NC Department of Health and Human Services

# "Weighty" Matters: Inclusive & Compassionate Approaches to Whole Person, Whole Community Health

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1

## Learning Outcomes

### Participants will be able to:

1. Define weight stigma, weight bias and weight normative approaches and the negative health outcomes associated with them in children, adolescents and adults.
2. Identify emerging and best practices to increase weight inclusiveness, support healthy behaviors and reduce weight stigma within communities and settings (healthcare, schools, media, etc.), especially with a focus on children and adolescents.
3. Apply and/or share their own learning and experiences with others, using a weight-inclusive and compassionate lens, to support whole person/whole community health.



2

## Icebreaker

**Where do we receive messages about weight?**
**At what age?**

- Family
- Friends/Acquaintances
- Medical Providers
- Media
- Physical Environment

**Adapted from exercise by Body Trust(TM) and Jaime Earnhardt, LCMHC**



## Language About Body Size

| | |
|---|---|
| Research | Weight Inclusive Dietitians will use the terms “obese” and “overweight” when pertaining to medical research |
| Clinical | In clinical practice, Weight Inclusive Dietitians avoid using these terms, which pathologize body size |
| Consider | Consider instead using terms: higher weight, living in a larger body, fat |

https://www.todaysdietitian.com/pdf/courses/DadaWeightInclusive.pdf
https://weightinclusivenutrition.com/

## Impact of the Pandemic

- Hospital admissions for eating disorders have more than doubled during the pandemic
- Food insecurity significantly increased in the U.S. during the pandemic with 9+ million children experiencing hunger
  - increased individuals' risk of health concerns including eating disorders
- CDC reports that children gained more weight than expected during the pandemic

**Otto et. al, 2021; Radhakrishnan et al., 2022; Lange et al, 2021; Schanzenbach, 2020; Feeding America, 2022, Becker et al, 2017**



| Weight Normative | Weight Inclusive |
|---|---|
| Prioritizes weight as the main determinant of health | Does not use weight as a measure of health |
| Focuses on weight management for treatment and prevention of disease | Promotes health independent of body size and focuses on health-promoting behaviors |
| Influenced by research that suggests a causal relationship between weight and health risk factors | Suggests correlation but acknowledges there are other variables that often aren't considered |
| Based on assumptions about weight and health:<br>•Weight is under our control<br>•Weight loss can be attained and maintained long term<br>•Higher weight increases mortality risk and health conditions<br>•Achieving weight loss will lead to improved health or prolonged life | • Treats a patient with a higher weight just as you would treat a patient in a lower weight<br>• Includes patient-centered discussions about health goals<br>• Acknowledges harm of weight stigma and weight loss attempts |

**O'Hara and Taylor, 2018; Tylka et. al, 2014**

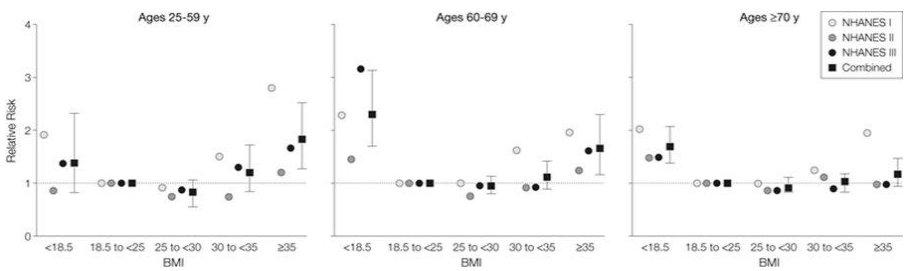
## Weight & Health: Correlation versus Causation

- **Higher BMI is associated with arthritis, diabetes, sleep apnea, hypertension, heart disease**
- **Assumption that weight causes these conditions**
- **Many other factors that could be causal:**
  - activity level/cardiovascular fitness
  - genetic predisposition to larger body
  - medical conditions (ex. insulin resistance)
  - weight stigma
  - weight cycling



## Weight & Health: Mortality

- **Large study looking at body size and mortality**
  - NHANES database of over 36,000 people
  - BMI 25-30 ("overweight") had lowest mortality risk
  - BMI 18.5-25 ("normal") and 30-35 ("obese") same mortality risk




