Rethink Obesity:
A media guide on how to report on obesity
Foreword

The rethink obesity media guide on how to report on obesity is a resource designed to provide advice and guidance when reporting on obesity in the Australian media.

As a leading obesity organisation in Australia, we recognise the complexities in this area, where unlike other health issues, obesity is not an explicitly defined condition, but obesity is still seen as merely a personal issue.

Overweight and obese Australians are often targets of bias and stigma, and they are exposed to negative attitudes in multiple domains of living including places of employment, educational institutions, medical facilities, the mass media and interpersonal relationships.

The media plays an important part in improving these negative attitudes of the general public towards obesity, to help reduce weight stigma and minimise weight bias.

Our aim is to help the media navigate through these challenges by providing a ready and reliable resource compiled by experts in the field. Hopefully this will become a trusted resource within arms’ reach for future stories on obesity. Collective media guidelines on best practice reporting will allow journalists to report in an accurate and balanced way, so that individuals affected by obesity or excess weight are represented equitably and accurately.

We thank Novo Nordisk for their untied support* and commend this guide to the widest possible readership.

Sincerely,
Professor Stephen J. Simpson AC FAA FRS
Executive Director, Obesity Australia

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Overview of obesity

Obesity is much more complex than an energy imbalance between what is consumed and energy expended, though these are important underlying factors. Obesity is a complex disease with multiple drivers which include genetic, physiological, metabolic, social, environmental and psychological factors.¹

Obesity is defined by the World Health Organisation (WHO) as abnormal or excessive fat accumulation that may impair health.² Professional associations around the world, such as the WHO and the American Medical Association (AMA) have recognised obesity as a health challenge requiring a “chronic disease management model.”²³⁴ Obesity has been recognised by the Australian Medical Association as a key focus area.⁵ Obesity Australia is calling for the Australian Medical Association and the various medical colleges to formally recognise obesity as a disease.⁶ Such recognition in Australia is essential to reducing the stigma around obesity and to increase community engagement in practices and policies that reduce obesity.⁶

Recognising obesity as a disease in Australia will help change the way the medical community tackles this complex issue that affects approximately 1 in 4 Australians.⁷
How is obesity diagnosed?

The classification of obesity is having a body mass index (BMI) of 30 kg/m² or more. BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. Whilst it is very useful in defining obesity and categorising the degree of obesity, in the very young and very old, and in the fit and muscular it may not correspond to the exact degree of excess fat. There are also substantial ethnic differences in overweight and obese at the same BMI. For example, Maori and Pacific Islanders are commonly assigned higher cut-offs for normal/overweight/obese, and southern Asians lower cut-offs. Due to the limitation of BMI, waist circumference in non-pregnant adults is sometimes advocated as preferable to BMI, because men with a waist circumference measurement of ≥102 cm and women ≥88 cm have a high risk of developing complications associated with obesity but even this is not without reservations.

### BMI classification in adults

<table>
<thead>
<tr>
<th>Classification</th>
<th>Underweight</th>
<th>Healthy weight range</th>
<th>Overweight</th>
<th>Obese, class I</th>
<th>Obese, class II</th>
<th>Obese, class III</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI range</td>
<td>&lt;18.5</td>
<td>18.5-24.9</td>
<td>25.0-29.9</td>
<td>30.0-34.9</td>
<td>35.0 and &lt;39.9</td>
<td>≥40.0</td>
</tr>
</tbody>
</table>

*BMI = the weight in kilograms divided by the square of the height in meters (kg/m²)*

Overweight: a BMI greater than or equal to 25 kg/m²

Obesity: a BMI greater than or equal to 30 kg/m²
JESÚS HERNÁNDEZ
Jesús's BMI is 38
The science of obesity

Drivers of obesity

Genetics:
Obesity has a substantial genetic component.\textsuperscript{11} It is clear that obesity often tracks in families, even if the family members do not live together.\textsuperscript{12,13,14} Family studies and twin studies estimate that obesity is strongly driven by genetics, mainly due to epigenetics.\textsuperscript{15}

