POSITION STATEMENT

Position Title:	**Health and Wellbeing Philosophy and Approach to Weight**
Approved by:	Cynthia St. John, Chief Executive Officer Dr. Joyce Lock, Medical Officer of Health
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Contact:	Kelly Ferguson, RD (Woodstock Site), Cathy Macpherson, RD (St. Thomas Site)

Position of Southwestern Public Health

Southwestern Public Health endorses the position statement from the Ontario Dietitians in Public Health entitled "Health and Wellbeing Philosophy and Approach to Weight" (attached) as a guiding document in our approach to reduce weight stigma and improve health for all members of the communities regardless of size.

Rationale:

Ontario Dietitians in Public Health (ODPH) is the independent voice of over 200 Registered Dietitians working in Ontario's public health system.[1] Registered Dietitians of ODPH conducted a comprehensive literature review to inform the development of the Health and Wellbeing Philosophy and Approach to Weight.

The causes of obesity are complex and involve an interaction between social, cultural, economic, political, environmental and individual factors.[2,3,4] Despite these multiple causes, societal understanding of obesity and public health efforts have historically focused on the individual factors of eating well and being active as solutions for obesity.[5,6,7,8] Even with significant resources invested in promoting weight loss and a profitable diet industry, there is little evidence that effective long-term weight loss can effectively be achieved.[5,6] Additionally, lifestyle changes are associated with health improvements and improved management of chronic diseases even without weight loss.[6,7,9] Individuals classified in the obese weight category may be metabolically healthy, while others at a "normal" weight may have elevated risks (e.g. high cholesterol, elevated blood sugars).[6,9] This suggests that placing the focus solely on weight rather than other indicators of health can be misleading.[5,6,9,10,11]

Weight stigma is common and exists in healthcare settings, education, employment, interpersonal relationships and the media.[3,8,10,12,13] Negative attitudes towards individuals with obesity including lazy, weak-willed, non-compliant and unattractive have been found to be common perceptions among physicians, nurses, registered dietitians,

and fitness professionals.[9,10,12,14] This is of significant concern as patients who report feeling judged may avoid clinical care and screening and are less likely to seek or achieve successful weight management.[5,8,10,15,16,17,18] Among youth, weight-based bullying is often reported as one of the most frequent types of bullying in the school environment.[8,19,20,21] Weight bias from teachers and educators is frequently reported by individuals who are overweight or obese, and research has demonstrated that this may impact academic performance.[15] The media perpetuates stereotypes of individuals who are overweight or obese through idealizing thinness, use of images, and depictions of overweight characters engaged in stereotypical eating behaviours being made fun of.[8,13,15]

Weight bias has mental, physical, social and economic health consequences.[8,12,15] Individuals who experience weight stigma are more likely to have poor overall mental health, depression, low self-esteem, anxiety, increased perceived stress and increased substance use.[15,19,22,23] Coping with weight stigma has been found to lead to unhealthy behaviours including overeating, disordered eating and avoidance of physical activity.[3,8,15,19,24] Social and economic outcomes include social rejection, bullying, poorer academic performance and disadvantages in employment and promotions.[15]

Research also demonstrates that serious physical and mental harm occurs with restrictive eating which often occurs with associated weight cycling.[5,19,25] In fact, there is growing evidence that the mental and physical harm caused by weight cycling and weight bias may be more damaging than being overweight or obese.[5,6,10,22,26] Research has connected weight cycling to higher mortality, higher risk of osteoporotic fractures, gallstone attacks, hypertension, chronic inflammation, some forms of cancer and greater emotional distress.[5,26]

Given the harmful effects of weight bias and the ineffectiveness of traditional weight focused messages, a health and wellbeing approach is required to avoid serious unintended consequences and promote health for all.[6,10,11]. According to Tylka *et al.* (2014), “an approach to public health that incorporates a weight-inclusive approach may not only circumvent the adverse health and wellbeing consequences linked to the weight-normative approach but may also enhance population health”.[5] Additionally, messages focusing on healthy behaviours have been found to be better received by the public, with stigmatizing ads less likely to motivate people to engage in healthy behaviours.[27] Given the current evidence, the most effective means to support healthy weights at the population level requires a shift from individual weight centered approaches to a healthy behaviours approach that addresses the environmental barriers and impacts of the community on health and the social determinants of health.[3,5,6,7,17,28,29,30]

Implications for Southwestern Public Health:

Southwestern Public Health will:

1. Require all public health staff at the Woodstock site, and staff at St. Thomas site who did not receive training in 2013, to attend training on this approach.
2. Evaluate the effectiveness of training at reducing weight bias in staff through pre and post weight bias scale data collection.
3. Require all new staff in relevant program areas to complete two-hour online

training on weight bias developed by the Rudd centre within one month of hire. http://www.uconnruddcenter.org/files/Pdfs/CME%20Complete%20with%20links.pdf

4. Use weight inclusive language and images in all communications, whenever possible.
5. Ensure relevant SWPH messages promoting healthy lifestyle behaviours focus on improving health and wellbeing and do not focus on weight loss/management as an expected outcome.
6. Take a leadership role in advocating to community partners including school staff, physicians and other health care professionals regarding the impact of weight bias and improving health and wellbeing through a weight inclusive approach.
7. Work with staff who weigh clients to ensure weights are taken in an appropriate way which includes asking permission to weigh, adequate privacy and avoidance of negative comments about weight. Avoid unnecessary weighing of individuals across the lifespan.
8. Where possible, ensure all spaces and clinical equipment used is appropriate and comfortable for individuals of all sizes. Ensure no weight stigmatizing materials are available in waiting room areas (i.e. magazines promoting thin ideals). Instead, images and materials that feature positive portrayals of individuals with obesity can be used to promote body diversity.
9. Use the health and wellbeing philosophy and approach to weight when planning public health programs and services. Work with community partners to find alternative approaches to improving health without focusing on weight (i.e. step challenges vs. Biggest Loser challenges).
10. Work to acknowledge and address the social determinants of health while creating supportive environments to facilitate health and wellbeing.
11. Follow the Southwestern Public Health Position on Infant and Child Growth Monitoring Frequency and policy and procedure on Using the WHO Growth Charts for Canada.

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Definitions:

Weight Bias: External weight bias means holding negative attitudes towards, and beliefs about, others because of their weight. It can be implicit (unconscious) or explicit (conscious). Weight bias is internalized when a person holds negative beliefs about themselves and their worth, due to weight or size.

Weight Cycling: Repeated periods of weight loss and weight regain, commonly referred to as "yo-yo dieting".

Weight Inclusive: An emphasis on viewing health and well-being as being multifaceted while directing efforts towards improving health access and reducing weight stigma. Considers practices that enhance people's health, regardless of where they fall on the weight spectrum. [5]

Weight Normative: Emphasis on weight and weight loss when defining health and well-being. Personal responsibility of "healthy lifestyle choices" and the maintenance of "healthy weights" are emphasized. This approach is not improving health for the majority of individuals across the entire weight continuum.[5]

Weight Stigma: Weight stigma is form of societal prejudice against people perceived to have excess weight. This includes actions taken against individuals or groups which lead to marginalization, oppression, or exclusion, which lead to inequity.