



THE PERSONAL COSTS OF WEIGHT ISSUES IN AUSTRALIA 2020

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WELCOME FROM THE CHAIR

There is a lot of public commentary about what needs to happen to control the growing weight problem here in Australia. But the loudest voices we hear in any discussion about obesity are those of experts such as health researchers, public health policy makers, medical and allied health specialists. While these are valuable and necessary, they often come with a narrow view related to their field of expertise on how to address obesity. On the other side, we have the incessant advertising and promotions by the commercial weight loss industry, promising miraculous weight loss results...for a price. But in all this, the voices of people who live with the challenges of excess weight are missing.

Today nearly 70% of Australians have overweight or obesity; and yet most of us will opt to remain silent on the topic and how it affects us, because of shame and embarrassment. For a number of years, there has been a need to create an advocacy and support organisation that can be the voice of people with overweight and obesity, so late in 2019 the Weight Issues Network (WIN) was born.

The Weight Issues Network

WIN is an emerging network of people whose lives are affected by overweight or obesity, our families, our friends, and people who care. Together, we are committed to breaking weight stigma. We are working to change people's perception of obesity in order to help reduce discrimination and focus on actions and initiatives that will actually help minimise the impacts of the condition. We know that shaming and blaming does not work. We believe that through sharing our experiences, we can bring awareness about the facts and the reality of life in a large body, and that over time this may help reduce weight stigma. WIN was formally registered as a Health Promotion Charity, in January 2020, and is a growing member organisation.

Report contents

This report outlines what we think are the important perspectives of people with lived experience of obesity; and what we believe we can do about it together. To ensure the affected voices are central to the report, we conducted workshops; reached out for input from our members, and consulted with patient groups of Obesity Services across the county.

- There were 3 major themes that continuously appeared in discussions, meetings and workshops. These form the structure of this report: (1) the burden of stigma (2) how it is difficult to know how to improve health and navigate the health system (3) how our environments are not conducive for our goals to achieve health.
- We have included recommendations for how we can start to change things for each of these major themes. The recommendations have implications for key decision makers and healthcare professionals in the hope that we can help them understand what can make a difference from our perspectives. A range of clinical and public health experts have developed statements of support for the WIN points of view and recommendations.
- We have included a few personal stories in this report, and we thank our brave WIN members for leading the way. Telling personal stories of challenge with weight is not easy – it is such a stigmatised topic. However, our members carry this risk in the hope of helping others and raising awareness. You will see that the three stories are different. There are so many different stories, because the challenge of obesity is not homogenous, however a key theme woven throughout each is the burden of weight stigma



My weight story – leaving no stone unturned

For all of my life I have carried more weight than I would like. But, it was only after the birth of my daughter in 2009, that I became more conscious about the health implications of my weight. Prior to becoming a Mum, my life was taken up with a demanding career. I did long and odd hours at work hunched over my computer, and stress was simply a way of life, while health, sleep, exercise, and food were the last things on my mind.

Over the years, I have tried so many different approaches to lose weight – some harmful, some useful, but I also learned many valuable lessons by experimenting. I quickly learned that obesity is complex, and that the community understanding is both simplistic and inadequate. It was this dissatisfaction with the results of my own self-experiments, that spurred me to go back to University for a second time - this time to study health and to pursue academic research in weight-loss.

I am now five years down this path, and while I haven't found the silver bullet – I do know that our progress in understanding obesity is deeply impacted by the way society thinks and acts about the issues. This won't change – and solutions will not be found for individuals, nor for society without the perspectives of the people who live it. We need to be sitting at the table, being heard, and having our opinions respected.

Meeting like-minded people who care... then together establishing Weight Issues Network has been a work of hope and desire for change. I dream about finding some answers while tackling stigma, creating a safe space to speak about challenges, creating a platform to share perspectives and stories, helping to educate the medical and wider community.

Thank you for taking the time to read our report. If you take one thing away from this report, I hope that it is the idea that obesity is not a choice, and the shame, bias and discrimination is helping no one but harming many of us.

As Kelly - one of our WIN members who shared her story in this report puts, **“the personal cost of obesity can't keep hiding in the shadows.”**

If this is an area that you are passionate about, please join WIN and contact us to see more about what we can do together.

Divya Ramachandran
WIN Board Chair

SUMMARY OF WIN RECOMMENDATIONS



Obesity affects a lot of people in our community. We need to do better. We need to understand this challenge with greater empathy, understanding and support. The following sections outline our recommendations on how to improve the lives of people who are affected.

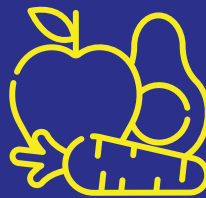
1 Weight stigma needs to stop

- The lived experience voice and perspective to be included in the development of plans, strategies, design of treatment pathways, research, and debates on weight issues in a person-centered approach.
- Clear anti-stigma policies, education approaches and tools for schools, universities/higher education, employers, social services, research and healthcare providers.
- Government statements, plans, policies and campaigns to consult people with lived experience to help reduce risks of unintentional stigma.
- Relevant public health communications are developed considering potential stigma harm. These should not further weight stigma or be a major risk factor for eating disorders or disordered eating.
- Portrayal of people with obesity in the media to be respectful. Framing and images with stereotypes perpetuate and reinforce stigma.
- Evidence-based support and/or resilience training to be available and subsidised for those who are particularly affected by weight stigma.