Epigenetics:
This refers to modifications to DNA that turn genes “on” and “off”. These modifications do not change the DNA sequence, but instead, affect how the cells “read” genes. These modifications can occur as a result of external factors in the environment. For example, whilst a child is in utero (in the mother’s womb) external factors such as nutrition and smoking can have major impacts on the developing foetus which result in epigenetic change. In terms of obesity, this means that during pregnancy, and the first two-three years after birth, epigenetic modifications may occur.\textsuperscript{16}

Lifestyle:
Two key drivers for obesity are increased intake of energy (kilojoules) and decreased energy expenditure.\textsuperscript{17} Therefore, weight maintenance is predicated on energy consumed equalling energy expended.

Globally there has been an increased intake of energy-dense foods as well as a decrease in physical activity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanisation.\textsuperscript{17}

Changes in dietary and physical activity patterns are often the result of environmental and societal changes and lack of supportive policies in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing and education.\textsuperscript{17}
Managing obesity

Lowering body weight by 5-10% such as a reduction in type 2 diabetes and cardiovascular risk factors, even if the person still remains in the overweight or obese range.\textsuperscript{18,19}

Weight loss in people with obesity can induce changes in appetite hormones that increase hunger levels for at least three years.\textsuperscript{20} In addition there is also a persistent reduction in energy expenditure, making weight loss maintenance challenging.\textsuperscript{20,21}

Healthy and nutritiously balanced eating as well as physical activity must be part of any weight loss intervention,

But such a weight loss plan is not always sufficient to maintain weight loss.\textsuperscript{8}

Multiple weight management options are needed to help people with obesity to lose weight, keep the lost weight off and improve their health.\textsuperscript{8}
STEFANO AMBROGI
Stefano’s BMI is 37
Snapshot of obesity in Australia

According to the Australian Bureau of Statistics (2012), 63% of adults are now overweight or obese, with 28% classified as obese. Projections suggest that by 2025, the prevalence of overweight and obesity will increase to more than 75%, with 34% obese.

In 2008, the annual cost of obesity in Australia was estimated:

- **Total Financial Cost**: $8.3 billion
- **Total Loss of Wellbeing Cost**: $49.9 billion
- **Total Combined Cost of Obesity**: $58.2 billion
Common myths about overweight and obesity

Myth: Overweight and obesity is simply due to eating too much and not exercising enough.

Fact: Obesity is a complex condition influenced by multiple factors including genetic, physiological, metabolic, social, environmental and psychological.1

Myth: Obesity is just a lifestyle issue and an individual responsibility.

Fact: Professional associations around the world have recognised obesity as a health challenge requiring a “chronic disease management model.”2,3,4

Myth: Small reductions in body weight have no benefit – you have to make huge differences to see results.

Fact: Lowering body weight by 5-10% improves obesity-related comorbidities even if the person still remains in the overweight or obese range of BMI.19,24,25,26 There is even a benefit of physical activity improving the cardio-metabolic risk profile in people with obesity, independent of weight change.27
Myth: People who are overweight or obese do not know what to do to lose excess weight.

Fact: Many people who are overweight or obese have spent a great deal of time learning how to eat well and exercise to help control their weight - but doing this in the long term is extremely difficult. They know exactly what to do, but doing it is problematic for various reasons.28

Myth: People who are overweight or obese have no self-control.

Fact: Weight loss in people with obesity can cause changes in appetite hormones that increase hunger levels for at least three years.20

Myth: Diet and exercise will fix obesity.

Fact: Healthy eating and physical activity must be part of any weight loss intervention, but is not always sufficient to maintain weight loss. Therefore, multiple weight management options are needed to help people with obesity to lose excess weight and improve their health.8
Reporting and portrayal of obesity

The mission of Obesity Australia is to drive change in the public perceptions of obesity, its prevalence and its treatment. The media is key to changing public perceptions. The following information has been developed to support media professionals in reporting on obesity in an accurate and balanced way in an effort to reduce pejorative portrayals of persons with obesity in media reporting.

