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A Complex Disease with Complex Discourse: Exploring the Online Messaging of Two Canadian Obesity Charities and the Implications for Weight Stigma

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Obesity Charities and the Implications for Weight Stigma

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ABSTRACT

Researchers from diverse disciplines warn that sizeism and weight stigma can prevent individuals from seeking health care, increase feelings of depression, and even contribute to weight gain and the worsening of negative health behaviours (Chrisler and Barney 2017; O'Hara and Gregg 2006; Puhl and Heuer 2009; 2010; Tomiyama 2014). The motivation for this study relates to a broader social problem of weight stigma and the health inequalities that result; but more specifically, this study is premised upon evidence that suggests that stigmatizing content precipitates poor perceptions of obese individuals (Frederick et al. 2020; Hatzenbuehler, Link, and Phelan 2013; Puhl and Heuer 2010). Using the concept of biopedagogy to capture the processes through which organizations teach individuals about their bodies, this case study qualitatively analyzes and critically interprets the online messages produced by two prominent obesity organizations in Canada (Harwood 2009; Rail 2012). Specifically, this study asks, *how do obesity organizations frame and define obesity? How does the organizational context contribute to the framing of obesity-related messages? How do these organizations reproduce or challenge weight stigma?*

Multiple and competing message frames were observed, reflecting different paradigms of obesity discourse linked to varying degrees of stigma. In light of Obesity Canada's goal to end weight bias, the framing of obesity as a disease is interpreted as an attempt to resolve the individual blame attached to obesity (Ata et al. 2018; Puhl and Heuer 2010). In contrast, the Childhood Obesity Foundation emphasizes parental responsibility and lifestyle change in a way that upholds individualistic and oversimplistic explanations of obesity (O'Hara and Gregg 2006; Salas 2015). While this study draws upon past research about obesity discourse and weight stigma, it is the first of its kind to explore the online messaging of two Canadian obesity

organizations. The results of this study may then be used to guide the construction of non- and

even anti-stigmatizing messages in the future.

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Obesity Charities and the Implications for Weight Stigma

INTRODUCTION

Stigma is a known driver of health inequalities (Hatzenbuehler et al. 2013). The work of

Irving Goffman describes stigma as a social devaluation of individuals possessing some "deeply

discrediting" attribute (1963:3). Hence, stigma, in its many forms can lead to the harmful

stereotyping and mistreatment of certain groups, making its targets feel isolated and ashamed of

their conditions (Chrisler and Barney 2017; Hatzenbuehler et al. 2013; Link and Phelan 2006;

Puhl and Heuer 2009; 2010). The strong, pervasive, and enduring presence of weight stigma in

contemporary Western cultures represents a growing social problem (Puhl and Heuer 2009;

2010; Tomiyama 2014). As obesity rates continue to climb, the social devaluation,

stigmatization, and stereotyping of fat people is an impending threat to individual and population

health (Chrisler and Barney 2017; Puhl and Heuer 2009; 2010).

In particular, this study is concerned with the multiple and competing qualities of

discourse that affect how obesity is framed. Too often the etiology of obesity is oversimplified

and weight loss is overemphasized as a rhetoric of individual responsibility (O'Hara and Gregg

2006; Puhl and Heuer 2010; Salas 2015). While one lesser-known paradigm advocates for the

removal of stigma and blame, fatness is frequently pathologized, framed as a *"public health*

crisis," and believed to be inherently harmful to health (Frederick et al. 2020:248; O'Hara and

Gregg 2006; Patterson and Johnston 2012; Saguy 2013; Salas 2015). In addition to stigma, how a

health condition is framed acts as an essential mechanism through which health inequalities are

produced by shaping behaviour, consumption, clinical practices, as well as public confidence in

the effectiveness of certain interventions (Aronowitz 2008). Thus, it remains important to

investigate how obesity is framed by organizations designed to help individuals living with obesity.

Previous research aimed at understanding how obesity is framed and described in various forms of media has analyzed the portrayal of fat individuals on reality television shows, as well the discussion of obesity in the news (Gray and Szto 2016; Greenleaf et al. 2018; Heuer, McClure, and Puhl 2011). These studies reveal that fat people are portrayed unfavourably in the media and in a way that reinforces negative stereotypes (Greenleaf et al. 2018; Heuer et al. 2011). Other studies have designed experiments to capture the effect of different messages and images on public perceptions of fat people and obesity in general (Frederick et al. 2020; Sun et al. 2016; Young, Hinnant, and Leshner 2016). This vein of research indicates that framing has an important effect on anti-fat attitudes, behaviour, and where people attribute blame (Frederick et al. 2020; Sun et al. 2016; Young et al. 2016). Lastly, there exists a collection of studies that use qualitative interview methods to reveal that public health messaging often contradicts the lived experiences of fat people and their preferred approach to health (Leske, Esben, and Hou 2012; Lewis et al. 2010). Hence, while existing research provides important sociological knowledge of issues related to obesity and weight stigma, the present study is the first of its kind to examine the obesity-related messages produced by singular organizations.

In knowing the implications of weight stigma, the present study will explore how obesity is framed and discussed by two prominent obesity charities in Canada. The primary objective of this study is then to qualitatively analyze the online content that is produced by these organizations to understand the types of messages that they communicate to the public. The second task will be to establish the organizational context of each charity to identify the factors involved in the construction and framing of important messages. Finally, once the messages and

the organizational context of each organization have been thoroughly analyzed, the author will infer some implications for stigma, discussing how the messaging of each of these organizations operates to either reinforce or dismantle weight stigma in Canadian society.

LITERATURE REVIEW

Weight Stigma

A special body of literature is dedicated to describing the detrimental effects of sizeism and weight stigma on the health of obese individuals (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro 2011). Authors from diverse disciplines warn that sizeism and weight stigma can prevent individuals from seeking and receiving health care, increase feelings of depression, and even contribute to weight gain through the worsening of negative health behaviours (Chrisler and Barney 2017; O'Hara and Gregg 2006; Puhl and Heuer 2009; 2010; Tomiyama 2014). Health sociologists consider stress to be a critical process through which poor health outcomes manifest among stigmatized individuals and groups (Chrisler and Barney 2017; Hatzenbuehler et al. 2013; Link and Phelan 2006; Puhl and Heuer 2010; Schafer and Ferraro 2011; Tomiyama 2014). Understanding that weight stigma and sizeism produce stress allows health professionals to appreciate the importance of eradicating the stigma attached to being obese (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro 2011; Tomiyama 2014). The motivation for the present study then relates to a broader social problem of weight stigma and the health inequalities that result; however, exploring how obesity is framed in the messaging produced by meso-level organizations represents a critical task for researchers given the empirical evidence to suggest that stigmatizing content precipitates poor perceptions of obese individuals and obesity in general (Frederick et al. 2020; Hatzenbuehler et al. 2013; Puhl and Heuer 2010).

