POSITIVE
WEIGHT-RELATED
COMMUNICATIONS
TOOLKIT

Population-Based Messaging to Foster Weight-Positive Communications

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Preamble

Weight-related issues, including excessive preoccupation with weight, obesity and fatphobia, are cross-cutting public health issues involving many stakeholders in all spheres of society. Understanding them requires a multipronged approach mobilizing human, social and biomedical sciences, among other fields, as well as experiential knowledge.

While these issues have been a topic of discussion in Quebec for several decades, the ongoing evolution of scientific knowledge, values, and social context has complexified our understanding of weight-related messaging, by highlighting biases and raising issues, such as weight stigma. Thus, it is believed that certain health messages perpetuate the thin ideal and fuel fatphobia.

Being unidirectional, communications aimed at the general public should be clear and simple, to be effective and understood.

The following messages are designed to deconstruct prejudices and raise awareness about weight-related issues, in a respectful and non-stigmatizing manner.

These proposed population-based messages are the result of a consensus between various health and social science experts and organizations. They were also revised, to take into consideration different target audiences and their vulnerabilities to weight-related discourses.

Fatphobia

What is fatphobia?

Fatphobia refers to stereotypes, prejudices, and negative behaviours that belittle or exclude fat people*.

* The term "fat" is used here in a neutral way to describe a person's body size

How does fatphobia manifests itself in society?

→ **Weight-related prejudices** exist in many forms. For example, it is often mistakenly believed that people are fat due to a lack of willpower, because they eat too much or badly, or they lack physical activity.

  → In opposite to false beliefs fuelled by fatphobic prejudices, half of Quebec's population, regardless of weight, is considered to not be active enough[1] and to not eat enough fruits and vegetables[2].

  → In reality, a person's weight is influenced by several factors beyond their control, such as genetics[3], living environments (neighbourhood, work environment, etc.)[4] and medication[5].

→ **On television, in movies, and even in children's shows**, fat people are often portrayed as being mean, greedy or unintelligent, in addition to being frequently mocked at.

  → These demeaning representations reinforce stereotypes and negative behaviours towards fat people, in addition to influencing the judgment we pass on our own body.[6]

→ **During the hiring process**, a person's weight can be a factor of discrimination.[7]

→ **In the workplace**, equipment, furniture and workspaces are not always accessible and ergonomic for fat people.[8]

→ **At school**, weight is one of the main sources of bullying.[9]

→ **In the medical context**, healthcare staff sometimes provide poor quality care to overweight people[10] and tend to wrongfully attribute all their health problems to their weight[11].

  → Also, medical equipment is not always suitable for all sizes. Blood pressure cuffs, hospital gowns or chairs with armrests are often too small for fat people[12].

What are the consequences of fatphobia?

Fatphobia has many **negative impacts** on **social relationships**, as well as **physical and mental health**[13, 14]:

→ Depression and anxiety;
→ Deterioration of lifestyle habits;
→ Social exclusion and isolation;
→ Unhealthy relationship with food;
→ Increased mortality;

→ Chronic stress;
→ Repeated attempts to lose weight through possibly unsafe methods;
→ Eating behaviour disorders.

Fatphobic prejudices and stereotypes conveyed in society have a **negative influence on body image and self-esteem**; for example, by feeding a **constant fear of gaining weight**.[15]

What can we do to reduce fatphobia?

We can break weight-related prejudices and stereotypes, and promote inclusion by:

→ Raising public awareness about the manifestations and consequences of fatphobia;
→ Embracing body diversity;
→ Rejecting myths and false beliefs around weight and health.

  → A large body is not necessarily an indicator of poor health. Health is complex and weight gain alone is not an indicator of health[16].

It is also essential to **build weight-inclusive living environments** and to equip decision-makers, employers, healthcare personnel, and those who work with children with the tools they need to do so:

→ **At school:** by giving all students, regardless of their weight, the same opportunities to participate in school life;
→ **At work:** by building ergonomic workspaces for all sizes and builds;
→ **In medical environments:** by providing appropriate, respectful, and quality care for everyone;
→ **In all other living environments:** by providing sports equipment and urban infrastructures adapted to all body types.

In the end, we all have the capacity to become aware of and question the weight-related prejudices that influence and surround us.

→ As an individual, we can inform ourselves and learn how to recognize fatphobic prejudices;
→ As a decision-maker, we can ensure that the living environments under our responsibility are inclusive and respectful of fat people (e.g., ergonomic office chairs, health interventions that do not target only weight, anti-discrimination policies that recognize fatphobia, etc.).

Obesity

What is obesity and why is it a public health issue?

Obesity is a particularly complex issue, whose biological, social, psychological and environmental dimensions must all be taken into consideration.

For a long time, obesity was defined solely by a person's weight, in relation to their height (the body mass index [BMI]).

