The Well Kids of Central Iowa Coalition

Inclusive Health Promotion and Practice: Addressing Weight Stigma and Bias

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OBJECTIVES

- Understand the presence of weight stigma
- Understand the importance of word choice, environment, and practices in minimizing the presence of weight stigma
- Understand how to incorporate inclusive health messages and practices
GROUND RULES

- Respect others
- Participate: be present and active
- Ask questions
- Give your honest feedback
- This is a safe space
  - Assume positive intent
  - Stories shared here stay here (confidentiality)
- Anything else?
ACTIVITY: WHAT DO YOU SEE? (HANDOUT)
WHAT IS WEIGHT STIGMA?

**Weight Stigma**
is the social devaluation and denigration of people perceived to carry excess weight and leads to prejudice, negative stereotyping and discrimination toward those people.

Those negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are overweight and obese is considered **Weight Bias**.
WHAT IS WEIGHT STIGMA?
Examples of negative stereotypes include labels like:

LAZY
NO DISCIPLINE
UNMOTIVATED
LACK INTELLIGENCE
UNSUCCESSFUL
WHAT IS WEIGHT STIGMA?

Negative attitudes present in verbal, physical, and/or relational forms and can be through subtle or overt expressions.

It is a pervasive issue, reported in multiple settings and the result of such stereotypes leads to social rejection, prejudice, & discrimination.
Bias: an inclination towards something, or a predisposition, partiality, prejudice, preference, or predilection. These attitudes affect our understanding, actions, and decisions

Explicit bias occurs on a conscious level.

Implicit bias affects in an unconscious manner.

- Cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.
- Develop over the course of a lifetime through exposure to direct and indirect messages.
IMPLICIT/UNCONSCIOUS BIAS

IMPLICIT BIAS CHARACTERISTICS

- It’s pervasive. Everyone possesses bias, even people with commitments to impartiality.

- Don’t necessarily align with a person’s own declared beliefs or even reflect what they’d explicitly endorse.

- Generally tend to favor a person’s own in-group, though research has shown that we can still hold implicit biases against our in-group.

- Malleable. Implicit associations that we have formed can be gradually unlearned through a variety of de-biasing techniques.
MYTHS

“Shame will help prevent obesity.”

“Being overweight or obese is a choice.”

“Losing weight and keeping it off is easy – just eat healthier and be more active.”
It is a false belief that stigma and shame will motivate behavior change.

Stigma **contributes** to binge eating, social isolation, avoidance of health care services, decreased physical activity, and increased weight gain over time.

Stigma ➔ barriers to change ➔ obesity
THE WEIGHT STIGMA CYCLE

Obesity/Weight Based Stigma

Weight Gain

Stress

Increased Eating & Increased Cortisol

Adapted from *Weight stigma: five unspoken truths*, October 11, 2018 by Tara Coltman-Patel
EXTENT OF WEIGHT STIGMA IN MULTIPLE SETTINGS
Preschoolers attribute negative characteristics to peers with overweight or obesity.

Older students are less likely to offer to help peers with overweight or obesity.

Rate of victimization increases with student’s BMI.

Weight is the primary reason students are bullied.

1/3 of the students indicated the bullying persisted for more than 5 years.

71% of adolescents seeking weight loss treatment report being bullied about weight in the last year.
EDUCATORS

✓ Say it’s the most problematic form of bullying in the classroom
✓ Findings indicate lower expectations physical, social, & academic abilities exist
✓ Studies show negative weight-related stereotypes beliefs exist among educators
PARENTS

Say it’s the most common reason youth are bullied

37-53% children report being teased/bullied by parent
MEDIA

- 70% of children’s movies include weight-related stigmatizing content
- 90% targeted characters with obesity

Augustus Gloop in the 2005 film Charlie and the Chocolate Factory. Projects rude, incompetent people are more likely to be overweight – or visa versa.

Officer Benjamin Clawhauser from the 2016 Disney film Zootopia. In this scene he unknowingly has a donut lodged under his double chin and is often shown eating.

In this scene of the Dreamworks movie Trolls King Gristle Jr. hops on a treadmill because he’s nervous about his first date and concerned about his body image.
MEDIA

50% of youth-targeted TV shows contain weight-stigmatizing content vs. 38% shows targeting general audience.

Nelson Mandela Muntz is the lead school bully from the animated television series *The Simpsons*, best known for his signature mocking laugh "Ha-ha!".

Biased media images suggest those with overweight or obesity are aggressive, unpopular, evil, and/or unhealthy. They are often the target of ridicule or humor.

*Peppa Pig* is an animated series aimed at preschoolers. Daddy Pig has gotten stuck in doorways and comments are often made about his “big tummy” and lack of fitness.
MEDIA

News media perpetuates weight bias, even in articles that are about the problem of weight bias and discrimination.

