THE UNIVERSITY OF SYDNEY

Changing perceptions to reduce the stigma of obesity

Obesity Collective focus group research results

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Introduction

The Obesity Collective is a platform for committed individuals and organisations from across the community to take on the obesity challenge together, with empathy and a whole of society perspective. The Collective sits within the charity of Obesity Australia. One of the major priorities of the Obesity Collective is to shift the narrative around obesity from shame and personal blame to empathy, a better understanding of the challenge and collective responsibility. This is important because obesity stigma is associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem. This stigma can also lead to a lower quality of care for patients with obesity, ultimately leading to poorer health outcomes and increasing risk of mortality.

According to data from the Australian Bureau of Statistics, in the past 10 years the number of people living with obesity in Australia has more than doubled, from 2.7 million in 2007-08 to 5.8 million 2017-18. Today, almost two thirds of adults and up to a quarter of Australian children are overweight or living with obesity. There are multiple factors that contribute to the obesity epidemic. It is not only about personal responsibility and behaviour change. There are also strong social, genetic, biological and environmental influences outside of people's control.

A major barrier to addressing obesity effectively is the misconceptions and stigma that pervade public understanding of obesity, including the belief that people living with obesity are lazy or stupid, or that obesity is the result of a failure in personal responsibility. A rapid review of evidence on the effect of stigma on people living with obesity, 'Weight stigma and bias – what is known?' (2020) [1] suggests that while there is room for further research, the seriousness of probable consequences associated with stigma mean there is "an ethical imperative to take precautionary action now." There is considerable evidence that weight stigma is prevalent and harmful but very little insight on what changes perceptions.

Purpose of the research

To better understand how to effectively shift the narrative around obesity stigma, the Obesity Collective facilitated research in discussion groups with the public. Focus groups were organised to better understand the key triggers and themes that would encourage the reduction of stigma associated with people living with obesity. A key goal for these exploratory discussion groups

[1] Bellew, B., Grunseit, A., Huang, B., Kite, J., Laird, Y., Thomas, M., Williams, K. Weight stigma and bias – what is known? Rapid review of evidence. Prevention Research Collaboration at the Charles Perkins Centre. The University of Sydney. 2020.

was to use the findings to develop campaign materials aimed at reducing weight stigma in the wider community.

Approach to the research

The discussion groups were conducted with the goal to understand what resonated with participants when discussing obesity and its associated stigma. Six focus groups were conducted on Zoom of 90 minutes duration each. Focus groups are a qualitative methodology for exploring the attitudes, beliefs, and opinions people have about a certain topic, idea, or product. While they should not be taken as definitive, they are a useful tool for researchers to understand some of the nuance and motivations behind why people think the way they think. Focus groups can provide rich insight and can provide context to how certain products or ideas might be received in the wider community, or by certain groups in the community. Participants were recruited by Farron Research, a professional social and market research recruitment agency from their general consumer research panel. Participants were placed in groups with a mix of gender, age and location. Materials tested were three factsheets that framed different aspects of obesity, and videos of people sharing their stories of lived experience of obesity. Initially, more than six groups were intended but the insights from the groups were strongly consistent throughout, so the team moved onto testing campaign themes and materials to maximise the time with the discussion groups and limited resources. Participants provided informed consent.

Four major framing concepts in the form of factsheets and videos were tested with the focus groups to understand what resonated:

- There are different drivers of obesity, many outside people's control
- It is difficult to lose weight and keep it off because of physiology
- Weight stigma is prevalent and harmful
- Two lived experience stories (shown as videos).

The feedback and insights from these groups were then used to develop a campaign concept with a strategic communications agency, The Shape Agency, with the goals of reducing weight stigma. The concept was then tested with two more groups.

This project was delivered on a very limited budget that funded the recruitment of the focus groups and campaign concept development. We were lucky to have significant pro bono support which made the project possible. The researchers would like to particularly thank Dr Nancy Lee and Professor Marie Carroll from the University of Sydney for their contributions to moderating the groups and the writing of this report, and the team of researchers at the University of Sydney who conducted a rapid review of the evidence on weight stigma and bias

to support the campaign work of the Collective. That research team includes Adjunct Professor Bill Bellew, Dr Anne Grunseit, Bo-Huei Huang, Dr James Kite, Dr Yvonne Laird, Dr Margaret Thomas, and Dr Kathryn Williams. We would also like to thank the Shape Agency for their work on the campaign concept and The Bupa Health Foundation, Amgen Australia and Ethicon for providing grants that supported the third-party costs for recruitment and the campaign concepts.

This report first provides an overview of the key findings gleaned from all group discussions. The report then goes on to discuss in detail the reactions and responses to each item of the stimulus material shown to participants, before summarising the reactions to the subsequent campaign materials that were created using the insights gained from these discussion groups.