**Flegal et al. 2005**

## Weight & Health: Correlation Not Causation

- **Cardiometabolic profile: Blood pressure, cholesterol, insulin resistance, inflammation**
- **BMI is not a measure of body fat and can contribute to misdiagnosis**
- **If BMI is used as an indicator of metabolic health:**
  - Misdiagnose 23.5% of "normal" weight people as healthy
  - Misdiagnose 51.3% of "overweight" people as unhealthy
  - Misdiagnose 31.7% of "obese" people as unhealthy

| | Abnormal cardiometabolic profile | Normal cardiometabolic profile |
|---|---|---|
| "Normal Weight" (BMI 18.5-24.9) | 23.5% | 76.5% |
| "Overweight" (BMI 25-29.9) | 48.7% | 51.3% |
| "Obese" (BMI >=30) | 68.3% | 31.7% |

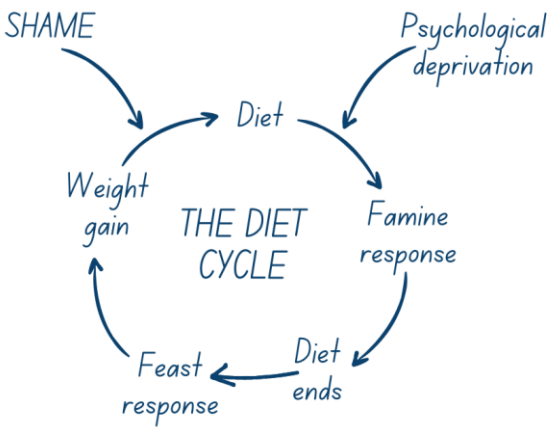
**Adapted from Bacon and Aphramour. 2011. Nutrition Journal. 10:9. based on study by Wildman et al Arch Int Med 2008.**



## Weight & Health: Behaviors as Mediators

- **Large study with close to 12,000 people from NHANES**
- **4 behaviors in relation to body size and mortality risk**
  - physical activity 12 times a month, non-smoker, 5 or more servings of fruits and veggies, drinking alcohol in moderation
- **The greater the number of these healthy habits, the longer the life expectancy in all BMI categories**

**Matheson et al. 2012**






## Dieting Causes Harm

- Weight cycling has been linked to increased risk of health problems
- When weight cycling is controlled for in the Framingham and NHANES studies, increased mortality associated with obesity disappears.
- Individuals who perceive themselves as overweight are at increased risk of future weight gain

**Campos P et al.. 2006; Robinson, E. et al., 2015.**

## Diets Don't Work Long-Term

- One-third to two-thirds of dieters regain more weight than initially lost
- Total Energy Expenditure remains low after sustained weight loss, favoring weight regain
- One year after weight loss, circulating hormones that mediate appetite do not revert to pre-weight loss levels
- Biggest Loser Study :
  - Resting Metabolic Rate remained >600 kcal/day lower at 6-yr follow up

**Rosenbaum, et al. 2008; Sumithran P. et al. 2011; Fothergill et al, 2016**



## What is Weight Bias?

**“negative weight-related attitudes, beliefs, assumptions and judgments toward individuals" who are higher weight.**

**Washington, 2011**

## What is Weight Stigma?

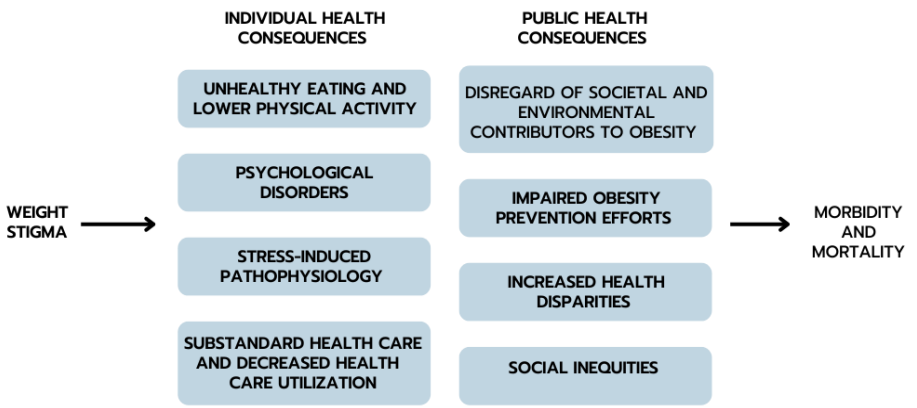
- Discriminating against or stereotyping others based on their weight
- Making health assumptions/recommendations based upon weight
- Making assumptions about diet & activity level based upon weight
- Shifting the way in which you interact with someone based upon weight
- Research shows, weight stigma often comes from family members, parents and teachers



