



Breaking WEIGHT BIAS

Promoting Health without
harming through digital
training tools

Project number:

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Desk Research Report

United Kingdom

June 2021, UK



1. Desk Review Template - Purpose of this tool

Babeş-Bolyai University has developed this tool as a guide and generic template for creating a desk research report. We have tried to make it user-friendly by providing explanations and examples under each heading.

A desk research report is a compilation of existing secondary data in a readable and usable format. It usually includes data from before and after the crisis/emergency.

The research team from Babeş-Bolyai University is available to support any efforts to compile this desk research report and is responsible for overseeing the compilation of the final desk research report. The contact info for the coordination team for this task is provided here:

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Some tips for compiling the Country Desk Research Report:

- Contact active organizations and institutions and conduct the review in coordination with them
- Identify gaps in knowledge and communicate these to the BBU coordination group to follow up on additional information
- Ensure sign-off by key actors when appropriate



2. Summary

- Weight bias is a very common form of discrimination in the UK. People with obesity and overweight face discriminatory behaviours in all aspects of their lives and weight stigma is associated with adverse physiological and psychological outcomes.
- Public weight management and weight loss policies and campaigns tend to reinforce weight stigma through an oversimplified portrayal of obesity that puts the blame on the individual and promotes thinness as an indicator of health.
- People with obesity and overweight are not provided the best care possible as a result of weight stigma and they tend to avoid seeking medical care due to feelings of shame. Hospitals are not adequately equipped to accommodate all body sizes.
- There is a very low number of dietitians in the UK, when compared to other medical professionals such as nurses. Nursing courses do not always provide weight management and weight bias awareness training, which further increases the need for dietitians and nutritionists.
- There are some formal education providers offering courses in weight management and clinical nutrition, but the number of these courses is very low. This suggests there is limited training for the awareness of weight bias and support for healthcare professionals who work with people living with obesity.
- Medicine, nursing and physiotherapy courses do not offer compulsory modules on obesity care, which suggests that healthcare professionals graduating these courses may lack the training to support people struggling with weight bias.
- There are a number of non-formal training providers and short online courses that empower healthcare professionals to provide the best care for individuals with obesity. These courses are optional, however, so will not be undertaken by every healthcare professional. These courses also aim to tackle the lack of mental health support for people that care for individuals living with obesity.



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3. Country profile statistics

The following table presents background elements about the country, health, nutrition and physical activity indicators, as well as the main social, economic and development indicators. Most of the data was found on the UNICEF website, the World Bank database, and at the Office for National Statistics.

Country Profile Statistics				
Population (ONS, 2020)	66,796,807 (as of 2019)	Population under 16 (ONS, 2019a)	19% of total population	
GDP per capita (current \$) (The World Bank, 2019a)	\$42,328.90	HDI Index & Ranking (HDR, 2020)	13 out of 189 countries. 0.932	
GNI per capita (current \$) (The World Bank, 2019b)	\$47,620	Poverty headcount ratio at the national poverty line (% of population) (The World Bank, 2017).	18.6%	
Gini Index for 2019-20 (Statista, 2020)	36.3	Completion rate of lower secondary education (The World Bank, 2020)	101.394% of the total % of the relevant age group. Value likely to be over 100% due to time of population count compared to data collection time.	
Nurses (per 1,000 people) (The World Bank, 2018a)	8.172	Mental Health Professionals (per 1,000 people) (World Health Organisation, 2020)	UK data not available	
Physicians (per 1,000 people) (The World Bank, 2018b)	2.812	Dietitians and Nutritionists (per 1,000 people) (Health & Care professions council, 2017)	0.142 Dietitians No UK data for nutritionists	
Physical therapists (per 1,000 people) (Statista, 2020)	1.108	Life expectancy at birth (ONS, 2019)	79.4 years	83.1 Years
			male	female
Prevalence of Type 2 diabetes (diabetes.org, 2019)	Raw Count: 3,919,505 5.87%	Literacy rate in adults (UNESCO, 2016)	UK data not available Global: 90%	UK data not available Global: 82%



			male	female
Prevalence of cardiovascular diseases (British Heart Foundation, 2019)	Raw Count: 7.6 Million 11.38%	Prevalence of overweight among adults (16 years and over) (NHS, 2018)	40% male	31% female
Saturated fat intake from total calorie intake (NHS, 2020) (Our World in data, 2017)	Recommended 10% Actual 30%	Prevalence of overweight among adolescents (5-15 years) (Health survey for England, 2017)	12% boys	13% girls
Added sugars intake from total calorie intake (NHS, 2020) (Our World in data, 2017)	Recommended 10% Actual 20%	Prevalence of overweight among children (2-4 years) (Source, Year)	9% boys	10% girls
Fruit and vegetable supply in grams per capita per day (NHS, 2020) (Our World in data, 2013)	Recommended 400g Actual 230g	Percentage of people who are undernourished (The World Bank, 2018)	2.5%	
Salt intake in grams per capita per day (NHS, 2020) (NHS, 2010)	Recommended 6g Actual 8g	Prevalence of physical inactivity in adults (20 years and over) (Public Health England, 2019)	22% male	24% female