Summary of key findings

- Almost everyone agreed that the information and discussion provided in the focus groups got them thinking differently about obesity. By the end of the discussions, almost everyone seemed be more open-minded. With time and attention, we know that facts, discussion and lived experience stories are effective together. The 'ah-ha' moment that many mentioned in the end was realising they had been over-simplifying the challenges of obesity and realising they do not know the full story about people living with obesity. Participants agreed there is a lot more going on than what we assume or know.
- There were several comments on the links between obesity and mental health, as well about stigma and mental health. This was an important point and interesting or new for some people. "Let's stop talking about diet and exercise and more about the mental health and how we treat each other."
- People are uncomfortable with the topic of and the word 'obesity'. A few seemed to be wary about sharing their perspectives, but most noted they were open about their views, even if they anticipated that their views might be perceived as controversial by others in the group.
- Facts provided important context, but facts alone did not get much attention or engagement. There seemed to be relatively limited engagement on the fact sheet covering the many of drivers of obesity. People did not argue over the facts, but also did not engage significantly.
- Some participants, based on their assumptions, drew broad parallels between the challenges of obesity and the challenges of an illness or addiction in that it is not as simple as just blaming people. "This is just another human challenge."
- Participants clearly and consistently noted that the food environment is the main driver of the growth in adult obesity in last ten years. However, the groups seemed to be split on where responsibility lies when it comes to managing the challenge. Some felt that it is up to the individual to overcome environmental barriers and others felt that the environment needs to change. This led to group discussions with strong views.
- The weight stigma factsheet reminded participants that they shouldn't judge. It made some feel guilty, but it didn't lead to strong engagement or conversation.

- Some participants were angry that there isn't a better understanding as to why it is physiologically difficult to lose weight and keep it off. Many felt that this should be public knowledge and better communicated.
- Participants tended to project and openly talk about their own experiences with weight challenges without being asked, to the point that it was a distraction at times. It was clear that with any discussion on the challenge of obesity or body image, participants immediately drew on their own experiences. More broadly, the universality of assessing our own bodies adds to the complexity of communicating about obesity and stigma because everyone can relate in some way but in some cases, this may not be helpful to reduce stigma.
- A number of participants commented that weight is very personal and weight loss and weight gain can be an emotional experience.
- People don't like to be told what to do. There were extreme negative reactions to some of the value statement that were more direct about what needs to change to reduce weight stigma; these statements were considered "preachy". Even though participants agreed with the concept and what needs to change to reduce stigma, they strongly disliked the direct statements such as: *It is not fair to judge people with obesity, you don't know the whole story*. Participants did not like to be told about values directly.
- Many of the focus group participants with lived experience of obesity seemed to be harder to convince (than others) that weight and health was not entirely in their control, and therefore people are not always personally responsible. Some made self-critical comments and admitted that they judge people that are larger than them as well.
- The concept of body positivity came up, with many acknowledging that it is good and right to accept and care for one's body. Some noted that it was not useful to pretend that there are no negative health consequences from obesity, with a few who felt very strongly that this is bad for society.
- There was clear emotional cut-through when hearing stories of lived experience. Participants felt more empathy and were motivated to think more deeply about their own perspectives on obesity after viewing the stories of lived experience. These stories made participants realise they held incorrect assumptions; not knowing the full story is a key theme to encourage people to pause and think about harmful stigma and their own incorrect assumptions.

- When asked what got them thinking differently, participants noted the lived experience stories, underpinned by the facts, was a powerful combination.
- There did not appear to be any considerable differences between comments based on gender, location, or education level. The healthcare professionals' group was slightly more informed on drivers of obesity and seemed more interested in the weight stigma information, but otherwise there seemed to be consistent reactions and results with the other groups.
- Generally, participants were supportive of the need for change in society and felt that the education materials discussed were important.
- In testing the campaign concept, we found that participants:
    - Were engaged and had animated discussions after the concept was shared. Those with lived experience noted that the story presented resonated for them and that weight stigma has negatively impacted their lives.
    - Agreed that the campaign helped shed some light on the issue of stigma and the harm it can cause
    - Agreed the topic of obesity was important but difficult to address. Some were nervous about the topic and possible unforeseen consequences of a campaign focused on talking about obesity. Some felt that we will never be able to change the minds of the bullies.
    - Tended to initially assume that an ad about obesity would be about weight loss and some were confused when it wasn't. Some were looking for what we were selling.
- Further and more in-depth research would be valuable in better understanding how we can reduce weight stigma in Australia. Further research could assess ways to target communications, for example, how to communicate to people who value self-determination highly, how to communicate in different contexts (schools, workplaces, etc.).

Focus group results

What information influenced the way participants think about obesity?