## Examples of Weight Stigma

- A person changes the way they interact with an individual or makes assumptions about them based on their weight.
- A doctor assumes a patient exercises a certain amount or eats a certain amount based on their weight.
- A teacher comments about their student's weight when they look in the child's lunchbox.
- A poster in a school that associates a child's weight with certain foods or health outcomes.
- A parent feeds a child with a larger body differently than a child with a smaller body.

## Weight Stigma Causes Harm




Jackson et al, 2015, Brochu, 2020, Brown et al., 2022; Image adapted by presenters from: Puhl et al 2009



## Food Shaming

- **A form of judgment or criticism that involves beliefs and statements about an individual's food choices.**
- **Examples:**
  - **making comments about what others are eating**
  - **How much/little they are eating**
  - **Timing of eating**
- **Children may be food shamed by family, peers, healthcare professionals, etc.**
- **How can you be supportive of those who have experienced food shaming?**
- **Can you think of a time you've seen or experienced food shaming?**


https://health.clevelandclinic.org/food-shaming/

## What is Internalized Weight Bias?

- **Individuals' beliefs that they deserve the stigma and discriminatory treatment they experience as a result of being higher weight.**
- **Strongly associated with:**
  - Increased binge eating and refusal to diet
  - Depression, poor body image, low self-esteem, avoidance of preventive health care and lack of engagement in primary health care settings.

**Ohara & Taylor, 2018; Puhl et al., 2010; Puhl et al 2007**



## Weight Normative Approach:

| | | | |
|---|---|---|---|
| Causation of Health Concerns Not Established | Diets Don't Work Long Term | Weight Cycling Leads to Health Concerns | Leads to Weight Bias and Weight Stigma |

**How can we address health concerns and Do No Harm?**

## Weight Inclusive Approaches to Health

- Intuitive Eating
  - Evidence-based, weight-neutral, mind-body health approached created by 2 dietitians in 1995
- Health at Every Size Principles
  - Accepting/respecting the diversity of body shapes & sizes
  - Health/well-being are multi-dimensional including physical, social, spiritual, occupational, emotional, and intellectual aspects
  - Promoting eating that balances individual nutritional needs, culture, hunger, satiety, appetite, and pleasure
  - Promoting enjoyable, life-enhancing physical activity, rather than exercise for weight loss
- Division of Responsibility (Ellyn Satter's method)
  - the parents decide what, when, and where foods are offered, and the child decides whether and how much to eat

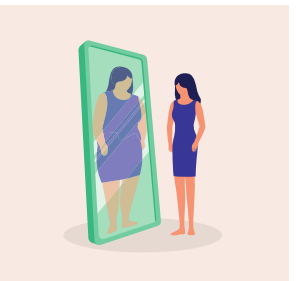
http://www.intuitiveeating.org/definition-of-intuitive-eating/ ; https://www.uen.org/cte/facs_cabinet/downloads/ConferenceProceedings/2014/nutrition/HAESFACTSHEET.pdf https://www.ellynsatterinstitute.org/family-meals-focus/82-usda-fns-child-feeding-policies-and-recommendations-what-is-the-role-for-the-division-of-responsibility-in-feeding/#:~:text=USDA%20calls%20the%20Satter%20division,and%20how%20much%20to%20eat



## Food Relationships

- Food isn't just fuel/nutrition
  - Celebrations, memories, culturally significant, comfort

- We all have a relationship with food
- Messages in the media
  - Diet culture
  - Influence of social media