2 Improve clarity and reduce barriers to better health

- Mandatory obesity training as part of all health and social care service education. Health and social service providers need to understand the science of obesity and how to best promote health and maintain it.
- People living with obesity are empowered and encouraged to ask questions of their healthcare provider.
- Healthcare professionals, particularly GPs to offer a respectful and genuinely helpful conversation for those who would like help understanding and working on their weight issues.
- Nationally consistent and high-quality tools, resources, standards, information and guidance for obesity care.
- Effective and evidence-based treatment options for different people's needs are affordable and accessible nationally.



3 We need more supportive environments in society

- Governments to explore ways to make healthy foods cheaper and easier to access, particularly in lower income and/or remote areas.
- Mandatory policies to have healthier foods in schools.
- More nutrition and basic/food cooking skills education in schools (growing food, understanding nutrients, supply chains, cooking).
- Government regulation to limit marketing of junk food to children on all media platforms
- Clearer labelling to better understand which foods are most damaging to our health.
- Local councils to invest in green spaces, pathways, benches, lighting and water fountains that cater to the needs of all sizes, ages and abilities. New public spaces and public transport projects to include seating which is appropriate for larger persons.
- Public facilities and gyms to accommodate larger bodies by providing specific hours that are 'safe spaces' for all sizes.
- Support more business models and charities that can provide free or low cost or free physical activity options, led by professionals for people with obesity and limited funds.



PURPOSE OF THIS REPORT

With this report we want to help raise awareness. We want people to understand that excess weight and obesity are not simple lifestyle choices. We want to share our understanding of what it is like to live with excess weight, specifically the challenges around stigma and navigating the health system and our environments.

Obesity affects a lot of people in our community. We need to do better. We need to understand this challenge with greater empathy, understanding and support. We hope that everyone can learn something from this report and that key decision makers and healthcare professionals take note of the recommendations to improve the lives of people affected by obesity.

WIN have developed this report during 2020 without any specific external grant funding. Thank you to the WIN leaders, members and supporters that contributed their time and ideas over the year.

WHAT IT IS LIKE TO LIVE WITH WEIGHT ISSUES

There is no 'one size fits all' when it comes to living with weight issues. Everyone is different and their experiences will vary depending on many things, some including:

- **The length of time living with excess weight:** Some will have battled it for their whole lives, since childhood, while others may have put on weight in the last few years.
- **Weight loss attempts and outcomes:** Some people may have successfully lost weight; some will have 'yo-yo-ed', and others have struggled to lose any. Just as there are many different reasons why someone may gain weight, there are also different experiences with trying to lose it.
- **Causes:** Weight gain can happen for many different reasons.
- **Self-perceptions:** People will have different perceptions of their weight and how that may affect their opinion of themselves.
- **Health challenges:** Impacts on health and quality of life for people vary and are not necessarily directly linked to the level of excess weight.
- **Support:** Experiences with families, social networks and healthcare providers can make an important difference in how supported and accepted people feel.

A report will never be a perfect representation of all perspectives. There is no one story that will resonate with everyone's experience, but there are themes that we know are important to share. The following sections reflect what we have heard from a range of perspectives. Different sections or statements will resonate for different people.

Terminology

There are many terms used to represent higher levels of body fat and unfortunately negative connotations can make it difficult to communicate around this topic. We note that people have different preferences around terminology and we recognise that some people don't like the word 'obesity' because of negative associations with the term. If someone is very negatively emotionally triggered while reading the words, statements and stories in this report, we apologise. That is not our intention. We are trying to raise awareness and communicate clearly. To be clear, when we refer to obesity, we mean excess body fat that is affecting our health and wellbeing, not a personal judgement.

'It took me years to understand'

I met my wife in the '90s while living at Uni accommodation in Sydney. She remembers me as being the life and soul of the party... singing, playing the guitar and joking around. At the time I was a very social person ...and sometimes too social!

I was really happy to become a father but not too long after my wife gave birth to our son I fell into depression and suffered from anxiety because of my relationship with my family and how I had been treated. I had an abusive upbringing and often used food to cope with it. I've struggled with my weight for most of my life. I started putting on a lot of weight.

I worked in a high-pressure job in the financial services industry. This added to my anxiety and my belief I needed to succeed to provide for my family. I started to become reclusive and anti-social. I put on even more weight and became withdrawn. I missed my best friend's wedding. I made an excuse about why I couldn't go and missed many other important family events, and always had an excuse. I was hiding from my friends, even though I needed them more than ever.

My life had become very small and as a result, so had the life of my rapidly growing son. I was scared about what was happening to me.

I worked very hard to lose weight, through daily exercise, various diets. I did have some success, unfortunately, not for long. There would often be a trigger....someone would say something encouraging...that I was looking good, that I was losing weight. I'd panic and would inevitably spiral down. I put a great deal of pressure on myself to succeed. I had every reason to lose weight. My son, my wife...my dad would have wanted that for me too. The whole diet/exercise weight loss, weight gain loop was happening and I was very tired. Fatigue was setting in.

"Addressing my mental health is a crucial part of my recovery."



It took me years to understand.

The equation was more than just exercise... calories in calories out. Finally, I realised that I needed another angle on this. I found it hard to see a GP, to be judged for my appearance. I wanted to avoid an awkward conversation about my weight. Even when I had infections and required antibiotics to recover, I'd keep away from the doctor and try and get better without it.

Finally, I sought help....I decided to be honest.