→ A growing number of experts now consider that health risks depend on the distribution of fat in the body, more so than the number on the scale.[17]

At the population level, obesity is associated with a higher risk of developing health problems, such as cardiovascular disease, type 2 diabetes and certain cancers.[18]

→ For some people, the accumulation of fat in the body can affect the quality of life, which requires help from health professionals, such as kinesiologists or nutritionists, for example.

At the individual level, a person's health cannot be measured by weight and BMI alone.

→ Being fat does not necessarily mean a person is in poor health. Conversely, being thin does not necessarily mean a person is healthy.

What are the causes of obesity?

Obesity is complex.

→ All bodies work differently and we don't really have control over everything that happens in it. Indeed, the way our body stores and distributes fat can have a significant impact on our health, regardless of weight.[19, 20]

→ Eating habits and physical activity are not the only factors that influence the accumulation and distribution of fat. For example, genetics, ethnicity, medication use, stress, and living environments are equally important factors.[21]

What communication channels should be favoured to address obesity?

Eating well, having an active lifestyle, sleeping well, thriving at school or at work, and having positive social relationships are positive health factors, regardless of weight.

Living environments in particular have a significant influence on a person's health, habits and lifestyle, regardless of their weight.

→ Think of the way neighbourhoods are laid out, the presence of fast-food restaurants near schools, physical and economic access to fresh fruits and vegetables, family dynamics, the types of jobs available, the schools and daycares that welcome children, the community and sense of belonging, etc.

Decision-makers must facilitate the adoption of lifestyle habits conducive to health and well-being.

→ For example, by creating opportunities to stay active, eat healthy, enjoy peaceful moments in our different living environments (in the neighbourhood, at school, etc.).

→ For example, by creating parks, by dedicating streets to free play, by offering healthy food in municipal infrastructures, by implementing well-being policies in the workplace, etc.

Lifestyle Habits Conducive to Well-Being and Health

What do we mean by "lifestyle habits conducive to well-being and health"?

They can be defined as **everyday actions** that have a **positive influence on health**, whether physical, mental or social.

→ Healthy lifestyle habits are not just about food and physical activity, but also concern stress and sleep management, screen time, and the quality of our social relationships.

→ Healthy lifestyle habits significantly reduce the risk of various chronic diseases, strengthen our immune system, and promote mental health.[22, 23]

What are the benefits of adopting healthy lifestyle habits?

Everyone benefits from adopting lifestyle habits conducive to well-being and health, **regardless of their weight**.

The benefits that come from adopting healthier eating habits or a more active lifestyle go beyond numbers on the scale. They include increased energy, greater focus, and being able to perform different activities, regardless of weight and body type.

Adopting healthy lifestyle habits (e.g., healthy eating, physically active lifestyle, balanced use of screens, tobacco-free lifestyle, sufficient sleep, etc.) may not necessarily have an impact on a person's weight, which is completely normal. **The benefits surpass mere numbers on the scale**.

→ By focusing on the immediate benefits granted by these lifestyle habits, such as improved concentration and a sense of accomplishment, there is a better chance of maintaining them over time.

Physical activity in all its forms is beneficial for both mind and body.

→ Walking around the neighbourhood, gardening, cleaning and playing outside are all ways to maintain a daily active lifestyle!

→ Being active helps manage stress, sleep better, meet people, and reduce the risks associated with chronic diseases, among other things.

Where to start if you want to adopt healthy lifestyle habits?

Rather than aiming for perfection, starting with simple, small steps towards better lifestyle habits will produce immediate health benefits. Here are a few examples:

→ Cooking regularly is a good way to discover new flavours and improve cooking skills.

→ Gradually adopting the **Health Canada's Food Guide**'s recommendations will bring effective changes towards a healthier diet.

→ Walking every day allows you to experience the soothing benefits of spending time outdoors, in addition to improving concentration at work.

→ Practising sports in a group strengthens social ties and the feeling of belonging to an active community.

→ Getting a good night's sleep improves your mood.

→ Spending quality time with people you love can help you manage your stress.

By focusing on the pleasure and the benefits gained by adopting healthy lifestyle habits, rather than the prospect of losing weight, there is a better chance of maintaining them over time.

Living environments must make it easy for everyone to adopt lifestyles that are conducive to well-being and health.

→ Consequently, efforts must be made to promote physical and economic access to nutritious and fresh food, opportunities to walk around neighbourhoods and go to school in complete safety, access to healthy housing, green spaces, and respectful communities for all.

→ Regardless of weight, our living environments should allow us to achieve a state of physical, mental and social well-being.

Preoccupation With Weight

Why are people preoccupied with their weight?

Current social norms wrongly associate thinness with health, success and beauty. This leads many people to becoming preoccupied with weight. However, the thin ideal is unattainable for most people.

→ Although the social standard of thinness leads us to pursue a single body type, nature created us differently. It is important to value these differences.

There are also medical and social pressures that maintain the myth that health rhymes with thinness.

