



DE-STIGMATIZING OBESITY

Dr Rucha J Mehta MD FACP

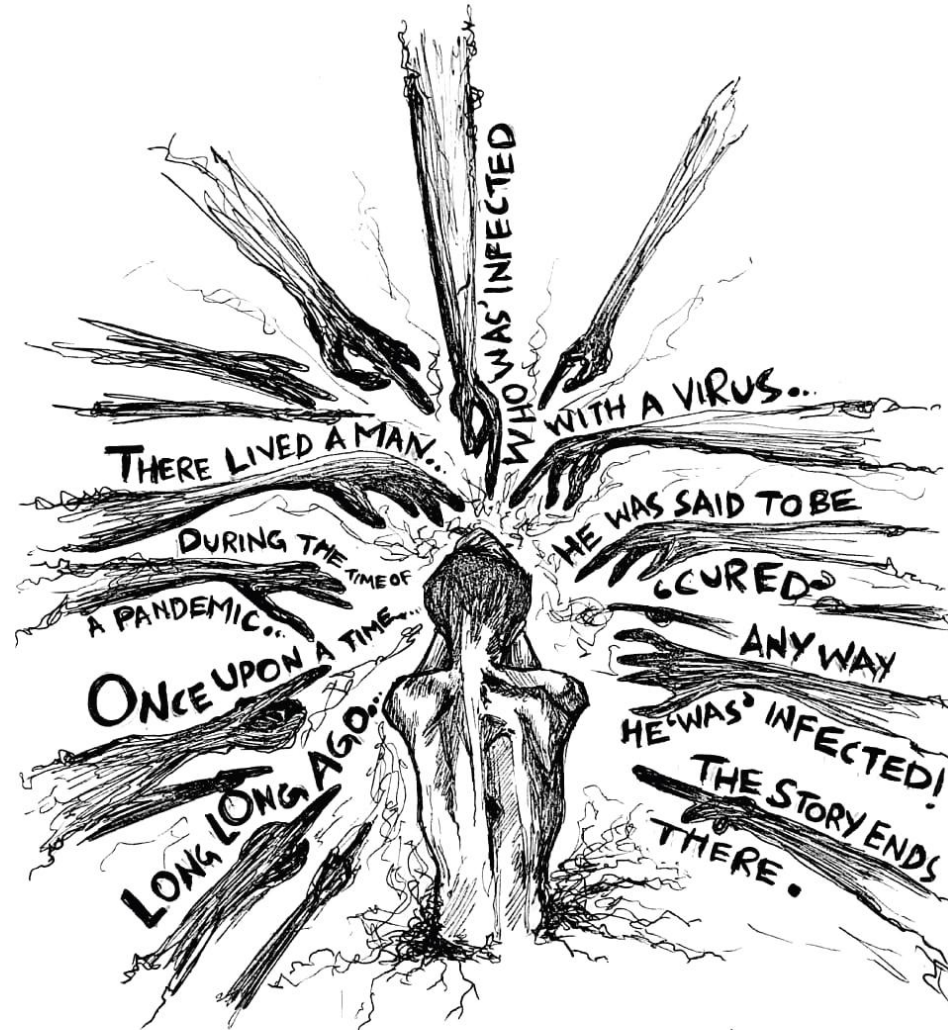
Consultant Endocrinologist & Diabetologist

Head of Cardio Metabolic Clinic

EDMO Clinics & Apollo CVHF Hospitals

Ahmedabad India

Global Perspective and Ways to Combat Stigma Associated with COVID-19



...incident and will
get to the bottom of the
whole issue."

...fishing in
groups only and not to venture
near the International Mari-
time Border about 250km from

Jairabad, said, "As a precau-
tion, they have asked fisher-
men to go for fishing in groups
of three to four."

Called 'fat' by schoolmates, 12-year-old girl kills self

TIMES NEWS NETWORK

Surat: A 12-year-old girl upset over being called fat by schoolmates consumed pesticide at her house in Utran village which comes under the limits of Amroli police station of the city.

She had consumed some tablets meant to keep food grains pest-free on Thursday and died during treatment a day later in a private hospital. Body of Preksha Kapara, a class V student, has been sent for postmortem. Preliminary investigations revealed that Kapara was upset over being teased by her friends and classmates in Gangaba Vidyalaya in Varachha. She felt humiliated over this and had even discussed with her parents.

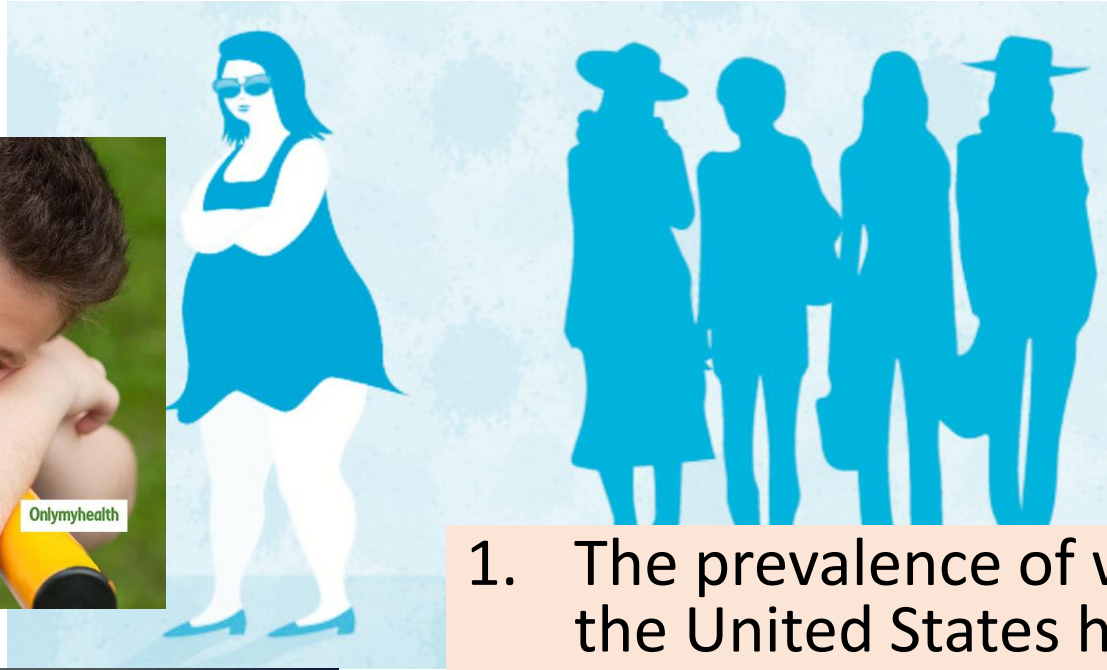
Kapara was always regular in going to school

but was an average student. Her father Jagdish is a diamond polisher in a unit at Katargam. Kapara arrived home from school on Thursday afternoon and consumed the tablets. When she started to vomit, her family members rushed her to PP Savani Hospital.

She died because of poisonous effect of the pesticide, police said, adding that the statements of her family members have been registered. Police are yet to find out that from where she came to know that by consuming the tablets she will die. "Preliminary investigation revealed that she was

upset over teasing by schoolmates and had even discussed it with her parents. She found the tablets in her home itself," said G A Sarvaiya, police inspector, Amroli police station.





1. The prevalence of weight discrimination in the United States has increased by 66% over the past decade , and
2. is comparable to rates of racial discrimination,
3. This form of stigma is rarely challenged in society and
4. Its public health implications have been primarily ignored

Stigma



Weight Stigma

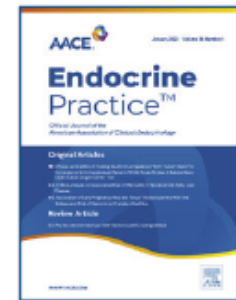
Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size.

Weight stigma is a result of weight bias. Weight bias refers to the negative ideologies associated with obesity.

What is Weight Stigma?

- Negative attitudes towards people with overweight/obesity
- Leads to rejections, prejudice, and discrimination
- Can be subtle and overt
- Stereotypes that people with obesity are:
 - To blame for their weight
 - Lacking willpower/discipline
 - Gluttonous
 - Sloppy
 - Lazy