Through the support of my wife and some new friends, I became more positive and open to addressing my issues. I had a stained, crumpled referral letter to the Metabolic clinic in the glove box of my car for about six months. Finally, I gave them a call. I received support at the clinic from some wonderfully enlightened staff who didn't treat me like a failure or an idiot. I started working on my physical health issues. I knew that this was only part of the answer. I then found a psychologist to help deal with trauma from my childhood. Addressing my mental health is a crucial part of my recovery. Now advocating for mental health is a passion of mine.

My personality has changed. My wife has said I've become more lighthearted like I had been in the past and much more fun to be around. I feel now that my son is in his teenage years, that I am more present for this important stage of his life.

I have reconnected with some of my older friends.

I feel empowered.

I still have ups and downs

I want to help others.

Stigma is a heavy burden

No one is perfect, that is the human condition. But what people think is 'imperfect' about us (our weight), is visible for daily judgement. We know there are people who judge larger bodies for being 'fat' and who think that taking up more space is not okay. Many of us feel the unfair personal and painful assumptions made about us, very deeply. It hurts that people think:

- We are lazy and lack intelligence
- We are made from a different moral fabric
- We are weak, lack self-control or have 'let ourselves go'
- We have taken the easy path in life
- We lack determination, or are simply not trying hard enough in life

This means that we may not get the same opportunities in life as people who don't struggle with their weight; and as with other forms of stigma and discrimination, we need to **work harder** and **be better** to be recognised and respected.

Many of us are judged constantly. Whether by our family, friends, strangers on the street, at school, at work and by healthcare professionals, it can be relentless. Sometimes those that we turn to for support believe that judging us will help us to be motivated to change.

"I just think that sometimes the obesity stigma is so loud and so normal that it can overshadow the reality of the situation, which is that it's actually really hard. I've only ever had the obesity conversation from a weight loss perspective, but if I've learnt anything it's that the physical impact is nothing compared to the toll it takes psychologically, but nobody talks about it..."

There is constant talk about diet, size, shape and weight; it is everywhere. TV ads and fat jokes on social media are uncomfortable for us, and some people are even hateful and verbally abusive. Over time, many of us begin to believe what people think and say about us, and we blame ourselves. Projecting these stereotypes onto anyone is unfair and harmful, but it is particularly damaging and difficult to deal with for children in larger bodies. The lasting effects of stigma can continue throughout life, even if or when, weight has been reduced. This can affect mental health, self-image and confidence, reducing the chance of a happy life.

We want to be clear: This is not a lifestyle choice that we choose or prefer, we certainly don't set out to live a life challenged by obesity. Many of us have tried relentlessly and gone to great lengths to battle weight and get thinner. We've tried: restrictive diets, complementary medicines, expensive gym memberships and retreats, exercise equipment and so many commercial weight loss programs with the hope that "this time it will work". For some of us, every weight-loss journey is a battle and these constant struggles are exhausting, depressing and frustrating. Yet, unlike other health conditions, obesity is not looked upon with compassion.



Weight stigma, bias and discrimination

People experience weight bias and stigma in all aspects of their life such as their homes, workplaces, schools, healthcare, media and social media and transport. Weight stigma can have many serious impacts including¹:

- Depression and anxiety
- Social isolation
- Decreased self esteem
- Disordered eating such as binge eating
- Lower quality of care in the health system
- Discrimination in education and employment

Considering the negative impacts on eating behaviors, mental health and physical activity, there is an argument that reducing weight bias could be part of the approach needed to take on obesity as a societal challenge.² The evidence on prevention and reduction of weight stigma is at an emergent stage and further research is needed however multilevel efforts will likely be required to reduce and prevent weight stigma - downstream interventions targeted to different settings (e.g., education and training of medical professionals), broader upstream policy initiatives to tackle systemic societal weight based discrimination and prejudice.³



1 Europe, W. H. O. (2017). Weight bias and obesity stigma: considerations for the *WHO European Region* (2017). WHO Reg. Off. Eur.(WHO Eur.; Hill, A. (2020). Weight bias and stigma in health care. <https://www.obesityevidencehub.org.au/collections/treatment/weight-bias-and-stigma-in-health-care>; Ending weight bias and the stigma of obesity.(2020). *Nature Reviews Endocrinology*, 16, 253. Retrieved from <https://www.nature.com/articles/s41574-020-0347-7#Bib1>

2 The Lancet Public Health,. (2019). Addressing weight stigma. *The Lancet Public Health*, 4(4), e168. doi:[https://doi.org/10.1016/S2468-2667\(19\)30045-3](https://doi.org/10.1016/S2468-2667(19)30045-3)

3 Bellew, W., Grunseit, A., Huang, B. H., Kite, J., Laird, Y., Thomas, M., & Williams, K. (2020). Weight stigma and bias-what is known? Rapid review of evidence.

'The Big Girl'

"The personal cost of obesity can't keep hiding in the shadows."



I have spent my entire life living with obesity. My. Entire. Life. From my early childhood onwards. Throughout the years, my body has taken on different forms – overweight, stage 1 obese, stage 2 obese and borderline stage three obese in cycles. The lengths I have gone to hide my size are best illustrated by a simple story of a me as 14 year old girl who hops on the pirate ship at Australia's Wonderland with her BFFs. I go to put on the seatbelt but it's not long enough to fit around my hips. I have a choice. I can risk the inevitable ridicule of strangers and the quiet whispered pity party of my friends, or I can keep quiet and plummet to my death from an upturned pirate ship. What would you do? To a teenage girl who has endured a lifetime of teasing, it's a no-brainer. I chose death. Luckily there was a bar that went over the top of everyone and that's why I'm still here today. When I told my dad this story years later, he cried.

