

Executive Summary:

From Weight to Well-Being: Time for a Shift in Paradigms?

A discussion paper on the inter-relationships among obesity, overweight, weight bias and mental well-being

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This Executive Summary highlights key messages from the paper: From Weight to Well-Being: Time for a Shift in Paradigms? A Discussion Paper prepared for the Population & Public Health Program, Provincial Health Services Authority. A Summary Report as well as the full Technical Report can be found at: <http://www.phsa.ca/populationhealth>

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1.0 Executive Summary

More than half of Canadians are overweight or obese. In British Columbia, 44 per cent of adults and 16 per cent of youth aged 12 to 17 are overweight or obese. As the prevalence of obesity in the population has risen, so too have concerns about an obesity epidemic and its impact on the incidence of chronic disease, health of the population and associated costs to health care. Yet, despite decades of research and interventions, overweight and obesity in affluent societies has continued to rise. Traditional approaches to tackling weight-related issues have not worked, and at times have resulted in unintended consequences. It is increasingly clear that obesity is a complex phenomenon deeply entrenched in our social and cultural fabric, and that new approaches and thinking are required.

The British Columbia Provincial Health Services Authority (PHSA) commissioned a review of research into the interrelationships among obesity, overweight, weight bias and mental well-being. It is not a systematic review of all the research literature on the subject. Rather, it summarizes new and emerging research which may challenge our traditional approaches to weight-reduction. It has been written to generate an informed discussion on health practice and policy to promote healthy weights, while protecting and promoting the mental well-being of British Columbians. The paper addresses three key questions:

1. What is weight bias and stigma? What is the relationship between current approaches to promoting healthy weights and body image, weight bias, stigma and discrimination and mental health?
2. What are the linkages and relationships across the life course among overweight, obesity and mental health, mental illness, and the social determinants of health?
3. What practices are conducive to promoting healthy weights and mental well-being?

This summary report includes highlights and key findings of the review completed. The paper contains three parts that explore various weight related issues: Part 1 of the paper reviews the evidence; Part 2 explains four paradigms of thought and Part 3 provides recommendations on how to approach the issues in ways that protect and promote mental well-being. The paper concludes with a summary of the findings and suggestions for next steps.

PART I: Physical and Mental Consequences of Obesity

Obesity is strongly associated with many serious and costly chronic health conditions, but the relationships are complex. The links between obesity and the development of numerous medical conditions and chronic diseases are well-established. Obesity is associated with sleep apnea, type 2 diabetes, asthma, gallbladder disease, osteoarthritis, chronic back pain, several types of cancers, cardiovascular diseases and depression. Severe obesity is associated with premature mortality. Childhood obesity increases the risk of obesity in later life and can contribute to development of type 2 diabetes, heart disease and high blood pressure.

Ongoing research has demonstrated, however, that the relationships between obesity, health and disease are complex and not entirely understood. Some people who are obese are metabolically healthy, while others of normal weight are metabolically unhealthy, as indicated, for example, by levels of insulin sensitivity, blood lipid profiles and blood pressure. Overweight and mild obesity have been found in some studies to be protective of health. Also, small amounts of weight loss can produce improvements in metabolic health without achieving an “ideal” weight. Indeed, improvements to physical health can be made through changes in physical activity and diet in the absence of weight loss.

Harm is generated through the perpetuation of weight bias, stigma, bullying and discrimination.

Alongside the obesity epidemic is a “shadow epidemic” of weight bias. Weight bias is negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are overweight and obese (Puhl, 2011; Ciao & Latner, 2011). Ironically, as obesity rates have increased, so have rates of weight bias, stigmatization and discrimination. There is extensive evidence demonstrating strong links between weight bias and harm to mental health and well-being, including poor body image, low self-esteem, depression, anxiety and other psychological disorders, and suicidal thoughts and actions. Physical harm comes from the resulting unhealthy weight control practices which in turn can contribute to obesity, disordered eating and eating disorders. In addition, weight bias may cause obese and overweight people to avoid physical activity and medical care.

As weight bias and societal pressures to be thin have increased, so has the incidence of disordered eating and eating disorders. Given that approximately half of Canadians are overweight or obese and that most of them, including children and youth, will experience some form of weight bias, this shadow epidemic poses a significant threat to population health and well-being.

Obesity and other weight-related issues are shaped by an “obesogenic environment” and the broader social, cultural, economic, political and environmental contexts in which we live, learn, work and play. Growing attention is being given to the “obesogenic” environment – the sum of influences that living conditions have on promoting obesity in individuals and populations. These influences include, for example, sedentary work, transport, food production, food marketing, opportunities for recreation and physical activity.

Beyond the obesogenic environment are the social determinants of health such as equity, income, education, gender and healthy child development that influence opportunities for mental and physical well-being. Obesity follows the social gradient, so that, just as people tend to be less healthy than those the next step above them on the income ladder, so too is there more obesity as income drops. Efforts to promote healthy weights and mental well-being need to ensure that they do not inadvertently increase disparities in health status or behaviours.