What are the consequences of increased preoccupation with weight?

Wanting to reach an unattainable ideal of thinness can cause suffering.

→ Some people end up internalizing fatphobic prejudices and stereotypes.

In some cases, preoccupation with weight can be detrimental to physical or mental health.

→ This can lead some people to seek unsafe and unhealthy weight-loss products, services and methods.

→ For example, some people exercise excessively for the sole purpose of controlling their weight or undertake restrictive diets.

Individuals have limited control over their weight.

→ The weight-loss industry promotes the idea that it is possible to lose weight quickly and effortlessly, which they use to promote methods whose effectiveness for weight loss is generally not demonstrated.

→ Diet culture leads us to believe that it is easy to lose weight, but in reality, most people regain the lost weight, once they stop dieting.

→ The use of weight-loss products, services and methods sometimes leads to a yo-yo effect, which has a negative impact on health.

Drastic weight-loss methods can be dangerous to physical and mental health.

What should we do about this phenomenon of preoccupation with weight?

Bodies come in all shapes and sizes and this diversity is a source of wealth. Since we have no control over most of our physical characteristics, including the colour of our eyes, the length of our legs, our curves or the size of our ears, it is best to learn to accept one's body as it is.

→ Being more tolerant of one's own body and developing a healthy and positive body image also means adopting lifestyle habits that bring us benefits on a daily basis.

Messaging Related to Children

Should we be worried about children being fat??

For some children, excess body fat can have a negative impact on their quality of life, which may require support from health professionals, such as pediatricians, kinesiologists and nutritionists.

In Quebec, experts have noted a decrease in the physical capacities of children and adolescents, **regardless of their weight**, which has repercussions on their cardiometabolic health.[24] Premature risks of cardiovascular and metabolic diseases increase inequalities, greatly alter the physical and mental health of young people, and can have lifelong consequences.

→ Lifestyle habits and living environments have the largest influence on health and well-being.

→ It is important to provide children with living environments in which they can, among other things, eat healthy foods, be active on a daily basis, develop their motor skills, and develop healthy relationships. This prevents many health risks.

As children grow into adolescence, their bodies develop and change.

→ At this stage of development, children may sometimes develop an excessive preoccupation with weight or experience fatphobia.

→ Our words and actions can lead them to develop an unhealthy relationship with their body image, food or physical activity. This can have devastating effects on their self-esteem and even lead to risky or unhealthy behaviours.

As adults, we have a duty to encourage and empower children to appreciate their body as it is, by:

→ Recognizing what their body can accomplish, rather than relying solely on the image it projects;

→ Valuing body diversity in their daily lives;

→ Respecting different body types.

It is especially important to avoid depriving children of different foods due to weight-related concerns, or forcing them to do physical activities that they do not like.

→ While we may think we are doing a good thing, this can contribute to increasing the appeal of less nutritious foods, developing eating disorders, and losing interest in physical activity.

What can parents do if they are worried?

The best thing to do, if you are worried about your child's health, is to consult a health professional (e.g., family doctor, psychologist, pediatrician, etc.).

As a parent, you can implement some of the following strategies to encourage the adoption of healthy lifestyle habits:

→ Would you like your children to eat more nutritious foods like fruits and vegetables? Involving children in food preparation is a proven way to capture their interest and develop their taste for healthy foods, while also introducing them to new foods and developing their cooking skills. Plus, it's a great opportunity to spend time together as a family!

→ It is recommended that children do at least one hour of physical activity per day. It doesn't have to be a specific sport; it can be a physical activity that your child enjoys and feels good about.

  → Some children prefer group activities and others individual activities. Some want to be supervised and directed in their activity and others simply want to play actively without specific supervision. What matters is creating family opportunities to be active!

  → For example, playing a sport in the yard or at the park, walking around the neighbourhood, participating in an active online course, hiking, going to a public or private swimming pool—these are all great options that can be integrated into your routine.

In order to help children flourish and maintain positive mental health, it is important to value them for qualities unrelated to their appearance (by highlighting their personality traits, strengths, talents, achievements, etc.), to educate them about diversity and the importance of being aligned and connected to oneself, and to establish harmonious relationships within the family.

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POSITIVE
WEIGHT-RELATED
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Guide for Using Weight-Inclusive and Non-Stigmatizing Language

Guide for Using Weight-Inclusive and Non-Stigmatizing Language

This guide, as well as the other tools in the Positive Weight-Related Communications Toolkit, were developed by the *Association pour la santé publique du Québec (ASPQ)*, based on the **conclusions** of the **Quebec Provincial Working Group on Weight-Related Issues** *(GTPPP)*, involving the collaboration of over fifty stakeholders concerned about the health and well-being of the Quebec population. This guide is part of a broader effort to redefine the way in which weight and the issues associated with it (obesity, preoccupation with weight and fatphobia) are addressed in the public space in Quebec.