## Happy Movement

- Body movement without the goal of weight loss
- Developing a healthy relationship with body movement
  - Consequences of unhealthy relationship
  - Goal: sustainable, life-long
- Move Your Way: Walk, Run, Dance, Play
- Consider the language we use around physical activity, exercise, etc.
  - Exercise
  - Body movement
- Environmental supports



## Language Considerations

| Traditional Terms | Weight-Inclusive, "Positive food relationship" Terms |
|---|---|
| Obese | • Higher weight<br>• Living in a larger body<br>• Person-centered language |
| • Healthy and unhealthy food<br>• Bad food and good food<br>• Always, sometimes and anytime foods | • Balanced eating<br>• All foods fit<br>• Avoid labeling foods good/bad<br>• Explore food neutrality |
| Exercise | • Body movement<br>• Physical activity<br>• Joyful movement |

# Moving Beyond the Individual/Interpersonal Level

**Systems level approaches to increase weight inclusiveness, support healthy behaviors and reduce weight stigma**



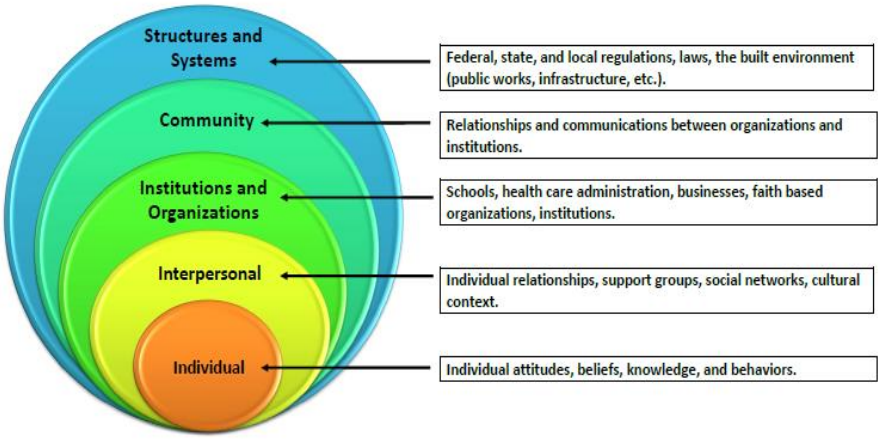
## Social Determinants of Health (SDOH)

- **The conditions (positive and negative) in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.**

Healthy People 2030

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

## Socio-Ecological Model

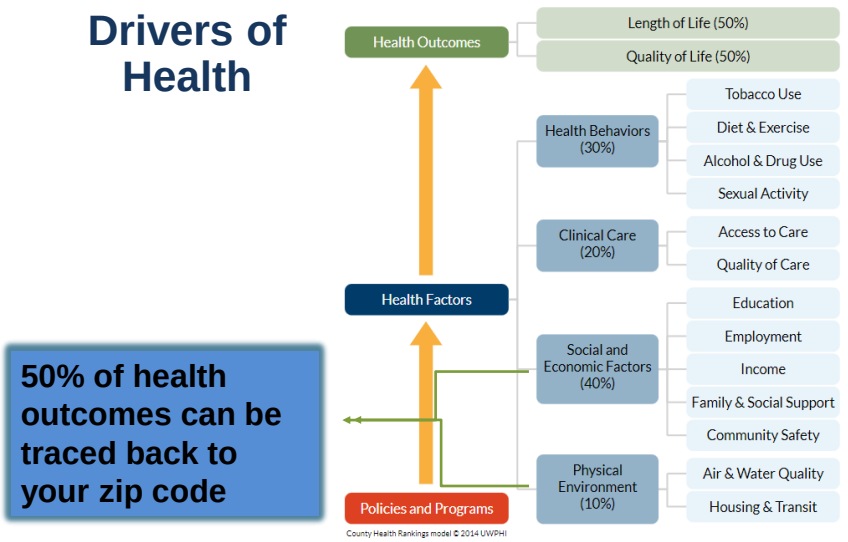



Source: Centers for Disease Control and Prevention. Division of Nutrition, Physical Activity, and Obesity. National Center for Chronic Disease Prevention and Health Promotion. Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities http://www.cdc.gov/obesity/health_equity/addressingtheissue.html.https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/framing-the-issue.html



