

Paving the Road to Health Equity: Ending the Weight-Based Discrimination

July 2021



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- This webinar will last for approximately 30-45 minutes.



Lilibeth Peñafuerte

Lilibeth Peñafuerte is an experienced registered dietitian of nearly eight years. She is working towards her online master's in Nutrition and Wellness at Benedictine University and will complete her degree later this year. Driven by her father's diagnosis of type II diabetes while she was in high school, she takes pride in offering the best evidence-based medical nutrition therapy to her patients, family, and friends. As a clinical registered dietitian at an acute care community hospital, her goals include providing optimal, individualized nutritional care and decreasing the progression of chronic illnesses. In addition to her primary functions, Lilibeth has been recognized by her positive attitude and work ethic by her director for her extraordinary commitment to the food and nutrition profession. She currently resides in the suburbs of Southern California, and enjoys playing tennis with her husband, going to the beach with her two little girls, and preparing healthful meals for her family. Sometimes, when time allows, and once the kids are in bed, she may be found watching Disney+ and appreciating a cup of tea and dark chocolate.



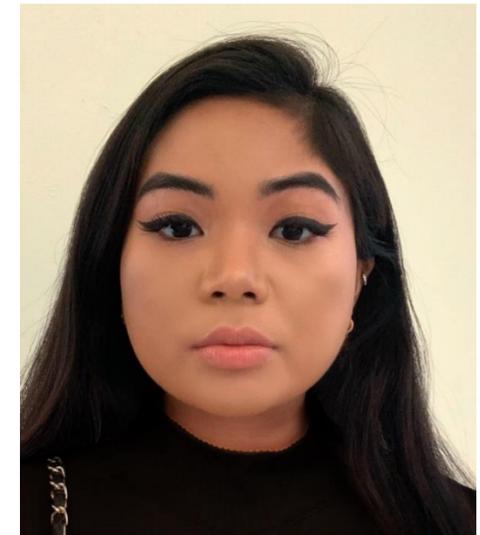
Genevieve Pyeatt

Professional nutrition and health educator with over 20 years' experience in California State and Federal nutrition and child care programs with a passion for community nutrition and health promotion. Extensive background and knowledge in program management, curriculum development, training facilitation, team building, cultivating collaborative partnerships, leadership growth, performance management and sustainable compliance of funding regulations. CACFP Roundtable Advisory member and conference presenter for over 20 years.



Carmina Chloé Taduran

Carmina Chloé Taduran is currently a student in the dual degree program for Masters in Public Health and Masters in Business Administration at Benedictine University. She recently completed her Bachelors in Cellular and Molecular Biology, and started on her trajectory of the meandering scenic route to becoming a physician. She plans to operate her own practice, focusing on public health and on the work of prevention of disease rather than curative efforts. After 7 years of working in a myriad of niches within the healthcare industry, Carmina at-present works in an urgent care and has been on the front lines during the current pandemic. Having been recognized by both supervisory staff and colleagues alike for exemplary efforts, Carmina is a powerful force and leader in the workplace. Where she was born and raised, Carmina currently resides in New York, where she lives with her partner, her dog, her cat, her bunny, and her plethora of plants. Typically, you can find her practicing yoga, reading, writing, as well as walking her dog AND cat. Not her bunny though. Her latest undertaking is learning cello, in addition to her musical repertoire of violin, which she has been playing since she was 10 years old.



Polling Question

Which principle is NOT part of the Health at Every Size (HAES) model?

- Weight Inclusivity
- Health Enhancement
- Eating a Vegan Diet
- Respectful Care
- Life-Enhancing Movement
- Eating for Well-Being

*Paving the Road to Health Equity:
Ending the Weight-Based Discrimination*

— Benedictine University —
Department of Public Health
Lilibeth Peñafuerte, Genevieve Pyeatt, & Carmina Taduran

Tuesday, July 27, 2021
11:30 am CST

Objectives

- Learn how weight-based assumptions, recommendations, and health promotion can have adverse health consequences
- Critique health-related practices and programs that support or perpetuate weight-bias (even if unintentionally)
- Discuss recommendations for and examples of weight-inclusive health promotion

