"DON'T PANIC!"

MEASURED RESPONSES TO THE 'OBESITY EPIDEMIC' IN NEWFOUNDLAND & LABRADOR

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Part I

What is all the panic about?

Part II

What are the alternatives?

WHO IS HERE?

- Youth? Kids? Tweens? Teens? Uni Students?
- Parents? Grandparents? Aunties? Uncles?
- Primary or Secondary School Teachers?
- Health or Community Care Professionals?
- Health or Education Government Employees?
- Community Organizations? Activists? Citizens?
- Academics? Researchers? Uni Educators?
- Who have I forgotten? Journalists? Bloggers?

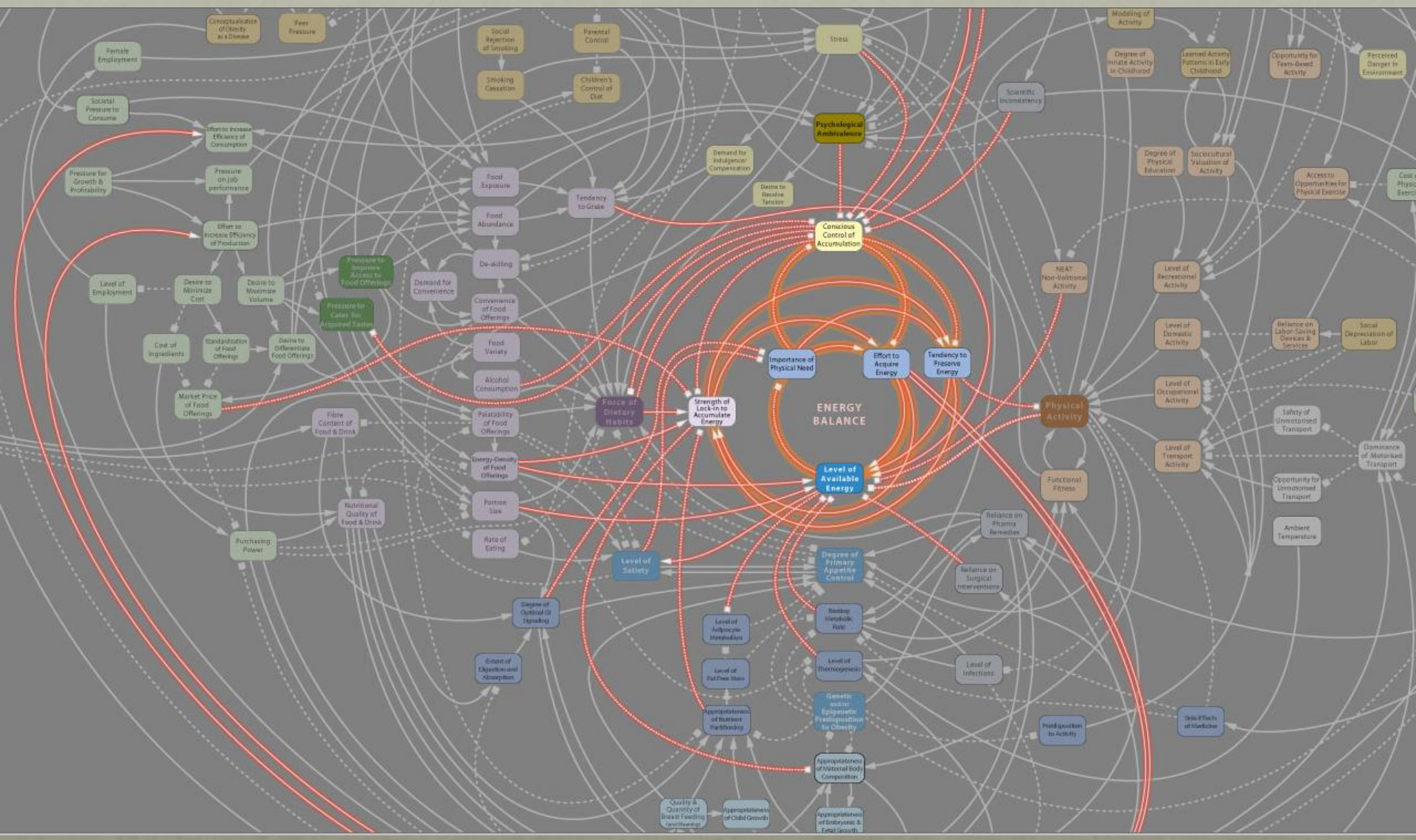
According to…

Statistics Canada… — Unhealthy/Over-Eating

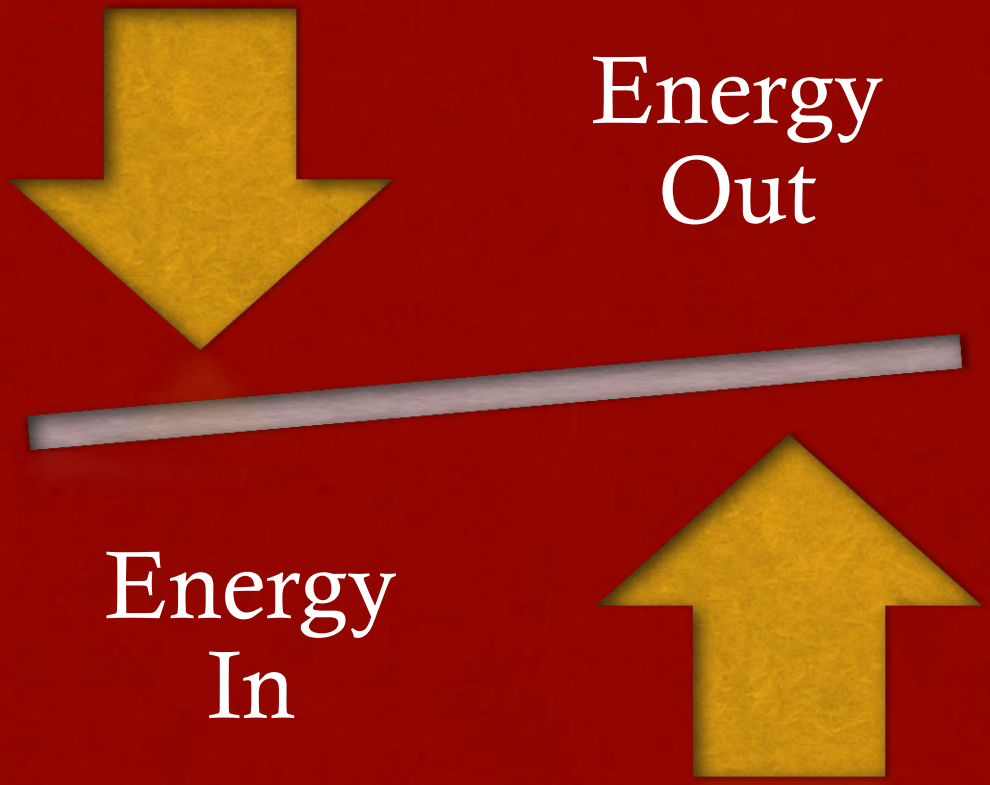
CFLRI…

Department of Health and Community Services… — Physical Inactivity

INFLUENCING BODY WEIGHT



ENERGY BALANCE?



WHAT ELSE IS GOING ON?

- Sense of belonging
- Perceived mental health
- Pain or discomfort that prevents activities
- Smoking
- Physical activity

IS "OBESITY" UNHEALTHY?

OBESITY PARADOX

Assumption:

- "Weight loss will prolong life."
- "Adiposity poses significant mortality risk."

Evidence:

- Mortality increased among those who lost weight & who were over 50 yrs. *(NHANES Review, 2010).*
- Obesity associated with longer survival in heart disease, kidney disease, and stroke *(Morse et al., 2010; Scherbakov et al., 2011).*

OBESITY PARADOX

Assumption:

- "Adiposity poses significant morbidity risk."

