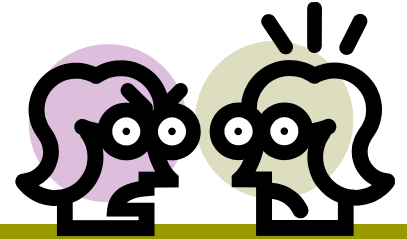


# I Never Thought of It That Way



Joanne P. Ikeda, MA, RD  
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UC Berkeley

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**Our Goal: To Improve the  
health of children.**




# Universal Definition of Health

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Health is a state of complete **physical, mental and social well-being** and not merely the absence of disease or infirmity.



**Are we supportive of the mental  
and social well-being of overweight  
and obese children and adults?**



**Discrimination against large  
children has increased by 40%  
between 1961 and 2002.**

Puhl RM, Heuer CA. Obesity stigma: Important considerations for public health. *American Journal of Public Health*. 2010 Jun; 100(6): 1019-1028.

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On the basis of current findings, the authors propose that **weight stigma is not a beneficial public health tool** for reducing obesity. Rather, stigmatization of obese individuals **threatens health, generates health disparities, and interferes with effective obesity intervention efforts**

# Georgia Stop Childhood Obesity Campaign



The image displays four vertical panels, each featuring a black and white photograph of a child. The panels are arranged horizontally and are flanked by two thick, horizontal olive-green bars. Each panel has a red border and contains a 'WARNING' label in red, bold, uppercase letters. Below the label is a message in black, bold, uppercase letters. At the bottom of each panel is the website address 'stopchildhoodobesity.com' in a smaller font.

**WARNING**  
CHUBBY KIDS  
MAY NOT  
OUTLIVE THEIR  
PARENTS  
[stopchildhoodobesity.com](http://stopchildhoodobesity.com)

**WARNING**  
FAT KIDS  
BECOME FAT  
ADULTS.  
[stopchildhoodobesity.com](http://stopchildhoodobesity.com)

**WARNING**  
BIG BONES  
DIDN'T MAKE ME  
THIS WAY.  
BIG MEALS DID.

**WARNING**  
HE HAS HIS  
FATHER'S EYES,  
HIS LAUGH AND  
MAYBE EVEN HIS  
DIABETES.  
[stopchildhoodobesity.com](http://stopchildhoodobesity.com)

## Suicide Pact: Minnesota Teens Haylee Fentress and Paige Moravetz Commit Suicide at Slumber Party



# Size Diversity is Normal!

The main poster features a diverse group of seven people of various heights and builds standing on a green field against a blue sky. The text on the poster reads:

## Everyone is Different. So, What is Normal?

Below the group, there are seven columns of text, each corresponding to a person:

- 5'11" (185 cm)**: Tall, thin, blonde, green shirt, black pants.
- 5'10" (178 cm)**: Tall, thin, grey and black shirt, grey pants.
- 5'7" (170 cm)**: Medium height, thin, long dark hair, light blue shirt, tan pants.
- 5'6" (168 cm)**: Medium height, thin, dark hair, white and blue shirt, blue jeans.
- 5'5" (165 cm)**: Medium height, thin, dark hair, green shirt, tan pants.
- 5'4" (163 cm)**: Medium height, thin, long brown hair, yellow shirt, grey pants.
- 5'2" (157 cm)**: Short, thin, dark hair, orange shirt, blue jeans.

At the bottom of the poster, it says: "Take your pick. Every teen here is normal. And that proves a point. Because what's normal goes with you. It's not an organization. Nothing. There's none in a world of diverse and normal." Below this is the logo for the National Center for Health Education Promotion and Promotion (NCHPEPP).

The inset images show educational materials with titles like "General Instructions", "By, What's Normal, Anyway?", and "What's Normal Anyway?".



# Discrimination Against Overweight and Obese Adults has been documented in:

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- Employment
- Housing
- Health Insurance
- Health Care
- Adoption
- College Admissions


Puhl RM, Heuer CA. [The stigma of obesity: A review and update.](#) *Obesity.* 2009 Jan 22;17(5):941-964.

# Who Is Concerned?

## American Psychological Association

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APA supports legislative initiatives aimed at improving nutrition and physical activity; **increasing body satisfaction; decreasing weight stigmatization and weight-related teasing;** promoting responsible marketing to children; supporting healthy home environments; and addressing cultural and socioeconomic factors related to obesity and disordered eating.

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- ❑ A substantial body of evidence from the eating disorder literature demonstrates that a **general emphasis on appearance and weight control can promote eating disordered behaviors.**
  - ❑ Interventions should **focus on health, not weight**, so as to not contribute to the overvaluation of weight and shape and negative attitudes about fatness that are common among children and have harmful effects on their physical, social and psychological well-being. **Weight is not a behavior and therefore not an appropriate target for behavior modification.**
  - ❑ Interventions should focus not only on providing opportunities for appropriate levels of physical activity and healthy eating, but also promote **self-esteem, body satisfaction, and respect for body size diversity.**

# There are essentially two approaches to weight management



Usual/Traditional

VS

Health-At-Every-Size (HAES)

# HAES VS Usual

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- ❑ Weight/BMI is **not** an important indicator of health.
  - ❑ Overweight children and teens **can be** healthy.
  - ❑ Weight loss is not necessary to improve health.
  - ❑ Dieting is unhealthy.
  - ❑ Eating a nutrient dense diet and participating in enjoyable physical activity will improve health and decrease risk of chronic disease in children of all ages.
  - ❑ All children and teens should have high self-esteem, positive body image, and be happy with their bodies.
- ❑ Weight/ BMI **is** an important indicator of health
  - ❑ Overweight children and teens are **not** healthy.
  - ❑ Overweight children and teens must achieve a healthier weight.
  - ❑ Dieting combined with exercise results in a healthier weight.
  - ❑ Weight loss in overweight teenagers is the way to improve health and decrease risk of chronic disease.
  - ❑ The physical health of overweight children and teens is paramount to their overall health.