Obesity stigma

Individuals with obesity are highly stigmatised and face multiple forms of prejudice and discrimination because of their weight. Weight bias translates into inequities in employment settings, health-care facilities, and educational institutions, often due to widespread negative stereotypes that overweight and obese persons are lazy, unmotivated, lacking in self-discipline, less competent, noncompliant, and sloppy. These stereotypes and weight bias can negatively impact on the psychological well-being of people who are overweight or obese and may increase the propensity to low self-esteem, poor body image and depression.

Obesity stigma in the media

Unfortunately, individuals affected by excess weight, as in overweight or obesity, are often portrayed negatively and disparagingly in the media and reports about the causes and solutions to obesity are often framed in ways that reinforce stigma. These portrayals perpetuate damaging weight-based stereotypes and contribute to the pervasive bias and discrimination that individuals affected by this disease experience in everyday life.
Comparison of portrayals in news and health report on obesity

**Negative Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overweight/obese (N=287)</th>
<th>Non-overweight (N=119)</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Headless’</td>
<td>6%</td>
<td>59%</td>
</tr>
<tr>
<td>Shown from side or rear</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Only abdomen or lower body shown</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No clothes or bare midriff</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Inappropriate fitting clothes</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Shown eating or drinking</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Engaged in sedentary activity</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Positive Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overweight/obese (N=287)</th>
<th>Non-overweight (N=119)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wearing professional clothing</td>
<td>11%</td>
<td>50%</td>
</tr>
<tr>
<td>Exercising</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>Portrayed as expert or advocate</td>
<td>1%</td>
<td>33%</td>
</tr>
<tr>
<td>Portrayed as health carer</td>
<td>4%</td>
<td>22%</td>
</tr>
</tbody>
</table>
Helpful ways to present information

Avoid

Portrayals of individuals affected by excess weight or obesity merely for the purpose of humour or ridicule. (e.g. use of comical music overlaid with videos of people with obesity)

Weight-based stereotypes (e.g. individuals affected by obesity are “lazy” or “lacking in willpower“)

Placing an unnecessary or distorted emphasis on body weight. Descriptions of a person’s body weight should not imply negative assumptions about his or her character, intelligence, abilities, or lifestyle habits.

Using potentially negative adjectives or adverbs when describing people who are affected by excess weight or obesity, as well as language that implies moral judgments or character flaws of this population.

Instead

Present individuals affected by excess weight or obesity in a diverse manner, including both women and men, of all ages, of different appearances and ethnic backgrounds, of different opinions and interests, and in a variety of roles.

Portray individuals affected by excess weight or obesity as persons who have professions, expertise, authority, and skills in a range of activities and settings.

Use Body Mass Index (BMI) descriptors where possible. Or, if interviewing someone (and their weight is relevant to the story) ask the individual what term(s) he/she prefers to be used when describing his/her body weight.

Interview local experts to determine how the story fits within the current local public health guidelines to ensure a more consistent portrayal of what we should be doing for health and weight management and avoid confusion/contradicting reports.
Language guidelines

Incorporate People-First Language for obesity, the policy of putting individuals before the disability or disease, when describing individuals affected by obesity. Labelling an individual by their disease dehumanises the individual. For example, the media do not refer to “cancerous people” but rather “people with cancer.” Similarly it is best to refer to “people with obesity” rather than “obese people” when reporting.

<table>
<thead>
<tr>
<th>Problematic</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Obese people”</td>
<td>“People with obesity”</td>
</tr>
<tr>
<td>“Those that suffer from obesity”</td>
<td>“Those who are affected by obesity”</td>
</tr>
<tr>
<td>“The woman was obese”</td>
<td>“The woman was affected by obesity”</td>
</tr>
<tr>
<td>“There are many obese and overweight people”</td>
<td>“There are many people affected by obesity”</td>
</tr>
<tr>
<td>“Weight problem,” “fat,” “severely obese,”</td>
<td>“Weight” or “Excess weight”</td>
</tr>
<tr>
<td>“People who are severely or morbidly obese”</td>
<td>“People with a BMI in the obese range” or “People in obese class I,II or III”</td>
</tr>
<tr>
<td>“Obesity is a lifestyle issue”</td>
<td>“Obesity is a complex and multifactorial disease/ chronic condition”</td>
</tr>
<tr>
<td>“Diet and exercise are crucial to weight loss”</td>
<td>“Healthy eating and physical activity play an important role in weight loss”</td>
</tr>
</tbody>
</table>
Image guidelines