Weight Bias

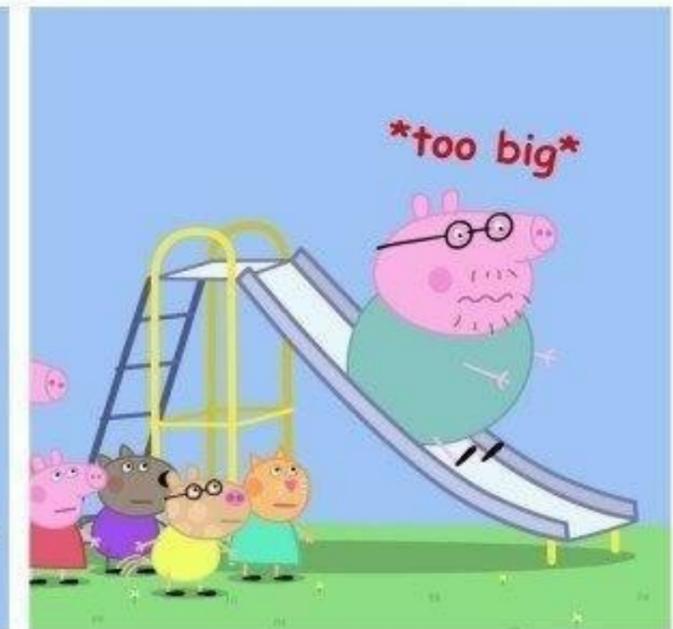
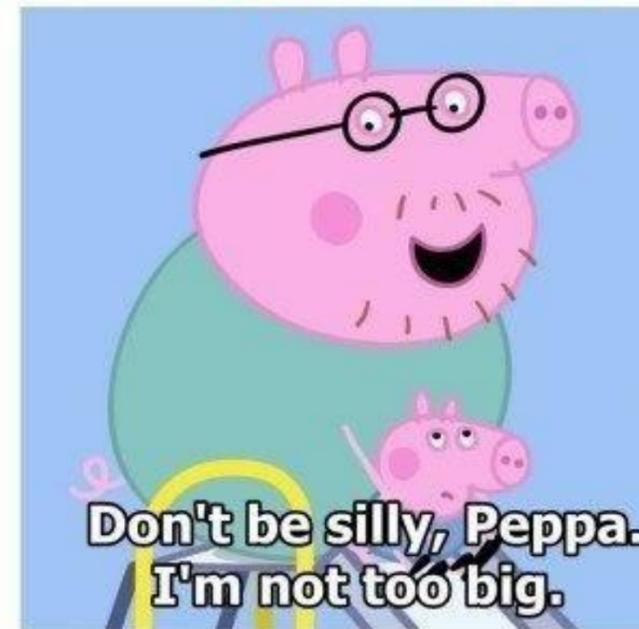
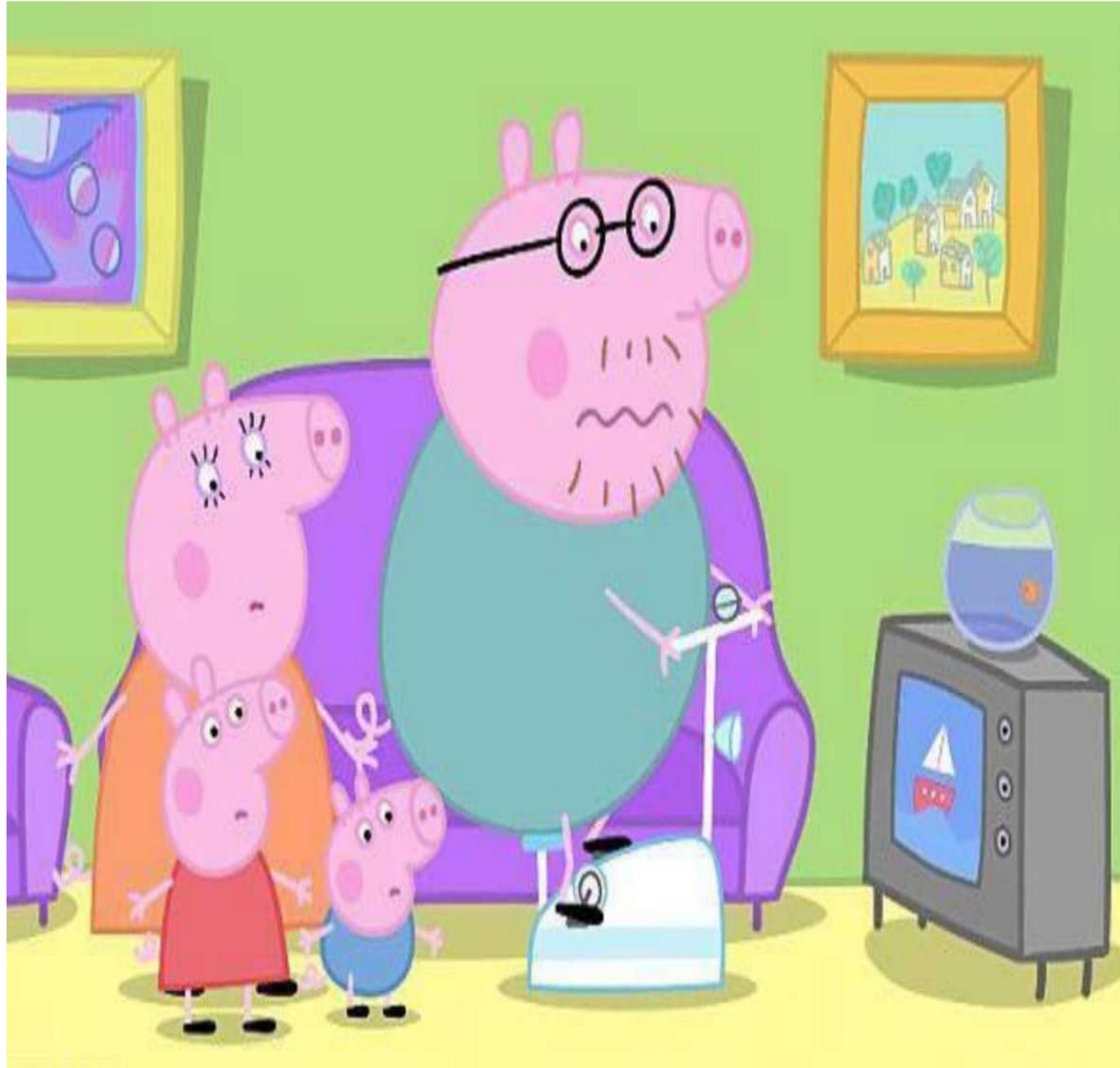
What Is It? Where Does it Come From?

