

WEIGHT LOSS

A Survey Study

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Executive SUMMARY



Obesity is a complex and chronic disease process, caused by a combination of physiological, behavioural, psychosocial, and environmental factors. The proportion of adult New Brunswickers classified as obese is substantially higher than the Canadian average. This report describes the findings of a 2021 survey study on weight loss in New Brunswick which was completed by 1104 New Brunswick residents.

- Most respondents see overweight and obesity as an important issue affecting health, and the current level of support for weight loss in New Brunswick is seen as inadequate.
- Many New Brunswickers invest a lot of time and resources into trying to lose weight, with some success, but long-term maintenance is a key challenge.
- There is widespread support for many actions that would help those who want to lose weight, including free weight loss services, changing the food and physical activity environment and some taxation.
- Many people find weight loss confusing for reasons including false and misleading information and contradictory messages.
- Behaviour and psychology are regarded to be the main causes of overweight and obesity, and the environment was seen as a less important contributing factor.
- The main barriers to weight loss that respondents see are lack of motivation, support and not having the right habits.
- Weight gain during the COVID-19 pandemic was common, although some lost weight, and a few remained at the same weight.
- Comments were made on the cost of food and weight loss programs, mental health as well as bias and discrimination as important barriers that New Brunswickers with overweight and obesity face.

RECOMMENDATIONS



OFFER MORE WEIGHT LOSS SUPPORT

New Brunswickers who want to lose weight should be supported through evidence-based free province-wide bilingual non-stigmatizing programs and practical activities to address eating, physical activity, stress and mental health. Support options should be in-person or remote and address weight loss and weight loss maintenance by connecting New Brunswickers with public and private resources in the community.



PROVIDE MORE EDUCATION

New Brunswickers and health professionals should have access to free, evidence-based and actionable information on overweight and obesity, which address the complexities of obesity, the importance of the environment, and available evidence-based treatments.



FORMULATE A COMPREHENSIVE OBESITY STRATEGY

New Brunswickers strongly support the formulation of a comprehensive strategy that addresses the prevention, management and treatment of overweight and obesity. The strategy should tackle additional barriers such as the cost of food and weight management, mental health, and weight bias and discrimination, with public and private resources in the community.



CONDUCT MORE LOCAL RESEARCH

More research is needed to determine what effective and costeffective weight loss support would look like in New Brunswick.



CHANGE THE FOOD AND ACTIVITY ENVIRONMENT

Interventions to change the current food and activity environment have broad support and should be considered to make healthy choices easier for residents of New Brunswick.

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INTRODUCTION AND METHODS

Overweight and Obesity IN CANADA AND NEW BRUNSWICK

Many people in Canada and New Brunswick are considered to carry too much weight. Overweight and obesity can have a negative impact on physical and mental well-being.¹ In 2018, the proportion of New Brunswick residents aged 18 or older that were classified as obese was 35.3%; substantially higher than the Canadian average of 26.8%.²

Obesity is a complex and chronic disease process, caused by a combination of physiological, behavioural, psychosocial, and environmental factors.³ Because obesity is complex, simple solutions and treatments do not work. Broad societal actions for prevention and treatment are needed. Effective obesity management requires addressing both the root causes of obesity and providing evidence-based support to anyone who is interested in losing weight.

Considering the views and needs of people, particularly those living with overweight and obesity, is important to provide meaningful support.⁴ The recent launch of the Canadian Adult Obesity Clinical Practice Guidelines by Obesity Canada is an important step to ensure effective and non-stigmatizing health care.⁵

This survey examined the views and experiences of New Brunswickers regarding overweight, obesity and weight loss to inform obesity management and support that meets local needs.

- ${\tt 1.} \qquad {\tt https://obesitycanada.ca/understanding-obesity/health-impacts-obesity/}$
- 2. https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00005-eng.htm
- 3. https://obesitycanada.ca/understanding-obesity/
- Yardley, L., Morrison, L., Bradbury, K., & Muller, I. (2015). The person-based approach to intervention development: application to digital health-related behavior change interventions. Journal of Medical Internet Research, 17(1), e30. https://doi.org/10.2196/jmir.4055
- 5. https://obesitycanada.ca/guidelines/

— IN — 2018



New Brunswick residents aged 18 or older that were classified as obese:

35.3%



the Canadian average of 26.8%



AND PARTICIPANTS

Online survey.