Almost everyone agreed that the information provided and discussion in the focus groups ended with them thinking differently about obesity and motivated them to be more open-minded. Factsheets alone were not enough to motivate participants to think differently, but the combination of facts and stories of lived experience had an impact: "There is so much more going on and you can't just tell people to be a bit more motivated and get a bit of exercise. There is so much more to it." With time and attention, we know that facts, discussion and lived experience stories are effective together in general. The 'ah-ha' moment that many mentioned in the end was around their oversimplification of the challenge in their mind, and an acknowledgement of not knowing the full story about people: there is a lot more going on with other people than what we assume. Comments towards the end of our discussions included: "It all goes a lot deeper than what is on the surface. There are so many issues that go into it, it's not just, 'you are obese'" and "My view was too simplistic. It is not just one thing; it is a combination of many things." Realising the complexity of obesity and empathy with the lived experience stories were the two most consistent themes that came out of the discussion groups.

It's complicated

The general health and nutrition literacy across the groups was high and there was an awareness of the significant impact of lifestyle, including being more sedentary; that is, sitting at office desks, driving rather than walking, spending more time on streaming services, etc., and increased ease of access to more varieties of food, e.g. Uber Eats, saying, "This is clearly a multifactorial thing." Even so, they still believed that food consumption was a core factor, and participants were split on the role of personal responsibility in leading a healthy and active lifestyle: "If you really wanted to [exercise regularly and eat well], you will." Overall, participants acknowledged to some degree that there are various factors that contribute to the issue of obesity; however, the theme of personal responsibility was an underlying belief in all the groups on some level. "You're in charge of what you put in your gob" was a sentiment that summarised attitudes in the focus groups. This was particularly true of those with lived experience, who admitted that their internalised stigma and negative 'self-talk' perpetuated the idea that they themselves were to blame, and the only way they managed to lose weight was because they had to make the choice to do so. But for some, these efforts over time had not

always been successful. Participants acknowledged there were some things beyond people's control, but that what *could* be controlled *should* be controlled, like "choosing" to eat healthier foods and finding opportunities to be active. "You can choose to believe you have no green space, or that there is a lot of advertising, it's more of an excuse than anything else." Though they acknowledged the factors contributing to an obesogenic environment continue to increase, not all participants saw the environment and its multiple contributions to obesity as insurmountable, with some arguing that personal choice was just as, if not more, important.

Across the groups, participants with lived experience were consistently reticent to deny the role of personal responsibility, often highlighting their own internalised stigma and negativity. "It was weak," one participant with lived experience said of the story shared (noting that most reactions to the lived experience stories were sympathetic and empathetic). "The main thing is to be in the mindset of wanting to change," said another. "You have to make the choice to want to change before anything can happen." The negativity that comes with harmful stigma was seen as a catalyst to push people to 'take action' on weight loss; some people with lived experience believed that people would not be driven to make any kind of effort if it did not come from a negative place. This further reinforced the idea of personal responsibility and the idea that to be able to manage or change someone's weight is a 'choice', and those who don't manage to lose weight simply 'choose' not to.

The simultaneous acceptance of obesity's complexity and the insistent belief among participants that 'personal choice' is a catalyst to better health characterises the conflicting views of the community and the difficulty of reducing weight stigma. These are two conflicting views but nevertheless make a common barrier for more nuanced understanding of obesity, and therefore a barrier in tackling stigma. The focus group responses suggests that personal agency cannot be totally removed from the equation when talking about obesity and that the value of self-determination was very important for some participants and can't be ignored or changed. An emphasis on the complexity of obesity and not knowing what is really happening for others appear to be important in cutting through and encouraging people to think twice about the stigmas associated with obesity.

The power of lived experience

The strongest reactions came when participants viewed the lived experience videos, where it appeared the stories had clear emotional resonance with the participants. "It made me so sad, I felt really sad for what he had to go through," "It is heartbreaking that it can be such a defining thing. It seems like a desperate situation." While some participants expressed feelings of guilt when reading the fact sheet on stigma and admitted that they had thought uncharitable thoughts about people with obesity, they expressed empathy when they heard stories from those

with lived experience of obesity. "[That] felt really human, it showed that it is another form of human struggle and took away a lot of stigma for me." Indeed, many participants freely and openly discussed their own experiences with weight gain and weight loss, highlighting the universal experience of body assessment. Participants were happy to talk about their own experiences to the point where it almost became a distraction.

The videos reinforced that thinking negatively of people with obesity was based on a lack of knowledge of their backstories and associated struggles. The videos also highlighted that stigma is internalised by people living with obesity and that this continues to cause harm, affecting multiple aspects of their lives. The stories of lived experience provided an insider perspective that they otherwise would not have known. Key insights that came after watching the videos were, "You don't know what they're going through," and "You don't know the whole story." Other participants realised, "I never thought that even complimenting people on weight loss would have a negative effect," while another participant admitted, "I should listen to my overweight friends more, instead of judging them. I have to be more empathetic and have more patience." These comments encapsulate the positive impact that can come from hearing first-hand about how stigma contributes to and compounds the challenges of living with obesity. Being reminded of their own lack of knowledge about what really goes on in other people's lives prompted most participants to take pause and reconsider their assumptions.