STEREOTYPE

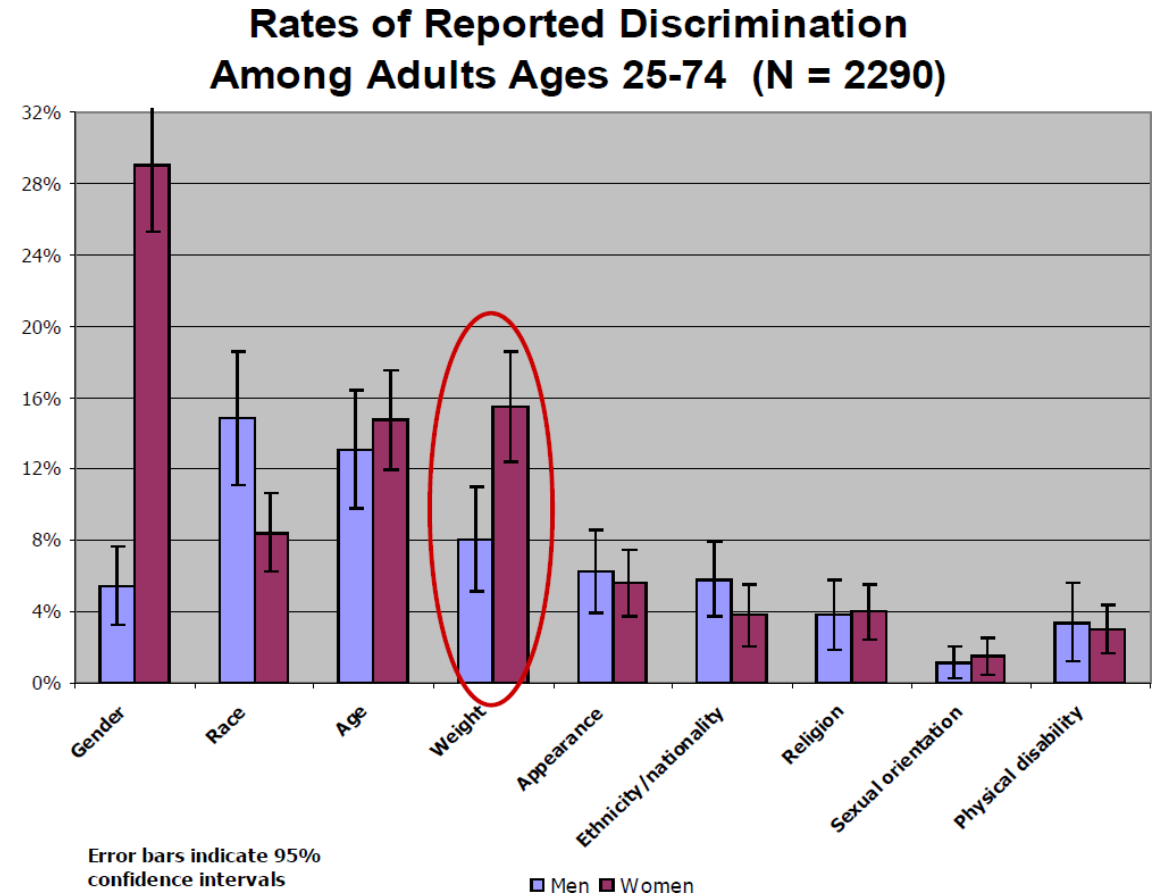


Box 1 Key Definitions^a

- **Weight bias** = negative ideologies associated with excess body weight
- **Weight stigma** = thoughts and acts of discrimination toward individuals due to their weight and size and a result of weight bias
- **Internalized weight bias** = when a person applies negative weight stereotypes (bias) to themselves and engage in self-devaluation
- **Implicit weight bias** = unconscious bias toward a person who has obesity, beliefs or attitudes outside of an individual's awareness and control
- **Explicit weight bias** = awareness of bias and intentionally behaving negatively toward a person who has obesity

What is the Prevalence of Stigma?

- Weight discrimination is prevalent in American society
 - close to rates of racial discrimination, particularly among women
- Institutional forms of weight discrimination is common
 - e.g., in employment settings
- Interpersonal mistreatment due to weight is common
 - e.g., being called names



Weight Stigma in Children

- Teasing and Bullying in Adolescence

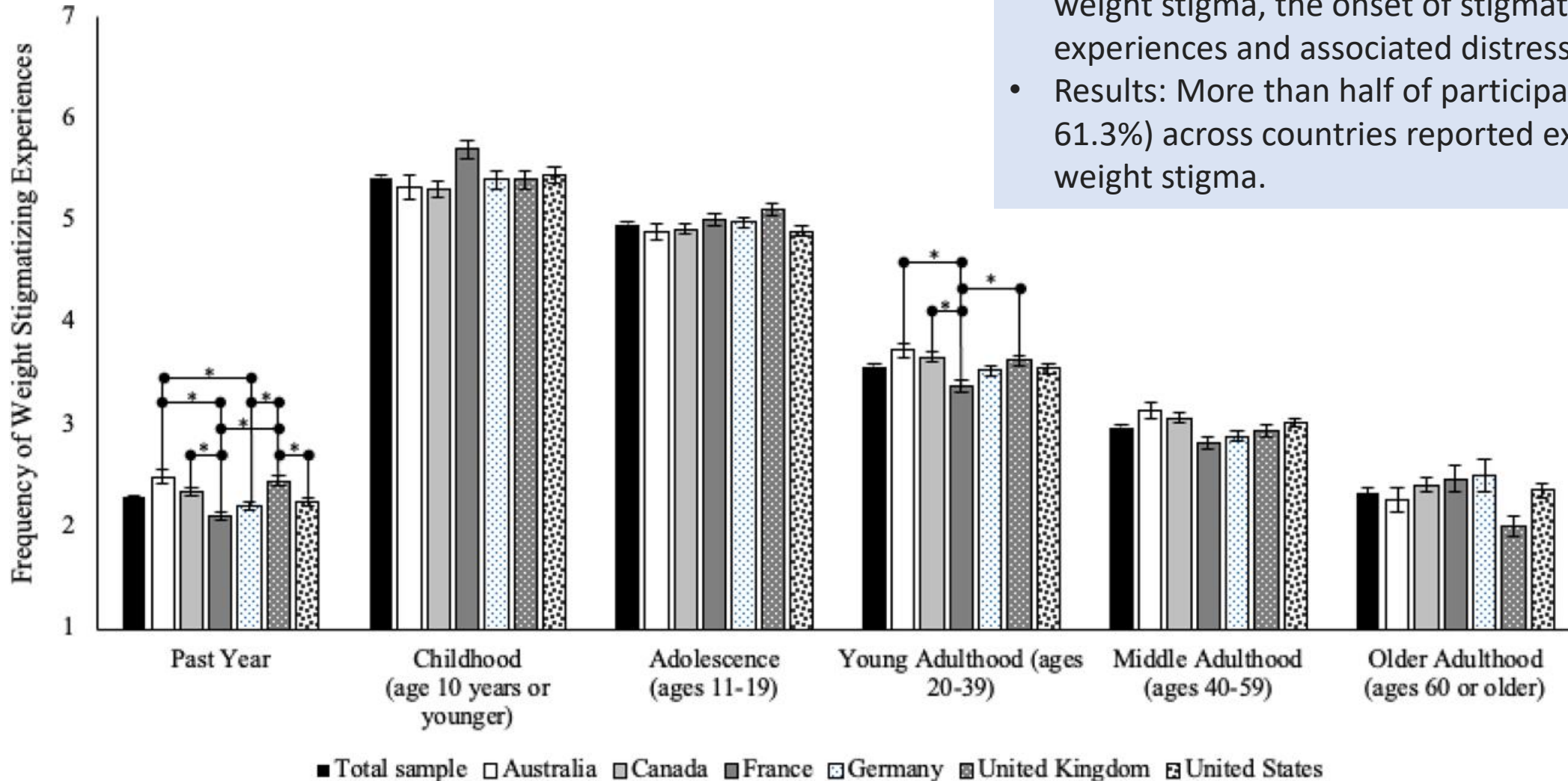
Reason for teasing	Primary reason students are teased	Observed sometimes, often, very often
	%	%
Being overweight	40.8	78.5
Gay/lesbian	37.8	78.5
Ability at school	9.6	61.2
Race/ethnicity	6.5	45.8
Physical disability	3.3	35.8
Religion	1.2	20.8
Low income/status	0.8	24.9

International comparisons of weight stigma: addressing a void in the field

Rebecca M. Puhl , Leah M. Lessard, Rebecca L. Pearl, Mary S. Himmelstein & Gary D. Foster

International Journal of Obesity **45**, 1976–1985 (2021) | [Cite this article](#)

- Adults ($N = 13,996$) enrolled in WW International (formerly Weight Watchers), residing in Australia, Canada, France, Germany, the UK, and the US.
- Surveys assessed their history of experiencing weight stigma, the onset of stigmatizing experiences and associated distress from stigma
- Results: More than half of participants (55.6–61.3%) across countries reported experiencing weight stigma.



Where Does Weight Stigma Occur?



Healthcare



Family & Friends



Education



Employment



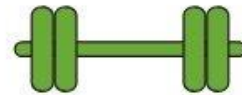
Transportation



(Social) Media



Housing



Fitness Industry



and more!

Weight stigma : implications



Obesity Discrimination in the Recruitment Process: “You’re Not Hired!”

Stuart W. Flint^{1,2*}, Martin Čadež³, Sonia C. Codreanu⁴, Vanja Ivić⁵, Colene Zomer⁶ and Amalia Gomoiu⁷



Article

Obesity and discrimination: The next ‘big issue’?

Stuart W Flint¹ and Jeremé Snook²

IJDL

International Journal of
Discrimination and the Law
1–11

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Curr Obes Rep
DOI 10.1007/s13679-015-0182-7



ECONOMY AND ENVIRONMENT (I JANSSEN, SECTION EDITOR)

Disability Discrimination and Obesity: The Big Questions?

Stuart W. Flint^{1,2} · Jeremé Snook³

Weight Stigma in Families

47% of overweight girls,
34% of overweight boys
report weight
victimization from family
members

Overweight children feel
stigmatized by parents; report
negative parental comments about
their weight

Parents communicate weight
stereotypes to their children

Parental teasing predictive of sibling
teasing

Weight Stigma in Healthcare

HUFFPOST

Obesity, Bias And Stigma In The Doctor's Office

Los Angeles Times

Doctors and nurses' weight biases harm overweight patients

The New York Times

Why Do Obese Patients Get Worse Care? Many Doctors Don't See Past the Fat

Healthcare practitioner-patient relationship

Background

Empirical evidence examining the impact of healthcare professionals' (HCPs) weight status on the practitioner-patient relationship is sparse.

