

# Are Pediatric “Ob3\$ity” Programs & Curriculum Harming Children?

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*Alison St. Germain MS, RD, LD*

**HEALTH REDEFINED! NUTRITION FOR ALL BODIES, LLC**

# Qualifications



- **Registered Licensed Dietitian 26 years**
  - Anti-diet Weight Inclusive Registered Dietitian
  - BS in Dietetics and MS in Nutrition
- ***St. Germain Consulting: Redefining Health—Nutrition for ALL Bodies, LLC***
- **Iowa State University**
  - Student Wellness RD (present)
  - Food Science & Human Nutrition Associate Clinical Professor; Academic Advisor
- **Advanced areas of expertise**
  - Higher Education & QM Online Certified
  - Certified Intuitive Eating® Counselor
  - Certified Craving Change™ Facilitator (Cognitive Behavior Therapy)
  - Eating Disorders—awareness, prevention and treatment
  - Health at Every Size® (HAES®) & Health For Every Body® Facilitator
  - Trauma Informed Care---Tracy Brown and Fiona Sutherland Training
  - Body Respect, body neutrality, body liberation, anti-stigma



# Disclaimer & Acknowledgement of Privileges

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- *All content is based off and aligns with Health at Every Size®️, Intuitive Eating, and Ellyn Satter's 'Eating Competence' and her work.*
- *I acknowledge my privileges of being a white, cis-female, in an able straight-sized body who is financially stable and have not experienced the stigma of many others. I strive to learn more, hold a growth mind-set and be present with you through your joy, pain and experiences and do my best to listen, support, and advocate for you.*

*Alison St.Germain*

# What Are We Discussing Today?

## Part 1 The Harm

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## Part 2 Problems & Solutions for Parents & Healthcare Providers

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## Part 3 Weight inclusive, trauma informed care approaches

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- Improving health outcomes DOES NOT start with preventing or “managing” childhood obesity.
  - Focusing on weight causes harm
  - Health outcomes will not be improved

# Part 1

# The Harm





## How are the childhood “Ob3\$ity” Initiatives Working out?

Tips to ensure good health  
are backfiring!

- Eat your vegetables
- Eating healthy is good
- Sugar is bad for you
- Pick a better snack
- Eat this not that
- Exercise more

# How are the childhood “Ob3\$ity” Initiatives Working out?

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**Eating  
disorder rates  
are climbing**

**Kids aren't  
losing weight**

**Funding/programs  
focus on “ob3\$ity”**



# Assumptions with Many “Obesity” Initiatives

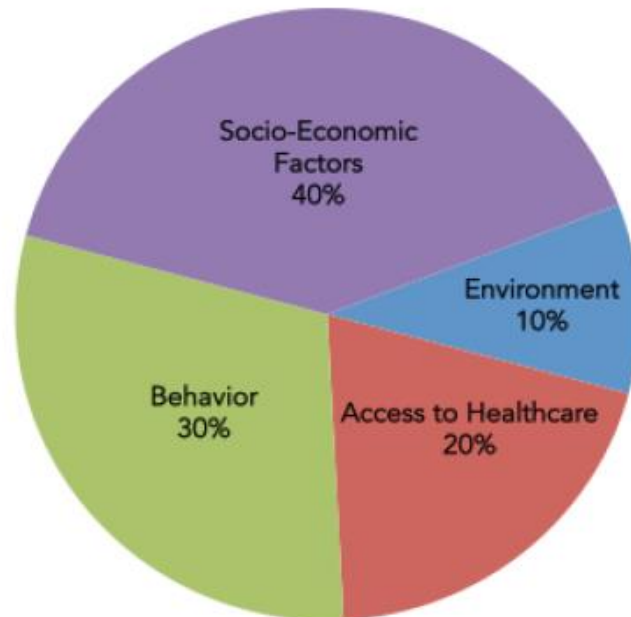
- High weight CAUSES chronic disease and poor health
- High weight is caused by poor nutrition choices and sedentary lifestyle
  - What about social determinants of health?
  - What about those suffering from an eating disorder in a large body?
    - Food insecurity greatly increases risk for eating disorder
  - What about those who have weight cycled placing them in a larger body trying to follow these “health initiatives?”



# Nutrition and Exercise Play a Small Role

Screen shot: EDCI/Amy's Gift 2020 Conference Holly Paulson

## Determinants of Health



\*Booske, BC, Athens JK, et al. *County Health Rankings Working Paper: Different Perspective for Assigning Weights to Determinants of Health*. Madison, WI. University of Wisconsin, Population Health Institute, February 2010.

## Weight loss/Weight Centric Approach Increases Likelihood of Poorer Health Behaviors

Hinders communication and pt less likely to seek medical care ✓

Creates and reinforces health disparities ✓

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Kcal consumption & weight gain ↑

Motivation to exercise ↓

Responsible for some or all of the poor physical outcomes associated with higher BMI ✓

Risk for chronic disease ↑

Disordered eating and eating disorders ↑

Dysregulation of lipids and glucose ↑

Blood pressure ↑

Self-esteem ↓

Destructive behaviors ↑

Poor physical and mental health ↓

Bacon, L. and Appender, L. (2011) Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutrition Journal, 10, 9. <http://dx.doi.org/10.1186/1475-2891-10-9>



# HAES® & Intuitive Eating Approach Produce Better Long-Term Outcomes



Bacon, L. and Aphramor, L. (2011) Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutrition Journal, 10, 9. <http://dx.doi.org/10.1186/1475-2891-10-9>

# Peer Reviewed Research to Support Weight Neutral Approach



[www.IntuitiveEating.org](http://www.IntuitiveEating.org)

125+ research articles



<https://lindobacon.com/resources/> Health at Every Size®



- [1. Weight Science Evaluating the Evidence for a Paradigm Shift](#)
- [2. What is Wrong with the War on Obesity?](#)
- [3. Trading Health for a Healthy Weight: The Uncharted Side of Healthy Weights Initiatives](#)