- Many news articles identify people by their condition first—an ‘obese person’, rather than someone living with obesity.

- Images used in news articles related to weight and obesity show only a stomach or parts of the body, without showing a person’s face which are dehumanizing and reinforce negative attitudes.

- Similarly, images used in the media regarding obesity that show unhealthy food or people eating are not helpful in trying to change current stereotypes.

Photo Source: Getty Images
HEALTH CARE

Many healthcare providers, dietitians, psychologists, medical students and nurses also hold strong negative attitudes about people with obesity.

These attitudes affect:

- Perceptions
- Judgment
- Interpersonal behavior
- Decision-making

Some patients may delay getting care due to fear.
## Sources of Bias

<table>
<thead>
<tr>
<th>Source of Bias</th>
<th>Ever Experienced</th>
<th>More than Once &amp; Multiple Times</th>
</tr>
</thead>
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<tr>
<td>Family members</td>
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<td>62</td>
</tr>
<tr>
<td>Doctors</td>
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<td>52</td>
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<tr>
<td>Classmates</td>
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<tr>
<td>Nurses</td>
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<td>34</td>
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<td>Members of community</td>
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<td>35</td>
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<tr>
<td>Father</td>
<td>44</td>
<td>34</td>
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<tr>
<td>Employer/supervisor</td>
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<td>26</td>
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<tr>
<td>Sister</td>
<td>37</td>
<td>28</td>
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<tr>
<td>Dietitians/nutritionists</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Brother</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Teachers/professors</td>
<td>32</td>
<td>21</td>
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<tr>
<td>Authority figure (e.g. police)</td>
<td>23</td>
<td>15</td>
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<tr>
<td>Mental Health Professional</td>
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<td>13</td>
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<tr>
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<td>13</td>
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<tr>
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<tr>
<td>Other</td>
<td>17</td>
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</tr>
</tbody>
</table>
CONSEQUENCES OF WEIGHT STIGMA
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Health Consequences of Weight Stigma

- Decreased Exercise and Physical Activity
- Social isolation and Academic Outcomes
- Emotional and Psychological Effects
- Unhealthy Eating Behaviors
- Worsening Obesity

1 in 3 children and adolescents in the USA have Over-weight or Obesity
CONSEQUENCES:
SOCIAL ISOLATION & ACADEMIC OUTCOMES

- More likely to experience social isolation
- More than 2/3 of children who perceived themselves as having excess weight believed they would have more friends if they could lose weight.
- Bully victims exhibited decline in grades and school avoidance – prevalence of symptoms increased per teasing incident.
CONSEQUENCES:
UNHEALTHY EATING BEHAVIORS

- Binge eating prevalence increased among children who were teased
- Emotional eating increased
- Long-term association with disordered eating
CONSEQUENCES:
DECREASED PHYSICAL ACTIVITY

- More frequent teasing → decreased activity levels
- Lower levels of physical fitness
- Increased avoidance of PE and school activities
- Less self-confidence in physical abilities

85% of high school students report witnessing weight-based teasing toward their peers during PE class.
CONSEQUENCES:
PSYCHOLOGICAL EFFECTS

- Depression, anxiety, substance use, low self-esteem, and poor body image
- Self-harm behaviors and suicidal thoughts and suicide attempts
- Odds are 2 times greater of thinking about or attempting suicide among children who are teased compared with those who are not
CONSEQUENCES: INCREASED BMI AND/OR OBESITY

Girls who experienced weight stigma had 65% increased risk of developing &/or worsening overweight or obesity.

Greater odds of obesity if experience stigma from family members than from friends and teachers.

Weight stigma predicts higher BMI and obesity for both women and men 15 years later.
IMPACT

Parents of children with obesity feel blamed and dismissed

Patients with obesity are less likely to obtain preventive health services and more likely to cancel appointments and delay care
ENVIRONMENTAL EXAMPLES

- Disrespect and negative attitudes from providers
- Embarrassment of being weighed in public area
- Inappropriately sized equipment
- “Unfriendly” reading materials, posters, etc.
- Clothing or uniforms don’t accommodate variety of sizes
- Unsolicited advice to lose weight
- Untrained coaches & other staff advising nutrition
ADDRESSING STIGMA & BIAS
IDENTIFY PERSONAL ATTITUDES

Awareness is the first step toward change

✓ Do I make assumptions based only on weight regarding a person’s character, intelligence, professional success, health status, or lifestyle behaviors?

✓ Am I comfortable working with persons of all sizes?

✓ Do I give appropriate feedback to encourage healthful behavior change?

✓ Am I sensitive to the needs and concerns of persons with obesity?

