup>(27,28)</sup>

## Internalised stigma

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.<sup>(2,13)</sup>

## Residual stigma

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.<sup>(19,29)</sup>

## Increased obesity risk

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.<sup>(20,26)</sup>

## Increased mortality risk

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.<sup>(28)</sup>

Part Two

# Communicating about obesity

Framing and messaging →

Language →

Imagery →

Providing help-seeking information →

Spokespersons →



# Framing and messaging



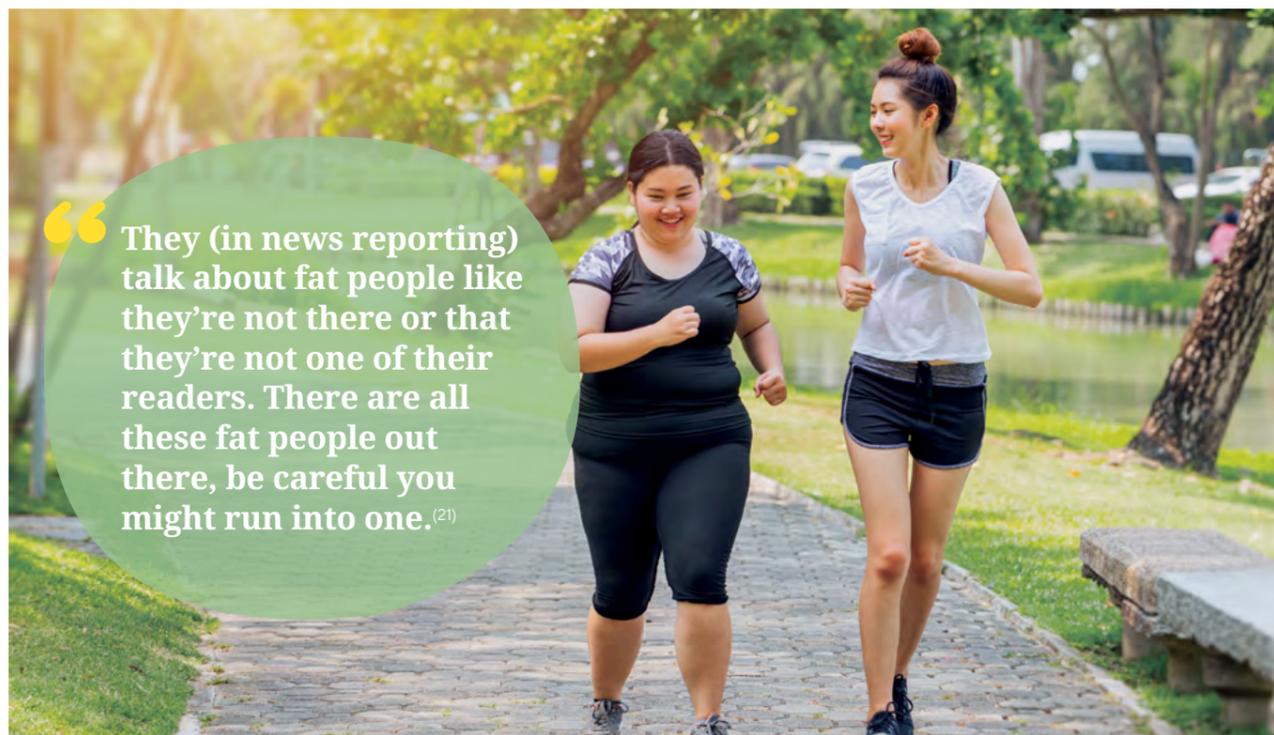
Obesity is not simple or solely within a person’s control. To avoid weight stigma it is important to address the misconceptions about the causes of obesity.<sup>(30)</sup>

People with obesity are often stereotyped as individuals who over-eat, are lazy, uneducated, less attractive or lack self-discipline.<sup>(3, 7, 8)</sup>

