



# Courageous Conversations

How weight impacts nutrition  
counseling

May 28, 2019

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Meghan Robinson RDN

# Objectives

- Create a safe space to discuss weight, bias and stigma
- Acknowledge complex, conflicting messages related to health and weight
- Explore how growth/weight data informs counseling
- Construct phrases to support health, build trust
- Assess methods, tools to help WIC staff on modeling body positivity and deepen counseling skills



# Body Trust®

## An Alternative Approach

Meghan Robinson, RDN, Certified Body Trust Provider  
Lauren Burns, dietetic intern, OHSU

### Continuing the conversation

- Six months ago Meghan Robinson presented on Body Trust (Nov 2018 LAWN)
- Conversations continued offline
- Laura and Sue attended NWA session on WIC HAES initiative in the Commonwealth of the Northern Mariana Islands (CNMI)



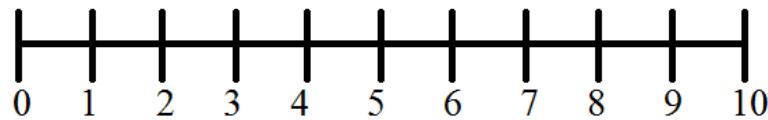
Adapted  
from HAES®

	Diet Paradigm	Non-Diet Paradigm
<b>Weight</b>	Aim for a certain weight	Body will seek its natural weight when individuals eat in response to cues  Our weight set point can fluctuate
<b>Food</b>	Good/bad, legal/illegal, should/shouldn't etc.  Quantity/quality determined by external source (calories, grams, exchanges)	ALL food is acceptable  Quantity/quality are determined by responding to physical cues (hunger/fullness, taste, etc.)
<b>Physical Activity</b>	Exercise to lose weight	Aim to be more active in fun and enjoyable ways

# Reflections

- Six months later, what are your thoughts?
- What conversations have you had?
- What has been helpful?
- What has been challenging?





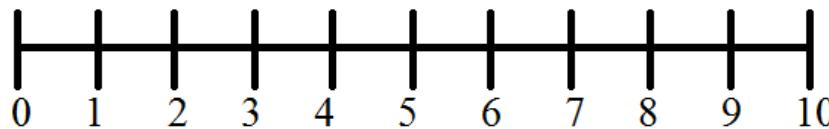
## Polling question: Diet vs. Non-diet paradigm continuum

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- Where do you land?
- Where would like to land?
- What would you like to do differently?

# Polling question: What number reflects where you are now?

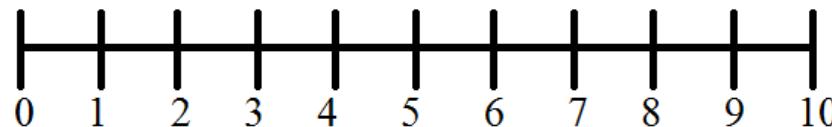
Aim for a certain weight; underweight or overweight is health risk



Body will seek it's own weight, focus on health behaviors

# Polling question: What number reflects **where you would like to be?**

Aim for a certain weight; underweight or overweight is health risk



Body will seek it's own weight, focus on health behaviors



This is hard work

- It is OK to experience a level of discomfort--- no matter where you are on the continuum
- Compassion, care and awareness for self is critical
- Complex, multifactorial issue
- There is a strong prevailing belief in healthcare: “*We have to do something-no matter what the harm, the existing harm is too great*”
- Emerging science on microbiome, other factors influencing body size



*If I am honest  
about HAES....*

*I am afraid if we tell people they can be  
healthy at every size:*

- They will eat and eat until they explode
- They will have no incentive to lose weight and be healthy
- We are being irresponsible to the kids we work with
- It's not fair! Why can she be fat and healthy while I continuously watch what I eat and exercise every day to keep my weight down

-Sandra  
Friedman



## Lesley: Weight of Living

Canada project to  
dismantle stereotypes  
and myths

<https://obesitycanada.ca/blog-weight-of-living/lesley-weight-of-living/>

# Recognizing our own biases

**Comfort level** How comfortable am I to work with people of different body sizes?

**Assumptions** What assumptions do I make regarding a person's character, intelligence, abilities, health status or behaviors based only on their weight?

**Stereotypes** What common stereotypes come to mind related to weight?

**Counseling** How do my patients feel when they leave my office?

**Activation** What activates me in a counseling session?

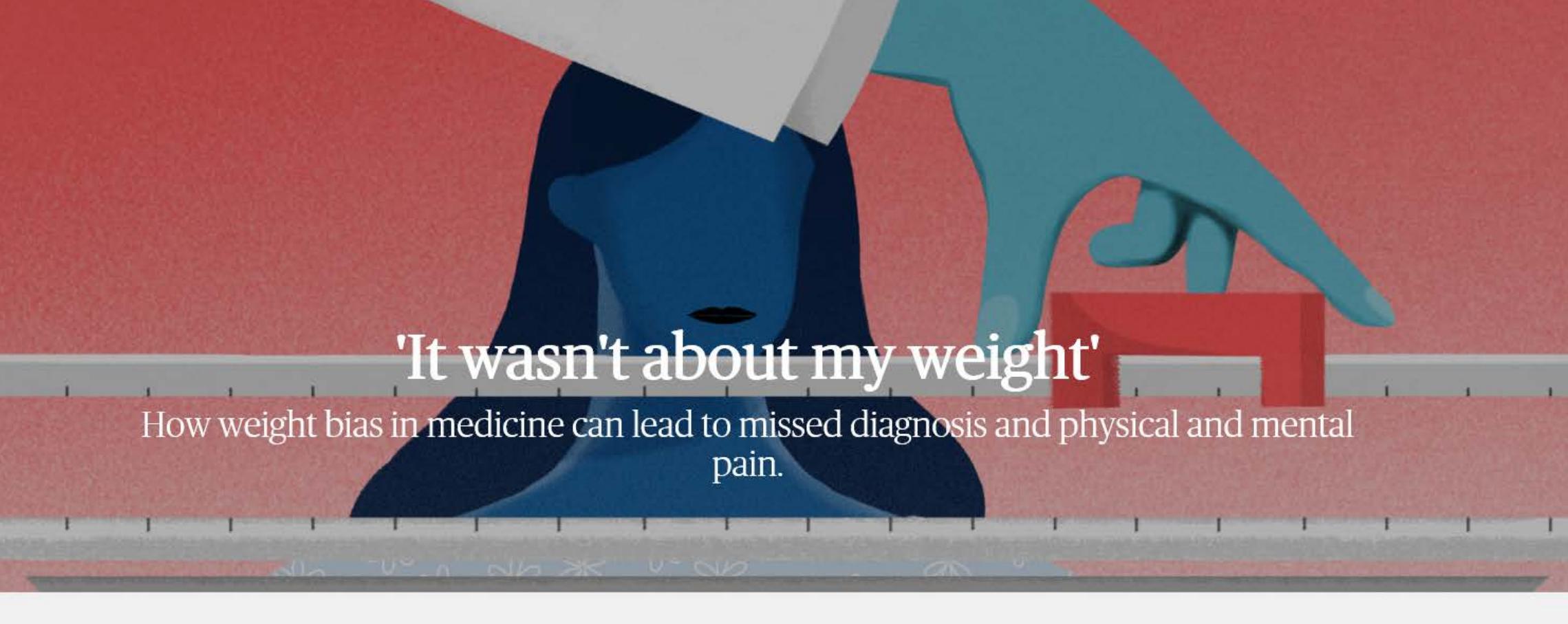
**Trust** Can I fully trust my patient with his/her own body?

# Weight bias and discrimination is a public health and human rights problem



Weight stigma shows up in all areas of life:

- Workplace
- Clinic settings
- Media
- Playgrounds
- Families



# 'It wasn't about my weight'

How weight bias in medicine can lead to missed diagnosis and physical and mental pain.

# Meghan's case study

Woman seen for FD appointment

Subjective

- 3<sup>rd</sup> pregnancy, although not like her previous pregnancies
- Weight loss

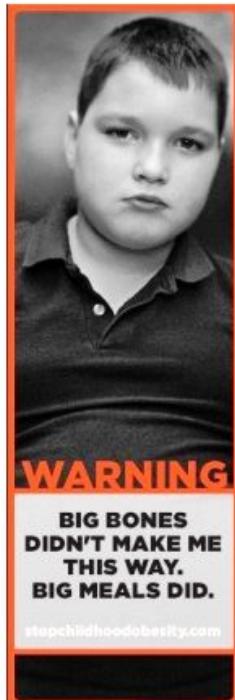
Objective

- Lack of appetite
- Isolation



Have we done enough to combat  
weight bias?