The literature broadly defines weight stigma "as the social devaluation and denigration of people perceived to carry excess weight and leads to prejudice, negative stereotyping and discrimination toward those people" (Tomiyama 2014:8). Many authors reference the theoretical contributions of Erving Goffman and his original work on stigma to situate obesity within an enduring social process that serves to discredit individuals who display certain characteristics (Goffman 1963; Link and Phelan 2006; Schafer and Ferraro 2011). The identification of weight stigma is then practically linked to other forms of prejudice of such as anti-fat bias, weight discrimination, and sizeism (Chrisler and Barney 2017; Frederick et al. 2020; Puhl and Brownell 2001).

There is evidence to suggest that weight stigma and sizeist attitudes have implications for obese individuals in various life domains including employment and education (Heuer et al. 2011; Puhl and Brownell 2001; Puhl and Heuer 2009; 2010). Studies show that obese applicants are accepted to college less often and those that do attend receive poorer evaluations than students who are not, despite similar levels of performance (Canning and Mayer 1966; Puhl and Brownell 2001). In respect to employment, there is a notable wage penalty associated with being obese. Among obese Canadian women, there is a 0.7% loss in personal income for every single-unit increase in BMI (Chu and Ohinmaa 2016). Such findings suggest that weight stigma is pervasive, enduring, and omnipresent as it affects people in all facets of their lives, including employment, education, and health (Heuer et al. 2011; Puhl and Brownell 2001; Puhl and Heuer 2009; 2010; Tomiyama 2014).

Past research has forwarded several hypotheses depicting the numerous mechanisms through which weight stigma threatens health, highlighting the stress process as well as its influence on behaviour (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro

2011; Tomiyama 2014). In addition to the potentially damaging effects of having chronically elevated cortisol levels, obese individuals may delay seeking health care to avoid stressful interactions with healthcare professionals or engage in negative health behaviours such as overeating to cope with stigma-related stress (Chrisler and Barney 2017; Tomiyama 2014). Hence, weight stigma that is perpetuated by and communicated through various media remains an important topic to study; however, a qualitative content analysis of the organizational messages produced by national obesity charities has yet to be performed.

What is known about the stigmatizing effect of obesity-related messaging has been gathered by researchers who conduct qualitative and quantitative interviews that ask participants for their opinions about particular public health messages (see Lewis et al. 2010; Puhl, Peterson, and Luedicke 2013). Some studies have measured participant attitudes regarding the extent to which messages were motivating or stigmatizing using Likert scales and surveys; while others have conducted qualitative interviews to explore the perceptions of public health messaging to uncover how some messages contradict the lived experiences of obese individuals (Lewis et al. 2010; Puhl et al. 2013). The existing literature then recognizes the stigmatizing effect of some obesity-related messages; however, it may not thoroughly *describe* the stigmatizing content independent of research participants or investigate the messaging produced by obesity organizations.

Other research has sought to uncover the framing effects of obesity-related news media (Frederick et al. 2020; Sun et al. 2016). Importantly, one quantitative study measured the effects of diverse message frames on the attitudes of participants exposed to obesity-related news articles (Frederick et al. 2020). These studies typically assess the impact of message frames on outcomes including one's level of motivation for certain behaviours such as dieting, the reporting

of anti-fat attitudes, and personal perceptions of responsibility and risk (Frederick et al. 2020; Sun et al. 2016). The results from these studies indicate that message framing matters and that attitudes towards obese individuals as well as public understandings of obesity are at least partially informed by the messages observed in the media (Aronowitz 2008; Frederick et al. 2020; Puhl and Heuer 2010; Sun et al. 2016).

Similarly, social-psychological experiments use artificial stimuli designed to isolate specific message frames (Frederick et al. 2020; Sun et al. 2016; Young et al. 2016). While the use of carefully designed stimuli enhances the internal validity of these experiments, they cannot allow for the results to be generalized to more natural settings (Frederick et al. 2020). Such studies signal a need to investigate real-world examples in which framing may be more subtle or in which multiple frames are presented together or in competition with one another (ibid.). Although the present study will not measure or elicit participant opinions about obesity, it will explore the types of messages forwarded by obesity organizations to understand how such messages are framed in relation to obesity discourse and the harmful effects of weight stigma. The discussion section will then combine the results from the case study with what is known about the effects of message framing to offer suggestions for future message construction.

In the fat studies sphere, qualitative content analysis remains a popular methodology for investigating how fat people are portrayed and represented in popular media including news stories and television shows (Greenleaf et al. 2018; Heuer et al. 2011). The authors of such studies reveal the tendency for visual media representations to advance negative stereotypes of fat people, showing their bodies from unflattering angles and engaged in stereotypical behaviours (Greenleaf et al. 2018; Heuer et al. 2011). These types of media portrayals are believed to perpetuate weight stigma and inappropriately 'justify' the maltreatment of obese

individuals in society (Greenleaf et al. 2018; Heuer et al. 2011). Despite the documented success of this methodology, researchers have yet to perform a rigorous qualitative content analysis using an organizational case study approach that directly engages with obesity-related messages.

While weight stigma is a pervasive ideology present across many social domains and institutions, it is arguably especially problematic when it is embedded within organizational messaging intended to better the health of a heavily stigmatized population (Heuer et al. 2011; Puhl and Brownell 2001; Puhl and Heuer 2009; 2010; Tomiyama 2014). When weight stigma, and the related issues of sizeism and anti-fat bias go unchecked, they jeopardize the health of a growing segment of the population (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro 2011). By some, stigma is even referred to "as a fundamental driver of population health;" and when a growing proportion of the Canadian population is obese, it is expected that weight stigma will affect the life chances of more people in the future (Hatzenbuehler et al. 2013:813; Link and Phelan 2006; Puhl and Heuer 2010; Schafer and Ferraro 2011; Statistics Canada 2019). Thus, the present study may contribute practically to the identification of stigma in organizational messaging as well as add to the existing interdisciplinary literature on weight stigma, obesity, and health.

Obesity Discourse and Message Frames

The need for more obesity-related research of all kinds is perhaps made more convincing by the fact that in 2018, over a quarter of Canadians were obese (Statistics Canada 2019). Data from the Canadian Community Health Survey indicate that the proportion of obese individuals has increased over time and between the most recent two waves of this survey data (ibid.). It can then be inferred that independent of obesity-related illnesses, over a quarter of Canadians are exposed to additional health risks brought about by sizeism and weight stigma communicated by

various media (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro 2011).

Thus, it remains important for research to critically analyze obesity discourse and the

informational messages produced by organizations so that stigma may be avoided, and change

may be enacted.

Previous research identifies five message frames that will serve as a theoretical basis for

the present study. The "Frames of Fatness" model describes, "the *public health crisis* frame,"

"the *personal responsibility* frame," "the *Health at Every Size* (HAES) frame," and "the *fat*

rights" frame (Bacon 2010; Frederick et al. 2020:248; Penney and Kirk 2015; Saguy 2013).

Lastly, there is a fifth frame that portrays "obesity as a 'disease'" (Ata et al. 2018; Frederick et

al. 2020:255; Hoyt et al. 2017). Each frame is understood to produce varying levels of stigma

and shape perceptions of obese individuals differently (Frederick et al. 2020). This study will not

test for the effect that these frames have on individual perceptions but rather use this model to

explore the presence of these frames in the different messages produced by obesity

organizations.

