


Presenter:
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Body Image Warrior

First Do No Harm:

Raising the red flag on school healthy eating and obesity prevention initiatives



Shift The Focus



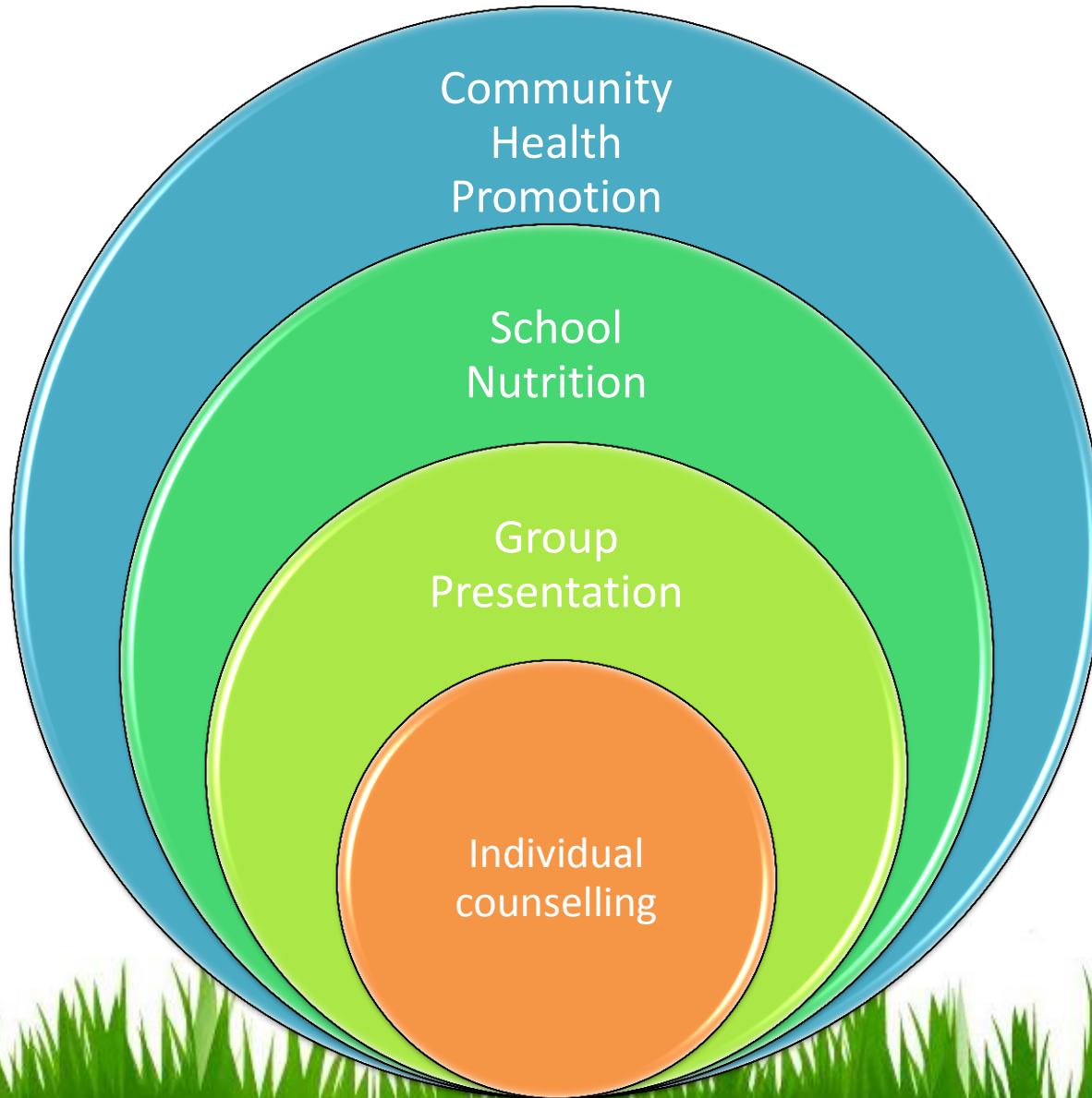
@julie_rochefort





**Noojmowin Teg
Health Centre**
A place of healing

AHAC: Noojmowin Teg Health Center



Acknowledgements

- Ontario Healthy Schools Coalition conference planning committee.
- Colleagues & Clients – Noojmowin Teg Health Centre
- Conference delegates and presenters!