Definitions and Manifestations of Weight Bias^{1,2}

National Eating Disorders Association

- Weight stigma = weight bias = weight-based discrimination
- Discrimination or stereotyping based on weight
- Increases body dissatisfaction
- Sociocultural idealization of thinness
- Threat to psychological and physical health
- Significant risk for
 - Depression
 - Body dissatisfaction
 - Low self-esteem

Weight-Based Assumptions^{2,3}



NTF Clinical Guidelines to Identify, Evaluate, and Treat Overweight and Obesity in Adults^{2,4}

- Weight loss is recommended to lower elevated blood pressure in overweight and obese persons with high blood pressure. *Evidence Category A.*
- Weight loss is recommended to lower elevated levels of total cholesterol, LDL-cholesterol, and triglycerides, and to raise low levels of HDL-cholesterol in overweight and obese persons with dyslipidemia. *Evidence Category A.*
- Weight loss is recommended to lower elevated blood glucose levels in overweight and obese persons with type 2 diabetes. *Evidence Category A.*
- Practitioners should use the BMI to assess overweight and obesity. Body weight alone can be used to follow weight loss, and to determine efficacy of therapy. *Evidence Category C.*
- The BMI should be used to classify overweight and obesity and to estimate relative risk of disease compared to normal weight. *Evidence Category C.*

A man with dark, curly hair, wearing a grey blazer over a black t-shirt, is smiling. The background is white with faint, light blue circular patterns. Overlaid on the image is the text 'BUSTING MYTHS ON HEALTH AND WEIGHT' in a bold, sans-serif font. 'BUSTING MYTHS' is in a larger, dark red font, while 'ON HEALTH AND WEIGHT' is in a smaller, black font below it.