Participants agreed that the videos were effective in conveying the effects of living with obesity and the "constant battle" that entails. They noted that the videos showed that "these are real people" and "you don't know everything that is going on, you couldn't know the whole story from just looking at them." Participants with lived experience could also relate:

> *People with obesity know what they need to do to change, but there is a barrier in your way, maybe in your mind. It is like a kick in the guts every time. The video resonated a lot with my history and past. I think mental health and support is one of the biggest factors to combat obesity.*

Hearing lived experiences prompted a shift in perspective and increased empathy, and in some cases highlighted their own role in contributing negatively to the challenges surrounding obesity. This should be explored further to leverage a clearer shift away from blame and shame.

Reactions to the four frames

This section provides further detail on participants' reactions to each part of the stimulus presented in discussion groups. Overall, the fact sheets were perceived as straightforward and valuable, with some noting points that they weren't aware of before, including the effect of

sleep on hormones, and energy levels being linked to cravings. While participants found some facts interesting and some took away new knowledge, the factsheets themselves did not lead to strong engagement or debate. Most participants had varying degrees of understanding about the different drivers of obesity, though some factors were perceived as more significant than others. For example, when presented with the fact that not everyone has access to open green spaces on which to be active, the insistence that personal agency playing an important part was common among the groups and linked to the idea of personal responsibility. Many participants also noted the potential harmful links between living with obesity and poor mental health. The frame that generated the most engagement and discussion was the stories of lived experience.

Causes of obesity

Participants generally acknowledged that obesity is complex and has multiple drivers: "There's no one clear cause. Australia's obesity problem is linked to many factors." This was often accompanied by comments arguing that even if the reason for being overweight can be complex, the overweight person has to 'want' to lose the weight before any change can happen.

Food intake was highlighted most consistently in the groups, with comments about the ease of access to unhealthy food, increasingly time-poor lifestyles reducing the time taken to cook healthy meals, and advertising of unhealthy options. "It's cheaper to eat crap," "If you work long hours, you don't want to have to go home to cook so you get takeaway." Participants also acknowledged our increased sedentary lifestyle as a key contributor. "We sit on Netlix all the time," "When I was a kid, we used to go out to play, kids just sit at home in front of their computers now." Even though these environmental factors came out consistently and were acknowledged by almost all participants of the focus groups, there was still an underlying belief for some that despite the environment we live in and the lifestyles we've become accustomed to, it was still our own responsibility to manage our health and weight.

The effect of sleep was noted most frequently among the groups as something new they had learned, with many commenting they had never thought of lack of sleep as a factor in weight gain. When discussing different levels of access to open green spaces, some admitted they did not consider situations where people's circumstances limited their access to open green spaces or general education on nutrition and health. Even so, these factors were not enough to convince participants that health and weight management was beyond personal responsibility.

The challenges of weight loss

Many participants were surprised by the challenges around weight loss, and that once weight is lost it can be difficult to keep off. The information about difficulty keeping weight off was highlighted by some participants, and some were angry this was not more widely

understood – "We need to talk more about that [biological effects of weight loss], I didn't know about that." Many were surprised at the high weight regain rates. More awareness of the biological processes behind weight loss (i.e. the way the body fights it) could help to shift perspectives away from blame over time.

Participants with lived experience of obesity acknowledged that "intellectually, I know it [regaining weight] isn't a personal failing, but at the same time, I don't believe it." The question of whether struggling with weight loss was a "personal failure" was a contentious one for people with lived experience. Their view was that you have to "feel like a failure" or you have to "hit rock bottom" to feel "motivated enough to make the effort" to persevere with weight loss. In the view of some of those with lived experience, the feeling of failure was to be leveraged to achieve success and was part of the weight loss process.

Weight stigma harms

Participants consistently agreed that the stigma associated with overweight and obesity was a problem. The fact sheet on stigma was often referred to as "a good reminder" about the harmfulness of stigma around obesity, suggesting that participants were aware they contributed to harmful stigma themselves. Participants noted that the fact sheet demonstrated that the consequences of stigma were far-reaching; for some, they hadn't realised that the stigma was internalised, which made it harder for people to speak to their friends or family about it honestly: "it touches almost every aspect of your life", "it must be so much to have to deal with, it's a lot."

Consistent among the groups was also the acknowledgement of the potential connection between mental health and obesity. "Sometimes if there is something going on, some people find comfort in food. And then you feel bad because you eat too much bad food, so you eat more bad food to feel better. It's a vicious cycle." The idea of living with obesity and its associated stigma put into perspective the range of issues that need to be managed, including mental health, other conditions related to obesity, social stigma, and internalised stigma – and that obesity is not just about a person's weight. Participants acknowledged that they have probably contributed to reinforcing harmful stigma themselves. "Stigma comes from attacking the person and not the illness… [that is a] very unhuman way to live and interact with other people."