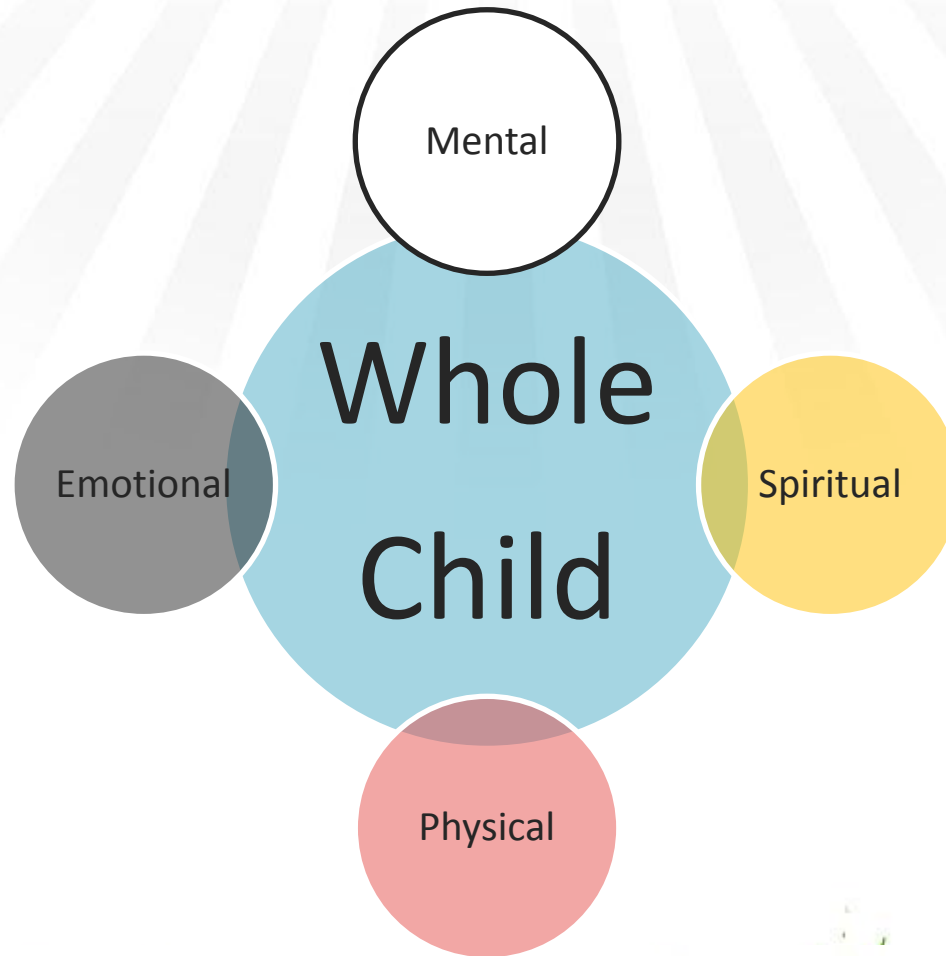


Disclosures

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

Supporting the Whole Child



?????

Physical

Spiritual

Mental

Emotional

BMI

Calories

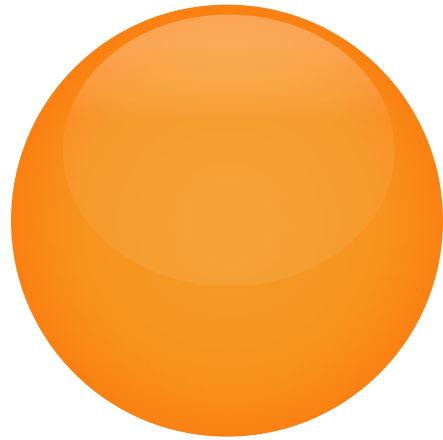
Exercise

Healthy Eating



Today's Agenda





SCHOOL WEIGHT BASED MONITORING & PROGRAMS





“The goal of school BMI programs are to motivate students and their families to take the necessary actions to make healthy and safe lifestyles changes to prevent and reduce obesity.” (Nihiser, 2009)

BMI Measurement in Schools

- School provide a favourable setting
 - 13 states in USA have mandatory BMI measurements programs
 - United Kingdom
 - China
 - Canadian



BMI Measurement in Schools- **Outcomes**

- Little is known about the outcomes of BMI measurement programs, including effects on
 - weight-related knowledge,
 - attitudes,
 - behaviors of youth and their families.
- no consensus exists on the usefulness of BMI screening programs for young people

(Nihiser et al., 2007)



Effect of school based physical activity and nutrition education on BMI (2014)


Goal: Asses the effect of school PA and NE interventions by RCT on the reduction BMI

- 38 studies included in the review (28,870 children)
- 87% published after 2000
- Included data from 12 countries
- Variation
 - Age (most target aged 8-11 yrs)
 - Length of intervention most were longer than 9 months
 - Varied 2 months to 6 years-

(Guerra et al., 2014)



RESULTS

- Mean difference:
 0.03kg/m²
- Length of study did not have a significant effect on mean difference

Level of comfort &

Intention to engage in weight management activities

- Uncomfortable & embarrassed being weighed at school
 - 66% preferred doctors office
- **20%** stated they would diet/restrict food
- **20 %** stated skip meals
- **6%** stated they would take diet pills
- **10%** visit a weight loss clinic



Kalich et al., 2008; Nihiser et al., 2007



“School-based programs that collect weight measures may lead to an increase prevalence of stigmatization and bullying.”

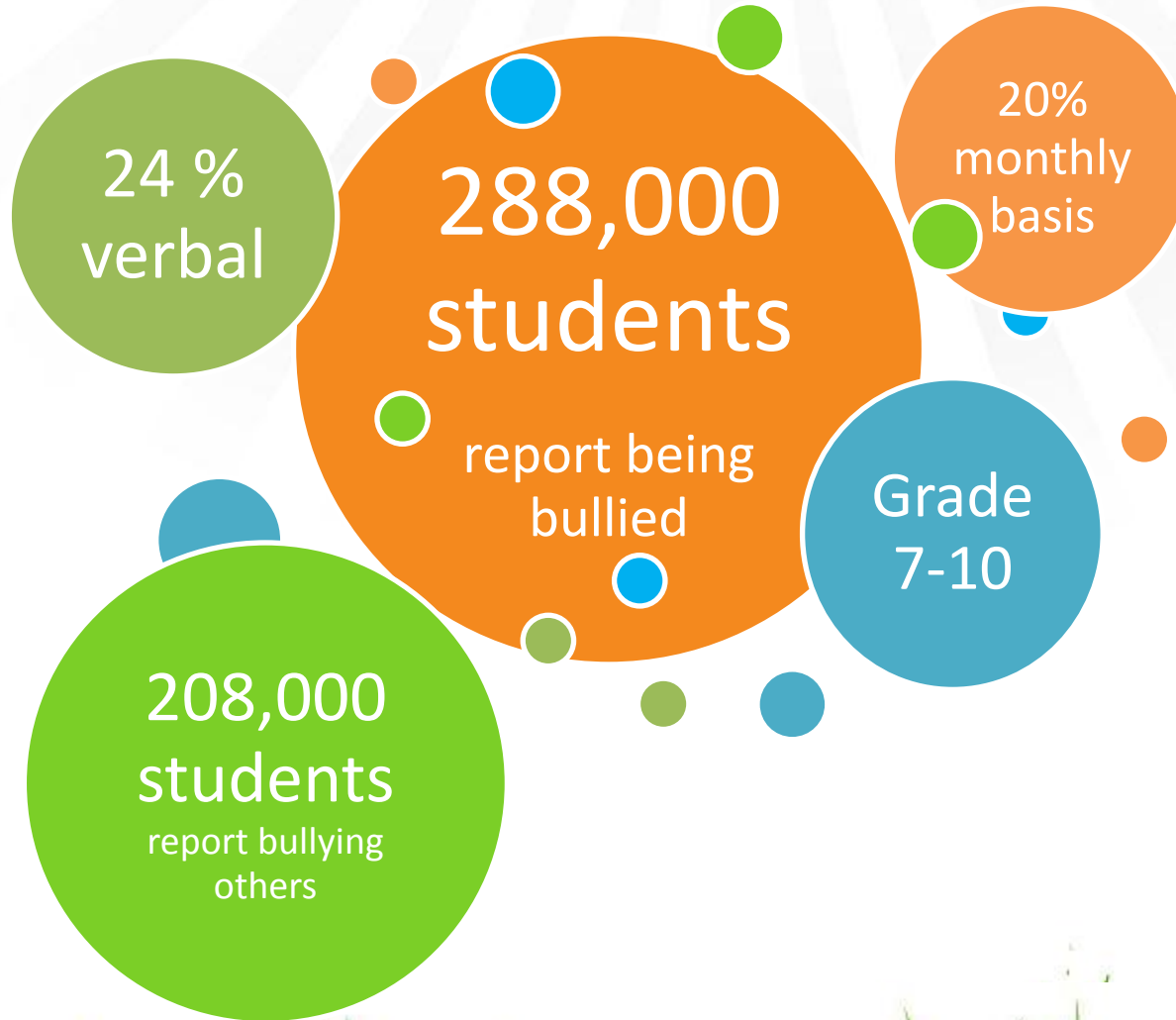
(CMAJ, 2011)