What has taken me 35 years to realise is that it wasn't my fault that I was a larger child. And, don't think for one second I'm blaming my mum! We had healthy lunchboxes and we ate home cooking and fresh foods almost always. We played outside until dinner. Therein lies a mystery.

"If you don't want to be called fat, don't be fat" is a quote from someone close to me. Someone who wouldn't realise that I've kept that comment close to me since I was a child. My first diet was at aged 11 and by the time I was a teenager I was starving myself. Because of my size, no one picked it up as an issue.

Now I am in a body size that is classed with a healthy BMI and waist circumference and a socially acceptable dress size. This is not a simple before and after success story. It has taken me many years, numerous approaches, a number of relapses and a degree in nutrition science to get here. But my battles aren't over yet. I am now focused on being weight stable and I know that this is the hardest part, keeping the weight off. But as I march in to battle this time, I am more educated and kinder to myself and I know what matters most is my health and wellbeing. I focus on fueling myself and not starving myself. I now want to help others with this.

When I say that I still live with obesity, people think I am nuts but long after people have stopped calling me fat, fatty, fatty-boom sticks, smelly Kelly with the big belly, the big girl, the big chick, the larger woman, those words, those labels, are still part of my fabric. They still impact how I think of myself. Of what I'm capable of. On how willing I am to draw attention to myself. I have had to work hard during the past few years to push past those self-doubts and insecurities. The personal cost of obesity can't keep hiding in the shadows. That is why I have shared my story.



Making changes to improve health can be difficult

It can be difficult to know what to do if you want to lose weight, or be healthier, or both. 'Eat less and move more' seems straight forward but for many of us it has never been that simple, if it was, obesity wouldn't be such an issue for many people in Australia.

It can be **overwhelming** to know where to start or restart. There is such a variety of programs, diets, complementary medicines, and medical treatments on offer, but it's hard to choose, especially if you don't have a lot of money. Every week there seems to be a new book, plan, diet, program, app, service or product that promises to solve the problem. It is difficult to know which ones work and are worth the investment before you get your hopes up again. Many of us have tried different diets and are regularly dieting. Some of the diets are extremely restrictive, making it difficult to stay on them long term, and how are we to know which diets actually work? It seems to be so different for everyone.

The many different sources of information, ideas, experts, and options is confusing, conflicting and **difficult to navigate**; and, for some of us, our weight might be just one of the health challenges that we are trying to manage.

Some advocates say we shouldn't try to lose weight and that we should love our bodies as they are. But it is not just about wanting to look good, we want to feel well and be healthy too. We are also trying to be good role models for our children. It is scary think about the health risks and the idea of ageing with obesity, yet it is often daunting to ask for help from health professionals. There is a fear of judgement or being given another simple instruction to eat less and exercise more. After repeated failed attempts, the negative thoughts can start to take over, and this can be **isolating, cause fatigue** and make you skeptical that anything can ever change.

It takes enormous courage to want to try to lose weight (again) and do it in front of a healthcare professional that just tells us to 'eat healthier', as if we had never considered that! Some make us feel ashamed for not figuring it out already. Many doctors don't take the time to talk to us about why we might have gained the weight, or share the evidence around weight loss options, or why it is so difficult to keep weight off.

We know that people from lower income areas are affected by obesity more. This seems unfair because they are less able to afford to do anything about it. Let's face it, **eating healthier food can be expensive** and if you want professional help, you need to be able to afford it. There are very few obesity experts and healthcare options in the public health system, where help would be more affordable. Where they do exist, it can be difficult to find them and most have a long wait list. This situation is even more difficult outside of the major cities.

Our healthcare needs are often considered a burden, or an extra economic cost. Some people believe that they shouldn't have to pay for someone else's 'personal issue', yet there are so many other health conditions that could be labelled in the same way, they are just not as 'visible', misunderstood and judged. We pay our taxes too.

If people choose a medical intervention like surgery to lose weight, then they are **still judged**, sometimes viewed as cheats because they "took the easy way out". Nothing can be further from the truth. Surgery can be terrifying, it comes with difficult preparation, and long term follow up plans. While it might work for some of us, it is certainly not an easy way out.



"I know there are many health risks but alienating people with obesity will not help us. I should feel supported, and with that care and understanding, it may just help me in the journey to be the healthiest I can be."

The health system is not currently set up to support people with obesity well

We are a range of medical and health professionals that work in and understand the challenge of obesity from a clinical perspective. We fully support the WIN statement. We feel the lived experience perspective of obesity is not well enough understood, shared, respected or listened to. We would like to emphasise the following points and facts in support.

1. The health system is not currently set up to support people with obesity well, particularly people with more complex needs

- We believe that obesity is one of the most under resourced areas of medicine for many reasons, the main one being stigma and blaming patients for their condition. Instead of being resourced to provide treatment options for obesity, we are resourced to treat conditions that result from obesity.
- It is difficult for people to find answers around the healthcare options that are available. When they do find 'answers', the information provided is often confusing and options are expensive.
- Many clinicians aren't having a conversation with patients about obesity, even if patients are wanting to discuss the topic (noting that some patients prefer not to have the topic raised).⁴
- Standard consultation times are generally not long enough to understand someone's challenges and offer the care, treatment and support required.
- Relevant health service providers are generally siloed and not coordinated around a person's needs (e.g. GP, dietitian, physiotherapist, endocrinologist, nurse practitioner, psychologist, social worker etc)
- There is a concerning shortage in the number of public services available to people with complex needs. There are over 1 million Australian adults with clinically severe obesity (class III or class II with an obesity related disease)⁵ but it is estimated that less 2,000 of them will be able to access public specialty services each year.⁶ Services to help the 86,000 children and adolescents in Australia who currently have severe obesity are also very scarce. This is even more challenging for people in non-metro areas where services are even more limited.
- We need a suite of evidence-based treatment/ support and pathway options for people living with obesity. Without options, pathways and public funding, many clinicians are left with just offering high level 'eat less and walk more' advice to patients.