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.<sup>(12, 31)</sup>

## ➔ 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.”<sup>(21)</sup>

## Consider how obesity is framed and portrayed:

Issue	Problematic	Preferred
Unbalanced, biased or simplified coverage of obesity.	<ul style="list-style-type: none"> <li>✗ Single-narrative stories with an overemphasis on individual responsibility, choices and actions.</li> <li>✗ Assumes that obesity is caused and solved by personal behaviour change alone.</li> <li>✗ “Eat healthier to combat obesity.”</li> </ul>	<ul style="list-style-type: none"> <li>✓ Messaging that frames obesity as a complex chronic condition influenced by many factors.</li> <li>✓ Focus on external drivers of obesity e.g. highlighting greedy behaviours of the processed food industry.<sup>(31)</sup></li> <li>✓ Include people’s experiences of living with obesity, if appropriate, which can help dispel misconceptions.<sup>(21)</sup></li> </ul>
Problem-focused messaging around addressing obesity.	<ul style="list-style-type: none"> <li>✗ “crack down”</li> <li>✗ “banning”</li> <li>✗ “restricting”</li> </ul>	<ul style="list-style-type: none"> <li>✓ Solution-focused messaging e.g. “kids can now play sports free from the influence of unhealthy food marketing.”<sup>(31)</sup></li> <li>✓ If it is necessary to talk about individual behaviours, ensure other external enablers of health are also mentioned e.g. creating safer neighbourhoods.</li> </ul>
Overemphasis on weight for health.	<ul style="list-style-type: none"> <li>✗ Assumes weight loss is the primary goal of people.</li> <li>✗ Implies weight loss alone is the epitome of a healthy life.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 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.<sup>(1)</sup></li> </ul>

# Language



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.<sup>(32-34)</sup>

**➔ 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.<sup>(37)</sup>

**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:**

Issue	Problematic	Preferred
Labelling a person by their weight.	✗ "Obese or overweight people"	✓ People-first language e.g. "People with obesity" "People who are overweight" "People living with obesity"
Language or tone that implies judgement of people with larger bodies.	✗ "Fat people" "Lazy" "Morbidly obese" "Suffering from obesity"	✓ Neutral or scientific descriptive terms e.g. "Body weight", "Larger bodies", "Body size", "Body Mass Index"
Combative language that sensationalises obesity.	✗ "War on obesity" "Fight against obesity" "Obesity crisis"	✓ Emphasise the influence of external factors e.g. "Aggressive advertising keeps junk food in the spotlight" "Stem the tide of unhealthy food options flooding our streets" <sup>(37)</sup>
Language that implies individual blame or single solutions.	✗ Individual focus: "Better choices" "Lifestyle changes" "Common sense" "Poor people"	✓ Society focus e.g. "Obesity is a complex issue that affects all of us" "Communities are bombarded with unhealthy food advertising" "Low-income neighbourhoods" <sup>(37)</sup>
Language that portrays public health efforts in a negative light.	✗ "Policing" "Banned" "Restrictions" "Nanny state"	✓ Normalise the support not the struggle: "Promoting healthy neighbourhoods" "...supporting West Australians to achieve optimal health" "...opportunities to thrive"

# Imagery



Images are integral to grabbing a reader's attention, but they can often stigmatise people who are overweight or obese.<sup>(34)</sup>

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.<sup>(35)</sup>

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.<sup>(21)</sup>

## 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](#)
- [Obesity UK - The Truth From Within Project](#)
- [Rudd Center for Food Policy & Obesity](#)
- [WA Health Communications Photo Library](#) (see 'Healthy Lifestyles - Outdoors')
- [Obesity Canada Image Bank](#)
- [World Obesity Federation Image Bank](#)