This guide provides recommendations for using weight-positive language. It is intended for health professionals, organization spokespersons, and communications professionals who wish to address weight-related issues in the public space.

Introduction

Obesity in particular and weight in general are complex subjects. Weight-related communications and interventions must consider both scientific knowledge and popular beliefs. For example, the widespread idea that we have complete control over our weight negatively influences the judgment made about fat people[1]. In reality, a multitude of factors, such as genetics, socioeconomic status, lifestyle habits, mental health, taking certain medications, and many others, have a significant impact on a person's weight[2]. And many of these factors are out of our control as individuals. In addition, weight bias and fatphobia have a negative impact on physical and mental health, regardless of a person's actual weight[3].

How to publicly address weight-related issues by choosing appropriate terminology is particularly important. In fact, messages disseminated through the media (news channels, radio, print media, social networks, etc.) often constitute the primary source of information for entire segments of the population and greatly influence behaviour, particularly in relation to health[4].

Thus, this guide includes recommendations for choosing appropriate terminology to promote health while:

→ Reducing the risk of fostering fatphobia and preoccupation with weight;

→ Deconstructing false beliefs with respect to weight.

Context of Use

Speaking publicly about weight-related issues requires being aware of the connotation of words used, the target audience and their level of literacy, and the context of the speech. In addition, depending on their reality and their relationship with body image, target audiences can be very vulnerable to population-based messages on weight. These vulnerabilities influence their perception of weight-related discourses. For a better understanding of these issues, reading the document on **personas** is strongly recommended.

Obesity

Obesity is still largely defined by body mass index (BMI). Specifically, it refers to a BMI greater than 30 kg/m^2. This indicator has limitations, as it does not provide direct information about a person's health, but it can be used to follow trends at the population level. Numerous studies associate obesity with an increased risk of chronic diseases[7].

How to approach obesity as a social phenomenon?

Obesity is a complex phenomenon, influenced by several environmental, social and individual factors. In general, it is important:

→ **To add nuance:** In theory, the concept of obesity is used when an individual's weight is associated with health risks. In practice, however, the way to measure these risks is still debated in the scientific community;

→ **To remain neutral:** The use of certain terms, especially if they are negative, should be avoided, as this can foster prejudice;

→ **To focus on healthy lifestyle habits:** Lifestyle habits influence health, well-being and quality of life, regardless of weight (or BMI).

Examples of expressions to avoid in the public space and why they should be avoided

Examples of expressions to avoid	Justification
Burden of obesity	Presents obesity as necessarily a problem and a hardship for affected individuals and for others. Encourages the belief that people considered obese are a burden on society.
Suffering from obesity	Implies that there is necessarily suffering linked to having a body mass index greater than 30 kg/m^2.
Obesity epidemic	Describes obesity as contagious.
Morbid obesity	Associate obesity with "morbid", a pejorative adjective.

How to designate people affected by obesity?

The term "obesity" is perceived negatively by many people, because it implies that anyone with a BMI greater than 30 kg/m^2 is necessarily sick or must necessarily lose weight to be in better health. However, the link between weight and health may vary, based on a multitude of factors. It is important to be aware of this word's connotation when using it on a population-based level.

Proposed expressions and reasons to use them

People considered* **to be obese** **People considered*** **to be overweight**	→ When a person has a BMI that exceeds 30 kg/m2, they are considered obese. → The word "considered" draws attention to the social and above all biomedical construction of obesity. → This expression speaks for both the medical field (concept of obesity), the social sciences (idea of societal construction) and the population in general
Fat people	→ This expression can be used in a neutral way to refer to people with a large build → It is advisable to accompany its use with an explanatory note**.

* The word "considered" can also be replaced by "judged" or "perceived"
**Example: The term "fat" is used here in a neutral way to describe a person's body size

Fatphobia

Fatphobia refers to stigmatization and discrimination against fat people. Many devaluing prejudices and stereotypes about weight contribute to this phenomenon.

How to avoid fostering fatphobia?

In general, it is important:

→ **To explain the factors that influence weight in a nuanced manner:** Physical activity and diet are not the only factors to consider when explaining why weight is increasing among the population. Focusing only on these two elements puts excessive responsibility on individuals. In reality, several factors are beyond our control, such as genetics and socioeconomic environments.

→ **To choose appropriate terminology:** Avoid negative adjectives or terms that induce judgment. A high weight is not something negative in itself or a condition caused by a "lack of willpower". It is possible to be overweight and still be healthy; just as a thin person can be unhealthy.

→ **To choose respectful images in communications:** Sensationalist images that seek to provoke negative feelings (e.g., shock, disgust, fear) can convey stigmatizing stereotypes and prejudices with regard to weight.

Inclusive and respectful terms, without negative qualifying adjectives, are always recommended.

How to designate people affected by fatphobia?