Those with lived experience agreed that stigma had major negative effects but at the same time, some saw those negative effects as something that "may motivate you to get up and go for a run."

Lived experience stories

The videos of people speaking about their lived experience resonated emotionally with participants and inspired strong reactions of sympathy as well as empathy. In the first video, the individual shared his long journey of managing the depression and anxiety that impacted his long struggle with weight gain. He described avoiding the GP and avoiding being with loved ones, including skipping his best friend's wedding, to avoid judgment from others. "It was so sad," participants commented. "You never think about the affect it can have on people," was another comment. "I had no idea it would go so far, that it would even stop someone from going to the doctor."

In the second video, the individual shared that living with obesity and overweight was a "constant battle", and having "tried every diet known to man," which was also noted in the fact sheets. While participants commented that they knew very little about the challenges of weight loss, the video sharing the same fact received more empathetic reactions. Participants commented, "I didn't realise it is a lifelong battle," "I never realised that even if you do lose weight, you still have to continue living with the effects of obesity afterwards," "I never thought of it as an ongoing condition."

The overall sentiment that came from watching the videos was the realisation that negative stereotypes had been subconsciously applied to people who were overweight or living with obesity, even though most participants acknowledged there were other factors that contribute to overweight and obesity. Participants also commented that they weren't aware of the significance of internalising the stigma, noting that while the fact sheets on obesity were acknowledged as interesting and useful, the videos inspired stronger reactions because "now I can put a face to it," and having heard these stories first-hand, "You know they're real people." The detailed stories of struggling with obesity and weight loss provided a human face and an individual story with which to empathise. "You don't know what's going on in people's lives. That's why you shouldn't judge, you just don't know." Of the materials shown during the discussion groups, the videos elicited the most discussion and reflection among participants. Hearing the stories of lived experience in such detail highlighted to participants that their assumptions about people living with obesity were inaccurate, unproductive, and contributed to negative stigma, which in turn resulted in negative consequences to those living with obesity: "It is a life-long battle, there needs to be more education around this for society to understand that struggle. It is very complex." The idea of not knowing the full story, or not knowing what really happens in other people's lives, was most effective in encouraging empathy and stepping back to reassess harmful stereotypes.

Summary of consistent themes: New ideas, consensus, and debate

While participants tended to be split in their views on where responsibility for managing obesity sits, there were areas of general agreement that can be leveraged or explored further for the purpose of reducing weight stigma. Some participants also learned new ideas that further deepened their knowledge of the issue.

New ideas for many participants

- Link between sleep and obesity
- The importance of green spaces
- Mental health challenges can exacerbate obesity
- Stigma is internalised by people living with obesity, which compounds the harm
- Metabolic challenges to losing and maintaining weight loss and high recidivism rates
- Obesity as a lifelong battle for some, even after you lose weight
- Influence of early life experiences on weight trajectory and habits

Areas of general agreement

- Unhealthier environments and culture caused increases in obesity rates in the last 10 years, particularly unhealthy, cheap food. However, at the start of the focus groups, most considered obesity a lifestyle choice issue
- There are mixed messages about what is healthy and how to best lose weight. It can be confusing and difficult to know what to do.
- Losing weight is not easy but can be done
- Extreme diets are a problem
- Weight stigma is harmful, and we shouldn't judge people
- Obesity is a loaded word and is associated with judgemental ideas and negative connotations.

Areas of debate and discussion

- The level of personal responsibility and self-determination required to change the situation (i.e. an individual's ability to overcome the obesogenic environment). "We all have choices at the end of the day" vs. "with privilege comes choice"
- Whether weight regain should be considered a 'personal failing' or not
- Role of the food industry
- What the solution is
- Role of body positivity movement. Some felt it is important for everyone to be accepted but some did not like the denying/downplaying health impacts of obesity.

Testing values

The research team was interested in the underlying values that informed the opinions and attitudes being shared in discussion groups. To explore this, the latter three groups included a short section to test what values resonated with participants. Strong Australian values are considered to be fairness, respect and equity, and seemed to be relevant values for the conversations around obesity. We tested the below with mixed results; while participants might generally agree with most of these statements, they suggested the statements come across as "too preachy" and they would be wary of being told how to behave by an advertisement or campaign.

Values statements tested

- It is not *fair* to judge people with obesity, you don't know the whole story
- Everyone should be seen as *equal*, including those living with obesity
- People with obesity should be *respected* and *free* to live their best lives
- We need to treat each other *kindly*, including people with obesity

Building on the values, we also tested some taglines that might be attached to a potential campaign. The most popular taglines were related to the lack of knowledge most have about the complexity of obesity and other people's lives. Participants were engaged and happy to provide feedback on the taglines. Some even provided ideas for us to consider.

Taglines tested

- It's not just about the weight!

