

Leilah Korbines

An Intervention to Promote Physical Activity
Through Creation of Body-Size Inclusive Spaces

A capstone report

submitted in partial fulfillment of the requirements for the degree of

Master of Public Health in Public Health Nutrition Practice

University of Washington

2018

Capstone Faculty Advisor: Mary Podrabsky

Program Authorized to Offer Degree:

Nutritional Sciences Program

School of Public Health

Acknowledgments:

I am grateful for the support I have received in the creation and fulfillment of this project. Special thanks to Mary Podrabsky, my capstone advisor, who has been an indispensable resource through this process. Her support and encouragement have helped to make this project an academic success. Thanks to Sarah Smith and Elizabeth Diehl from the Downtown YMCA for the inspiration for this project and the assistance with resources for its completion.

Table of Contents

Acknowledgments:	2
Chapter 1: Introduction to the YMCA and Target Population	4
<i>Introduction</i>	4
<i>Definition</i>	4
<i>Demographics</i>	5
Chapter 2: The YMCA’s Commitment to Inclusion and Determinants of Health for Community	6
<i>The Downtown Seattle YMCA</i>	6
<i>Social Determinants of Health</i>	7
Chapter 3: Nutrition and Health Assessment of Population Served by the Downtown YMCA	8
Chapter 4: Weight Stigma	11
<i>Defining Weight Stigma</i>	11
<i>Weight Stigma: A Public Health Issue</i>	12
<i>Defining Physical Activity</i>	14
<i>Physical Activity: Physical and Psychological Benefits</i>	15
<i>Weight Stigma and Physical Activity</i>	16
<i>Weight Stigma at the YMCA</i>	17
Chapter 5: Existing Resources to Promote Weight Neutrality and Body Positivity	19
<i>Health at Every Size</i>	19
<i>Association for Size Diversity and Health Guidelines for Implementing Health at Every Size</i>	19
<i>Physical Activity at Every Size</i>	20
<i>Blink Fitness</i>	20
<i>Body-Size Inclusive Yoga</i>	21
Chapter 6: Staff Training Intervention to Promote Body Positivity and Weight Inclusiveness	22
Chapter 7: Strategic Plan	26
<i>Goals and Objectives</i>	26
<i>Logic Model for Intervention</i>	27
Chapter 8: Communications Planning	29
Chapter 9: Summary	33
References	50

Chapter 1: Introduction to the YMCA and Target Population

Introduction

This capstone project is centered on combating the public health nutrition issue of weight stigma, a prejudice based on body size. The intervention proposed is a training which will be implemented with staff members at the Downtown Seattle YMCA, an organization that serves a diverse urban population¹. Using the Psychological Continuum Model,² the evidence-based intervention aims to increase participation in physical activity (PA) by creating an inclusive space for people of all body sizes. Through promotion of body positive and weight neutral language, it targets the negative health impacts of weight stigma and its effect on participation in PA.

Definition

This intervention targets the residents of Seattle, specifically those who live in the downtown neighborhood where the YMCA is located. Broadly defined, the downtown area includes eleven smaller neighborhoods, shown in Figure 1.¹ While there are no residency restrictions to use the facility, the downtown YMCA is the nearest facility to these neighborhoods. The YMCA offers many membership options to make it affordable to people of all income levels.

The diversity of the population of downtown Seattle makes it a valuable population with which to do a public health intervention. Weight stigma can affect all people, particularly people in larger bodies, who experience weight stigma at higher rates than people in smaller bodies.³ While there are a variety of settings in which interventions such as this one are needed, the YMCA is an ideal setting to institute such a program for several reasons. First, because of diversity of the population, an intervention conducted in this setting can

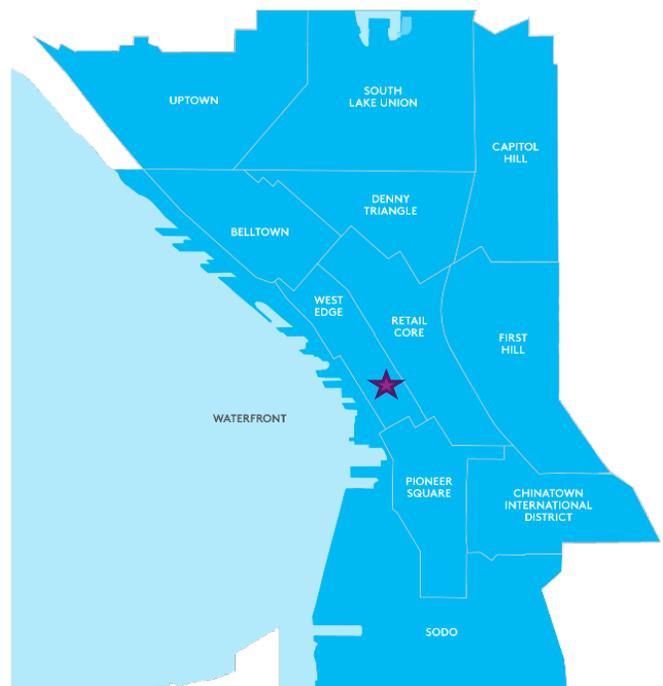


Figure 2: Downtown Seattle Area¹

Downtown YMCA represented by ★

reach many groups of people. As over 10% of Seattle residents live downtown, this provides an opportunity to reach a large proportion of the city as well.¹ Second, the organizational structure of the YMCA is such that staff members are in a position to affect change. They have the opportunity to influence the culture and policies of the organization. Lastly, this population is reflective of many urban populations in the United States. Therefore, this intervention may serve as a prototype for other YMCAs nationally.

Demographics

Table 1 outlines the demographics of the downtown Seattle community. This population is made up of 70,000 people.¹ The majority of the population is adults, with the bulk of the population falling in the age range of 24-34 years.¹ While the majority of Seattle residents are white, a great amount of racial, ethnic, and cultural diversity can be found in the city.⁴ Additionally, there are many refugees and foreign-born residents in this area.⁵ This intervention targets an issue which impacts people from all different demographics.³ As individuals carry the cultural shift with them into their own communities, the reach of the intervention is widened.

Table 1. Demographic Characteristics of the Downtown Seattle Population

Demographic Characteristics	Percent	
Sex¹	Male	56
	Female	44
Age¹	0-14	4
	15-24	11
Race¹	White	65
	Asian	17
	Black	10
	Two or More Races	5
	American Indian	1
Foreign-born (King County)⁵	21	
Refugees (King County)⁵	2,590 (n)	

Chapter 2: The YMCA's Commitment to Inclusion and Determinants of Health for Community

The Downtown Seattle YMCA

The Downtown Seattle YMCA is one of 10,000 branches of the YMCA of the USA. The overarching mission of the YMCA is: "Building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body."⁶ The Downtown Seattle YMCA serves 230,000 people per year. The broader organization provides a range of social services, but the Downtown Seattle YMCA branch mainly offers fitness-focused programs such as exercise classes, swimming, group sports, and community activities such as group hikes.⁷

The Downtown Seattle YMCA was chosen as the organization at which to implement this intervention due to its dedication to community, diversity, and inclusion. The organization prides itself on its dedication to diversity. Their inclusion statement reads:

*Our Commitment to Inclusion: The Y is made up of people of all ages and from every walk of life working side by side to strengthen communities. Together we work to ensure that everyone, regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation has the opportunity to reach their full potential with dignity. Our core values are caring, honesty, respect and responsibility—they guide everything we do.*⁸

This organizational commitment to inclusion is the primary tenet of a successful plan to create an inclusive space. In its infancy, the YMCA had strict membership rules: only evangelical Protestant men were accepted. However, this policy evolved as the YMCA grew to serve a wider community.⁹ Their commitment to inclusion can be seen as far back as 1853, eight years before the civil war, when the YMCA established its first facility to serve African American men.¹⁰ The organization continues to strive for inclusion in modern times. In 2016 the YMCA began implementing policies to ensure that transgender individuals had access to bathrooms that matched their gender identity and provided individual spaces for them to use if they wished.¹¹ The leadership's

enthusiasm about and willingness to support and model inclusion within the organization is critical to the success of such an intervention. The YMCA is an ideal environment in which to trial this staff training because body size inclusion is important for ensuring healthy equity and improving the health of the population the YMCA serves.³

Social Determinants of Health

When assessing the issue of weight stigma, it is essential to also consider the social determinants of health affecting the target population. Weight stigma must be assessed in the context of the complex etiology of obesity due to its potential exacerbation of or contribution to the conditions of obesity and chronic disease. Promotion of health behaviors such as exercise and healthy eating is essential to any attempt to improve the health of individuals or a population. However, additional factors such as social and economic opportunities, education, workplace safety, environmental standards affecting the cleanliness of water, food, and air, and the nature of social interactions and relationships also impact health.¹²

The intervention presented here does not directly address the social determinants of health; however, its impacts are aimed at reducing the negative health outcomes associated with factors that contribute to chronic disease. By increasing access to physical activity spaces and creating a cultural shift towards more weight neutral environments, this intervention supports individuals to adopt healthy behavior changes within their own social context.

Chapter 3: Nutrition and Health Assessment of Population Served by the Downtown YMCA

Data for this population assessment is largely drawn from Seattle-King County Public Health records, the Downtown Seattle Association, and the Behavior Risk Factor Surveillance System (BRFSS) from the Centers for Disease Control and Prevention (CDC).^{1,4,13} The heterogeneity of the population requires the use of multiple sources to assess its health. In order to prove the usefulness of this intervention in settings beyond the Seattle YMCA, Table 2 compares data for the Downtown Seattle Neighborhood, the City of Seattle, King County, and the United States. This illustrates the context in which this intervention is being implemented and provides a comparison of this neighborhood to other similar populations.

Rates for overweight and obesity among this population are similar to or lower than the national average, impacting about 40-50% of residents.¹³ Over three quarters of this population do not meet the recommendations for physical activity, and on average the population does not meet recommendations for daily fruit and vegetable consumption.¹³ Sugar-sweetened beverages are consumed regularly by over half the population.¹³ Food security, which impacts diet and contributes to stress, affects between 18-30% of people living in this area.⁴ The downtown Seattle population's rates for hypertension, high blood cholesterol, heart attacks, and stroke are higher than the national average.⁴ Almost 22% of the population of King County has some sort of activity limitation; that is, they are limited in any way in activities because of physical, mental, or emotional problems.^{13,14} This intervention has potential to alleviate some of the mental and emotional limitations on activity.

Promotion of overall health is the goal of this intervention, and it is therefore necessary to assess the nutritional, chronic disease, and overall health measures of the population. These data reveal the areas of highest need for this population. This intervention focuses on reducing weight stigma, a factor which may exacerbate these health issues.³ By targeting physical activity and sedentariness, this intervention is intended to contribute to a reduction in rates of chronic disease and obesity.