# Misguided Public Health Efforts



**WARNING**

**Stocky,  
chubby,  
chunky  
are still  
fat.**

Georgia Children's Health Alliance

Campaign to stop childhood obesity



**I STAND**  
**FOR HEALTHY CHILDREN OF ALL SIZES.**  
**FAT SHAMING IS BAD FOR HEALTH.**

Stop weight bigotry. **Health At Every Size®**

PHOTO: RICHARD SABEL



**I STAND**  
**AGAINST HARMING FAT CHILDREN.**  
**HATE ≠ HEALTH.**

Stop weight bigotry. **Health At Every Size®**



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

**STRONG<sup>4</sup>LIFE<sup>TM</sup>**

[What Is Strong4Life?](#) [Sign Up for Our Tips](#)

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Expert Advice

My child is a [select age...](#)

Search For...



1-5 YEARS

[How to Handle Picky Eaters](#)



PRESCHOOL & OLDER

[10 Tips and Hacks for Family Summer Fun](#)



PRESCHOOL & OLDER

[The Real Scoop on Frozen Treats](#)



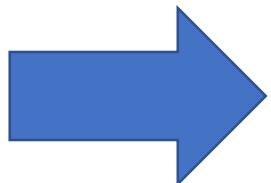


WIC is improving the environment for all sizes

# Body positive statement has been added to data requests

## WIC Children Ages 2-4, Weight Data for 2018

WIC Clinic	Number of children	% in obesity range (at or above 95th percentile for CDC weight-for-age growth charts)
Hermiston	881	18%
Milton-Freewater	277	19%
Pendleton	409	14%
Umatilla	83	28%



*The Oregon WIC program acknowledges that children can be healthy and meet the criteria for overweight or obesity. We work with families to promote responsive feeding, eating competence, and health at every size as a means to support steady growth of the child and to minimize weight-based stigma.*

# Growth vs. health

Growth is  
change  
through time  
measured by  
repeated  
measurements

Growth does  
not equate to  
health

It is possible to  
be in poor  
health at all  
percentiles of  
the growth  
chart

“Catch-up  
growth” may set  
the course for  
excessive weight  
and negative  
health impacts  
later in life

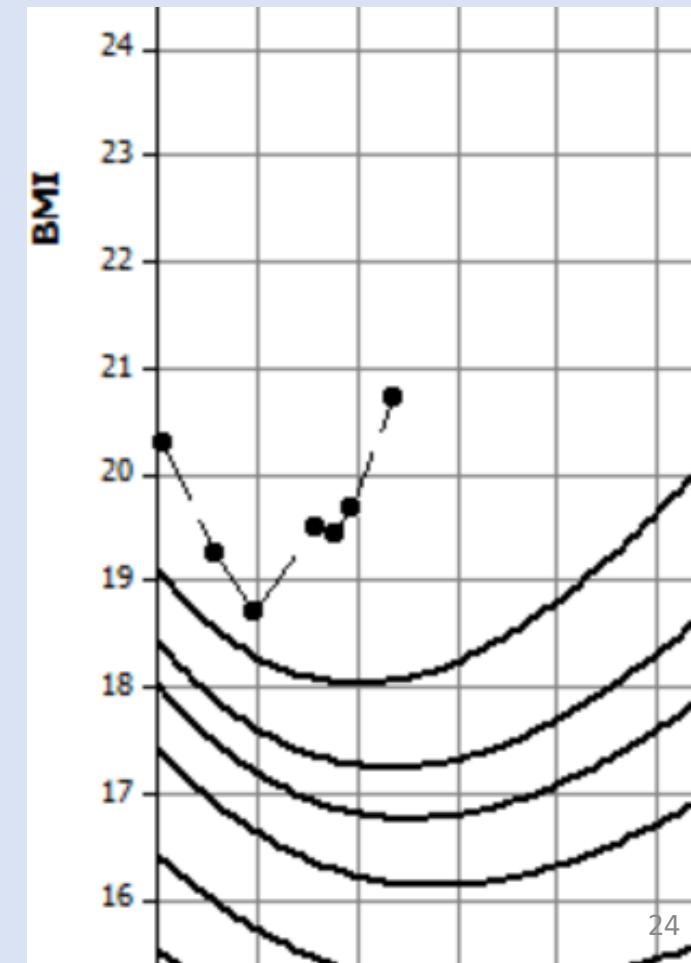
# BMI Does Not Equal Automatic Health

- 1/3 of “normal” BMI patients had markers of cardiovascular (CV) disease
- 1/2 of “overweight” BMI patients had no indication of CV disease
- Tomiyama AJ, et al. Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. *International Journal of Obesity* volume40, pages883–886 (2016)

# Known limitations of our data system

Wt For Length	BMI	BMI %	Birth Data
	20.73	99.00	<input type="checkbox"/>
	19.69	99.00	<input type="checkbox"/>
	19.45	99.00	<input type="checkbox"/>
	19.51	99.00	<input type="checkbox"/>
	18.71	97.00	<input type="checkbox"/>
	19.26	98.00	<input type="checkbox"/>

versus



## Misguided worries about growth can fuel fear, anxieties

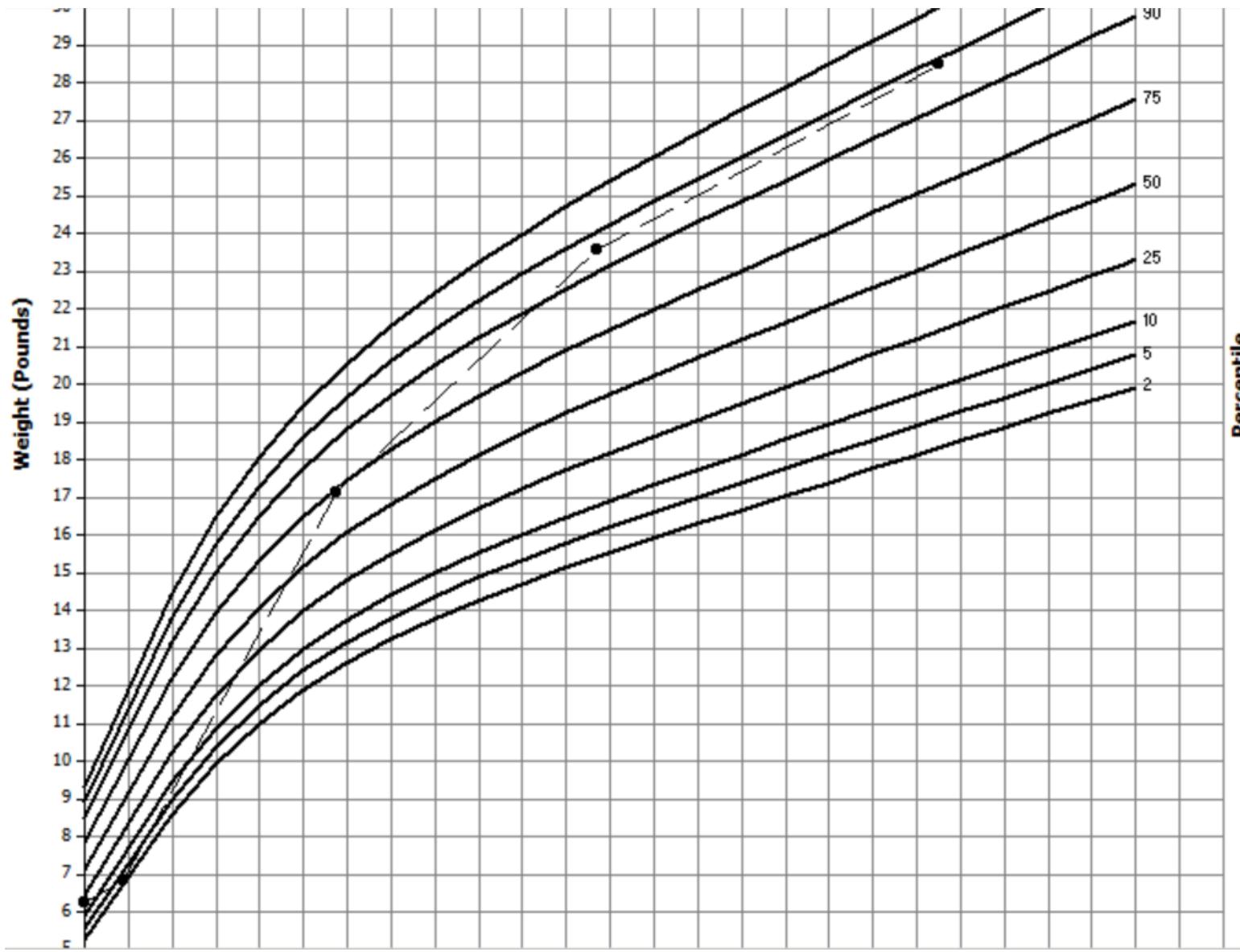
- How do we use growth grids to support trust and empowerment?
- Are we focused on weight management vs. connecting normal variations in growth with developmental milestones?
- What guidance do we provide certifiers around issuing special medical formulas to address certifier/parent's concerns related to weight?
- How do personal fears, biases impact the discussion of growth?