EVIDENCE & UNFORESEEN CONSEQUENCES



Bullying (OSDUHS, 2011)



Teasing and Bullying in Adolescence

Adolescent reports of why peers are teased/bullied (N = 1555)

Reason for teasing	Primary reason students are teased	Observed sometimes, often, very often
	%	%
Being overweight	40.8	78.5
Gay/lesbian	37.8	78.5
Ability at school	9.6	61.2
Race/ethnicity	6.5	45.8
Physical disability	3.3	35.8
Religion	1.2	20.8
Low income/status	0.8	24.9

Puhl, Luedicke, Heuer (2011) *Journal of School Health*

Fat-so

Tub of lard


Pig

Lazy

Worthless



**2x
higher**



Weight Bias (or weight stigma):
“negative judgments
of an overweight or obese
individual based on social
attitudes or stereotypes”

Early Childhood

- Weight bias is expressed as early as age 3.
- Compared to average weight youth, overweight peers are:
- Viewed as mean, ugly, stupid, undesirable playmates
- Less often selected as best friend or playmate



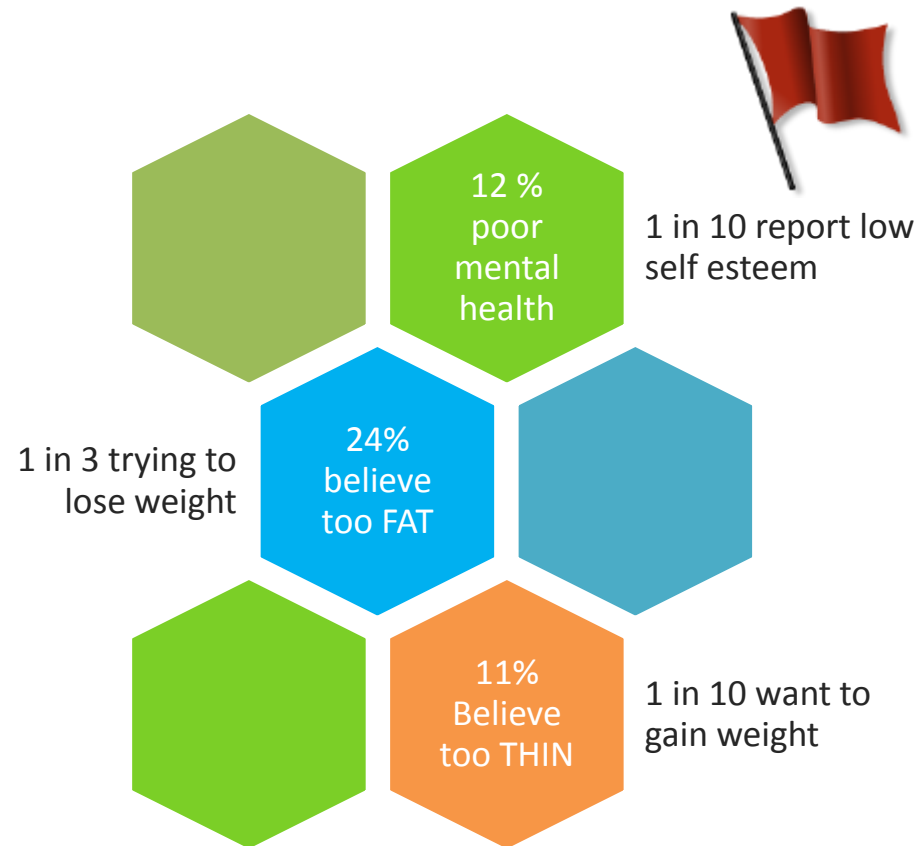
Elementary school

- Characterized by changes in appearance and body size
- Compared to non-overweight peers, obese youth face:
 - Less peer acceptance
 - Fewer friend nominations
 - Perceptions of being less athletic, unattractive
- No differences according to gender, race, or grade



High School

- As grade increases, so does the desire to change one's weight.
- Weight control behaviours
- Verbal victimization most prevalent