Table 2: Nutrition & Health Assessment & Comparison of Population ^{1,4,13,14}

	Downtown Seattle Neighborhood	City of Seattle	King County	United States
Nutrition				
Overweight but not obese (adults)	30%-32%	32%	33%	29.8%
Obese (adults)	9% -15%	17%	22%	36% ¹⁵
Physical activity recommendation not met	71%-77%	75%	78%	70.6%
Sedentariness	14%-18%	13%	15%	26.2%
Consumption of fruit	N/A	1.1 serv/day	1.1 serv/day	1.1 serv/day
Consumption of vegetables	N/A	2.0 serv/day	1.8 serv/day	1.6 serv/day
Consumption of sugar-sweetened beverages in the past month	N/A	57%	63%	N/A
Food insecurity	18-31%	12%	12%	N/A
Chronic Disease				
Hypertension	28%-31%	24%	26%	30.9%
High blood cholesterol	49%-69%	40%	44%	36.3%
Coronary Heart Disease	3.34%-4.15%	3%	3%	3.9%
Heart Attack	5%-6%	3%	4%	4.2%
Stroke	2.94%-4.7%	2%	2%	N/A
Diabetes (adult)	5%-6%	6%	7%	9.9%
Life expectancy at birth	76.6-79.6 ¹⁶	81.7 ¹⁶	81.6 ¹⁶	78.7 ¹⁶
General Health				
Life expectancy	77.9 years	81.7 years	81.6 years	
Poor/Fair Health		11.1%	11.9%	
Activity Limitation			21.7%	
Frequent Mental Distress			10%	
Poor Mental Health			3.4%	
Poor Physical Health			3.2%	

Table 3: Top Causes of Mortality in King County¹⁶

1	Cancer
2	Heart Disease
3	Alzheimer’s Disease
4	Unintentional injury
5	Stroke
6	Chronic Lower Respiratory Disease
7	Diabetes
8	Suicide
9	Chronic Liver disease & Cirrhosis
10	Influenza & Pneumonia

The top causes of mortality in King County are outlined in Table 3. It is important to note that obesity is related to several of these causes of mortality— cancer, heart disease, and diabetes.¹⁵ According to the CDC, physical activity can not only help reduce a person’s weight, it can also reduce the risk for these three outcomes, regardless of weight loss.¹⁷ In addition to reducing the risk

for diabetes, metabolic syndrome, some cancers, and cardiovascular disease, physical activity also improves bone and muscle strength and mental health, reduces risk for falls, and increases life expectancy.¹⁷

The overall population of King County is ideal for this intervention due to the relatively high risk for chronic disease, obesity, and low levels of health behaviors. This intervention will target one sector of the population - the Downtown neighborhood. By targeting weight stigma, this intervention can help to increase health behaviors and physical activity rates, thereby mitigating obesity and chronic disease levels.

Chapter 4: Weight Stigma

Defining Weight Stigma

Stigma is defined as “the negative associations felt by and acted upon an individual based on one or more of their personal characteristics.”² Stigma causes categorization of individuals and hierarchically designates socio-political and cultural power based on these group associations.² This prejudice is experienced on an individual and societal level.²

Societal idealization of thin bodies has led to a climate in which people in larger bodies often feel stigmatized and unwelcome. These messages are ubiquitous throughout society, glorifying weight loss at any cost and creating a false assumption that body fat defines a person’s health. The message is that larger bodies are unacceptable, unattractive, and unhealthy.³ As a result, people in larger bodies experience stigmatization, prejudice, and discrimination at home, in public, at work, in health care settings, in the mass media, and in physical activity spaces.^{2,3,18}

Body weight is perceived as controllable and those with larger bodies are seen as lazy, weak-willed, unsuccessful, unintelligent, and lacking self-discipline and will power.³ One of the strongest contributors to weight stigma is the pervasive societal ideas about the cause of obesity.³ The prevailing theory in societal messaging about obesity is that the cause and the solution for obesity is solely individual responsibility.³ This idea leads to justification of the stigmatization of and bias towards overweight people.³ Psychological experimental research has consistently found that the stigmatization of and discrimination against persons with obesity is rooted in a perception of their lack of personal control. Specifically, it is assumed that overweight people overeat and do not exercise.³ Therefore, weight stigma is thought of as a way of controlling obesity – by shaming individuals for their weight, they will be encouraged to lose weight.³

Recent research demonstrated the complexity of weight and its effect on health. Epidemiological research is producing a mounting body of evidence to indicate that the prevailing beliefs regarding the relationship drawn between increased body weight and morbidity or mortality is neither accurate nor adequate.² This evidence calls into

question the directionality of some of the negative health issues associated with overweight and obesity. It is well established that there is a correlation between higher levels of body fat and health outcomes such as depression, anxiety, and chronic diseases such as hypertension, type 2 diabetes, and heart disease.¹⁵ However, weight stigma may also have similar consequences, particularly depression, poor self-image, and stress.¹⁹ This complicates the relationship between obesity and chronic disease, potentially obscuring the cause of these negative health outcomes.

Weight Stigma: A Public Health Issue

The negative impacts of stigma are well documented in public health literature. Stigmas have increased suffering for many vulnerable groups throughout history, amplifying the effects of certain diseases and weakening efforts to fight the progression of those diseases.³ According to Herek et al., “Historical examples abound of stigma interfering with collective responses to diseases ranging from cholera to syphilis. In all of these cases, the social construction of illness incorporated moral judgments about the circumstances in which it was contracted as well as preexisting hostility toward the groups perceived to be most affected by it.”²⁰ The harms of weight stigma have been known since the 1960s and are well established.³ Yet even as obesity rates have continued to rise, little has been done to combat it as a legitimate public health concern.^{3,21} Weight stigma undermines public health and efforts to combat those negative health impacts associated with obesity and sedentariness.

In addition to hindering improvements in health for this population, weight stigma threatens physical and psychological health of individuals by both exacerbating and triggering disease.^{3,18} Weight stigma can negatively impact an individual’s socioeconomic opportunities.¹⁸ This can affect a person’s health as lower socioeconomic status is associated with poorer health.¹⁸ Weight stigma also causes psychological stress which can lead to negative physical health outcomes.³ According to a review of clinical and nonclinical research by Puhl et al., obese adults’ risk for depression, low self-esteem, and body dissatisfaction is significantly increased when they experience weight stigma.³ This increased risk holds even when researchers

controlled for age, gender, obesity onset, and BMI, demonstrating that these negative outcomes are linked to the weight stigma, not body weight. Udo et al. found similar results upon examination of the potential connection between perceived weight discrimination and chronic medical conditions.²² Perceived weight discrimination was significantly associated with increased risk for atherosclerosis, diabetes, high cholesterol, myocardial infarction, minor heart conditions, and stomach ulcers.²² This association held after adjusting for BMI, PA, and sociodemographic variables.²² According to Meunnig, this psychological stress is a contributing factor in the pathophysiology that is associated with obesity. This psychological stress causes the same unfavorable biochemical changes that are caused by adiposity.²³ In fact, people in larger bodies may be at increased risk for adiposity due to the chronic stress, anxiety and negative mood they experience due to stigma.³ These factors are associated with increased risk of excess abdominal adiposity due to the physiological mechanisms they activate that increase appetite and decrease satiety, thereby increasing food intake and adiposity.³

In addition to the impacts that weight stigma has at the individual level, it also exacerbates other health disparities. Obesity is more prevalent among groups that are already marginalized and experiencing other forms of stigma, therefore amplifying the impacts of these stigmas. There is a connection between racial discrimination and obesity-related outcomes such as metabolic abnormalities and weight gain.³ A recent study out of Canada examined the connections between experience of discrimination and chronic conditions and their associated risk factors.²⁴ The study concluded that the experience of discrimination is a cause of chronic disease and chronic disease risk factors, specifically among Black and Aboriginal populations.²⁴ It has also been well established that social determinants of health, including racial discrimination, increase an individual's risk for chronic diseases such as cardiovascular disease, type 2 diabetes, stroke, cancers, pulmonary disease, and kidney disease.²⁵ From these studies, it can be concluded that racism is a psychosocial stressor which can elevate cardiovascular responses, impairing health of those who experience it.²⁶ Additionally, recent research has demonstrated that regardless of race, the perception of

discrimination is associated with increased abdominal adiposity.²⁷ Increased abdominal obesity and glucose intolerance have also been associated with internalization of stigma.²⁸ This connection is important because individuals who experience racial discrimination are at increased risk for obesity and its related negative health outcomes, and this risk is compounded by the additional experience of weight stigma.³

Defining Physical Activity

In 2008, the Department of Health and Human Services issued a new set of guidelines for PA for Americans and defined PA as “bodily movement that enhances health”.²⁹ A person’s baseline activity includes their activities of daily living such as slow walking, standing, and performing daily tasks.²⁹ The next level of PA is moderate-intensity PA which is activity that is done at 3.0-5.9 times the intensity of rest.²⁹ Vigorous-intensity PA is activity that is done at 6.0 or more times the intensity of rest.²⁹ Muscle-strengthening activity is PA which increases skeletal muscle strength, power, endurance and mass.²⁹

There are four levels of PA which are referenced in these guidelines:

- (1) Inactive: no activity beyond baseline
- (2) Low: activity beyond baseline, but less than 150 minutes per week
- (3) Medium: 150 minutes to 300 minutes per week
- (4) High: Greater than 300 minutes per week²⁹

In the 2008 Guidelines, adults are advised to avoid inactivity and to get at minimum of 150 minutes of moderate-intensity PA, or 75 minutes of vigorous-intensity aerobic PA, or a combination of both moderate- and vigorous-intensity aerobic activity.²⁹ In order to increase health benefits, adults are advised to increase their PA to 300 minutes of moderate-intensity PA or 150 minutes of vigorous-intensity PA per week.²⁹ Additionally, adults are advised to include at least two days of strength training exercise per week.²⁹

Physical Activity: Physical and Psychological Benefits

The benefits of PA are well established. PA is associated with reduction in risk for certain diseases and conditions such as cardiovascular disease, diabetes, certain cancers, osteoporosis and osteoarthritis.² Conversely, sedentariness is associated with increased morbidity and mortality.² These benefits occur regardless of body size, and it is therefore recommended that all people engage in PA to the extent they are able. In addition to physical benefits, there are also psychological benefits associated with PA. It has been demonstrated by Penedo and Dahn that engaging in PA regularly leads to improved mental health and well-being.² Reduction of anxiety and depression and increase in overall mood can be seen with high levels of PA as well.² Lastly, PA participation improves overall cognitive function.²

The physical and psychological benefits of PA increase as an individual engages in more exercise. The largest impact can be seen in individuals who are sedentary and become moderately active.² As 14-18% of the target population is sedentary and 71-77% are not meeting physical activity recommendations, there is opportunity to impact disease and to confer health benefits to this population.¹³ Due to these health impacts, it is important to create more inclusive PA spaces so that all people can experience these psychological and physical benefits of PA.