Polling question:

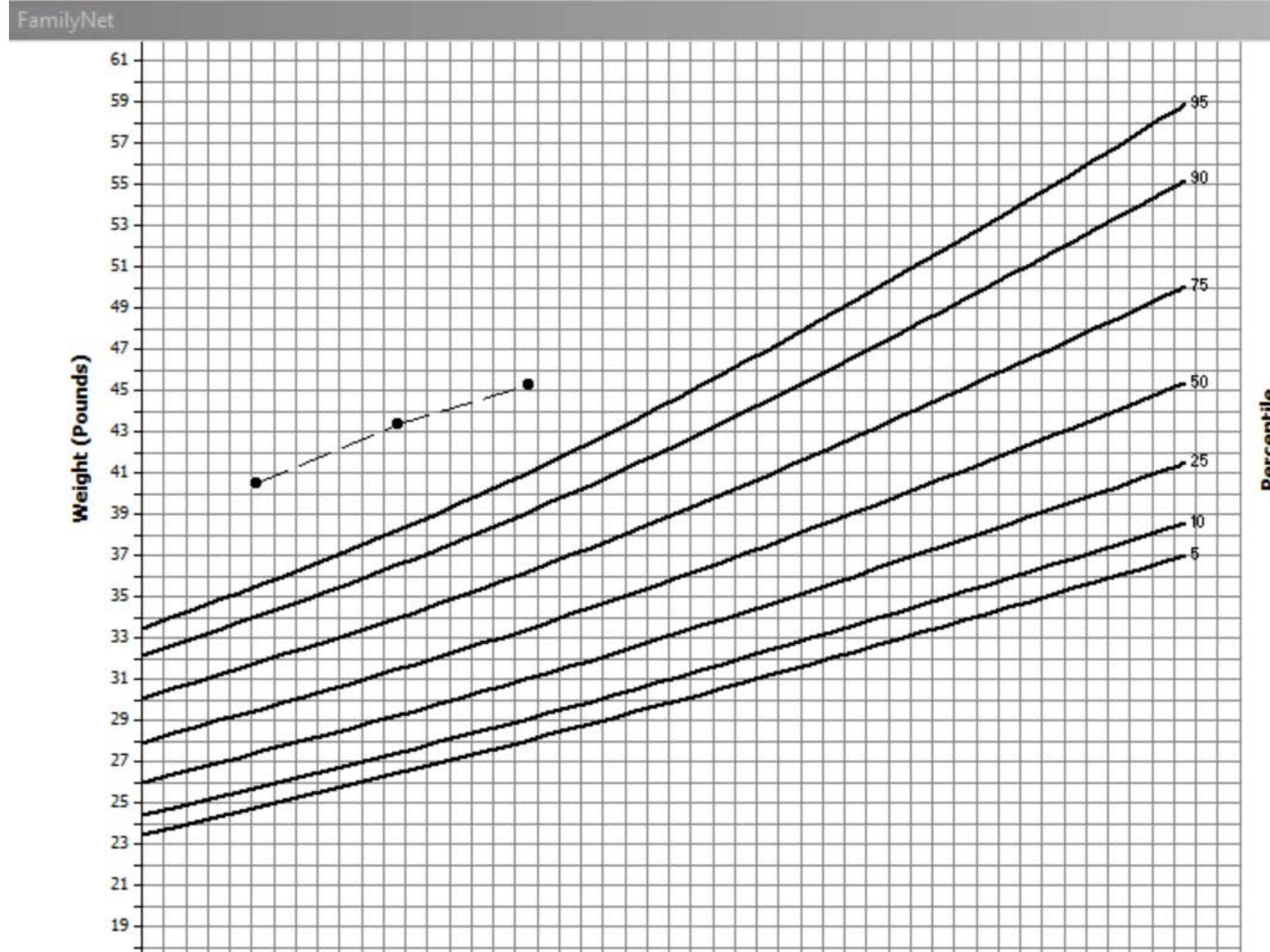
Growth grids are a part of a true, full assessment  
and need to be shared with families

How do growth grids fit into a full assessment?