Participants

237 participants (124 males, 113 female; 26.2 kg.m²)

Measures

- Attitudes Towards Obese Person (**ATOP**; Allison et al., 1991)
- Beliefs About Obese People (**BAOP**; Allison et al., 1991) scales
- Fat Phobia Scale (**F-Scale**; Bacon et al., 2001).
- Attitudes towards healthcare professionals (Puhl et al., 2013):
 - General Advice Adherence, Professional credibility, Selection, Trustworthiness, Compassion, Impression, and Healthy behaviours.



Weight Stigma in Healthcare

- Physicians
 - View patients with obesity as...
 - Less self-disciplined
 - Less compliant
 - More annoying
 - As patient BMI increases, physicians report...
 - Having less patience
 - Less desire to help the patient
 - Seeing patients with obesity as a waste of their time
 - Having less respect for patients



Weight Stigma in Healthcare

- Nurses
 - View patients with obesity as...
 - Lazy
 - Lacking in self-control / willpower
 - Non-compliant
 - In one study...
 - 31% would prefer not to care for patients with obesity
 - 24% agreed that patients with obesity “repulsed them”
 - 12% would prefer not to touch patients with obesity



Weight Stigma in Healthcare

- Reactions of Patients with Overweight/Obesity:
 - Feel berated and disrespected
 - Upset by comments about their weight
 - Perceive they will not be taken seriously
 - Report that their weight is blamed for all problems
 - Reluctant to address weight concerns
 - Parents of children with obesity feel blamed / dismissed



Books & Entertainment

- Greenberg et al. found that of 1018 popular television show characters, overweight women were less likely to have romantic partners, display physical affection, or be considered attractive.
- Overweight men were less likely to have romantic partners or even friends and were more often shown eating.
- Children's media features frequent negative messages associated with people who have overweight and obesity, who are more often depicted as unattractive, friendless, unkind, and the "bad guy" compared with their normal-weight counterparts



Dursley family in JK Rowling's *Harry Potter* series, who were abusive towards Harry throughout his childhood, and frequently filmed from angles that emphasised their weight and during snacking, tea, and biscuit or meal times


Greenberg BS, Eastin M, Hofschire L, Lachlan K, Brownell KD.

. *Am J Public Health*. 2003;93(8):1342–8.

Mastro D, Figueroa-Caballero A; *J Broadcast Electron media*. 2018;62(2).

Robinson T, Callister M, Jankoski T.. *Body Image*. 2008;5(2):141–51.

Weight bias among exercise and nutrition professionals: a systematic review

G. A. Panza^{1,2} , L. E. Armstrong¹, B. A. Taylor^{1,2}, R. M. Puhl^{3,4}, J. Livingston⁵ and L. S. Pescatello¹

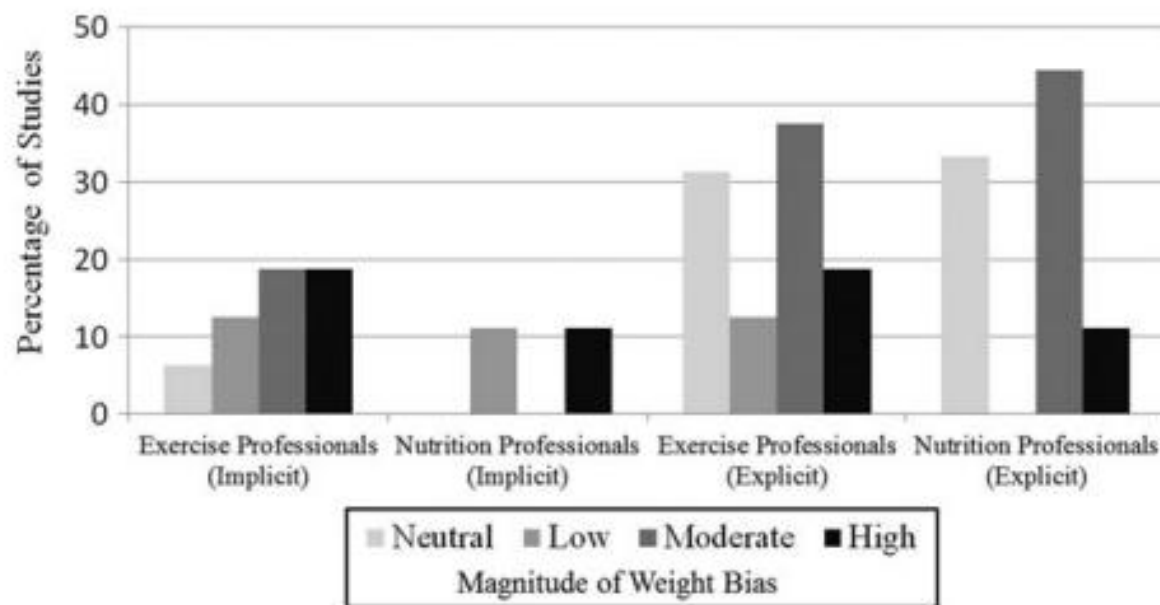
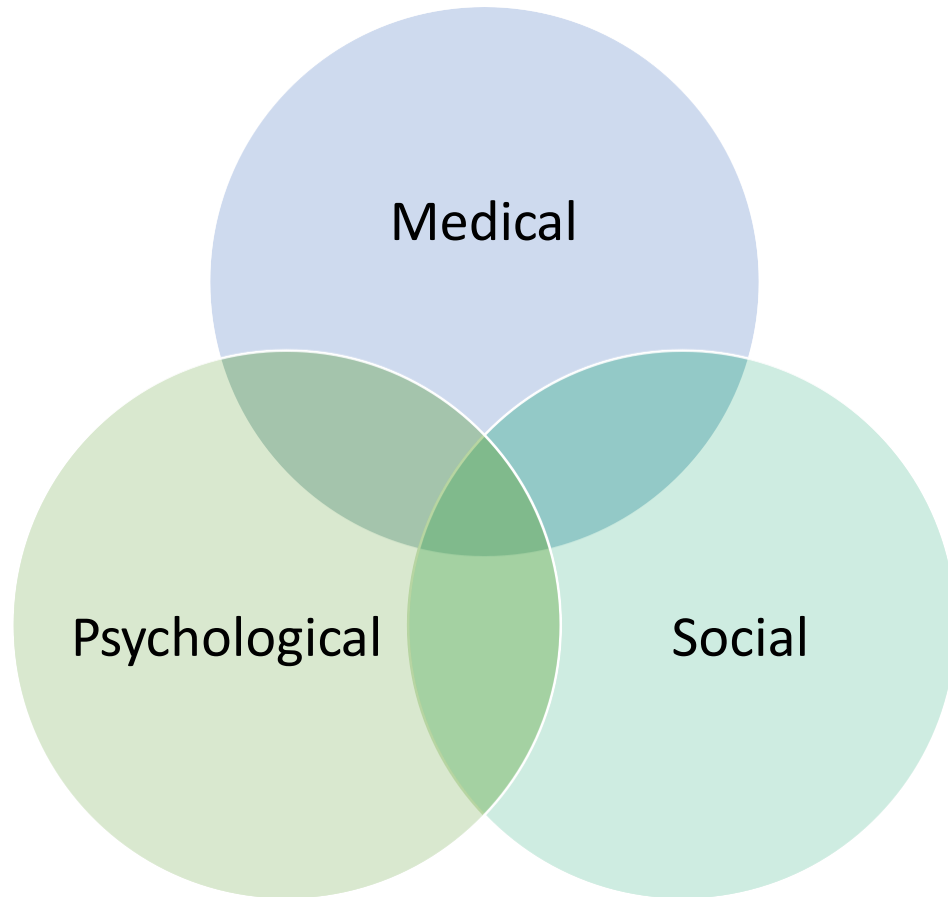


Figure 2 The magnitude of implicit and explicit weight bias among exercise and nutrition professionals reported by the included studies. Note: The magnitude of weight bias could not be extrapolated from six studies (four studies of exercise professionals and two studies of nutrition professionals) based on the study's results presented.