In critiquing existing messages, many authors cite the potential value of adopting a

"Health at Every Size (HAES) approach" (Bacon 2010; Frederick et al. 2020; O'Hara and Gregg

2006; Penney and Kirk 2015; Salas 2015:81). This paradigm encourages people to engage in

positive health behaviours and body acceptance regardless of the perceived need to lose weight

(Bacon 2010; Frederick et al. 2020; O'Hara and Gregg 2006; Salas 2015). Resisting dominant

obesity discourse, proponents of this approach argue that it positively facilitates the removal of

weight stigma by challenging the cultural idea that fat people are automatically less healthy

(Bacon 2010; Frederick et al. 2020; Penney and Kirk 2015). Similarly, "the *fat rights* view" is

strongly against the social devaluation of fat people and instead argues that fatness should be

appreciated as a "form of diversity" (Frederick et al. 2020:248; Saguy 2013). Should a HAES approach and/or a *"fat rights* view" come to dominate, we should expect weight stigma as a social problem and as a threat to public health to subside; however, research suggests that a different frame remains common: "the *public health crisis* frame" (Frederick et al. 2020:248; Saguy 2013).

Rather than targeting the health-harming impacts of weight stigma, "the *public health crisis* frame" views fatness itself as an imminent public health threat premised upon the sizeist assumption that fat people are "inherently unhealthy" (Frederick et al. 2020:248; Saguy 2013). In framing fatness as a *"public health crisis,"* it is typical for messages to convey the idea that one's body weight can be effectively reduced or controlled by modifying one's behaviour (Frederick et al. 2020:248; O'Hara and Gregg 2006; Salas 2015). Moreover, the *"personal responsibility* frame" is characteristic of messages that overemphasize the role of diet and exercise to the detriment of other important factors (Frederick et al. 2020:248; Puhl and Heuer 2010). Unfortunately, this frame risks blaming individuals for their obesity and furthering weight stigma as it inappropriately situates body weight within the realm of personal control (Frederick et al. 2020; O'Hara and Gregg 2006; Puhl and Heuer 2010; Salas 2015). While researchers acknowledge and document the stigmatizing effects of these two message frames (see Frederick et al. 2020; Puhl et al. 2013), greater contention surrounds framing obesity as a disease (Ata et al. 2018). Although some fear that this frame may produce stigma by reinforcing the belief and stereotype that all fat people are sick, research suggests that this message frame is likely to reduce weight stigma by encouraging people to appreciate obesity as a health condition that is beyond individual control (Ata et al. 2018; Patterson and Johnston 2012; Puhl and Heuer 2010).

Existing studies and other forms of scholarly commentary can be used to identify weaknesses in messages that convey overly simplistic narratives about the etiology of obesity, premised on an assumption of "individual responsibility" (Lewis et al. 2010; O'Hara and Gregg 2006; Patterson and Johnston 2012:274; Puhl and Heuer 2009; 2010; Salas 2015; Young et al. 2016:909). Much of the literature that directly critiques such messages problematizes the prevailing assumption that obesity is primarily the result of poor personal dietary decisions (Haqq et al. 2021; Patterson and Johnston 2012). Public health campaigns that promote weight loss through restrictive dieting as the preferred pathway to health are not only considered to be largely ineffective, but predictive of "stigma, body dissatisfaction, [...] disordered eating, and even death" (O'Hara and Gregg 2006; Salas 2015:79). Unfortunately, an overemphasis on weight loss characterizes the contemporary "public health war on obesity" and is believed to be stigmatizing in that it ascribes personal blame to individuals, ignoring the broader social conditions in which obesity manifests (Lewis et al. 2010; O'Hara and Gregg 2006; Patterson and Johnston 2012; Puhl and Heuer 2009; 2010; Puhl et al. 2013; Salas 2015:79; Young et al. 2016).

The Role of Organizations

The present study assumes that the obesity-related messages produced by organizations influence how individuals feel towards their bodies and make decisions regarding their health to guide behaviour in important ways. One study from China, a country in which smoking is especially prevalent, found a positive relationship between one's exposure to anti-smoking messages and attempts to quit (Li et al. 2014). That is, individuals who were exposed to anti-smoking messages were more likely to try to quit compared to those who were not exposed to such messages (ibid.). This study captured the effectiveness of the anti-smoking messages produced by the Chinese government and informed by the WHO Framework Convention on

Tobacco Control (ibid.). The results from this study demonstrate that organizational messages produced by government and other health agencies such as the World Health Organization have the power to generate changes in individual behaviour.

With such evidence in mind, meso-level organizations are conceptualized as important agents of message construction, incorporating broader ideologies about fatness and the body into targeted messages about obesity for individual consumption (Fairhurst and Cooren 2018; Rail 2012). Embedded within this process of message construction and dissemination are issues related to governance and social control (Guthman 2009; Rail 2012). Dominant obesity discourse propagates a "universal," "commonsensical," and overly simplistic narrative about the assumed efficacy of eating less (Rail 2012:229). In doing so, this discourse reflects a neoliberal governmentality, seeking to control the "'obesity epidemic'" by imparting upon the population an ideology of self-discipline and personal responsibility (Guthman 2009; Rail 2012:227). The result is an obesity-specific "biopolitical project" that one scholar has named, "the Obesity Clinic" (Rail 2012:229).

Through this 'Clinic,' individuals are taught to enact self-discipline around food and exercise, using what Foucault describes as "technologies of the self" to regulate weight-related behaviours (Foucault 1988; Gray and Szto 2016; Rail 2012:229). A curious question then asks, *where and how do individuals learn that they are responsible for their obesity? Where do individuals receive information about health behaviours so that they may lose weight or otherwise manage their obesity?* Such questions suggest the importance of meso-level organizations and institutions in creating and disseminating health-related information; and since health resides in the body, information about health inevitably contains information *about the body.* The concept of biopedagogy then describes the process through which organizations and

institutions teach individuals about their bodies and how to enact appropriate methods of

regulation (Gray and Szto 2016; Harwood 2009; Rail 2012). The biopedagogical messages

advanced by obesity organizations are then expected to influence how obese individuals feel

towards their bodies and make decisions regarding their health, guiding behaviour and body

image in important ways (Gray and Szto 2016; Harwood 2009; Rail 2012).

RESEARCH QUESTIONS

The present study will deploy a social constructionist approach to understanding how

obesity is framed as both a public and personal health issue (Berger and Luckmann 1966;

Fairhurst and Cooren 2018; Guthman 2009; Patterson and Johnston 2012). As such, this study

will analyze the types of online messages published by organizations concerned with obesity to

investigate the broader organizational and ideological context in which obesity discourse is

produced. Guided by a case study design, this paper will explore the messages produced by two

prominent obesity organizations in Canada. A significant portion of the study will involve

conducting a qualitative content analysis of the messages available on their websites and is

guided by the following set of research questions.

1. How do Canadian obesity charities define and frame obesity? What "Frames of

   Fatness" appear in the messages published by these organizations (Frederick et al.

   2020:248)?

2. How does the organizational context contribute to the construction and framing of

   obesity-related messages?