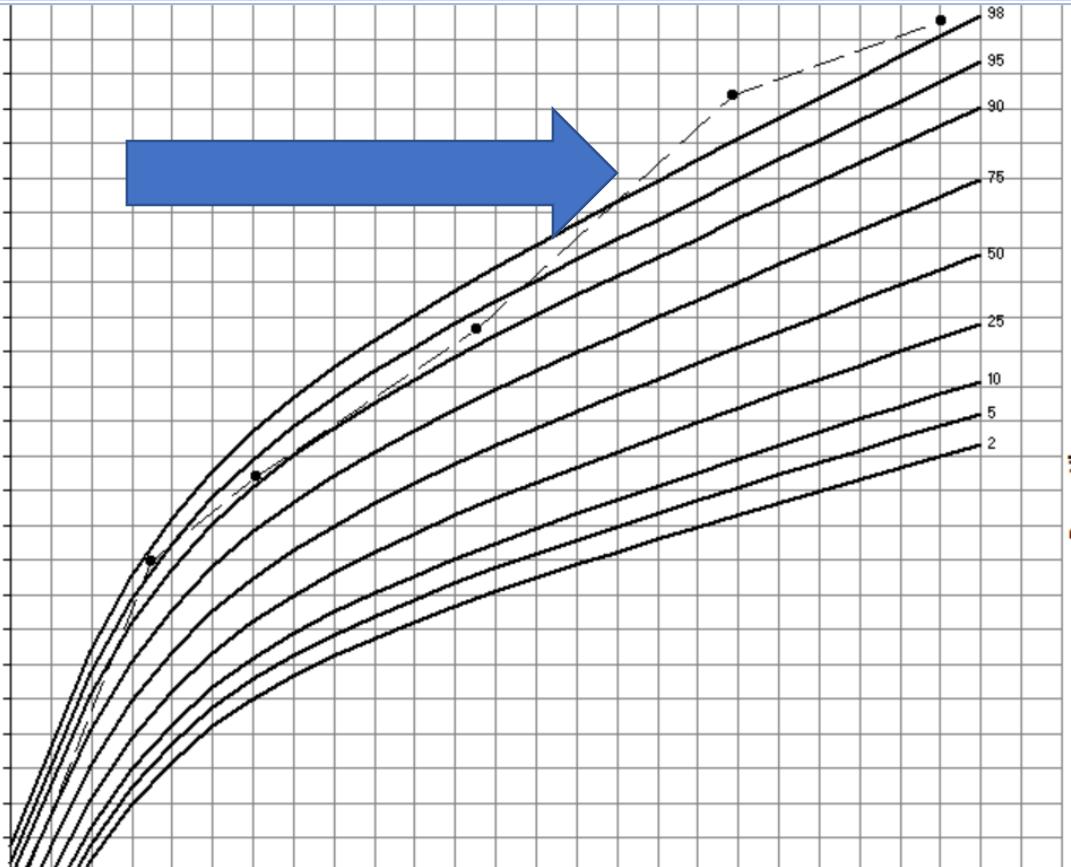
Female K



Male M

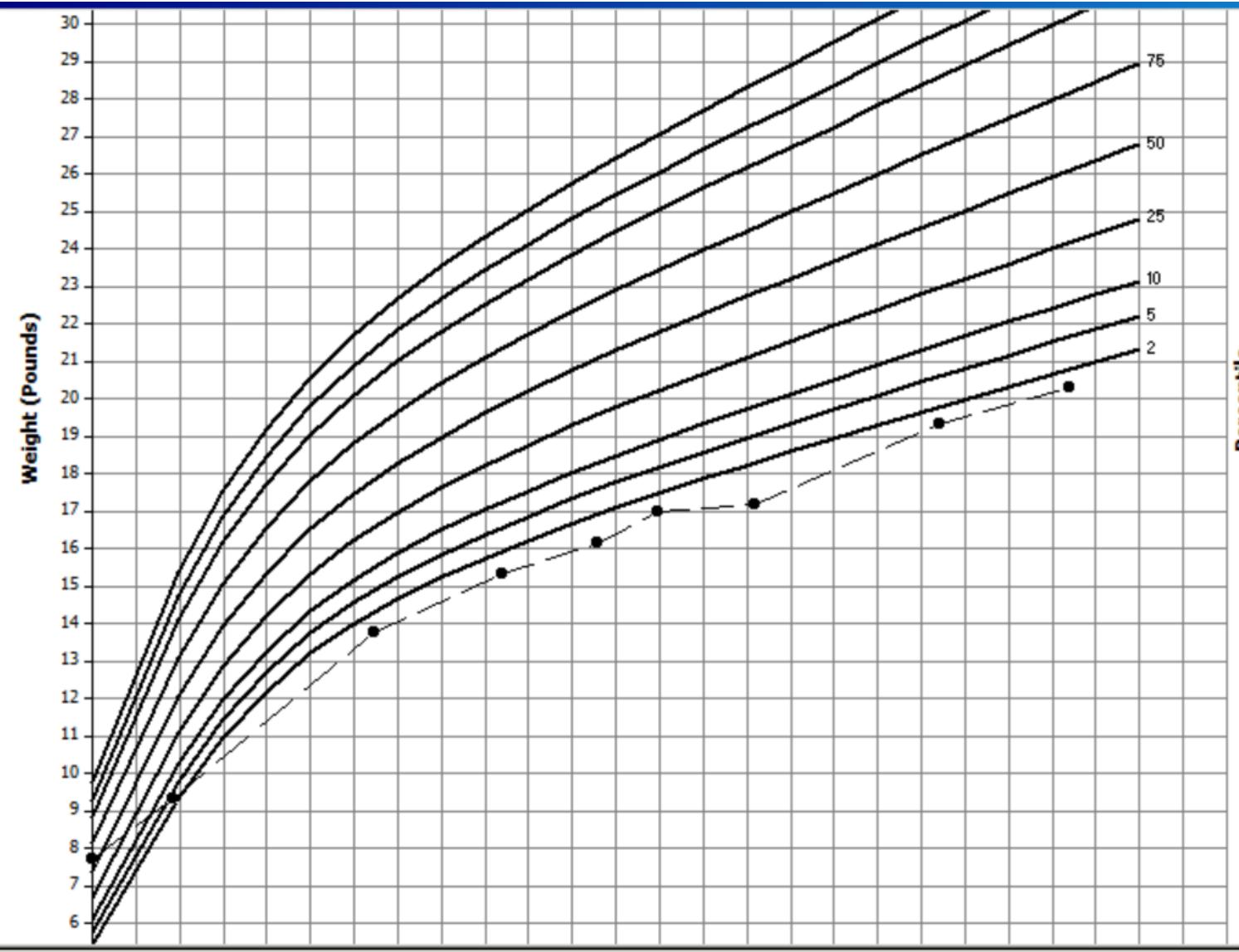


Male M



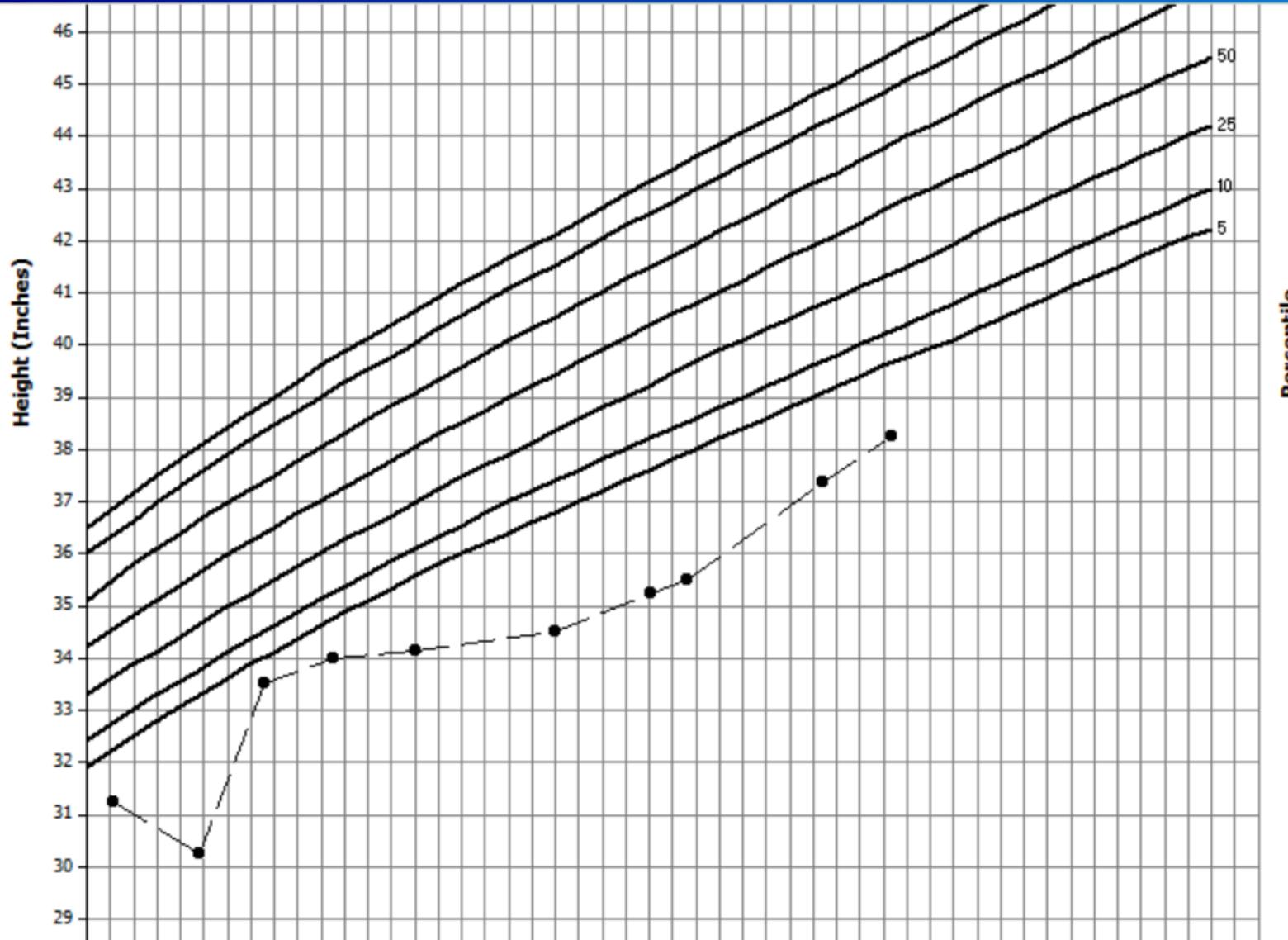
08/09/2017	ENGLISH	33	8	98.00	ENGLISH	35	6	RECUMBENT	90.00	97.00
03/06/2017	ENGLISH	31	6	99.00	ENGLISH	34	0	RECUMBENT	93.00	98.00
08/24/2016	ENGLISH	24	10	91.00	ENGLISH	31	4	RECUMBENT	96.00	78.00
03/10/2016	ENGLISH	20	6	92.00	ENGLISH	27	6	RECUMBENT	90.00	83.00
12/23/2015	ENGLISH	17	15	98.00	ENGLISH	25	7	RECUMBENT	98.00	85.00