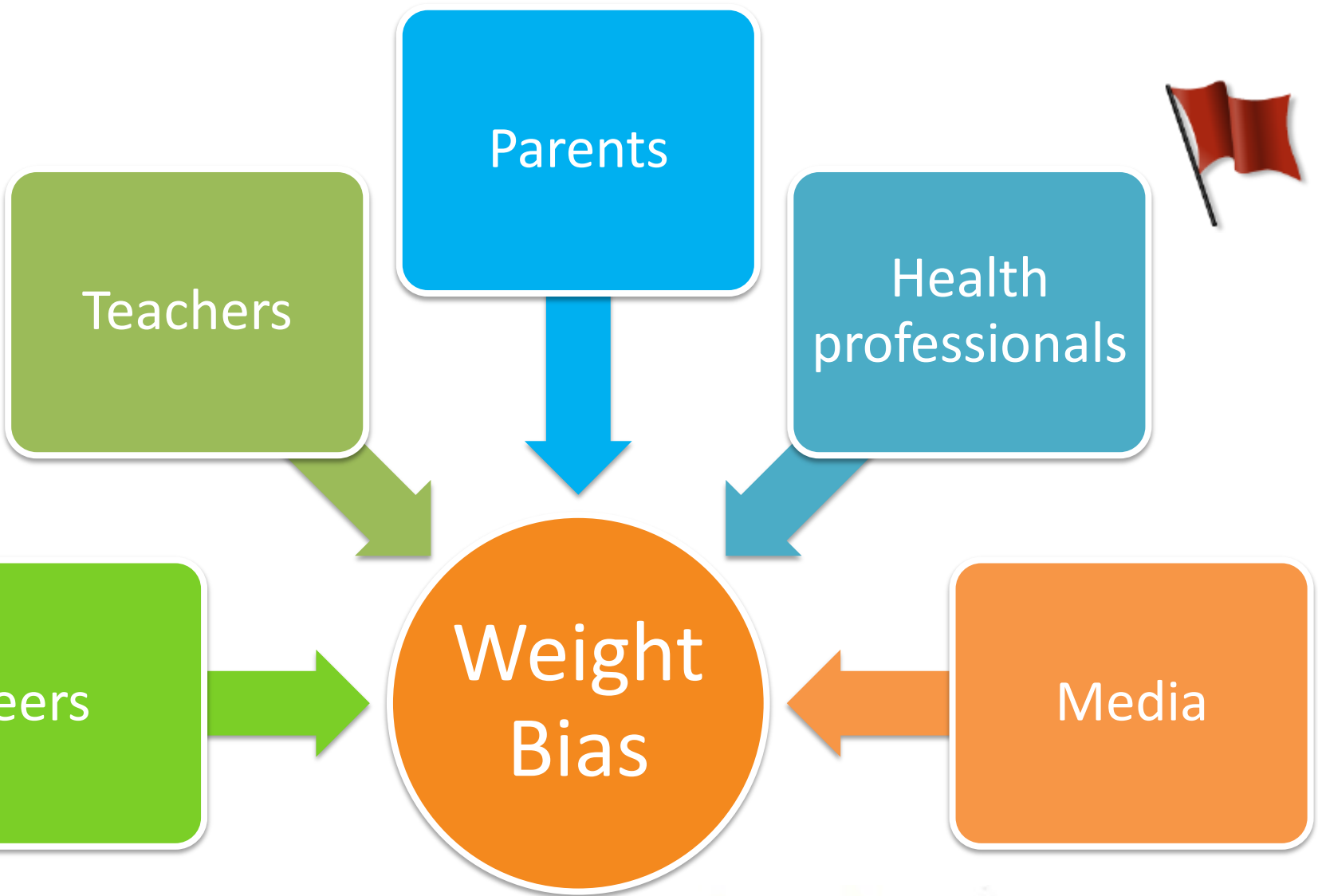


Weight Bias among educators

- Beliefs that obesity is due to lack of willpower/discipline
- Lower expectations of overweight students
- Teachers report that students affected by obesity are perceived as:
 - Untidy
 - More emotional
 - Less likely to succeed at school
 - More likely to have family problems

de Boer, Bosker, & van der Werf (2010); Greenleaf & Weiller (2005); Khoury-Kassabri (2011); Neumark-Sztainer et al. (1999); Peterson, Puhl, & Luedicke (2012), Puhl & Browne





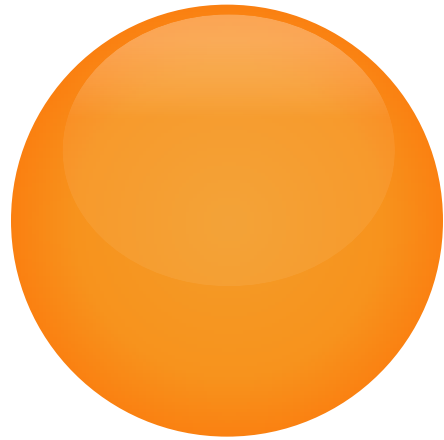
Puhl, 2011,

Psychological Consequences of Weight-Related Bullying



- body dissatisfaction
- low self-esteem
- depressive symptoms
- suicidal ideation
- avoidance strategies
- poorer school performance
- restrained eating