27

## Drivers of Health




**50% of health outcomes can be traced back to your zip code**

**Source: County Health Rankings & Roadmaps, County Health Rankings Model. https://www.countyhealthrankings.org/explore-health-rankings/measuresdata-sources/county-health-rankings-model**



28

## Shifts Needed to Support Better and Equitable Health

### Current Environment

- Availability and marketing of cheap, and highly craveable, high energy and low nutrient processed foods
- Communities not designed for active transportation and physical activity (walking, biking, rolling, etc.)
- Infant formula highly marketed and considered the norm
- Efforts focused on changing people's behaviors without acknowledging other drivers of health or other systemic inequities

### Healthier Environments

- Availability and affordability of tasty, culturally appropriate healthier foods
- Health policy and practices engage and build on cultural values around food and eating
- Communities designed and facilities accessible to support joyful movement/physical activity for all body types and abilities
- Breast, chest and human milk feeding considered the norm
- Multi-level and multi-sectored approaches supporting all people and communities using an equity lens



## Applying the Socio-Ecological Model: Your Personal Plan Handout

| Ideas for Addressing Weight Bias and Promoting Whole Person/ Community Health | Continue Doing | Start Doing | How and Where I will do this (may include things to Stop Doing) |
|---|---|---|---|
| Societal Strategies | | | |
| Community / Governmental Strategies | | | |
| Organizational (School, Health Care, Worksite, etc.) Strategies | | | |
| Individual & Family Strategies | | | |

# Recommendations and Emerging/Best Practices



## Key Strategies to Reduce Weight Bias in Home, School & Community

- Be Aware
- Educate Yourself (e.g., how weight/fat biased are you?
- Avoid “Fat-Talk”
- Intervene
- Include Positive Role Models
- Be Sensitive
- Advocate Weight Tolerance
- Emphasize Health

http://www.uconnruddcenter.org/files/Pdfs/DiscussionGuideHomeSchoolVideo_UConn%20Logo.pdf

## Use Affirming Images of People in Larger Bodies


- Select respectful pictures, images and posters of children, adolescents and adults
- Choose images that challenge stereotypes, showing people engaging in diverse activities and lifestyle behaviors

- Avoid photos or videos that place unnecessary emphasis on excess weight or isolate a body part (abdomen, buttocks) and that do not include the person's face

- Avoid images that depict infants, children, adolescents or adults affected by obesity/living in larger bodies engaging in stereotypical behaviors (eating junk food, playing video games). This reinforces the incorrect assumption that weight is purely a behavioral condition



## Lead By Example: Role Model Weight Inclusive & Anti-Weight Bias Behavior

- Model professional behavior with colleagues, staff, students and their families that is supportive and non-biased toward children with obesity and their parents, by recognizing the complex etiology of obesity rather than attributing it to individual behaviors
- Use appropriate, non-stigmatizing, and person-first (i.e., "child with obesity" rather than "obese child") language in any required communications about weight with other health professionals, school personnel, students and their families and the public, and in presentations and reports
- Advance your own knowledge and skill of motivational interviewing, which is a patient-centered and non-blaming or shaming approach to behavioral counseling
- Create a welcoming and accommodating school/childcare, healthcare, worksite, college/university environment for people of diverse body sizes. Ensure comfortable chairs and equipment.
- For school-age children, adolescents and young adults, screen (when appropriate and within scope of practice) for experiences of weight stigma, including bullying, teasing, poor school performance or absenteeism, depression, and anxiety

## An Important Food for Thought Resource


**Reframing Childhood Obesity: Cultural Insights on Nutrition, Weight, and Food Systems**

https://www.vanderbilt.edu/cultural-contexts-health/wp-content/uploads/sites/350/2022/07/Reframing-Childhood-Obesity-CCH-Report-Final-7.pdf



## Considerations for Child/School Health Programs

**DOs**

- **Focus on *behaviors,* not *weight***
- **Offer age-appropriate programming**
- **Promote all foods**
- **Focus on exercise for its cardiovascular and mental health benefits**
- **Depict children of all body weights, shapes, and sizes**