3. How do organizations reproduce or challenge the weight stigma attached to obesity?

METHODS

Obesity Organizations

Obesity Canada is the first organization of interest in this analysis. Located in Edmonton, Alberta, it describes itself as, "Canada's leading obesity charity, made up of healthcare professionals, researchers, policy makers and people with an interest in obesity" and its mission is "to improve the lives of Canadians through obesity research, education, and advocacy" (Obesity Canada n.d.a:n.p.; n.d.g:n.p.). Its website provides basic information about obesity and weight bias, as well as a blog and a tab containing resources for both members of the public and various professionals.

The second organization is known as the Childhood Obesity Foundation. Like Obesity Canada, it is a registered charity and characterizes itself as "a leading Canadian authority on issues related to childhood healthy weights" (Childhood Obesity Foundation n.d.c:n.p.). Located in Vancouver, British Columbia, this organization aims to "lead a societal shift toward healthy eating and active lifestyles" (ibid.). Its website includes some information about government policy as well as some links to age-specific programs for families, schools, and healthcare professionals. Like Obesity Canada, the Childhood Obesity Foundation's website provides some basic information and statistics about obesity, but despite some awareness of public policy, the overarching strategy of the Childhood Obesity Foundation is to reduce the risk of childhood obesity through teaching parents and children how to adopt a healthy lifestyle.

The organizations were purposefully selected because of their prominence and sole commitment to obesity. In Canada, few organizations are entirely dedicated to obesity. Instead, the majority of information and messaging about obesity is published by public and other general health agencies on lone webpages, some listing Obesity Canada as an external resource (e.g., Public Health Ontario and Alberta Health Services). In other words, much of the obesity-related messaging in Canada comes from organizations in which obesity is not their primary concern or

cause. Hence, Obesity Canada and the Childhood Obesity Foundation were chosen for the case study because they deal exclusively with obesity. To gain a better understanding of these organizations and their online messaging, the study both describes and critically interprets their different messages in the context of what is already known about the stigmatizing effect of particular message frames and types of discourse (Frederick et al. 2020; Puhl et al. 2013).

Choosing to investigate *two* organizations as opposed to one or several makes the in-depth analysis of obesity-related messaging possible while also allowing for some comparison to illuminate important similarities and differences. Given the difference in target audiences, it may be possible to explore how the messaging changes or remains the same depending on whether the organization concerns obesity in children or obesity in adults. Other dimensions of the organizations that were considered as context include information about the intended audiences, partners, sponsors, programs, and their mission statements.

Analytic Approach

Using an inductive coding approach, descriptive and analytic codes were identified as they emerged during the qualitative content analysis of the obesity-related messages published on the organizations' websites. Even though this study is considered exploratory, existing literature on obesity discourse and stigma is well developed and was used to guide the interpretation of messages as reflecting a particular type of discourse or message frame. Case study reports were created for each organization to critically investigate how the organizational context might contribute to the construction and interpretation of various messages. These reports included information about the organizations' target audiences, mission statements, stated goals and/or operating principles, partners, and programs. They also included brief descriptions of each program and additional details about the types of products and/or services sold by

corporate partners. Most importantly, the reports helped to collect, organize, and centralize

specific information spanning multiple webpages to provide context for the interpretation of

different messages. Viewing the reports side by side was also a useful strategy for identifying

important differences between the two organizations in respect to their stated goals, partnerships,

and programming. Both data generated from the case study reports and the content analysis were

analyzed to explore how the organizations discuss and frame obesity.

The discussion section draws upon the five "Frames of Fatness" to uncover the ways in

which the messages produced by these Canadian organizations relate to different types of obesity

discourse (Frederick et al. 2020:248). Although this framing model captures multiple ways in

which obesity tends to be framed, this study resists superimposing a theoretical model onto the

data during the analysis. The "Frames of Fatness" are instead used to critically discuss the ways

in which organizational messages reflect or differ from various streams of obesity discourse

(ibid.). Since the study is also concerned about the potential for organizations to reproduce

weight stigma, messages were evaluated based upon the existing literature that critiques

messaging that implies that fat people are inherently sick or diseased; that overemphasizes the

role of individual responsibility; and/or oversimplifies the etiology of obesity through a calorie-

in-calories-out philosophy (Frederick et al. 2020; Lewis et al. 2010; O'Hara and Gregg 2006;

Puhl and Heuer 2010; Salas 2015).

Importantly, it should be noted that the goal of this study is not generalizability; rather the

objective is to achieve an *in-depth understanding* of how obesity is framed in Canada by two

prominent organizations under the assumption that their online messages influence how

individuals think about obesity. While the content analysis included multiple rounds of coding to

ensure adequate engagement with the material and theoretical saturation, it is important to note

that the major limitation of this study relates to the fact that the data was coded independently by a single researcher. Thus, checking for intercoder agreement to verify the reliability of the results was not possible; however, the researcher both practiced reflexivity and drew upon existing literature to help enhance the validity of the results. Related to the subject of reflexivity, the reader should also be made aware that the researcher is an outsider to the experience of obesity. As a thin, able-bodied individual, it is essential that the researcher remain cognizant of her privilege to anticipate the ways in which her position may influence the results. Even though the analysis will draw upon previous research to connect some obesity-related messages to issues of weight stigma, the researcher should not claim to represent the opinions of individuals living with obesity.

RESULTS

The first half of the results section describes the findings from the content analysis and is organized by theme. This first section thematically describes and critically interprets the online messaging produced by Obesity Canada and then later, the Childhood Obesity Foundation. As such, each theme highlights an important difference between each organization and their messaging. The second section is dedicated to understanding the organizational context in which these messages are produced. More specifically, this section explores differences in the types of programs and partnerships formed by these organizations to uncover how these organizational dimensions shape or interact with the messaging examined in the first half. Once again, this section is comparative and organized around identifying key differences between the two organizations.

The Framing of Obesity: Key Themes from the Content Analysis

Obesity as a complex, chronic, and progressive disease.

Obesity Canada and the Childhood Obesity Foundation frame obesity in importantly different ways. First and foremost, Obesity Canada contends that "obesity is a chronic and often progressive disease," emphasizing the idea that it is a "complex illness caused by a number of different factors" (n.d.k:~para. 1-2). While some warn that this type of discourse contributes to the medicalization of fatness, an alternative interpretation is that framing obesity as a disease helps to remove the blame that is commonly ascribed to individuals when it is presented in conjunction with messages that underscore obesity's complex and multifactorial etiology (Ata et al. 2018; Patterson and Johnston 2012; Puhl and Heuer 2010). Specifically, the organization reports that obesity may be "caused by […] your environment, genes, emotional health, lack of sleep, medical problems or even some medications" (Obesity Canada n.d.k:~para. 2). When obesity discourse shifts so that multiple factors beyond individual behaviour are recognized, the validity of individualistic explanations may be weakened.

Moreover, framing a condition as a disease may be one strategy for combating the harmful effects of weight stigma (Ata et al. 2018; Puhl and Heuer 2010). Similar to understanding alcoholism as a disease, discursively constructing obesity as a disease may grant individuals some degree of social protection while they assume a modified version of Talcott Parsons' sick role (Parsons 1951). While the sick role was originally designed to excuse individuals with acute illnesses from their usual social roles, Parsons maintains that individuals shall not be blamed or held responsible for becoming sick (ibid.). In framing obesity as a disease, it is then conceptualized as a medical condition "similar to diabetes or high blood pressure" in that it is neither a choice nor within one's control (Ata et al. 2018; Obesity Canada n.d.k:~para. 1; Puhl and Heuer 2010). Hence, framing heavily stigmatized conditions as complex medical diseases may help to dispel misguided assumptions that overemphasize individual behaviour and

personal responsibility so that more accepting public attitudes may emerge (Ata et al. 2018; Puhl and Heuer 2010).

