



Pounds and Policy: Building a Healthier Nation with Effective Communication and Legislation

Background

We are inundated with news stories and magazine covers that celebrate the latest diet fads, radical weight loss techniques and extremely thin models. Stories showcase the latest dramatic weight loss stories – the size 28 person who becomes a size 8...all on his own. We know unrealistic stories and body images affect the way Americans think about their weight and what should be achievable, but do media portrayals of unhealthy weight loss also impact policy development? Do the words we use and popular culture's attitude toward weight stand in the way of developing policies that could actually help people be healthier?

According to a discussion at an expert panel hosted by the Strategies to Overcome and Prevent (STOP) Obesity Alliance and the National Eating Disorders Association (NEDA), they do. There is a continued belief across America – from every day citizens to high-level decision makers – that weight is largely a matter of personal responsibility and that little can or should be done in policy to address it. The same conclusion, it turns out, that is the prevailing attitude in today's media. Coincidence?

The two organizations hosted a panel on Capitol Hill in May 2011 to advance an educated approach to policies surrounding weight – beginning with a critical look at the dialogue we use in policy discussions and an honest discussion about how that dialogue is influenced by the media. The goal of the discussion was to shed light on the issue and create a set of recommendations for how to change the conversation to focus on weight as a matter of health, not appearance.

Overview of Panel Discussion

Moderated by Susan Dentzer, editor in chief of *Health Affairs*, the DC panel consisted of a cross-section of advocacy, research, media and policy representatives. Panelists included Jean Kilbourne, EdD, a media critic, author and expert on advertising and women; Rebecca Puhl, PhD, Director of Research, Rudd Center for Food Policy & Obesity at Yale University; Sarah Kliff, health care reporter for POLITICO; Dianne Neumark-Sztainer, PhD, MPH, RD, Professor, School of Public Health, University of Minnesota; and Chevese Turner, Founder and Chief Executive Officer, Binge Eating Disorders Association (BEDA).

The panelists discussed the significant role media plays in shaping the policy environment surrounding weight and health. They agreed that the media plays an important role in informing both policymaker and consumer opinions and contributing to the knowledge base regarding overweight and obesity. In the end, the panelists concluded that the prevailing attitudes represented in the media – that overcoming weight issues are largely a matter of personal responsibility and that weight is about appearance, not health – may affect how and whether elected officials take on the issue as a matter of policy. The panelists also concluded there is a definitive need to address the spectrum of weight-related health issues in both the media and policy decisions.

To add to the panelist's discussions, a research analyst also presented findings showing that there is much room for improvement in how the media conveys messages about health and

weight, particularly in media outlets oriented towards consumers. The panel discussed the results, based on an analysis of news articles focused on weight-related topics published over the past year, and assessed the extent to which messages included in the articles reflected the Alliance's 2010 media recommendations on communicating weight and health.

According to the expert media research, shame and guilt tend to be placed on those who are overweight or obese in articles relating to weight, especially in media outside the Beltway. Meanwhile, environmental and psychological factors that contribute to weight struggles - disparate access to fresh and affordable healthy foods, lack of adequate media literacy and nutrition education and limited access to mental health services, among others - receive comparatively little attention from the media. Panelists concurred that the current focus on the individual shifts attention from the larger discussion about the societal and biological determinants (outlined in the table below) regarding weight-related health issues, which ultimately affects personal choice.

Key Discussion Points

Panelists agreed that the media coverage can influence how policymakers perceive the issues of weight and that there is a responsibility to accurately portray the issues at stake. Policymakers need to be aware of both the responsibility of the individual *and* the role of societal factors in addressing weight. Furthermore, it is important to not only consider obesity, but also other eating and weight-related problems such as pervasive body dissatisfaction, disordered eating behaviors, and clinical eating disorders. Policymakers are lacking the proper tools to accurately determine the effectiveness of an intervention and identify unrealistic and uninformed media portrayals of weight. Panelists discussed the need for:

Comprehensive, Multifaceted Solutions

- Panelists noted that obesity and eating disorders do not have singular solutions and that there is no universal approach to conditions caused by a complex set of factors and which results in a myriad of issues. Just as different cancers require different treatment approaches, policymakers need to understand that people develop obesity and eating disorders in a number of different ways and different solutions are required to treat both.
- Policy makers need to understand that obesity can be caused by Binge Eating Disorder (BED), but being "obese" – as it is currently defined by BMI indicators – does not necessarily mean that a person has an eating disorder. People can be healthy at different sizes, which is determined by their unique genetics and body type.

A Better Understanding of the Role of Both Prevention and Intervention

- The tension that sometimes exists between opinions on the role of prevention and intervention in addressing obesity and eating disorders can distract from the larger goal of finding solutions. Some policymakers have expressed a reluctance to legislate around treatments for weight out of apprehension of the wave of people who may seek treatment. There is a role for both prevention and intervention working together, which needs to be better communicated.
- Prevention and intervention solutions need to take into account that research shows stigmatizing obesity impairs obesity prevention efforts.
- Prevention and intervention to address obesity and eating disorders must coexist – those who do seek treatment need a strong public health environment for support.