This survey was open to any adult New Brunswickers, 19 years or older.

Recruitment took place online (e.g. social media like Facebook, Instagram, and Twitter) and in the community (e.g. posters and flyers in pharmacies, cafes and gyms).

REPORT LANGUAGE

The language around weight is sensitive and preferences for terms vary from person to person.

People first language is recommended by Obesity Canada⁶ and many other major obesity organisations and can help reduce the challenge of stigma and discrimination.^{7,8} The use of people first language is widely accepted for most chronic diseases and disabilities.

This report also uses the term 'weight loss' to refer to an outcome of obesity management which may improve health. The focus of this study is on those interested in the topic of losing weight. This report does not promote weight loss as a necessary, prescribed or desirable outcome for people living with overweight and obesity. People who do not want to lose weight should be recognised and supported in this decision.

This report uses the terms 'overweight' and 'obesity' as neutral and descriptive terms for higher weight. These terms are not intended to indicate a value judgement about someone's weight. Overweight and obesity refer to commonly used weight categories which indicate a potential risk to health as determined by Body Mass Index (BMI). BMI is a common classification of a person's weight. 9 BMI is not a perfect measure, because it does not directly assess body fat or body fat distribution. However, it is a reasonable indicator of health at the population level. At the individual level, overweight and obesity need to be diagnosed by qualified health professionals using medical screening and assessment tools beyond BMI.

This report uses 'people first language' to respectfully address people with chronic diseases, rather than labelling them by their illness.

- https://obesitycanada.ca/resources/people-first-language/ https://www.obesityaction.org/action-through-advocacy/weight-bias/people-first-language/ https://easo.org/people-first-language/ https://obesitycanada.ca/managing-obesity/measuring-obesity/



INTERPRETING FINDINGS

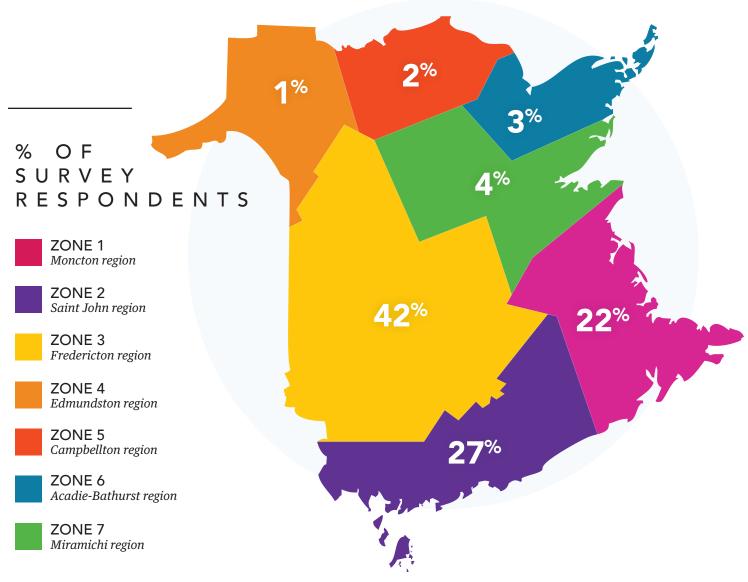
Some question categories in the survey were combined for ease of interpretation. Response scales 'strongly agree' and 'somewhat agree' were combined into 'agree', and 'strongly disagree' and 'somewhat disagree' were combined into 'disagree'.

This report focuses on descriptive findings of the survey. The full in-depth details will be published in the peer reviewed academic literature. A copy of the survey instrument is available from the report authors. In this report, when percentages do not add up to 100 exactly, this is due to rounding.

WHO PARTICIPATED

in this survey?







Respondents were on average 44 years old, ranging from 19-85 years of age. The majority were most comfortable speaking English (84%). Others were comfortable in both languages (13%), or French (4%).

