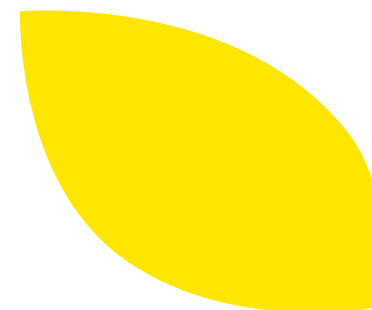




**Cancer
Council**

Guidelines for Communications on Body Weight and Health.



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This document was developed as an internal document to guide Cancer Council staff in their communication and messaging around weight and health. We are working towards applying these guidelines consistently, but acknowledge that this will take time and effort. We also acknowledge the changing cultural and linguistic landscape, and see this as a living document that will move with the times. We hope that by sharing this document, others can use the parts that work for them, with the overall goal of reducing weight stigma. Many thanks to all our contributors and reviewers, particularly Clare Mullen and focus group participants from the Health Consumers Council.

Prepared by Anne Finch, Gael Myers, Wendy Watson and Clare Hughes on behalf of Cancer Council Nutrition, Alcohol and Physical Activity Committee.
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Overview

As part of our cancer prevention activities we talk about body weight as a risk factor that we can modify through individual behaviour change and policy/environmental changes. However, evidence suggests that sustained weight loss through individual action is unlikely.

Two in three (67%) Australian adults and one in four (25%) Australian children [have overweight or obesity](#). At a population level, having excess body fat is associated with an increased risk of a range of health conditions, including heart disease, type 2 diabetes and 13 types of cancer.

The way that we communicate about body weight, health behaviours and cancer risk factors are important.

This is a guide to communicating on high body weight and health. The goals are to:

- Provide a guide to using sensitive and inclusive language that doesn't contribute to weight stigma.
- Whenever possible, frame body weight and obesity discussions around the collective policy actions we can take, rather than focus on individual responsibility.
- Raise awareness among Cancer Council staff of the impact of weight stigma on individuals.



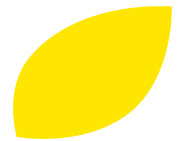
Print pages 4 - 6 and place somewhere prominent for easy reference.

The link between weight and health

Excess body fat (especially fat around the waist and vital organs) can increase the release of harmful chemicals and hormones into the body. It may also lead to inflammation. [This environment](#) makes it more likely that cells will start to divide abnormally, and that a cancer will grow.

[High body weight is a risk factor](#) for 13 cancers, including cancer of the:

1. Oesophagus
2. Stomach (gastric cardia)
3. Bowel (colon and rectum)
4. Liver
5. Gallbladder
6. Pancreas
7. Breast (after menopause)
8. Uterus (endometrium)
9. Ovary
10. Kidney
11. Brain (meningioma)
12. Thyroid
13. Blood (multiple myeloma)



However, not everyone living in a larger body is unhealthy, and not everyone living in a smaller body is healthy. [Eating well](#) and [being physically active](#) are behaviours that will reduce cancer risk, regardless of a person's body weight. These behaviours are what we would recommend for individuals seeking to avoid weight gain, maintain a healthy weight or lose weight to reduce cancer risk.

Weight stigma is an important public health issue

There are many negative social stereotypes and misconceptions about people living in larger bodies. This is known as [weight stigma](#). Discrimination and bullying based on body weight is a pervasive problem in our community and has [serious mental and physical health consequences](#) for the people experiencing it. Weight stigma can also [drive weight gain and lead to physical health consequences](#) including health care avoidance.

Reducing weight stigma through our communications:

- Avoid discussing body weight as if it were easily modifiable.
- Avoid using language and imagery that is stigmatising. The language we use when discussing body weight should be neutral, respectful, person-first and empathic. Examples are provided on pages 4-6 of this document.
- Reframe discussions around weight to the complex determinants of health and our collective response to the obesogenic environment, rather than individual blame and responsibility. Examples are provided on pages 4-6 of this document.



Sustained weight loss is unlikely

At an individual level, losing weight and maintaining the new lower body weight is rare. Most weight is regained within a 2 year period, and by 5 years the majority of people are at their pre-intervention body weight ([NHMRC 2013 - rescinded. p160](#)). It's not that individuals aren't trying to lose weight; there are many biological mechanisms that are set up to protect against weight loss. Promoting the pursuit of weight loss, when it is out of reach for so many, is problematic.

On the other hand, the actions that people can/would take to reduce their body weight (reduce intake of junk foods, increase physical activity, increase consumption of nutritious foods) have health benefits, regardless of current body weight and whether they lead to weight loss.