Male T

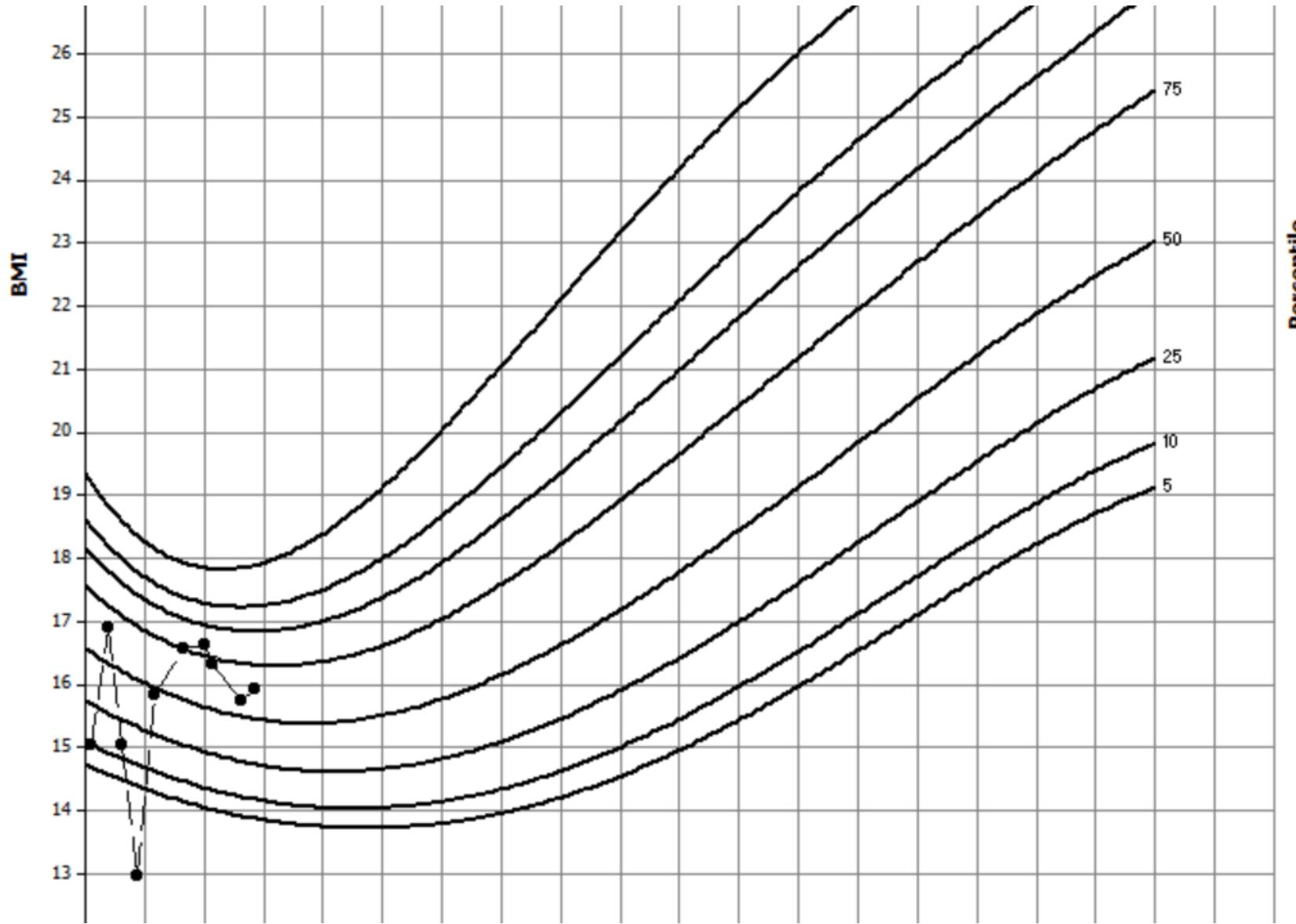


Male T

FamilyNet



Male T



What will be  
the impact  
of risk 113  
changing  
from high to  
medium?

- Opportunity for staff to explore healthy behaviors?

OR.....

- Missed opportunities: “MOC not concerned”
- What training, tools, resources are needed for staff?

# Talking to participants about weight

*“I bring up nutrition, movement and wellbeing with all my patients; your health and feeling good in your body is important to us at WIC”*

*“What words would you like to use when we talk about weight?”*

*“How do you feel about your/your child’s size?”*

*“What has been your relationship with weight and the scale in the past?”*

*“Taking your weight is one part of your WIC visit. I would like to find a way to share this information that feels most respectful to you”*



# Courageous conversation starters

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- How were the topics of self-image, weight and health discussed when you were growing up?
- How does this influence the way you think and talk about bodies and weight now?
- How do you perceive your body?
- How does your perception differ from that of society's?
- How does perceptions from family, friends, strangers influence how you feel about yourself?
- What would you want different for your child/client?





## Talking with staff to promote body satisfaction

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- What words do we use to describe babies and children?
- How do we talk about ourselves and our bodies?
- What messages do our clinics present to our families?
- Do we include body positive messages and images?
- What are ways we can build a strong supply of self-esteem phrases focusing on strengths, talents, interests, personal qualities rather than how we look, descriptions of appearance?

# Support parent-child attachment in the feeding relationship

The agenda of getting kids to eat better cannot be the main focus

Determine the parent/caregiver attraction to change and work to provide that

And trust that the change will result in a positive impact on the child's eating competence

# Move from Food Managers to Relationship Builders

- One more bite
- You are not done
- Eat more XXXX
- No leaving the table until XXX
- You can have screen time after you eat XXX bites

- I want to hear about your day
- Come join me in the kitchen
- You can help put this on the table
- I trust you will know when you are done
- You are feeling adventurous by trying that food
- I hear how much you want XXX, you can choose between....



Fueled by relationships-  
what parents bring to the  
table

1. Love
2. Care
3. Connection
4. Food

*The food is important but your love,  
your care and your connection are far  
more important than the food*

- Hungry for Love, Charlie Slaughter



## Counseling moment: A bigger infant is a better infant

- *“If they[my children] are overweight, at least I know they are eating.*
- *If they are underweight, they are not eating and they are not getting the nutrients they need.”*



## Counseling moment : My child is a picky eater!

- *"He used to like everything. Now he does OK with breakfast and lunch but at dinner I have to fix him something other than what we are eating or he won't eat anything. He only gets his bottle in the morning and sippy cup during the day."*