Good Personal Choices and Environments Where Good Choices Are Possible

- Personal responsibility is a crucial piece of determining health outcomes, but environments where good choices are possible, and the help needed is available, are essential. Reaching this crossroads requires an interdisciplinary approach where communicators spread the message that both are needed and policy makers do their part to create environments where opportunities for healthy living are readily available.
- It is critical that media outlets and policy makers understand that Binge Eating Disorder and obesity can be related, but should not be used as interchangeable terms. BED can be among the many possible causes of obesity, but requires specific eating disorder treatment because it is a disorder, not a choice.
- The diet industry wields a great deal of power in influencing individual choices by offering false promises of quick fixes to weight struggles. As the diet industry has grown to a 60 billion dollar per year industry, the American population’s struggle with overweight and obesity has only increased. Efforts to further explore the industry’s influence and ensure that only accurate information is put out for consumers is an important part of creating healthy environments.

Changing the Conversation to Focus on Health

The panel identified areas for policymaker consideration when working to support environments that promote health. The following chart offers six research-based recommendations for policymakers to integrate when developing policies designed to address weight and health.

Policy Should Reflect That:	Supporting Research Base
Weight is about health, not appearance.	<ul style="list-style-type: none"> • Health/weight/body size are individualized and personalized and not summed up in one universal ideal goal.^{i,ii} • Maintaining a healthy weight has been show to have many positive health benefits and reductions in weight-related mortality and morbidity.^{iii,iv,v,vi} • Modest weight loss (five to 10 percent sustained reduction of current weight) is a proven, effective way to improve health for the overweight and obese.^{vii,viii} • School-based obesity prevention efforts should not place an emphasis on weight and BMI, as children are growing and there will be healthy weight gain according to their unique body type. Students should be encouraged to consume healthy food and develop fitness habits that contribute to positive health outcomes.^{ix}
Weight status does not necessarily reflect health status.	<ul style="list-style-type: none"> • There is a lack of understanding among the public about health indicators and how they affect overall well-being.^{x,xi} • People carrying excess weight may be in good health. In addition, people carrying excess weight may practice healthy habits, while others may be able to maintain their weight despite poor eating and physical activity habits or by engaging in unhealthy weight control behaviors.^{xii,xiii,xiv} Therefore, policies that reward or punish numbers on a scale may be detrimental to promoting health.^{xv,xvi ,xvii}
It takes more than just willpower to maintain a healthy weight – a strong support system is necessary.	<ul style="list-style-type: none"> • Weight is greatly affected by environmental, social and genetic factors that govern body type, ability/ease of achieving weight loss and/or maintaining a healthy weight.^{xviii,xix}

	<ul style="list-style-type: none"> • The social determinants of health (access to healthy foods and safe places for physical activity) and access-to-care barriers are major factors in an individual’s ability to manage their own health.^{xx,xxi}
<p>Body size and shape are influenced by inherited and environmental factors.</p>	<ul style="list-style-type: none"> • Biology and environmental factors drive a person’s weight. Our obesogenic environment affects a person’s weight, both in terms of weight gain and creating a difficult environment in which to lose weight. An environment with an overabundance of largely unhealthy food with few healthy alternatives is the norm in many U.S. towns and neighborhoods and creates often times insurmountable challenges for people to effectively lose weight and keep it off.^{xxii,xxiii} • Punitive measures against people with a large body size rarely result in actual behavioral change.^{xxiv}
<p>BMI is one of many factors in determining a person’s weight as it relates to health.</p>	<ul style="list-style-type: none"> • BMI is: <ul style="list-style-type: none"> ○ A good measure for assessing health risk on a population basis.^{xxv,xxvi} ○ An important component in an individual’s health risk assessment.^{xxvii} ○ Individually specific, based on a multitude of factors (age, ethnicity, body type, etc.) and should be determined by one’s physician.^{xxviii,xxix} • BMI is not: <ul style="list-style-type: none"> ○ The only factor in determining a person’s health as it relates to weight. BMI measures should not be the sole factor in determining overweight and obese status. ○ BMI can underestimate health risks in some populations, including certain ethnic groups (e.g. Asians and Indians) and the elderly.^{xxx}
<p>Incremental and sustained weight loss advised by a doctor is safe and healthy. Crash diets are dangerous and can contribute to negative health outcomes.</p>	<ul style="list-style-type: none"> • Gradual lifestyle changes and modest, incremental weight loss are proven to result more often in creating long-term, sustained health benefits than rapid weight loss based on fad diets.^{xxxi,xxxii,xxxiii} • Rapid weight loss carries many risks, including dangerous changes in key health indicators and often results in “roller-coaster” weight loss/gain pattern.^{xxxiv,xxxv} • Longitudinal studies show dieting to be an accurate predictor of weight gain over time.^{xxxvi}

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