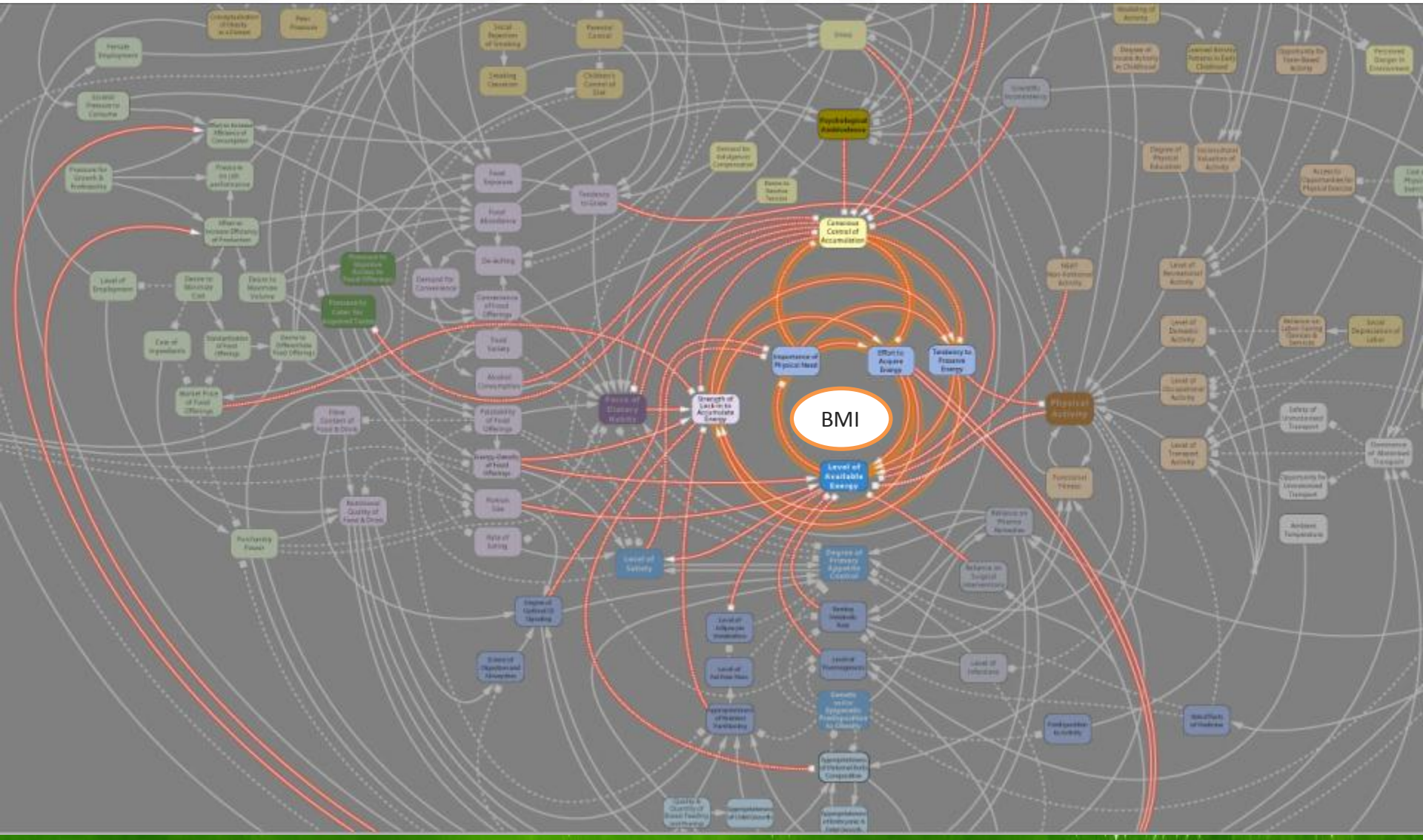
Puhl RM and Latner JD (2007; Puhl, 2012, NEDIC), (Goldfield et al, 2010; Shaw and Kemeny, 1989; O'Dea, 2003))



**IS WEIGHT DEPENDENT ON WILL
POWER?**



Influencing Body weight





What else is going on?