News photographs and videos tend to portray individuals with obesity as headless (i.e. only from the shoulders down), from unflattering angles (i.e. only abdomens or lower bodies shown), and engaging in stereotypical behaviours (i.e. eating unhealthy foods or engaging in sedentary behaviour). These images degrade and dehumanise individuals with obesity, while spreading assumptions and oversimplifying the complexity of obesity.

Examples of negative imagery that should be avoided include the following:

- Photographs or videos that place unnecessary emphasis on excess weight or that isolate an individual’s body parts (e.g. abdomens or buttocks). This includes pictures of individuals affected by obesity from the neck down (or with their face blocked) for anonymity.
- Images that depict individuals affected by obesity engaging in stereotypical behaviours (e.g., eating junk food, engaging in sedentary behaviour).
- Photographs or videos that depict individuals affected by obesity in revealing clothing or looking dishevelled in their appearance.

Instead, select appropriate photographs, videos, and images that portray individuals affected by obesity in the following manner:

- Engaging in diverse activities, roles, careers, and lifestyle behaviours.
- Portrayed in appropriate-fitting clothing and a well-kept appearance.
- Depicted in a neutral manner, free of additional characteristics that might otherwise perpetuate weight-based stereotypes (e.g. eating healthy foods, engaging in physical activity).
SAMUEL GBADERO
Samuel's BMI is 40
When selecting an image, video, or photograph of an individual affected by obesity, consider the following questions:

1. Does the image imply or reinforce negative stereotypes?
2. Does the image portray an individual affected by obesity in a respectful manner? Is the individual’s dignity maintained?
3. What are the alternatives? Can another photo or image convey the same message and eliminate possible bias?
4. What is the news value of the particular image?
5. Who might be offended, and why?
6. Is there any missing information from the photograph?
7. What are the possible consequences of publishing the image?
Promote help seeking

- Add help-seeking information to stories about obesity, especially when discussing topics such as risk factors, comorbidities, prevalence or associated health costs.
- If the story is online, link directly to online support or information options.
- Match the helpline or service to the story e.g. regarding age, gender, audience location (local, national).

**Appropriate & Aligned Language**

Put people before the disease/condition - always say ‘people with obesity’ rather than ‘obese people’

**Correct Messaging**

Recognise obesity as a disease/chronic condition, and not an aesthetic issue

**Appropriate Visual Images**

True representations of people with obesity as ‘people’ and not ‘objects’ defined by the disease

**Clinical Accuracy**

Refer to people’s BMI, rather than stating ‘severely’ or ‘morbidly’ obese

**Help and Support**

Encourage people with obesity in engaging in discussions with their Health Care Providers
MONICA PRADO COTA
Monica’s BMI is 35
Information resources

Story sources and contacts for obesity organisations which can provide comment or further information for stories on obesity are available below:

**Obesity Australia:**

The mission of Obesity Australia is to drive change in the public perceptions of obesity, its prevention and its treatment. Obesity Australia is served by a Board who have demonstrated leadership in their field – public affairs, politics, health, public policy.

✉️ info@obesityaustralia.org   📡 @ObesityAus
Useful contacts

Add your local or other useful contacts here:
References


About Novo Nordisk

Novo Nordisk is a global healthcare company with 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. Headquartered in Denmark, Novo Nordisk employs approximately 41,500 employees in 75 countries, and markets its products in more than 180 countries. In Australasia, Novo Nordisk is located in Sydney and is responsible for operations in both Australia and New Zealand. For more information, visit www.novonordisk.com.au