Intrapersonal fatphobia, which is an internalization of weight-related prejudices and negative stereotypes, can affect anyone, regardless of weight. However, fat people are generally the most affected by interpersonal fatphobia (e.g., mocking and insults) and institutional fatphobia (e.g., refusal to hire, unsuitable urban infrastructures).

When designating people affected by fatphobia, a neutral description of corpulence can therefore be used, in the event that it is important to qualify the person's physique:

→ Thin people

→ Fat people

Although thin or fat are neutral qualifying adjectives, "fat" is a term that may resonate negatively with some people, because of their personal history of fatphobia. In an individual context, it is therefore important to always ask the person which expression suits them best. In a population context, taking into account the characteristics of your target audience and remaining neutral is essential. It is therefore recommended to use the expression "fat people", accompanied by an explanation (e.g.: the term "fat" is used here in a neutral way to describe a person's body size).

Also, many fat people choose to reappropriate this expression, to counter the pathologization of fatness that is associated with the word "obesity".

Preoccupation With Weight

How to avoid excessive preoccupation with weight?

Excessive preoccupation with weight can be induced, when people are exposed to single, unrealistic standards of beauty; when negative portrayals of fat people are presented on television; when health messages position weight as the main (or even sole) factor of several diseases, without providing nuances; when weight is presented as easily controllable; or when the weight-loss industry promotes its products, services and methods[5, 6].

To avoid causing preoccupation with weight, it is important to:

→ **Emphasize that health is not just a question of weight.** Science shows that improving one's lifestyle helps reduce the risk of chronic diseases, regardless of its impact on weight. No matter a person's weight, a healthy lifestyle is always beneficial!
→ **Reject standards of beauty** that perpetuate the cult of thinness in women and a muscular body in men.
→ **Explain that a person has little control over their weight in the long term.** Thus, building a healthy relationship with one's appearance is essential for good physical and mental health.
→ **Promote the adoption of lifestyle habits conducive to well-being and health as essential** for a positive body image and flourishing mental health.

How should we designate people who express (excessive) preoccupation with weight?

Weight preoccupation can affect anyone, regardless of weight.

A neutral description of corpulence can therefore be used, in the event that it is important to qualify the person's physique:

→ Thin people
→ Fat people

Healthy Lifestyle Habits

It is important to promote healthy lifestyle habits based on their benefits and not as a way to manage or lose weight. A person can be fat, even if they are active and eat healthy. Body diversity is natural. In the end, regardless of weight or state of health, feeling good about yourself, having restful sleep and a circle of people you trust, practising regular physical activity and eating healthy and balanced meals are surefire ways to improve one's quality of life.

Conclusion

We recommend using this guide and the other tools in the *Positive Weight-Related Communications Toolkit* when constructing population-based messages with respect to weight.

Weight should not be a taboo subject or cause for stigma in our society. It must be approached in a respectful and inclusive manner, so as not to harm the population's well-being.

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Guide for Using Weight-Inclusive and Non-Stigmatizing Visuals

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Guide for Using Weight-Inclusive and Non-Stigmatizing Visuals

This guide, as well as the other tools in the Positive Weight-Related Communications Toolkit, were developed by the *Association pour la santé publique du Québec (ASPQ)*, based on the **conclusions** of the **Quebec Provincial Working Group on Weight-Related Issues** *(GTPPP)*, involving the collaboration of over fifty stakeholders concerned about the health and well-being of the Quebec population. This guide is part of a broader effort to redefine the way in which weight and the issues associated with it (obesity, preoccupation with weight and fatphobia) are addressed in the public space in Quebec.

This guide provides recommendations for selecting positive, non-stigmatizing visuals to illustrate weight issues. It is intended for health professionals, organization spokespersons, and communications professionals who wish to address weight-related issues in the public space.

Introduction

Obesity in particular and weight in general are complex subjects. Weight-related communications and interventions must consider both scientific knowledge and popular beliefs. For example, the widespread idea that we have complete control over our weight negatively influences the judgment made about fat people* [1]. In reality, a multitude of factors, such as genetics, socioeconomic status, lifestyle habits, mental health, taking certain medications, and many others, have a significant impact on a person's weight[2]. And many of these factors are out of our control as individuals. In addition, weight bias and fatphobia have a negative impact on physical and mental health, regardless of a person's actual weight[3].

Public speeches addressing weight-related issues are often accompanied by visuals that must be selected carefully, because they also convey a message. Very often, these images feature fat people. The way in which they are represented exerts a great influence on the general population. Indeed, visuals can reinforce or reduce negative stereotypes about weight, influence a person's body image, and even have an impact on the behaviour and discourse held towards fat people[4].

Thus, this guide makes recommendations for choosing appropriate visuals to accompany population-based messages with respect to weight.

The goal is to select photos that:

→   Do not foster fatphobia or preoccupation with weight;
→   Deconstruct false beliefs with respect to weight;
→   Show positive representations of people, regardless of their weight;
→   Present the natural diversity of bodies (e.g., ethnicity, build, etc.).