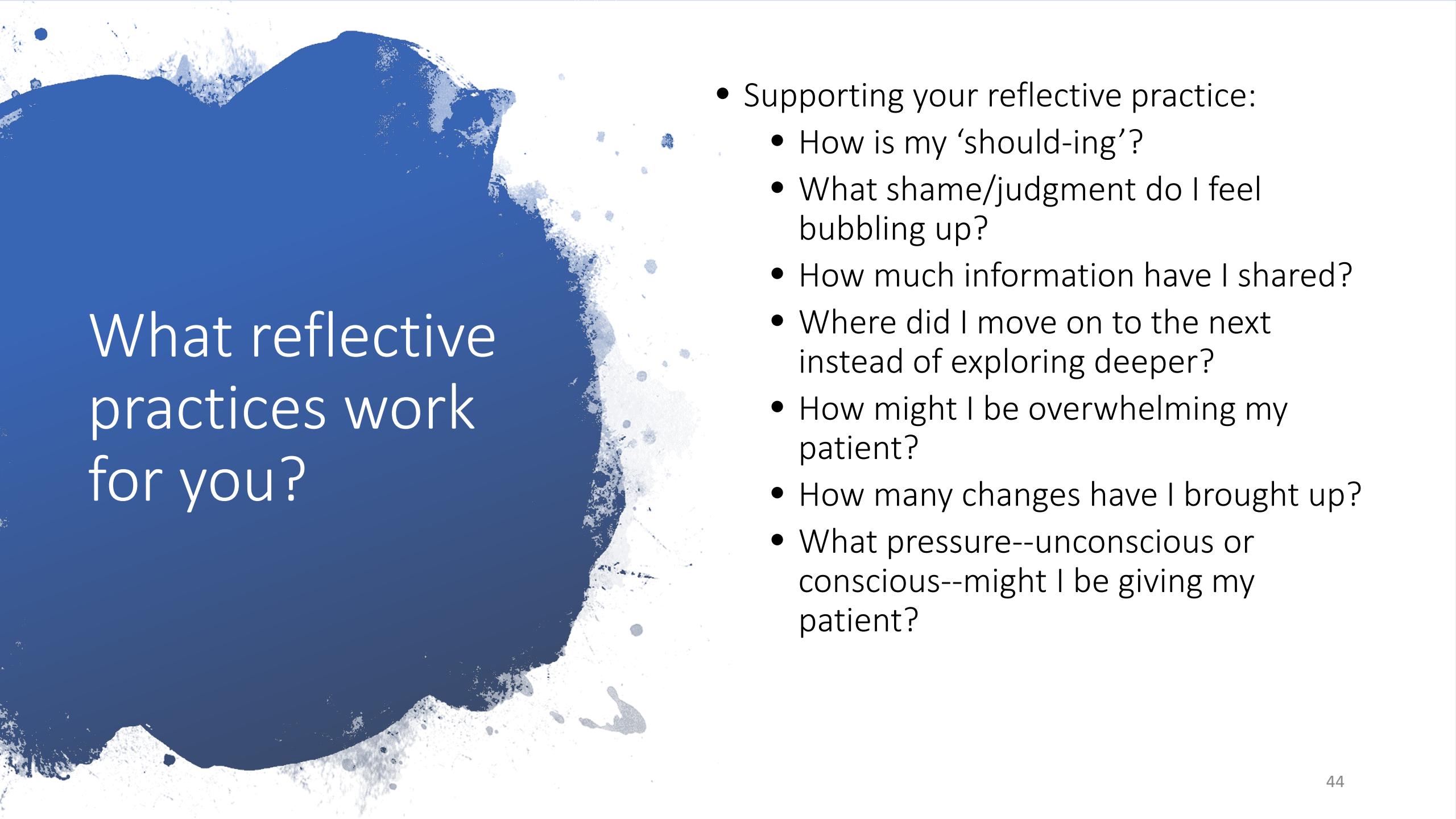


## Counseling moment : My child is not getting enough to eat

- *“I am at my wit’s end. I am getting mixed messages from friends, family, social media on feeding my child. If my child doesn’t eat, I am not doing my job as his mother”*

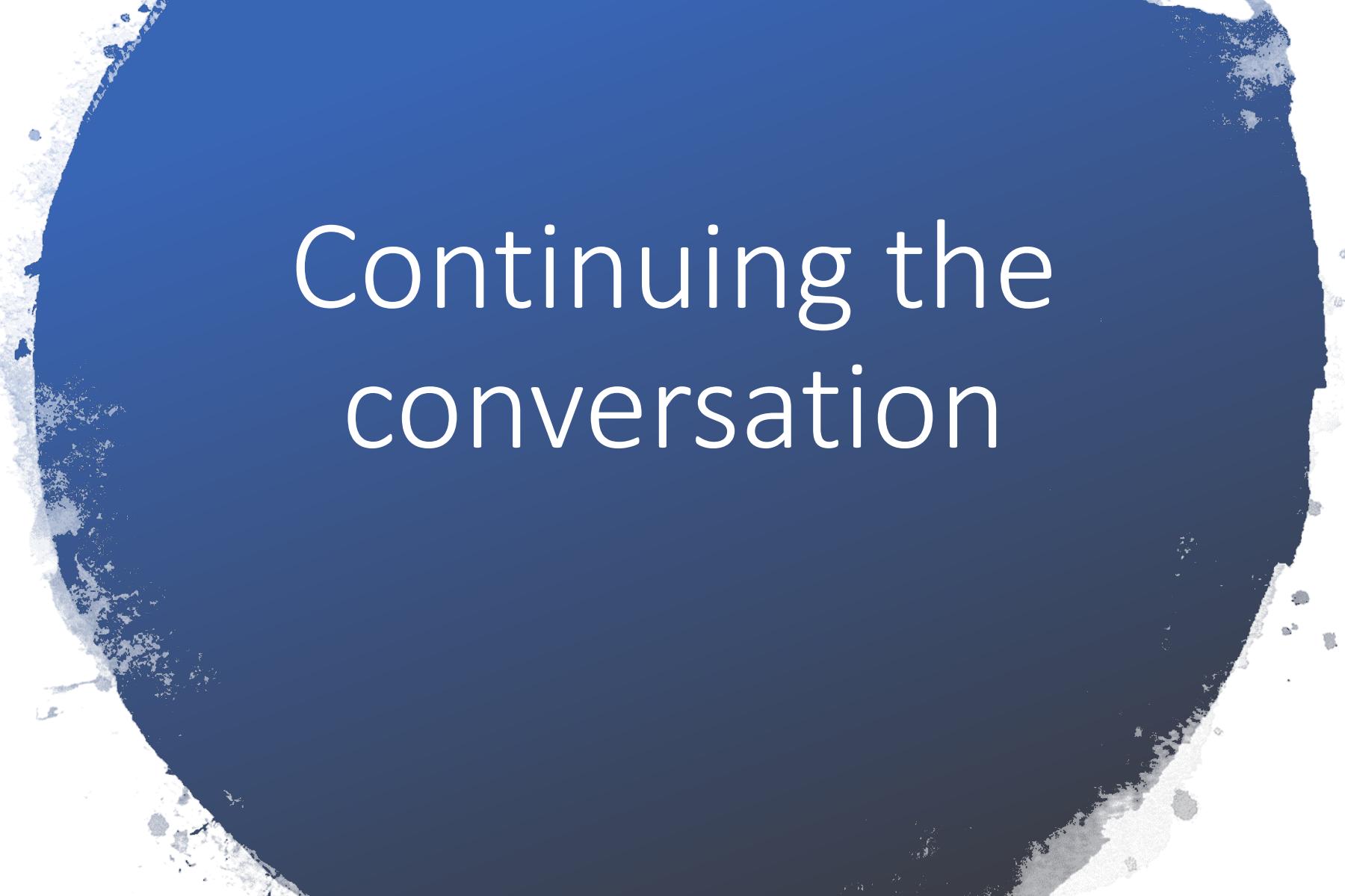
# Phrases to keep the conversation flowing

What phrases have been helpful, when conversation seems to stop, get awkward or everything is fine?