The results showing the country's nutrition information in the table above present an evident problem as the actual amount of fat, sugar and salt intake greatly exceed the recommended amount. In contrast, the actual amount of fruit and vegetables consumed is significantly lower than the daily recommended amount. This suggests that the average nutrition of citizens in the UK is poor. This is also supported by the findings that over 40% of male adults and 30% of female adults are overweight.

There is a lack of data for the number of nutritionists and mental health professionals in the UK. This is a problem because it suggests that individuals living with obesity may find it difficult to find the nutritional and mental health support that they may require when experiencing weight bias.

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4. General information about bias in obesity management and prevention policies, strategies and services related to a health-promoting lifestyle

The objectives of this section of the report are to:

- 1) critically analyse obesity prevention and management policies, strategies and services in each partner country to identify underlying dominant narratives;
- 2) deconstruct dominant narratives and consider the unintended consequences for people with obesity;
- 3) make recommendations to change dominant obesity narratives that may be contributing to weight bias.

Main national recommendations, strategies and policies on weight bias, stigma, and discrimination

There have been several obesity prevention and weight management policies, strategies, and initiatives in the UK, organised by both public and private organisations. Unfortunately, most of them have been contributing to weight stigma and harmful stereotypes regarding people with obesity and overweight. A report by Beat, a UK eating disorder charity, published in 2020, suggests that public health campaigns in the UK increase the risk of eating disorders and make their symptoms worse (Treasure and Ambwani, 2021). According to the report, practices such as putting calories on menus or food labels can cause distress and encourage thoughts and behaviours related to eating disorders. Practices that focus on weight loss falsely promote thinness as an indicator of health and encourage dieting, which is an ineffective weight-loss tool and is associated with a number of mental and physical health risks (Treasure and Ambwani, 2021).

In July 2020, the UK government published a [policy paper](#) on obesity ('Tackling Obesity') to target overweight and obesity during the COVID-19 pandemic. The report has been criticized by organisations and individuals for reinforcing weight stigma. More specifically, the Obesity Policy Engagement Network (OPEN) UK published a response to 'Tackling Obesity' which states that part of its strategy is to promote harmful and stigmatising stereotypes without committing any funding or investment to actually support people with obesity. Additionally, according to OPEN UK, the government strategy is using an over simplistic approach towards obesity, ignoring the complexity that goes beyond the advice 'eat less, move more'. An individual's weight is affected by a wide range of medical, socioeconomic, and psychological factors, therefore blaming the person for their weight only increases stigmatisation (Flint, 2019).

Additionally, the language used in public discourse is very important. In the 'Tackling Obesity' strategy, people with obesity are presented as a burden to the National Health System (NHS). The paper mentions that: *'we owe it to the NHS to move towards a healthier weight. Obesity puts pressure on our health service'* and that *'tackling obesity would reduce pressure on doctors and nurses in the NHS, and free up their time to treat other sick and vulnerable patients.'* This discourse shames people and blames them for their health conditions, which may not be related to weight, as well as for the problems that the healthcare system is facing. However, studies have shown that people with obesity are more reluctant to seek medical care due to weight bias in healthcare; they are more likely to cancel doctor appointments, as well as to delay preventative health services. (Amy et al., 2005). Additionally, the stigma and internalised shame that is experienced by people with obesity during the pandemic, has negatively impacted their psychological well being (Brookes, 2021). Therefore, such policies do not contribute to the wellbeing of people with obesity but instead worsen their situation.



Part of the government's new obesity strategy is 'The Better Health' campaign of the National Health Service (NHS) and Public Health England (PHE) that encourages people to lose weight to reduce COVID-19 risk through a range of free tools and apps. This includes a free app that offers a 12-week weight loss plan.