Evidence:

- Obesity ***associated*** with increased disease risk.
- When fitness level, activity, nutrient intake, weight cycling or SES is controlled, increased risk of disease due to obesity disappears or is significantly reduced *(Campos et al., 2005; Strohacker et al., 2010; Montani., 2006; Rzehak et al., 2007; Raphael et al., 2010).*

CRITIQUES

- **Assumption**: Anyone who is determined can lose weight and keep it off through appropriate diet and exercise
- **Assumption**: The pursuit of weight loss is a practical and positive goal
- **Assumption**: The only way for overweight and obese people to improve health is to lose weight
- **Assumption**: Obesity-related costs place a large burden on the economy, and this can be corrected by focused attention to obesity treatment and prevention

CONSIDER THAT…

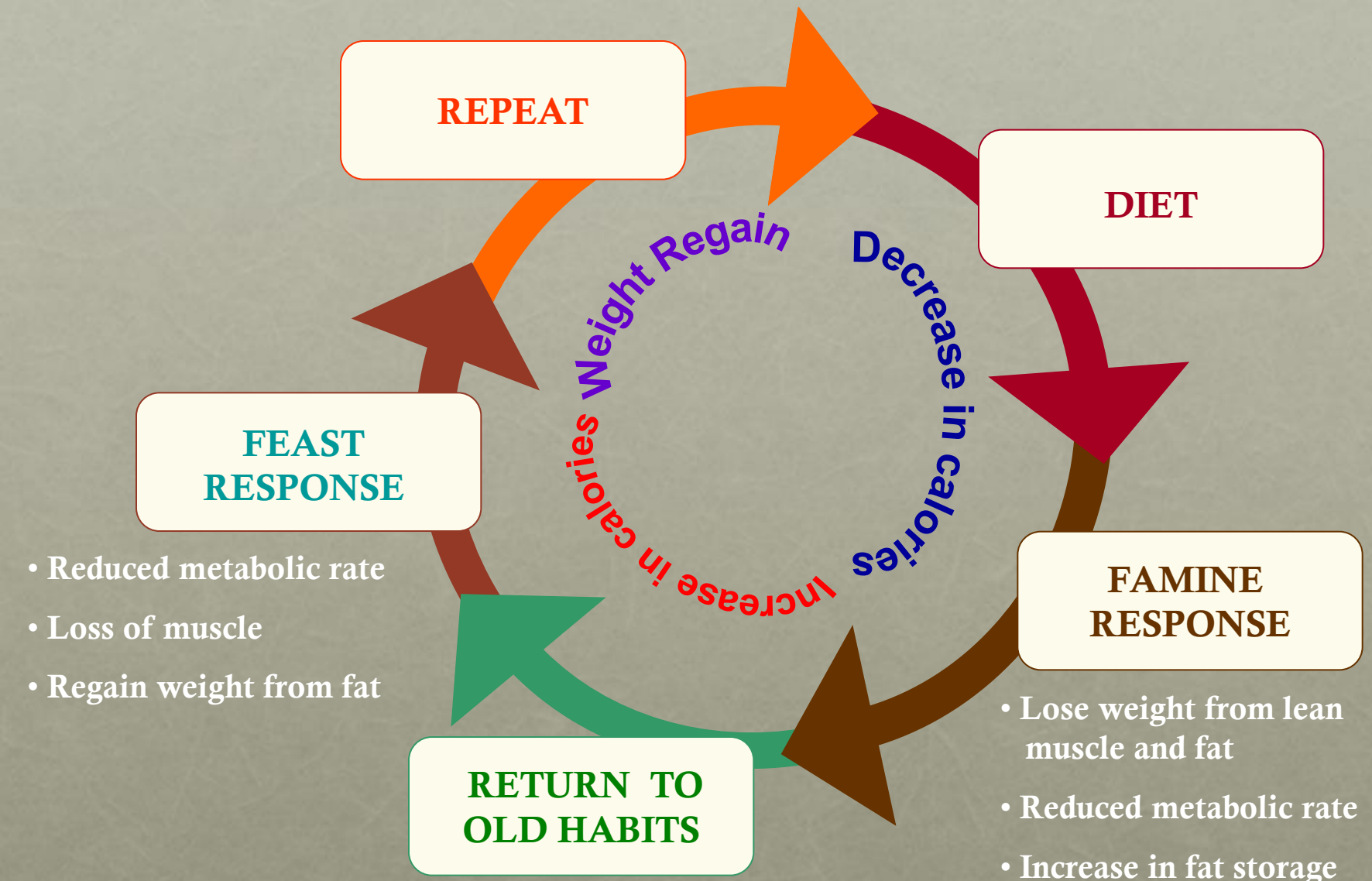
- As evidence-based competencies are more firmly embedded into standard practice, more attention given to the ethical implications of recommending treatment that may be ineffective or damaging. (5, 9)