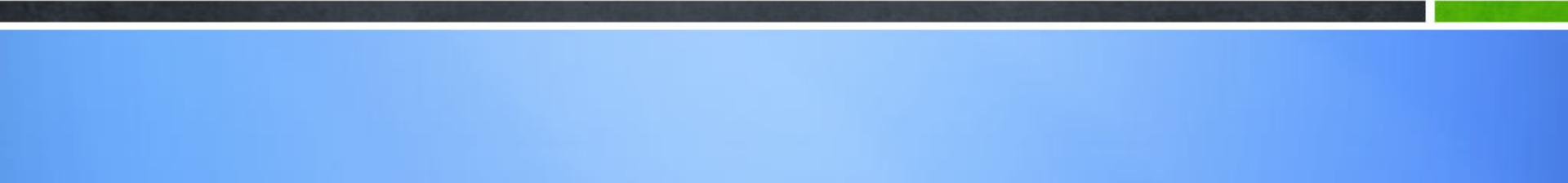
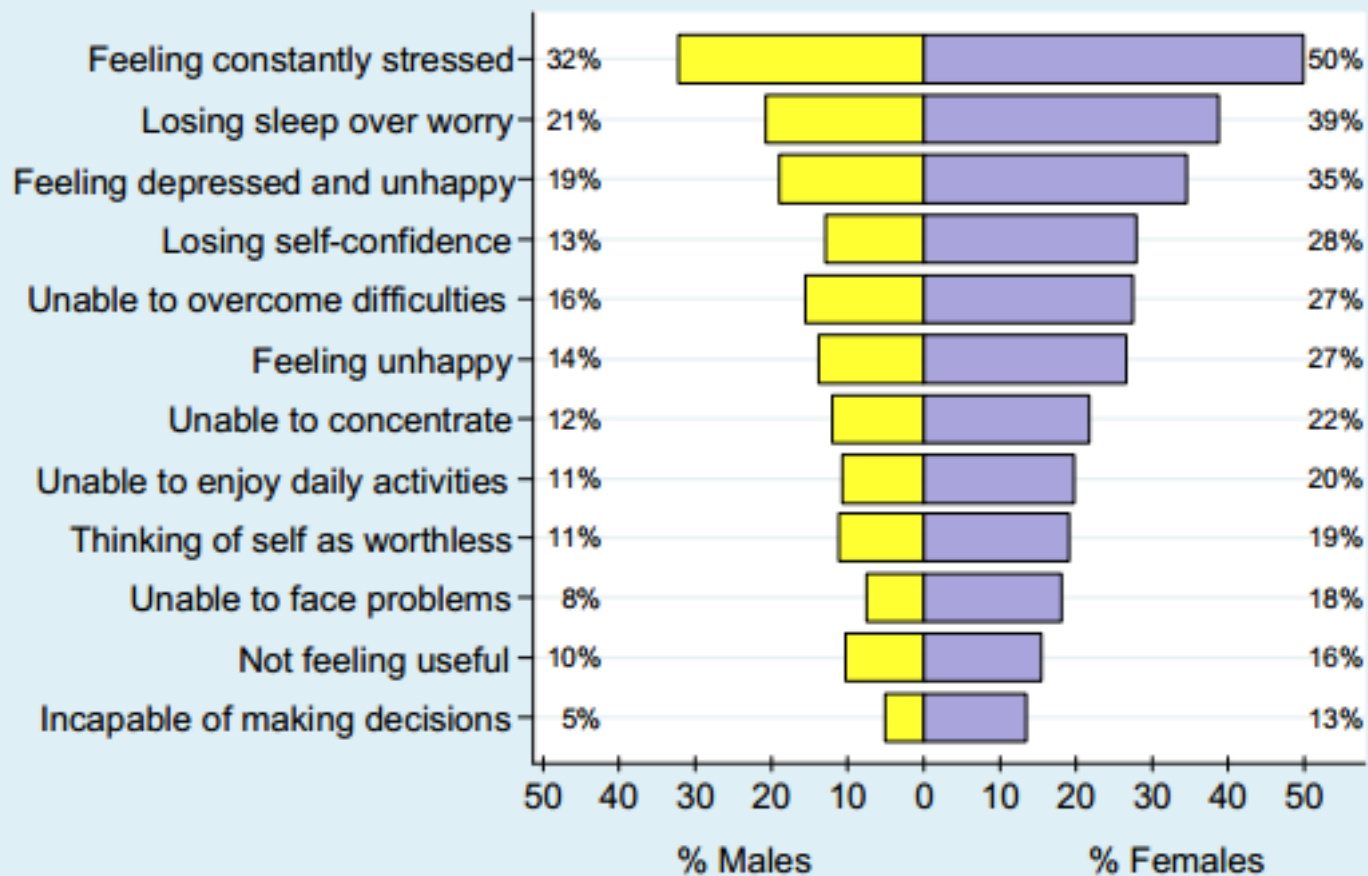
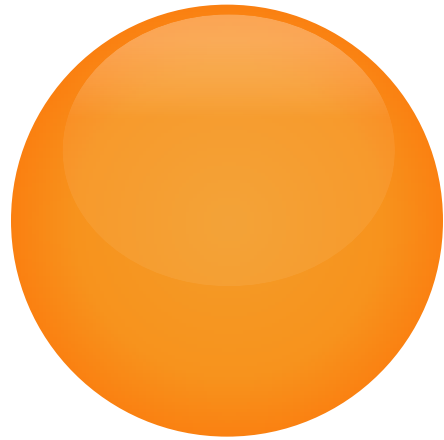


Figure 3.4.3
 GHQ12 Symptoms Experienced Over the Past Few Weeks by Sex, 2011 OSDUHS
 (Grades 7–12)



Note: significant sex difference for each item ($p < .05$)





CLINICAL CONCERNS OF HEALTHY WEIGHTS PROGRAMS IN SCHOOLS



Case A: “Healthy Living” program



Goal of program

1. eat less fat
2. Increase intake of better quality, **low calorie carbohydrates**
3. A **more physically active** lifestyle.

**Diagnosis:
Eating
Disorder**

Physical Activity (2-4 hrs/day)

Soccer

Track & Field

Gym class

Stationary Bike
(Home)

Eat “Healthier”

Smaller portions

Read calories

No “bad” food

Limited cheese/milk

Skip breakfast

Case B:

importance of “healthy eating” presentation



- The patient reported that the dietitian talked at length about **what foods the students should be eating and what they should limit.**
- Each class member was presented with a copy of the Canada’s Food Guide.

Physical Activity

Gym 3x per week

Diet Changes

“eat healthier.”

restricting
nutritionally
dense foods, fats,
and spreads.

**Diagnosis:
Anorexia**

Alternative?

BMI Focus

Redundant &
Discomfort

Disordered Eating

Wt-based teasing

Inconclusive
research

?





Obesity
Epidemic

Whole
Child





A BALANCED APPROACH FOR A BALANCED SCHOOL DAY



The Balanced Approach

Nutrition Tools for Schools[®]