## Making the shift through imagery:

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

# Provide help-seeking information



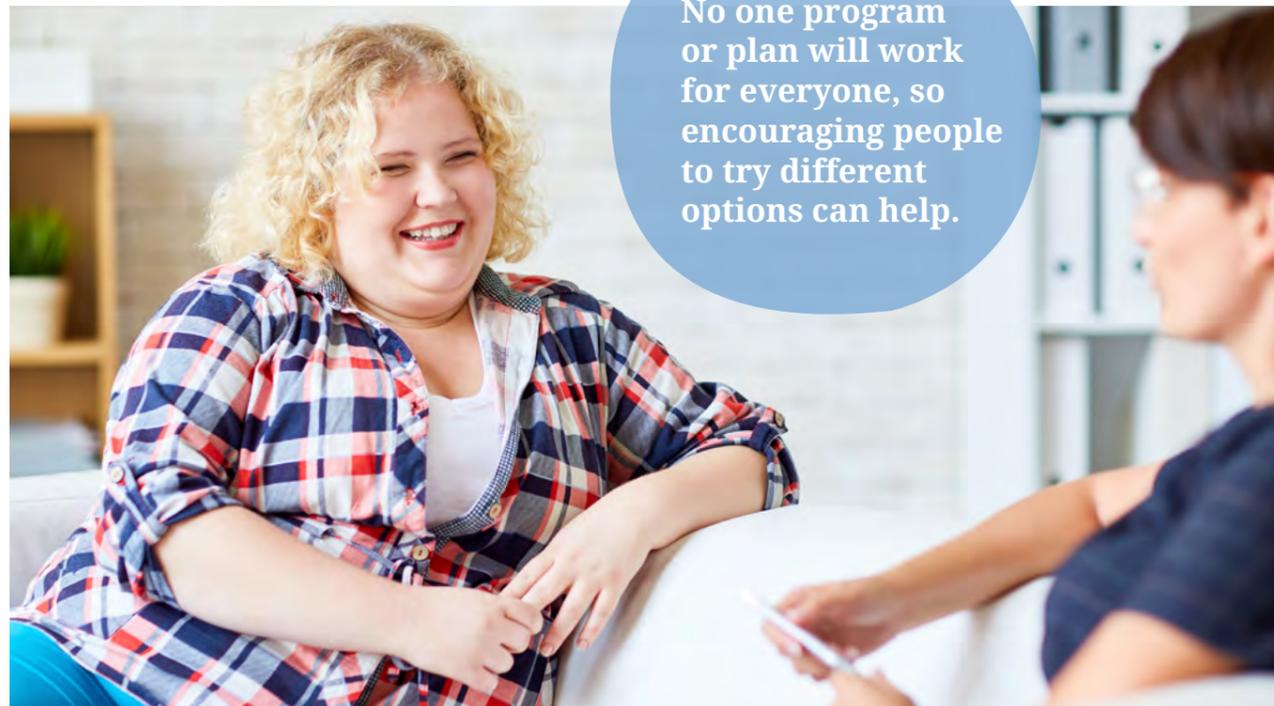
It is essential that information about support services is included in all content that explores, discusses, portrays or reports on obesity and/or weight stigma. Including links to relevant information and services can assist individuals who want support to make positive changes for their health, whether or not weight loss is a goal.<sup>(8)</sup>

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.<sup>(8)</sup>

## ➔ 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.”*

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



## Offer further information and resources:

### General health & wellbeing

#### INFORMATION & RESOURCES

##### Children

[Guy's & St Thomas' Charity](#)  
Health first: talking about childhood obesity

[Holland Bloorview Kids Rehabilitation Hospital](#)  
Weight related conversations casebook

[Rudd 'Roots Parents](#)  
Weight bias and bullying

[Raising Children Network](#)

##### General

[Dietitians Australia](#)

[Health at Every Size Australia](#)

[Healthdirect](#) 1800 022 222

[Healthy WA](#)

[LiveLighter](#)

[No Money No Time Healthy Eating Quiz](#)

#### PROGRAMS

[Aboriginal health services - Perth](#)

[Better Health Program](#)  
(for children)

[Food Sensations® Programs](#)  
(for adults/parents)

[Let's Prevent](#)  
(regional WA)

[Healthier Workplace WA](#)

[Heart Foundation walking groups](#)

[My Healthy Balance](#)

[The HEAL™ Program](#)

### Mental health

#### HELPLINES

[Beyond Blue](#) on 1300 224 636

[Headspace](#) on 1800 650 890

[Kids Helpline](#) on 1800 551 800

[Lifeline](#) on 13 11 14

[MensLine Australia](#) on 1300 789 978

[Suicide Call Back Service](#) on 1300 659 467

#### RESOURCES

[Australian Indigenous HealthInfoNet](#)

[Embrace Multicultural Mental Health](#)

[Health Consumers' Council](#)

[QLife](#) on 1800 184 527

[The Butterfly Foundation](#) on 1800 33 4673

[WellMob](#)

# 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**

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[amanda.salis@uwa.edu.au](mailto: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**

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Media and Content Manager,  
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**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<sup>®</sup> and Find 30<sup>®</sup> 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**

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**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.

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**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**

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**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.

**Area of expertise**

Eating and weight disorders, body image, clinical psychology, research.

**Contact details**

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Part Three

# Putting it into practice

# Putting it into practice: Example 1



Use neutral and scientific words.



**Make the shift:**  
"Obesity findings highlight harm"



Use neutral and scientific words.



**Make the shift:**  
"high body mass index for age"



Balance the messaging.



**Make the shift:**  
"... childhood obesity was a complex public health issue."



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."

**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, Australian research shows.

A landmark 10-year study found Australian toddlers who had a **high body mass index** when at the age of two or three were more likely to have poor heart health at 11 or 12.