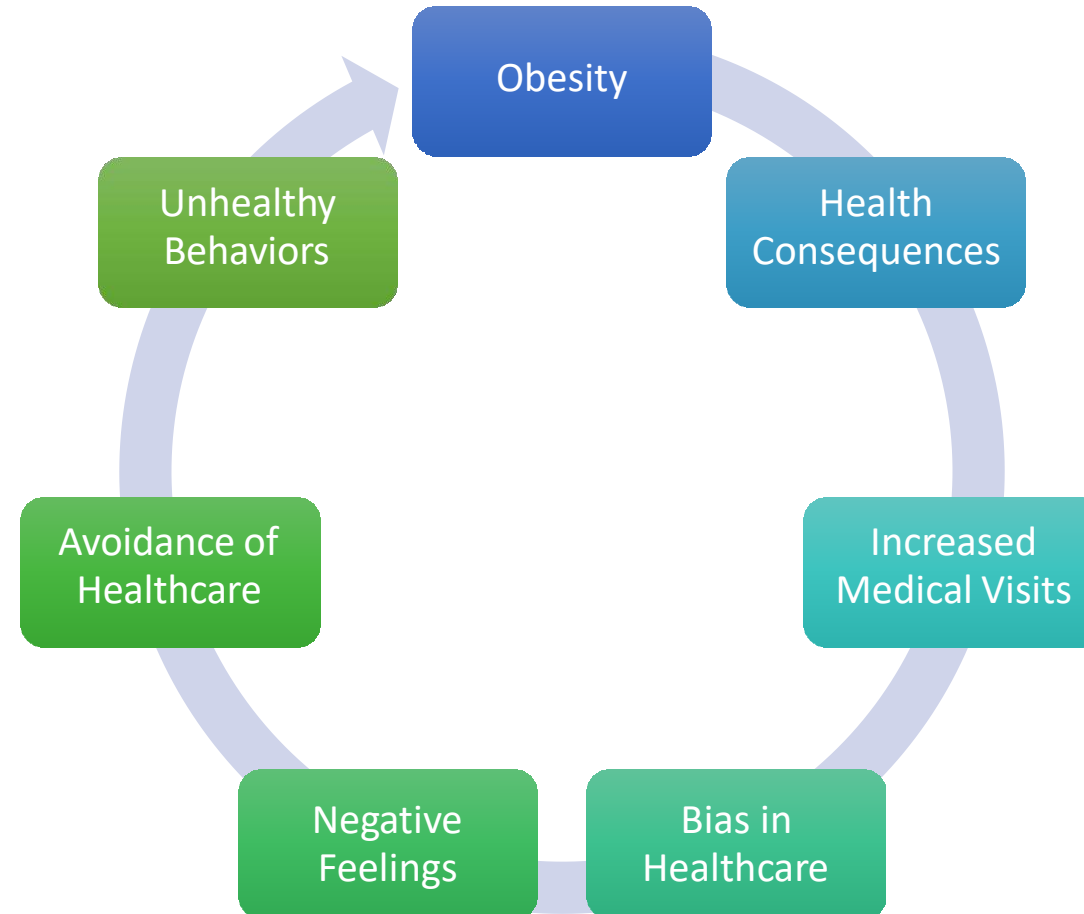
- ❑ 17 studies (85%) found evidence of weight bias among professionals practicing physical therapy (n = 4), physical education (n = 8) and personal/group fitness training (n = 5).
- ❑ Of 11 studies examining weight bias among nutrition professionals, eight (73%) found evidence of weight bias.
- ❑ These findings demonstrate fairly consistent evidence of weight bias among exercise and nutrition professionals

Consequences of Weight Stigma






- **Medical**
 - Avoidance of healthcare, less trust of providers, delay in screenings, poorer communication and treatment adherence
 - Ineffective chronic disease management, more advanced / poorly controlled chronic disease, lower health-related quality of life
- **Psychological**
 - Depression, anxiety, low self-esteem/efficacy, poor body image, disordered eating, low motivation, substance abuse / suicidality
- **Social**
 - Social rejection, lower peer acceptance, worse relationship quality, viewed as less desirable romantic partner, more negative judgment from partners

Cycle of Weight Stigma and Obesity



Adapted from Rebecca M. Puhl, PhD

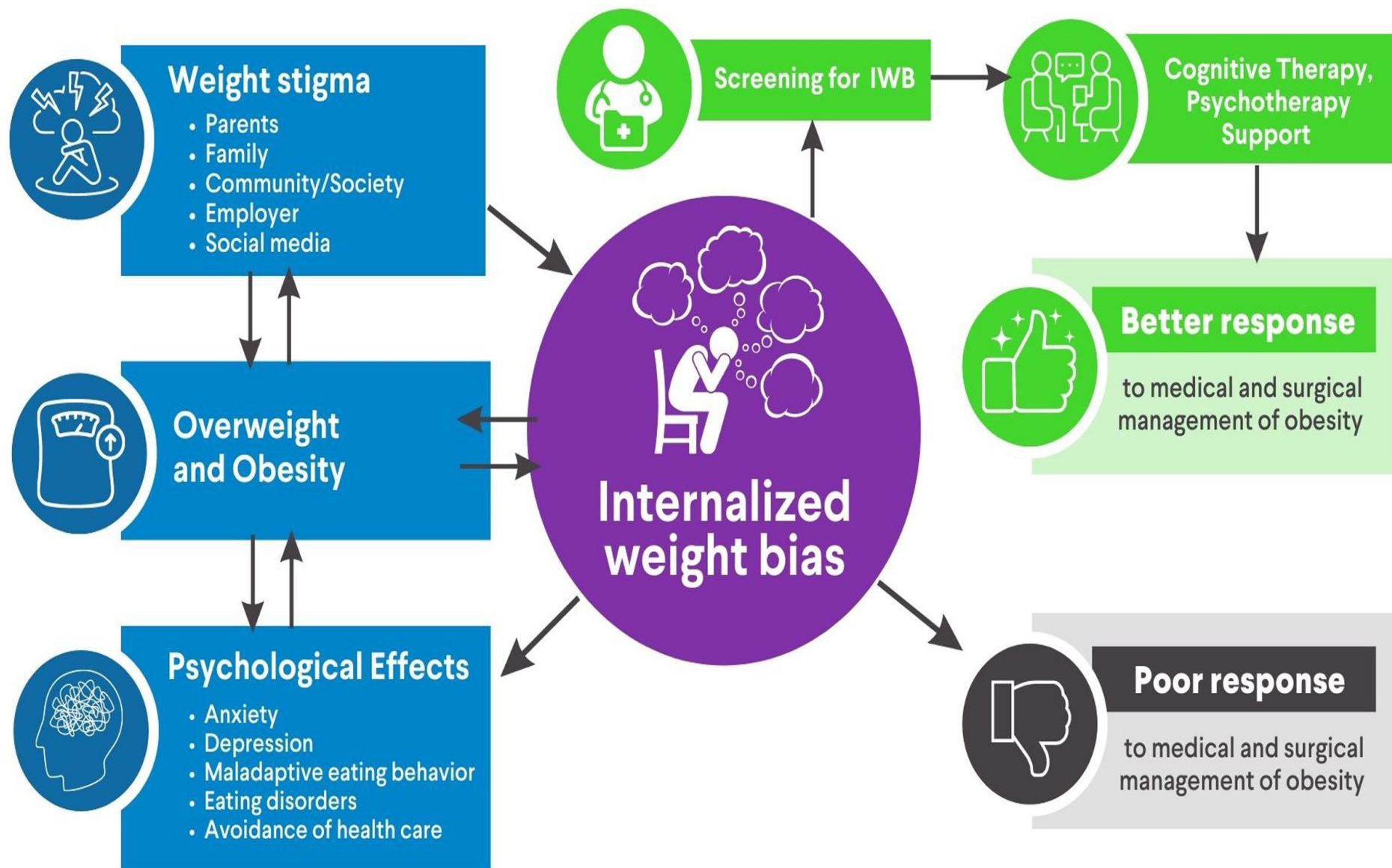
The association between weight stigma and mental health: A meta-analysis

Christine Emmer¹  | Michael Bosnjak²  | Jutta Mata¹ 

- 105 studies including data on > 59,000 participants found
- Perceived obesity stigma amongst individuals was associated significantly with poorer mental health ($r = -0.35, p \leq 0.001$),

These data suggest that depression associates with obesity stigmatisation rather than obesity per se.

Perceived obesity stigma also had a strong effect on body image dissatisfaction, quality of life, dysfunctional eating, and severity of depression or anxiety symptoms



Endocrine Practice 29 (2023) 417–427

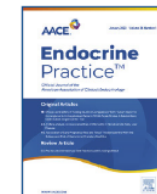


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Complexity and Stigma of Pediatric Obesity

Andrea M. Haqq , Maryam Kebbe, Qiming Tan, Melania Manco, and Ximena Ramos Salas



Published Online: 20 May 2021 | <https://doi.org/10.1089/chi.2021.0003>





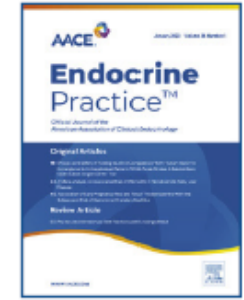
OPEN

Joint international consensus statement for ending stigma of obesity

Francesco Rubino^{1,2} , Rebecca M. Puhl^{3,47}, David E. Cummings^{4,5,47}, Robert H. Eckel^{6,7}, Donna H. Ryan⁸, Jeffrey I. Mechanick^{9,10}, Joe Nadglowski¹¹, Ximena Ramos Salas^{12,13}, Phillip R. Schauer⁸, Douglas Twenefour¹⁴, Caroline M. Apovian^{15,16}, Louis J. Aronne¹⁷, Rachel L. Batterham^{18,19,20}, Hans-Rudolph Berthoud²¹, Camilo Boza²², Luca Busetto²³, Dror Dicker^{24,25}, Mary De Groot²⁶, Daniel Eisenberg²⁷, Stuart W. Flint^{28,29}, Terry T. Huang^{30,31}, Lee M. Kaplan³², John P. Kirwan³³, Judith Korner³⁴, Ted K. Kyle³⁵, Blandine Laferrère³⁶, Carel W. le Roux ³⁷, LaShawn McIver³⁸, Geltrude Mingrone^{1,39,40}, Patricia Nece¹¹, Tirissa J. Reid⁴¹, Ann M. Rogers⁴², Michael Rosenbaum⁴³, Randy J. Seeley⁴⁴, Antonio J. Torres⁴⁵ and John B. Dixon⁴⁶



