

FOCUS ON

Obesity and Weight Stigma in Health Promotion

Published: June 2024

Key Points

- Weight stigma and obesity stigma have negative implications for public health, with threats to: mental health and physical health, health equity and implementation of effective health promotion.
- The health promotion field is moving away from a focus on obesity and individual responsibility/behaviourism related to excess weight, toward an approach that addresses supportive environments for healthy behaviours for all weights.
- Along with the issues of stigmatization, the economic and health burdens related to obesity are considerable. Ongoing monitoring of excess weights in the population via body mass index (BMI) remains a useful measure of population health.
- To reduce stigma, reporting of population weight surveillance should avoid stigmatizing language and avoid focussing on individual responsibility/behaviourism.

Background

The Constitution of the World Health Organization (WHO) applies a holistic definition of health (as opposed to the ‘absence of disease’), including physical, mental and social well-being.¹ The health promotion field is likewise moving to focus on a more holistic view of health that promotes social well-being and the creation of supportive environments, and away from the focus on individual behaviours and responsibility for health.²⁻⁴

Individual focus on behaviour/responsibility has been the prevailing approach to risk factors associated with obesity, which is a stigmatizing term.⁵ Obesity stigma has negative implications for public health, with threats to mental and physical health, implementation of effective prevention, and health equity.⁶ Review-level evidence demonstrates that weight stigma is particularly difficult to eliminate and requires urgent prioritization as a public health issue.⁷⁻⁹

Along with these issues of stigmatization, the burden on health related to obesity is considerable. Yet despite global annual obesity costs in the trillions of dollars, there is a persistent lack of action around creating supportive environments to stop it (e.g., policies that would restrict unhealthy food and drink marketing to children and youth, and tackling commercial determinants of health).¹⁰ In Canada alone, these costs are estimated at 23.0 billion (2021) annually, consisting of 11.8 billion in revenue losses (decreased employment activity and reduced consumption taxes), healthcare costs of 7.9 billion annually and disability costs of 3.7 billion.¹¹ Kotsopoulos & Connolly (2024) estimated based on these costs, that every 1% reduction in obesity prevalence could generate almost 230 million in net fiscal gains.¹¹

Questions exist on how to balance appropriate public health surveillance with efforts to de-stigmatize weight. From a measurement perspective alone, the most common measure of obesity, body mass index (BMI), has fallen out of favour as a stand-alone measure of individual obesity and health, with the American Medical Association asking practitioners to de-emphasize BMI.¹² However, BMI-based obesity rates are an informative population health indicator, and consistent with reporting on chronic disease health outcomes and risk factors. Thus measures are still needed. Currently, the Association of Public Health Epidemiologists in Ontario (APHEO) supports a BMI-based core population health indicator.¹³ However, APHEO is in the process of updating this core indicator and guidance will include promoting awareness of weight stigma and providing context to the limitations of BMI as a measure. This will also lend support to the Ontario Dietitians in Public Health (ODPH) recommendations to move away from the use of labeling categories as “normal”, “overweight”, and “obese” in order to decrease stigma.¹⁴ Statistics Canada also [collects and reports on BMI at the population level](#).¹⁵

The term ‘obesity’ remains prevalent; Public Health Ontario’s web site currently features an Obesity web page, as do other Ontario and Canadian organizations. In the United States, Healthy People 2030 [still reports on and highlights ‘obesity’](#).¹⁶ A 2018 [Critique of the 2016 Canadian Senate Report on Obesity](#) recommended against the use of stigmatizing language and called for a move away from the focus on ‘obesity’.¹⁷ The (2024) [Position statement from the World Obesity Federation](#) makes further recommendations, one of which is to:

“Engage in weight-neutral health promotion. Given that current narratives equating weight and body size with health contribute to weight stigma, health promotion strategies should focus on health outcomes instead of weight. Shift is needed away from a focus on weight, weight loss, and a predetermined notion of “healthy weight” (based on BMI) towards a holistic focus on health and wellbeing for an individual, regardless of their weight or size.”¹⁸

The health promotion field is moving away from individual behaviourism and toward creating supportive environment.²⁻⁴ Review authors report that when obesity was attributed as an environmental rather than individual problem, support for non-stigmatizing obesity-related policies was higher.¹⁹ Individual attribution for obesity was associated with support for punitive policies targeting those who live in larger bodies, with poor language choice and conflicting discourse that implicitly condoned stigma.¹⁹ The review recommends broader socioecological stigma-reduction approaches to fully address weight stigma in related policies.¹⁹ Key population health indicators are intended to reflect broader concepts within public health and health promotion. These broader concepts and associated thinking with respect to their appropriate application continue to evolve.