# Using an Obesity Lens Causes Problems

- Vision clouded by weight
- Root problem never addressed as Obesity is considered the root problem.
  - Obesity is a **symptom** of a much larger more complex issue
  - Symptom-based treatment
- Causes & perpetuates weight stigma



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# Sustainability, Health Equity, Inclusion Social Justice and More

- *Can we ethically have*
  - Weight focused programming and dieting and still honor
    - Sustainability
    - Health equity
    - Inclusion
    - Accessibility
    - Social justice



# Frameworks to Guide ALL My Teaching & Counseling

Includes diversity, equity, inclusion, evidenced based, client centered, sustainable behaviors

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Intuitive Eating

Health at Every Size®  
(HAES)®

Trauma Informed Care

Motivational Interviewing

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# Principles of Intuitive Eating

*Evelyn Tribole & Elyse Resch*

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Reject the Diet Mentality

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Honor Your Hunger

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Make Peace With Food

---

Challenge the Food Police

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Discover the Satisfaction Factor

---

Feel Your Fullness

---

Coping with Emotions with Kindness

---

Respect Your Body

---

Movement—Feel the Difference

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Honor Your Health with Gentle Nutrition



# Association for Size Diversity and Health ASDAH

## The Health At Every Size® Principles are:

1. **Weight Inclusivity:** Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.
2. **Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.
3. **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.
4. **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
5. **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

<https://www.sizediversityandhealth.org/content.asp?id=152>

# Part 2

## Problems & Solutions for Parents & Healthcare Providers



# Self Regulation is the Backbone of Intuitive Eating

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- Born with innate ability to self-regulate food
  - Hormones, nerves, neurochemicals create this ability
- Control, pressure, restriction
  - Dilute child's ability to hear and trust body signals

*Brooks & Severson; How to Raise and Intuitive Eater*

# The “Overweight” Child

## DO NOT

- Try to get child to eat less
- Restrict certain amounts/types of food
- Control portion size
- Push low Calorie or “healthy” food
- Give THE LOOK
- Pressure/hover
- Participate in diets, weight talk, teasing

*Ellyn Satter Institute*

## DO

- Feed as if no concern with weight
- Have same meal for everyone
- If dessert is served, all will receive
- Include “forbidden” foods at meals/snacks
- Provide structure 3/3
  - Division of Responsibility
- Family meals as able (in car is option)



# Outcomes of Pressure/Restriction

- Eating disorder/Dysfunctional eating

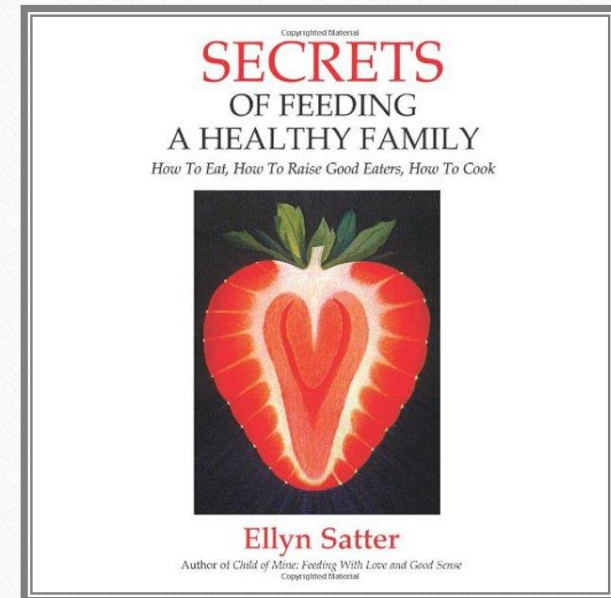
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- Eat more; in secret
- Hoard food
- Weight gain
- Low self esteem
- Uses food to cope and self soothe
- Destructive behaviors

# What does Pressure Look Like?

- Praising, bribing, rewarding
- Serving vegetables first and have to eat before dessert
- Restricting, coaxing, punishing, shaming, criticizing, begging
- Withholding dessert or other activities

[Ellyn Satter Institute](#)



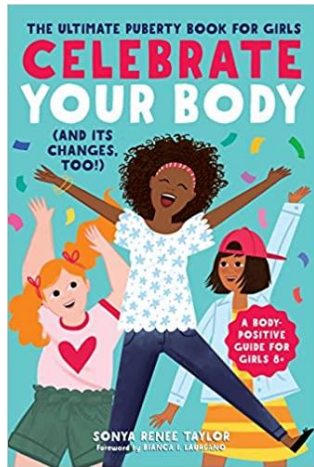


# Problematic Behaviors that Model Diet Mentality to Kids

- Light meals/diet foods while other family members eating other food
- Drinking diet beverages or coffee in place of a meal/snack
- Talking about other peoples' bodies
- Hiding treats from kids and sneaking them
- Criticizing own body, sighing, when looking in mirror or pictures
- Weighing/body checking
- Tracking food eating and calories burned

*Adapted from Brooks & Severson; How to Raise an Intuitive Eater*

## At the Doctor's Office & Unintended Consequences



### YOUR CHILD'S WEIGHT HELPING WITHOUT HARMING

BIRTH THROUGH ADOLESCENCE

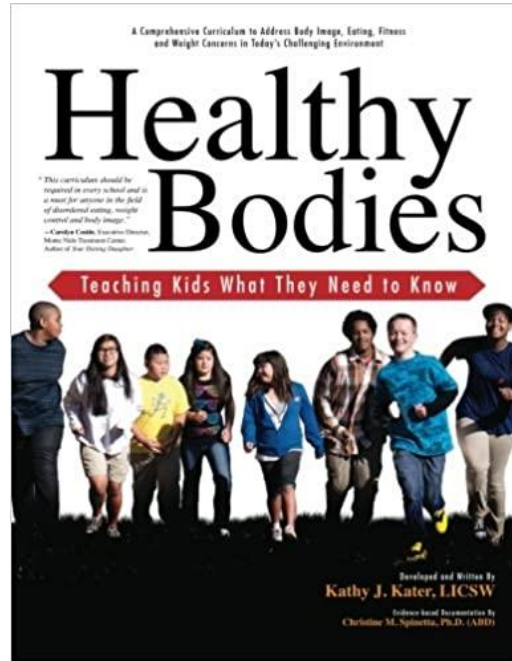


ELLYN SATTER  
MS RD LCSW BCD

- Weight discussion in front of child
- Telling parents baby/child is too fat
  - Feed less or use skim milk
  - Restrict treat foods
  - Make them exercise
- Growth charts
- Puberty and weight gain and body composition changes
- “Ob3\$ity” scare tactics