Additionally, PA offers health benefits regardless of weight loss. Haapanen-Neimi found that while BMI was not associated with risk of death, perceived physical fitness and functional capacity were associated with lower risk of death.³⁰ Men and women who were active had lower risk for cardiovascular disease mortality and coronary heart disease mortality when compared with people who had no weekly vigorous activity.³⁰ Men who perceived their fitness as better than their age-mates had a lower risk of CVD mortality and all-cause mortality than those who perceived their fitness as worse than their age-mates. Men who had some difficulty walking 2 kilometers had a higher risk for all-cause mortality than those who had no functional difficulties. Men and women who had difficulty climbing several flights of stairs had higher risk for CVD mortality all-cause mortality than those who did not.³⁰

Weight Stigma and Physical Activity

As a result of the societal obsession with weight and thinness, people in larger bodies often face judgement for their health-related choices.² This leads to an avoidance of PA, particularly in more public settings.² For people with larger bodies, there is often a psychological barrier to accessing PA spaces as they are perceived to be designed for and welcoming to only people with thin or muscular bodies.² Because of the assumption that people in larger bodies are less physically capable than those in thinner bodies, traditional PA spaces such as gyms, PA classes, and fitness centers are settings in which higher levels of weight stigma are experienced. This can lead to avoidance of these spaces by larger individuals.²

Vartanian and Shaprow found that regardless of BMI, people who experienced weight stigma were less likely to engage in PA.² They also found that when people internalized these societal messages regarding weight, they were more likely to avoid exercise.² This demonstrates that weight stigma is a stronger force on participation in exercise than body weight itself.² Due to this stigma, people in larger bodies are more likely to engage in PA in their homes than in public spaces.² This demonstrates that individuals in larger bodies are still interested in and dedicated to exercise and that they are willing to take on these exercise regimens alone.² According to Cox et al. people who engage in exercise at home expend less energy per session and are more likely to quit than those who participate in group exercise or fitness centers.^{2,31}

The physical and psychological health benefits of PA are well established, and all people can benefit from PA. The weight stigma that larger individuals experience in PA spaces is detracting from their health despite their dedication to and interest in PA. Therefore, creating more inclusive PA spaces that are welcoming to people of all body sizes, not only thin people, is necessary. Creation of these spaces requires more than simply providing access to all individuals, something that the YMCA is already doing. The way that people feel in the space is a more significant measure of inclusion than simply having access.²

This concept should be appealing from more than a values standpoint to the YMCA as an organization. Thirty percent of individuals in society fall into the categories

of “overweight” or “obese,” yet they are the least likely to engage in PA due in large part to the stigma they experience.^{13,32} This can be viewed as an “untapped market” which can increase membership rates and revenue for the organization if properly engaged.² The lack of commitment to creation of inclusive spaces by gyms and fitness centers leaves an opportunity for the YMCA to gain an advantage with this population and gain their loyalty as members.

Weight Stigma at the YMCA

The YMCA is a welcoming and inclusive place, striving to support members’ diversity in many regards. However, one area for improvement in the organization is supporting people of all body types.³³ While the YMCA offers many services to members and to the community, it is primarily a gym. The issues of body type and body size are inherent to the culture of gyms as many members are there to change their bodies in some way. Traditionally, gyms utilize the issue of body image to push their services through their advertising, marketing, and the products and services they provide. Often, health, wellness, and fitness are promoted as means by which to change the appearance of one’s body. This is true of the population at the YMCA as well. Many members are focused on weight, and the majority of people seeking nutrition consultations wish to be thinner.³³ The YMCA also has classes that celebrate weight loss and thinness, such as the branded “beach body” exercise class.³³

This intervention seeks to change the culture of the YMCA by offering an alternative perspective that ensures all people feel welcomed, valued, and equal at the YMCA. By training staff members, who interact with members on a daily basis, to use inclusive language that promotes body positivity, weight neutrality, and overall wellness, the tone of the culture can shift. Learning to celebrate members’ efforts and dedication to PA and their own health without focusing primarily on weight is the goal of this intervention.

Body positivity is more complex than simply the absence of body dissatisfaction. Rather, it includes the attitudes and behaviors that a person holds about their body.³⁴ A person with positive body image has an acceptance and appreciation of their body.

Body appreciation is unconditional approval and respect for one's body, recognizing that each body is unique and accepting the flaws as well as the assets of one's body.³⁴ *Body respect* refers to attending to the body's needs, engaging in health-promoting behaviors, and consciously rejecting societal messaging around standards for thinness.³⁴ Individuals who have a positive body image are oriented to their internal body cues; that is, they focus on what their body can do instead of how their body looks.³⁴ These are the ideals to which this intervention aspires – promoting body positivity among all members so that they feel a sense of belonging at the YMCA and so that their commitment to PA and their personal health can thrive.

Women who have positive body image often cite regular exercise as an important component of their care for their body, stress relief, and their overall health.³⁴ Exercise frequency is positively correlated with a decrease in body dissatisfaction as well as increased body image. However, when motivation for exercise was focused on appearance, this relationship is weakened.³⁴

A systematic review by Bacon, et al, which looked at the outcomes of clinical trial comparing weight neutral interventions to conventional obesity treatments found that the weight neutral interventions were associated with statistically and clinically relevant increases in physiological measures, health behaviors, and psychological outcomes. Improvements in self-esteem and eating behaviors were significant. Improvements in blood lipids and blood pressure were also noted in several of the studies. There were no adverse changes noted in any of the study outcomes.³⁵ Perhaps the most significant outcome of these studies was the increase in retention rates compared to control groups.

The results of this review indicate significant ethical concerns regarding use of weight-centered ideologies to promote health. The focus on weight as a central issue may be ineffective and may even contribute to negative health outcomes. Instead of focusing on weight, the central focus of health interventions should be health, as measured by a combination of physical, psychological, and social outcomes. The complexity of health determinants should be considered and addressed in order to improve the health of a population.

Chapter 5: Existing Resources to Promote Weight Neutrality and Body Positivity

Health at Every Size

The Health at Every Size (HAES) model was developed in response to the cultural obsession with weight loss and thinness-as-health, instead promoting health and wellness at all weights. The movement supports all people to pursue their health by adopting positive health behaviors. The movement is explicitly inclusive of all people and neutral with regards to body fat.³⁶ By acknowledging the complex nature of body weight and the multifaceted intersections between cultural and psychological factors, the movement uses measures of health such as healthy eating, physical activity, and metabolic lab values to determine health, rather than weight.³⁶ Body weight is not used to determine what a healthy lifestyle looks like and is allowed to fall where it may.³⁶ Rather than encouraging PA as a means for weight loss, individuals are encouraged to pursue PA that is enjoyable, health-promoting, and sustainable for them.^{2,36}

Association for Size Diversity and Health Guidelines for Implementing Health at Every Size

These guidelines were designed to assist professionals who are seeking to implement a weight neutral or HAES focused intervention³⁵:

- Interventions should meet ethical standards. They should focus on health, not weight, and should be referred to as “health promotion” and not marketed as “obesity prevention.” Interventions should be careful to avoid weight-biased stigma, such as using language like “overweight” and “obesity.”
- Interventions should seek to change major determinants of health that reside in inequitable social, economic and environmental factors, including all forms of stigma and oppression.
- Interventions should be constructed from a holistic perspective, where consideration is given to physical, emotional, social, occupational, intellectual, spiritual, and ecological aspects of health.
- Interventions should promote self-esteem, body satisfaction, and respect for body size diversity.

- Interventions should 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 should be delivered from a compassion-centered approach that encourages self-care rather than as prescriptive injunctions to meet expert guidelines.
- Interventions should 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 should inform practice, and the political dimensions of health research and policy should be articulated.³⁵

Physical Activity at Every Size

Following the HAES model, the Physical Activity at Every Size (PAES) movement has been developed. The movement seeks to create “an alternative to weight loss and anti-fat models that create inclusive movement environments, defined and enjoyed by participants and based on intuitive engagement with bodily activity irrespective of body size and shape.”³⁷ Physical activity should be encouraged for all people due to the health benefits it confers. Therefore, by encouraging physical activity as the measure of health rather than weight, this reduces weight stigma and creates an environment in which more people will be willing and able to exercise.³⁸

Blink Fitness

Founded in 2011, this fitness chain located in the New York City area, has been a front-runner in the body positive movement. The gym promotes a “Feel Good Experience” and their slogan is “We put mood above muscle.” This places the focus on the psychological, mood-boosting results that come from PA, rather than the appearance-based physical results. The five pillars of the gyms are: friendly and respectful staff, clean facilities, open and bright design, motivating music, and affordable

personal training. The goal is to ensure that members' mood is elevated through their experience.³⁹

Blink Fitness conducted an online survey in February 2016 which showed that 82% of Americans feel it is more important to feel good than to look good. Additionally, the top three benefits of working out were noted as non-physical benefits by the 90% of Americans who say they exercise. They listed that exercise makes them healthier (49%), makes them feel good (35%), and helps them deal with stress/anxiety (24%). Additionally, the survey revealed that 71% of Americans do not relate to fitness ads or magazine covers because they do not see their own body type reflected in them. Ellen Roggeman, VP of Marketing for Blink Fitness, says, "Blink stands for something different and offers a more universally relatable approach to fitness, which this campaign represents. 'Fit' looks different on everyone and we celebrate that."³⁹

In 2017, the gym announced that all of their ads would not feature models but rather their own gym members. The year prior, the fitness chain launched a marketing campaign called "Every Body Happy", which featured gym members of all shapes and sizes celebrating physical activity. By choosing to include a diverse range of real people, the gym promotes a very different message from that of most gyms.³⁹

Body-Size Inclusive Yoga

This movement is specific to yoga, creating places where people in larger bodies can practice yoga without stigmatization. The language around this movement is diverse – some brand their studios as "Fat Yoga", with others using gentler language with names like "Yoga for Round Bodies". The number of these studios is expanding - there is MegaYoga, Buddha Body Yoga and Yoga for Abundant Bodies in New York, Curvy Yoga in Nashville, HeavyWeight Yoga in Austin, and Big Yoga in Buckingham.⁴⁰

Yoga is marketed widely with images of thin people whose bodies fit the societal idea of a "perfect figure". These studios and classes want to push back against this association and instead spread access to yoga to all people in bodies of all sizes.^{32,40}

Chapter 6: Staff Training Intervention to Promote Body Positivity and Weight Inclusiveness

The intervention created for this capstone project is a training for the staff at the Downtown Seattle YMCA designed to build knowledge of the harms of weight stigma and skills in utilizing language that promotes body positivity and weight inclusiveness. The one-hour training will include instruction, interactive discussion, and personal reflection. It will be led by a member of the leadership staff at the YMCA.

