Dissemination and Impact of The Peoples' Obesity Health Justice Pamphlet

July 2025

Introduction

The community-led People's Obesity Health Justice Pamphlet was developed to challenge harmful and inaccurate narratives about obesity, centre the voices of lived experience, and provide practical tools to support self-advocacy and navigation of the healthcare system. The outcomes being a heightened sense of self and better relation with their healthcare journey.

The findings indicate that the pamphlet has opened up constructive conversations, helped people feel less isolated, reduced shame and self-blame, and offered a practical means for communities to engage with the complex issues surrounding health and care.

The feedback has also provided valuable insight into future avenues for this work, particularly the need to better address experiences of medical gaslighting and systemic barriers, and to consider how similar resources might be used within healthcare settings.

This document provides an overview of how the pamphlet has been disseminated to date, and summarises the key themes emerging from feedback from the community.

Dissemination Overview

Physical distribution:

- 500 copies were printed and disseminated across the UK by members of the cohort, community organisations, and wider networks.

- Key distribution points included:

    - GP surgeries and waiting rooms nationwide
    - European Conference for Social Medicine
    - Cardiff University Health Board
    - Women's Refugee and Asylum Seekers Centre
    - Stockwell Festival (inner London community event)
    - University of Liverpool
    - Coffee Affrik CIC
    - Life After Hummus

- Voluntary Action Camden

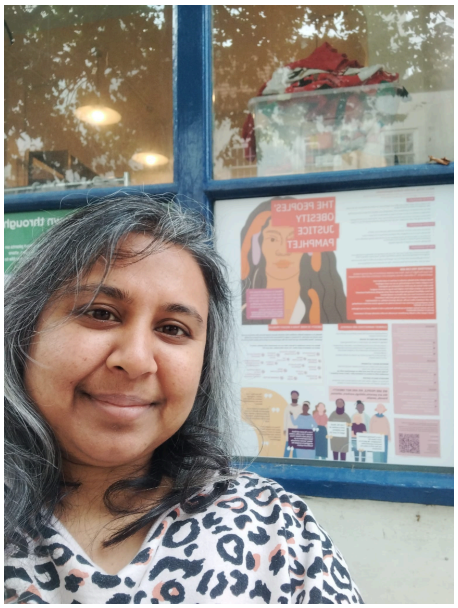
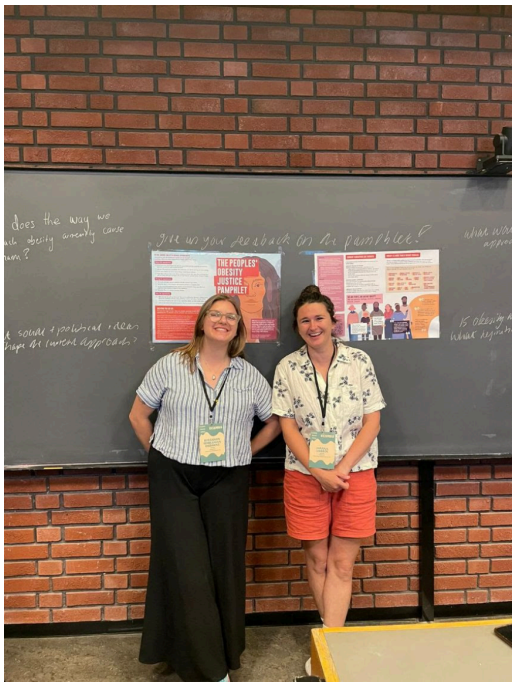
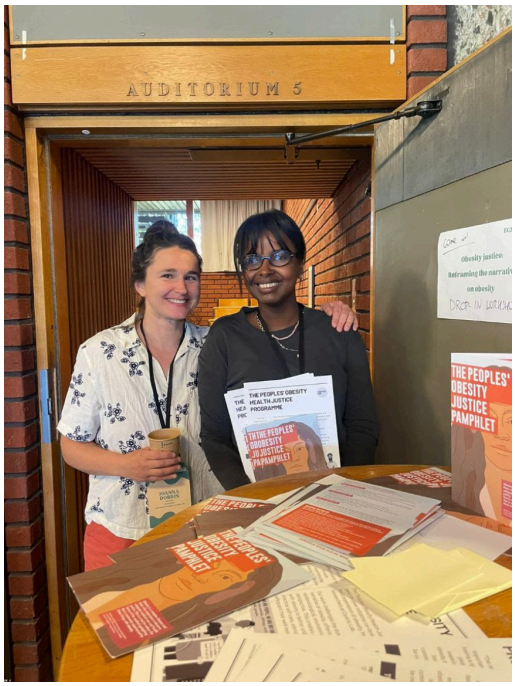