# School Nutrition Ed— Unintended Consequences



- Good/bad food
  - Processed food is bad
  - “These foods make you healthy/unhealthy”
- Eat this/Not that
- Healthy vs Unhealthy
- Eat fresh not canned
- Pick a better snack
- “Ob3\$ity” scare tactics
- Physical Education—BMI & body comp measurements; fitness gram & letters

# Kids deserve to feel love, safety, secure and accepted no matter what their body looks like!

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- The child's body is not the problem
  - It is the stigma society places on large bodies
- The unintended consequences lead to
  - Harm & unintended health outcomes and disparities
  - Perpetuates weight stigma
  - Life-long battle trying to “manage” weight





## Embracing a New Path: 3 Keys

1. Provide unconditional love and support for your child's body.
2. Implement a flexible and reliable feeding routine
3. Develop and use your Intuitive Eating voice

# What does a Healthy Relationship with Food and Body Look Like?

- Not worrying/feeling guilty about eating good/bad food.
- Not bingeing, purging, restricting.
- Enjoying and savoring food and recognizing food is also social and emotional.
- Eating a variety foods including treat foods.
- Able to be spontaneous and flexible with food choices.
- Eating out of hunger and ability to stop when you have had enough.
- Internal regulation of food and exercise
- Body Respect & Neutrality



# Normal Eating

## Ellyn Satter's Definition

### What is normal eating?

**Normal eating . . .**

is going to the table hungry, and eating until you are satisfied.

**Normal eating . . .**

is being able to choose food you enjoy and to eat it and truly get enough of it—not just stop eating because you think you should.

**Normal eating . . .**

is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food.

**Normal eating . . .**

is giving yourself permission to eat because you are happy, sad, or bored, or just because it feels good.

**Normal eating . . .**

is mostly three meals a day—or four or five—or it can be choosing to munch along the way.

**Normal eating . . .**

is leaving cookies on the plate because you will let yourself have cookies again tomorrow, or eating more now because they taste so great!

**Normal eating . . .**

is overeating at times, and feeling stuffed and uncomfortable . . . and undereating at times, and wishing you had more.

**Normal eating . . .**

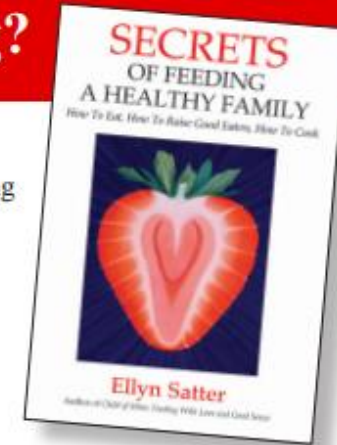
is trusting your body to make up for your mistakes in eating.

**Normal eating . . .**

takes up some of your time and attention, but keeps its place as only one important area of your life.

**In short, normal eating is flexible . . .**

it varies in response to your hunger, your schedule, your food, and your feelings.



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Updated Name:

Lindo Bacon

## Live Well Pledge

Today, I will try to feed myself  
when I am hungry.

Today, I will try to be attentive  
to how foods taste and make  
me feel.

Today, I will try to choose  
foods that I like and that make  
me feel good.

Today, I will try to honor my  
body's signals of fullness.

Today, I will try to find an  
enjoyable way to move my  
body.

Today, I will try to look kindly  
at my body and to treat it with  
love and respect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

An excerpt from

Health at **EVERY** Size

by Lindo Bacon, Ph.D.



# Part 3

## Weight inclusive, trauma informed care approaches



# Education

- Healthcare Professionals
- Teachers
- Parents
- Family

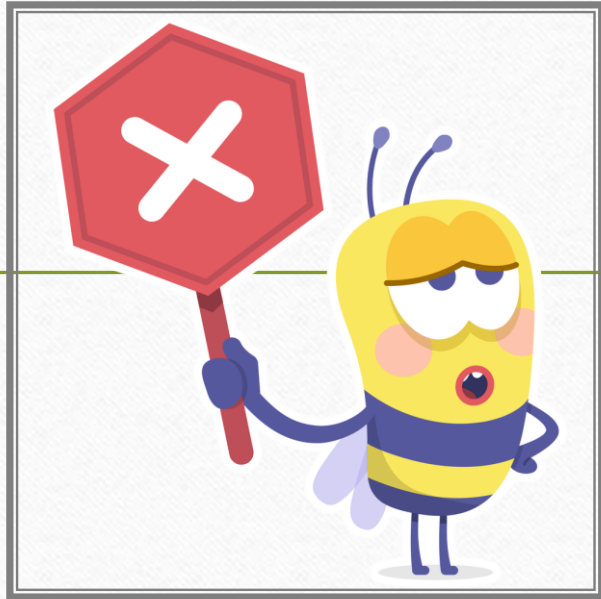




Weight is a good  
indicator of health.

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True or False?



# FALSE!

- Weight is NOT a good indicator of health
  - Weight stigma
  - Weight cycling
  - Social determinants of health
    - Socioeconomic status/access to healthcare/living environment
  - Racism
  - Any discrimination
  - Play a much larger role in health than high weight.