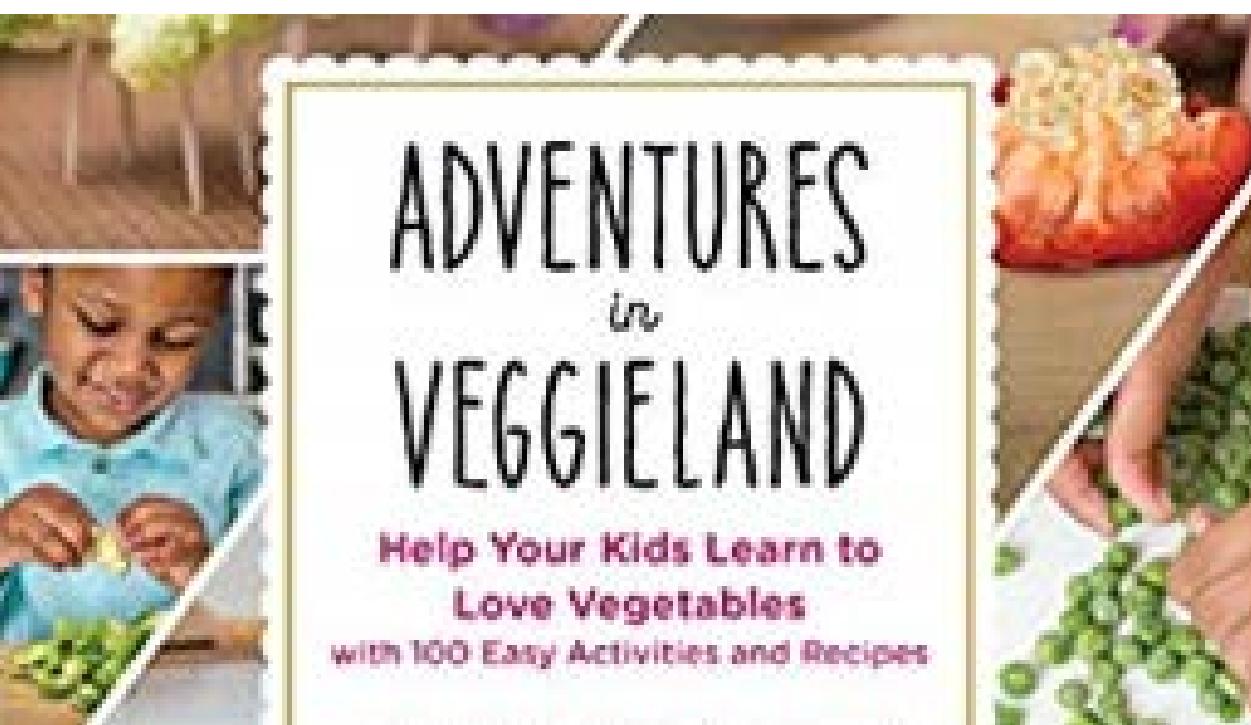
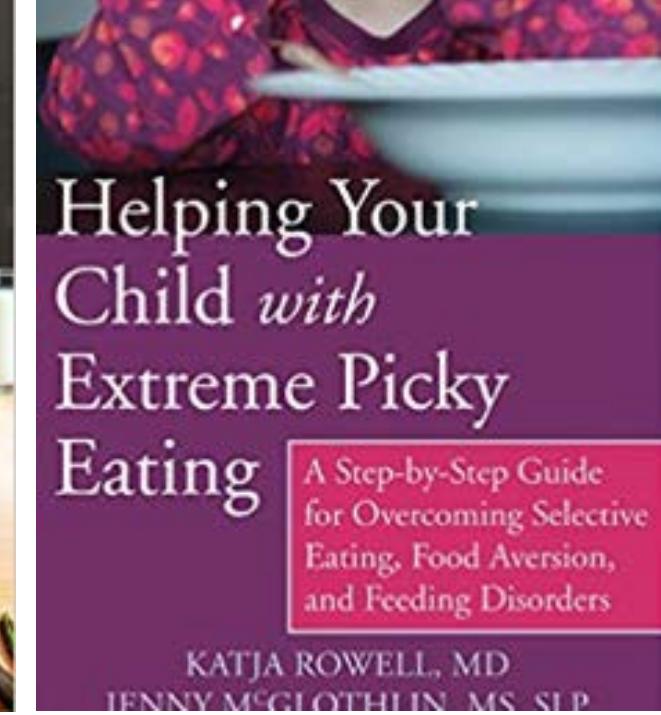
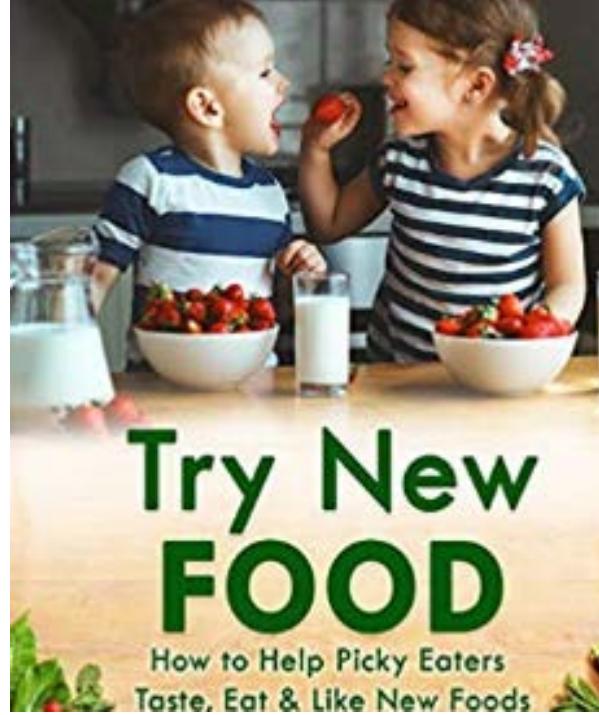
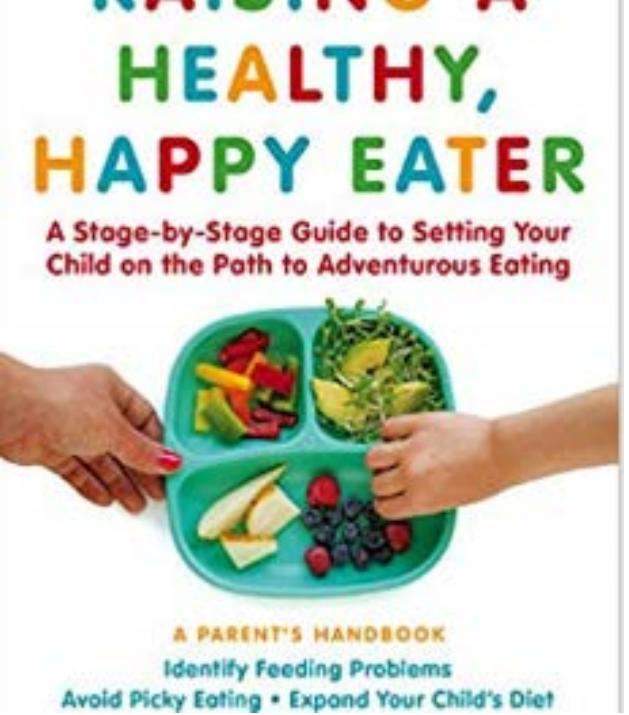


# What reflective practices work for you?

- Supporting your reflective practice:
  - How is my ‘should-ing’?
  - What shame/judgment do I feel bubbling up?
  - How much information have I shared?
  - Where did I move on to the next instead of exploring deeper?
  - How might I be overwhelming my patient?
  - How many changes have I brought up?
  - What pressure--unconscious or conscious--might I be giving my patient?



Continuing the  
conversation



Diverse voices supporting the feeding relationship

Raising a Healthy Happy Eater by Nimali Fernando, MD, MPH and Melanie Potock, MA, CCC-SLP

Hungry for Love by Charlie Slaughter, MPH, RD

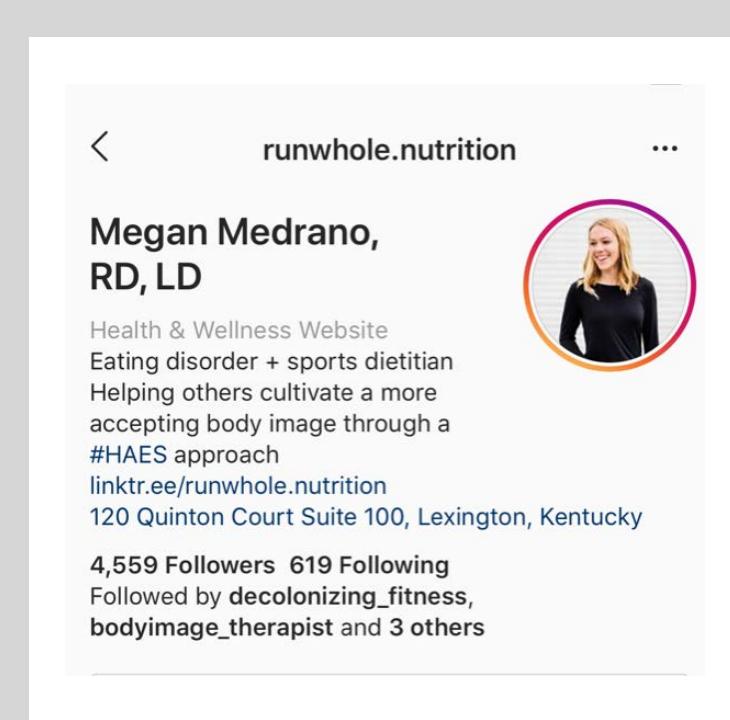
Adventures in VeggieLand by Melanie Potock, MA, CCC-SLP

Try New Food by Jill Castle, RDN

Helping Your Child with Extreme Picky Eating by Katja Rowell, MD, and Jenny McGlothlin, MS, SLP

# Opportunity to expand our social media feeds

Conversations are happening on social media every day about HAEs, research and lived experiences of people doing this work

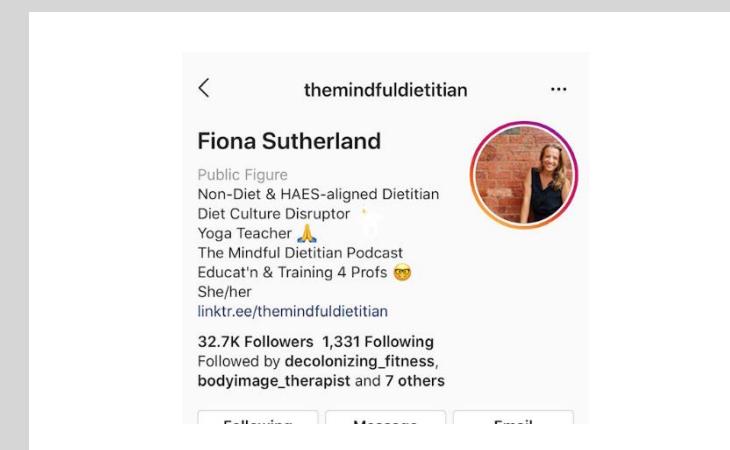


runwhole.nutrition

Megan Medrano, RD, LD

Health & Wellness Website  
Eating disorder + sports dietitian  
Helping others cultivate a more accepting body image through a #HAES approach  
[linktr.ee/runwhole.nutrition](http://linktr.ee/runwhole.nutrition)  
120 Quinton Court Suite 100, Lexington, Kentucky