According to BMI most respondents could be classified as obese (57%), followed by overweight (22%), normal weight (20%) and underweight (1%).

The majority of respondents were from a white background (93%), identified as female (80%), in full time employment (61%), and were married (52%).

Almost all respondents had access to internet at home (97%) and owned a smartphone (95%), which many reported using to access apps about nutrition, exercise and weight loss (73%).





Most respondents see the levels of overweight and obesity in New Brunswick as an important issue which might harm the health of New Brunswickers.

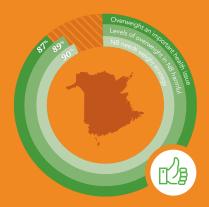


The majority of respondents support the development of a comprehensive strategy focusing on prevention, management and treatment of overweight and obesity.

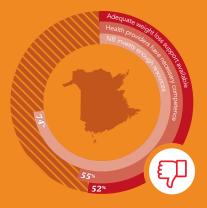


Resource investment and available support for New Brunswickers who are trying to lose weight are seen as low by most respondents.

STATEMENTS	AGREE %	NEUTRAL	DISAGREE
Overweight and obesity are important health issues in New Brunswick.	89	5	6
The current levels of overweight and obesity in New Brunswick are harmful as a whole.	87	9	5
New Brunswick needs a comprehensive strategy to address prevention, management and treatment of overweight and obesity.	90	6	4
People who try to lose weight in New Brunswick have adequate resources and support available to them.	25	23	52
Health care providers in New Brunswick have the necessary competence to support people trying to lose weight.	22	24	55
New Brunswick already invests enough resources into supporting people trying to lose weight.	6	20	74



The majority of respondents agree that obesity is an important health issue in New Brunswick (89%), that the current levels of overweight and obesity in New Brunswick are harmful (87%), and that New Brunswick needs a comprehensive strategy to address prevention, management and treatment of overweight and obesity (90%).



On the other hand, the majority of respondents disagree that New Brunswick invests enough resources into weight loss (74%), that health care providers have sufficient competence to people trying to lose weight (55%), and that people trying to lose weight have adequate support available to them (52%).



How do New Brunswickers see their weight loss history?

KEY



New Brunswickers invest time and resources into trying to lose weight, with an average of over 6 weight loss attempts per person, and more than half of respondents having participated in structured weight loss programs.



Although many New Brunswickers were successful in losing weight in the past, with an average of 34lbs of peak weight loss, most describe themselves as unsuccessful in keeping weight loss off.

New Brunswickers tried to lose weight an average of in their life

Never tried weight loss (9%)

and 15% tried to lose weight

Most (43%) reported that they are trying to lose weight at the moment. The highest weight loss achieved by respondents was on average 34lbs (15.4kg). More than half (59%) had participated in a structured weight loss program in the past, like a commercial weight loss group or service.



not maintenance (53%)

maintenance (18%)

Successful at weight loss, and





There is broad endorsement for a variety of actions to support New Brunswickers who are trying to lose weight. Respondents endorsed an average of 16 out of 22 interventions.



High levels of support exist for a variety of actions that change food packaging and the food environment, such as banning cartoon characters or sports personalities, health warning labels, labels with the exercise needed to burn food calories, and banning shops from placing food high in fat, sugar, or salt next to checkouts.



High levels of support exist for actions targeting food manufacturing such as the size and content of food. Limiting the number of fast-food restaurants is the least popular action.



The vast majority of respondents endorse interventions that provide or improve support services for New Brunswickers trying to lose weight.



Approximately half of respondents are in favour of taxing high-fat and sugary foods and carbonated sugary drinks.