Weight stigma: A "burden" and a "barrier" to individual health.

Also intended to improve public perceptions of obesity and lessen the prevalence of negative attitudes, is one particularly useful page entitled "weight bias" (Obesity Canada n.d.j). On this page, the organization provides clear definitions and examples of weight bias, weight stigma, and weight discrimination (ibid.). Obesity Canada declares that "it's time to end this socially acceptable prejudice" supporting their call to action with the fact that "weight discrimination can affect [an] individual's access to education, employment and medical care, causing health and social inequalities" (n.d.j:n.p.). The publication of such information suggests that the organization possesses a critical awareness of weight stigma and the related issues of weight bias and discrimination that is consistent with the existing literature. Most importantly, the publication of this content supports the assessment that Obesity Canada is not only informed about the negative effects of weight stigma, but that the organization is actively engaged in an effort to dismantle weight stigma by educating the public on the dangers that certain prejudices pose to individual health.

On a related page entitled "bust the bias," Obesity Canada provides a series of "educational videos [intended to clear] the air on common misconceptions about obesity" (n.d.c:~para. 1). These sixty second videos, of which there are six, present "research and evidence-based information" to define obesity and explore some of the many factors that shape an individual's risk of becoming obese (ibid.). These videos further emphasize the fact that obesity is a complex disease with multiple risk factors by unpacking the possible effect of certain medications, genetics, and emotions to ultimately 'bust' the popular misconception that obesity

is simply the result of eating too much (Obesity Canada n.d.c). Coupled with the information that

they provide on weight bias, stigma, and discrimination these videos offer knowledge that

challenges simplistic, individualistic, and ultimately stigmatizing explanations of obesity. By

revealing that "obesity risk is often passed down in families" and that some medications can

make obesity "harder to manage," negative stereotypes that portray obese individuals as "lazy

[…] non-compliant, […] and lacking self-discipline or self-control" are effectively displaced

(Obesity Canada n.d.j:n.p.; Obesity Canada – Obésité Canada 2017a:0:08; 2017b:0:40). Thus,

Obesity Canada actively challenges weight stigma by attempting to educate the public on its

many negative effects and the real complex causes of obesity.

Contrasting views on BMI.

Obesity Canada defines a person's "'best' weight" as the "weight you achieve through"

"making healthy and enjoyable behavioural changes that will improve your overall quality of

life" (n.d.e:~para.5). Here, the emphasis is on promoting positive health behaviours rather than

imposing BMI-specific weight loss goals that are typical of traditional "weight-centred"

approaches to health (O'Hara and Gregg 2006:261). In a related video from their Bust the Bias

series, Obesity Canada clarifies that "BMI is a measure of size – not of health!" indicating the

opinion that an individual's quality of health cannot be accurately inferred from their BMI

(Obesity Canada – Obésité Canada 2017c:0:15). The video continues on to say that "BMI alone

should not be used to define obesity" and that "obesity should be diagnosed based on measures

of health, not size" (ibid.:0:26-32). Such criticisms of conventional measures of obesity may

suggest a "*Health at Every Size"* approach which rejects the assumption that fat people

inevitably suffer from poor health (Bacon 2010; Frederick et al. 2020:248; Penney and Kirk

2015). In direct contrast to this view, the Childhood Obesity Foundation reports that "Body Mass

Index (BMI) can be used to assess whether a child is overweight or obese" (n.d.b:para. 2). In

fact, eligibility to join one of their programs known as ShapedownBC! is determined using BMI

(Childhood Obesity Foundation n.d.e). Although this organization reminds readers that "weight

is only one marker of health," it maintains the position that weight is a marker of health,

nonetheless (Childhood Obesity Foundation n.d.d:para. 1).

Obesity as the result of eating too much.

Similar to Obesity Canada, the Childhood Obesity Foundation has goals to educate the

public; however, the aim and substance of these goals is qualitatively different. Instead of

educating the public about the complexity of obesity and the dangers of weight stigma, the

Childhood Obesity Foundation teaches parents about how they may impart healthier lifestyles on

their children. Central to this effort is their "Live 5-2-1-0!" motto (Childhood Obesity

Foundation n.d.f:n.p.). Marketed as something that "every family can do," the 5-2-1-0 rule

promotes eating "five or more servings of vegetables and fruit per day," limiting screen time to

two hours per day, incorporating at least one hour of physical activity per day, and eliminating

sugary drinks (ibid.). Underlying these guidelines is the simplistic understanding that obesity is

caused by an energy imbalance (O'Hara and Gregg 2006; Salas 2015). To illustrate the

importance of discontinuing sugary beverages, the Live 5-2-1-0 page warns that "a 13 year old

[sic] boy needs to jog 50 minutes per day to burn off the 260 calories contained in each 20oz

(590ml) bottle of pop" (Childhood Obesity Foundation n.d.f:n.p.). In this example, the

organization reinforces a calories-in-calories-out approach to achieving a healthy weight,

premised on the assumption that "weight gain occurs when energy intake (food and drink) is

more than the energy burned off (physical activity)" (Childhood Obesity Foundation n.d.f:para.

1).

Although the organization acknowledges that "a complex and interacting system of factors contributes to increasing rates of overweight and obesity," it contends that "most childhood unhealthy weights are caused by children eating too much of the wrong foods" (Childhood Obesity Foundation 2019b:para. 5). Underscoring the negative effects of overconsumption, this messaging upholds individualistic explanations of obesity that ascribe responsibility, and ultimately blame to individuals; however, in the case of childhood obesity, parents are made responsible for making the necessary lifestyle changes so that their children may achieve healthy weights (O'Hara and Gregg 2006; Puhl and Heuer 2010; Salas 2015).

Obesity as a parental responsibility.

In teaching parents about how they may implement healthier lifestyles to help their children achieve healthy weights, the Childhood Obesity Foundation encourages caregivers to "lead by example" and to "remember [that] parents and adult family members are role models" (n.d.f:n.p.). Parents are repeatedly told to "model healthy lifestyle choices" and to "put whole, healthy food on the table" so that they "do not set [their children] up for failure" (ibid.). Such messaging constructs parents as the primary agents responsible for their children's obesity, attributing a child's inability to achieve a healthy weight to a parent's "failure" to model healthy lifestyle choices or to provide enough healthy food (ibid.). Similar to the obesity discourse that emphasizes individual responsibility, messages that frame childhood obesity as a parental responsibility could lead parents to feel as though they are to blame for their children's weight problems, becoming the indirect targets of pediatric weight stigma (Haqq et al. 2021; Salas 2015).