The training draws on elements from the Health Belief Model and Theory of Planned Behavior. It begins with a discussion of the organizational goals of the YMCA and personal goals of the participants. This emphasizes the subjective norm from which the group is operating: a focus on health and wellness for members at the YMCA. Next, the training explores the causes and effects of weight stigma. This is designed to influence the attitudes of the participants through a description of the issue and its negative outcomes. Once perceived severity is established, perceived benefits are emphasized by discussing the benefits of physical activity. This is another subjective norm of the group – the belief in the benefits and importance of and dedication to physical activity.⁴¹

Lastly, the training ends with a call to action by emphasizing the important role that staff play in member experiences and by helping participants increase their perceived behavioral control through simple behavior and attitude changes they can make. Perceived barriers are addressed by emphasizing that discomfort with using new language is expected and that participants should go at their own pace in incorporating these new ideas and phrases into their vocabulary. Self-efficacy is promoted through an activity in which participants brainstorm their own ideas for body positive and weight neutral language to replace weight shaming language.⁴¹

The primary model used to inform this intervention is designed to create inclusive spaces, specifically emphasizing the connection between body size inclusive spaces and PA. Beyond simply providing individuals with access to a space, inclusive spaces require creating an environment “in which each individual is recognized as both unique and valuable.”² The model is based on the Psychological Continuum Model (PCM) by

Funk & James which outlines the relationship between an individual’s perception of inclusivity and their level of engagement in PA.² An individual’s level of engagement will directly impact the benefits they receive from physical activity. According to Cunningham, there are several factors that are important to creating a PA-focused space that is diverse and inclusive. Organizations must place value in diversity, invest in employee and stakeholder education, have managerial and leadership support for diversity promotion and commit to hiring diverse individuals.² The YMCA exhibits all of these characteristics and has demonstrated this in their commitment to other types of diversity such as racial and gender diversity.

According to Ferdman, inclusion “involves how well organizations and their members fully connect with, engage, and utilize people across all types of differences.” Having an organizational structure that places value on diversity is essential to creating sustainable inclusion. When such a culture is emphasized, individuals are more likely to engage in interpersonal interactions. These interactions, such as engaging in meaningful conversation, increase the individual’s sense of belonging within an organization, increasing the likelihood that they will continue to engage with that organization and thereby increasing their degree of engagement in PA. This illustrates the crucial role staff play in creating an inclusive space. Staff members are able to promote behaviors that make the space welcoming to all people and can stop discriminatory behaviors when they do occur.²

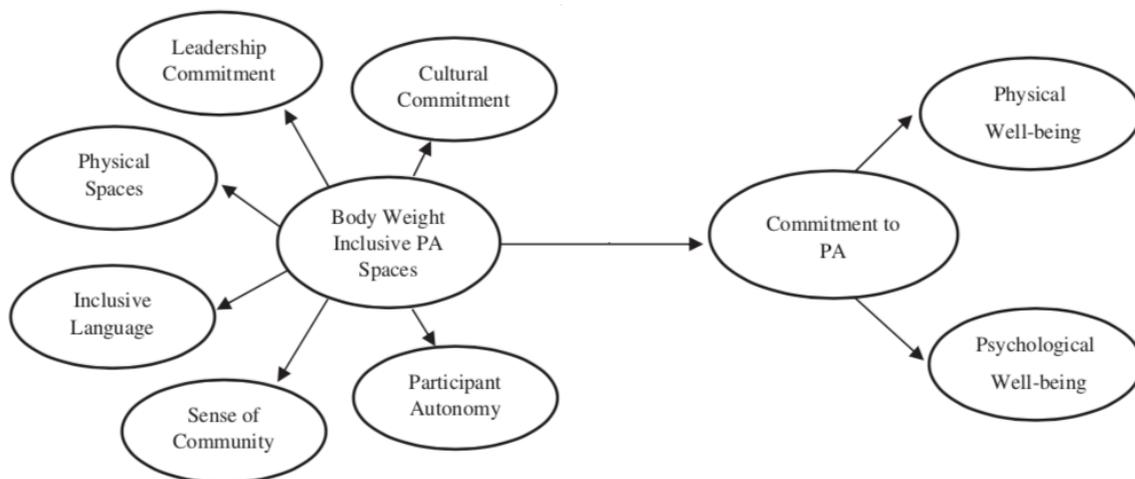


Figure 3: Conceptual model of body weight inclusive PA spaces²

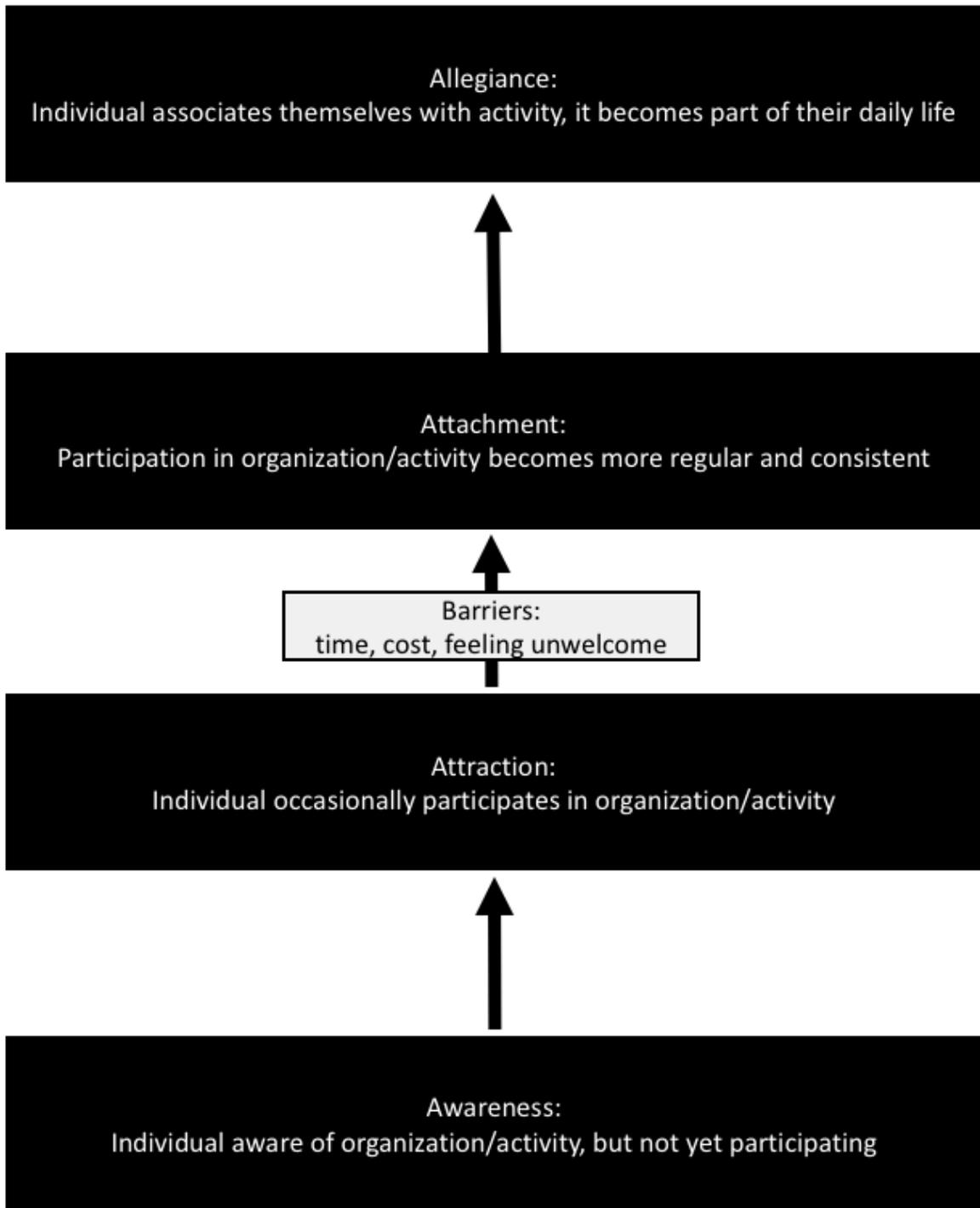
The six tenets that make up an inclusive PA space are: (1) cultural commitment, (2) leadership commitment, (3) physical spaces, (4) inclusive language, (5) sense of community, (6) participant autonomy. This intervention mainly focuses on the fourth tenet, inclusive language, but includes elements of the others as well. Implementation of these six tenets is useful in creating body weight inclusive PA spaces. According to the model, the creation of these spaces then leads to a greater commitment to PA, which impacts the physical and psychological well-being of those who engage in these spaces.²

The PCM is made up of four stages of commitment, referred to as the “ladder of engagement” : (1) awareness, (2) attraction, (3) attachment, (4) allegiance.⁴² These are illustrated in Figure 4. As an individual climbs the ladder of engagement, their participation becomes more consistent.² The movement is not one-directional: an individual may move up or down the ladder according to positive influencing factors or barriers that arise.

During the awareness phase, the individual is aware of the organization or activity; however, they are not yet participating or engaged.² The individual may then move to the attraction phase wherein they are occasionally participating in the organization or activity. There are barriers which may prohibit them from moving up the ladder to the attachment stage. The attachment phase is when the individual is participating regularly in the organization or activity – the more consistent the participation, the less significant the barriers become to the individual. As the individual enters the fourth phase, they are beginning to associate themselves with the organization or activity. For example, an individual might refer to themselves as a “YMCA member”. The activity becomes part of the individual’s day-to-day life. Barriers no longer impact the individual’s commitment to the activity.²

Individuals may move up and down the ladder, depending on a number of influencing factors. Therefore, developing and maintaining relationships with members can be a significant influencing factor on their level of engagement and their progression towards the allegiance stage.²