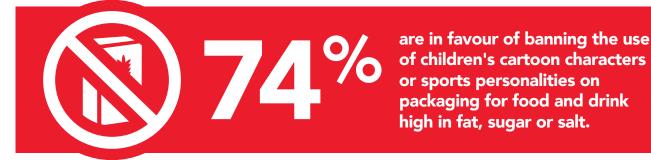
Taxation, Availabile Manufacturing	lity and
Limiting the amount of fat, sugar or salt that is added to food and drink by manufacturers.	81%
Reducing the standard size of snacks or drinks high in fat, sugar or salt.	75 %
Banning shops from placing food high in fat, sugar, or salt next to checkouts.	65 %
Putting tax on carbonated sugary drinks, which increases their price.	56%
Putting tax on high-fat and sugary foods, which increases their price.	51%
Banning offers (such as 2 for 1) for food high in fat, sugar, or salt.	50 %
Limiting the number of fast food and take-out shops in an area.	38%



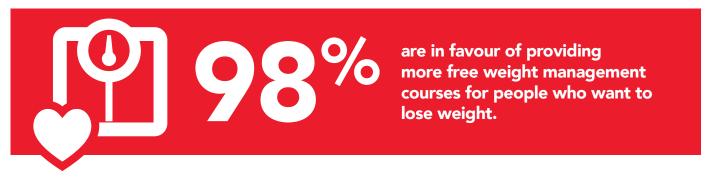
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Advertising, Sponsorship and Packaging

Including health warning labels on packaging for food high in fat, sugar or salt.	87%
Including labels on food and drink with the exercise needed to burn its calories.	76 %
Banning the use of children's cartoon characters or sports personalities on packaging for food and drink high in fat, sugar or salt.	74 %
Limiting branding of food high in fat, sugar or salt and sugary drinks (e.g. plain food packaging).	61%
Banning sponsorship of food and drink high in fat, sugar or salt at sporting events and programs.	58 %
Banning advertisements for sugary drinks.	57 %
Banning advertisements for food high in fat, sugar or salt.	34%



Support services	
	IN FAVOR
Making healthier food and drink options cheaper.	99%
Providing education to health care professionals in weight loss strategies.	99%
Providing more free weight management courses for people who want to lose weight.	98%
Involving dieticians more in weight loss strategies.	97%
Providing greater access to remote weight loss strategies (e.g. internet delivered support).	96%
Involving pharmacists more in weight loss strategies.	87%
Providing greater access to weight loss surgeries (e.g., bariatric surgeries).	68%
Providing greater access to weight loss medication.	65 %









Many respondents feel confused about weight loss for several reasons including misleading information, identifying the right diet and contradictory information.

The majority of respondents (55%) have felt confused about weight loss information that they have come across in the past year.



To those who reported being confused about weight loss, the main source of confusion was...



False and misleading information



Identifying the right diet



Contradictory information



Identifying the right exercise for myself



Understanding how weight loss works



Confusing language (e.g., jargon)

What do New Brunswickers think causes obesity?





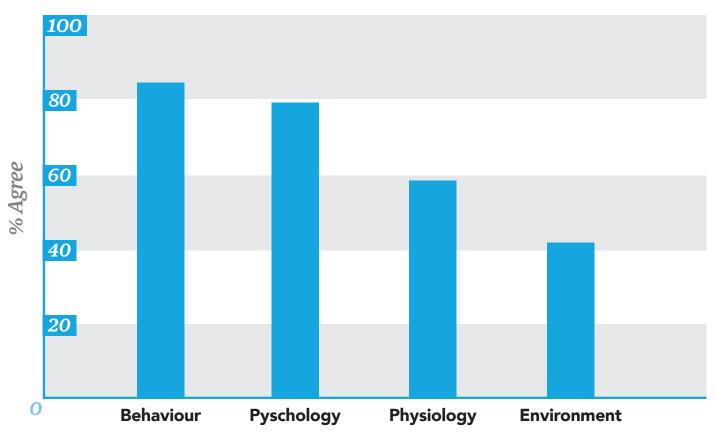


New Brunswickers endorse multiple causes of obesity, with behaviour and psychology seen as the main explanations.



