

A Call to Action: Reject Labeling Children & Adolescents as Obese

Sponsored by the Weight Realities Division of the Society for Nutrition Education, the National Association to Advance Fat Acceptance, and the Association for Size Diversity and Health (www.sne.org, www.naafa.org, www.sizediversityandhealth.org)

The Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity was convened by the American Medical Association, with funding from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC). The deliberations about the committee's recommendations must address two urgent questions:

- Are the terms "obese" and "obesity" stigmatizing?
- If they are, why would health professionals choose to use these terms in relationship to children and adolescents?

In their report, the committee states, "Previously, the word 'obese' was avoided with regard to children because of concerns about stigma" (<http://www.ama-assn.org/amednews/site/free/hlsd0709.htm>). Apparently, the committee no longer considers this a major reason to avoid use of the term "obesity" in relationship to children and adolescents. This is surprising since recent research shows that the stigmatization of large children has increased by 40% over the last 30 years (Latner & Stunkard, 2003).

To justify labeling large children and adolescents as obese, Reginald Washington, MD, panel spokesman and medical director of Rocky Mountain Pediatric Cardiology in Denver, said, "The rest of the world uses that terminology already." Yes, the rest of the world does use the term, and often in a stigmatizing way. In 2001, Puhl and Brownell published an extensive review of the literature about bias, discrimination and obesity. They concluded, "There is a clear and consistent scientific literature showing pervasive bias against overweight people. It is logical that the bias begets discrimination. There is now sufficient evidence of discrimination to suggest it may be powerful and occurs across important areas of living."

Brownell and his colleagues followed up with a study on weight bias among health professionals specializing in obesity (Schwartz et al., 2003). The conclusion of the weight bias article is clear: "Even professionals whose careers emphasize research or the clinical management of obesity show very strong weight bias, indicating pervasive and powerful stigma. Understanding the extent of anti-fat bias and the personal characteristics associated with it will aid in developing intervention strategies to ameliorate these damaging attitudes."

In addressing obesity, research documents the importance of taking body image into account, especially among youth. Based on results from a population-based, longitudinal study with 2,500 teens, Neumark-Sztainer and colleagues at the University of Minnesota (2006) concluded that to prevent obesity and eating disorders, the focus needs to be on health much more than weight. Indeed, results from this study underscore that the more weight *per se* is talked about, the more likely teens are to adopt dangerous dieting behaviors. Labeling a person of any age as obese – especially a child or adolescent – is strongly pejorative and counterproductive.

This is not simply a matter of political correctness. It is about the critical need to create environments in which children and adolescents do not feel shame or guilt about their bodies but, rather, are motivated to enjoy healthful eating and active living habits regardless of their body size or shape.

Whereas, we believe that health is composed of physical, psychological, and social components, we call upon U.S. Government agencies including the Department of Health and Human Services (CDC, HRSA, and other offices) and the Department of Agriculture to reject the recommendation of the Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity to classify certain children and adolescents as obese. We are aware that “obese” and “obesity” were initially medical terms used to describe an excess of body fat. However, they have become stigmatizing and the basis for widespread discrimination and bias against youth and adults. In light of documented pervasive bias and discrimination against larger individuals by people in all segments of society, including many in health care, the terms “obese” and “obesity” should be abandoned and more constructive and less value-laden descriptors developed and adopted.

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