- We need to bust myths about obesity
- Obesity is not as simple as you think
- Obesity is a lot deeper than what is on the surface
- Obesity – there is a lot more to it
- You think you know obesity, but you are probably wrong

Insights for campaign concepts

The focus groups drew out rich insights into people's knowledge of and attitudes towards the issue of obesity, which were used to inform the development of a campaign concept. Results of the focus groups were discussed with an external strategic communications agency, the Shape Agency, with experience in designing campaigns to address social and health issues.

The key points used in developing the campaign concepts were:

- Goal was to create the 'ah-ha' moment from the focus groups around understanding that there is a lot more going on and people are oversimplifying the challenge
- Include personal stories as these trigger emotions, curiosity, and engagement
- Focus on how someone's experience with obesity is not necessarily obvious or simple
- People with obesity struggle to let go of the personal blame narrative
- Avoid blaming the audience
- Avoid telling people directly what to do

Testing campaign concepts

The overall idea that came out most consistently and was ultimately used to frame the campaign was "It's not what it seems," or "it's more complex than you think," to capitalise on the realisation of people's incorrect and unfair assumptions of people living with obesity. The materials were developed primarily for social media (with a 30 second and a 45 second video).

The material was tested as a story board with two groups with a combined total of 18 participants, selected to reflect a mix of gender, age and location. These participants were different people to those who attended the first series of focus groups, in order to test the concept with people who had not been involved in detailed discussion about obesity in Australia. The moderator walked participants through the storyboard, and then invited participants to share what they did or didn't like about the campaign material.

The campaign will be launched at a later date, and the materials are still being refined at the time of publishing this report, so concept details are not provided. Some high-level concept components include:

- A personal story
- This person talks about their challenges with weight
- Highlighting that this is just one story of many
- A tagline
- Some ambiguity to create curiosity

primary audience for the campaign is people who have a stigma about people with obesity, i.e. the general community. The campaign's secondary and third audiences are people living with obesity and health professionals, respectively.

Reactions

The campaign was received mostly positively; initially participants questioned the target of the campaign, with some commenting they'd like to know more with some commenting they might expect to find tips and advice on weight management or health and diets. Participants agreed that it "took a serious tone and empathised with someone struggling with their weight, it makes you want to know what is going on in their life."

For some, the term 'obesity' was confronting; for others, it was simply a technical medical term. "I'm shocked at the word 'obese'", "Maybe it should be more around positive health in general, 'obese' seems offensive." The confronting nature of the word "obesity" reflects the fact that obesity is stigmatised and provides an opportunity for viewers to reflect on why they might find it confronting. There were also comments on the size of the storyboard model and that she didn't seem obese, suggesting that some people assume the term obesity refers to severe obesity.

The tagline and hearing about living with obesity resonated with participants, reflecting the assumptions people tend to make about people living with obesity. Used in this way, it reminded participants that they did not know everything about someone's life, "You shouldn't judge, there are many reasons for someone's weight and you don't know." "It's more than appearance, a person is more than what they look like." "The details about her struggle helped." Condensing facts and personal story into a short narrative about the stigma of obesity prompted most participants to understand that weight stigma was a key issue. While not all of them claimed they would visit the website advertised, many agreed that the campaign took the right tone to shed some light on the issue of stigma and the harm it can cause: "She's aware of her

weight. Society makes it harder; she's trying." Other feedback that arose from the campaign testing included:

- People wanted to have an action, what to do next
- Some assumed at first that the campaign would be about weight loss advice
- It was unclear to some participants who the campaign targeted
- Some stated that no campaign will ever convince the bullies, and that people need to realise they are contributing to the problem for the campaign to have impact
- The campaign resonated with people who had lived experience. "I've been there before; I felt the stigma."
- There were mixed views on the best way to reduce stigma with a campaign. Some questioned whether this would be boring and not catch other people's attention and others felt that it would be best to just stick to the facts.

Conclusions

The results of this research suggest that while no campaign can solve the problem of weight stigma, it can contribute to increasing awareness of the harm caused and encourage viewers to take a pause to reconsider their assumptions. It is clear that facts alone will not inspire deeper engagement with the issue of obesity and its associated stigmas but participants felt more empathy and were motivated to think more deeply about their own perspectives on obesity after hearing stories of lived experience that "put a human face" to the issue. All participants of this research agreed that weight stigma is harmful; the universality of assessing our own bodies adds to both the complexity and relatability of communications designed to reduce stigma. It appears that campaign that highlights the lived experience of managing obesity and its associated stigma will contribute positively to the goal of reducing that stigma in the wider community.

The research questions framing this project were broad and used to understand points of resonance in the conversation about the complexity of obesity and obesity stigma. The discussions revealed areas and questions that might benefit from further research.

Areas for further research could include:

- Measuring levels of weight bias among people more systematically and how these indicators change
- The persistence and depth of attitude change after emotional engagement with material
- How to communicate to people that rate self-determination highly as a value
- The application of social psychology of stigma and shame to obesity
- Concepts that resonate with people with internalised bias
- Self-identification with emotional issues: is the salience of such issues related to personal experience
- What communications tools or approaches to reduce stigma would be effective in different contexts, e.g. schools, workplaces, etc.