Given this, it is helpful to frame individual health goals around health behaviours (like eating well and moving more), rather than body weight which is firstly, not a behaviour, and secondly, very difficult to change. This avoids a potential pitfall of pursuing weight loss as a health goal; ceasing the health promoting behaviours if weight loss doesn't follow.

Avoiding weight gain is a worthwhile and realistic goal, and one that will, over time, reduce population rates of overweight and obesity.



We live in an obesogenic environment

The proportion of Australian adults who have overweight or obesity has been increasing over the last 20 years ([from 57% of adults in 1995 to 67% of adults in 2018](#)). About [one quarter of children have overweight or obesity](#), and we know that children who carry excess body fat tend to carry that weight into adulthood.

The causes of weight gain, overweight and obesity are complex, and include:

- Lack of access to environments that promote physical activity.
- Lack of access to nourishing foods.
- High levels of marketing, promotion and availability of unhealthy foods and drinks.
- Life events that result in eating as a coping mechanism.
- Medications and health conditions that promote weight gain.

These factors are often out of the control of individuals.

And yet, the responsibility of achieving a healthy weight has been put on the shoulders of individuals. Framing this as a collective responsibility instead can reduce individual blame and stigma, and focus the discussion on the social and environmental determinants of health. Policies and structures that make it easier for people to eat well and be physically active benefit everyone and are crucial to a healthier community.

Communication checklist

- Use neutral, person-first language.
- Focus on behaviours that people can change - weight is not a behaviour.
- Acknowledge the complex causes of obesity and emphasise the role of the environment.
- Frame the solutions as collective (rather than individual) ones.
- Avoid minimising the challenges of individual solutions.
- Convey empathy.



Tips on language to use

Use neutral, person-first language when talking about individuals or groups.

Preferred language

- People with higher body weight
- People with overweight/obesity
- People who have overweight/obesity
- People carrying extra weight

Do not use

- Obese/overweight people
- People suffering from obesity
- People who are overweight/ obese
- Above a healthy weight
- Morbidly obese
- Weight problem
- Avoid combative language e.g. the obesity crisis, the war on obesity

Focus on the specific health issue (e.g. specific cancer risk) or health behaviour (e.g. sedentary behaviour), rather than weight.

Preferred language

- Only 5% of Australians eat the recommended amount of fruit and vegetables
- 35% of Australian adults' energy intake comes from energy-dense, nutrient-poor foods

When weight is relevant, use appropriate phrasing:

- Having overweight or obesity increases the risk of heart disease, type 2 diabetes and 13 types of cancer
- High body weight is a risk factor for 13 types of cancer, including cancers of the bowel, breast (post-menopausal), uterus/ endometrium and oesophagus
- Overweight and obesity is estimated to be linked to approximately 5300 cases of cancer in Australia each year

Weight is not a behaviour, and not the only marker of health.

Preferred language

- “Eating well and being physically active are behaviours that will reduce cancer risk, regardless of a person’s body weight”
- “Aim to build healthy habits a little at a time. Focus on the long game, not a quick fix!”
- “Body weight is only one of the factors that affect our health - talk to your GP to learn more about your individual health risks”

Acknowledge the complex causes of obesity and emphasise the environmental factors.

Preferred language

“The causes of weight gain are complex, and can be out of the control of individuals. These include limited access to healthy foods and spaces that allow for physical activity, medications that promote weight gain and aggressive marketing of unhealthy foods and drinks by the processed food industry.”

“Creating healthier neighbourhoods will give us all opportunities to thrive. Some groups have less access to healthy food and opportunities to be active, including people living in remote and regional areas, Aboriginal people, and people living in areas of disadvantage.”

Do not use

- Individuals' choice
- Individuals' “deficits” e.g. lack of education/ knowledge, laziness, lack of will-power

Frame the solutions as collective (rather than individual) ones.

Preferred language

- Environments that support a healthy lifestyle
- Neighbourhoods where it's easier to eat well and be active
- Government policies that protect children from the unhealthy food industry
- “The world around us makes it difficult to eat well, be active and maintain a healthy body weight. Governments can take action to change the unhealthy environment to support people to access healthier options.”
- “Australia needs a comprehensive, multi-sectoral approach to reducing rates of overweight and obesity by supporting physical activity and healthy eating.”

Do not use

- Individuals' choices and lifestyle changes only

Avoid minimising the challenges of individual solutions.