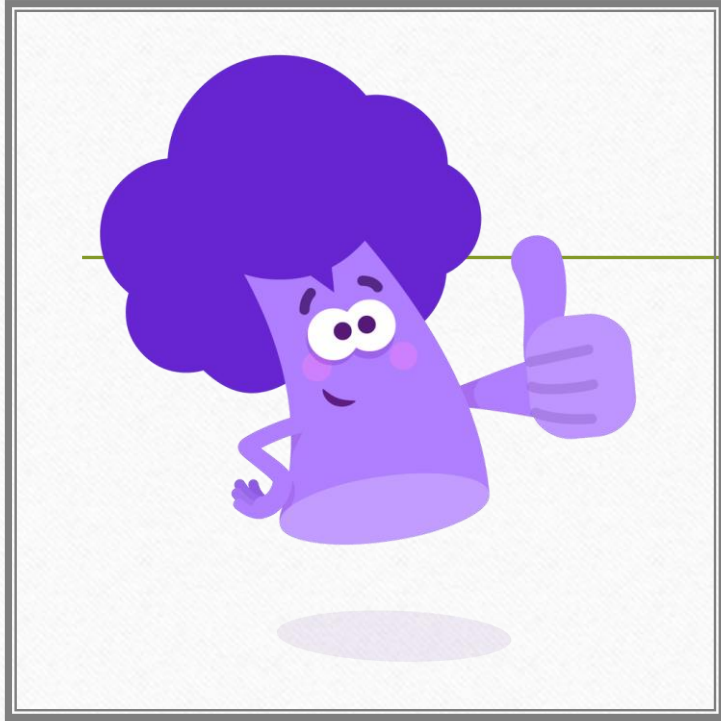




## True or False

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A high weight shows association not cause of poor health.



# True!

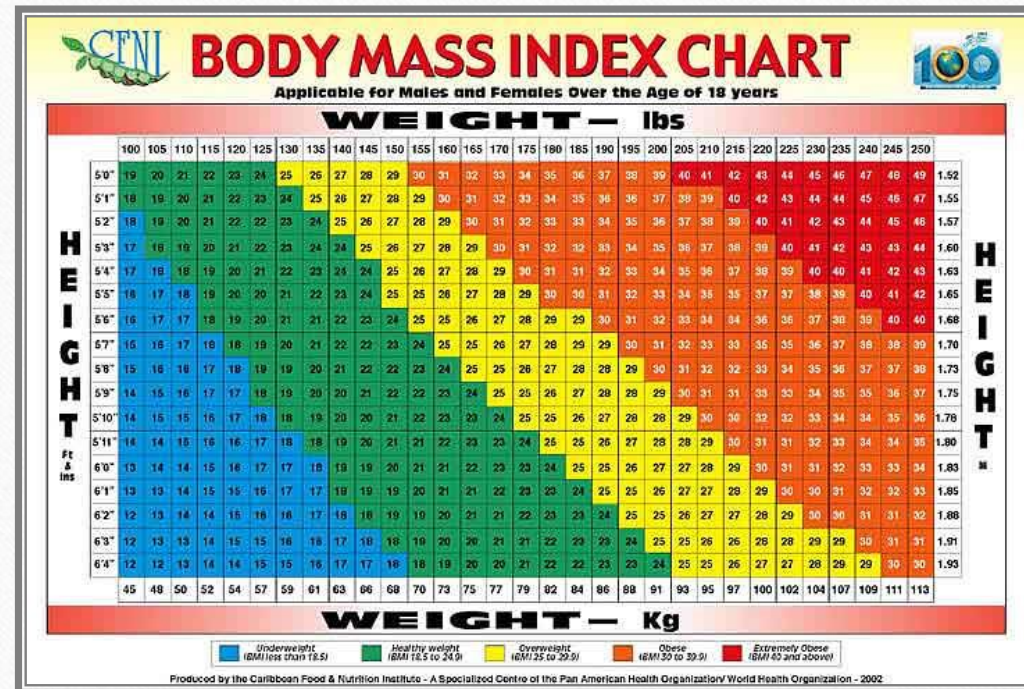
A high weight shows **association**  
not cause of  
poor health and chronic disease.

**STAT 101**



# True or False

BMI is not evidenced based,  
flawed, and a poor  
indicator of health



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# True!

**BMI:** A person's weight (kg)/height (m)<sup>2</sup>

## Flaws:

Developed by a mathematician in the 1800's

Never intended to be used as a measure of health

Racist & sexist measure

Not evidenced based

Just looks at total mass (includes bone, fat, muscle)

NOT a vital measure of health

Categorizes people (under & overweight, healthy, obese)

Creates weight stigma

## Why is it Used?

Easy & inexpensive screening method





## BMI continued...



- Health can occur in all shapes and sizes and not reserved for lean individuals.
- Health looks different on everyone.
- There is more to health than physical health



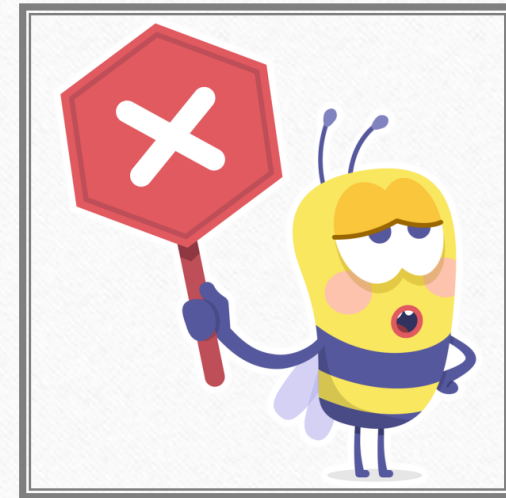
## True or False

- Weight loss diets are sustainable.



# False!!

- Weight loss usually can't be maintained long-term
  - Majority (90-97%) gain weight back plus more within 5 years\*
- Starvation occurs in large bodies too.
- Biggest Loser Study (Fothergill et al 2016)
  - Loss of lean muscle
  - Lower levels of Leptin (hormone triggers fullness)
- Majority of weight loss research is flawed
  - Study is too short so doesn't show the weight gain long-term just the initial weight loss
  - Doesn't control for weight cycling and weight stigma
  - Publication bias; Confirmation bias; Race bias



# Trauma Informed Care

What is it and why are we talking about it?