Figure 4: The Psychological Continuum Model Ladder of Change²



Chapter 7: Strategic Plan

Goals and Objectives

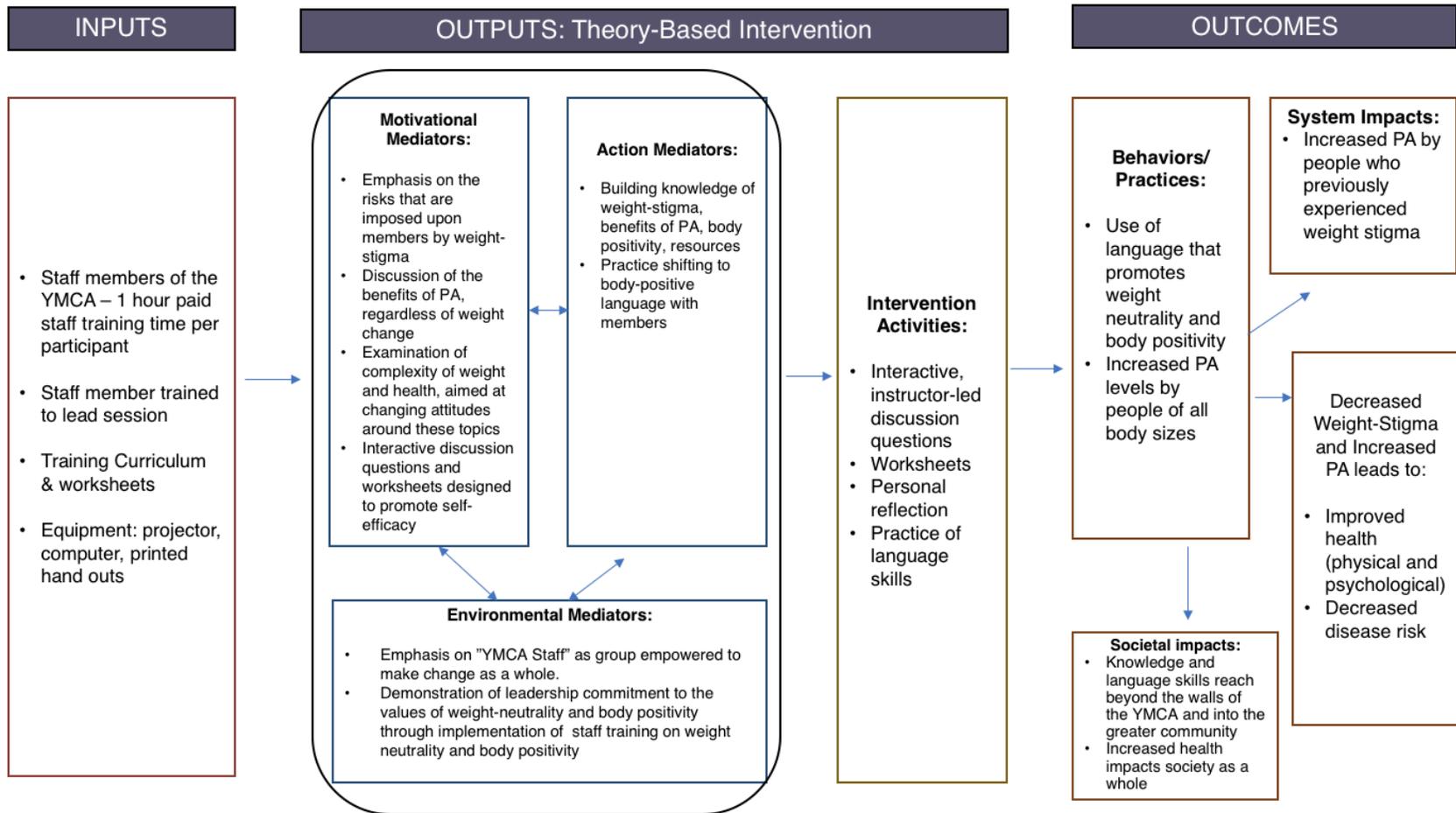
Goal: To create an inclusive physical activity space for people of all body sizes to increased physical activity engagement.

- Objective 1: To educate staff members at the Downtown Seattle YMCA on the complexity of body weight and the harms of weight stigma.
- Objective 2: To demonstrate the power of language on members' experiences in order to motivate staff to adopt the principles of the training.
- Objective 3: To train staff members in how to use body-positive and weight inclusive language with members at the Downtown Seattle YMCA.

At the end of the training, participants should be able to:

1. Identify the relationship between weight-stigma and negative health outcomes.
2. Recognize language that is weight shaming
3. Demonstrate use of body positive and weight neutral language with members

Logic Model for Intervention



In order to ensure that this strategy is responsive to the needs of the community, staff members from all departments will attend the training and provide feedback after the presentation. By drawing on feedback from staff members from across the organization, the needs of various populations within the organization will be expressed and the training can be adapted to meet their needs.

Outcomes will be evaluated through a survey to be distributed at the end of each training session. Using a Likert scale, participants will be able to rate their achievement of the various competencies established for this training. This evaluation form will also include space for feedback. The participants will be asked to note which elements of the training best supported their learning and which did not support their learning. They will also be asked for any additional comments and suggestions they may have for the training. This evaluation form can be found in Appendix 2.

In order to ensure the usefulness of this intervention, numerous members of the leadership staff were consulted regarding the need for this training. A trial run of the training was conducted in November 2017 with the Downtown Seattle YMCA leadership team. Their feedback was noted and included in the redesign of the staff training to include more graphics and picture representation of concepts and less detailed examination of studies. The leadership staff offered their support and desire to promote this training among the staff.

To ensure the sustainability of the intervention, the curriculum is designed to provide the instructor with a script to follow. It also includes worksheets designed to facilitate self-reflection by participants as well as group discussion questions for the instructor to use to guide the conversation. In order to prepare the instructor for the training, resources are provided to them at the beginning of the training so that they may familiarize themselves with the language and concepts in the training in order to feel more comfortable with leading it.

Chapter 8: Communications Planning

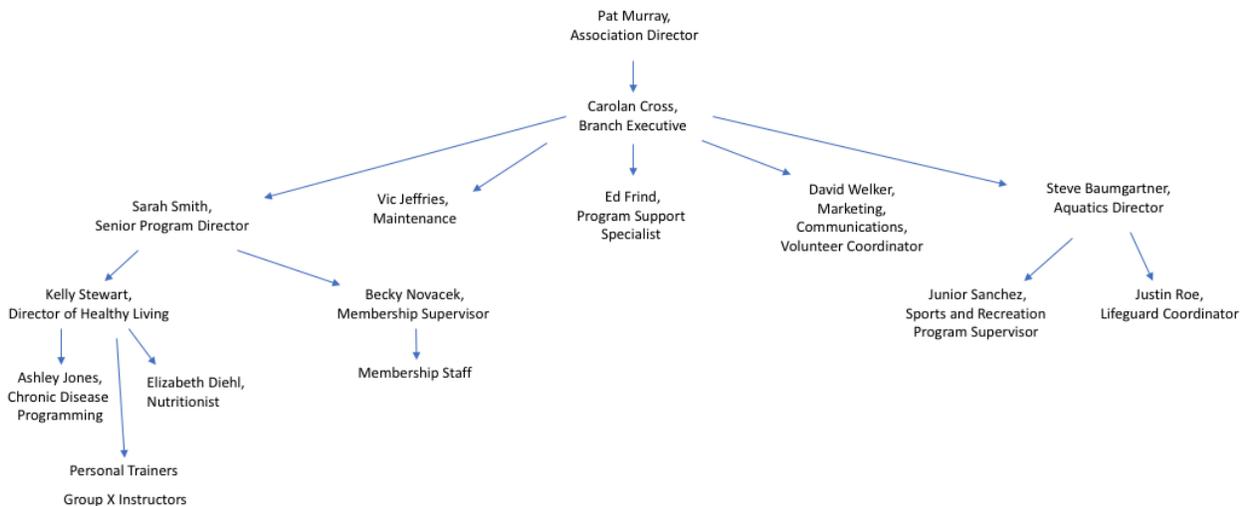
The communications plan for this intervention is focused on gaining support from leadership and staff members prior to the training. Although staff members may be required to attend the training, this strategy is aimed at creating a positive attitude towards the training before the session even begins. The Downtown Seattle YMCA leadership staff have already given their support for this project. However, if the program is to expand to other YMCA's, this plan may be useful for gaining support from staff within those branches as well. The W.K. Kellogg Foundation's communications plan template, which is designed to communicate public health programming while tracking successes and failures, will be used to outline the plan.⁴³

1. **Determine Goal:** The goal is to create a more inclusive PA space at the YMCA for people of all body sizes to engage in PA and thereby achieve the physical and psychological health benefits associated with PA. This goal is pursued through a training for staff members which both raises awareness of the issue of weight stigma and also trains participants with skills and language to promote weight neutrality and body positivity. In order for this training to be most effective, the training participants will be made aware of the main idea behind the training prior to its occurrence. Communication of this message is important because weight stigma is a socially acceptable form of discrimination; therefore, many people hold intrinsic beliefs about body weight that may be challenged in this training. The messaging is intended to introduce them to the concept before the training occurs so they are familiar with the concept prior to the training. It is also intended to introduce some of the motivation behind the training (i.e. promoting health for all members). This is intended to get staff members interested in the training before it begins.
2. **Identify and Profile Audience:** The audience for this training is the leadership and staff members of the Downtown Seattle YMCA. An organization chart for the

Downtown YMCA is demonstrated in Figure 5. The following people will be present at the training:

- Carolan Cross, Branch Executive
- Sarah Smith, Senior Program Director
- Ed Frind, Program Support Specialist
- David Welker, Marketing, Communications, and Volunteer Coordinator
- Steve Baumgartner, Aquatics Director
- Kelly Stewart, Director of Healthy Living
- Junior Sanchez, Sports and Recreation Program Supervisor
- Justin Roe, Lifeguard Coordinator
- Becky Novacek, Membership Supervisor
- Ashely Jones, Chronic Disease Program Supervisor
- Elizabeth Diehl, Nutritionist
- All personal trainers, Group X instructors, and membership staff

Figure 5: Organization Chart for the Downtown Seattle YMCA



3. Develop Messages: Sarah Smith will be in charge of delivery of messaging to staff. The key message that will be presented to this group is one of social justice, inclusion, and enhancement of wellbeing for members. The title of the training itself serves to promote these messages. “Fighting Weight-Stigma: A Training in Weight-Neutrality and Body Positivity”. The phrase “fighting” weight stigma indicates there is an injustice that needs to be opposed. The terms “weight neutrality” and “body positivity” are self-defining, providing the reader with some insight into the change that is being advocated. Emails and presentation of the training will include the message: “Promoting positive health behaviors without causing harm”. This message is designed to create curiosity among members and for them to begin to self-evaluate how their behaviors and attitudes may be impacting the health of members already.
4. Select communication channels: The leadership staff have a monthly meeting at which they share information about the Downtown Seattle YMCA’s current and future programs and events. This is the preferred method of communication for this group. Additionally, they utilize emails to communicate with one another throughout the month and to announce new events and programs. An initial email will be sent out to introduce people to the idea of the training one week before it is presented at the meeting.
5. Choose activities and materials: These messages will be presented to staff at monthly meetings at the Downtown Seattle YMCA. Materials will include an email message, flyers and a meeting memo.
6. Establish partnerships: Several members of this group, Kelley Stewart and Sarah Smith, were integral to the development of the concept for this intervention. These partners will be essential to the promotion and support of this training as they have formed relationship with other staff members and established their leadership within the organization.
7. Implement a plan:

- The training was presented at the monthly meeting on July 12, 2018.
- The training was discussed at the meeting the month prior, on June 7th. This discussion was led by Sarah Smith who presented the training to the staff.
- An email regarding the training was sent out one week prior to each of these meetings with details about the training.