**DON'Ts**

- **Promote weight loss as the ultimate objective**
- **Involve weight loss competition**
- **Encourage eliminating foods or food groups or label foods as good/bad; healthy/unhealthy**
- **Focus on exercise as a way to lose weight**
- **Idealize a certain body weight, shape, or size**

## Recommendations for Age-Appropriate Nutrition Education: 6- to 12-Year-Olds

- Keep messages simple, positive, and behavior-based.
- Don't use the word "diet." Kids associate it with weight loss!
- Kids are very aware of adults' concern and unspoken messages about weight.
- Be positive if you must discuss weight and choose your message carefully.

**Source:** http://www.ianetwork.org/fileadmin/2010_IAN_Confeence/2012_Conf_Pics/Developmentally_Appropriate_Nutrition_Education.pdf



## Recommendations for Age-Appropriate Nutrition Education: 6- to 12-Year-Olds

- Remember that most nutrition concepts are abstract (vitamins, minerals, protein, food's effect on health and growth) and are not understood by kids ages 6-12. Stick to concrete ideas (eat lots of different foods each day)
- Kids live in the present. Being strong, growing well, and having energy are important to kids

**Source**: http://www.ianetwork.org/fileadmin/2010_IAN_Confeence/2012_Conf_Pics/Developmentally_Appropriate_Nutrition_Education.pdf

## What Else Can We Do?

- Ensure people living in larger bodies are providing feedback and input on programs
- Influence and partner with other leaders for setting-specific or community-wide policies
- Serve as a community change agent or advocate
- Provide supportive, non-judgmental and private weight measurement (if required)
- Ensure appropriate weight-inclusive communication with "clients"
- Identify and refer to weight-inclusive health professionals and resources
- Identify, refer and follow up with children and adults in need of food insecurity resources



## Applying the Socio-Ecological Model: Ideas for Addressing Weight Bias and Promoting Whole Person/Community Health

| | Continue Doing | Start Doing | How & Where I will do this (may include things to Stop Doing) |
|---|---|---|---|
| **Societal Strategies** | Increase access to "healthier" foods in all programs | Universal, free school meals<br>Address drivers of health with a focus on state/community disparities and assets | Support groups working on universal (free) school meals in NC or nationally |
| **Community / Governmental Strategies** | Partner w/ other agencies to address good nutrition for all and support walkable/bikeable/ rollable communities | Use affirming images people in larger bodies throughout community-based programs, services and in social media. | No more biggest loser/weight loss competitions. |
| **Organizational Strategies (School, Health Care, Worksite, etc.)** | Support quality physical education and inclusive opportunities for physical activity in child/adolescent settings | Address weight inclusivity in school/health care/worksite policies<br>Ensure food literacy and skill development in programs | Stop referring to children as "obese"<br>Consider moving away from the term "weight management" |
| **Individual & Family Strategies** | Awareness of personal attitude and assumption about body weight | Engage clients in larger bodies and community members in providing feedback on services and programs | Use Rudd Center Weight Stigma resources<br>Use Weight Inclusive resources |

## Q&A and Group Activity

Sharing Best Practices



## Practicing Compassion (with yourself and then others)

***"Don't let perfect be the enemy of good."*** **– Voltaire**

- Practice compassion toward yourself and others
- Strive to use weight-inclusive and food-neutral language, messaging, graphics and images that reflect, affirm, and foster belonging across the wide range of people you serve AND if you get it wrong, ask how to do it better next time
- Keep learning and listening

## Our Key Messages

- Weight stigma and bias are harming the mental, behavioral and physical health of adults and especially children/adolescents
- Approaching our work from a weight-inclusive lens and reducing weight stigma in our settings and communities' supports health and promotes equity and diversity
- Centering our work in the lived experiences of people living in larger bodies will produce better programs and outcomes
- Eat Smart, Move More NC partners are leaders and influencers in creating healthier community environments and practices to support students/people of all sizes
- Compassion (for self, then others) is a first step



## Highlighted References

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## Questions



45