Image 1: Poster of pamphlet displayed at community organisation Life after Hummus





Images 2&3: The people's Obesity Health Justice Workshop at The European Conference for Social Medicine

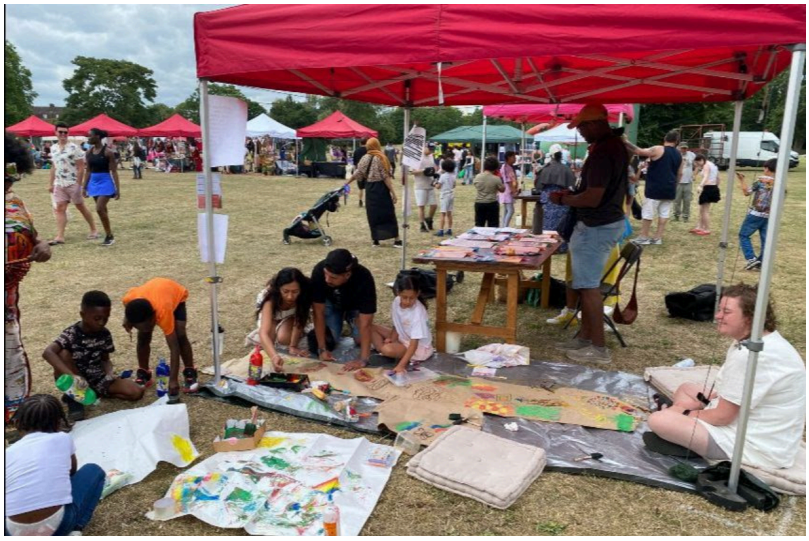


Image 3: Pamphlet Dissemination in the community at the Stockwell festival

Digital dissemination:

- Community launch event held online
- Featured in VCSE Alliance Newsletter (link)
- Shared through social networks and professional mailing lists

Centric Lab share The People's Obesity Justice Pamphlet

Centric Lab are prototyping ways to use health-based scientific evidence to support justice movements and create language to articulate the health injustices felt by many racialised and marginalised communities.

For the last four years, they have been running The People's Obesity Health Justice Programme, a peer-to-peer project co-developed by those who have been diagnosed with obesity alongside a wide range of health practitioners and researchers within Centric Lab. They have created The People's Obesity Justice Pamphlet, a tool for harm reduction and the promotion of autonomy for people who are experiencing obesity.

Centric Lab are now also seeking feedback on The People's Obesity Justice Pamphlet, to capture its impact and build upon this body of work.

View The People's Obesity Justice Pamphlet or share feedback

Image 4: Work featured in the VCSE Alliance Newsletter

Community circles:

In addition to distributing the pamphlet, members of the cohort facilitated community healing circles, where the pamphlet was used as a scaffold for deep, healing conversations. These circles created a non-extractive environment where experiences could be shared and validated, and provided rich feedback on the pamphlet as well as insights into the needs of the community.