This Focus On provides an overview of issues around: public health and health promotion practice and the use of obesity as a population health indicator in light of evidence related to weight stigma.

Methods

A rapid review was conducted to facilitate responsiveness, feasibility, and scope alignment.²⁰ A search of all Ontario health units’ web sites was done April 11, 2024 for relevant position statements on approaches towards obesity and weight bias/stigma for the general population. Information related to weight bias/stigma specifically aimed toward childhood educators in school settings were not collated. Informal published and grey literature searching were done. Sources were eligible for inclusion if they: 1) focused on obesity and its measurement, or stigmatization; 2) were public health and health promotion relevant; and 3) provided relevant information related to definitions or language use guidance, or population health assessment. Sources and definitions were not limited by publication

date; however, given web sources were used, it is likely that sources published later would have been retrieved. Literature from the last ten years is cited. One PHO staff member extracted relevant data.

Results

- While Public Health Ontario (PHO) has generated obesity-related products, PHO does not have a position statement nor a recent synthesis related to obesity framing. This overview is the result of a rapid review of the literature and targeted scan of practices and position statements of Ontario public health units and other relevant organizations; it does not constitute a systematic review.
- The health promotion field is moving away from the use of ‘obesity’ and associated terms and labels (e.g., overweight, normal weight), while moving toward an approach that addresses supportive environments for health as opposed to an individual responsibility/behaviourism focus.
- The World Obesity Federation offers recommendations (2024) for reducing weight stigma, citing weight stigma as “a significant social determinant of health that directly impacts biopsychosocial health outcomes and is a barrier to health equity and the attainment of the health-related sustainable development goals.”¹⁸ Such recommendations can be followed in how obesity risk factors and other population health indicators (e.g., body mass index or BMI) are discussed.
- Following their (2019) [call to action on weight bias](#), a forthcoming position statement of ODPH provides further rationale and practical recommendations around the approach to ‘obesity’, weight stigma, and BMI.¹⁴ Southwestern Health Unit has a position statement around removing stigma, based on ODPH’s Health and Wellbeing Philosophy and Approach to Weight..²¹
- In Ontario, 13 public health units currently have information related to weight bias/stigma for the general population on their websites.
- Ontario Health does still monitor and report on ‘overweight and obesity’ (BMI \geq 25) in their Ontario Cancer Profiles.²² Their most recent Prevention System Quality Index (PSQI) focused on social determinants of health and health behaviours associated with chronic disease risk (tobacco, healthy eating, physical activity).²³ Importantly, when highlighting opportunities to improve healthy eating and physical activity in the population, all opportunities are at an upstream level to individual action (e.g., re-zoning strategies to influence food outlets, implementing sales tax on sugary drinks, poverty reduction strategies, etc.) and are not focused on reducing overweight or obesity per se.²⁴⁻²⁹
- Public health is evolving past obesity as an indicator, yet BMI remains a useful indicator at the population level, with greater attention to how BMI is discussed and reported. Given that labels such as ‘normal weight’ and ‘overweight’ are stigmatizing, a shift towards using the numerical ranges for BMI categories allows for analysis of population level risk(s) while reducing stigma.

Limitations and strengths

This Focus On is informed by informal searching that was intended to provide an overview of the topic and accompanying issues, as opposed to systematic review of the best available evidence. While a comprehensive synthesis was not done, this document does consider relevant sources and organizations’ position statements around the topic, and did systematically consult publicly-available information from Ontario health units’ web sites. Subsequent knowledge products on this topic, along with links to related resources, are intended to cover the topic more comprehensively.

Conclusion

Addressing weight stigma and associated harms requires many of the same system enablers as comprehensive health promotion.³⁰ In terms of current recommendations, APHEO continues to support the use of BMI, with forthcoming updated guidance on interpretation and harm-reducing presentation.¹³ However, we can apply guidance around language and recommendations from relevant bodies to inform how BMI (at a population level only) is applied, presented, and discussed.^{14,31,32}

Questions remain on how to balance the benefits of surveilling population weights (vs. health behaviours and chronic disease rates) and the drawbacks of perpetuating weight stigma via this surveillance. Challenges lie in reconciling the need to focus on supportive environments and the socio-ecological framework in relation to public health and health promotion, with lingering focus on individual responsibility and individual behaviour, and the use of stigmatizing terms entrenched in health systems. More recent terminology within evolving and still-emerging areas (e.g. health equity and associated terms) will offer additional considerations for the selection of terminology and for best practices around measurement and reporting.