It is also important to note the organization's failure to recognize the fact that not all caregivers are equally positioned to serve "fresh fruit instead of juice" or take "trips to the zoo"

(Childhood Obesity Foundation n.d.f:n.p.). The organization's emphasis on eating a diet of

whole foods and engaging in physical leisure activities such as miniature golf and skating, could

reflect a middle-class bias and an assumption of rational choice (ibid.). Teaching individuals to

make healthy lifestyle "choices" assumes that families have equal access to healthy food and that

dietary behaviours are within their control regardless of class (Childhood Obesity Foundation

n.d.f:n.p.; Puhl and Heuer 2010). Unfortunately, such messaging ignores the economic barriers

that prevent certain groups from adopting healthier lifestyles and overestimates the degree to

which one's lifestyle is within the realm of personal control (O'Hara and Gregg 2006; Puhl and

Heuer 2010; Salas 2015). Hence, lifestyle-focused messaging may induce feelings of guilt and

shame among all parents, but especially lower-class parents should they experience greater

difficulty following the guidelines provided by the Childhood Obesity Foundation.

Although other factors such as the increased availability of sugary beverages are

acknowledged for their role in increasing rates of childhood obesity, the Childhood Obesity

Foundation maintains that most cases of childhood obesity are the result of poor dietary habits

(2019b). While this idea upholds simplistic and individualistic explanations of obesity based on

the old-age concept of a calorie imbalance, the results of this analysis indicate that obesity

discourse changes depending on the life stage in which obesity is experienced (O'Hara and

Gregg 2006; Salas 2015). Unlike the discourse that pertains to obesity in adults, childhood

obesity is not regarded as a disease and its discourse contains an added element of parental

responsibility. While it is common for obesity discourse to ascribe responsibility to individuals,

the messaging that surrounds childhood obesity redirects this responsibility to parents (Puhl and

Heuer 2010; Salas 2015). Hence, the organization's dual emphasis on lifestyle change and

parental modelling produces a modified version of the "*personal responsibility* frame,"

instructing parents to provide and model healthier lifestyle choices so that their children may

achieve healthier weights (Childhood Obesity Foundation n.d.c; Frederick et al. 2020:248).

Obesity as an "epidemic."

Should children remain overweight or obese, the Childhood Obesity Foundation warns

that they may experience "a range of […] serious medical problems" including type II diabetes,

asthma, hypertension, and eventually heart disease, dementia, and even cancer (2019a:~para. 1).

Accompanying this information is the claim that "as a result of obesity it is possible that for the

first time in history our children may have a shorter lifespan than their parents" (Childhood

Obesity Foundation 2019a:n.p.). On the same page, it is revealed that "there will also be an

increase in health care costs, a high risk of lost productivity in the Canadian economy as a result

of an anticipated greater level of absenteeism and weight-related illnesses among Canada's aging

and more obese workforce" (Childhood Obesity Foundation 2019a:~para. 4). Here, childhood

obesity is portrayed as an historical issue capable of creating unprecedented demographic change

that affects not only individuals but whole systems and populations.

In bringing attention to the many negative consequences associated with obesity, the

gravity of the situation is made clear. Should parents fail to "do all they can to prevent obesity"

their children may grow up to become extremely ill and "expect to die 3-6 years earlier than

someone who was a normal weight" (Childhood Obesity Foundation 2019a:~para. 5). In addition

to providing parents with a detailed list of the many serious health complications associated with

obesity, the organization describes the issue of childhood obesity as an "epidemic" (Childhood

Obesity Foundation n.d.f:n.p.). Such language once again heightens the seriousness of the issue,

instills a sense of urgency, and communicates the idea that childhood obesity is both threatening

and widespread. By using powerful epidemiological terminology to underscore the profile of risk

associated with maintaining "unhealthy weights," the Childhood Obesity Foundation paints for

parents a grim picture of the future and frames childhood obesity as a *"public health crisis"*

(2019a:~para. 1; Frederick et al. 2020:248; Saguy 2013).

Considering the Organizational Context: Differences in Partnerships and Programming

       In analyzing the organizational context in which these obesity-related messages are

produced, it is apparent that Obesity Canada and the Childhood Obesity Foundation differ across

two central dimensions. It is not merely the substance of their messaging and the framing of

obesity that is different; rather, these organizations differ in the types of partners that they retain

as well as the public programs that they design and/or promote. However, before examining

these differences, it is critical to highlight an essential difference between their target audiences.

While Obesity Canada describes itself as a "charity association for: health professionals,

researchers, trainees and students, policy makers, [and] Canadians living with obesity," the

Childhood Obesity Foundation organizes targeted programs for families, schools, communities,

healthcare professionals, partners, and stakeholders (i.e., hospitals and community centres)

(Childhood Obesity Foundation n.d.c; Obesity Canada n.d.a:n.p.).

       Unlike Obesity Canada, the messaging produced by the Childhood Obesity Foundation

does not directly target individuals living with obesity; instead, the organization produces

content that is intended for parents and other adults living or working closely with children at

risk for obesity to help them lead healthier lives. To achieve this goal, the Childhood Obesity

Foundation endorses and delivers several different programs intended to facilitate the adoption of

healthier lifestyles. For example, Aim2Be is described as "a fun, free healthy living app for

Canadian families" (Childhood Obesity Foundation n.d.a:n.p.). Developed by the Childhood

Obesity Foundation, this app uses "proven behaviour change techniques" so that families may

"adopt healthy behaviours in four areas – healthy eating, physical activity, screen time and sleep" (n.d.a:~para. 2). Such programming is consistent with the organization's mission "to lead a societal shift toward healthy eating and active lifestyles" and is supported by the organization's underlying assumption that childhood obesity is the result of physical inactivity and "eating too much of the wrong foods" (Childhood Obesity Foundation 2019b:~para. 5; n.d.c:n.p.).

Like much their messaging, the programs delivered and endorsed by the Childhood Obesity Foundation narrowly target individual behaviour; and when both their programming and general messaging continually preach the importance of living a healthy lifestyle, the two become mutually reinforcing. That is, the message that obesity is the result of poor lifestyle choices is strengthened by the promotion of programs aimed at lifestyle change. Hence, the perceived logic and efficacy of its programs may be enhanced by how the organization decides to frame and define obesity. Although this study does not claim to know the effectiveness of such programs, it is important to locate where the organization fixates its attention in designing possible interventions to once again predict how the organization understands and communicates the etiology of obesity to the public.

In analyzing the types of programs offered by the Childhood Obesity Foundation, it becomes clear that the organizational discourse that attributes obesity to poor lifestyle choices supports the development of programs that target individual behaviour. At the same time, it is expected that these programs further strengthen and uphold the organizational discourse about the importance of lifestyle change. Similarly, the type of programming offered through Obesity Canada is consistent with, and reinforcing of the organization's broader messaging; however, one essential difference between the two organizations is that Obesity Canada does not appear to offer many programs that directly target individual health behaviours. Rather, one central goal of

Obesity Canada is to "facilitate knowledge exchange" and their stated mission is to "improve the lives of Canadians through obesity research, education, and advocacy" (n.d.a:n.p.). Instead of teaching individuals about how they may implement more positive health behaviours, Obesity Canada provides opportunities for individuals to better understand their condition and appreciate obesity as chronic and complex disease.