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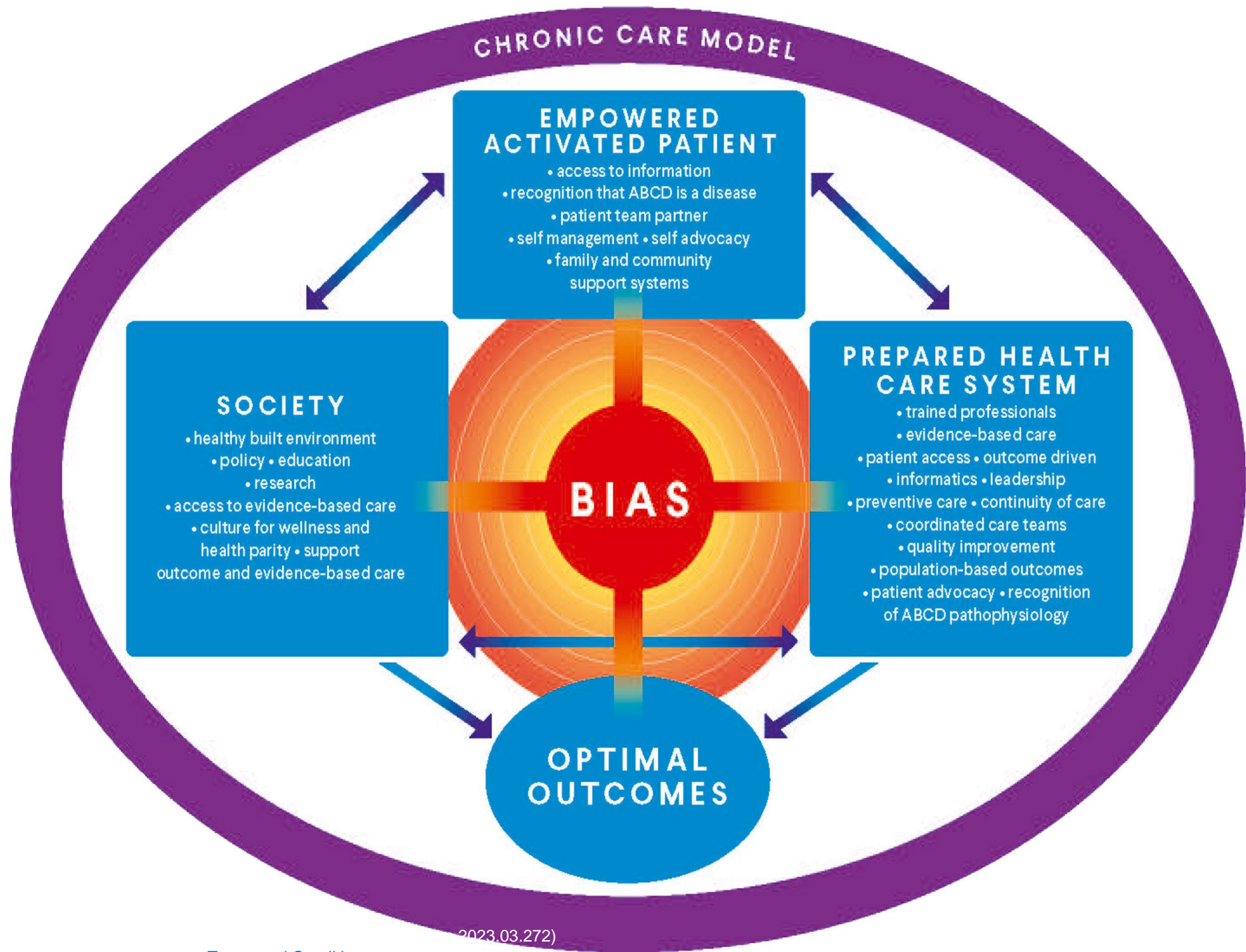


AAACE Consensus Statement

American Association of Clinical Endocrinology Consensus Statement: Addressing Stigma and Bias in the Diagnosis and Management of Patients with Obesity/Adiposity-Based Chronic Disease and Assessing Bias and Stigmatization as Determinants of Disease Severity



Karl Nadolsky, DO, FACE¹, Brandi Addison, DO, FACE²,
Monica Agarwal, MD, MEHP, FACE³, Jaime P. Almandoz, MD, MBA, FTOS⁴,
Melanie D. Bird, PhD, MSAM⁵, Michelle DeGeeter Chaplin, PharmD, BCACP, CDCES⁶,
W. Timothy Garvey, MD, MACE³, Theodore K. Kyle, RPh, MBA⁷



2023.03.272)

MY APPROACH AND WHAT WE ARE DOING



#N2D OCTOBER HEALTH CHALLENGE

14th Oct -28th Oct 2024

Get ready for an intense
2 - Week Health Challenge

What you'll achieve

- ✔ Strengthen your gut
- ✔ Build healthy habits
- ✔ Exercise sessions
- ✔ Run with team edmo
- ✔ Get stronger & fitter





To register - Use the Google link provided in group


📞 +91 8238060556, +91 9712506569

Program cost : INR 99/- only

WHAT IS GUT HEALTH?

 Your gut is your digestive system, Includes your : Stomach, Intestines and Colon.


 Having a healthy gut means having good digestion, absorption and very little digestive symptoms.


 These could be heart burn, acid reflux , bloating, and many such.

DID YOU KNOW ?

Your gut health impacts

 Nutrient absorption

Brain function (Gut brain axis) 

 Muscle strength (Gut muscle axis)

Metabolism (Gut liver axis) 

 Reply



SEPTEMBER HEALTH CHALLENGE

WEEK 1 : 1ST SEPTEMBER -8TH SEPTEMBER

Start your day with **20-20-20**
20 mins of sunshine
20g protein in each meal
20 mins of mindful movement

Dietary Challenge


Avoid

- Avoid having processed food.



Fitness Challenge

Beginner: • Walk : 3000 steps daily 

Advanced: • Walk : 5000 to 7000 steps daily +
• Jog/Run for 3 to 5 kms (3-4 times/week) 

edmo

N2D

OCTOBER HEALTH CHALLENGE

GET FIT WITH COACH JESAL TRIVEDI

VIRTUAL EXERCISE AND Q&A SESSION

SESSION:1 CORE STRENGTH

15th October, Tuesday

4:30 PM - 5:15 PM

Equipment:
Yoga ball, Mat

SESSION:2 RESISTANCE BAND WORKOUT

19th October, Saturday

4:30 PM - 5:15 PM

Equipment:
Resistance Bands

SESSION:3 HIIT WORKOUT

22nd October, Tuesday

4:30 PM - 5:15 PM

Equipment:
Yoga mat and Shoes

Structure : 5 min warm up, 20 min
HIIT, 5 min cool down , 10 min Q&A

SESSION:4 BALANCING TRAINING

26th October, Saturday

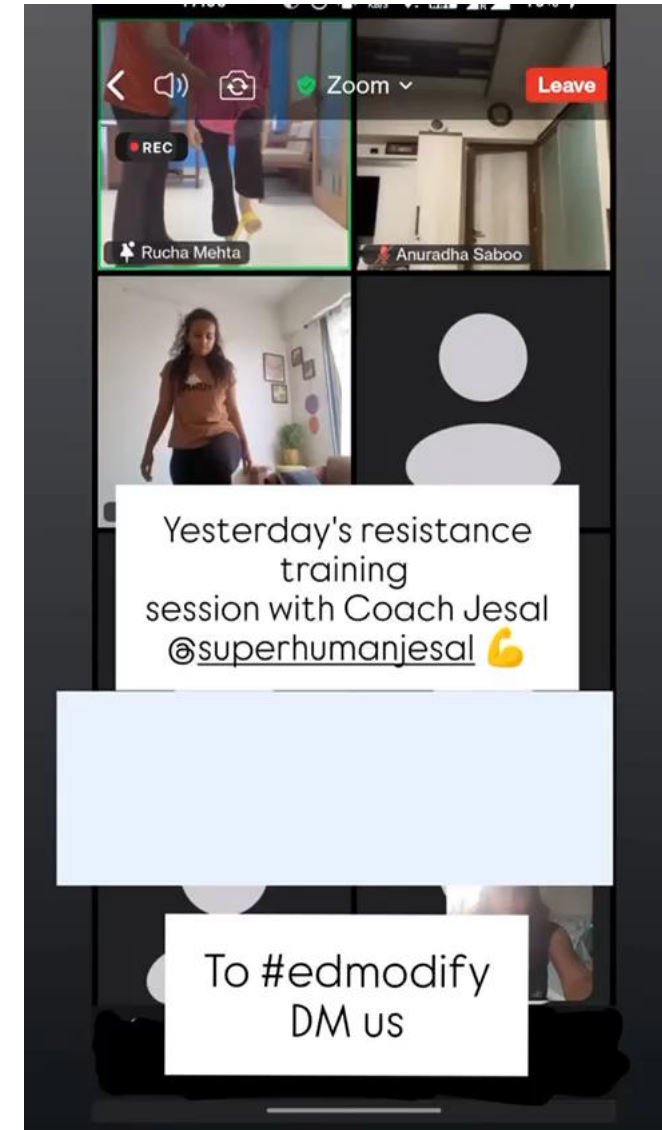
4:30 PM - 5:15 PM

Equipment:
Balance board

IMPORTANT NOTES:

- All sessions will start and end on time.
- A 5 minute warm up & cool down are included.
- Each session will conclude with a 10 minute Q&A.
- Please ensure you have the required equipments for the best experience.

