An Evidence-Based Rationale for Adopting Weight-Inclusive Health Policy

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Current weight-focused policies aren’t working. For nearly four decades, “obesity” has been public (health) enemy #1. Governments from around the world have used policies targeting weight in the hopes of improving public health. If weight-focused policy worked, however, we should have seen it by now. In this article, we integrate research from many different areas of science to provide an alternative perspective to redirect policy efforts.

There are easier targets than weight. Focusing on weight as the target of policy misses the mark because weight itself is likely not the actual enemy. If the goal of policy is better health, then there are better targets: poor diet, lack of exercise, lack of sleep, high levels of stress, and social isolation. These are better targets because improving them benefits health no matter what a person weighs, and conquering them is actually more achievable because it’s very difficult to lose weight, and the chances of permanent weight loss are vanishingly thin.

Policymakers do not need to reinvent the wheel to push the focus away from weight. From an intervention standpoint, size-inclusive approaches to health promotion already exist, such as the Health at Every Size approach, and should inform policy. This approach de-emphasizes weight and instead focuses on health behaviors, which are immediately changeable. Indeed, in the U.S the Long-term Investment in Education for Wellness (LIVE Well) Act was introduced to begin
shifting policy discussions away from weight and toward health and well-being for people of all sizes. The approach taken in the LIVE Well Act is replicable and should be considered for any policies directly impacting health (e.g., those constituting the Public Health Law -- US Code Title 42: The Public Health and Welfare) and those in other policy realms (e.g. education and judiciary law) that impact health, especially by reducing stigma.

**Unintended consequence: weight stigma.** Weight-focused policy also brings with it some unintended consequences. Demonizing “obesity” results in stigma against heavier individuals. We know from research that experiencing weight stigma has consequences that policymakers want to avoid – higher risk of death, poorer health, higher rates of depression, and poorer employment and educational outcomes, to highlight just a few.

Weight discrimination should therefore be a prime policy target. Currently, no federal legislation or policy protects against weight-based discrimination, but the city of Reykjavik and the U.S. states of Michigan and Washington have passed such provisions, and could serve as examples. Anti-bullying policy is also warranted, akin to the 111th Congress’s U.S. Bullying and Gang Reduction for Improved Education Act.

Even just *thinking* you are “overweight” can bring about these negative outcomes. This means weight surveillance policies – particularly those stating to routinely weigh patients and directly counsel them on weight loss strategies such as recommendations from the US Preventive Services Task Force – risk inadvertently burdening mental and physical health.

**Health is attainable; permanent weight loss is not.** Moving away from weight-focused policy and eradicating weight stigma are steps supported by science – steps that will be more
successful in promoting health, and ones that free policymakers from unsuccessfully chasing the impossible goal of population-wide permanent weight loss.