Challenging the conventional understanding that obesity is solely the result of poor lifestyle choices, Obesity Canada's public engagement initiative aims to "empower" individuals with critical knowledge and information "to elevate the conversation [about] obesity" (Canadian Obesity Network 2017:3). Emphasizing the idea that obesity is a chronic and progressive disease influenced by multiple factors, Obesity Canada designs programs that increase access to "credible and evidence-based information about obesity" (ibid.:2). In addition to hosting the Canadian Obesity Summit and the Weight Bias Summit, Obesity Canada invites members of the public to attend a webinar series called "Connected Conversations" (n.d.i:n.p.). This initiative "brings together individuals living with obesity, academics, and healthcare professionals for meaningful discussions that bridge the gap between science and real world [sic] application" (Obesity Canada n.d.i:~para.1).

Through Connected Conversations and similar programs, Obesity Canada provides individuals with opportunities to learn about "important topics surrounding obesity" so that the condition may be better understood (n.d.i:~para. 1). Programming that prioritizes research, education, and public access to scientific knowledge is qualitatively different from the behaviour-based programs offered by the Childhood Obesity Foundation. Rather than teaching individuals the tenets of living a healthy lifestyle, Obesity Canada constructs opportunities for learning to expand the public's understanding of obesity. In bringing together various experts

and by covering a variety of topics, Obesity Canada continues to communicate the idea that obesity is a complex disease, requiring research and scientific knowledge to properly understand.

For Obesity Canada, intervention takes the form of "research, education" and "knowledge exchange" (n.d.a:n.p.). It is through engaging the public in critical conversations and by educating individuals about a variety of issues that Obesity Canada aims to improve the lives of individuals with obesity. Perhaps when the public is informed about key issues affecting people with obesity, individuals may be emancipated from the overly simplistic explanations of obesity that inspire weight stigma and bias. Similar to the Childhood Obesity Foundation then, Obesity Canada's programming appears to further advance their messaging; however, instead of designing programs intended to teach people about how they may improve their health behaviours, the organization provides individuals with information to better understand the many factors that shape the experience of obesity.

Additional differences emerge from analyzing the types of organizations with which Obesity Canada and the Childhood Obesity Foundation form partnerships. While both organizations receive funding from government agencies, Obesity Canada accepts support from several corporate companies. Such partners include, Nestlé Health Science, Craving Change, Novo Nordisk, Tops Club Inc., Ethicon, WW (formerly Weight Watchers), and Desjardins Insurance (Obesity Canada n.d.h). While each of these companies is unique, most of them sell products that can be used to help manage obesity and/or other related conditions, such as diabetes. One notable exception is Desjardins Insurance, a provider of health, life, and disability insurance. Since the purchase of life insurance does not change a person's risk for developing obesity and its related illnesses, the company's interest in partnering with Obesity Canada may be worth probing. Does Desjardins hope to attract more obese clients as they are typically

required to pay higher premiums or does the company have a vested interest in reducing rates of obesity-related death and illness as to limit the number of claims that they receive? Such questions are beyond the scope of this paper; however, the possibility for corporate companies to possess certain conflicts of interest and/or dubious motivations in partnering with Obesity Canada remains an important possibility to consider.

While the thematic analysis revealed that Obesity Canada frames obesity as a complex disease shaped by multiple factors, the *management* of obesity is described in slightly narrower terms. In defining obesity, the organization maintains that "obesity is more than just what you eat and how much you move," however, when it comes to describing methods for obesity management, the organization underscores the importance diet and exercise in addition to the use of prescription medications and for some, bariatric surgery (Obesity Canada n.d.f; n.d.k:~para. 2). Interesting is the finding that while the causes of obesity are described as complex and multiple, the methods for obesity management promoted by the organization often involve modifying individual behaviour and/or pursuing certain medical interventions. Consequently, Obesity Canada may risk reinstating biomedical explanations of obesity that ignore social and environmental influences for the benefit of their corporate sponsors (Patterson and Johnston 2012; Puhl and Heuer 2010; Rail 2012; Salas 2015). That is, by focusing the role of individual behaviour in managing a person's obesity, the market for certain diet and pharmaceutical products is effectively protected.

For example, individuals struggling to follow a "healthy eating plan" may decide to join one of the commercial weight loss programs offered by WW, Tops Club Inc., or Nestlé Health Sciences (Optifast) (Obesity Canada n.d.d:~para. 1). Should individuals experience challenges with emotional eating, they may choose to enrol in a cognitive behavioural program created by

Craving Change. Beyond encouraging people to manage their obesity through diet and exercise,

Obesity Canada provides information about different prescription medications including

Saxenda® (liraglutide), an appetite suppressant sold by Novo Nordisk. Finally, the organization

presents bariatric surgery as possible option for those living with severe obesity (Obesity Canada

n.d.b). Capable of producing "significant improvements in […] quality of life," this procedure is

likely to require the surgical supplies and medical devices of Ethicon, as subsidiary of Johnson &

Johnson (Obesity Canada n.d.b:~para. 2). By considering the different products sold by the

corporate partners of Obesity Canada, the analysis points to the possibility that certain companies

influence how the organization encourages individuals to manage their obesity. Such messages

demonstrate little awareness of the social factors shaping a person's experience of obesity, opting

instead to endorse behavioural, pharmaceutical, and surgical strategies that are most profitable

for their corporate partners (Puhl and Heuer 2010; Salas 2015).

DISCUSSION

As a growing number of Canadians experience obesity, it remains important for

researchers to investigate the multiple and competing qualities of discourse surrounding this

heavily stigmatized condition (Puhl and Heuer 2009; Statistics Canada 2019). Within the

existing literature there is perhaps one model that best captures and most succinctly summarizes

the five more common ways in which obesity is framed. Guided by the "Frames of Fatness," the

primary aim of this study was to uncover how two Canadian obesity organizations frame and

define obesity in light of what is known about the stigmatizing effect of certain frames and types

of discourse (Frederick et al. 2020:248). The results from this study reveal that Obesity Canada

and the Childhood Obesity Foundation frame and define obesity in importantly different ways. In

addition to framing "obesity as a 'disease'" influenced by several different factors, Obesity

Canada's opinion of the body mass index reflects a "Health at Every Size (HAES) approach" to measuring and managing obesity (Ata et al. 2018; Bacon 2010; Frederick et al. 2020:255; Hoyt et al. 2017; O'Hara and Gregg 2006; Penney and Kirk 2015; Salas 2015:81). In contrast, the Childhood Obesity Foundation attributes obesity to the calorie imbalance brought about by poor lifestyle choices, choices for which parents are considered responsible (O'Hara and Gregg 2006; Salas 2015).

For the Childhood Obesity Foundation, obesity is framed as both a *personal/parental responsibility* and a "*public health crisis*" (Frederick et al. 2020:248; Saguy 2013). Unlike the obesity that occurs in adults, childhood obesity is not considered to be a disease in and of itself; rather, childhood obesity is viewed as a risk factor or as a requisite condition for other types of disease such as, diabetes and hypertension. In underscoring the many serious health complications associated with obesity, the need for parents to alter their behaviour becomes increasingly urgent. To assist people in making healthier choices, the Childhood Obesity Foundation offers a variety of lifestyle-related and behaviour-based programs that target parents and other adults in a way that reinforces their sense responsibility. In contrast, Obesity Canada designs programs intended to empower individuals with better knowledge and information about obesity, reinforcing the idea that obesity is a complex condition requiring expert and scientific knowledge to properly understand. Hence, the second research question of this study sought to understand how the organizational context may shape or interact with the obesity-related messages and was answered upon observing that the programming objectives of each organization were different yet reinforcing of their respective message frames.