Preferred language

- 10 ways to...
- Tried and tested tips to...
- Creative ways to...

Consider the practicality of the tips for people in different circumstances e.g. tight budget, limited access to fresh food, busy, reduced mobility etc. When possible, incorporate stories and ideas from people with lived experiences of these circumstances.

Do not use

- Easy steps
- Simple changes
- “You just need to...”

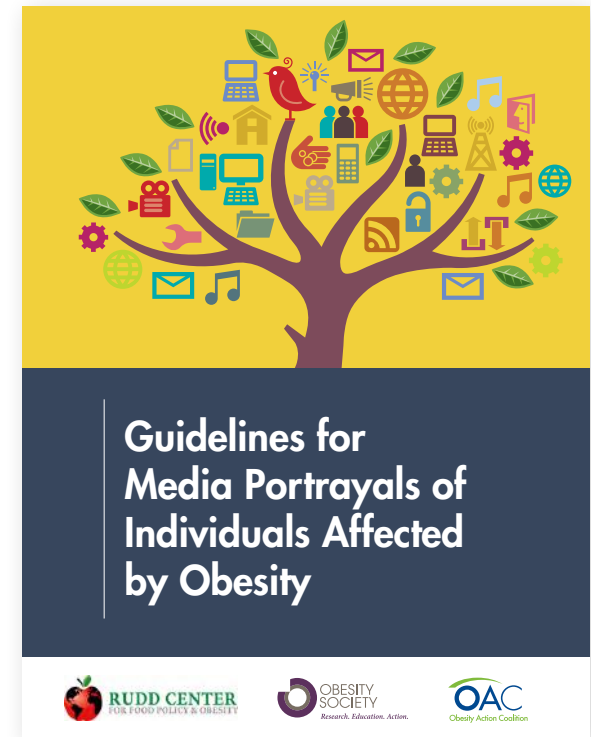
Useful communication resources



SHIFT: A guide for media and communications professionals
Department of Health WA



Guide to reporting on obesity
The Obesity Collective



Guidelines for media portrayals of individuals affected by obesity
Rudd Centre

Tips on images to use

Non-stigmatising images of people in larger and diverse bodies are available. Cancer Council should always consider diversity in the images it uses across all its communications.

This includes diversity of culture, age, gender, ability and family structure.

Including images of people with diverse bodies in all Cancer Council messaging, not only communications relating to eating well and being active, will help to reduce weight stigma.

Imagery do's

- Show a diversity of bodies
- Show the full person
- Show people with a well-kept appearance
- Show people engaging in healthy behaviours

Imagery don'ts

- Isolate or emphasise body parts
- Unflattering images of people in ill-fitting clothes
- People engaging in stereotypical behaviours such as eating fast food or sitting on the couch

Example images to use



Note: above images not are not licensed for Cancer Council use and are for illustrative purposes only.

Additional resources and free images

- [Weight Issues Network](#)
- [Rudd Center for Food Policy & Obesity](#)
- [Obesity Canada](#)
- [World Obesity Federation](#)
- [All Go](#)
- [Obesity Action Coalition](#)
- [WA Health Communications Photo Library](#)
- [Obesity UK - The Truth From Within Project](#)

Note: many of these images don't meet certain Cancer Council requirements e.g. SunSmart.

Media

Media releases

While we can't control images or stock footage used in media stories, we can include a note to increase awareness of the importance of using non-stigmatising imagery. Consider adding the following paragraph on media releases that relate to obesity, diet and physical activity.

To the editor: No "headless bodies" please

Having overweight or obesity comes with a lot of health issues. Some of these are related to the stigma that is attached to living in a larger body. We urge you to use images that are respectful, inclusive and non-stigmatising when reporting on issues related to body weight. For example, show people in larger bodies participating in everyday activities that are not related to weight gain, and use images that include their faces. We are happy to provide you with suitable images if required. Please refer to [SHIFT: A guide for media and communications professionals](#) for a practical guide on reporting on issues relating to body weight.

Sample response

If a media outlet is using weight stigmatising language or imagery, consider writing to them with a response similar to the sample below.

Hi [outlet],

I'm getting in touch from the [insert team] at Cancer Council and wanted to reach out as we noticed your [story] about obesity that included [details about the story].

Having overweight or obesity comes with a lot of health issues. Some of these are related to the stigma that is attached to living in a larger body.

The Obesity Collective is a great resource. They have guidelines for [reporting on obesity](#) and more information about [weight stigma](#).

I hope [media outlet] takes this into consideration in the future and helps set a higher standard for reporting on weight issues.