BUSTING MYTHS
ON HEALTH AND WEIGHT

<https://www.youtube.com/watch?v=6CgDbM-vyh0&t=6s>

Weight-Based Assumptions?

Myths:

- Adiposity poses significant mortality risk
- Weight loss will prolong life
- Anyone who is determined can lose weight and keep it off with diet and exercise

Myths Debunked:

- Overweight or moderately obese live at least as long as normal weight
- Weight loss increases the risk of premature death among obese
- Long-term follow-up studies found that majority of individuals regain the weight

Weight-Based Assumptions?

Myths:

- The pursuit of weight loss is a practical and positive goal
- The only way for overweight and obese people to improve health is to lose weight
- Obesity-related costs place a large burden on the economy, and this can be corrected by focused attention to obesity treatment and prevention

Myths Debunked:

- Dieting reduces bone mass, increases chronic psychological stress; persistent organic pollutants (POP) released = increases risk for chronic diseases
- No studies can attest that weight loss will improve health over the long-term for obese people
- Does not account for unintended consequences of eating disorders, weight cycling, reduced self-esteem, depression, and discrimination

Implications of Weight Stigma⁶

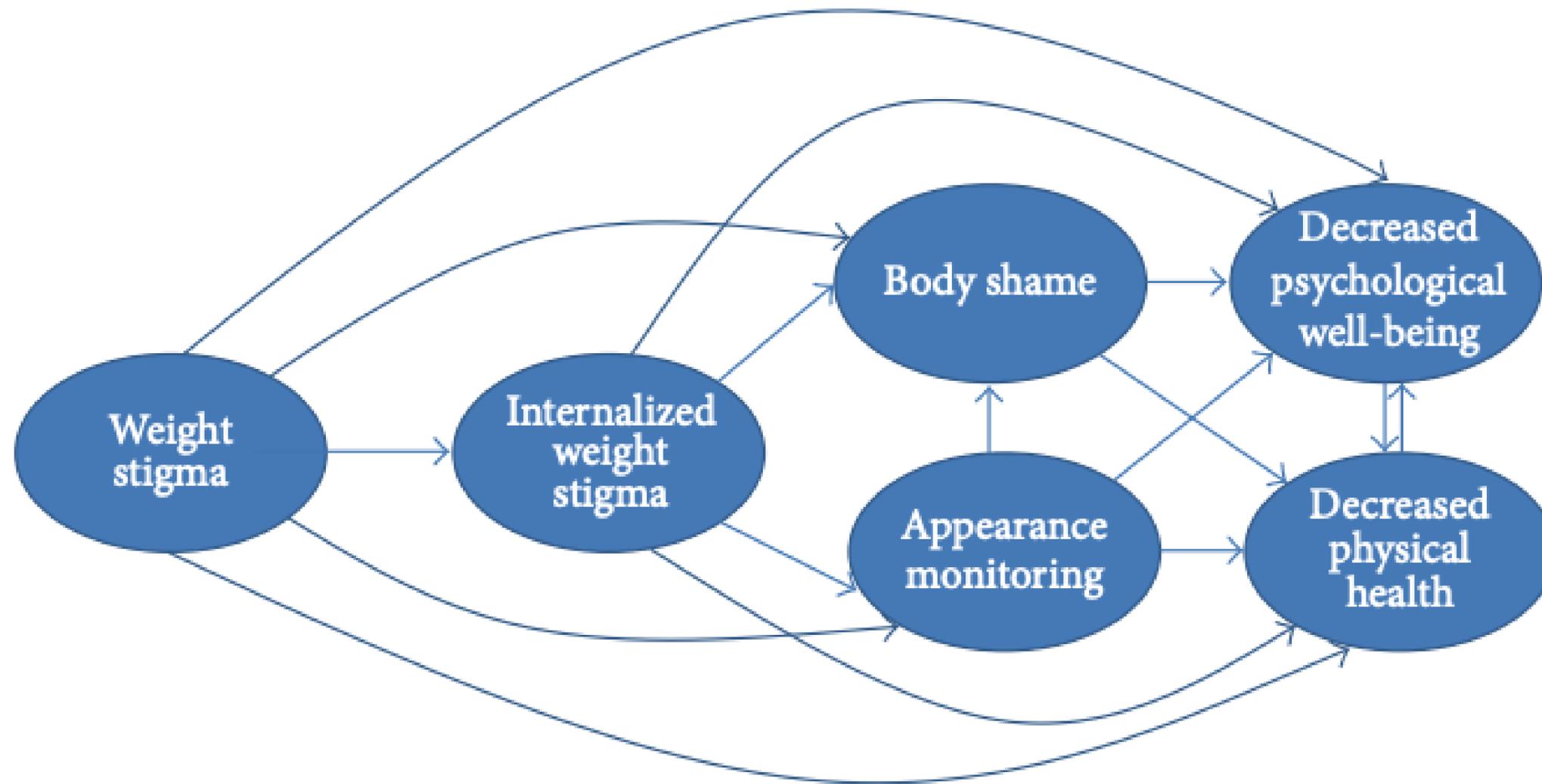


FIGURE 2: Theoretical model of weight stigma and its associated variables.

Interactive Time

What assumptions have you made concerning obesity and weight-based discrimination?

What Schools, Government, and Community are Doing...^{7,8,9}

Interventions with Good Intentions:

- Let's Move Campaign – supporting physical activity and healthy eating in school setting
- Healthy People 2030 – Reduce overweight and obesity by helping people eat healthy and get physical activity
- Healthy Eating Research – evidence to prevent childhood obesity

Potential Negative Implications:

- Emphasis on childhood obesity rates and weight vs. overall health of the child
- Emphasis on adults and children reaching and maintaining a “healthy” weight
- Emphasis on research and policy to improve healthy eating and weight patterns among children

Weight-Normative to Weight-Inclusive Health Promotion^{3,6}

- Shifting the focus from weight and BMI system to a more health-oriented paradigm (*weight-normative* to *weight-inclusive*)