The term "fat" is used here in a neutral way to describe a person's body size.

Context of use

Images are powerful tools when it comes to conveying a message; notably, because they are accessible to the greatest number, including people with low levels of literacy[5]. These images can be used on their own (e.g., visual report) or to illustrate an article that discusses weight. In both cases, they may be subject to different interpretations by the population, as it is also the case for the language that is used to address weight-related issues.

Thus, whether broadcast in traditional media or on social networks, the images used to illustrate weight-related issues influence the reception and understanding of the message by the public. In order to ensure that the population receives the right information, the image must convey the same message as the article it accompanies[6]. For this reason, images must be selected based on the subject (the message), the intention sought through the communication, the target audience and the broadcasting context.[7]

Recommendations

Images used to illustrate weight-related issues often feature fat people. However, some of these issues, such as excessive preoccupation with weight and fatphobia, can affect anyone, regardless of weight.

In general, when selecting images, it is important to favour[8, 9] :

→ **Reality**: positive images depicting people in everyday activities;
→ **Diversity**: people with different body shapes;
→ **Health**: fat people (or people of all builds) engaging in healthy behaviours.

Weight-related issues are complex phenomena that affect a multitude of people in different contexts. The problem is that often, the photos that illustrate these issues oversimplify them (e.g., only fat people are shown) or focus on only one aspect (e.g., the link between eating habits and weight).

Thus, when selecting images, it is important to avoid[10, 11]:

→ **Stigmatization**: images that convey negative stereotypes. For example, systematically portraying fat people engaging in behaviours that are not conducive to health;
→ **Dehumanization**: images that put excessive emphasis on certain parts of the body (stomach, double chin, etc.), or that do not show the faces of the represented people;
→ **Demeaning**: images that show fat people in unflattering positions or looking unkempt.

Examples

The following examples are taken from press articles and an image bank.

Images to Avoid

(Press article-2020)

Demeaning image

This kind of photo is to be avoided because the represented person is not portrayed in a positive light. Another more positive photo of the person could have been chosen to convey the desired message.

Dehumanizing image

The focus is on the person's stomach and we do not see their face: the represented person is thus reduced to their abdomen. The tape measure, often seen in images, emphasizes the fact that not all sizes are accepted equally in society.

(Press article-2022)

Stigmatizing image

This photo reinforces the prejudice that only fat people are lazy and overeat ultra-processed foods.

(Image bank-2022)

Reality

This image shows a fat person in an everyday context.

(Photo credit: Julie Artacho for *ÉquiLibre*)

(Image bank)

Diversity

Weight-related issues can affect anyone. For the general public to be aware of this, it is important to represent them in all their diversity.

Health

Adopting healthy lifestyle habits, such as physical activity, is beneficial for everyone's health.

(Photo credit: Julie Artacho for *ÉquiLibre*)

Recommended Images

Before choosing an image, photo or video to illustrate weight-related issues, consider the following questions[12, 13, 14] :

→ Could this image convey or reinforce negative stereotypes?
→ Does this image respect the dignity of the represented person?
→ Are there alternatives? Could another photo or image send the same message, while reducing possible biases?
→ Could people be offended by seeing this image, and why?
→ What message does this image send?
→ What could be the possible consequences of publishing this image?
→ Does this photo show a positive representation of healthy lifestyle habits?
→ Does this photo present diversity in a positive manner (body types, cultural, etc.)?

Conclusion

Communicating about weight-related issues also means showing the general public the reality of these issues. Sensationalistic images that seek to provoke negative feelings (e.g., shock, disgust, fear) can convey inappropriate stereotypes about the people experiencing these issues. The risk being that the health message is distorted and becomes detrimental to the adoption of lifestyle habits conducive to health and well-being. Thus, when choosing images that illustrate weight-related issues, it is important to select those that convey a positive, inclusive and non-stigmatizing message.

References

1   Hoyt CL, et al., 2019. Public Health Messages and Weight-Related Beliefs: Implications for Well-Being and Stigma

2   Foresight : Obesity system map 00-ObesityMapA0_140108 (publishing.service.gov.uk)

3   Rubino F., Puhl RM., Cummings DE., et al. (2020). Joint international consensus statement for ending stigma of obesity

4   Savoy, S., Boxer, P. (2020). The impact of weight-biased media on weight attitudes, self-attitudes, and weight-biased behavior

5   Savoy, S., Boxer, P. (2020). The impact of weight-biased media on weight attitudes, self-attitudes, and weight-biased behavior

6   Centers for Disease Control and Prevention. Visual Communication Resources. https://www.cdc.gov/healthliteracy/developmaterials/visual-communication.html

7   Hannah Nelson (2021). Public Health Messaging, Education Hinge on Good Image Captions

8   Savoy, S., Boxer, P. (2020). The impact of weight-biased media on weight attitudes, self-attitudes, and weight-biased behavior.