Existing literature documents the many health-harming effects of weight stigma, supporting the assessment that stigma is "a fundamental cause of population health inequalities"

(Hatzenbuehler et al. 2013:813; Puhl and Heuer 2010; Schafer and Ferraro 2011). Specifically, weight stigma is believed to compromise health by increasing a person's stress level and encouraging negative health behaviours as people attempt to cope (Chrisler and Barney 2017; Puhl and Heuer 2010; Schafer and Ferraro 2011; Tomiyama 2014). The presence of weight stigma in society also interferes with a person's ability to receive health care and participate in settings of employment and education (Chrisler and Barney 2017; Puhl and Brownell 2001; Puhl and Heuer 2009; 2010). Hence, the third and final research question of this study sought to examine how the messaging of each organization might either reproduce or help to dismantle weight stigma. Once again, the two organizations differed in the degree to which they discuss weight stigma in their messaging. While Obesity Canada demonstrates a strong awareness of issues related to weight stigma, bias, and discrimination, even making it one of their strategic goals to address weight stigma, the Childhood Obesity Foundation only mentions stigma once on their website. This lack of recognition is surprising given evidence that suggests that experiences of weight stigma begin early in life (Haqq et al. 2021).

The message frames used by each organization also have different implications for stigma (Frederick et al. 2020). Specifically, the literature is critical of messages that overstate the importance of diet and exercise as they tend to oversimplify obesity's complex etiology and ascribe blame to individuals (Frederick et al. 2020; O'Hara and Gregg 2006; Patterson and Johnston 2012; Puhl and Heuer 2010; Salas 2015). Hence, using "the *public health crisis* frame" in conjunction with "the *personal responsibility* frame" risks worsening weight stigma and fueling a moral panic surrounding a supposed "obesity epidemic" believed to be caused by poor lifestyle choices (Frederick et al. 2020:248; O'Hara and Gregg 2006; Patterson and Johnston 2012:265; Rail 2012; Salas 2015). In contrast, the decision to frame obesity as a disease is

interpreted as a strategy to advance the idea that obesity is a condition that arises from a myriad of factors beyond individual control (Ata et al. 2018; Puhl and Heuer 2010). Moreover, the use of this message frame may help to dispel the stigma that stems from the misconception that a person's weight is determined by individual health behaviours alone (Haqq et al. 2021; O'Hara and Gregg 2006). When presented with messages that align with a HAES approach, and in light of their explicit goal to end weight stigma, Obesity Canada's messaging likely has more of an anti-stigmatizing effect on personal and public perceptions of obesity (Frederick et al. 2020).

The findings from this study are consistent with the existing literature, providing current real-world examples of the message frames identified by previous research. Additionally, the results expand upon and add nuance to one popular message frame. While previous research observes instances in which obesity is constructed as a personal responsibility, the results from this study suggest that childhood obesity is framed as a *parental* responsibility (Frederick et al. 2020; Saguy 2013). While it is still the case that responsibility is ascribed to individuals, the precise targets of these messages are changed and dependent upon the life stage in which obesity is experienced. Furthermore, this study adds to the existing body of literature by investigating the discourse which appears in Canada and analyzes messages that are produced at the organizational level.

The primary limitation of this study is that a single researcher coded and interpreted the data independently. As such, intercoder agreement could not be established or used to check the reliability of the results; however, validity was maintained by working closely with the existing literature. Similarly, the generalizability of the results is limited given that only two organizations were studied. That being said, the focused case study design was also what allowed for an in-depth analysis of two purposefully selected organizations. Hence, future research may

wish to investigate a larger number of organizations or even look at the online messaging of

organizations in other countries to uncover how the framing and definition of obesity varies by

place. It may be equally revealing to revisit the same research questions after some time has

passed to explore how obesity discourse changes over time.

The results from this study speak to the multiplicity of obesity discourse, documenting

the use of four previously identified "frames of fatness" in the online messaging of two

prominent obesity organizations in Canada (Frederick et al. 2020:248). Using a case study

approach, the study was also able to investigate the organizational context in which such

messages were produced to uncover that the programs promoted by each organization were

qualitatively different yet reinforcing of their respective message frames. Overall, the analysis

revealed that Obesity Canada and the Childhood Obesity Foundation are more different than they

are alike, their messages and programs possessing different implications for stigma. From

previous research we know that messages that narrowly target individual behaviour risk

heightening the social stigma attached to obesity, while those that frame obesity as a complex

disease may be used to reduce weight stigma and improve public perceptions of obesity (Ata et

al. 2018; Frederick et al. 2020; Puhl and Heuer 2010; Salas 2015). In the future, it will become

increasingly important for organizations, charitable or otherwise, to design carefully framed

messages and programs that properly address weight stigma as it afflicts a growing segment of

the population (Puhl and Heuer 2010; Statistics Canada 2019). Should these efforts be

successful, we can expect to see improvements in health and a reduction in stigma-related

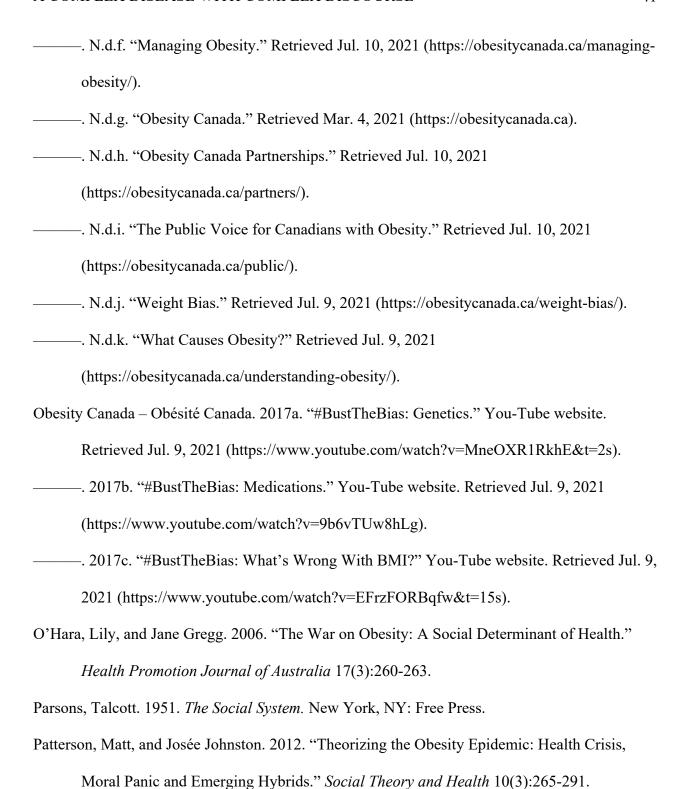inequalities (Hatzenbuehler et al. 2013; Puhl and Heuer 2010).

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