Appendix A

Background, aims, and methodology

The Obesity Collective explored current attitudes towards and knowledge about people living with obesity through an initial series of six 90-minute focus groups of around eight participants each. Initially the researchers intended to conduct at least eight groups but found that the feedback was extremely consistent, and rather than conducting more groups, instead opted to test additional material in the last two groups. The groups were presented with facts about the different social and environmental drivers of obesity, biological factors, and the consequences of stigma. The stimulus materials are included in Appendix B. They were also shown two videos of people sharing stories about their lived experience of obesity.

The focus groups were intended to be exploratory. Due to a limited budget, recruitment was to enable an exploratory approach and all efforts were made to be as representative of the general population as possible within budget. Participants were recruited to join the focus group if they did not have particularly strong opinions or expert knowledge on the issue of obesity; those who strongly agreed to disagree with statements about the approach to obesity were not considered as participants. Each group contained a mix of gender, education level, and ages (30 and older). The groups also contained a mix of people with lived experience of obesity, knowing a friend or family member who has experienced obesity, or no experience of obesity at all. One group was made up of all health professionals.

Each group was taken through a discussion about obesity guided by factsheets and videos of people telling their stories of lived experience. The discussions explored participants' opinions and attitudes on what they believed was contributing to increased rates of obesity. They were then shown a series of factsheets (see Appendix B) outlining the multiple and interconnected causes of obesity, the difficulty of weight loss, and the consequences of living with weight stigma. Groups were also shown two videos of people speaking about their lived experience of obesity (summary in Appendix B). After finding that there was a fairly consistent response to the fact sheets and video materials, ideas for slogans and taglines to frame a potential public awareness campaign were tested from the fourth group onwards.

Focus group moderators



Dr Nancy Lee received her PhD in Gender and Cultural Studies from the University of Sydney in 2014, using extensive qualitative interviews with chefs to explore the impact of social media on their working lives. After five years teaching undergraduate Gender Studies and Media Studies at the University of Sydney and UNSW, Nancy worked as a research consultant in a small social and market research agency for two years. She moderated around 50 focus groups and in-depth interviews working on projects for state and federal government, new product development, and program evaluations. Nancy currently works as a project officer with the Charles Perkins Centre supporting research translation and commercialisation.



Professor Marie Carroll was Pro Vice-Chancellor (Academic Affairs) and Acting Deputy Vice Chancellor (Education) at the University of Sydney from 2010-1015, with responsibilities for curriculum, graduate studies and higher degrees by research strategy, and teaching and learning. Marie has a long-held interest in higher education quality and standards and has served as an honorary AUQA auditor and on a number of accreditation bodies. In addition, as an AUQA auditor, she has served on the review panels of several audits. She is also a member of TEQSA's panel of experts. She currently holds the half-time post of Director of Educational Development at the Charles Perkins Centre, University of Sydney, where she has responsibility for fostering interdisciplinary education in Science, Medicine, Health and Arts & Humanities. She is also Chair of the Academic Board and member of the Board of Directors at the Australian Institute of Music.

Appendix B

Focus group stimulus materials

Factsheets

Factsheet 1. Causes of obesity



What are the causes of obesity?

There are different things that can contribute to weight gain, including how our bodies work (biology), the environments that we live in, and our lifestyle and life experiences. It is important to understand that some of these are beyond people's control.

Our bodies (biology)

- Genetics and family history mean that some people are more likely to gain weight or find it harder to lose weight than others
- Some medications and illnesses can lead to weight gain especially those that increase appetite or reduce the ability to be active

Our lifestyle

- We eat out more, eat more processed foods and get more take away meals than we used to
- We move less and spend less time outside as part of our normal activities
- Many people don't get enough good sleep which can affect energy levels, hormones and cravings

Our environments

- High energy foods are everywhere and advertised in attractive ways. They are often cheap and quick, but less healthy and can be very hard to resist
- Some communities don't have safe places to be active (e.g. green spaces and walking paths). Some also lack good public transport options, so people need to drive
- Not all areas of Australia have easy access to good foods, sport/ physical activity programs or health services

Our life experiences

- High stress situations, mental health challenges and/or traumatic experiences can affect the way our body works and the foods that we crave
- Our experiences at a young age can influence how healthy we are as adults
- The quality of education and support we have in the community can influence our choices and how healthy we are

Factsheet 2. The challenges of weight loss

It is difficult to lose weight and keep it off



1. There are many causes of obesity, so **there is not one weight loss approach** that works for everyone

2. The science shows that most people who lose weight, **will regain a lot of it back** eventually. This can happen because:
    - The body fights weight loss. After a period of weight loss, our body will often decrease the energy we use each day and increase our hunger and cravings.
    - Despite our efforts, the environments where we live, work and play have not changed to be healthier
    - It can be difficult to make changes to our behaviour over the long term, particularly in our modern environment

3. Weight loss requires time, patience and support. It's important to know that regaining weight is **not a personal failing**.