9   Centers for Disease Control and Prevention. Visual Communication Resources. https://www.cdc.gov/healthliteracy/developmaterials/visual-communication.html

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13 Centers for Disease Control and Prevention. Inclusive Images. https://www.cdc.gov/healthcommunication/Inclusive_Images.html

14 Obesity Australia (2015). Rethink Obesity: A media guide on how to report on obesity

POSITIVE
WEIGHT-RELATED
COMMUNICATIONS
TOOLKIT

Target Audiences and Their Vulnerabilities with Respect to Weight-Related Messages

Target Audiences and Their Vulnerabilities with Respect to Weight-Related Messages

This guide, as well as the other tools in the Positive Weight-Related Communications Toolkit, were developed by the *Association pour la santé publique du Québec (ASPQ)*, based on the **conclusions** of the **Quebec Provincial Working Group on Weight-Related Issues** *(GTPPP)*, involving the collaboration of over fifty stakeholders concerned about the health and well-being of the Quebec population. This guide is part of a broader effort to redefine the way in which weight and the issues associated with it (obesity, preoccupation with weight and fatphobia) are addressed in the public space in Quebec.

In order to create healthy and inclusive communication tools, the ASPQ sought to know and understand the characteristics of its target audiences, particularly the people who could be the most affected by these communications.

Through four personas, this document presents **profiles of people who may be vulnerable to population-based communications on weight-related issues**.

A persona is a fictional person created based on social, affective and cognitive information, in order to be representative of a specific type of target audience[1]. Thus, the persona makes it possible to guide reflections and actions deployed around this target audience.
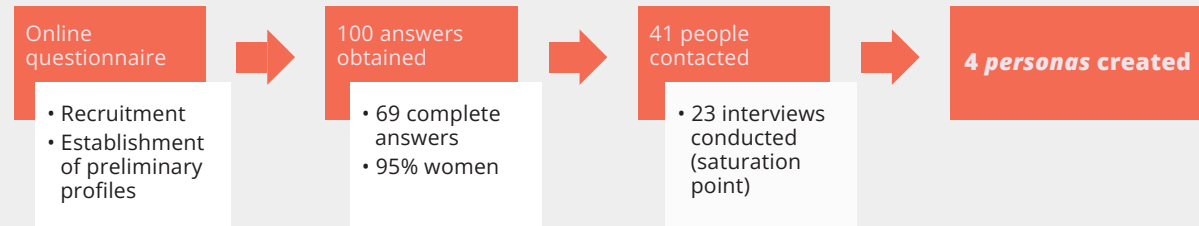
This document is intended for health professionals, organization spokespersons, and communications professionals who wish to address weight-related issues in the public space and take their audience's reality into account when creating their message.

Creating *Personas*

The creation of this document's *personas* was based on a series of individual interviews with volunteers, selected according to characteristics associated with vulnerabilities to weight-related issues, such as:

→ Presence of (excessive) preoccupation with weight (e.g.: repeated dieting, body image issues, etc.);
→ Experiences in connection with fatphobia;
→ History of eating disorders;
→ Interest in or history of bariatric surgery.

Diagram – Methodology for constructing *personas*

Online questionnaire	100 answers obtained	41 people contacted	**4 *personas* created**
• Recruitment • Establishment of preliminary profiles	• 69 complete answers • 95% women	• 23 interviews conducted (saturation point)	

Following these interviews, four personas were created. Although all of these personas can be considered vulnerable, meaning that they could be negatively affected by messages that address weight-related issues, they are differentiated by their personal history, their expectations (needs), their resources, and their position on these issues.

When constructing weight-related messages and choosing visuals to accompany them, these personas can be taken into account, in order to adapt the content for a specific audience.

Personas and their communication preferences

The *personas*, whose first names are fictitious, can be separated into two groups, according to their level of vulnerability and their psychological state:

High vulnerability to weight-related issues	Critical distance from weight-related issues
→ Multiple attempts to overcome a mental health disorder (e.g., eating disorder) → Solution-oriented mindset → Well-being significantly affected by fatphobia and preoccupation with weight → High sensitivity to the outside world, which results in a strong or very strong vulnerability to weight-related discourse.	→ Persistent negative thoughts around the body image → State of mind oriented towards listening and self-care → Lower impact of fatphobia and preoccupation with weight on well-being → Rejection of social norms related to thinness, which allows low to moderate vulnerability to weight-related discourse.
Corresponding *personas:* **Beatrice** and **Emma**	Corresponding *personas:* **Justine** and **Camille**

Beatrice

Personal history and weight-related vulnerabilities

Béatrice has been dealing with weight-related and mental health issues since early childhood, following traumatic events that led them to develop intense compulsions. Consequently, their mental health remains fragile. They are very vulnerable to weight-related issues and messages.

What are their needs (expectations)?