- Obesity-related public health efforts were previously identified as potentially harmful
 - Based on limited/poor-quality evidence
 - Focuses on preventing one extreme outcome at the expense of another extreme outcome
 - Lacks community engagement
 - Ignores root cause of problems
 - Utilizes fatphobic language, e.g. obesity being framed as an “epidemic”

Weight-Inclusive Health Promotion³

- Should promote the development of a healthy lifestyle
 - This includes outcomes to evaluate success that are not limited to, and in fact may exclude, body weight or body composition
- Should prioritize well-being over weight-loss
- Should be cognizant that the assumption that everyone responds to treatment in the same manner is erroneous and harmful
- Should explore clients' feelings to discover the root of their behaviors
- Example: *A Health at Every Size* (HAES) model — a public health, weight-neutral approach proposed to address weight bias and stigma, affirms a holistic definition of health
 - Encourages body acceptance
 - Supports intuitive eating
 - Supports active embodiment

Examples of Weight-Inclusive Health Promotion^{10,11}

- 3-month study on non-dieting lifestyle intervention program on metabolic fitness and psychological well-being among premenopausal, clinically obese women
 - Effective in reducing psychological distress and increasing cardiorespiratory fitness among previously sedentary females
 - Modest non-significant reductions in body mass compared with controls
- Another study followed HAES group members over the course of a year compared to a diet group
 - HAES members maintained weight, improved metabolic fitness, energy expenditure, eating behavior, psychology, habits which were sustained compared to the diet group
 - Although the diet group weight, this was not maintained at follow-up

“There are no quick fixes.
But, by taking action just a little bit every
day, you will build up a powerful
reservoir of confidence, self-esteem, and
discipline.”

Scott Allan

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Questions & Discussion



Future Event Schedule

Live Event

Young Lions Ninja Warrior Obstacle Course

Saturday, August 21

9:00am – 1:00pm

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