According to the researchers Talbot and Branley-Bell (2020), the Better Health campaign is problematic. The researchers point out that it does not take into consideration the 'mental health and societal factors that contribute to obesity' and that its focus on weight shaming could deteriorate the mental wellbeing of people with eating disorders (Talbot and Branley-Bell, 2020). Additionally, the fact that the campaign tools mostly rely on counting calories, ignores the nutritional value of a variety of foods and at the same time can trigger eating disorder behaviours (British Association for Nutrition and Lifestyle Medicine, 2020).

Lastly, the campaign blames obesity for COVID-19 mortality rates. However, it is metabolic disturbances and their associated diseases (hypertension, type 2 diabetes, atherosclerotic cardiovascular disease and hypertriglyceridemia) that are linked to worse COVID-19 outcomes rather than weight itself (Public Health England). Also, there has been evidence that being overweight poses a lesser risk to one's health in terms of mortality from infectious diseases than being underweight (Hamer et al, 2018).

To our best knowledge, there are no official strategies on weight stigma and discrimination.

Partnerships and professional networks that work in nutrition, physical activity, and obesity

As mentioned above there are plenty of initiatives that focus on obesity, nutrition, and physical activity. Unfortunately, few of them address the issue of weight stigma.

However, there have been important initiatives from charities, as well as individuals, to talk about the impact of weight stigma on people's wellbeing.

Some examples, are:

- **Obesity UK** has been speaking up about the impact of weight bias on the wellbeing of individuals. They state that their mission is to *'improve access to healthcare for individuals with obesity, to increase awareness that obesity is a chronic serious medical condition, to advocate for a nationwide obesity prevention and treatment strategies and fight to eliminate weight-bias and discrimination.'*
- The eating disorder charity **Beat** supports people with eating disorders and has been pointing out the harmful impact of weight management and weight loss campaigns.
- In 2020 on World Obesity Day, a team of experts, led by Professor Francesco Rubino from **King's College London** published a **pledge** to end the social stigma of obesity. The pledge was endorsed by more than 100 medical and scientific organisations, including the **British Dietetic Association**.

At the same time there are individuals that are talking about weight stigma such as the [fatdoctorUK](#), and the NHS doctor that is advocating for a weight inclusive health service.

Coordination mechanisms among healthcare professionals in treating people with overweight and obesity

The National Health Service (NHS) offers free weight management support. More specifically, the NHS implements a 3-step policy regarding weight loss. In the 1st step the General Practitioner (GP) offers 'lifestyle advice' to the patient. In the next step, if the patient is identified as 'morbidly obese', they are assigned an advisor that offers non-surgical solutions (counselling, exercise programmes, medication, support from a dietician). This step lasts for at least 2 years before the patient is referred to the Weight Management Programme (WMP), this includes personalised support. Bariatric surgery can be considered.

The NHS also has a [weight loss app](#) that offers a 12-week weight loss plan and is free to download.



Social and cultural norms, awareness campaigns and media coverage related to stereotypical portrayals of people living with obesity

People who are overweight have often been portrayed in stigmatising as well as inaccurate ways in the media, which contributes to weight bias (Flint et al., 2018). People with obesity are usually presented as lazy, incompetent, responsible for their weight, and a burden to the healthcare system and society in general (Flint et al., 2018).

Unfortunately, healthcare settings are not exempt; problematic representations of obesity are prevalent in health campaigns. An example is the 2018 and 2019 Cancer Research UK obesity campaign. The charity launched an advertising campaign with the aim to inform the public that obesity is a preventable cause of cancer. The message was aimed at provoking fear and shock to the public in order to create behaviour change by saying that obesity is the second biggest preventable cause of cancer. However, according to research conducted by the American Cancer Society (2019) *'The links between body weight and cancer are complex and are not yet fully understood. For example, while studies have found that excess weight is linked with an increased risk of breast cancer in women after menopause, it does not seem to increase the risk of breast cancer before menopause.'*

Furthermore, presenting obesity as the result of personal decisions is an oversimplified approach that ignores the complexity of obesity and contributes to the stigmatisation of people living with obesity (Varshney, 2020).

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5. Affected persons

This section examines the status of affected overweight and obese persons. It also looks into access to health care services.

Access to services and goods & excluded groups

According to research conducted by the British Liver Trust in 2018, weight stigma is the most common form of discrimination in the UK. Data suggests that approximately 80% of Britons think that obesity is viewed negatively. Additionally, 62% think that people are likely to discriminate someone because of their weight, whereas the number is lower for other forms of discrimination (e.g., 56% for sexual orientation and 40% for gender).