GET READY TO TRAIN HARD AND ACHIEVE RESULTS WITH THE COACH !





ANYONE CAN RUN !!



Lihass Trivedi

- Founder of LS sports
- Founder and President of ADR
- Ultra marathoner and triathlete



Dr. Rucha Mehta

Endocrinologist by day
Runner at heart



Meit Vakil

- Director of YETI LEATHERS
- IRONMAN 70.3
- Finisher of multiple HMs with PB of 1.47 hours.

Come run/walk with Coach Lihass Trivedi !

Date

19th
October,
Saturday

Time

6:15 AM
to
7:15 AM

Location

Mahila
Udhyan,
Bodakdev,
Ahmedabad

**What should
you bring?**

Water bottle,
clean napkin,
fruit

What will you learn!?

- How to Start Running
- The Run-Walk Technique
- Sprinting & Speed Techniques for Advanced Runners

Location



Office Environment

- Considerations include:
 - Seating
 - Reading materials
 - Ramps and handrails
 - Scales
 - Bathrooms



Role Modeling

Your words may fall on deaf ears, but you are always being observed. Be a role model.



How to Get Families Healthy



- Be a good role model
- Keep environment positive
- Get moving
- Limit screen time
- Family meals
- Grocery shop together




Motivational Interviewing

Definition

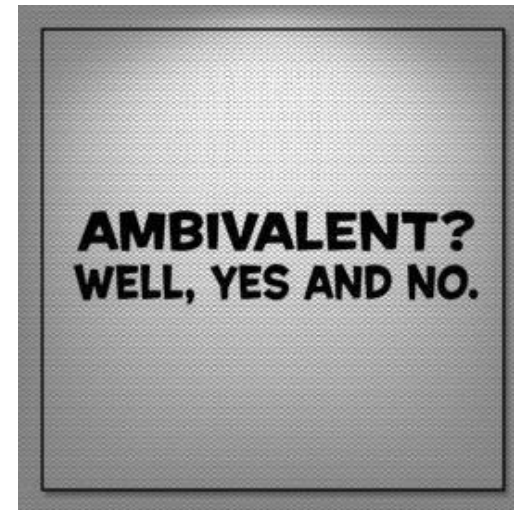
“Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.”

am·biv·a·lence

/am'bi:vələns/ 

noun

the state of having mixed feelings or contradictory ideas about something or someone.
"the law's ambivalence about the importance of a victim's identity"



The 'Spirit' of Motivational Interviewing

Collaboration

- Partnership between you and client
- Avoid confrontation

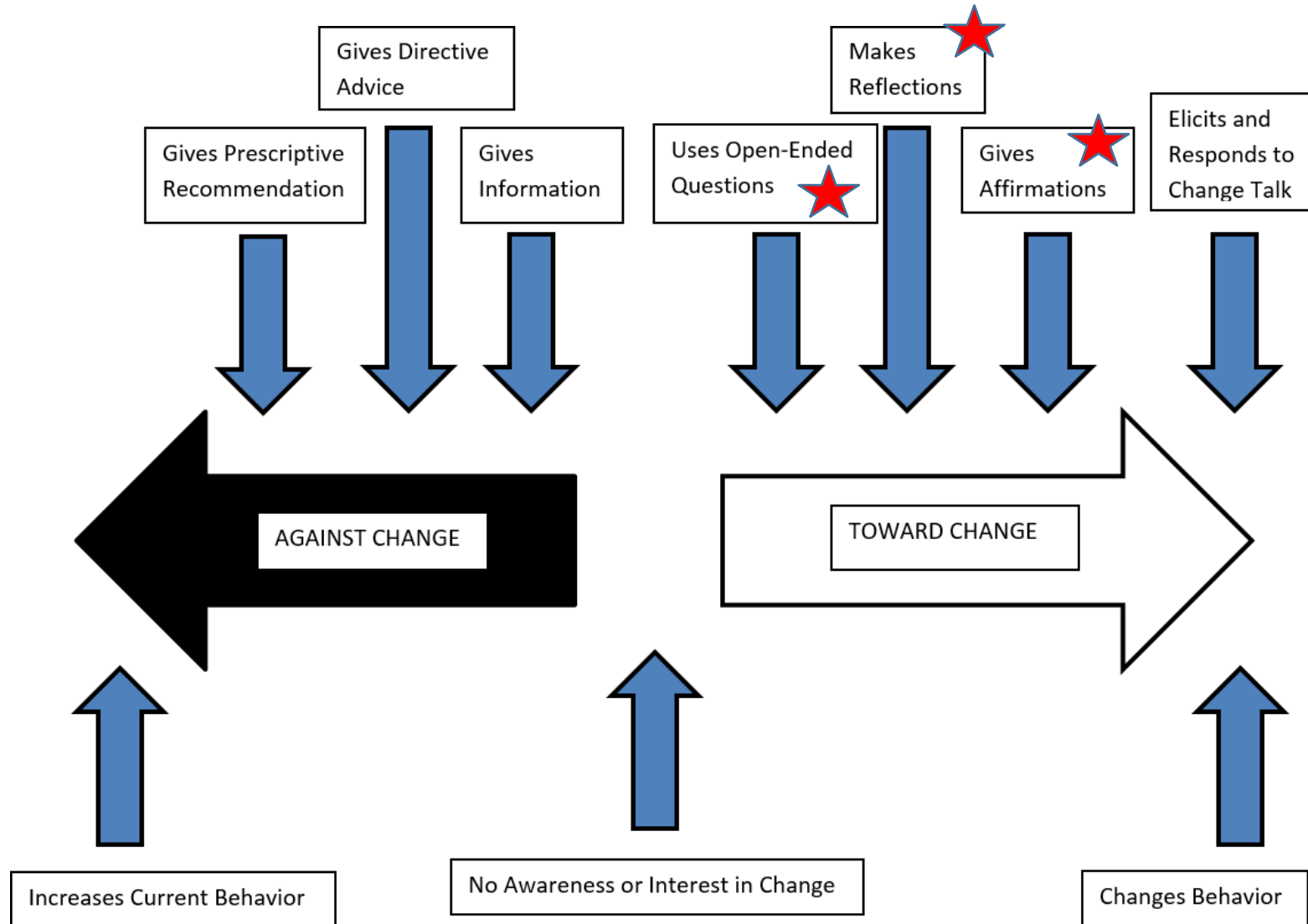
Empowerment

- Draw out clients skills and motivation for change
- Avoid enforcement

Autonomy

- True power for making change rests in the client
- Avoid authority

Continuum of Motivational Interviewing



Basic Skills of Motivational Interviewing

- Four (4) foundational skills of MI that are used “early and often” aka (OARS)
 - Open questions
 - Affirmations
 - Reflections
 - Summaries



Basic Skills of Motivational Interviewing

- QARS: Open Questions
 - Invite clients to “tell their story” in their own words
 - Used often but not exclusively
 - Closed questions and information exchange are also VERY important
 - Of course, you must be willing to listen to the client’s response





SICOM & AOCO 2024
SOMS International Conference on Obesity & Metabolism
in conjunction with Asia-Oceania Conference on Obesity