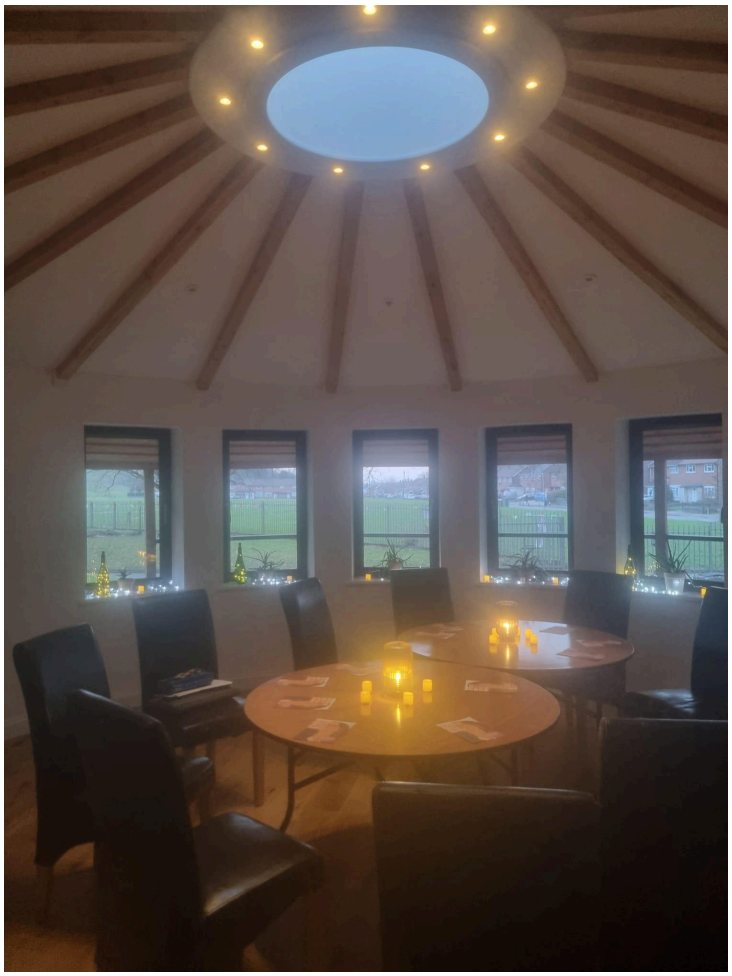


Image 5: Community healing circle set-up ft pamphlets on the tables, candles and food was served later in the session

Emergent Themes From of Feedback

Feedback came from community circles, online surveys, event discussions, and from those who distributed the pamphlet. From this feedback, several interconnected themes emerged, which are described below, with supporting participant quotes.

Sense of Community

A strong theme in the feedback was the sense of connection and belonging that the pamphlet created. Many participants described how it reduced feelings of isolation by linking them to a wider community of shared experiences.

“The pamphlet makes me feel cheerful and connected to an understanding of health communication that's about everyone, everywhere, all the time.”

“I think it's informative and makes you think differently about how to look at obesity. It made me feel like I was part of a wider conversation away from the internal negative dialogue that my weight creates.”

“You can't be what you can't see: I love the view of the community presented in the leaflet.”

These reflections underline the importance of representation. Simply seeing experiences like their own reflected in the pamphlet helped to counter the loneliness and stigma that many participants described.

Feeling Supported and Safe

Another strong theme was a sense of safety and acceptance. Participants noted that the tone of the pamphlet felt different from many of their experiences within healthcare, where they often encounter judgement and blame.

“Straight away I feel comfortable in the room I'm reading this. I'm not going to be blamed for the way I look.”

“Validating.”

“Empowering.”

This early shift in tone - away from blame and toward understanding - created an environment in which people felt able to engage more openly and begin difficult conversations.

Understanding Broader Causes and Context

The section on ecological and structural factors was repeatedly identified as a breakthrough. For many, this content challenged the dominant narrative that obesity is purely about individual behaviour, providing them with an ecological perspective. As a result this helped them understand their experiences better.

“I like what you say about this pamphlet about pointing the blame, it's recognising the wider factors at play.”

“One of the ones that got me the most was air pollution, because I live pretty much in the city centre.”

“I was homeless for 18 months and my weight changed quite a lot during that time and so for me just reading this I could literally tick every one in that box because of what homelessness was like. So it's very interesting that there was a lot that wasn't in my control and yet I'm the only one being scrutinised. So just reading that makes me realise oh, it was me coping with a huge plethora of really stressful, difficult things. So for me it's very kind of validating but also I've always wanted there to be more focus on environmental factors in healthcare. So for me it's the environment and it's made me think more about that it's not just as simple as saying "well I'm gonna eat an avocado today" it's also about you know global change of the climate, so it's very impactful and empowering.”

“I think some people would be very surprised at these factors. Especially e.g. air pollution.”

“This was the part that impacted me so much because I had no idea there were so many other factors that could influence your endocrine system.”

Releasing Blame and Shame

The increased understanding about the complex aetiology of obesity helped community members release internalised self-blame and shame. Participants described how the pamphlet helped them understand obesity in context and relieved them of the burden of thinking it was entirely their fault.

This is a really powerful and important theme, particularly given that research shows that internalisation of stigma is a strong mediator of poor-health outcomes and harm of the individualised obesity narrative.