Weight stigma can be manifested in all the aspects of an individual's life, such as interpersonal relations, work settings, or education. A recent report by the Institute for Employment Studies suggests that 54% of the women with obesity have experienced weight-related discrimination from their colleagues and 43% from their employers or supervisors. Furthermore, most of the British employers believe that obesity is a personal choice and can be treated, which puts the blame on the individual; they also view employees with obesity as lazy and less competent. This leads employees to feel isolated, ashamed, and powerless to address stigma at work as they lack support (IES, 2020).

Disappointingly, the health-care system is not exempt from prejudice against people with overweight and obesity, with patients reporting receiving poorer care and having worse outcomes. A 2012 study showed that physicians are a source of stigma for people with overweight or obesity, with 69% of study participants having experienced stigmatising behaviours from doctors and 46% from nurses (Puhl et al., 2012).

Weight related discrimination in healthcare is harmful for individuals with obesity as they tend to be more reluctant to seek medical care, more likely to cancel doctor appointments, as well as to delay preventative health services such as routine gynaecological cancer screenings (Amy et al., 2005).

Another issue in healthcare that is caused by weight stigma is the lack of appropriate equipment. According to a Guardian article (2016) hospitals sometimes fail to accommodate patients with obesity due to the lack of appropriate equipment, so patients may be referred to other remote facilities. Additionally, a survey conducted by the Royal College Of Surgeons Of England showed that hospitals in the UK are not adequately prepared and equipped to provide the best care possible to people with obesity. This is associated with worse clinical outcomes for people that are overweight.

These hostile and uncomfortable conditions experienced by people with obesity may contribute to the creation of significant barriers to the utilisation of health services, excluding a large number of the population from getting proper and sufficient medical support.

Weight stigma is also associated with adverse psychological outcomes. People who are targeted by weight related discrimination are more likely to experience anxiety, stress, substance abuse, antisocial behaviour, disordered eating practices, binge-eating, avoidance of physical activity, and even depression (Papadopoulos and Brennan, 2015 & Puhl and Heuer, 2010).

Overall, weight bias is a common form of discrimination that exists in all aspects of life, even in healthcare. It can significantly impact an individual's physical and psychological wellbeing, preventing them from receiving the care and support that they deserve.



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6. Education and training for health professionals working with individuals living with obesity and those that want to improve their current lifestyle

This part examines the education and training offered for health professionals working with individuals with obesity regarding weight bias awareness, causes of weight gain and loss, health effects and interventions for weight prevention and management.

As well, it identifies whether these aspects from the curriculum of health professionals are taught at an undergraduate or postgraduate level and whether this is mandatory or optional. This includes formal, non-formal and informal education and training offered to the direct target group of the project, and whether the education programme or scheme is national, regional, or local.

Formal training and education in undergraduate and postgraduate programmes

This section includes aspects regarding weight stigma and bias towards persons living with obesity included in the formal curriculum, and also, coverage and gaps regarding weight bias and obesity stigma.

Higher Education Providers are listed below for the following programmes:

1. Medical Programmes
2. Dietitian Nutritionist Programmes
3. Nursing programmes
4. Physical therapy
5. Pharmacy programmes
6. Occupational therapy programmes
7. Other programs



Programme	Organisation	(Number of HE providers in UK)	UG/PG	Link
Obesity Care and Weight Management	College of Contemporary Health	10	PG	https://www.contemporaryhealth.co.uk/academic-courses/pgcert-in-obesity-care-and-management/
Nutrition and Dietetics	University of Surrey	36	UG	https://www.surrey.ac.uk/undergraduate/nutrition-and-dietetics
Clinical Nutrition	University of Roehampton	19	PG	https://www.roehampton.ac.uk/postgraduate-courses/clinical-nutrition/
Obesity and Clinical Nutrition	UCL	N/A	PG	https://www.ucl.ac.uk/medical-sciences/study/postgraduate-taught-programmes/obesity-and-clinical-nutrition-msc
Physical activity, exercise and health	Leeds Beckett	N/A	UG	https://www.leedsbeckett.ac.uk/courses/physical-activity-exercise-health-bsc/
Nursing	The Open University	88	UG	http://www.open.ac.uk/courses/nursing-healthcare/degrees/bsc-nursing-adult-r39-ad
Medicine	Keele	44	PG	https://www.keele.ac.uk/medicine/undergraduate/medicine-mbchb/howtoapply/
Physiotherapy	University of Birmingham	66	UG/PG	https://www.birmingham.ac.uk/postgraduate/courses/taught/sport-exercise/physio-pre-reg.aspx