Hosted by
SOMS Society for Korean Obesity and Metabolism Studies

Co-Hosted by
Asia Oceania Association for the Study of Obesity
aoaso





*A little goes a long way,
So take that first step today....*

endocrinology diabetes metabolism obesity



endocrinology



diabetes



metabolism



obesity

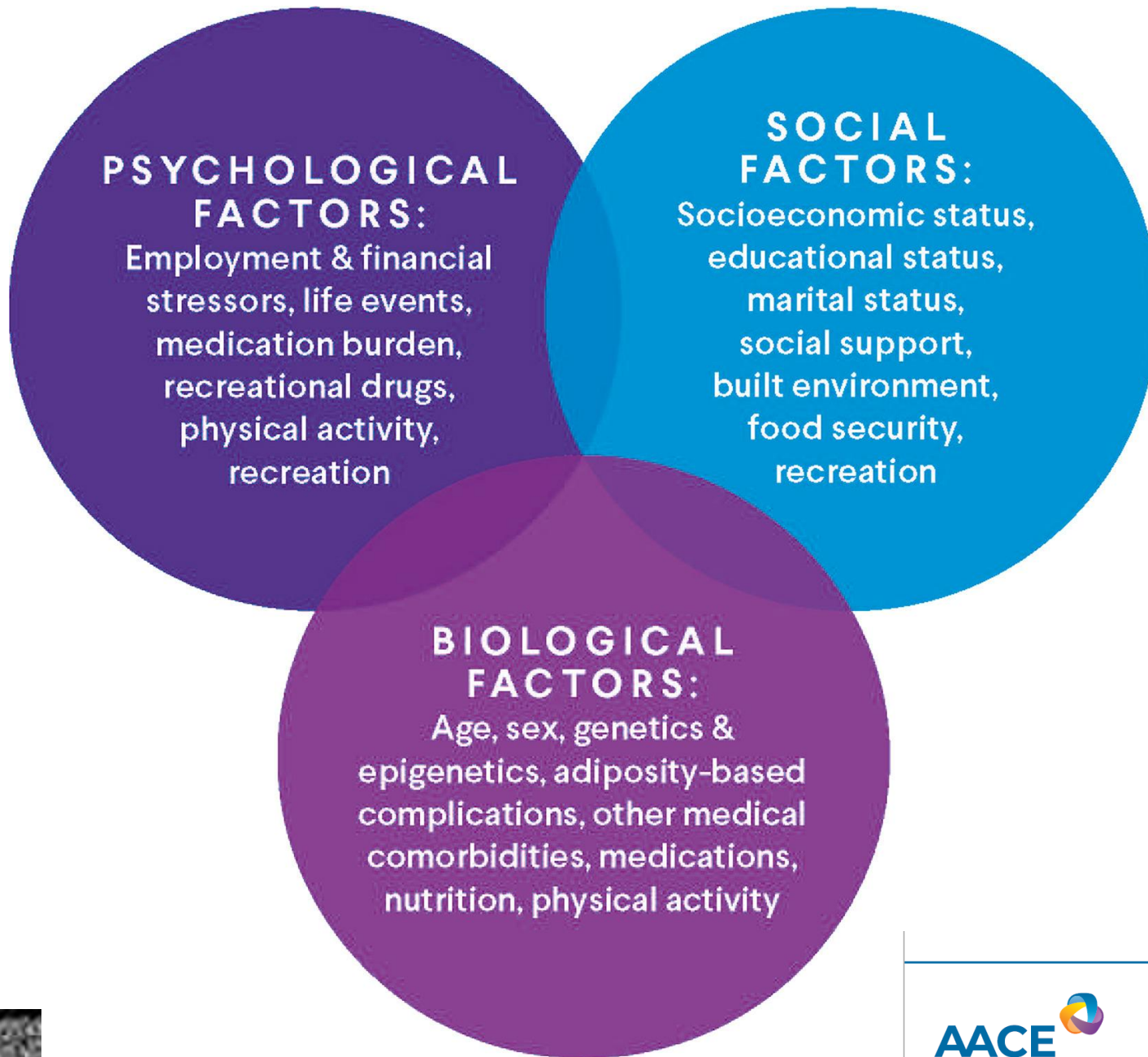


Consequences of Stigma

- Weight stigma may prevent people from seeking health care.
- Weight stigma may interfere with weight loss attempts and lead some to eat more food in response to stigmatizing encounters.
- Individuals who experience weight stigma have higher rates of:
 - depression,
 - anxiety,
 - social isolation, and
 - poorer psychological adjustment.

How is Care Affected?

- Patients with obesity are less likely to obtain...
 - Preventative health services and exams
 - Cancer screens, pelvic exams, and mammograms
- And more likely to...
 - Cancel appointments
 - Delay appointments and preventative care services



Obesity Stigma: Important Considerations for Public Health

Rebecca M. Puhl, PhD, and Chelsea A. Heuer, MPH

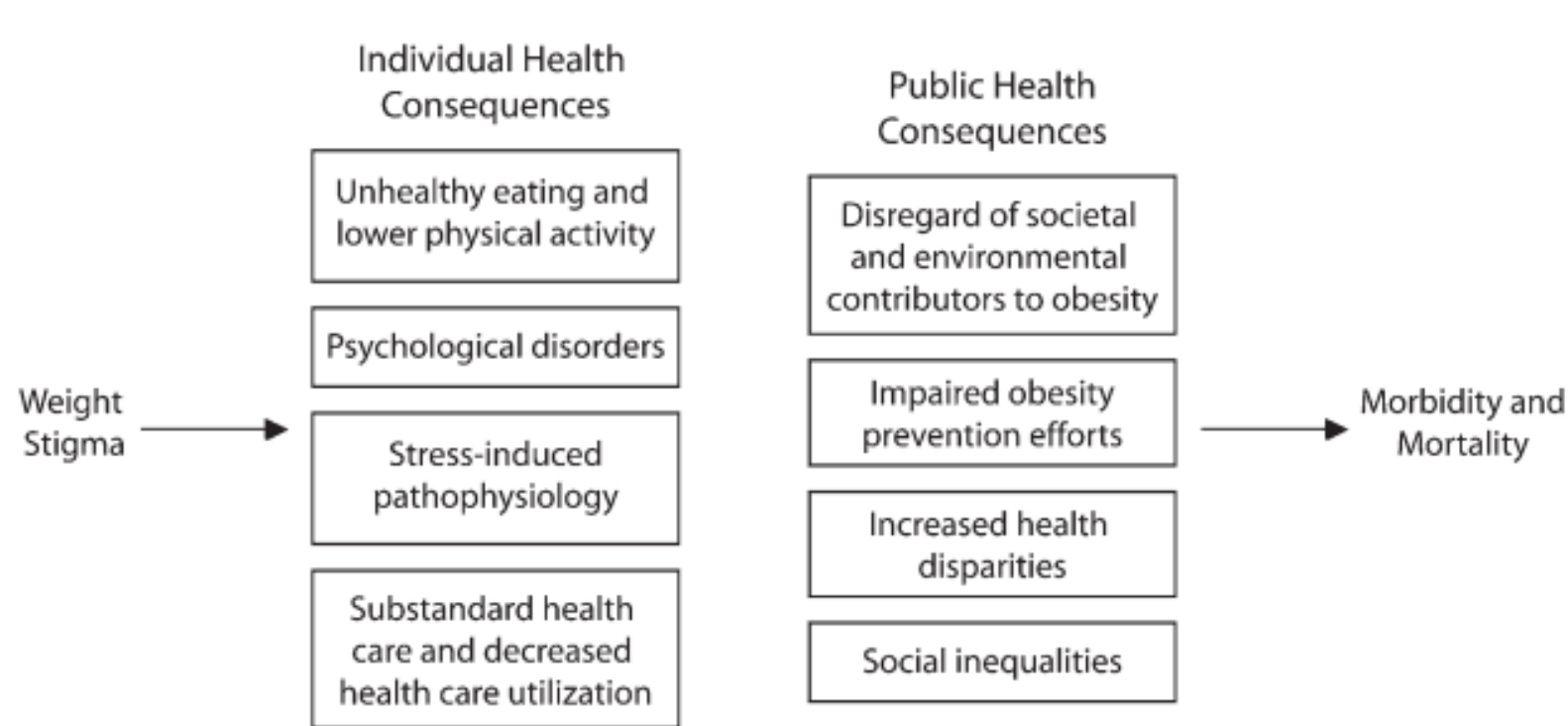
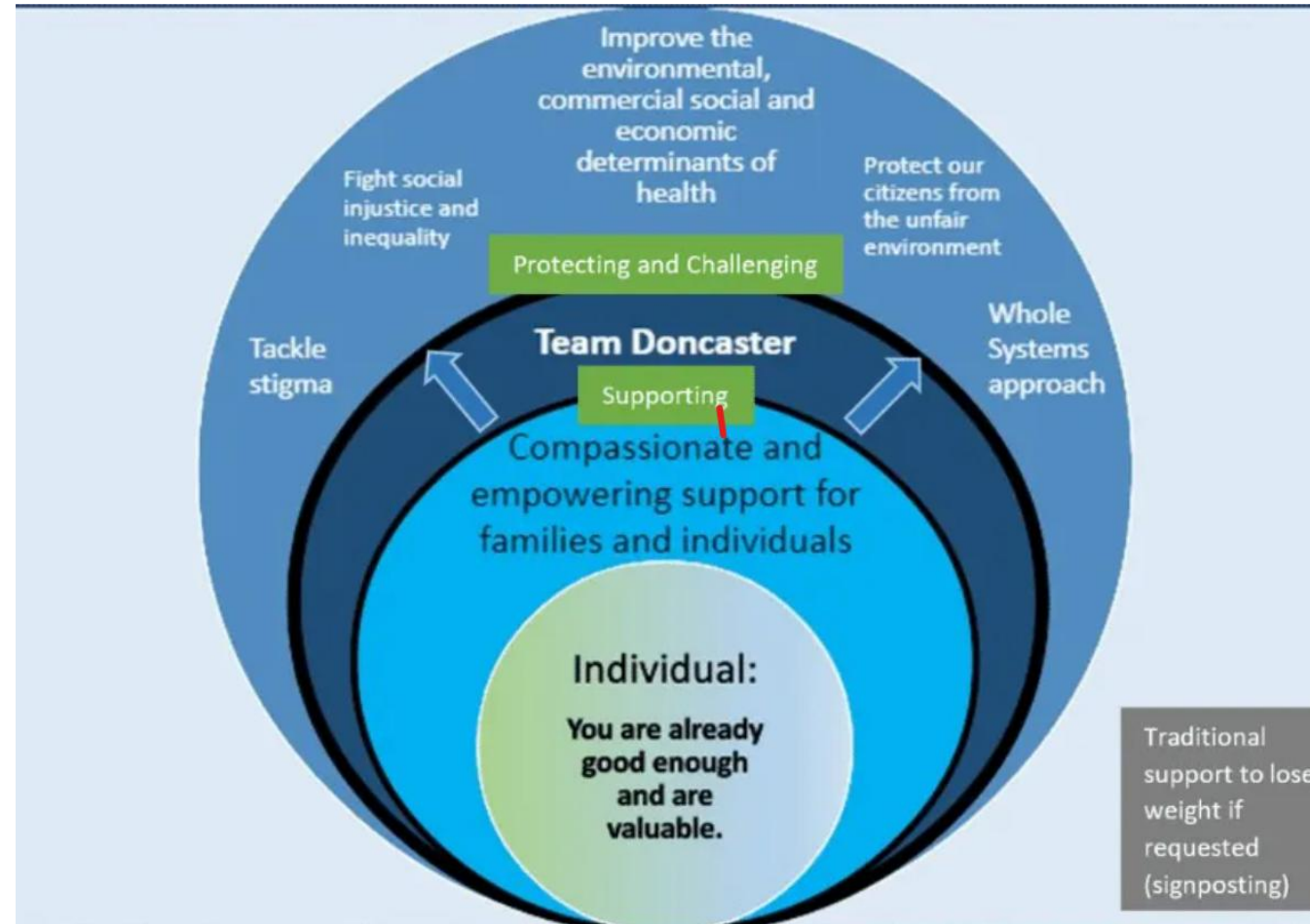


FIGURE 1—Individual and public health consequences of weight stigma.

