

# “Foundations in Weight-Inclusive Care: Chronic Disease Prevention and Management”

Session Guide

In partnership with



OCTOBER 2024

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# Introductions & Housekeeping: Setting the Space



What informs your perspective on the topic?

What is one thing you look forward to learning about?

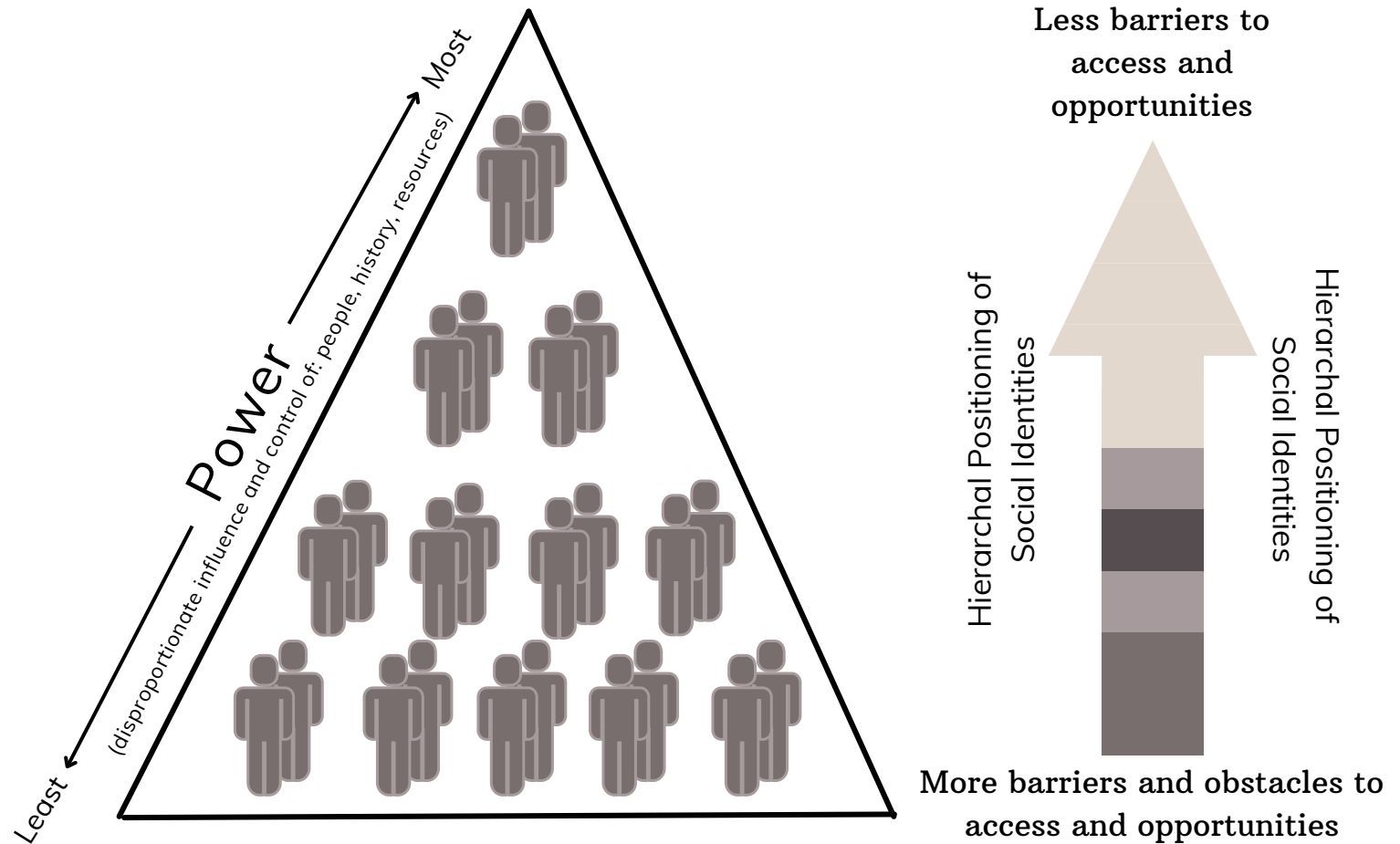
Use the space below to jot down  
questions that come up during the  
session

Scan the QR Code below to  
submit your questions



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## Hierarchized Binaries maintain 'order' & uphold power imbalances



List some social identities that might fall under hierarchized binaries. Where would they be positioned? What are some personal examples or examples from history, policy, institutions that demonstrate this?