FAT AND HEALTHY?

Reducing cardiometabolic risk:

- "A healthy diet and exercise without (minimal) weight loss is NOT failure" *(Ross & Janiszewski, 2007).*
- Health improvements can be achieved through changing health behaviours, even in the absence of weight loss *(Bacon et al., 2005; Appel et al., 1997; Gaesser,2007).*

THE DIET TRAP CYCLE



PROMOTING WEIGHT LOSS

- 95% of those who lose weight regain it *(Bray, 2005;Mann et al, 2007;Wing et al, 2001)*.
- Nutritional inadequacy.
- Difficulty sustaining low calorie intake.
- Frustration
- Weight cycling: “yo-yo” effect.

This strategy ISN’T working.

REASONS FOR WEIGHT GAIN

DIFFICULTY SUSTAINING WEIGHT LOSS

Set-point Theory

- The body's attempt to maintain homeostasis.
- The body's desire to maintain a certain weight by means of its own internal controls.

(*Schwartz, 2001*)

churchcentral.com

ANOTHER VIEW

- Human beings are relational
- We grow and learn with and from others
- Psychologists call this Relational-Cultural Theory

(www.jbmti.org)

CYCLES OF DISCONNECTION

"I am the Problem"

Disordered Eating & Poor Self-Care

Workaholism & Burnout

Drug & Alcohol Abuse

CYCLES OF DISCONNECTION

CYCLES OF DISCONNECTION

Further Disconnection → Feeling/Thought

"There is no way out" → Condemned Isolation →

"I am the Problem"