The following is adapted from the training:

- *Trauma-Informed Dietetic Care 2020 by Tracy Brown and Fiona Sutherland*



## Trauma Informed Care



**A way of counseling that reduces threat & increases safety.**

**Recognize s/s to avoid re-traumatization.**

**Fight or  
Flight**

**Freeze**

**Panic**

**Clients should leave feeling inspired/empowered; not more scared and overwhelmed.**

# What do you do?

## Language

- Weight neutral
- No discussion of weight in presence of child
- No scare tactics
- Diet neutral
  - Consistent recs small vs large body
- Motivational Interviewing
  - Validate
  - Reflect
  - Permission to give advice

## Observe

- Non-verbals
- S/S of ED
  - NFPE
  - ED in all size bodies
- Fight/flight/freeze
  - Plant feet
  - Cross body hug
  - Breathe
  - Bring everything to the present

Encourage work with a therapist  
Provide a referral & resources



# Language of Change

## Weight Stigmatizing

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- Overweight/Underweight
- Excessive weight
- Weight management
- Obesity
- Skinny
- Fat
- Combatting Childhood Obesity
- War on Obesity
- Obesity Epidemic

## Weight Neutral

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- High/Low Weight
- Living in a large body
- Person of size
- Middle of the road
- Fat
- BMI >30 or BMI <18

# Language of Change

## Diet Culture

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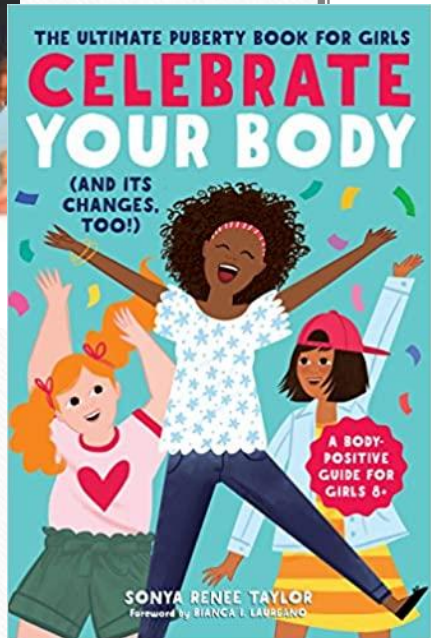
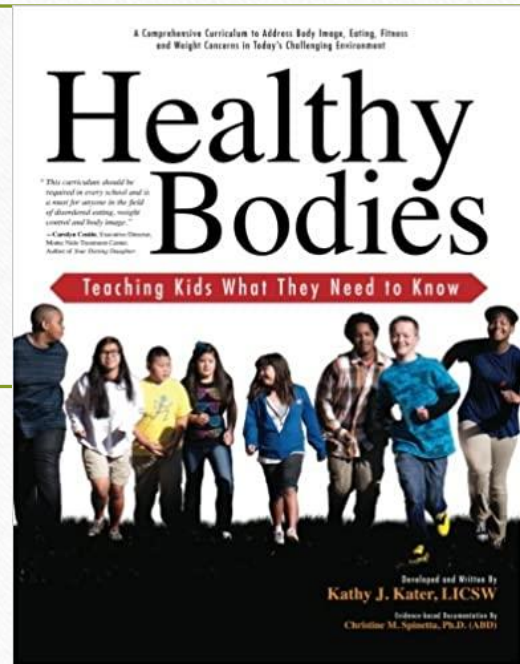
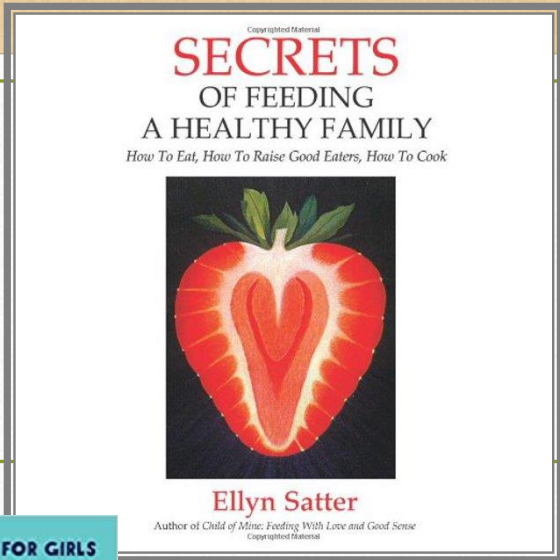
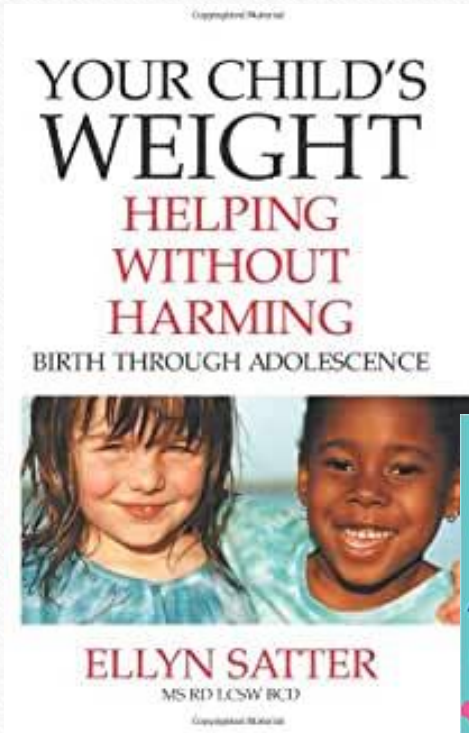
- Healthy foods
- Guilt free foods
- Good food/bad food
- Avoid/off limits
- Cheat day