# The role of socially dominant narratives in shaping beliefs

Jot down the first things you see in your mind when you hear the following:

Image One:

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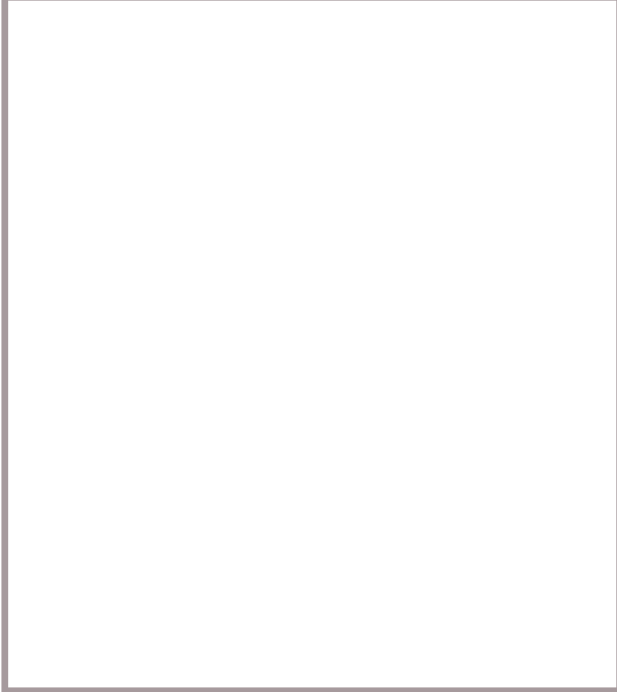
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Image Two:

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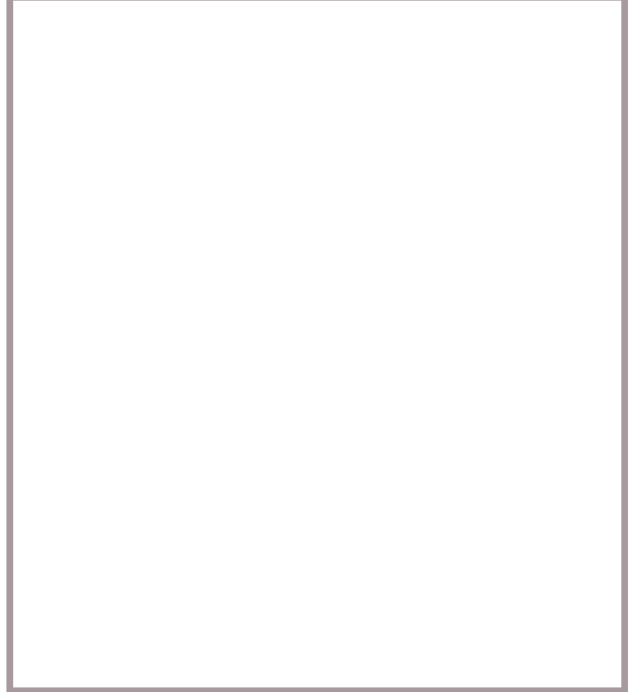
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Image Three:

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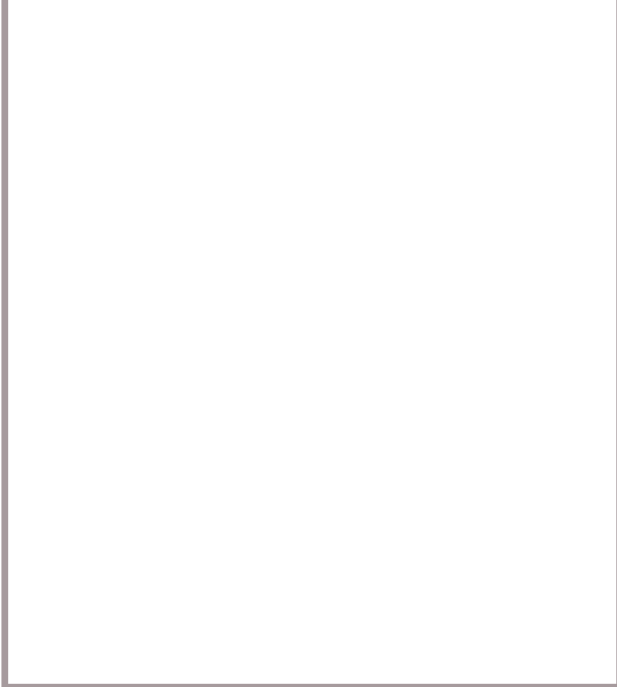
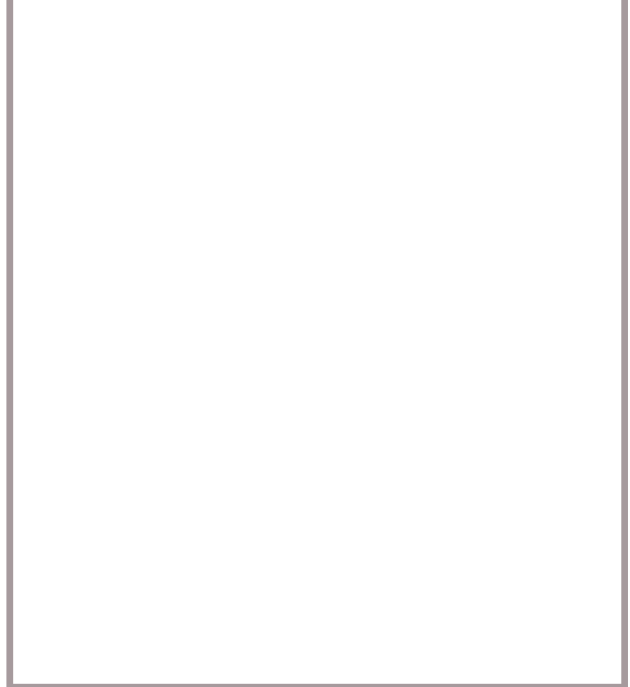
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Image Four:

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# The role of socially dominant narratives in shaping beliefs

Jot down the first things you see in your mind when you hear the following:

Image One:

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Image Two:

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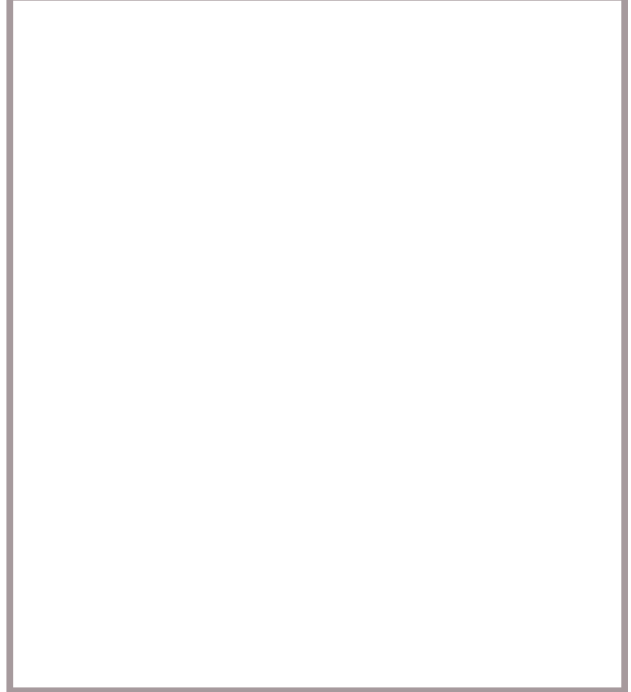
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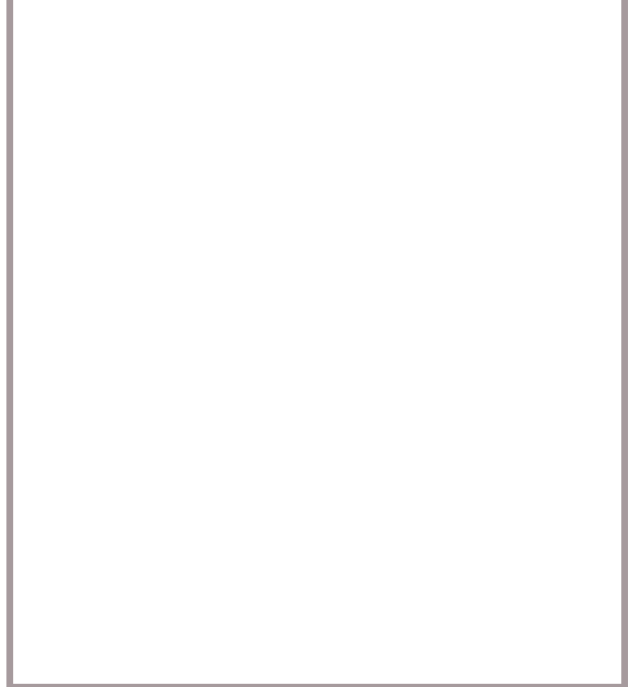
Image Three:

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Image Four:

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# The role of socially dominant narratives in shaping beliefs

**Hierarchized  
Binaries  
influence  
systems,  
policies which  
reinforce  
implicit bias**



What is a socially dominant belief you now realize you hold? How do systems, policies, and structures reinforce this belief?