↓

Disordered Eating & Poor Self-Care

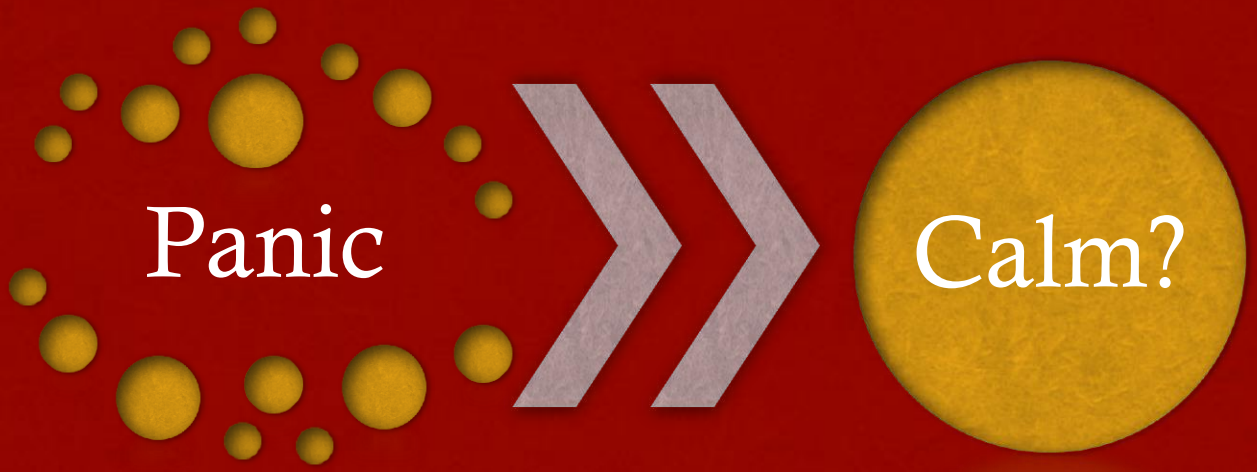
Workaholism & Burn-out

Drug & Alcohol Abuse

CYCLES OF DISCONNECTION

Socio-Cultural Context → Relational Disconnections → Negative Social Esteem → Negative Self Image → Shame → Isolation → Inauthentic Interactions → Depressed & Angry → Drop in Energy → Depressive Spiral


YouTube



Obesity Epidemic?