4 Rigas, G., Williams, K., Sumithran, P., Brown, W. A., Swinbourne, J., Purcell, K., et al. (2020). Delays in healthcare consultations about obesity — barriers and implications. *Obesity Research & Clinical Practice*, 14(5), 487-490. doi:<https://doi.org/10.1016/j.orcp.2020.08.003>; Britt, H., Miller, G. C., & Henderson, J. General Practice Activity in Australia 2015-16. 2016.

5 Australian Bureau of Statistics. (2018). National Health Survey: first results, 2017-18.

6 Atlantis, E., Kormas, N., Samaras, K., Fahey, P., Sumithran, P., Glastras, S., ... & Ding, L. (2018). Clinical obesity services in public hospitals in Australia: a position statement based on expert consensus. *Clinical obesity*, 8(3), 203-210.

- With 'Eat less and walk more' approaches alone, the evidence shows that people are generally able to lose 3-5kgs when successful. This guidance is being provided to people who have also been advised by to lose 30kg (sometimes more) which does not work. People with obesity are often blamed for 'failure' in these scenarios where the evidence did not support the approach.
- Healthcare professionals need to better understand how people with obesity feel when they are asking for help. Many people are dealing with fear and shame. Shame is a major barrier to people wanting to ask for help so as healthcare professionals, we must not make this worse.
- Healthcare professionals need to recognise that weight stigma is harmful. Standard training on the challenge of obesity and weight stigma for clinicians and social service providers will help.

2. Stigma and shame are major barriers to helping people

- Stigma is the major challenge. Research shows that stigma amongst healthcare professionals is prevalent.
- We have observed that our patients are suffering because of stigma in many aspects of their life, including with healthcare professionals. Some don't feel worthy of treatment, support or time when we first speak to them.

See auswin.org.au
for the list of Clinical
Health Professional
supporters



'I have tried most diets known to man'

"There are many out there who believe surgery is the cheat's way out."



I am a proud Ngarigo woman, a mother and a grandmother and I live with obesity and have most of my life. I have faced taunts and stigma because of my weight. I was bullied at school, I have tried most diets known to man, including commercial ventures such as Gloria Marshall which is now no longer in existence and also Weight Watchers.

Nothing was successful in the long term.

I underwent a gastric bypass three years ago. Prior to this surgery I had hit a high time weight of 150 kgs. At this time I was diabetic on insulin injections, had high cholesterol and high blood pressure issues.

Since my bypass I have gone into diabetic remission, also managed to decrease medication dosages for my cholesterol and hypertension. Also despite still having osteoarthritis in my lower spine and Spondylolethesis of the lower spine, which had seen me using that scooter, I was able

to progress to a walking frame and then a walking stick. Now I have regained a lot of my mobility, to the point that I have been able to take up what has been a love of mine since I was 5 years old. I am dancing on a regular basis. The only time I use the mobility scooter now is to take it out on a weekly maintenance run to keep the batteries working.

There are many out there who believe surgery is the cheat's way out but let me tell you it is as much hard work to maintain as it is to diet on your own, except you have the support of medical staff to assist you. I am still facing the issues of obesity. I have to constantly work at my quest to maintain a more healthy weight and keep my mobility. We have to keep telling ourselves that where there's a will there is a way, you just have to find the way that works for you.



Our environments are not helpful

Environments need to be more encouraging and empathetic. Our current environments can make it difficult to eat healthy, exercise and feel safe.

Food environments

It can be difficult to eat healthy:

- It can be expensive to eat healthy foods (like salmon, nuts and avocados). We need to budget for our families and some days it is cheaper and easier to go for things that are not so healthy.
- There are so many fast-food options around. This is a particular issue in the certain suburbs where people are time poor and often less able to afford healthy food options.
- We see people putting in long hours at work, travelling long distances to get there and having very little time to shop and cook their own food, making processed and packaged foods the practical option.
- There is a strong culture around food. It is at the centre of families, socialising with friends and celebrating, making it extremely difficult if the offerings are not healthy
- Some foods are advertised as healthy or lower in fat or sugar but when we investigate further, they are still not necessarily a good choice. This is confusing.

There is pressure on us to change our behaviors and eat healthy but we are being constantly challenged by:

- Food advertising everywhere, especially when it is aimed at our children

- Unhealthy food at work events, schools, fundraisers, events, and parties
- The lower cost of unhealthy foods
- Social pressure to drink alcohol
- Take-away shops are so easy and convenient – with almost none of the food being healthy.
- Delivery services mean we don't even have to leave the house to 'cheat'

It is a struggle to stay on track with **constant exposure to unhealthy foods**.

Exercise

For some people, it can be intimidating and anxiety inducing to exercise in public. Unfortunately, there are times when people make negative comments when we try to walk, cycle or go to the gym, and this can be a major setback. Some of us need to start with walking to be more active. We may not be ready for a gym or we might not be able to afford the fees. It's really important to have access to safe walkways or parks with larger paths, rest stops and shade, but many of us don't have these nearby.