After this session, there will be biannual trainings to ensure that all staff are engaged with the message and skills of this intervention. As new staff join the YMCA, they will be able to attend one of these trainings within six months of their start date. This schedule is meant to provide enough opportunities for trainings without creating a financial or time burden for the YMCA.

The first training was led by Elizabeth Diehl, the YMCA's nutritionist, who possesses the training and background knowledge to effectively present the material. In the future, a mini-training will be developed which will allow new staff members to lead the training. This training will include in-depth readings and research into the concepts of weight stigma and weight neutrality as well as practical information on the topics. This will allow for greater distribution of the training.

8. Evaluate and make mid-course corrections: Opportunity for corrections and evaluation will be present during the monthly meeting wherein Sarah Smith will announce the upcoming training. Sarah herself is familiar with the training topic and will be able to answer any questions posed. This will be an opportunity for the messaging to be adjusted or clarified for participants. It may also be seen as an opportunity to encourage participants to attend the training with an open mind and to pose their questions to the instructor.

Chapter 9: Summary

This capstone project is centered on the public health nutrition issue of weight stigma. This intervention is a training for staff members at the Downtown Seattle YMCA which uses the Psychological Continuum Model to create an environment that is inclusive to people of all body sizes. Weight stigma is a form of socially acceptable prejudice which carries negative health consequences for those who experience it. Those who experience weight stigma are more likely to avoid physical activity spaces, therefore reducing their access to the health benefits of physical activity.

The intervention primarily promotes use of inclusive language that encourages body positivity, weight neutrality, and overall wellness. The training motivates staff to alter the culturally pervasive body-shaming language that they may be using, and to instead use language that promotes size acceptance and body positivity. A variety of activities including group discussion and personal reflection are incorporated for participants to gain knowledge, build social support, and increase their self-efficacy in this area.

The organizational cultural shift towards body positive and weight inclusive spaces for physical activity at the YMCA will positively impact the population of downtown Seattle. This training will be implemented with staff at a single location and may be distributed further to other branches of the YMCA. By creating inclusive spaces for physical activity, people who previously did not feel welcome in those spaces may be willing to engage in physical activity, allowing them to experience the benefits of physical activity and increasing their overall wellness.

Appendix

Fighting Weight Stigma: A Training on Weight Neutrality and Body Positivity Downtown Seattle YMCA

Goals & Objectives of Training:

To create an inclusive physical activity space for people of all body sizes to increased physical activity engagement.

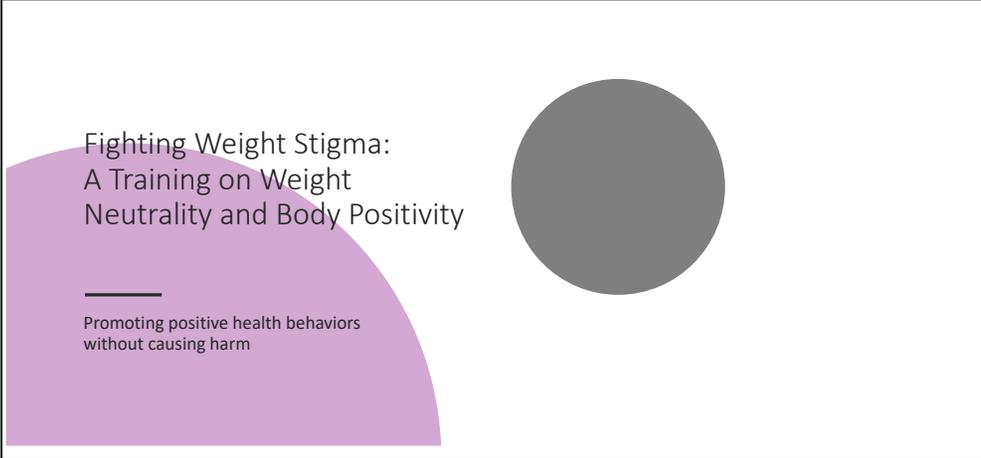
- Objective 1: To educate staff members at the Downtown Seattle YMCA on the complexity of body weight and the harms of weight stigma.
- Objective 2: To demonstrate the power of language on members' experiences in order to motivate staff to adopt the principles of the training.
- Objective 3: To train staff members in how to use body-positive and weight inclusive language with members at the Downtown Seattle YMCA.

At the end of the training, participants should be able to:

1. Identify the relationship between weight-stigma and negative health outcomes.
2. Recognize language that is weight shaming
3. Demonstrate use of body positive and weight neutral language with members

Fighting Weight Stigma: A Training on Weight Neutrality and Body Positivity
Downtown Seattle YMCA

INSTRUCTOR GUIDE:

 <p>Fighting Weight Stigma: A Training on Weight Neutrality and Body Positivity</p> <p>Promoting positive health behaviors without causing harm</p>	<p>(Slide 1) <i>Welcome participants and introduce yourself.</i> This training was designed by a graduate student at the University of Washington. I am going to lead you in this training today. You have a worksheet in front of you that includes some questions. Some of those questions will be used for group discussion; others are simply for your own reflection. There is a short activity at the bottom which we will work through together towards the end of the training. I will pause for a minute or two throughout the training to allow you to answer these questions. We will then share our answers with our neighbors and we will have some group discussion regarding some of them as well.</p>
 <p>Goal:</p> <p>To increase participation in physical activity by creating an inclusive space for people of all body sizes.</p>	<p>(Slide 2) The goal of this training is to create a space that is inclusive to people of all body sizes so that we can increase participation in physical activity. Here are the Y we want everyone to have equal access to our facilities and to receive equal treatment when they enter our doors. The area of body weight is one that we often avoid as a society. Today we are going to talk about where some of our ideas about body weight come from and how they may be affecting our members.</p>
	<p>(Slide 3) The mission of the YMCA is <i>“Building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body.”</i></p> <p>QUESTION: How do you see yourself within the YMCA organization? What is your role in creating an inclusive</p>

<p>The Mission of the YMCA:</p> <p>“Building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body.”</p>	<p>environment? <i>Have participants share with the group and talk about how their roles are important.</i></p>
<p>YMCA’s Commitment to Inclusion :</p> <p>“The Y is made up of people of all ages and from every walk of life working side by side to strengthen communities. Together we work to ensure that everyone, regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation has the opportunity to reach their full potential with dignity. Our core values are caring, honesty, respect and responsibility—they guide everything we do.”</p>	<p>(Slide 4) <i>Read YMCA Inclusion Statement.</i></p> <p>In keeping with this message, the YMCA strives to create the most inclusive environment possible. As an organization, steps are taken to ensure that all people feel welcome. However, there is one particular area of improvement which lies heavily on the shoulders of the staff to promote inclusion. We are going to talk about the concepts of weight stigma and weight bias and how we can combat these with language we use and instead promote weight neutrality and body positivity.</p>
<p>What is “Weight Stigma”?</p>	<p>(Slide 5) It is important that we first understand what weight stigma and bias are, and then we will discuss why it is important to push back against these cultural ideas to create a more inclusive space.</p>

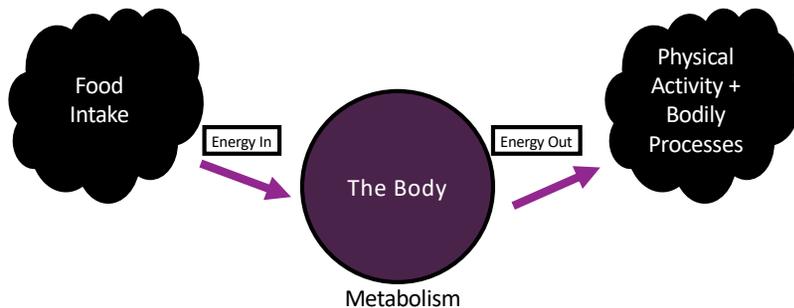
<p><u>Weight Bias:</u></p> <ul style="list-style-type: none"> Negative attitudes, beliefs, assumptions, or judgements toward someone who is deemed to be “overweight” or “obese” <p><u>Weight Stigma:</u></p> <ul style="list-style-type: none"> The “social sign” carried by a person who is the victim of prejudice and weight bias. 	<p>(Slide 6) <i>Read definitions from slide.</i> So stigma is the negative associations felt by and acted upon an individual based on one or more of their personal characteristics. The problem with stigma is that people are categorized based on characteristics about them and then socio-political and cultural power is designated to different groups. We know from public health literature that stigma is harmful and can lead to negative health outcomes for people who experience it.</p>
<p>The Issue: Weight Stigma</p> <ul style="list-style-type: none"> A form of socially acceptable prejudice which carries negative health consequences for those who experience it Experienced at higher rates by people in larger bodies Leads to avoidance of physical activity spaces 	<p>(Slide 7) Weight stigma is socially acceptable in our society. Because of societal ideals of thinness and ideas about body weight, it is seen as acceptable to look down upon people with larger bodies. Weight stigma is experienced by people in larger bodies at higher rates. This weight stigma then leads to avoidance of physical activity spaces such as the YMCA.</p> <p>QUESTIONS: How do you see weight stigma playing out in society?</p> <p>Do you see examples of weight stigma here at the YMCA?</p>
<p>The Root of the Issue: Where does weight stigma come from?</p> <ul style="list-style-type: none"> Weight Stigma is the default in our culture <ul style="list-style-type: none"> Dieting Losing Weight Societal Messaging <ul style="list-style-type: none"> Begins in childhood! Idealization of thinness Moral implications of fat vs. thin 	<p>(Slide 8) The idea of weight stigma is the default in our culture. Dieting is considered a normal health behavior – in fact, the number 1 new year’s resolution every year is losing weight! It’s no wonder we all carry some ideas and prejudices about weight with us – we’re programmed to from childhood. Even children’s cartoons demonstrate weight bias by designating “fat” characters as silly or dumb while the heroes and protagonists are “thin” characters. Our society idealized thinness and promotes weight loss at any cost – including unhealthy behaviors that are harmful to the body.</p>

It's important to note that if you find that some of your ideas are being challenged by this training, that's okay! You live in a society that is dominated by these ideas, and you've been hearing them all your life. It's totally normal that you might have ideas in your head that are biased against people in larger bodies. This training is designed to help you change those ideas, learn how to treat people equally, and create an inclusive environment.

