Thank you. It's wonderful to be in Vegas with all of you. And let me start by giving a shout-out to whoever first decided to hold a health conference in Sin City. Bold move. I like it. I'm here for it.

In fact, I'm here to do something bold, too. Some might call it **impossible.** But it's key to solving one of the **most important health challenges** of our time.

No it's not a technical innovation. No, it's not a medical mystery. It's a **word problem**. And that word is **weight.** [PAUSE]

In America today, **people hate talking about weight**.

And I get it. It's hard.

But that's because *we're talking about weight all wrong*.

I used to hate discussing weight, too. I joined WeightWatchers as CEO last year, but I first joined nearly a decade ago—**as a member first**. [PAUSE]

While I was pregnant with my first kid, I gained around 60 pounds. In the months after giving birth, I didn't feel like myself. I wasn't as active as I wanted to be, or fitting into the clothes that brought me joy. For me, the points system was great. It's not a fix for everyone—I'll come back to that later—but **when nothing else worked, WeightWatchers did.**

I didn't struggle with the program, but I did struggle with **weight shame.**

Shame around gaining weight. Shame around losing weight. Shame for wanting to change how I looked. Shame for liking the way I looked.

We know that shame comes from everywhere: our media, our relationships, our medical system.

We also know that shame is compounded by **intolerance.**

A longitudinal Harvard study found that in 2016, the vast majority of people—81 percent!—had an implicit bias against people they saw as "fat."

While every other implicit bias—race, gender, sexual orientation—decreased over the study period, **fatphobia actually *went up.***

This bias, and the way it manifests, has clear consequences for our mental health. But it also wreaks havoc on our **physical health**.

A study from Johns Hopkins University [showed](#) that only *one percent* of doctors are trained to treat obesity. That **knowledge gap** leads to ignorance at best—and stigma at worst.

To no one's surprise, **stigma and ignorance are bad for our public health—and bad for our bodies.**

Patients with bigger bodies are **underrepresented in clinical trials**. And that means the resulting treatments are [less likely](#) to work on them.

Doctors with negative attitudes about people with obesity may **[misdiagnose or mistreat](#)** patients with bigger bodies—which can actually [exacerbate](#) the conditions those patients want treated in the first place.

And because we can't even have an honest, productive conversation about weight, we aren't getting to the next stage: **leveraging the resources, the medical breakthroughs, the digital health tools** that could help us live longer, healthier, happier lives.

Instead, we're allowing health risks to progress, giving way to obesity-related diseases—from diabetes, to heart problems, to cancer.

The obesity epidemic in the United States is just that: an epidemic, responsible for nearly [half a million](#) excess deaths annually.

Imagine the Titanic disaster—and now, imagine it three hundred times over. Every single year. That's the kind of scale we're dealing with. [PAUSE]

You can't treat what you can't talk about. And in America, we don't do *either* very well.

The shame, the bias, the hate around weight isn't just a cultural problem. **It's a medical crisis.**

The good news is that we've made great progress on the medical side.

A **new generation of obesity medications** are changing the treatment landscape for patients and providers.

While these drugs have been intensely debated, their efficacy is undeniable. For some of these medications, success rates are starting to approach that of [bariatric surgery.](#)

Thanks to the work of many dedicated scientists, technologists, doctors, and patients—some of whom are probably here, in this room—we've written a new chapter in the story of obesity care.

We have a clearer path than ever toward **preventing, treating, or even curing** people with weight-related chronic diseases.

So even with all the shame around weight, this is an **incredibly exciting and hopeful time** to be in this space. We have the medications, the behavioral tools, and the innovations we need to start delivering better health outcomes for people around the world.

What we don't have…is a **healthy way to talk** about it. [PAUSE]

In June 2013, **the American Medical Association classified obesity as a chronic disease**. By making this designation, the AMA hoped to drive systemic changes in how the medical community, policymakers, insurers, and the general public approach and address obesity.

Ten years later, there's been a lot of progress—but **we still have a long way to go.**

A huge part of the problem is that we *still* don't talk about obesity the way we talk about **any other disease**. We don't assume someone has anemia based on how they look, or that their arthritis comes from their "lifestyle choices."

Today, it seems like obesity is the only disease for which we assign blame. **But that wasn't always the case.**

Think about the way we used to talk about mental health.

During the 1972 election, the Democratic nominee for president removed his running mate from the ticket after learning that he had been secretly [hospitalized for depression](#).

Decades later, in the mid-2000s, magazines ran [mocking headlines](#) about Britney Spears' struggles with bipolar disorder: INSIDE BRITNEY'S BREAKDOWN; INSANE!; TIME BOMB.

In short: we were terrible at talking about mental health.

But we weren't actually talking about mental health—not in those words, anyway.

Back then, we called it **mental illness.**

We shamed, judged, and otherized people who struggled with it. We turned our noses up at viable treatments for it.

We told people to just "be happy", "put in the work." And we most certainly didn't improve their health outcomes.

But these days, we talk about **mental *health.*** And we talk about it **a lot.**

Presidents go on podcasts to talk about it; princes *host* podcasts to talk about it.

Therapy is first date fodder. Antidepressants are part of our personal brands.

Just last week, the [New York Times](#) ran a story about mental health merch, including a sweatshirt that says "LEXAPRO" and shirt that reads, "Depressed, but make it hot."

Does this progress mean that we've completely eradicated stigma around mental health challenges?

Of course not.

But [research shows](#) that changing language around mental *health* both reduces stigma—*and* reduces barriers to care.

And importantly, if we look at the world before COVID: as mental health discourse increased, suicide rates [declined.](#)

A similar phenomenon happened with **heart disease**. In the 1970s, cardiovascular disease was the [leading cause](#) of death in the United States.