Béatrice wishes to be accompanied in a supervised and progressive healing process to relearn how to love and accept themself as they are.

How to talk to them?

The issues that Béatrice experiences with respect to their weight are simply manifestations of the larger mental health challenges they face. Even if they are not diagnosed with an eating disorder, they may experience the symptoms on a daily basis. Thus, for them, only addressing the question of weight may seem reductive or superficial, in view of their deeper issues. They would like the issues they experience in connection with their mental health to be recognized, named and accepted.

In general, Béatrice would prefer to avoid using physical qualifiers to define people, because they do not provide any useful information, according to them. However, if their use is necessary, they prefer:

→ Overweight rather than "obesity"
→ Round rather than "fat"

Emma

Personal history and weight-related vulnerabilities

From a young age, Emma has had a naturally larger build than others. However, it is difficult for them to accept it, because of the pervasive thin ideal in society. Thus, their self-esteem was damaged during the pivotal years of their life. They have repeatedly dieted and live in deprivation, between cycles punctuated by hopes and failures. They are very vulnerable to weight-related issues and messages.

What are their needs (expectations)?

Emma wishes to deconstruct their identity, so that it no longer focuses on their weight. For them, it is also very important to denounce the dangers of dieting. Emma needs the diversity of factors that influence weight to be clearly communicated, in all their nuances, so that their life experience is better understood.

How to talk to them?

Emma doesn't like the term "fat" because it reminds them of the insults they had to endure in the schoolyard. Scientific terms like "obesogenic environment" do not speak to them. Emma appreciates positive or neutral weight-related terms. More specifically, they prefer:

→ "Round person" or "overweight person" to designate people with a large build.

Finally, Emma finds it important to remind people of all ages that they can grow and strive for well-being.

Justine

Personal history and weight-related vulnerabilities

For a long time, Justine's life has been ruled by an obsession with their body image, the need to perform, and anxiety about the gaze of others. A change in their life led them to transform their state of mind and they now are in remission.

What are their needs (expectations)?

Justine wants to share their experience to help others.

How to talk to them?

For Justine, communications must be accompanied by concrete means to support people who are experiencing weight-related issues and accompanying mental health issues. For Justine, it is especially important to dissociate weight from health, and to transform social standards around beauty and thinness. They want the story of "real people" to be shown and told, in order to create empathy and less judgment.

Justine believes that the term "obesity" necessarily induces judgment, and pushes the person into a problem, rather than helping them to free themselves from it. Thus, they prefer to consciously disconnect from mainstream messages, to detach themself from being told what to think and better manage external influences.

More specifically, Justine:

→ Is comfortable with the term "fat people", but feels that the negative meaning associated with the adjective "fat" should always be deconstructed before using it;
→ Likes messages that hammer the fact that there are no effective methods for long-term weight loss, as it reduces personal guilt and rekindles the debate related to the thin ideal.

Camille

Personal history and weight-related vulnerabilities

Camille had to deal with intrusive thoughts, insecurities, and the gaze of others for a long time. Their social and economic status (precariousness, financial insecurity, food insecurity, etc.), as well as their career (job where physical appearance is important) have impacted their experience with weight. By detaching themself from social standards, they have been able to develop their critical thinking, which helps protect them.

What are their needs (expectations)?

Camille would like to hear messages that help them develop their knowledge about nutrition. They also need financial support.

How to talk to them?

Camille feels necessary to stop weight polarization: for them, a thin person is not necessarily more efficient and a fat person can do a lot of things with their body. They would like us to talk about something other than weight and appearance. For them, fat people shouldn't just be talked about in speeches related to weight. They believe that it is important to make them visible in other contexts, in order to stop amalgamations.

On the other hand, Camille likes clear and punchy statements that leave no room for doubt, such as:

→ "Fat people can be healthy".

They're also comfortable with the term "fat people."

Conclusion

The four *personas* in this document, despite their different life experiences, agree on the importance of the following points when it comes to creating messages:

→ Awareness of the physical consequences of mental health-related disorders (e.g., weight gain or loss);
→ Positioning of emotional health as a part of a healthy lifestyle;
→ Deconstruction and explanation of terms (e.g., for Camille, the word fatphobia automatically brings to mind "fear of fat people").

On the other hand, differences can also be observed, especially in the preferences given to certain terms. Thus, the most vulnerable personas have particular difficulty with terms like "fat", which are still attached to bad memories. Thus, the use of the expression "fat person" must always be accompanied by an explanatory sentence, such as: "The expression fat person is used here in a neutral way to describe the corpulence of the concerned people's".

The personas presented in this document are reflective of experiences found within the population. They must therefore be taken into account, when designing messages, and to better understand the audiences to whom they are addressed. Béatrice, Emma, Justine and Camille are among those who receive our general public communications. Their life experiences help build healthy and inclusive communication to address weight-related issues.

References

1   Bornet et Brangier : La méthode des personas : principes, intérêts et limites. (2013)