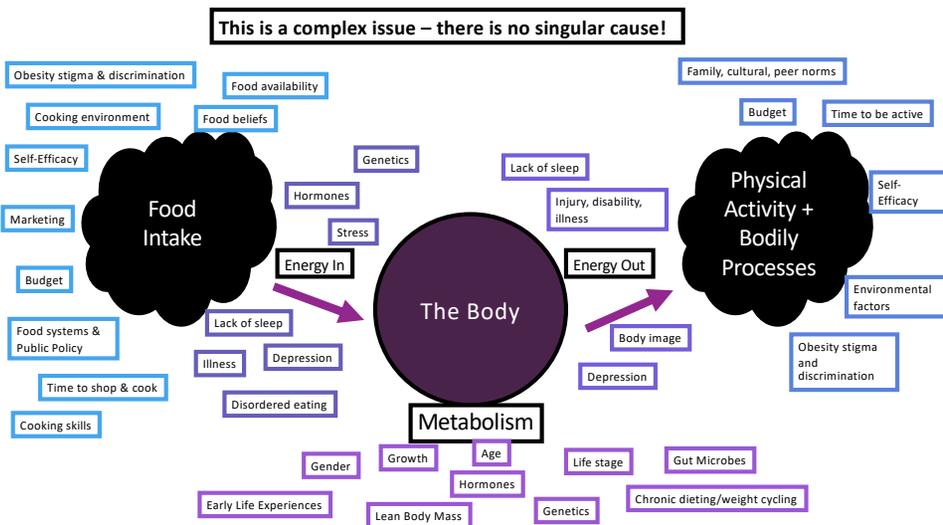
The bigger picture:

- Body weight is complex!
- Different determinants of weight
 - Genetics
 - Diseases and Drugs
 - Environment
- Calories in = Calories out?

(Slide 9) **QESITON:** What are some factors that contribute to body weight?
The issue of “obesity” gets a lot of attention in the media and in the health world these days. Even so, there is a lack of understanding about the causes of obesity. Many people think that it is all about personal responsibility – if you are obese, it is because you eat too much and don't exercise enough and it's all about taking responsibility for your actions and changing them. However, the issue is so much more complicated than that.



(Slide 10)
 This is how people imagine body weight is controlled. You eat food (that's energy into your body), your body metabolized food, and then you expend energy through physical activity and normal body processes.



(Slide 11) However, what we know is that body weight is much more complicated than this. Each aspect of this diagram has many factors that affect it. Our food intake is impacted by our environment, our schedule, access to food, etc. How our body takes in food is impacted by things like genetics, sleep, and stress. The way we metabolize food is affected by age, genetics, even our gut microbes! The way we expend energy can be impacted by a variety of factors as well including our mobility, time, and other environmental influences.

(Slide 12) **QUESTION:** What are some of the ways that weight stigma affects people?
 Let's talk about some of the reasons why we want to fight against weight stigma – what are the effects of weight stigma? There are social, psychological, and physical impacts of obesity. An interesting question to ask ourselves is – are these negative

Effects of Weight Stigma:

- Social
- Psychological
- Physical

- Negative effects associated with obesity: are they **accelerated** or even **caused by** weight bias?

effects that are associated with obesity accelerated or even caused by weight bias?



(Slide 13) For instance, depression is associated with obesity. However, what we don't know is whether obesity causes a person to be depressed, or whether a person's depression leads to their obesity. Likewise, we know that weight stigma and the shame that someone experiences can cause depression – and therefore it may also be contributing to obesity. If we want to promote health and we want to help combat obesity, we should care about the way that weight stigma may be impacting people's health and body weights.

Effects of Weight Stigma:

- Social:
 - Bullying, discrimination, shame
- Psychological:
 - Lower self-esteem, unhealthy behaviors, disordered eating/ED
- Mental health:
 - Higher rates of depression, anxiety, stress, substance abuse
- Physical:
 - Failure to produce thinner/healthier bodies
 - Weight cycling



(Slide 14) The effects of weight stigma include social impacts such as bullying, discrimination, and shame. There are also psychological effects – people who experience weight stigma have lower self-esteem, higher rates of unhealthy behaviors, and higher rates of disordered eating and eating disorders, higher rates of depression, anxiety, stress, and substance abuse. There are even physical impacts of weight stigma including the fact that it does NOT help produce thinner or healthier bodies. One thing to note is that weight cycling – often called yoyo dieting – can cause higher risks for increased weight as well as disease.

We are focusing on the wrong thing and this harms people. We should focus on health instead of weight.

The solution lies with YOU!

(Slide 15) If we are focusing on weight, weight loss, or thinness as the goals of our health interventions, we are focused on the wrong thing and it is harming our members. Instead, we should focus on health. The solution to this problem lies with you – the staff members here at the YMCA interact with members at every visit. The language you use and attitude you have towards body weight can have a significant impact on their experience.

Physical Activity:

- Reduces risk for disease
- Reduces risk of death
- Improves mental health
- Reduces anxiety, depression
- Improves overall mood
- Improves cognitive function



(Slide 16) Obviously, we all care about health and we are all advocates for physical activity. *Read slide – PA benefits.* We want as many people as possible to engage in physical activity to get these benefits. We know that 77% of people in our community do not meet physical activity recommendations, so there is a big need for increasing physical activity.

Avoidance of Physical Activity Spaces

- People who experience weight stigma are less likely to exercise in public spaces
- Regardless of BMI
- Still exercise in private – missing out on the benefits of community

(Slide 17) Unfortunately, people who experience weight stigma are less likely to exercise in public spaces. This is true regardless of BMI – so we know that weight is not the factor that is keeping people away, we know that it is the stigma they experience. Instead of exercising in public settings like the Y, people are exercising in their homes which we know is less effective – you expend less energy and are less likely to continue exercising if you exercise in your own home vs an exercise class. So this is important if we want to promote health – we need to make everyone feel included at the YMCA so that they can feel comfortable exercising here.

Physical Activity without Weight Loss

• Some Studies:

- BMI not associated with risk of death, but physical fitness lowered risk of death, cardiovascular disease, coronary heart disease
- BMI did not affect risk of death for people who were fit
 - Highest risk of death seen in lean people who were not fit
- Exercise programs that emphasize health vs. body size/weight
 - Focus on appearance decreased the benefits of exercise
- Exercise classes taught by instructors who emphasized health vs. appearance decreased self-objectification



(Slide 18) Let's take a quick look at some studies that have looked at the importance of physical activity, even if people do not lose weight.

- One study found that physical fitness was a better indicator of health and that the more fit someone was, the lower their risk for death, CVD or CHD was – BMI, however, did not impact risk for these.
- Another study showed similarly that if people were fit, their BMI did not impact how likely they were to die; in fact, the highest risk for death was among people who were thin and not fit.
- A study looking at exercise programs that emphasized health vs those that emphasized body size or body weight and found that by focusing on appearance, the benefits of exercise were decreased.
- Lastly, when exercise instructors emphasized health over appearance, participants self-objectification was decreased.

One Study:

- Female chronic dieters age 30-45
- Two groups: weight loss vs weight neutral
 - Weight loss: food records, reading food labels, calorie counting
 - Weight neutral: body acceptance, hunger/fullness cues, eating for well-being, choosing activities that were enjoyable

(Slide 19) One more study which compared two groups -one diet group and one non-diet group which taught people about body acceptance, hunger/fullness cues, eating for well-being, and choosing enjoyable activities instead of focusing on weight loss and calorie counting.

(Slide 20) The results were similar in both groups *Read from slide*, but the most important thing to notice is that in the diet group, 41% of participants dropped out before the end of the study, and 2 years later the results did not last. For the non-diet

<p style="text-align: center;">The Results:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Weight Loss Group:</p> <ul style="list-style-type: none"> • Weight loss • Improved labs • Improved psychological tests <p>• 41% drop out rate</p> <p>• At 2-year follow up, the results did not last</p> </div> <div style="width: 45%;"> <p>Weight Neutral Group:</p> <ul style="list-style-type: none"> • No significant weight loss • Improved labs • Improved depression, body image, self esteem <p>• 8% drop out rate</p> <p>• At 2-year follow up, results lasted</p> </div> </div>	<p>group, only 8% dropped out and the behaviors they learned and developed lasted for the years afterwards.</p>
<p>Shifting our focus</p> <p>Allows us to create an environment in which people of all body sizes can engage in physical activity, improve their health, and create lasting positive health behaviors.</p>	<p>(Slide 21) So, by shifting our focus to health over weight, we can create an environment in which all people feel comfortable and can engage in physical activity, improve their health, and create lasting positive behavior changes.</p>
	<p>(Slide 22) The goal of this whole shift is to improve health and well-being of our members. We can do this by promoting weight neutrality and body positivity. <i>Read definitions from slide.</i></p>

The goal is to improve health and well-being.

Weight Neutral: A person's health status or risk level cannot be assumed based solely on a number on a scale.

Body Positive: Encourages people to adopt a forgiving and affirming attitude towards their body

Two Goals:

01

Change your attitude

02

Change your language

(Slide 23) There are two goals in working towards this change – changing our attitudes and changing our language. It's okay if you still don't feel comfortable using some of the language we are going to talk about! We will practice a bit here together, and then you can take the worksheet home with you and add language in as you feel comfortable.

(Slide 24) *Review table contents about shifting our attitude, emphasizing that these may be new concepts and its okay if they still feel a bit uncomfortable.*

Shift your attitude

Instead of...	Do this!
Focusing on superficial goals, numbers, measurements	Focus on strength, endurance, body awareness
Punishment-focused language	Celebrate what someone's body can do
Intending to make people feel like their body needs to change	Emphasize flexibility, stability, mental/internal benefits of exercise
Obligation to keep going even if you need a break	Encourage people to push themselves while allowing them to trust their own bodies
Comparing abilities to others in the class	Emphasize individual accomplishments without comparison

Shift your language

Instead of saying...	Say this!
"Did anyone eat too many calories this weekend? Let's work those off!" Or "Earn that dessert!"	
"This workout will help you burn calories, slim your waist, and give you a nice looking butt."	
"Come on ladies, PUSH HARDER!"	
"Keep going so you can get that bikini body!"	

ACTIVITY! Have participants fill out the chart on their worksheet alone or in pairs before moving on to the next slide.

(Slide 26) Have participants share some of their ideas for things to say instead of, then share the slide with them. Review these phrases and emphasize that if these feel unnatural, it's okay to start small and work up to saying these things.

Shift your language

Instead of saying...	Say this!
"Did anyone eat too many calories this weekend? Let's work those off!" Or "Earn that dessert!"	"We exercise because it makes us feel great, not to burn off what we ate!"
"This workout will help you burn calories, slim your waist, and give you a nice looking butt."	"This workout will help strengthen your heart, your core, and your glutes!"
"Come on ladies, PUSH HARDER!"	"We are going to take it up a notch - keep going! If you need to modify or take a break, feel free to listen to your body."
"Keep going so you can get that bikini body!"	"Keep it up - you're getting stronger/faster!"