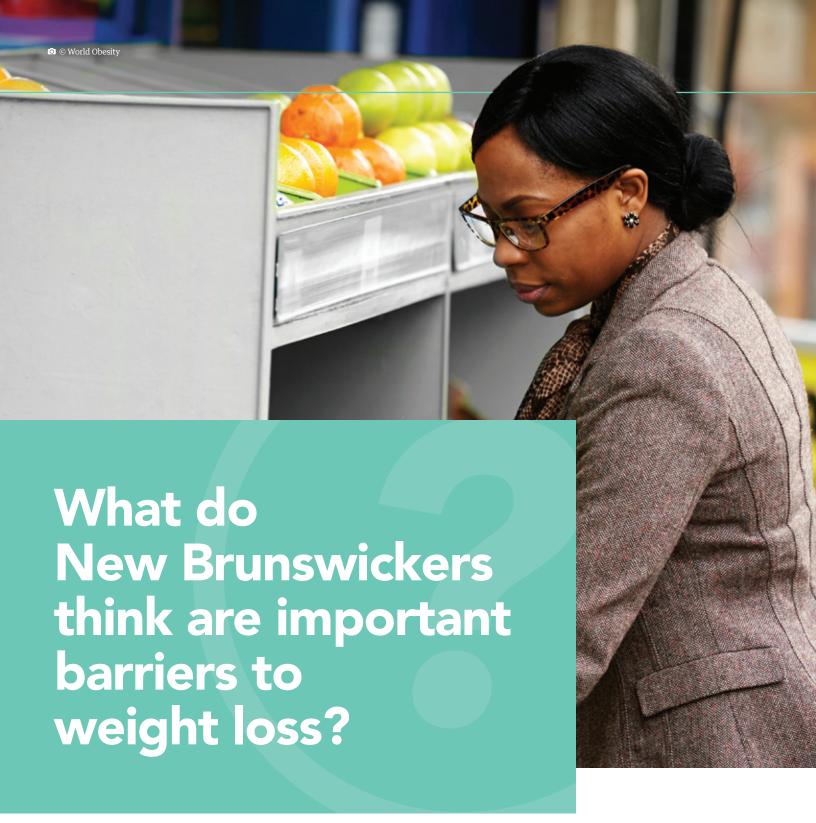
Fewer respondents see the environment as an important factor causing obesity, and those who do tended to support more actions to tackle overweight and obesity.

Respondents showed the strongest agreement with behavioural (86%) and psychological (80%) causes of obesity. Many (58%) also endorsed physiological explanations of elevated weight. The least amount of endorsement was found for environmental causes of excess weight, with 38% agreeing that the food and eating environment cause overweight and obesity.



Cause of overweight & obesity

Actions supported by those who agree that the environment is an important cause of obesity, compared with 13/22 actions by those who disagree







New Brunswickers report many barriers to weight loss, with lack of motivation, lack of support and not having the right habits as the top identified obstacles to weight loss.

All of the 12 presented barriers received more than half of respondents agreeing that these prevent weight loss. Lacking the right habits, motivation, and support are seen as the largest barriers to losing weight.

BARRIER TO WEIGHT LOSS*	% AGREE
Lacking the right habits	88
Lacking motivation	82
Lacking the right support	81
Lacking confidence	78
Being too stressed	78
Not planning ahead	78
Lacking the right knowledge	75
Lacking the right skills (e.g., cooking or exercise)	72
Lacking the right environment	66
Getting too distracted and making the wrong decisions	64
Not wanting weight loss to interfere with social life	53
Not thinking it's important	51



^{*} These barriers are based on a framework summarising 33 psychological theories of behaviour and behaviour change. Michie, S., et al. (2005). Making psychological theory useful for implementing evidence based practice: a consensus approach. BMJ Quality & Safety, 14(1), 26-33.



Almost half of respondents (49%) indicated that the COVID-19 pandemic changed the way they think about overweight and obesity, with the rest (51%) reporting that their views did not change.

The main reasons for changing the way respondents think about overweight and obesity were becoming more aware of the eating and activity environment (66%), followed by becoming more concerned about one's weight (64%).