Safety

Some of us in larger bodies have no major challenges while others become more isolated and reclusive over time as we gain weight. For these people, it can feel **unsafe physically and emotionally** to go out. It is anxiety inducing to have to worry whether a chair on the bus, plane, cinema, clinic or restaurant will be large enough, or we have to hope that it doesn't collapse.



"One of my friends who is a big guy started to go to the gym which was a major step for him and it took him a lot of time to build up the courage to get there. Some guy at the gym made fun of him for trying; that set him back a lot. He stopped going to the gym after that and it really affected his mental health. It's so cruel to knock back people who are trying to overcome something like this."

The contribution of our environment to the development of obesity

The contribution of our environment to the development of obesity

As public health researchers, we are concerned by the continued rise in the average weight of the Australian population and the consequent increase in the number of Australians living with overweight and obesity. Although the problem of obesity exists across all age groups and regions of Australia it is particularly prevalent among socio-economically disadvantaged sections of the Australian population including recent migrants and Aboriginal and Torres Strait Islander communities.⁷

Much effort has been invested into improving our understanding of the factors that are driving this trend in the weight status of Australians. Ill-informed commentaries often identify a lack of will power (cognitive control over personal behaviours) as the key factor in this problem, but this ignores the powerful genetic and physiological drivers that influence or bypass these behaviours to promote weight gain, especially when combined with an obesogenic environment.⁸

It is now clear that it is this biological predisposition combined with the many changes in the way we live, eat, travel and work that has driven the rise in obesity rates across Australia and the world.⁹ The conditions in which we live today have changed from a situation where food was scarce and exercise a necessity to one that supports and encourages unhealthy dietary behaviours and poor levels of physical activity and makes appropriate behaviour change difficult to institute and sustain.

The external social, political and economic environment to which we are exposed in our daily lives has a profound effect on the way people live and behave. Unfortunately, these influences tend to be much more negative in disadvantaged communities. A number of studies have documented the wide range of these “high level” environmental factors that have contributed to the changes in dietary and physical activity patterns associated with weight gain.¹⁰ They show that our diet today is influenced by the wide availability of highly processed, high energy-dense but nutrient-poor foods that are relatively low in price, sold in large portion sizes and aggressively marketed. This has led to a disproportionate intake of what are termed “discretionary” or non-core food and beverage products which encourages excess calorie intakes. In addition, we now consume up to one third of food away from home and eat a large amount of ready prepared foods.¹¹

7 Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia. Canberra, AIHW, 2017

8 Australian and New Zealand Obesity Society (ANZOS) and Obesity Australia: Position statement on Obesity as a Chronic Relapsing Disease Process. 2018 Available at: <https://static1.squarespace.com/static/5e3b5875edc1485d14d6fe3a/t/5ea170dc5636756e62bff52d/1587638495859/ANZOS-Statement.pdf>

9 Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia. Canberra, AIHW, 2017

10 BA Swinburn, G Sacks, KD Hall, et al. The global obesity pandemic: shaped by global drivers and local environments Lancet, 2011; 378: 804-814; Lakerveld, J., Mackenbach, J. D., Rutter, H., & Brug, J. Obesogenic environment and obesogenic behaviours. Chapter 3.7 In C. Hankey, & K. Whelan (Eds.), Advanced Nutrition and Dietetics in Obesity (pp. 132-137) Oxford Wiley Blackwell 2018

11 Australian Bureau of Agricultural and Resource Economics and Sciences (ABARES), Food demand in Australia: Trends and issues 2018, ABARES Research Report 18., Canberra. 2018

An analysis of the 2011-12 National Nutrition and Physical Survey showed that Australian adults source 35% of their energy and children and adolescents nearly 40% of their daily energy intake from discretionary foods that are high in saturated fat, added sugars, salt or alcohol.¹² The current economic system also is a factor as it drives over-consumption and profit growth at the expense of public health.¹³

There are now fewer opportunities for physical activity due to changing modes of work, study and leisure which has also contributed to the rise of overweight and obesity in Australia. Poor urban design, inadequate cycle paths and limited public transport options discourage people from walking or cycling to destinations and instead promote car use.¹⁴ Leisure time physical activity habits have changed over time with the prevalence of the Internet and 'screen time' encouraging more sedentary behaviour, as have reductions in the amount of time children engage in physical activity for play.¹⁵ Parents indicate concerns over traffic, as well as stranger safety, prevent children from more play outside, and an absence of footpaths inhibits walking and cycling to school.¹⁶



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for the list of Public
Health Professional
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12 Sui Z, Wong WK, Louie JCY, Rangan A. Discretionary food and beverage consumption and its association with demographic characteristics, weight status, and fruit and vegetable intakes in Australian adults. - Public Health Nutrition, 2017; 20(2): 274-281

13 White, M., Aguirre, E., Finegood, D. T., Holmes, C., Sacks, G., & Smith, R. (2020). What role should the commercial food system play in promoting health through better diet?. BMJ (Clinical research ed.), 368 m545. <https://doi.org/10.1136/bmj.m545>

14 Ding D, Gebel K. Built environment, physical activity, and obesity: what have we learned from reviewing the literature? Health Place. 2012; 18(1):100-5.