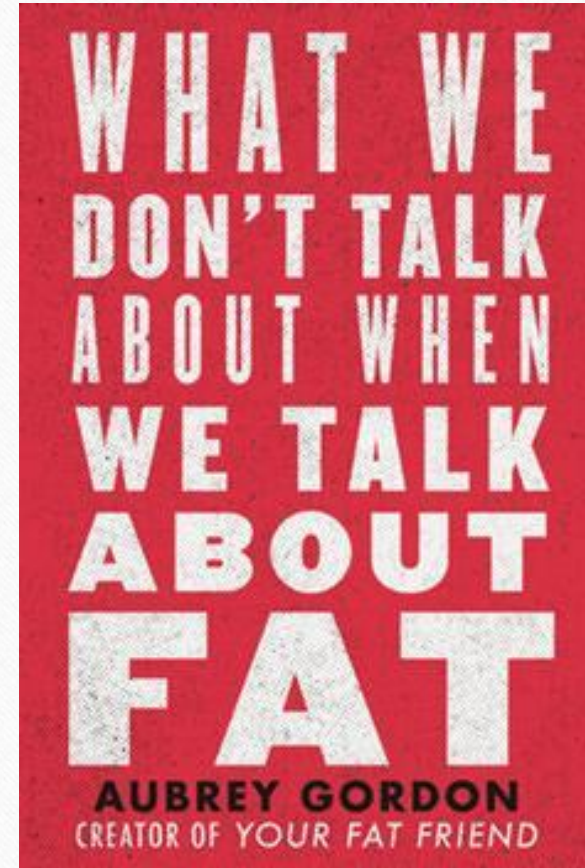
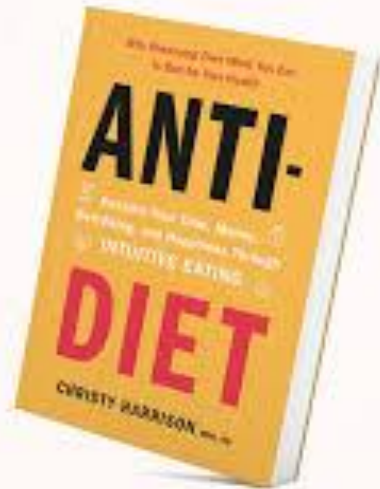
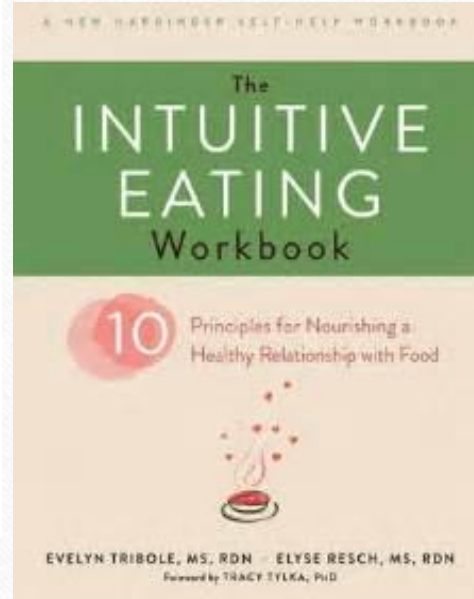
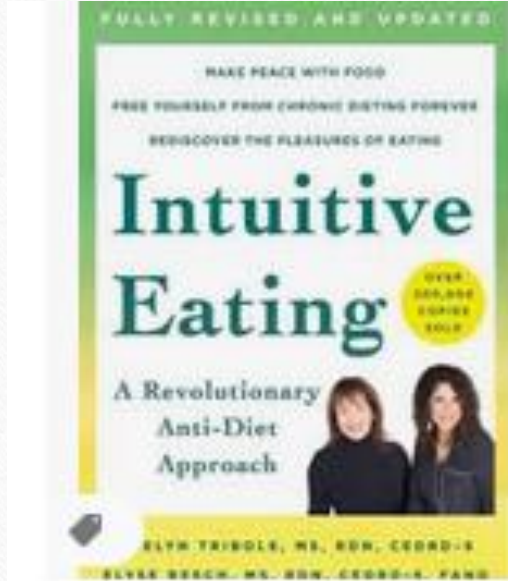
## Diet Neutral