Healthy Eating + Physical Activity

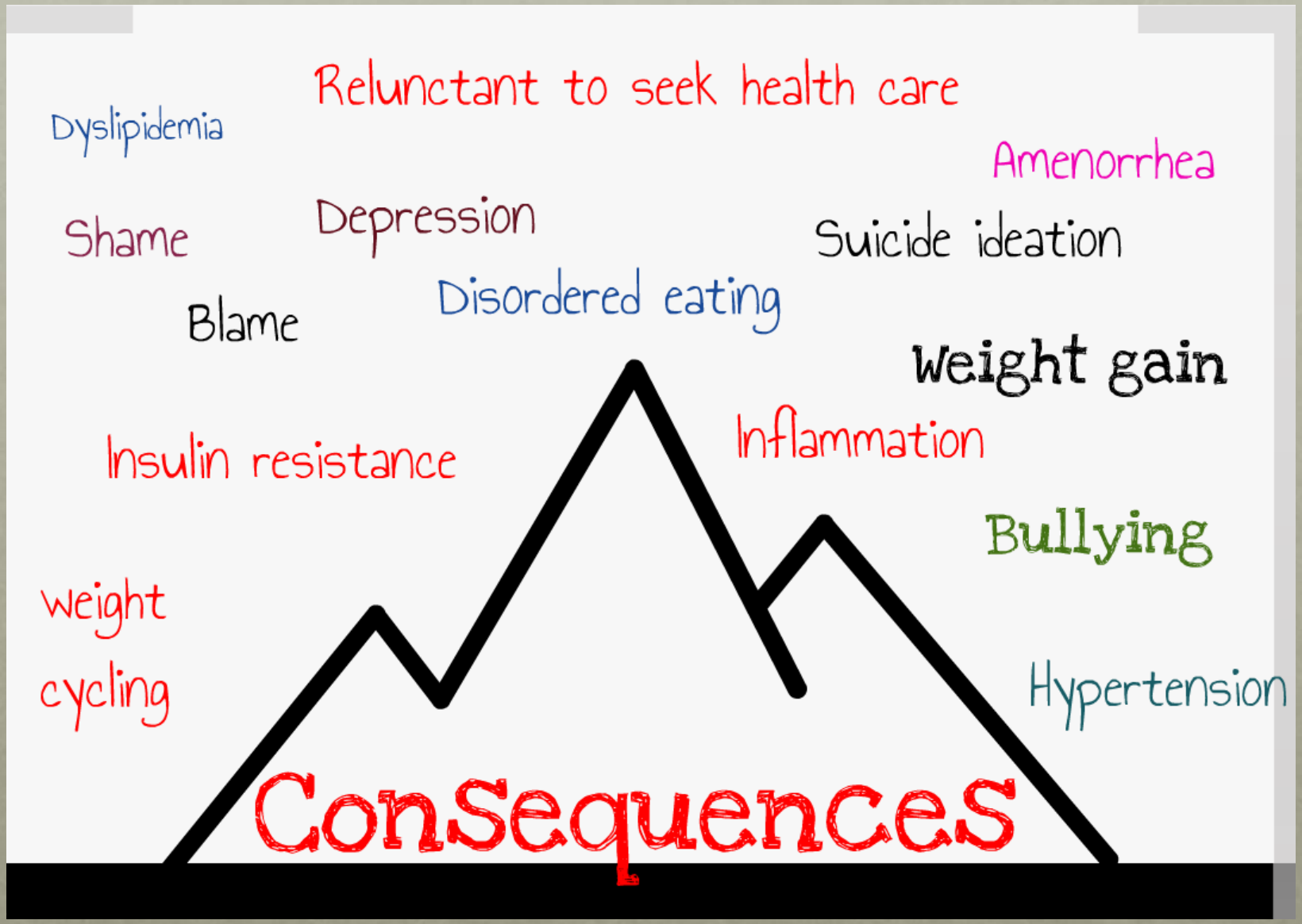
SHOPPING

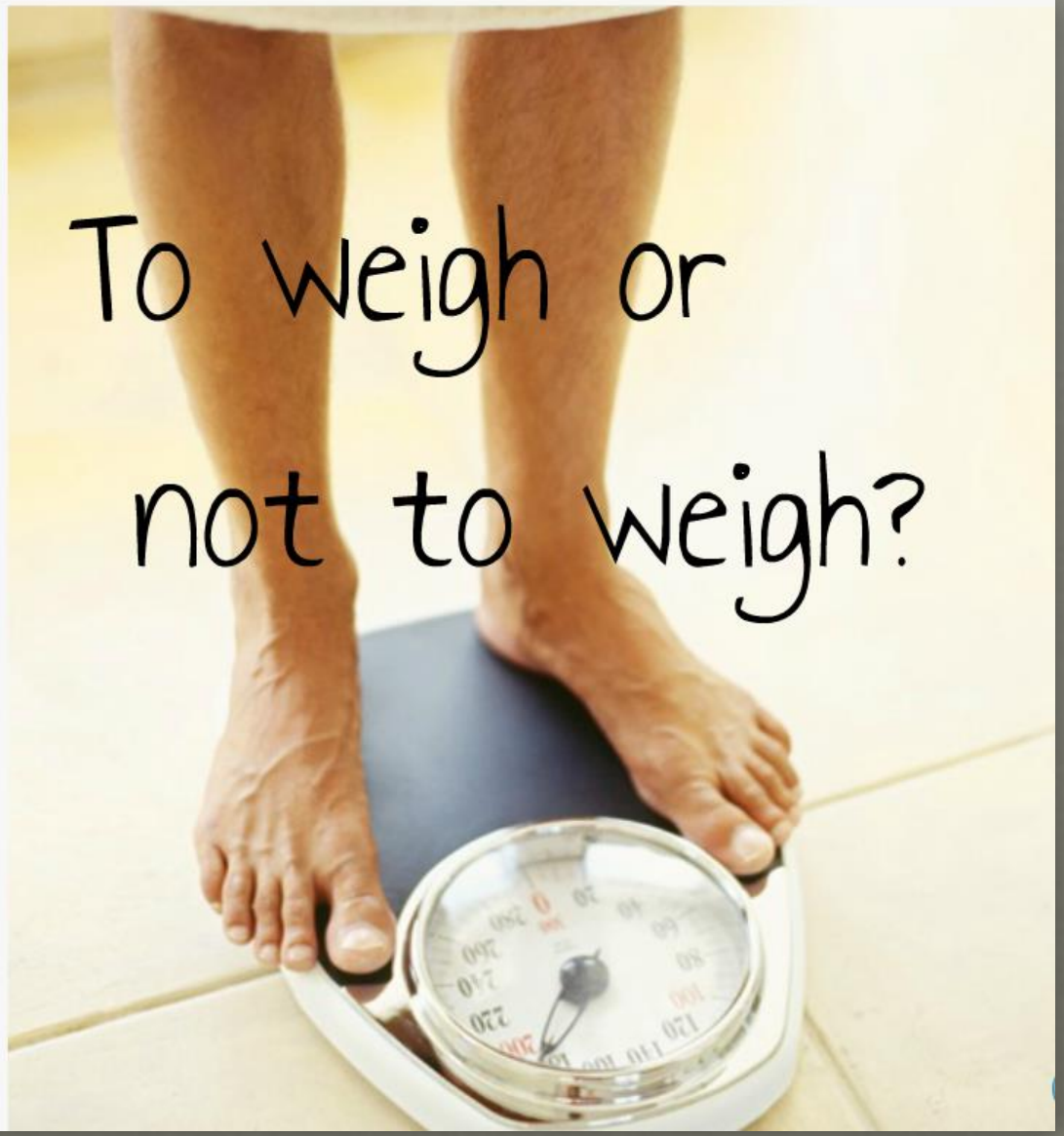
BIOCHEMISTRY OF DISCRIMINATION

- Activation of SNS and HPA axis
- ↑ cortisol + inhibition of sex steroids + GH → abdominal adiposity + insulin resistance
- ↑ cortisol = hyperphagic, antithermogenic
- ? disrupt balance of leptin & NPY
- HT from parallel activation of SNS/insulin

(Sumithran et al., 2011).

Butler, et al., (2002). Internalised racism, body fat distribution, and abnormal fasting glucose among African-Caribbean women in Dominica, West Indies. J Natl Med Assoc, 94(3), 143-148.


Reluctant to seek health care
Dyslipidemia
Amenorrhea
Depression
Shame
Suicide ideation
Disordered eating
Blame
Weight gain
Inflammation
Insulin resistance
Bullying
weight cycling
Hypertension
Consequences


To weigh or
not to weigh?

ARE THERE ALTERNATIVES?

- **Health at Every Size®**
  - Social Justice
  - Health Promotion

HEALTH AT EVERY SIZE

- Supports people in adopting healthy habits for health and well-being **NOT** weight control.
- Supports reliance on internal regulatory processes.
- Encourages people to *accept* and *respect* the natural diversity of body sizes and shapes.

http://www.haescommunity.org

Health at Every Size®

- HAES encourages body acceptance, not weight loss or weight maintenance;
- HAES supports reliance on internal regulatory processes, such as hunger and satiety, not cognitively-imposed dietary restriction; and
- HAES supports active embodiment not structured exercise

EVIDENCE OF HAES

- HAES approach associated with statistical & clinical improvements:
  - physiological measures (e.g. blood pressure, blood lipids),
  - health behaviors (e.g. physical activity, reduced eating disorder pathology), and
  - psychosocial outcomes (e.g. mood, self-esteem, body image).

BACON ET AL, 2005

- **Study participants:**
  - 78 white, obese, female chronic dieters
  - Age: 30-45 years
  - BMI: 30-45

- Randomly assigned: HAES or Conventional Diet Program

- **DESIGN**: weekly visits x 6 mo.; monthly visits x 6 mo.; follow-up 1 year later – no intervention

Bacon et al., 2002: 1-year Follow Up

	Diet	HAES
Weight change	-5.9kg	-0.1kg
Cholesterol	-33 mg/dl	-32 mg/dl
LDL-Chol	-12 mg/dl	-9 mg/dl
Triglycerides	-45 mg/dl	- 41 mg/dl
Systolic BP	-8.2 mmHG	-4.5 mmHG
Dropout Rate	41%	8%

BACON ET AL., JADA. 2005 - 2 YEAR FOLLOW UP

Diet:

- Weight lost was regained.
- *Psychological* measures worsened.

HAES:

- Maintained weight
- Sustained improvement:
  - metabolic health indicators, activity levels, *eating behaviours & psychological measures.*

Alternative Measures of Success

- Healthful eating
- Adequate physical activity
- High energy level
- Better mobility

- Increased self-esteem and positive body image
- Improved metabolic fitness and/or medical conditions

HEALTH AT EVERY SIZE

- Listening to body's hunger/fullness cues
- Moving for pleasure
- Accepting and respecting current state of well being
- Speaking out
- Promoting belonging

ALTERNATIVES FOR ACTION

- When we encourage each other to acknowledge the problems of, and to demand change in, environments that promote healthism (Gilligan, 1990)
- Empowering
- Long-term gains that address the source of problem