“It is really eye opening and I think it allows people to understand that it is not your fault.”

“I really like this because I had no idea that half of these could impact weight at all and it reaffirms that it's not your fault and that there's so many other factors that could be influencing.”

"The pamphlet helps to lift a veil of shame that I have hidden behind for a very long time. It clearly shows the societal and environmental factors that contribute to weight gain. The empowering opposed to harmful internalising is a step to looking at oneself as a body to heal and not a body that is unworthy of kindness."

“It's really eye-opening and also highlights the fact that just telling people to go away and lose weight is just not helpful, it's not a thing and it completely disregards the wider structural, environmental and social factors that create that and I think having that knowledge makes you more aware, it's less blaming on the person, on the individual and I think that helps with that shame guilt, and all of those feelings that can come with this – it helps to alleviate some of that and again, give that education of obesity holistically and what that actually looks like and how it can impact you in so many different ways. Because they're just putting the blame on the individual is just no, that is not what we're trying to do anymore. I think that section is really helpful for that. And I think it's so educational as well. It makes you want to then go and look into it and learn more.”

“The narrative I've seen it one of blame, this is different to that as it opens up many factors that I've not heard about before”

A Practical Tool for Navigation and Advocacy

The checklist and structured tools within the pamphlet were valued for helping people prepare for appointments and advocate for themselves.

“This would really help us to advocate for ourselves/ other people.”

“I love the checklist because I get anxiety going into like the doctors and stuff as well, and I think, having that checklist there, it avoids you from missing anything out. I think when you said, “write down what you want to say”, and even recording it beforehand as well. I thought you could do that before and during your appointment, because I think it's easy to kind of forget when a doctor says something I don't know. That puts you off of what you were actually going there to talk about. You lose where you are and what you wanted to actually ask them.”

“I think they're good, these tick boxes. When my dad had cancer, the hospital experience was horrible. I ended up going to my local hospital to try and get him transferred. It was the team there who gave me a little checklist — just like this one — and said, ‘Why don’t you ask these questions when you go back?’ And honestly, they were amazing. I didn’t get what I needed until I had that little tick list.”

Facilitating Conversations and Sharing Experiences

The pamphlet acted as a conversation starter, both in groups and individually.

“The pamphlet acted as scaffolding for healing conversations. We shared things we hadn’t spoken about before.”

“It’s an excellent conversation starter and advocacy tool.”

“There's so many different aspects to people's weight for me it makes me feel comfortable to talk about this because straight away the blame is taken from me like it's not my fault.”

Medical Gaslighting and Systemic Barriers

Many participants shared distressing stories of being dismissed or discriminated against in healthcare because of their “weight” or BMI. These accounts underscore the importance of this work and why a different approach is urgently needed.

“I feel like I'm not being listened to—I'm willing to take the risks of surgery to get out of this pain, but the doctors aren’t. It’s like they’re always blaming my weight. When I was underweight and lost my period, that was the issue. Now that I’m overweight, that’s the issue. But the real problem is endometriosis. And I’m just left frustrated and still in pain.”

“Feels like even though doctors don't talk about BMI so much, it always comes back and tracks back to BMI.We all know there's so much wrong with BMI and the scale of using BMI. The doctors still seem to double back on it.”

“We have had very fit individuals who have failed the fitness test because their BMI was too high. They’re full of muscle and the scale says obese.”

“A friend of mine needed to have breast reduction surgery and she had very large breasts and she couldn't get it 'cause it BMI was too high when an actual fact her breasts weighed so much, though that's probably what the problem was”

“When I go for my mental health to the doctors they say can I do your weight? And what is that got to do with my mental health at that moment? I need help with my health, not with my weight”

“I went to the GP with a bad back. He said to lose weight. 2 days later I was rushed to hospital with sepsis. I had sepsis, it wasn't my weight. 1 day more you'd be in a coma. That was because of shame and if I didn't advocate for myself and say no, I'm in pain, I'm seeking help. Well... not worth thinking about”

“The narratives around obesity are damaging. I've been waiting for a laparoscopy for 3 years because of my BMI but that referral could have happened immediately.”

Impact of Design and Inclusivity

We received positive feedback about the look and feel of the pamphlet as different, modern and inclusive.

“It's eye-catching. The illustrations are really quite modern. So it doesn't look like a boring old pamphlet. You'll see it like the GP. Like it will stand out.”