There is increased emphasis on creating supportive environments while also diminishing support for individual behavioural approaches. De-stigmatizing presentation and use of data are ways to mitigate potentially stigmatizing population health assessment that uses BMI and/or obesity. There is a chance to leverage the focus on healthy environments to reframe how the indicator is presented and discussed, and to acknowledge the influence of the broader environment(s – social, natural, built) on health.

References

1. World Health Organization (WHO). Constitution [Internet]. Geneva: WHO; 2024 [cited 2024 Apr 11]. Available from: <https://www.who.int/about/accountability/governance/constitution>
2. Mann T, Tomiyama AJ, Ward A. Promoting public health in the context of the "obesity epidemic": false starts and promising new directions. *Perspect Psychol Sci*. 2015;10(6):706-10. Available from: <https://doi.org/10.1177/1745691615586401>
3. Täuber S, Mulder LB, Flint SW. The impact of workplace health promotion programs emphasizing individual responsibility on weight stigma and discrimination. *Front Psychol*. 2018;9:2206. Available from: <https://doi.org/10.3389/fpsyg.2018.02206>
4. World Health Organization (WHO). Health promotion [Internet]. Geneva: WHO; 2024 [cited 2024 Apr 11]. Available from: <https://www.who.int/westernpacific/about/how-we-work/programmes/health-promotion>
5. Public Health Agency of Canada. Addressing stigma: towards a more inclusive health system: the Chief Public Health Officer's report on the state of public health in Canada, 2019 [Internet]. Ottawa, ON: Government of Canada; 2019 [cited 2024 Apr 11]. Available from: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html>
6. Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. *Am J Public Health*. 2010;100(6):1019-28. Available from: <https://doi.org/10.2105/ajph.2009.159491>
7. Bellew B, Grunseit A, Huang B, Kite J, Laird Y, Thomas M, et al. Weight stigma and bias – what is known?: rapid review of evidence [Internet]. Sydney, NS: University of Sydney; 2020 [cited 2024 Apr 11]. Available from: https://ses.library.usyd.edu.au/bitstream/handle/2123/22997.2/Weight%20Stigma%20What%20is%20Known%20Rapid%20Review_Final%20October%202020.pdf?sequence=3&isAllowed=y
8. Daniélsdóttir S, O'Brien KS, Ciao A. Anti-fat prejudice reduction: a review of published studies. *Obes Facts*. 2010;3(1):47-58. Available from: <https://doi.org/10.1159/000277067>
9. Lee M, Ata RN, Brannick MT. Malleability of weight-biased attitudes and beliefs: a meta-analysis of weight bias reduction interventions. *Body Image*. 2014;11(3):251-9. Available from: <https://doi.org/10.1016/j.bodyim.2014.03.003>
10. Swinburn BA, Kraak VI, Allender S, Atkins VJ, Baker PI, Bogard JR, et al. The global syndemic of obesity, undernutrition, and climate change: the Lancet Commission report. *Lancet*. 2019;393(10173):791-846. Available from: [https://doi.org/10.1016/s0140-6736\(18\)32822-8](https://doi.org/10.1016/s0140-6736(18)32822-8)
11. Kotsopoulos N, Connolly MP. Assessing the fiscal burden of obesity in Canada by applying a public economic framework. *Adv Ther*. 2024;41(1):379-90. Available from: <https://doi.org/10.1007/s12325-023-02718-4>
12. Tu L. Better ways than BMI to measure obesity. *Sci Am*. 2023. Available from: <https://www.scientificamerican.com/article/better-ways-than-bmi-to-measure-obesity/>
13. Association of Public Health Epidemiologists of Ontario (APHEO). Core indicators: 5D adult body mass index (BMI) [Internet]. Ottawa, ON: APHEO; n.d [cited 2024 May 16]. Available from: <http://core.apheo.ca/index.php?pid=127>
14. Ontario Dietitians in Public Health (ODPH). Towards a weight-inclusive approach in public health: a position statement by the Ontario Dietitians in Public Health. Ottawa, ON: ODHP; 2024.