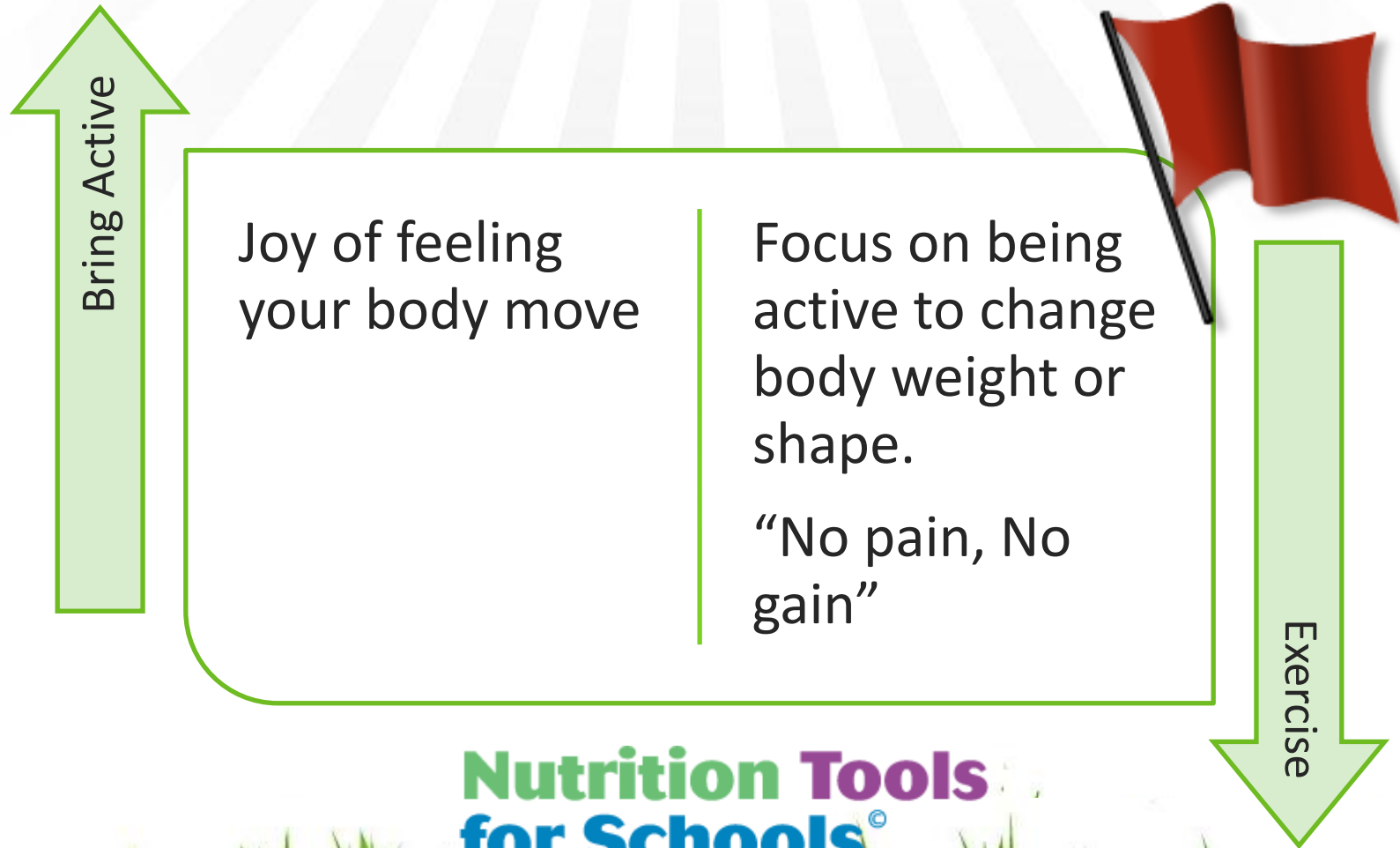
Being
Active

Being
yourself

Eating
Well

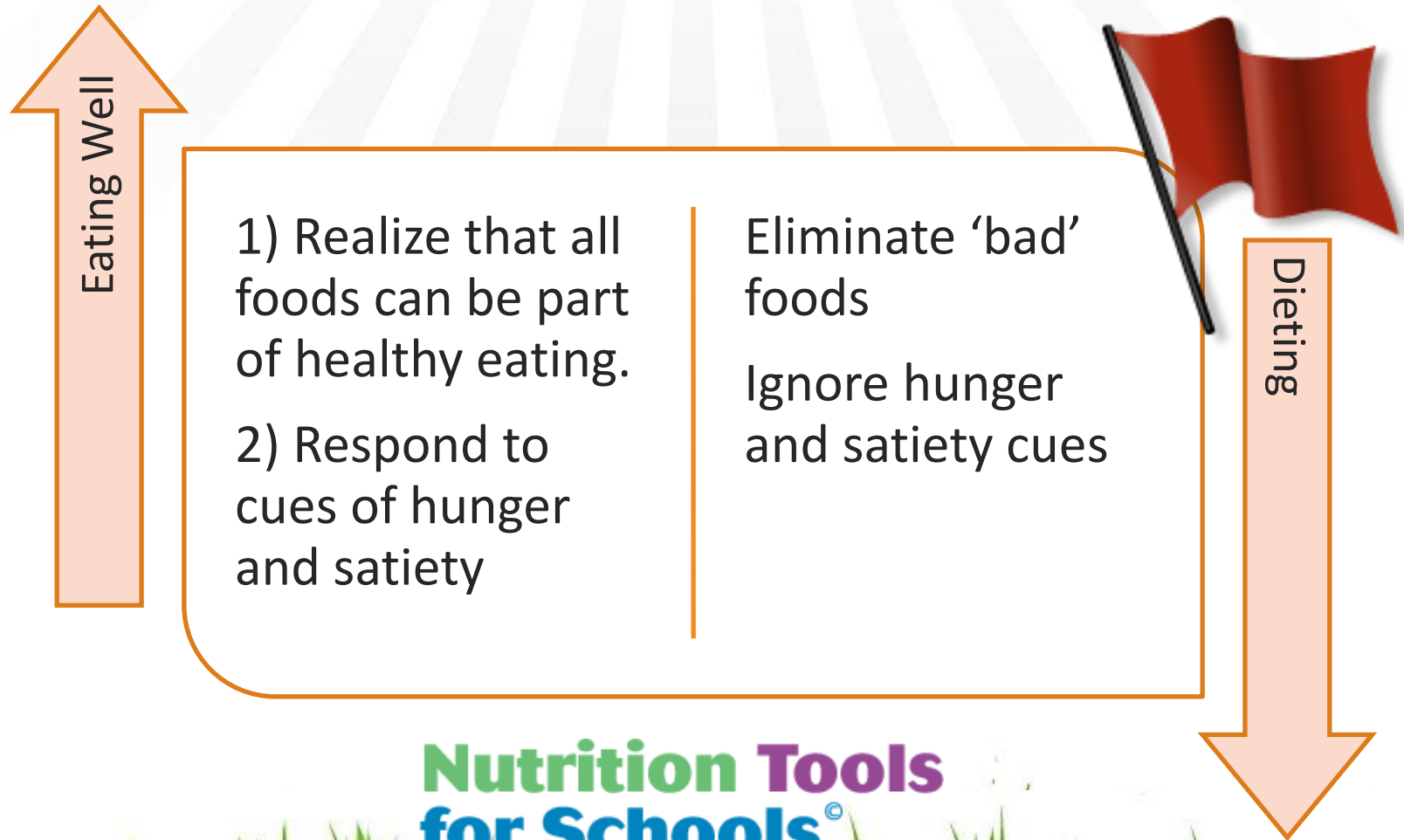
Balanced Approach vs. Weight Centered

Being active \leftrightarrow Exercise



Balanced Approach vs. Weight Centered

Eating well ↔ Dieting





Strawberry Activity



A wooden ruler is shown diagonally across the frame. A green horizontal line is drawn across the ruler, starting at the 0 mark and ending at the 10 mark. The ruler has markings for centimeters and millimeters.