Many already showed evidence of stiffer arteries and thickened arterial linings in their pre-teen years, which also put them at high risk of developing metabolic syndrome.

... a child health researcher at the Murdoch Children's Research Institute, said **childhood obesity was a national crisis.**

"We often think of children who are overweight or obese as having mental health problems but we don't often think things like cardiovascular disease or heart health," she said.

"The key finding for us was that this (heart health) actually worsened the longer the child was obese — and we already know that cardiovascular disease does develop over the life course."

The findings have sparked renewed calls for stricter policy and government action to stop childhood obesity.

... said **increasing tax on processed food and making community sport more accessible could help improve children's health.**

"I've been working in this area for a decade and we've seen no shift in the prevalence of obesity," she said.

"One in four children is obese or overweight and this study really highlights that what we're doing isn't working."

More than 1800 children took part in the study. Those involved had their weight and height measured every two years to determine their cardiovascular disease risk scores before having a health check at age 11 or 12. It included checks on blood pressure, blood vessel health, cholesterol and glucose.



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."

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

# Putting it into practice: Example 2



Use neutral and scientific words.



**Make the shift:**  
"Obesity is impacting the health of more Australian preschoolers, with one in five..."



Balance the messaging.



**Make the shift:**  
"...are calling for a number of government actions to stop childhood obesity, such as ..."

**One in five preschoolers now obese**

Australia's **obesity crisis** has hit preschoolers with one in five of two to four-year-olds classified as overweight or obese, a government report has revealed.

Toddlers are twice as likely to be obese (9 per cent) as children of the same age in 1995 (4 per cent), because food portion sizes have grown 66 per cent.

Public health groups are calling for a tax on sugary drinks and restrictions on advertising junk food to children.

The situation for older people is worse. Eight in 10 women aged over 55 have a waist circumference that puts them at risk of health problems, the Australian Institute of Health and Welfare's obesity stocktake reveals.

But it is young adults aged 18-21 who have increased in weight the most in recent decades.

Seventeen per cent of those born between 1994 and 1997 were obese at 18 to 21, more than double the proportion of those born between 1974 and 1977 (7 per cent) at the same age. Almost two-thirds (63 per cent) aged 18 and over are overweight or obese and men have higher rates of overweight and obesity (71 per cent) than women (56 per cent), the institute says.

Australia has the fifth-highest obesity rate in the world at 28 per cent of the population aged 15, behind the US (38 per cent), Mexico (33 per cent), New Zealand (32 per cent), and Hungary (30 per cent). Japan has the lowest rate of obesity (4 per cent).

Those from lower income backgrounds and in regional areas were more likely to be overweight, the study found.

Australians are getting fatter because they are exercising less but food portions are bigger.

There has been a 66 per cent increase in calories in the average portion of common foods such as pizza, cake, sausages, cereal bars, processed meats, ice cream and wine.

In 2014-15, almost half all adults did no or not enough (150 minutes a week) exercise.



Stop the 'blame game'.



**Make the shift:**  
"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".



Promote help-seeking.