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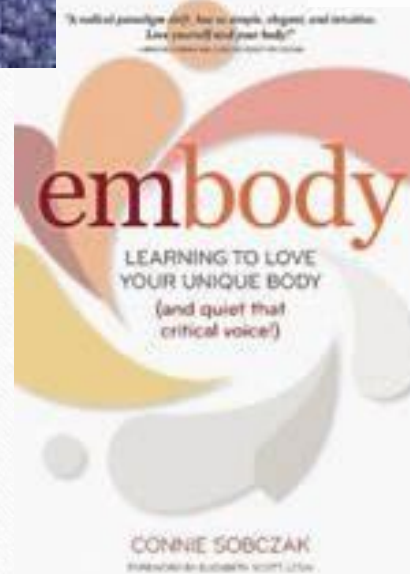
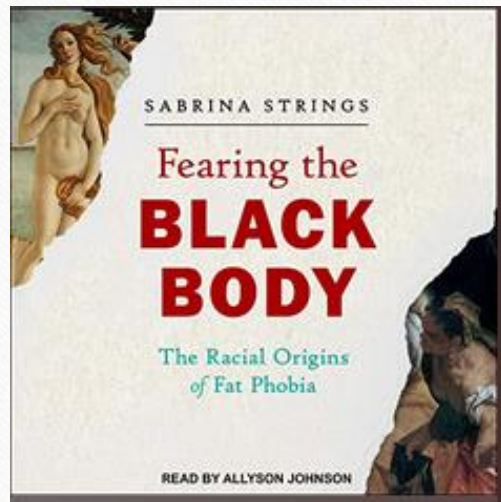
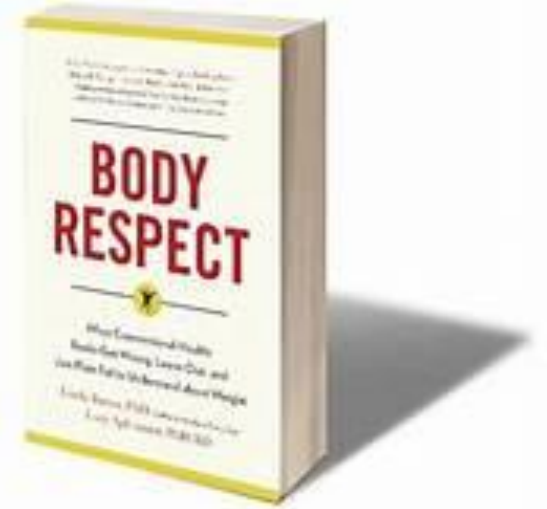
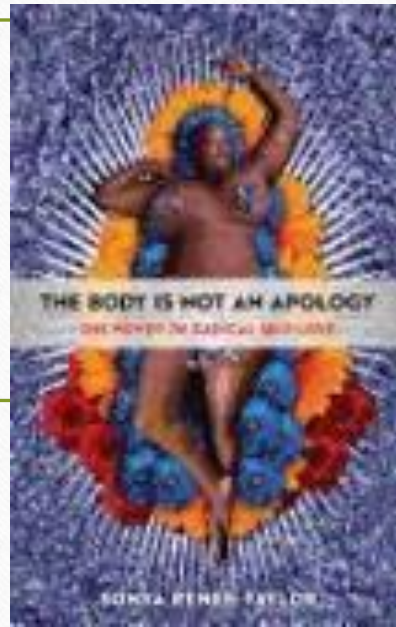
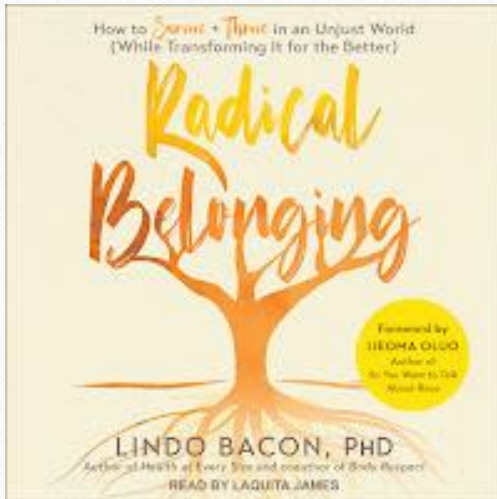
- Nourishing/nourishment
- Fuel
- Energy
- Nutrient dense/less nutrient dense
- All foods provide nutritional value











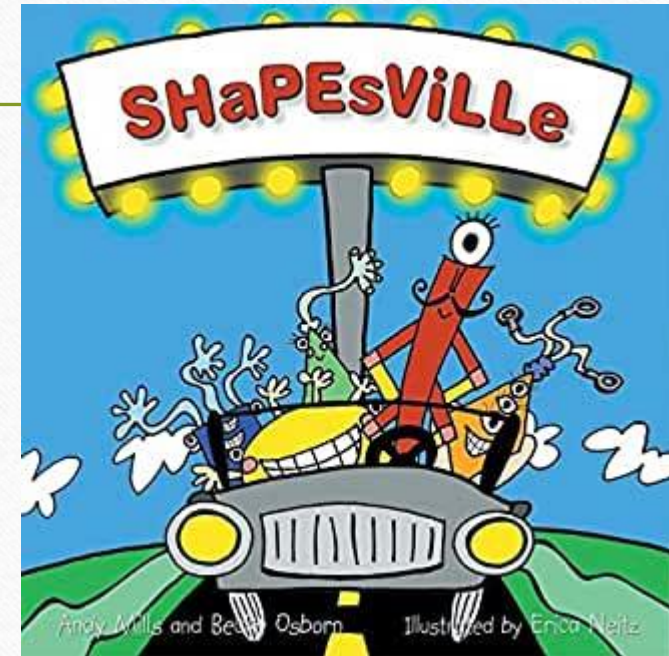
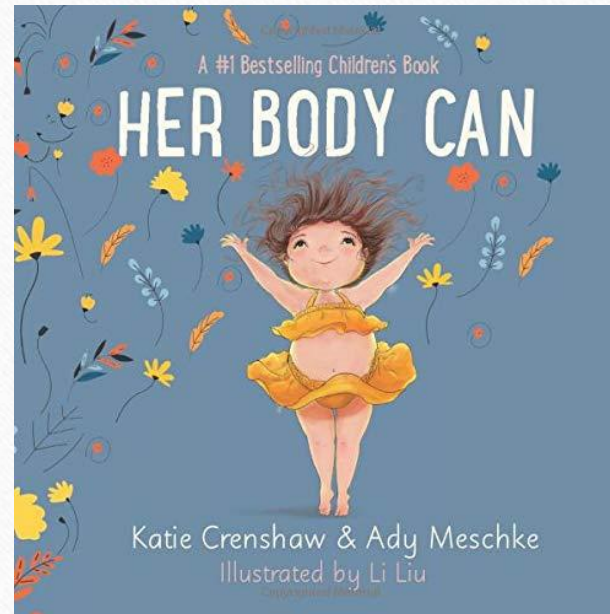
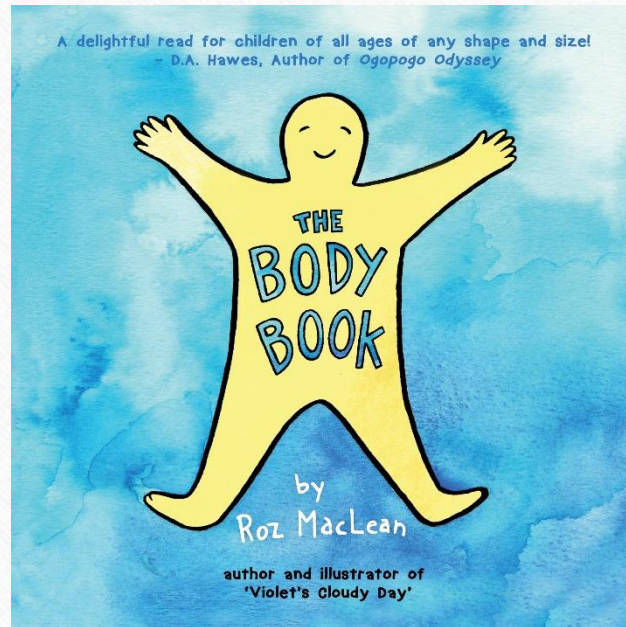
# Body Kindness

Transform your health from the inside out—  
and never say diet again.