Remember...

- Interactions with members make all the difference
- Create a culture shift through attitudes, language, and member interactions



(Slide 27) Remember, you are an important part of members experiences here at the Y. Your interactions make all the difference. You have the power to create a shift through your attitudes and the language you use.

Appendix

Fighting Weight Stigma: A Training on Weight Neutrality and Body Positivity Downtown Seattle YMCA

This worksheet is designed to help you reflect on the material presented here. Some of these questions are for your own personal reflection. Others are intended for group discussion. As you move through this training, your facilitator will use the group discussion questions to allow you to share your own ideas with the group.

Group Discussion:

1. How do you see yourself within the YMCA organization? What is your role in creating an inclusive environment?
2. How do you see weight stigma playing out in society?
3. Do you see examples of weight stigma here at the YMCA?
4. What are some factors that contribute to body weight?
5. What are some of the ways that weight stigma affects people?
6. Why are people who experience weight stigma more likely to avoid physical activity in public spaces?

Personal Reflection:

7. What are some ways that you perceive your own attitude towards weight being challenged?
8. What are some areas in which you personally will strive to change your language with clients after this training?

Activity: Brainstorm some ideas for body positive language to use with members:

Instead of saying...	Say this!
“Did anyone eat too many calories this weekend? Let’s work those off!” Or “Earn that dessert!”	
“This workout will help you burn calories, slim your waist, and give you a nice-looking butt.”	
“Come on ladies, PUSH HARDER!”	
“Keep going so you can get that bikini body!”	

Fighting Weight Stigma: A Training on Weight Neutrality and Body Positivity Downtown Seattle YMCA

EVALUATION:

Below is a list of statements related to your knowledge and experience during this training. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
This training increased my knowledge of weight stigma and weight neutrality.	○	○	○	○
This training was relevant to my job at the YMCA.	○	○	○	○
I will use the material learned here today in my interactions with members.	○	○	○	○
The content was organized and easy to follow.	○	○	○	○
Interaction and participation were encouraged.	○	○	○	○

Circle the number that best represents your knowledge and skills before and after this training
Rating Scale: 1 = LOW 3 = MEDIUM 5=HIGH

Before Training						After Training				
1	2	3	4	5	Knowledge of the health effects of weight stigma	1	2	3	4	5
1	2	3	4	5	Understanding of the complexity of body weight	1	2	3	4	5
1	2	3	4	5	Understanding of the concepts “weight neutral” and “body positive”	1	2	3	4	5
1	2	3	4	5	Confidence to use weight neutral language with members	1	2	3	4	5

What aspects of the training could be improved?

Other comments:

References

1. Downtown Seattle Association. Residents: Downtown Demographics. 2017; <https://downtownseattle.org/programs-and-services/research-and-development/residents/>. Accessed July 25, 2017.
2. Pickett AC, Cunningham GB. Physical Activity for Every Body: A Model for Managing Weight Stigma and Creating Body-Inclusive Spaces. *Quest*. 2017;69(1):19-36.
3. Puhl RM, Heuer CA. Obesity Stigma: Important Considerations for Public Health. *American Journal of Public Health*. 2010;100(6):1019-1028.
4. Public Health - Seattle & King County. Community health indicators - A set of indicators measuring the health of King County residents. 2014; <http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>. Accessed July 25, 2017.
5. Public Health - Seattle & King County. Foreign-Born. King County 2010-2014 National Average. <https://www.kingcounty.gov/~media/depts/health/data/documents/demographics/foreign-born.ashx?la=en>. Accessed July 25, 2017.
6. YMCA. About the YMCA. YMCA of Greater Seattle. <https://www.seattleyymca.org/about>. 2017. Accessed July 26, 2017.
7. YMCA. About the Downtown Seattle YMCA. YMCA of Greater Seattle. <https://www.seattleyymca.org/locations/downtown-seattle-ymca>. 2017. Accessed August 5, 2017.
8. YMCA. Diversity & Inclusion. The YMCA. <http://www.ymca.net/diversity-inclusion>, 2018. Accessed April 7, 2018.
9. YMCA of San Diego. A Brief History of Diversity and Inclusion at the YMCA. News Center. <https://www.ymca.org/about-y/news-center/people-social-services-stories/brief-history-diversity-and-inclusion-y>. 2017. Accessed April 7, 2018.
10. A Brief History of the YMCA and African American Communities - University of Minnesota Libraries, Minneapolis, MN. <https://www.lib.umn.edu/ymca/guide-afam-history>. 2018. Accessed April 8, 2018.

11. Leventis Lourgos A. New YMCA guidelines support transgender bathroom, locker room access. Chicago, IL: Chicago Tribune; <http://www.chicagotribune.com/news/local/breaking/ct-transgender-ymca-met-20160713-story.html>]. 2016. Accessed April 8, 2018.
12. About Healthy People - Healthy People 2020. <https://www.healthypeople.gov/2020/About-Healthy-People>.2018. Accessed December 5, 2017.
13. CDC. Behavioral Risk Factor Surveillance System. <https://www.cdc.gov/brfss/>. 2018. Accessed March 1, 2018.
14. Public Health - Seattle & King County. Activity Limitation (Adults), King County Report. <https://www.kingcounty.gov/~media/depts/health/data/documents/chronic-illness/activity-limitation-adults.ashx?la=en>. 2016. Accessed May 19, 2018.
15. CDC. Overweight and Obesity . Adult Obesity Facts. <https://www.cdc.gov/obesity/data/adult.html> 2015. Accessed March 1, 2018.
16. Public Health - Seattle & King County. Life expectancy at birth. King County 2008-2012 average. <https://www.kingcounty.gov/~media/depts/health/data/documents/life-expectancy/life-expectancy.ashx?la=en>. 2014. Accessed April 7, 2017.
17. Center for Disease Control and Prevention. Physical Activity and Health. Physical Activity. <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>.2018. Accessed March 1, 2018.
18. Pearl RL. Weight Bias and Stigma: Public Health Implications and Structural Solutions. *Social Issues and Policy Review*. 2018;12(1):146-182.
19. Brody JE. Fat Bias Starts Early and Takes a Serious Toll. *New York Times*. Personal Health. <https://www.nytimes.com/2017/08/21/well/live/fat-bias-starts-early-and-takes-a-serious-toll.html>. 2017. Accessed April 7, 2018.
20. Herek GM, Capitanio JP, Widaman KF. Stigma, social risk, and health policy: public attitudes toward HIV surveillance policies and the social construction of illness. *Health Psychol*. 2003;22(5):533–540.

21. Puhl R, Brownell K. Bias, discrimination, and obesity. In. *Obes. Res.* Vol 92001:788-805.
22. Udo T, Purcell K, Grilo CM. Perceived weight discrimination and chronic medical conditions in adults with overweight and obesity. *International Journal of Clinical Practice.* 2016;70(12):1003-1011.
23. Muennig P. The body politic: the relationship between stigma and obesity-associated disease. *BMC public health.* 2008;8:128.
24. Siddiqi A, Shahidi FV, Ramraj C, Williams DR. Associations between race, discrimination and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine.* 2017;194:135-141.
25. Cockerham WC, Hamby BW, Oates GR. The Social Determinants of Chronic Disease. In. Vol 522017:S5-S12.
26. Merritt MM, Bennett GG, Williams RB, Edwards CL, Sollers JJ. Perceived racism and cardiovascular re- activity and recovery to personally relevant stress. *Health Psychol.* 2006;25(3):364–369.
27. Hunte HER, Williams DR. The association between perceived discrimination and obesity in a population-based multiracial and multiethnic adult sample. *American journal of public health.* 2009;99(7):1285.
28. Tull E, Sheu Y-T, Butler C, Cornelious K. Relationships between Perceived Stress, Coping Behavior and Cortisol Secretion in Women with High and Low Levels of Internalized Racism. *Journal of the National Medical Association.* 2005;97(2):206-212.
29. 2008 Physical Activity Guidelines for Americans. Department of Health and Human Services. October 2008.
30. Haapanen-Niemi N, Miilunpalo S, Pasanen M, Vuori I, Oja P, Malmberg J. Body mass index, physical inactivity and low level of physical fitness as determinants of all-cause and cardiovascular disease mortality. *Int J Obes.* 2000;24(11):1465-1474.
31. Cox KL, Burke V, Gorely TJ, Beilin LJ, Puddey IB. Controlled Comparison of Retention and Adherence in Home- vs Center-Initiated Exercise Interventions in

- Women Ages 40–65 Years: The S.W.E.A.T. Study (Sedentary Women Exercise Adherence Trial). *Preventive Medicine*. 2003;36(1):17-29.
32. Pickett AC, Cunningham GB. Creating Inclusive Physical Activity Spaces: The Case of Body-Positive Yoga. *Research Quarterly for Exercise and Sport*. 2017;88(3):329-338.
33. Diehl E. Need for Body Positivity at the Downtown Seattle YMCA. YMCA. 2017.
34. Homan KJ, Tylka TL. Appearance-based exercise motivation moderates the relationship between exercise frequency and positive body image. *Body Image*. 2014;11(2):101-108.
35. Bacon L, Aphramor L. Weight science: evaluating the evidence for a paradigm shift. *Nutr J*. 2011;10:9.
36. Bacon L. *Health at Every Size: The Surprising Truth About Your Weight*. BenBella Books; 2010.
37. Mansfield L, Rich E. Public health pedagogy, border crossings and physical activity at every size. *Critical Public Health*. 2013;23(3):356-370.
38. Dollar E, Berman M, Adachi-Mejia AM. Do No Harm: Moving Beyond Weight Loss to Emphasize Physical Activity at Every Size. *Prev Chronic Dis* 2017;14:170006.
39. Blink Fitness Launches New Marketing Campaign, "Every Body Happy". *Campaign challenges fitness norms by celebrating diverse body types*. <https://www.prnewswire.com/news-releases/blink-fitness-launches-new-marketing-campaign-every-body-happy-300227591.html> Feb 29, 2016. Accessed March 1, 2018.
40. Shaeffer K. They're Not Afraid to Say It: 'Fat Yoga'. In. New York Times, Fashion and Style. <https://www.nytimes.com/2015/04/16/fashion/theyre-not-afraid-to-say-it-fat-yoga.html>. Apr 15, 2015. Accessed March 1, 2018.
41. Glanz K, Rimer B. Theory at a glance: a guide for health promotion in practice. National Cancer Institute, National Institutes of Health; 2005

42. Funk DC, James J. The Psychological Continuum Model: A Conceptual Framework for Understanding an Individual's Psychological Connection to Sport. *Sport Management Review*. 2001;4(2):119-150.
43. Communications Planning: A Step-by-Step Guide. In: Northwest Center for Public Health Practice - University of Washington; May 20, 2013.