# Identifying Examples of Anti-Fatness

Identify one example of anti-fatness for each socio-ecological level

Public Policy

Community

Organizational

Interpersonal

Individual



Image Source: A Socio-ecological model for Physical Activity - Adapted from Helse, L., Ellsberg, M., & Gottemoeller, M. (1999)

Think of one Weight Inclusive environmental or policy change you are interested in learning more about. 1.) What gets in the way of weight inclusive practice? 2.) What resources, people, etc. do you need in order to make that change?

A nutrition professional asks an social media group of other nutritional professionals for advice on a client case:

“I have a client who just got diagnosed with pre diabetes and she's ‘spiraling’. Historically, she’s struggled with carb intake—tons of sweets, chips, and refined carbs. We reviewed in depth how to moderate carbs, increase vegetable intake, and continue healthy fat and protein intake.

She keeps sending me videos from dietitians about how a plant based low fat diet (15-20% total intake) will ‘reverse her diabetes’. I've explained how she’s already prone to eating a “carbavore diet” and cutting fat & protein may limit her diet. Does anyone have evidence that a low fat diet can improve diabetes?”

“CDCES here. She can buy a Dexcom Stelo. Might not show much with a lower A1c but it'll definitely show that sweets, chips, beverages were the problem. It will also show that whole grains, proteins, fats won't affect her BG as much. Pt also needs to exercise daily. Exercise is like 50-80% of prediabetes. All with the goal of like 15% weight loss for ‘reversal’ or 10% weight loss for improvement in A1c.”

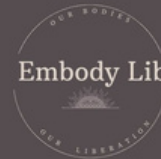
Here is how another nutrition professional (and a Certified Diabetes Educator and Specialist) replied:

Can you identify the weight bias in this exchange?  
Respond to the questions on the next page.





# Case Study- Identifying Weight Bias in Practice



Note where there might be some weight bias on the previous page. Why is it biased?

Using a weight inclusive approach, how would you respond to this question?



# Weight-Inclusive Care in Chronic Disease Management



## Recap & Reflect

Write down at least one weight inclusive practice for each:

### Diabetes Management

### Hypertension Management

### Renal Disease Management

### General Care

Share One action item you are committed to after today or share your biggest takeaway.

# Read/Watch/Listen

Recommended resources for continued learning

## READ

Strings, S. (2019). *Fearing the black body: The racial origins of fat phobia*. In *Fearing the Black Body*. New York University Press.

Earle, R. (2012). *The body of the conquistador: Food, race and the colonial experience in Spanish America, 1492-1700*. Cambridge University Press.

“Laws, Policies Can Counter Weight Discrimination at Work” (2023)  
SHRM.<https://www.shrm.org/topics-tools/news/inclusion-diversity/laws-policies-can-counter-weight-discrimination-work>

“Weight Bias & Weight Stigma”. UConn Rudd Center for Food Policy and Health.  
<https://uconnruddcenter.org/research/weight-bias-stigma/>

Abrams, Z. (2022, March 1). The burden of weight stigma. *Monitor on Psychology*, 53(2).  
<https://www.apa.org/monitor/2022/03/news-weight-stigma>

Tylka TL, Annunziato RA, Burgard D, Daníelsdóttir S, Shuman E, Davis C, Calogero RM. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. *J Obes*. 2014;2014:983495. doi: 10.1155/2014/983495. Epub 2014 Jul 23. PMID: 25147734; PMCID: PMC4132299.

Fricke J, Siddique SM, Aysola J, et al. Healthcare Worker Implicit Bias Training and Education: Rapid Review. 2024 Jan. In: *Making Healthcare Safer IV: A Continuous Updating of Patient Safety Harms and Practices* [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2023 Jul-. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK600156/>

Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling: Study examines definitions, examples, health damages, and dismantling systemic and structural racism. *Health affairs*, 41(2), 171-178.

## LISTEN

“Pushing Back Against Anti-Fatness” NPR Lifekit (2023)

# Notes