15. Statistics Canada. An overview of weight and height measurements on World Obesity Day [Internet]. Ottawa, ON: Government of Canada; 2024 [updated 2024 Mar 04 Mar 2024; cited 2024 Apr 11]. Available from: <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>
16. Healthy People 2030. Reduce the proportion of adults with obesity — NWS-03 [Internet]. Washington, DC: US Department of Health and Human Services; n.d. [2024 Apr 11]. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03>
17. Alberga AS, McLaren L, Russell-Mayhew S, von Ranson KM. Canadian Senate report on obesity: focusing on individual behaviours versus social determinants of health may promote weight stigma. *J Obes.* 2018;2018:8645694. Available from: <https://doi.org/10.1155/2018/8645694>
18. Nutter S, Eggerichs LA, Nagpal TS, Ramos Salas X, Chin Chea C, Saiful S, et al. Changing the global obesity narrative to recognize and reduce weight stigma: a position statement from the World Obesity Federation. *Obes Rev.* 2024;25(1):e13642. Available from: <https://doi.org/10.1111/obr.13642>
19. Hill B, Bergmeier H, Incollingo Rodriguez AC, Barlow FK, Chung A, Ramachandran D, et al. Weight stigma and obesity-related policies: a systematic review of the state of the literature. *Obes Rev.* 2021;22(11):e13333. Available from: <https://doi.org/10.1111/obr.13333>
20. Khangura S, Konnyu K, Cushman R, Grimshaw J, Moher D. Evidence summaries: the evolution of a rapid review approach. *Syst Rev.* 2012;1:10. Available from: <https://doi.org/10.1186/2046-4053-1-10>
21. Southwestern Public Health. Position statement: health and wellbeing philosophy and approach to weight [Internet]. St. Thomas, ON: Southwestern Public Health; 2018 [2024 Apr 11]. Available from: https://www.swpublichealth.ca/en/my-health/resources/swph_health_and_wellbeing_philosophy_and_approach_to_weight_position.pdf
22. Cancer Care Ontario (CCO). Ontario cancer profiles: cancer risk factors [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [updated 2023 Jun; cited 2024 May13]. Available from: <https://profiles.cancercare.on.ca/riskfactors/>
23. Ontario Health. Prevention system quality index 2023 [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2024 Apr 11]. Available from: https://www.ontariohealth.ca/sites/ontariohealth/files/PSQI_2023_Report_English.pdf
24. Flynn MA. Empowering people to be healthier: public health nutrition through the Ottawa Charter. *Proc Nutr Soc.* 2015;74(3):303-12. Available from: <https://doi.org/10.1017/s002966511400161x>
25. Hill-Briggs F, Adler NE, Berkowitz SA, Chin MH, Gary-Webb TL, Navas-Acien A, et al. Social determinants of health and diabetes: a scientific review. *Diabetes Care.* 2020;44(1):258-79. Available from: <https://doi.org/10.2337/dci20-0053>
26. Itria A, Borges SS, Rinaldi AEM, Nucci LB, Enes CC. Taxing sugar-sweetened beverages as a policy to reduce overweight and obesity in countries of different income classifications: a systematic review. *Public Health Nutr.* 2021;24(16):5550-60. Available from: <https://doi.org/10.1017/s1368980021002901>
27. Løvhaug AL, Granheim SI, Djojosoeparto SK, Harrington JM, Kamphuis CBM, Poelman MP, et al. The potential of food environment policies to reduce socioeconomic inequalities in diets and to improve healthy diets among lower socioeconomic groups: an umbrella review. *BMC Public Health.* 2022;22(1):433. Available from: <https://doi.org/10.1186/s12889-022-12827-4>

28. Rutter H, Bes-Rastrollo M, de Henauw S, Lahti-Koski M, Lehtinen-Jacks S, Mullerova D, et al. Balancing upstream and downstream measures to tackle the obesity epidemic: a position statement from the European Association for the Study of Obesity. *Obes Facts*. 2017;10(1):61-3. Available from: <https://doi.org/10.1159/000455960>
29. von Philipsborn P, Stratil JM, Burns J, Busert LK, Pfadenhauer LM, Polus S, et al. Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health. *Cochrane Database Syst Rev*. 2019;6(6):CD012292. Available from: <https://doi.org/10.1002/14651858.CD012292.pub2>
30. Barry MM. Transformative health promotion: what is needed to advance progress?. *Glob Health Promot*. 2021;28(4):8-16. Available from: <https://doi.org/10.1177/17579759211013766>
31. Puhl RM. What words should we use to talk about weight? A systematic review of quantitative and qualitative studies examining preferences for weight-related terminology. *Obes Rev*. 2020;21(6):e13008. Available from: <https://doi.org/10.1111/obr.13008>
32. Rathbone JA, Cruwys T, Jetten J. Non-stigmatising alternatives to anti-obesity public health messages: Consequences for health behaviour and well-being. *J Health Psychol*. 2022;27(7):1601-14. Available from: <https://doi.org/10.1177/1359105321999705>

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Obesity and weight stigma in health promotion. Toronto, ON: King's Printer for Ontario; 2024.

ISBN: 978-1-4868-8096-6

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit: publichealthontario.ca.

© King's Printer for Ontario, 2024

Ontario 