“I think the colours are really good and like and very attention grabbing and I, yeah, I think it looked when I first saw it, I thought it looked really nice.”

“I love the colours and illustrative vibe of the branding - it's calming and accessible.”

Suggestions and Opportunities for Future Development

While feedback about the pamphlet was overwhelmingly positive, participants also identified opportunities to make it more accessible and easier to engage with. Some found parts of the language a little technical or medicalised:

“I love the reframing and reclaiming vibe of this pamphlet but using medicalised language put me on the back foot.”

“I think the words are quite complex and it's a bit wordy.”

“I don't know what structural violence means.”

This highlights the potential to simplify some terms or to pair the content with additional formats that help bring the ideas to life. One strong suggestion was to develop short videos or explainers to walk people through the content:

“I think videos would be great for supporting the narratives… I would love a little video to walk me through this because having you explain to me in the session the reframing and holistic approach, I needed that to overcome the language.”

A particularly significant opportunity that emerged from the feedback is to create a version of the resource specifically for medical professionals. Across the community circles and other sessions, participants shared numerous accounts of medical gaslighting and stigma, often describing how their concerns were dismissed or attributed solely to weight. These experiences highlight a need to engage practitioners with the evidence on structural factors and lived experience:

“It would be useful to be shared in GPs… create different versions tailored to different groups e.g. medical groups, ages. But we should also look beyond GPs and share with the wider medical system.”

“We know this, but I'm not sure the medical professionals do, or they don't consider these factors when talking about weight loss”

"I see a nurse for my high blood pressure, and she’s in a similar-sized body to me. But there’s still this shame embedded in how she talks to me—telling me to eat better, take better care of myself. I know it’s coming from a place of “educated naivety,” but it feels super condescending.

I'd love for healthcare professionals to reflect on the language they use. We often internalise the blame. I'm a pragmatic person, but it still gets to me. So is there anything in there for professionals—about their language and approach?"

Such a resource could help challenge entrenched narratives within healthcare settings, making care more equitable and informed.

Finally, there was also a call for translations into other languages, to ensure accessibility for communities where English is not a first language.

Contributor and Distributor Testimonials

For those involved in the creation of the pamphlet, the process of developing and sharing The Peoples' Obesity Health Justice Pamphlet has been described as healing and transformative. Contributors reflected on how working on the pamphlet and facilitating its dissemination created new connections, built solidarity, and provided a way to integrate their own experiences.

Chantal Williams (Lived Experience of Obesity) – one of the contributors and a facilitator of the community healing circles

"The community circles have provided a powerful platform to host a safe, supportive, and respectful space for connection and reflection. Witnessing the journey, from those first conversations about the pamphlet to the heartfelt goodbyes at the end of each circle, has been incredible.

Participants often enter with defensiveness or a more insular perspective, hesitant to engage. But as we move through the process of sharing the content and holding space together, that resistance begins to dissolve. A sense of collectiveness emerges, an understanding that this is much bigger than any one person's experience. The systemic nature of obesity as a disease, and the marginalisation of those living with it, becomes clearer.

Many participants have expressed leaving with a deeper understanding, feeling empowered and activated to advocate for themselves and take a more proactive role in their healthcare.

For me personally, this experience has been a tonic. To be surrounded by such support and passion in a wonderfully talented team has renewed my own vision of who I am. I carry less internalised, self-defamatory dialogue and more self-compassion and purpose."

Dr Rhiannon Mihranian Osborne, another contributor, reflected on how the pamphlet was received by clinicians during a presentation in Liverpool:

**"I presented the obesity pamphlet and the method, intentions and research behind it to a group of GPs in Liverpool. They really loved it, and found the content really important to discuss amongst clinicians and the leaflet really helpful for patients.*

I think the quality of the research, the participatory nature of the methodology and the accessibility of the pamphlet allowed clinicians to receive and accept some really difficult discussions about medical violence. The pamphlet was especially popular with the health and wellbeing coaches who are trying to find non-stigmatising ways to support the patients they see, and they also gave leaflets out to other health and wellbeing coaches in other practices and around the local area"

There was definitely an appetite to think more about how clinicians could approach this topic differently, which I hope will be the next step for the programme."