FOSTERING CONNECTION

- Using our senses, relational strengths
- Listening to each others' words/language
- Listening to each others' silences
  - what they start to say
  - what they imply
  - dropped threads
- Listening to our own words and silences

FOSTERING CONNECTION

- Enhancing a sense of belonging
  - Listening to each others' writing/music
  - Viewing actions and behaviours as communication
  - Listening to what our bodies say
  - Listening to what we say about our relationships with friends, family, society, self…and food

WHAT HELPS

- Having a Supportive Environment and Support Networks
- Changing Major Perspectives on Life; Embracing New Worldviews
- Developing a Healthy Relationship with Self
- Developing a Spiritual Connection

WHAT HELPS

- Sharing with Trusted Others
- Becoming Aware of Thoughts and Behaviour around Food
- Feeling a Sense of Hope and Universality through Connection with Others

ADVOCACY

- "The pursuit of influencing outcomes— including public-policy and resource-allocation decisions within political, economic, and social systems and institutions— that directly affect people's lives" (Cohen, de la Vega, & Watson, 2001, p. 8).
- When doing advocacy, individuals engage in "a deliberate process of speaking out on issues of concern in order to exert some influence on behalf of ideas or persons" (Rengasamy, 2009, p. 1).

SHIFT THE FOCUS

BODY POSITIVE

SHIFTING PARADIGMS

- Interventions will meet ethical standards. They will focus on health, not weight, and will be referred to as "health promotion" and not "obesity prevention."
- Interventions will be careful to avoid weight-biased stigma, such as not using language like "overweight" and "obesity."
- Interventions will seek to change major determinants of health that reside in inequitable social, economic and environmental factors, including all forms of stigma and oppression.

SHIFTING PARADIGMS

- Interventions will be constructed from a holistic perspective, where consideration is given to physical, emotional, social, occupational, intellectual, spiritual, and ecological aspects of health.
- Interventions will promote self-esteem, body satisfaction, and respect for body size diversity.

SHIFTING PARADIGMS

- Interventions will accurately convey the limited impact that lifestyle behaviors have on overall health outcomes.
- Lifestyle-oriented elements of interventions that focus on physical activity and eating will be delivered from a compassion-centered approach that encourages self-care and not prescriptive injunctions to meet expert guidelines.

SHIFTING PARADIGMS

- Interventions will focus only on modifiable behaviors where there is evidence that such modification will improve health.
- Weight is not a behavior and therefore not an appropriate target for behavior modification.
- Lay experience will inform practice, and the political dimensions of health research and policy will be articulated.

PUTTING HAES TO PRACTICE

- Support each other by focusing on *health* and *well-being*, NOT weight.
- Show *compassion* & *understanding* for the difficulties that arise from living in non-relational society.
- Provide a *non-judgmental* environment.
- Help develop *sustainable behavioural changes* that easily fit into people's busy lives.
- Continually and rigourously *evaluate effectiveness*
- Get active and involved in *re-shaping attitudes*, not bodies.


I STAND
GAINST FIGHTING CHILDHOOD OBESITY.
STIGMA = BAD MEDICINE.
EVERY BODY DESERVES LOVE.
Stop weight bigotry.
Health At Every Size®


I STAND
FOR ETHICAL & COMPASSIONATE
APPROACHES TO HEALTH.
Stop weight bigotry.
Health At Every Size®


I STAND
AGAINST HARMING FAT CHILDREN.
HATE ≠ HEALTH.
Stop weight bigotry.
Health At Every Size®

Individual → **Collective**

I HAVE AN IDEA…

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WEBSITES

- http://istandagainstweightbullying.tumblr.com (Stand4EveryBody)
- https://www.facebook.com/IStandAgainstWeightBullying (Stand4EveryBody on FB)
- www.haescommunity.org (HAES)
- www.criticaldietetics.org (Critical Dietetics)
- www.fastso.com (Marilyn Wann)