



The Problem:

Anti-obesity efforts such as the one initiated by Michelle Obama, while often well-intentioned are causing harm.

1. A report published January 24, 2012 in Science Daily from the C.S. Mott Children's Hospital National Poll on Children's Health examines the association between school-based childhood obesity prevention programs and an increase in eating disorders among young children and adolescents. The poll asked parents about obesity prevention programs in their children's schools and about food-related behaviors and activity that may be worrisome.

- Since the implementation of an obesity prevention program in the schools 30% of parents report at least one worrisome behavior in their children that could be associated with the development of eating disorders.
- Additionally, 7 percent of parents report that their children have been made to feel bad at school about what or how much they were eating.
- Reports from Australia also indicate a high increase in eating disorders since anti-obesity campaigns began. A Medical Director of Mental Health at Australia's Austin Hospital said he believed some of the nine and 10-year-olds being treated for anorexia were becoming ill from "the panic" created by anti-obesity campaigns.

2. A substantial body of evidence from the eating disorder literature demonstrates that when important agents in children's social environment (e.g. parents and peers) endorse a preference for thinness and place an importance on weight control, this contributes to body dissatisfaction, dieting, low self-esteem and weight bias among children and adolescents.

- These behaviors include inappropriate dieting, excessive worry about fat in foods, being preoccupied with food content or labels, refusing family meals, and having too much physical activity.
- Parents in the C.S. Mott poll report that incentive programs at their children's school to increase physical activity are more likely to say their children are "too physically active" (11%) compared with parents who do not report incentives for physical activity at their child's school (4%).
- Studies show that body dissatisfaction and weight-related teasing are associated with binge eating and other eating disordered behaviors, lower levels of physical activity and increased weight gain over time.

The Solution

- The focus of future “obesity interventions” should focus on health, *not weight*.
 - By de-emphasizing the focus on “anti-obesity” and re-emphasizing overall health, we will help curb the negative attitudes about fatness that are common among children and have harmful effects on their physical, social and psychological well-being.
 - Future interventions should focus not only on providing opportunities for appropriate levels of physical activity and healthy eating, but also specifically seek to promote self-esteem, body satisfaction, and respect for body size diversity.

- The implementation of many anti-obesity programs is causing concern in that it may be promoting some negative consequences. We urge any company, agency or department who is offering such a program to incorporate the latest scientific evidence and best clinical practices developed by the Academy for Eating Disorders:
 - Studies show that body dissatisfaction and weight-related teasing are associated with binge eating and other eating disordered behaviors, lower levels of physical activity, and increased weight gain over time. Therefore, constructing a social environment where all children are supported in feeling good about their bodies is essential to promoting health in youth.
 - Programs should be careful not to use language that has implicit or explicit stigmatizing anti-fat messages, like “fat is bad,” “fat children are not healthy,” or “fat people eat too much.” Interventions should focus not only on providing opportunities for appropriate levels of physical activity and healthy eating, but also promote self-esteem, body satisfaction, and respect for body size diversity.
 - There is ample scientific evidence that an environment focusing on weight and thinness is a risk factor for eating disorders. Moreover, a reliance on BMI as a proxy for health leads to many “false positive” assumptions of illness in healthy heavier children, and many overlooked problems of disordered eating and harmful weight loss practices in average-weight children.
 - Interventions should be health-centered, not weight-focused, as weight is not a behavior and therefore not an appropriate target for behavior modification. Children across the weight spectrum will benefit from a healthier diet, and more opportunities for physical activity. Therefore, interventions should be weight-neutral, i.e. aim to increase healthy living at any size rather than promoting specific goals for weight change.