REBECCA SCRITCHFIELD, RDN

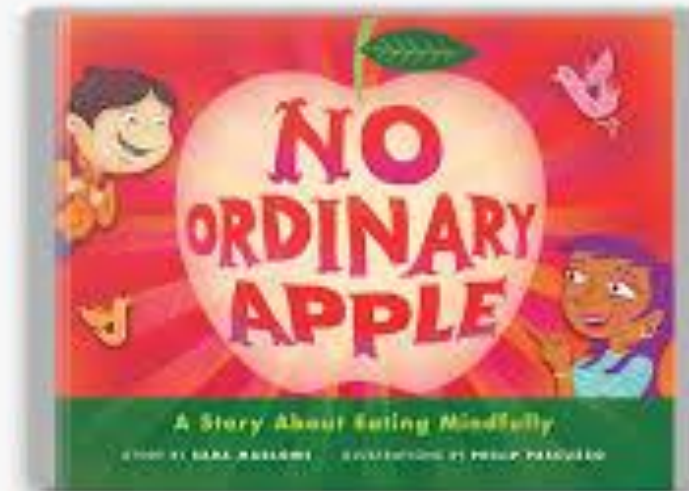
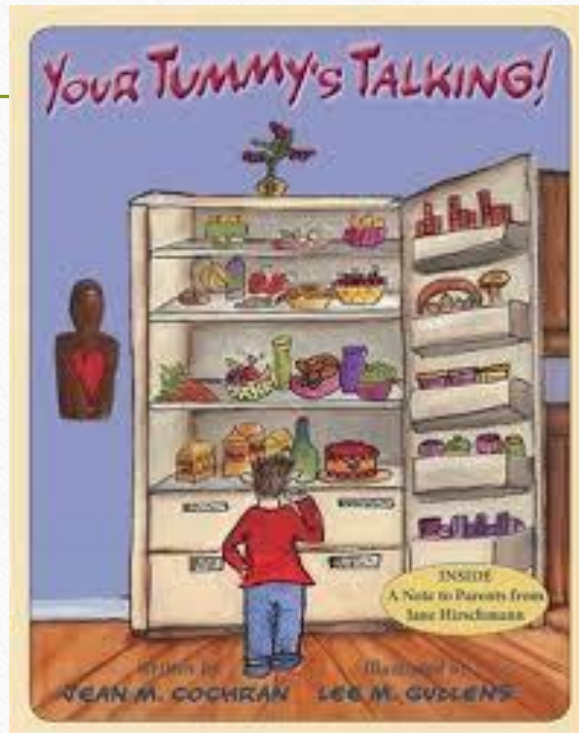


# Children's Literature on HAES ®

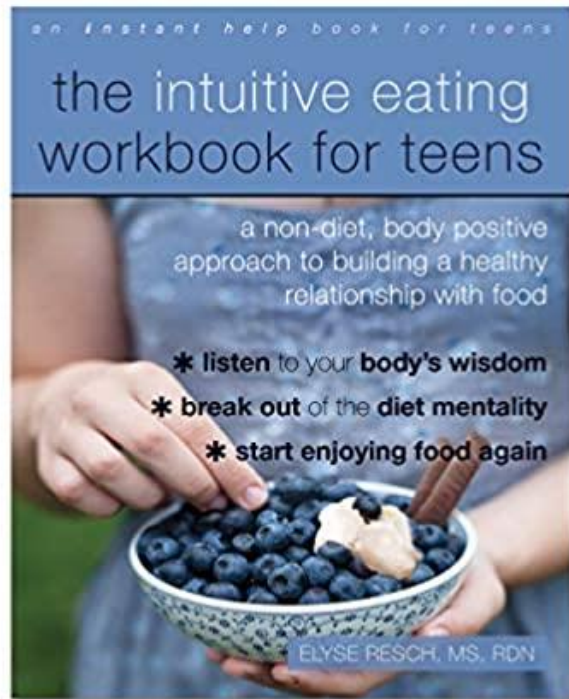




# Children's Literature that Align with HAES® & Intuitive Eating



# Tweens/Teens



**Therapist Recommended**





# Podcasts

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Food Psych Christy Harrison; Inclusive food & body care

Maintenance Phase Mike & Aubrey. Debunk Nutrition Myths

Dietitians Unplugged Aaron & Glenys; Inclusive food & body care

Willing to be Wrong Dr. Joshua Wolrich; Inclusive food & body care

RD Real Talk Heather Caplan Eating Disorder information & care

The SeasonED RD Beth Harrell; Eating Disorder information & care

# Call to Action for IDEA (Inclusion, Diversity, Equity, Accessibility)

Step 1

Learn more about IDEA  
Acknowledge your lived privileges  
Learn about the intersections of weight stigma, racism, and sexism.

Step 2

Be an ally

Step 3

Advocate for change  
Become an Accomplice!



## Call to Action for IDEA

“Most people have good intentions; they are allies and support the plight of people of color and those from marginalized groups in a way that is comfortable to them. Allyship is not enough. In order to disrupt racism and work on achieving equity, one must be willing to move from ally to accomplice. As an accomplice, you will walk the talk and take the steps necessary to dismantle the power structure of white privilege and supremacy and create substantial and sustainable societal and institutional change that treats all persons with dignity and respect.” **Harden & Harden-Moore**; *Diverse* Mar 4, 2019

<https://diverseeducation.com/article/138623/>



# Questions??

- Contact me: [stgermainnutritionconsulting@gmail.com](mailto:stgermainnutritionconsulting@gmail.com)
- [www.alisonstgermain.com](http://www.alisonstgermain.com)





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# \*References

Majority (90-97%) gain weight back plus more within 5 years

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