Factsheet 3. Weight stigma harms

Weight Stigma

Weight stigma or bias generally refers to negative attitudes toward a person because they are overweight or living with obesity.

Weight stigma is everywhere

- Stereotypes include: lazy, weak-willed, unsuccessful, unintelligent, lack self-discipline, have poor willpower, and are noncompliant with weight-loss treatment
- These stereotypes give way to stigma, prejudice, and discrimination against obese persons in all different areas of people's lives
- Some people internalize this stigma and apply negative stereotypes to themselves

Weight stigma is harmful

- associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem
- can lead to unhealthy eating practices and avoidance of physical activity
- lead to a lower quality of care, ultimately leading to poorer health outcomes and increasing risk of mortality
- translates into inequities in employment settings, health care services, and educational attainment





Lived experience stories

Video 1: Individual 1 spoke of the impact of mental health on weight gain and the effect of living with obesity had on his personal life and his relationships. His negative feelings prevented him from seeking help from his doctor. He spoke about the different ways that the challenges of managing his weight, combined with internalised stigma affected his mental health.

Video 2: Individual 2 outlined the many different attempts she made to lose weight and managing the constant fluctuation in weight. She characterises her experience as a long term and life-long battle. She shared her experience with weight loss surgery and how it changed her life for the better.

Appendix C

Participant information statement and consent form

PARTICIPANT INFORMATION STATEMENT

(1) What is this study about?

The goal of this focus group research is to get a better understanding of people's perceptions of obesity in Australia and test communication concepts and frames to see what ideas may resonate with participants.

Participation in this research study is voluntary. By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read this information statement
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

(2) Who is running the study?

The study is being carried out by a not for profit organisational called the Collective for Action on Obesity with oversight from the Collective Director Tiffany Petre. The Collective is a platform for committed individuals and organisations from across the community to take on the obesity challenge together, with empathy and a whole of society perspective (prevention and treatment). Tiffany and a number of leaders in the Obesity Collective are based at the University of Sydney

What will the study involve for me?

Participation in a virtual or in person focus group.

(3) How much of my time will the study take?

The focus groups are meant to take 90 minutes in total.

(5) Who can take part in the study?

Australian adults from different backgrounds and locations. The focus groups will discuss basic information about obesity, so it is not intended to include participants that are:

- obesity experts
- people with in-depth knowledge of the topic
- body weight related advocates
- emotionally triggered by discussing the topic of obesity
- people who feel extremely negative about obesity or people living with obesity

(6) Can I withdraw from the study?

Participating in this study is completely voluntary and you do not have to take part. Completion of the Participant Consent Form and joining a scheduled focus group indicates your consent to participate. You can exit a focus group session at any time if you choose but once you contribute to

a conversation it will not be possible to withdraw your contribution. Participant names and comments are confidential and will be only known by the focus group team

Your decision whether to participate will not affect your current or future relationship with the researchers' team.

(7) Are there any risks or costs associated with being in the study?
Aside from giving up your time to participate, we do not expect that there will be any considerable risks or costs associated with taking part in this study. It is not possible to control comments from other focus group participants, so there is a potential that you would not agree with or like comments or the discussion in some way.

(8) Are there any benefits associated with being in the study?
We cannot guarantee that you will receive any direct benefits from being in the study. However, insights from the study will inform data future communication about obesity.

If applicable, a virtual gift card may be given to you after completion of the focus group as a thank you and to help cover the cost of your time, travel and any other inconveniences.

(9) What will happen to information about me that is collected during the study?
Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be individually identifiable in these publications.

Virtual and in person focus group sessions will be recorded to assist with capturing the conversations and key concepts discussed.

(10) Can I tell other people about the study?
Yes, you are welcome to tell other people about the study.

(11) What if I would like further information about the study?
When you have read this information, the team will be available to discuss it with you further and answer any questions you may have.

(12) Will I be told the results of the study?
If you indicate interest in receiving the research results on the Consent Form we will mail or e-mail the final report to you.

PARTICIPANT CONSENT FORM – Focus groups

I, ... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- ✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and I do not have to take part. I can withdraw my participation at any time before a focus group has started.
- ✓ I understand that I can withdraw from the study at any time before the completion of a focus group. It is not possible to remove comments from the study or the focus group recording after they are made.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.
- ✓ I consent to audio/virtual recording of the focus group and my comments
- ✓ I agree to take part in this research.

.....
Signature

.....
PRINT name

.....
Date

Would you like to receive a final report on the results of the overall study?

YES ☐ **NO** ☐

If you answered **YES**, please indicate your preferred form of feedback and address:

☐ Postal: _____

_____

☐ Email: _____