PART II: Weight Related Paradigms

The review of evidence regarding the interrelationships of overweight, obesity, weight bias, stigma and discrimination, and mental well-being revealed four major paradigms of thought around weight-related issues.

Paradigm One approaches to overweight and obesity promote a “normal” weight and body mass index (BMI) by reducing caloric intake and increasing energy expenditure. Unfortunately, after five decades of attempting to address obesity this way, rates of overweight and obesity have continued to rise.

Also, research shows that this approach can cause mental and physical harm, stemming from the unrealistic expectation that weight loss is simple and that people who cannot achieve and sustain weight loss are “failures”. In reality, significant and sustained weight loss is difficult to achieve. While there are exceptions, most people who lose weight through dieting regain the weight they lost and often more, resulting in possible increased risk for cardiovascular disease. Self-recrimination and psychological harm may accompany repeated failures to achieve and sustain an “ideal” weight.

Clearly, obesity is a serious issue that cannot be ignored. However, experience has shown that a focus on weight and weight loss is not particularly effective and can, in many cases, cause harm to health. Perhaps a more effective approach would emphasize improved metabolic health through healthful eating and physical activity, rather than significant weight loss.

Paradigm Two approaches overweight and obesity through an ecological approach that addresses the “obesogenic” environment. As such, it extensively broadens the range, number and levels of options available to stem the obesity tide. Unfortunately, approaches based on Paradigm Two are extremely difficult to accomplish, as they require coordinated action across multiple sectors and settings. In addition, Paradigm Two is almost completely focused on issues of weight, obesity and poor physical health, with limited protection and promotion of mental well-being.

Paradigm Three approaches to weight-related issues emphasize attaining the best weight possible while optimizing psychological and physical health for adults. They are based on the increasing body of evidence that, for some adults, health can be improved through healthy eating and exercise, with little or no weight loss. The approach is often characterized as “weight neutral” and “non-dieting”, and actions are grounded in health promotion principles that are oriented towards well-being and empowerment, promoting mental well-being for people no matter their weight, size or shape. Sustainable health behaviours are emphasized, including intuitive eating and enjoyable leisure and physical activity.

Paradigm Four moves beyond the individual level to act on the broader socio-environmental context to promote positive mental health and physical well-being. The goal is to promote flourishing in mind and body for all. This approach opens opportunities to address a number of pressing health and social issues, including but well beyond weight-related issues. While it is challenging to mobilize and coordinate the many resources required to tackle the obesogenic environment, this is recognized as a promising way to improve the health of the population.

PART III: Shifting from Weight to Well-Being in Practice and Policy

The final part of this paper highlights practical health policies and practices that address issues of weight in ways that protect and promote mental well-being, grounded primarily in Paradigms Three and Four. It recommends actions in three areas:

- Tackle weight bias, stigma, bullying and discrimination among professionals and in the public sphere.
- Support individuals and families to prevent or address weight-related issues.
- Address the determinants of mental and physical well-being for all, through five areas of particular relevance to weight-related issues:
 1. Promote healthy child and youth development.
 2. Develop vibrant, inclusive communities.
 3. Shift cultural norms and promote respect for size diversity.
 4. Implement healthy public policy.
 5. Adopt a whole-of-government approach.

To evaluate this shift in approach, the paper lists ways to measure mental well-being, flourishing and weight-related issues. It also suggests areas for future inquiry, research and evaluation.

Conclusion

From *Weight to Well-Being* challenges current approaches to addressing overweight and obesity. It makes the case that:

- The simple “cure” of weight loss can harm mental and physical health.
- Improvements to physical health can be made through changes in physical activity and diet, with little or no weight loss.
- The “shadow epidemic” of weight bias poses a significant threat to population health. Any solutions to the obesity crisis need to integrate mental and physical health and well-being.
- There is significant potential in shifting to an even broader approach that addresses the determinants of mental and physical well-being - flourishing.

Further, the paper suggests that health professionals should review their concepts of healthy weight, including:

- What is a “healthy” weight?
- What is the best way for each individual to achieve and maintain a “healthy” weight?
- What psychological harm can be caused by repeated failures to do so?
- Should the focus be on *weight loss*, or should it be on assessing and improving *metabolic health* through healthful eating and physical activity?

Obesity, alongside other pressing issues such as poverty, homelessness and the growing gap between rich and poor, is a complex problem. A growing body of evidence has demonstrated the importance of addressing the underlying conditions that predispose people to poor health. Five approaches to addressing this long-term solution are provided, including supporting communities and societies to foster health and well-being for all. In the meantime, approaches to overweight and obesity should be adapted to reduce any inherent harm, by integrating mental and physical health and well-being.

2.0 References

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