**Make the shift:**  
Better to use this space to provide support options for parents/families.

# Putting it into practice: Example 3

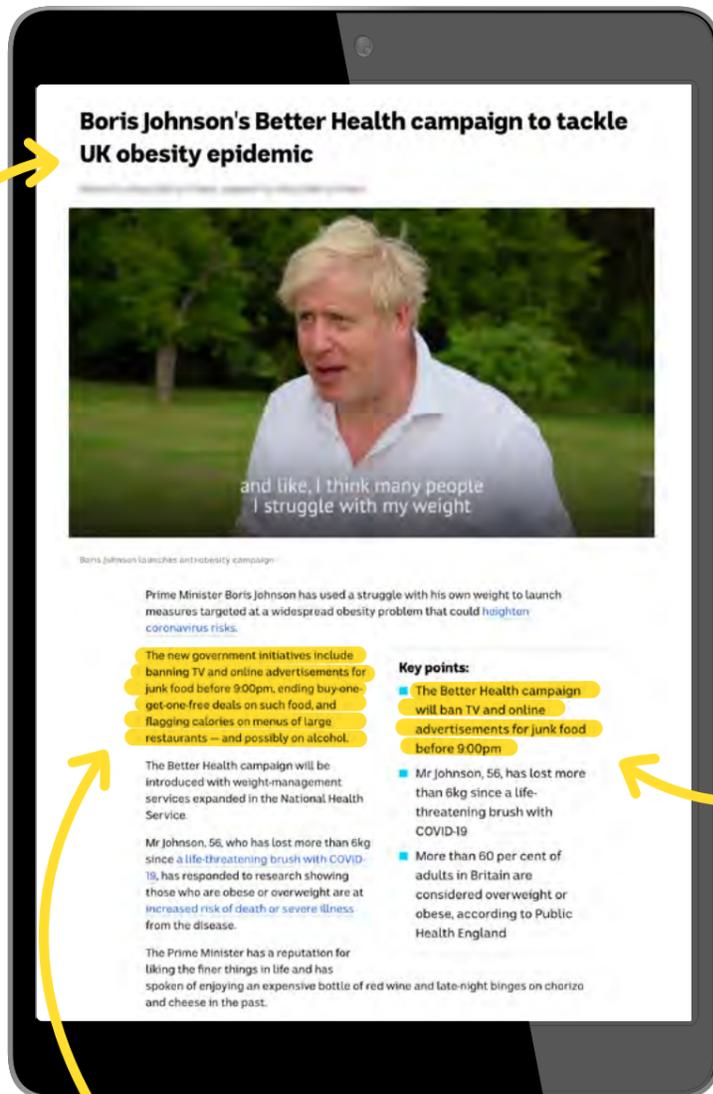


Stop the 'blame game'.



**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.



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."*



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."*



Choose respectful images.

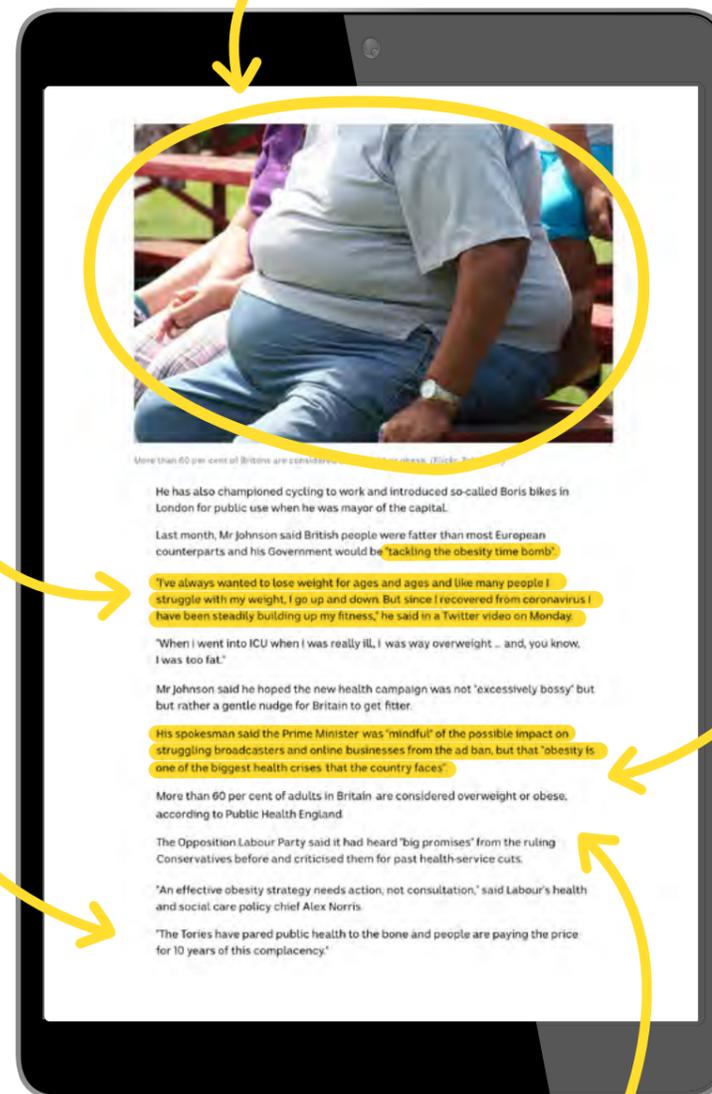


Picture the environments.



**Make the shift:**

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



Balance the messaging



**Make the shift:**

*"But obesity is one of the biggest health issues that the country faces. Actions that reduce the impact of environmental influences like junk food marketing must be part of the solution."*

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“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.”<sup>(5)</sup>



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**By 2025 it is projected that 17 million Australians will be living with overweight or obesity.<sup>(1)</sup> We need to change how we talk about weight to reduce the stigma and shame experienced by people with obesity.**

**We need to shift.**