Nutrition, physical activity and public health	University of Bristol	N/A	PG	http://www.bristol.ac.uk/study/postgraduate/2021/ssl/m-sc-nutrition-physical-activity-public-health/
Occupational therapy	Northumbria University	63	UG	https://www.northumbria.ac.uk/study-at-northumbria/courses/occupational-therapy-uufoth1/
Pharmacy	Newcastle University	52	PG	https://www.ncl.ac.uk/undergraduate/degrees/b230/

The table above shows that there is a limited number of higher education providers that deliver weight management and nutrition courses on an undergraduate and postgraduate level, compared to other courses. Although there is a high number of providers delivering nursing and physiotherapy programs, they do not have a specific focus on weight management or weight bias.

With the exceptions of weight management and clinical nutrition programmes, all other courses do not include any mandatory modules on weight awareness and weight bias. Therefore, health professionals completing these courses are not provided with an in-depth, academic understanding of weight bias experienced by people with obesity.

Non-formal and Informal training and education

Research has found a number of non-formal and informal educational providers in the UK that offer training for health professionals working with individuals with obesity through the health system. For example, the Royal College of General Practitioners provides multiple courses relating to the practicalities and management of obesity as well as challenging stigma and promoting discussions around healthy weight. This is designed to promote long-term, sustainable behaviour change that focuses on health promoting behaviours rather than solely on weight loss.

The table below outlines some of the non-formal education providers, the type of support they provide and whether the training is local, national, global or online.

Organisation	Type of Support/training	Link	Scale
HOOP UK Support (Helping Overcome Obesity Problems)	Facebook support group for obesity problems	https://www.facebook.com/groups/193799264062194/?ref=pages_group_cta	National
Obesity Health Alliance	Coalition of over 40 organisations who have joined together to reduce obesity	http://obesityhealthalliance.org.uk/	National



National Obesity Forum	“Group of health professionals and specialists who are sickened by the appalling obesity epidemics in the country - particularly the one which affects children - and are determined to do what [they] can to reverse the situation”	http://www.nationalobesityforum.org.uk/	National
University of Leeds	Clinical Nutrition short course	https://eps.leeds.ac.uk/dir-record/short-courses/1005/the-leeds-course-in-clinical-nutrition-8th-10th-september-2021	Local
Royal College of General Practitioners	Practicalities of Obesity Management	https://rcgpportal.force.com/s/lt-event?id=a1U1i00000478iqEA&site=a0d0Y00000AeOP6QAN	Online
WHO	Training course for nutrition, physical activity and obesity in primary care settings	https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/activities/who-training-course-for-nutrition,-physical-activity-and-obesity-in-primary-care-settings	Online
Obesity - e-learning for healthcare	Obesity Programme - “for practitioners in the NHS and local authorities working in weight management”	https://www.e-lfh.org.uk/programmes/obesity/	Online
World Obesity	Scope - Empowering healthcare professionals around the globe to provide the best possible care for patients with obesity	https://www.worldobesity.org/training-and-events/scope	Online
Easo	Obesity Management Masterclass	https://easo.org/education/tt-t-courses/easo-obesity-management-masterclass-2020/	Online
Royal College of General Practitioners	- Management of Obesity and Overweight. -Obesity? The time to TALK is now REWIND: Addressing stigma and building confidence in discussions around healthy weight.	https://elearning.rcgp.org.uk/course/search.php?search=obesity	Online



Gaps in the training of healthcare professionals regarding obesity issues are evident and emphasised in a number of reports, as listed below:

- Management of obesity: improvement of health-care training and systems for prevention and care: <https://www.sciencedirect.com.ezproxy.nottingham.ac.uk/science/article/pii/S0140673614617487>
- The training of health professionals for the prevention and treatment of overweight and obesity: [The training of health professionals for the prevention and ...https://www.rcplondon.ac.uk › file › download](https://www.rcplondon.ac.uk › file › download)
- A Practical Guide to Engaging Individuals with Obesity: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5644811/>

The demand for training of healthcare professionals regarding weight bias is high, and a number of programmes are attempting to tackle this issue. It is mostly due to the lack of weight bias awareness training in formal courses such as nursing and medicine programmes, which means healthcare professionals are left to find additional non-formal courses to supplement their understanding. Such understanding is crucial when working with individuals with obesity and, if not properly understood, could lead to issues such as unintentional or intentional weight bias.

7. Appendices

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