Hungry

0

Satisfied

5

Full

10

HUNGER METER

**Externalizing Inner Cues of
Satiety, and Fullness**

Hunger,

Balanced Approach vs. Weight Centered

Being yourself ← → **Being someone else**

Being Yourself

Enjoy the unique characteristics that you and others have to offer.

Think that self-esteem and body acceptance will improve with weight loss.

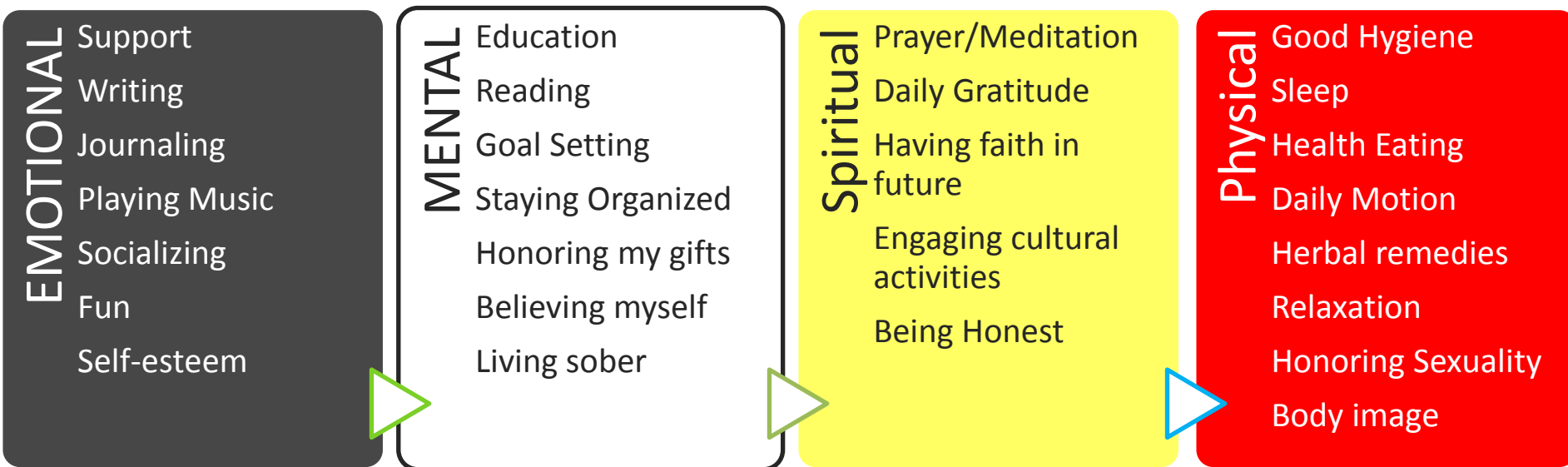
Being someone else


Nutrition Tools
for Schools®

Class Activity: Be. YOU. tiful portrait



Holistic Model for Personal Wellness (Lambert, 2012)






You receive an email from the health unit regarding an interest in initiating a health report card. Currently , 20% of the school's students are overweight or obese.

Components of the report card would include:

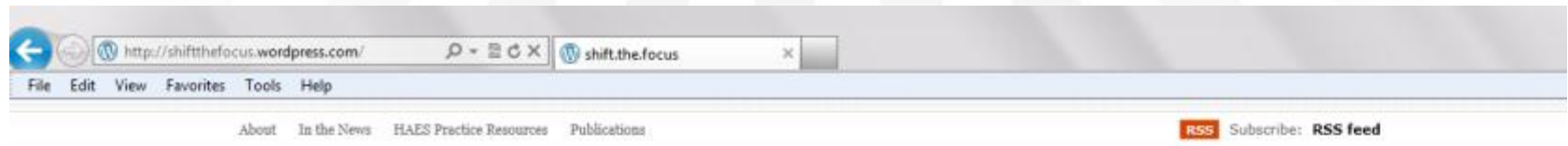
- Waist Circumference, BMI and Body Fat %
- Nutrition intake for a week (to count calories and nutrients)
- Blood Sugar
- Screen Time
- Amount of physical activity per day

They are asking you to be part of the implementation process and data collection for weights. The goal of this initiative is to ensure the health and well being of their students are maintained and to reduce obesity prevalence in the school by half in the next 5 years.



Resources

www.shift.the.focus@wordpress.com



shift.the.focus

a big, radical, ethical movement towards a shift in focus away from weight discrimination to body acceptance and health at every size (#HAES).

BMI report cards body image childhood obesity
classroom compassion dietetic education
dietetic internship dietitian HAES weight bias
nutrition practitioner conventional medicine
weight loss health care practice health care
professions **healthism** school
student debt vulnerability weight;
discrimination; critical thinking
weight bias weight loss
experts

Twitter Updates

The truth behind the #biggestloser.
Click to read finalist Kai Hibbard's

Studies Cited

- Nihiser AJ, Lee SM, Wechsler H, McKenna M, Odom E, Reinold C, Thompson D, Grummer-Strawn L. Body mass index measurement in schools. *J Sch Health*. 2007;77:651-671.
- O'Dea, J.A. (2004) Prevention of child obesity: 'First, do no harm'. *Health Education Research* **20**(2) 259–265
- Puhl, R.M. & Heuer, C.A. (2009) The stigma of obesity: a review and update. *Obesity* **17**(5), 941–964.
- Puhl, R.M. & Latner, J.D. (2007) Stigma, obesity, and the health of the nation's children. *Psychological Bulletin* **133**(4), 557–580.