15 Active Healthy Kids Australia. Healthy Active kids Report Card on children's physical activity in Australia 2016 http://www.activehealthykidsaustralia.com.au/siteassets/documents/ahka-2016-long_form-report-card.pdf

16 Aarts, M, de Vries S, van Oers H, et al., Outdoor play among children in relation to neighborhood characteristics: a cross-sectional neighborhood observation study. International Journal of Behavioral Nutrition and Physical Activity, 2012. 9(1): p. 98.

THINGS NEED TO CHANGE

Obesity affects a lot of people in our community. We need to do better. We need to understand this challenge with greater empathy, understanding and support. The following sections outline our recommendations on how to improve the lives of people who are affected.



1 Weight stigma needs to stop



Weight stigma, bias and discrimination is everywhere and needs to stop. We need to raise awareness and educate people on the science of obesity and we need to actively call out weight stigma like we do with racism, sexism, and other inequalities. Just like everyone else, people with obesity deserve empathy, respect and dignity, but like other issues, people often judge what they don't understand, and the science of obesity is particularly complex. Education needs to be comprehensive across a range of sectors ensuring that we have a well-informed healthcare workforce that can address the issues without blame or shame.



"I think people don't know how to treat us. It's not always a lifestyle choice. At the end of the day, I want to achieve things like being able to support my family better, do more with my kids, be a better father to my boys. We actually want what most people want."

WIN recommendations

- The lived experience voice and perspective to be included in the development of plans, strategies, design of treatment pathways, research, and debates on weight issues in a person-centered approach. The human element and complexity of the challenge needs to be recognised to reduce stigma.
- Clear anti-stigma policies, education approaches and tools for schools, universities/higher education, employers, social services, research and healthcare providers. These should include an understanding of the complexities of obesity, and standard respectful terminology.
- Government statements, plans, policies and campaigns to consult people with lived experience to help reduce risks of unintentional stigma.
- Relevant public health communications are developed considering potential stigma harm. These should not further weight stigma or be a major risk factor for eating disorders or disordered eating.
- Portrayal of people with obesity in the media to be respectful. Framing and images with stereotypes perpetuate and reinforce stigma.
- Evidence-based support and/or resilience training to be available and subsidised for those who are particularly affected by weight stigma. Stigma in society will not change overnight and internalised weight stigma is deeply harmful.

Simple Guidance

We know that some people are unsure about how to act around people in larger bodies. Here are some general points to consider.

⊗ Please Don't

- Assume that your diet, exercise regime or treatment will be the thing that will work for us, so please don't suggest these unless we ask.
- Call us obese. People may prefer other terms like 'larger bodies' or 'above a healthy weight'. If you are going to use the term obesity please use person first language 'living with obesity', not obese. Obesity is a health term that should not be a label.
- Believe negative stereotypes about intelligence, discipline, or self-respect.
- Assume that someone living with obesity is unhappy or should be unhappy.
- Make assumptions about our habits, health risks or interest in wanting to lose weight.
- Comment on our weight whether we lost weight or gained it recently, unless we bring it up.
- Make jokes about 'fat people.'
- Talk about 'feeling fat' in public settings or meetings.

It is against the law to discriminate against someone in the workplace because of obesity unless the person cannot perform the inherent requirements of a job after reasonable adjustments have been made.

(Human Rights Commission)

For Healthcare professionals

✓ Please Do

- Focus on health and wellbeing.
- Treat everyone with respect and dignity.
- Understand that for some of us, this is a difficult topic.
- Be open. Someone may or may not want to talk about obesity. Ask people what they are comfortable and OK with.
- Help us understand options to improve our health in an open, honest and non-judgmental way. Explore different options and take time to tell us about the evidence around obesity and weight loss approaches.
- Listen to people's story to better understand what is happening.
- Practice person centered care and consider what is feasible/possible for an individual based on their situation and needs.
- Be honest about the challenges of weight regain.
- Offer well rounded, evidence-based support/program options.

⊗ Please Do Not

- Make assumptions about our knowledge or efforts. For example, just because a patient has obesity it does not mean that we know nothing about healthy eating or exercise.
- Assume that everyone wants to or is in a good position to lose weight. This can change with life circumstances.
- Think that there is one solution for everyone.
- Let the patient walk out of your office thinking they are alone.
- Make patients wait too long between appointments.
- Decide that care for people with obesity is a lower priority than other health services/people.

2 Improve clarity and reduce barriers to better health



Like other complex health conditions (some consider obesity a chronic disease), evidence-based care and support are needed. There needs to be more clarity around why obesity is so difficult, what the options are in different locations and that different things work for different people. We need individualised and person-centred care, that is of consistent quality and delivered with respect. ‘Eat less and move more’ is not cutting it. Obesity can no longer be considered just a personal issue.



“We are the experts in our context with weight, and know what has and hasn’t worked before. It’s great when health professionals take the time to really find out what’s going on for me, so they can make the best recommendations about what we can try.”

WIN recommendations

- Mandatory obesity training as part of all health and social care service education. Considering that overweight and obesity affect the majority of the population and is a major health concern for people, health and social service providers need to understand the science of obesity and how to best promote health and maintain it.
- People living with obesity are empowered and encouraged to ask questions of their healthcare provider. They should feel confident that their health professional’s understanding of the contributing factors and best ways to manage obesity and health are in line with current science and latest information.
- Healthcare professionals, particularly GPs to offer a respectful and genuinely helpful conversation for those who would like help understanding and working on their weight issues. Obesity is a taboo word for some. People need to be able to turn to someone in the health system for non-judgmental help. Healthcare providers should treat people as equals who are part of a team that is looking for the solution and not as a passive part of ‘the problem’. If someone does not want to discuss weight or weight loss at that time, respect that position.
- Nationally consistent and high-quality tools, resources, standards, information and guidance for obesity care.
- Effective and evidence-based treatment options for different people’s needs are affordable and accessible nationally. For those of us with more severe obesity, it needs to be easier to get help from obesity experts and teams.