4,559 Followers 619 Following  
Followed by [decolonizing\\_fitness](#), [bodyimage\\_therapist](#) and 3 others

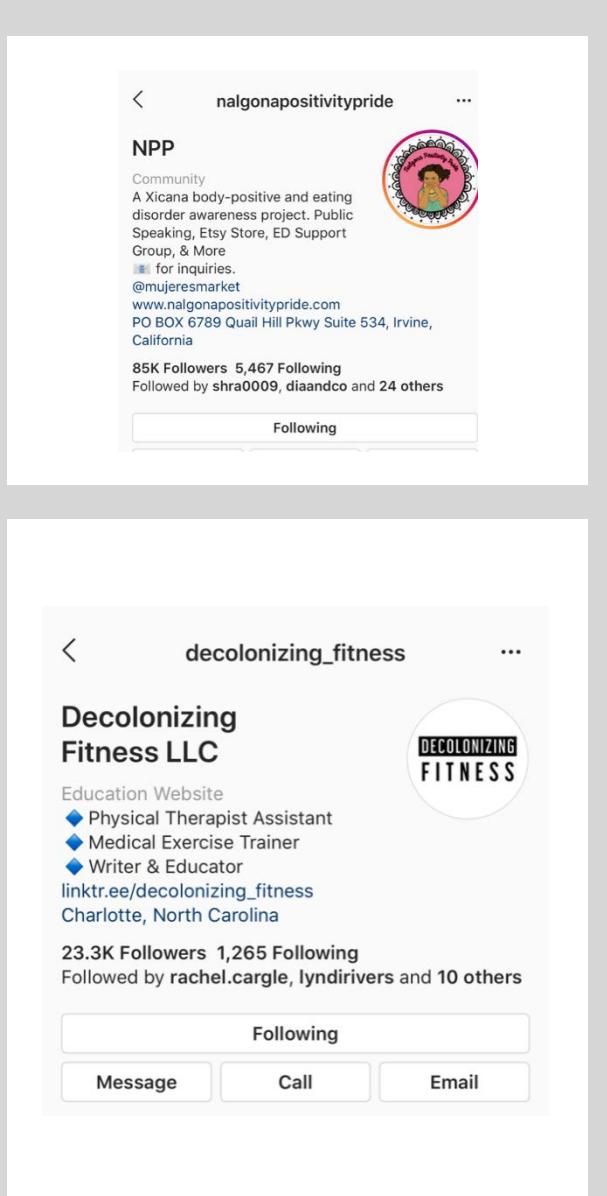


themindfuldietitian

Fiona Sutherland

Public Figure  
Non-Diet & HAES-aligned Dietitian  
Diet Culture Disruptor  
Yoga Teacher 🌟  
The Mindful Dietitian Podcast  
Educat'n & Training 4 Pros 😊  
She/her  
[linktr.ee/themindfuldietitian](http://linktr.ee/themindfuldietitian)

32.7K Followers 1,331 Following  
Followed by [decolonizing\\_fitness](#), [bodyimage\\_therapist](#) and 7 others



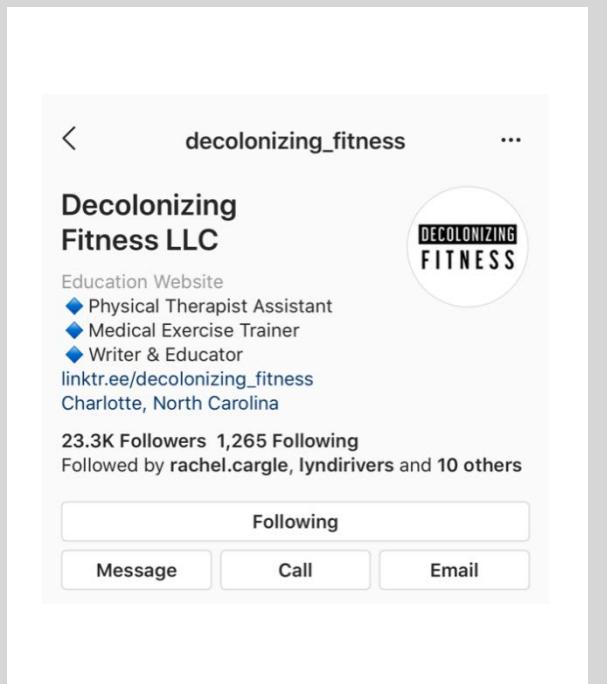
nalgonapositivitypride

NPP

Community  
A Xicana body-positive and eating disorder awareness project. Public Speaking, Etsy Store, ED Support Group, & More  
✉️ for inquiries.  
[@mujeresmarket](#)  
[www.nalgonapositivitypride.com](http://www.nalgonapositivitypride.com)  
PO BOX 6789 Quail Hill Pkwy Suite 534, Irvine, California

85K Followers 5,467 Following  
Followed by [shra0009](#), [diaandco](#) and 24 others

[Following](#)



decolonizing\_fitness

Decolonizing Fitness LLC

Education Website

- ◆ Physical Therapist Assistant
- ◆ Medical Exercise Trainer
- ◆ Writer & Educator

[linktr.ee/decolonizing\\_fitness](http://linktr.ee/decolonizing_fitness)  
Charlotte, North Carolina

23.3K Followers 1,265 Following  
Followed by [rachel.cagle](#), [lyndirivers](#) and 10 others

[Following](#) [Message](#) [Call](#) [Email](#)

# Resources

Implicit biases:

<http://www.uconnruddcenter.org/weight-bias-stigma-tools-for-researchers>

<https://implicit.harvard.edu/implicit/takeatest.html>

Images:

<https://www.worldobesity.org/resources/image-bank?keywords=families>

<http://www.uconnruddcenter.org/media-gallery>

Tools, Resources:

<https://www.ellynsatterinstitute.org/>

<https://www.nytimes.com/2019/05/08/smarter-living/5-people-learn-to-love-your-body.html>

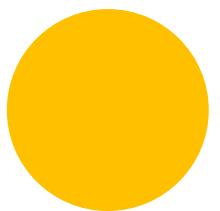
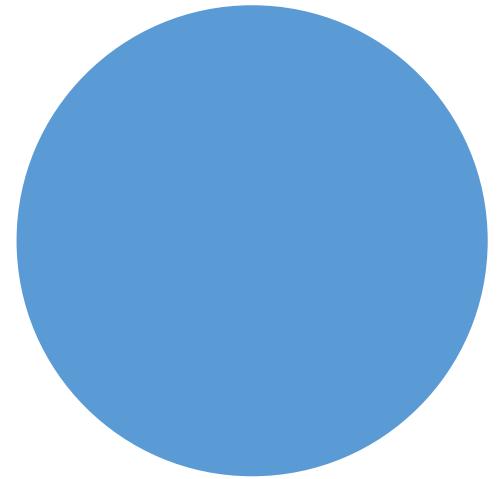
Body Trust is a Birthright Dana Sturtevant and Hilary Kinavey

<https://www.youtube.com/watch?v=aPUH3Hp1t9k&feature=youtu.be>



# Resources from Meghan

- Weight Science: Evaluating the Evidence for a Paradigm Shift:  
<https://nutritionj.biomedcentral.com/articles/10.1186/1475-2891-10-9>
- DEALING WITH TOXIC LUNCHROOM TALK AND ADVOCATING FOR THE POSSIBILITY FOR CULTURE CHANGE:  
<https://benourished.org/toxiclunchroomtalk/>
- Intuitive Eating Scale: [http://drjenna.net/wp-content/uploads/2013/07/ies-tylka-suvey\\_for\\_partici.pdf](http://drjenna.net/wp-content/uploads/2013/07/ies-tylka-suvey_for_partici.pdf)
- the HAES® files: Stress Mess: How “Fighting Fat” Makes People Sick:  
<https://healthateversizeblog.org/2013/09/27/the-haes-files-stress-mess-how-fighting-fat-makes-people-sick/>
- Association for Size Diversity and Health:  
<https://www.sizediversityandhealth.org/>
- Body mass index and mortality: a meta-analysis based on person-level data from twenty-six observational studies:  
<https://www.ncbi.nlm.nih.gov/pubmed/15652713>
- Social determinants at health, ***note the pie graph on the right side:***  
<https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>
- Help Your Kids Establish Nourishing Eating Habits, Too:  
<https://lindabacon.org/wp-content/uploads/helping-kids-establish-nourishing-eating-habits.pdf>



Thank you