REASON	FOR	CHANGING
OVERWE	IGHT	/
OBESITY	VIEV	VS

% AGREE

Become more aware of my eating and physical activity environment

66

Become more concerned about my weight

64

Become more aware of my physical activity behaviour

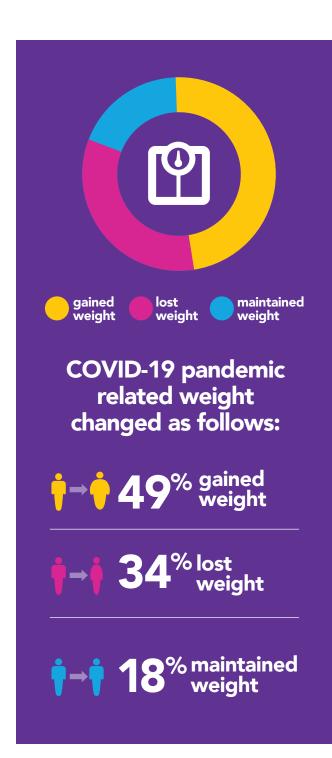
57

Become more aware of my eating behaviour

54

Become more concerned about the weight of my family and friends

27









Additional barriers to weight loss in New Brunswick are the cost of food and weight management, mental health support and bias and discrimination.

Overall, 306 respondents left comments at the end of the survey, covering a range of topics relevant to weight loss. Several topics were mentioned repeatedly in the comments, including i) costs, ii) mental health, iii) stigma and discrimination.



Many respondents commented on cost related barriers to weight loss. This included food related costs. The high cost of healthy food, and the relatively low cost of less healthy food was commented on by several respondents.

I can do \$100 in groceries
with unhealthy food and have 4 bags
full of stuff. Or \$100 of healthy food,
I have maybe a bag - bag and a
half of groceries.

Others mentioned service and program costs as support for weight loss was seen as expensive and often not affordable.

The cost of joining gyms, diet programs is often far too high for the average person to afford.

22

Frequent calls for reducing the price for healthy food were voiced, alongside reduced or free support services.

Good food needs to be less expensive. I would like to see free

xpensive. I would like to see fre access to weight loss services.



Mental Health

Mental health was frequently mentioned as a critical topic in relation to weight. This included comments on mental health aspects causing elevated weight, as well as presenting a barrier to weight loss.

66

Mental health plays a big factor, negative mindsets make it hard to manage weight and obesity.

22

Some respondents called for support to improve mental health.

Mental health support or support type groups that focus a little more on stress and anxiety in relation to eating habits would be helpful.

Stigma and discrimination

A recurrent topic in responses was stigma and discrimination in relation to weight, and a lack of empathy for the difficulty of living with obesity.

I feel attitudes of people who do not have weight problems are very defeating. It's a type of discrimination by those who judge you and assume you are lazy and eat too much that is very frustrating.

Bias and discrimination were often seen as widely present in society, including health professionals.



Weight biases and stigmas are heavily present in New Brunswick and that needs to change.

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66

I have been overweight all my life and have encountered a lot of judgment from doctors (GPs and ER doctors). I think our medical professionals need to be more compassionate.

ככ

The impact of bias and discrimination were often seen as more damaging than any potential impact of weight on health

66

Fat stigma is more damaging than a person's weight.

99

SUMMARY



New Brunswickers understand overweight and obesity as an issue that needs addressing.

Weight loss is an important topic to many New Brunswickers, but those who want to lose weight feel unsupported.

There is substantial public support for action to prevent and reduce obesity – including changing aspects of the broader environment that make it difficult to maintain a healthy weight.

Although this survey examined the views of New Brunswickers, the findings are likely to be applicable to the Atlantic Canadian provinces and beyond.

There needs to coordinated systemic change to support New Brunswickers who want to lose weight. This will require leadership across all sectors of society including governments, retailers, food manufacturers, restaurants, employers, the media, educators, healthcare providers and communities.

IF YOU HAVE ANY COMMENTS OR QUESTIONS

about the content of the report, please send it to the lead investigator Stephan Dombrowski via email: **stephan.dombrowski@unb.ca**, or via mail to: **Stephan Dombrowski**, **90 Mackay Drive**, **Fredericton**, **New Brunswick**, **Canada**, **E3B 5A3**.

NOTES		