Back then, the media and the medical community gave the same guidance: just eat less fat.

They also offered the same advice for spotting a heart attack: simply look for the old white guy clutching his heart.

You would never know, from watching TV or talking to your physician, that heart health was as much about genetics as it was about lifestyle.

Or that cardiovascular disease was a leading cause of death for *women.*

Or that fully **half of Black women** in this country have some form of the disease—and that they are [more likely to die from it](#) than white women.

But in due time, a new term arrived on the scene: **heart health**.

Soon, **maintaining a healthy heart was for everyone**—even kids eating breakfast cereal.

We were encouraged to look at the hereditary factors contributing to our risk, in addition to our diet and our habits.

And women, especially, gained a new vocabulary for understanding and talking about their hearts—as well as recognizing the signs that something was wrong.

Since then, thanks to a combination of factors and breakthroughs, the mortality rate for cardiovascular diseases has been cut in [half.](#)

It's a virtuous cycle: we reframe the way we talk about the health of our hearts and minds…

Which improves advocacy, diagnosis, treatment, and outcomes….

Which in turn helps us continue to drive the discourse forward, and so on.

It's time for us to do the same in our field. To acknowledge what this work is really about, to shape the future of medical progress, and to shift the conversation around weight, once and for all, toward our *actual* goal:

WEIGHT *HEALTH*. [PAUSE]

Changing the words we use won't change everything.

But when one of the biggest roadblocks to health is bad conversations—or no conversations at all—you have to start with shifting the language. Because eventually, that **language shifts the culture…and the culture shifts the outcomes.**

You might be wondering, what does weight health even mean? **How can I take care of something that I've only been taught to lose?**

Put simply, your weight health is the impact your weight has on your quality of life.

It's not about hitting an arbitrary number on the scale.

It's not about looking a certain way.

It's about finding your **best weight**: the point where you're eating and exercising in ways that make you **happy and healthy.**

It's about adopting habits that help you **prevent disease *and* feel good**.

And it's about understanding, managing, and treating weight as a **spectrum**—something that changes as you age and grow—just like any other kind of health. [PAUSE]

Unlike all the language we've used before, **weight health is for everyone.** And because our bodies are all different, the tools we each require are going to be different, too.

At Weight Watchers, we're re-orienting our business around weight health. It's not just a new phrase or phase; it's our **strategic north star.**

And if we get this right, the beginning of weight health will be the end of diet culture.

For us, the first step is increasing access.

We recently acquired a telehealth platform, which provides clinical care for patients with obesity—including prescriptions for weight loss medications.

A lot of people had mixed feelings about this new direction. But to us, it wasn't a new direction at all. **Because there isn't only one way to take care of your weight health.**

As I touched on before, just counting points doesn't work well for **everybody, or every body**.

By opening up new ways to manage weight health—and combining medication with healthy habits—we can help more people access tools that actually work for them.

Of course, increasing access means working to bring down the barrier of cost. And with these new medications, that barrier can be *high*.

At WeightWatchers, we're helping our members find the balance in treatment styles that works for them—allowing them to better manage their costs, while we work to make these interventions more accessible in every way.

Another barrier we must remove is bias—and we can start by listening to those affected by it. I mean, more than 50 percent of the patients needing this care experience some form of bias in the doctor's office.

We heard from them that **telehealth has become the preferred primary care solution**. So, we're providing it—and in turn, offering **even greater access** to high quality weight health care. [PAUSE]

Our second step is expanding education.

WeightWatchers turned 60 this year. Happy Birthday. We're older than e-mail, CDs, the game Pong—some of you probably don't even know what that is!

Obviously, we're not the company we were six decades ago.

Honestly, we're not the company we were six years, or even six months ago. We know so much more now. **And that's a good thing**.

We'll continue to learn about new technologies, approaches, and scientific studies—and to evolve our products using that new information.

And we'll also do our part in educating others…even when it is not popular.

When it comes to new medications, a healthy amount of skepticism is important. But all of the heated discussions around these drugs have given way to harmful misinformation, which prevents patients from seeking out a treatment that could really benefit them.

As we continue to learn about these medications—how well they work, and who they work best for—we plan to share that critical information not only with our members, but with the general public.

Finally, we get to number three, which is building community.

Community is why WeightWatchers was founded in 1963, and why **we continue to lead the weight health space today.**

Community—whether virtually or in-person—provides the support system that no drug alone can offer. I'm talking about tangible, measurable benefits: [studies](#) have found that having people in your corner helps you live a longer, healthier, happier life.

Until weight health changes the way that doctors, and society, treat people in bigger bodies—and even *after* weight loss drugs become available to all those who need them—we must do everything we can to protect the community spaces we hold dear. [PAUSE]

If we do these three things—**increase access, expand education, and build community**—we can help more people care for their own weight health.

And that's the goal. We aren't just trying to change the narrative; we're trying to change people's lives. And yes, *save* people's lives.

Look, talking about weight is hard. But it doesn't have to be.

For decades, we've discussed weight, dieting, and obesity in terms that **isolate people—and often demotivate them.**

The stigma around weight-related disease has been so strong that it keeps people from adopting the tools they need to treat it.

The intolerance people feel from society, and then internalize, can be harmful and even deadly.

By embracing weight health, we can change that.

Today, we're setting the foundation for more **effective, inclusive, and user-centric** digital health solutions—and most importantly, for **better health outcomes.**

And I urge each of you, the innovators of today and tomorrow, to join us.

Let's make weight health the new standard—and begin a new era in digital care.

Let's change the way we *talk* about weight health so we can improve the way we *treat* weight health.

Let's build a world where every person feels seen, heard, understood, and empowered to get the treatment they want and deserve.

Help us start a movement that will be remembered not for **the weight people lost—but for the health people gained.**

Thank you.