✓ Do I treat the individual or only the condition?
IDENTIFY PERSONAL ATTITUDES

Recognize and Acknowledge…

✓ Overweight and obesity is a product of many factors

✓ It is a complex disease condition mediated through the interplay of multiple genetic, biologic, metabolic, behavioral, social, economic and cultural determinants
RECOGNIZE AND ACKNOWLEDGE

Foundations of Child Health are Rooted in the Socioecological Model
RECOGNIZE AND ACKNOWLEDGE

➢ Consider they may have previously experienced bias from others

➢ Emphasize your concern for their health and focus on behavior changes rather than only on weight

➢ Acknowledge the difficulty in making lifestyle changes, and provide support

➢ Recognize that small weight losses or behavior changes can result in significant health gains
IF REQUIRED TO MEASURE BMI

- Ask permission to have a conversation about health
- Remember BMI is a screening tool, not a diagnosis
  - Chose your words wisely:

Consider using:
- **Height & Weight**
- **BMI**
- **Growth**

Avoid:
- **Fat**
- **Obese/overweight**
- **Heavy**
- **Chubby**
SENSITIVE PROCEDURES WHEN MEASURING & WEIGHING YOUTH

1. Ensure weighing procedures take place in a private location that protects confidentiality.

2. Use a phrase such as: “We need to check your growth today.”

3. Let them know: “You can stand facing toward or away from the scale.”

4. Record the measurements without making comments on the height or weight.

5. In clinical setting: “Your provider will review your child’s measurements & any concerns you have during your visit.”
ENVIRONMENTAL ASSESSMENT

- Expect respectful attitudes from staff

- Ensure equipment is sized appropriately

- Assure relevant training for staff & those in contact

- Eliminate stigmatizing posters, reading materials, media, etc.

- Ensure uniforms, gowns, etc. in a variety of sizes

- Ensure sturdy/armless chairs, ample spacing

- Ensure equipment is sized appropriately
The Obesity Action Coalition, The Obesity Society, & the Rudd Center for Food Policy & Obesity published guidelines for the portrayal of individuals with & Images of Individuals Affected by Obesity:

1) Respect Diversity & Avoid Stereotypes
2) Appropriate Language & Terminology
3) Balanced & Accurate Coverage of Obesity
4) Appropriate Pictures

IMAGES - BEST PRACTICE

Use images that combat stereotypes and show diversity
Key questions in creating materials:

- Are those different from you portrayed positively?
Images - Best Practice

Key questions in creating materials:

➢ Are others who are different from you involved in creating the materials?
PHRASES THAT HELP & HINDER

Don’t Say This:
A disabled person
A diabetic
An overweight person
An obese person

Say This:
A person with a disability.
A person with diabetes.
A person with overweight.*
A person with obesity.*

*Note: Some groups and individuals don’t like people-first language for excess weight.

Be an Active Bystander

Steps:
1. Identify the emergence of bias.
2. Decide to address the situation.
3. Take Action.
4. Continue the conversation.

Strategies for speaking out:
- Use direct communication
- State that you are uncomfortable, and/or
- Ask questions that invite discussion:
  "What do you mean when you said that?"

INTENTION VERSUS IMPACT

Intention ≠ impact.
IF YOU ARE CALLED OUT

If someone tells you that something you said or did offended them, don’t get defensive.

Realize that it took courage to let them know.

Apologize, thank them for letting you know, and tell them you won’t do it again.
ACTIVE BYSTANDER ACTIVITY

This activity is to practice being an active bystander. Pair up.

One person (person A) will say something that contributes to weight stigma: “She should work out more.”

The other person (person B) practices responding.

Tips: use direct communication, state that you are uncomfortable, and/or ask questions that invite discussion (“What do you mean when you said that?”).

Person A practices reacting positively to being called out.

Give feedback. Discuss. Then switch roles.
Experimental studies have shown that the most motivating public health campaigns are those that are rated as positive, focus on specific health behaviors, and do not mention “obesity” at all, thus gearing their messages toward improving the health of the public in general…

Future studies should continue to test public health campaign messages and images to accomplish their intended purpose of promoting health without the unintended consequence of perpetuating weight stigma.”

-R.L. Pearl, Weight bias and stigma

THE 5-2-1-0 MESSAGE

5 OR MORE FRUITS AND VEGETABLES.

2 HOURS OR LESS OF SCREEN TIME.

1 HOUR OR MORE OF PHYSICAL ACTIVITY.

0 SUGARY DRINKS—MORE WATER.

5210dsm.org
RESOURCES


https://pediatrics.aappublications.org/content/pediatrics/140/6/e20173034.full.pdf
RESOURCES


- Weight Bias and Stigma: http://www.uconnruddcenter.org/weight-bias-stigma
REVIEW

- Understand the presence of weight stigma
- Understand the importance of word choice, environment, and practices in minimizing the presence of weight stigma
- Understand how to incorporate inclusive health messages and practices
QUESTIONS
THANK YOU!

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INTERESTED IN JOINING THE WELL KIDS COALITION?

Visit 5210dsm.org and click on “CHAMPIONS” to sign up

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