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**Are there physically  
healthy overweight  
and obese children  
and adults?**

# NHANES DATA 1999-2004\*

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Looked at Cardiometabolic Risk factor clustering which included:

- Blood Pressure
- Triglycerides
- Plasma Glucose
- C-Reactive Protein
- Insulin Resistance
- HDLs, LDLs, Cholesterol

\*Wildman RP et al. The Obese without cardiometabolic risk factor clustering and the normal weight with cardiometabolic risk factor clustering....Arch Intern Med. 2008, Aug 11; 168(15):1617-24

# Conclusion of the Researchers

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“Among US adults, there is a high prevalence of clustering of cardiometabolic abnormalities **among normal weight individuals** and a **high prevalence of overweight and obese who are metabolically healthy.**”





# Metabolically Normal VS Abnormal

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## □ Obese Adults, 20 years +

- 31.7% metabolically normal
- 68.3% metabolically abnormal

## □ Overweight Adults

- 51.3% metabolically normal
- 48.7% metabolically abnormal

## □ Normal Weight Adults, 20 years +

- 76.5% metabolically normal
- 23.5% metabolically abnormal





Is calorie restriction, i.e.  
dieting, an effective method for  
losing weight?

# Medicare authorizes review of scientific literature on treatment of obesity

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**Purpose: to assess whether Medicare should fund calorie restricting diets for the treatment of obesity.**

**Literature review conducted by UCLA in 2006.**

# Conclusions

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- ❑ Dieters were not able to maintain their weight losses in the long term.
- ❑ No consistent evidence that the diets resulted in significant improvements in health.
- ❑ Dieters who manage to sustain a weight loss are the rare exception, rather than the rule.
- ❑ In the few cases in which health benefits were shown, it could not be demonstrated that they resulted from dieting, rather than exercise, medication use, or other lifestyle changes

# Conclusion Cont.

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**If Medicare is to fund an obesity treatment, it must lead to sustained improvements in weight and health for the majority of individuals. It seems clear to us that dieting does not.**

# Recommendation to Medicare

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**“The potential benefits of dieting on long-term weight outcomes are minimal. The benefits of dieting are simply too small and the potential harms of dieting too large for it to be recommended as a safe and effective treatment for obesity.” (p. 230)**

**Mann, et al. Amer Psych. 2007;62:220-233.**

# What Potential Harm?

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- **Raises false hope**
- **Focuses on weight as the most important thing rather than behavioral changes in eating and exercise.**
- **Those who are not successful blame themselves.**
  - **Lowers self-esteem**
  - **Raises body dissatisfaction**
  - **Increases risk of eating disorders**

# What Potential Harm?

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- Promotes notion that those who are not successful are out-of-control, lazy, stupid.
  - Increases prejudice against those who are obese and overweight
  - Reinforces social isolation and stigmatization of those who are obese and overweight
- Leads to yo-yo dieting/weight cycling.
  - Increases risk for chronic disease



# What Potential Harm?

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- **Can harm physical well-being**
  - **Malnutrition**
  - **Lower bone density**
  - **Anemia**
  - **Amenorrhea**
  - **Fatigue/Weakness**
  - **Hair Loss**
  - **Damaged heart valves**
  - **Primary Pulmonary Hypertension**
  - **Death**

# Who is missing from the table?



## Nothing about us without us.

# Risks of Weight Loss

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**“...there is a dark side to this national preoccupation [with losing weight]...vast amounts of money...are wasted...failed attempts to lose weight often bring with them guilt and self-hatred...the cure for obesity may be worse than the condition.”**

**Kassirer and Angell. Losing weight – an ill-fated new year’s resolution. N Engl J Med. 1998;338:52-54.**

# National Institute of Health

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**“The short-term success of behavioral interventions has been repeatedly documented. Unfortunately, because re-gain is extremely common, a disappointingly small proportion of individuals achieve long-term weight loss.”**

# Which Approach to Weight Management Do You Practice?

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**Health at Every  
Size (HAES)**

**VS**

**Usual**

# HAES Resources

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- <http://www.naafa.org>
- <http://www.sizediversityandhealth.org>
- <http://www.healthyweightnetwork.com>
- <http://www.haescommunity.org>
- <http://www.bodypositive.com>
- <http://www.sne.org/about/divisions.html#wr> (HAES powerpoint)

# HAES Resources

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- Yale Rudd Center for Food & Policy
  - <http://yaleruddcenter.org/>
    - Under "Press" – Image gallery



# National Association to Advance Fat Acceptance (NAAFA)

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## Child Advocacy Toolkit



# Contents

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- Forward
- Value of Size Diversity
- Stories of Weight Prejudice
- Scenarios (case studies) and discussion
  - Questions
    - ◆ Schools & Institutions
    - ◆ Peers
    - ◆ Family
    - ◆ Media
- Helping Children Have Healthy Weights

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**Our Goal: To Improve the  
health of children.**



# Thank you for attending this session!

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