“With the majority of the population experiencing overweight or obesity, it’s not surprising that one of the things that stands out from the feedback we received from consumers is just how diverse people’s experiences are. With the different combinations of influence of family, neighbourhoods, housing, workplaces, education, finances and so on, it’s important that health and other services are able to respond to people seeking support as individuals. We know this isn’t easy for large systems to do – but we believe it is critical to making a positive difference on the impact of obesity. Involving people with lived experience as services are planned, developed and evaluated is critical. In WA, the voices and perspectives of consumers have been front and centre in the development, and now the implementation of the WA Healthy Weight Action Plan.”

Clare Mullen

WIN Member and Deputy Director
Health Consumers’ Council WA



3 We need more supportive environments in society



As a society, we need to support environments that are conducive to good health. Healthier communities, and locations may help prevent obesity for some, and help those living with obesity to achieve their goals. We need to take action to make our environments less ‘obesogenic.’ That means resisting fast food outlets, providing adequate and inclusive outdoor facilities and ensuring that urban design considers the needs of all people, regardless of size, ability or age. It is time that we do more than just focus on individuals needing to have willpower or resources to overcome unhealthy spaces. Everyone’s health and wellbeing needs to be a high priority in the economy and for city planning.

WIN Recommendations

- Governments to explore ways to make healthy foods cheaper and easier to access, particularly in lower income and/or remote areas.
- Mandatory policies to have healthier foods in schools. Taxpayers fund the schools and so these should be health promoting spaces. The developing national dietary guidelines can be a guide for this.
- More nutrition and basic/food cooking skills education in schools (growing food, understanding nutrients, supply chains, cooking). There should be a consideration of budget, time constraints and food preparation skills when providing parents with advice on appropriate lunchbox foods.
- Government regulation to limit marketing of junk food to children on all media platforms.
- Clearer labelling to better understand which foods are most damaging to our health.
- Local councils to invest in green spaces, pathways, benches, lighting and water fountains that cater to the needs of all sizes, ages and abilities. New public spaces and public transport projects to include seating which is appropriate for larger persons.
- Public facilities and gyms to accommodate larger bodies by providing specific hours that are ‘safe spaces’ for all sizes.
- Support more business models and charities that can provide free or low cost or free physical activity options, led by professionals for people with obesity and limited funds.

THE WEIGHT ISSUES NETWORK (WIN)

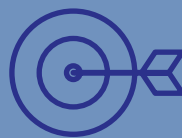
WIN is the Weight Issues Network. A place for people affected by overweight or obesity ...and those who care.

We are a group of people whose lives are affected by overweight or obesity, who along with families and those who care, are committed to breaking weight stigma. WIN is a new and growing Australian membership organisation. It brings together people with overweight and obesity, to represent their perspectives and needs. WIN creates a support network, provides education and builds a strong voice for advocacy.



Purpose of WIN

To provide a strong voice and support for people living with and affected by overweight or obesity.



Our Objectives

Raise awareness around the challenges and need for support.

Advocate for people's needs.

Fight weight stigma, bias, and discrimination.

Create a community of support and opportunities for people to share their experiences, stories and insights to help others.

Provide evidence-based education on obesity.





WIN is a registered health promotion charity and endorsed as a Deductible Gift Recipient (DGR)



Our Principles

Safe and empowering

People feel safe both physically and psychologically. Provide information, support and a platform for people to have a voice.

Collaborative

We work together and with other organisations to make a difference.

Anti-stigma

Focus to reduce stigma and discrimination in Australia. Separate the person and the condition.

Brave and bold

Hold high expectations of what we want to achieve. Inspire people to participate, learn, grow and make a difference. Be brave and bold in facing challenges that arise.

Equity and inclusion

Include and respect the broad range of people living with obesity, their families, loved ones and carers.

Transparent

Transparent around funding, plans and conflicts of interest. Clear with our intentions and approach.



Why WIN is important

Many Australians are living with overweight or obesity, and while weight issues have been seen in the media more frequently over the past few years – the voice of people with overweight and obesity is missing. The need for a support and advocacy organisation for people with overweight and obesity has been felt for a long time.



WIN leaders

We are a group of people who feel strongly about bringing a change in the national dialogue around obesity. We are proud to have many amazing people who have helped start and continue to shape the WIN journey. WIN is governed by an independent Advisory Board which includes representatives with lived experience, education, health, research, finance, project management, business, and community organisation experience.



Louise Mahler-Bale

Bold thinker, passionate advocate, proud mum and grandmother



Sam Sarkis

Passionate IT professional, family-man, businessman



Andrew Wilson

Father, radio presenter, humourist, mental health and obesity advocate



Lyn Keppler

Indigenous, mother, grandmother, dancer, businesswoman



Divya Ramachandran

Cool mum, creative problem-solver, researcher, learning professional, project manager



Nic Kormas

Parent, clinician, carer, loyal friend and optimist



Romy Prins

Friendly, organised, educator



Litsa Tsitsis

Lawyer, strategic thinker, parent



Caroline Cox

Tenacious disabled mother, juggler