Dr Joanna Dobbin, another contributor, describes how the pamphlet has influenced her practice as a doctor:

"I use the obesity pamphlet with my patients to talk about and challenge current perspectives about weight. I have also presented it locally to other doctors, nurses, social prescribers and voluntary community sector, and internationally at conferences with other GPs. It has given me the confidence to talk about obesity, weight and health in a positive, non-stigmatising way, and provided me with additional tools to help my patients. I find it particularly important at the moment with the rise of weight loss drugs, to challenge the biomedical perspective, and give patient an alternative way to view their body and their health"

Further feedback and testimonies from members of two community organisations who shared the pamphlet can be accessed here:

Abdi Hassan - Founder of Coffee Afrik

INSERT AUDIO

**quote from Abdi's in case we want that instead

"What we think of the pamphlet is that it is very accessible, very rooted in anti-racism, decolonisation, we've been able to use it across our networks, not just in the Tower hamlets hub but across our youth services, too. We have in Tower Hamlets the largest Muslim population, the second highest DV in London, we have the highest opiate use in London, we're the most densely built up borough in the UK, and we also have children who are experiencing obesity too, and we've shared it across group chats, practical sessions, and across our public health projects too, and overall people have really responded to it very positively. It's very accessible, that's the most important thing to say, often sometimes these health pamphlets can be quite convoluted and quite complicated and archaic. This one is definitely one of the more friendly and user friendly ones - very colourful, very bright, all those things matter. We also have been able to understand its use at a wider level like our primary care networks that we also are based and co-located in some NHS spaces, and I think it's incredibly useful for community members because it doesn't 'other' people and it doesn't stigmatise obesity"

Farrah Rainfly - Operations Manager at Life After Hummus Community Benefit Society

OHJ: Farrah LAH Voicenote .m4a

**quotes from Farrah's audio in case we want that instead

- *"We have taken the obesity justice pamphlet and put it outside our centre. There are several reasons why we have done this. Somers Town is a multi-deprived ward, there is an early death rate among men with no single reason why, 50% of people are on benefits, we see a growing number of young people with asthma and it is an area that is surrounded by wealth. We have very poor air quality because we are surrounded by the euston road, Hampstead road with the HS2 development, york way, and it is also an area that is a food dessert - these are some important things to understand about Somers Town"*
- *"When i saw the people obesity health justice pamphlet I was taken aback by it, because finally this was a leaflet that had been put together, a graphic that had been put together, to so well explain that obesity is more complex - just as complex as Somers Town"*
- *"This leaflet shows very clearly that you don't need to carry the guilt, it breaks down the barriers to mental health, that you can breathe and stop thinking 'why do I not fit the mainstream society'*
- *"When I saw it I thought, I need to get the message out here"*
- *"It's such a powerful pamphlet, it's created so much conversation and discussion, I see people stopping all the time and looking at it. We have many other powerful pictures but people stop and look and take pictures of the obesity pamphlet, and they've got the QR code so they can go onto the website, and this is what it's doing - it's breaking down barriers".*
- *"Ive used the poster myself to direct public health as well as camden council officers and i'm just getting started"*
- *"I'm very grateful for it and I hope this is not something that goes away, but something that we can grow"*

Conclusion/ Summary

The dissemination and feedback from *The Peoples' Obesity Health Justice Pamphlet* demonstrate the value and impact of community-led approaches to health communication. The pamphlet has reached diverse communities and settings, creating space for a different kind of conversation—one that moves away from blame and towards understanding, connection and advocacy.

Through community circles, surveys and feedback sessions, it has become clear that this resource has helped people feel less alone, validated their experiences, and supported them to navigate health and care in practical ways. It has also shown the importance of framing obesity within wider structural, social and ecological factors, challenging the dominant individualising narrative.

Crucially, the feedback has illuminated the extent of medical gaslighting and systemic barriers faced by people living with obesity. It highlights the gap between lived experience and the way care is often delivered, underlining the harm caused by stigma, dismissive attitudes and narrow definitions of health. This work has begun to close that gap by giving voice to experience, and points to the need for further efforts to change the culture within healthcare itself.

The process of creating and sharing the pamphlet has been a healing and empowering experience for those involved, showing what is possible when communities lead the development of tools that reflect their realities. Going forward, the insights gained here open up opportunities to build on this work—particularly through resources designed for healthcare professionals, and through approaches that bring a more accurate, ecological and compassionate understanding of obesity into all aspects of care.