HOW?



Weight stigma / bias

Stress

Eating and Physical Activity Behaviours

- Binge Eating
- Increased caloric consumption
- Maladaptive weight control
- Disordered eating
- Lower motivation for exercise
- Less physical activity

Physiological Reactivity

- Increased levels of:
- Cortisol
 - C-Reactive Protein
 - HbA1C
- Elevated blood pressure

Weight Gain

Psychological Distress

- Depression
- Anxiety
- Low self-esteem
- Poor body image

Health Care Quality

- Poorer treatment adherence
- Less trust of health providers
- Avoidance of follow up care
- Delay in preventative health screenings
- Poor communication

Physiological Health

- Poor glycaemic control
- Less effective chronic disease management
- More advanced and poorly

- 2600 patients with overweight/obesity reported high rates of experiencing stigma from healthcare providers:
- 69% from doctors, 46% from nurses,
- 37% from dietitians and nutritionists, and
- 21% from mental health professionals.

Table 4. Descriptive statistics and frequency (%) of respondents in Sample 1 who experienced stigma from various interpersonal sources

Source of stigma	Mean	SD	Ever experienced	More than once and multiple times
Family members	1.66	1.20	72	62
Doctors	1.43	1.15	69	52
Classmates	1.57	1.31	64	56
Sales clerks at stores	1.30	1.21	60	47
Friends	1.15	1.11	60	42
Co-workers or colleagues	1.06	1.13	54	38
Mother	1.24	1.29	53	44
Spouse	0.97	1.17	47	32
Servers at restaurants	0.99	1.18	47	35
Nurses	0.93	1.13	46	34
General community members	0.96	1.15	46	35
Father	0.94	1.19	44	34
Employers, supervisors	0.78	1.04	43	26
Sister	0.77	1.12	37	28
Dieticians, nutritionists	0.73	1.06	37	26
Brother	0.77	1.14	36	28
Teachers, professors	0.59	0.97	32	21
Authority figures (e.g., police)	0.42	0.86	23	15
Mental health professionals	0.38	0.84	21	13
Son	0.38	0.83	20	13
Daughter	0.34	0.80	18	12
Other	0.39	0.94	17	13

Puhl RM, Brownell KD. *Confronting and coping with weight stigma: an investigation of overweight and obese adults.* *Obesity (Silver Spring).* 2006 Oct;14(10):1802-15.

Health Professionals' Attitudes Toward Obese patients

Doctors

In a study of over 620 primary care physicians, >50% viewed obese patients as awkward, unattractive, ugly, and noncompliant

Nurses: In a British study of 398 nurses, nearly 69% agreed that personal choices about food and physical activity explain why a person becomes obese, one-third agreed that obesity is due to a lack of willpower concerning food, and only 8.2% agreed that obese people are motivated about lifestyle change (44). Nurses with lower BMIs expressed more negative perceptions of obesity.

Nurses:

2006 study found that registered nurses ($N = 119$) had positive attitudes toward adult obese patients and that nurses were concerned with providing respectful patient care

Medical Students:

severely obese patients were the most common target of derogatory humor by attending physicians, residents, and students, which occurred most often in surgery and obstetrics–gynecology settings

Dental Students

One study

($N = 420$) found that nearly one-third of dental students acknowledged having negative reactions toward the appearance of obese patients, 30% felt that obese people are lazier than nonobese people, 26% felt that obese people lacked willpower and motivation, 18% were uncomfortable examining an obese patient, and 17% considered it difficult to feel empathy for an obese patient

Foster GD, Wadden TA, Makris AP et al Obes Res 2003;11:1168–1177.

Zuzelo PR, Seminara PJ Contin Educ Nurs 2006;37:65–73.

Brown I, Thompson J. J Adv Nurs 2007;60:535–543.

Weight Bias among Health Professionals Specializing in Obesity

Marlene B. Schwartz, Heather O'Neal Chambliss, Kelly D. Brownell, Steven N. Blair, Charles Billington

First published: 06 September 2012 | <https://doi.org/10.1038/oby.2003.142> | Citations: 511

Implicit Associations Test (IAT),
The IAT is a timed word classification task-
IAT scores can predict prejudiced behavior toward target groups

- Subjects (N 389) were researchers and health professionals attending the opening session of a large scientific conference for the study of obesity.
- The sample includes 198 women and 191 men.
- The majority of subjects (89%) hold a graduate or professional degree.
- Nearly all of the subjects do obesity-related research (64%), work directly with obese patients (9%), or both (24%)

Thin People Motivated		Fat People Lazy
	obese	√
	sluggish	√
√	slim	
√	eager	
	large	√
	lazy	√
	fat	√
√	motivated	
√	thin	
√	determined	
√	skinny	

Weight Bias among Health Professionals Specializing in Obesity

Marlene B. Schwartz , Heather O'Neal Chambliss, Kelly D. Brownell, Steven N. Blair, Charles Billington

First published: 06 September 2012 | <https://doi.org/10.1038/oby.2003.142> | Citations: 511

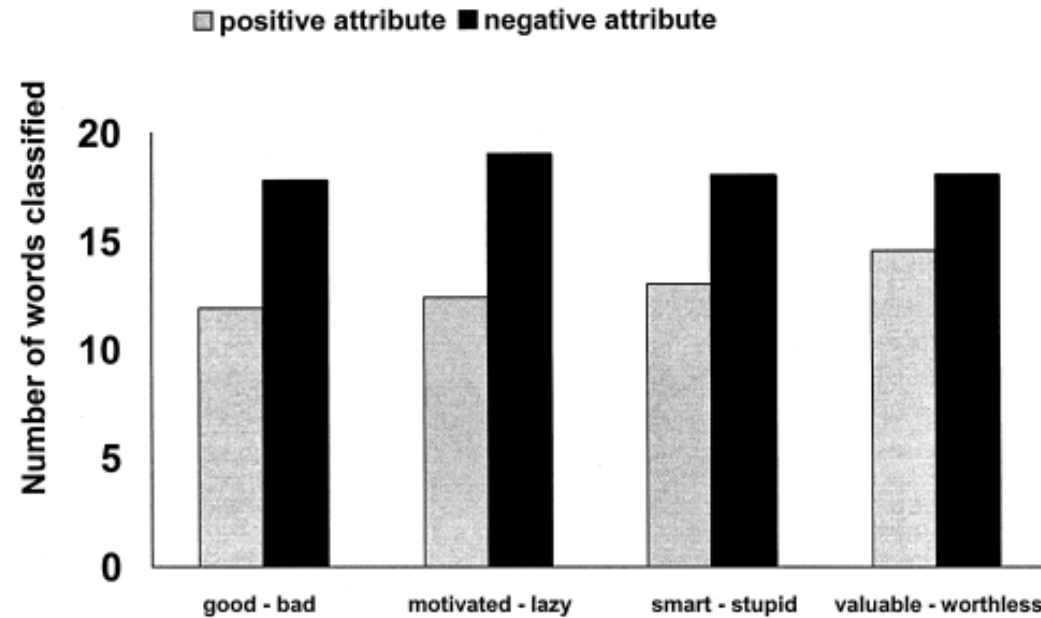


Figure 2: Comparison of the number of items classified when “fat people” was paired with positive and negative attributes.

Principles of Motivational Interviewing

Principle	Key Points	Example in Practice
Express empathy	<ul style="list-style-type: none">• Acceptance facilitates change.• Skillful reflective listening is fundamental.• Ambivalence is normal.	<i>“So, what I’m hearing is that you’re tired of being lectured about your weight. Tell me more about this.”</i>
Develop discrepancy	<ul style="list-style-type: none">• Awareness of consequences is important.• Discrepancy between present behavior and goals will motivate change.• The client should present the arguments for change.	<i>“So wonderful that you’re a new grandparent! What kind of grandparent do you want to be? How do you see your eating habits fitting in with these ambitions?”</i>
Avoid argumentation	<ul style="list-style-type: none">• Arguments are counterproductive.• Defending breeds defensiveness.• Resistance is a signal to change strategies.• Labeling is unnecessary.	<i>“Even a small weight loss can result in significant health gains, and I’m here to help you when you are ready.”</i>

Principles of Motivational Interviewing

Principle	Key Points	Example in Practice
Roll with resistance	<ul style="list-style-type: none">• Momentum can be used to good advantage.• Perceptions can be shifted.• New perspectives are invited but not imposed.• The client is a valuable resource in finding solutions to problems.	<i>“It sounds like you have thought a lot about the stumbling blocks to starting to exercise. What could possibly be some solutions?”</i>
Support self-efficacy	<ul style="list-style-type: none">• Belief* in the possibility of change is an important motivator.• The client is responsible for choosing and carrying out personal change.• There is hope in the range of alternative approaches available.	<i>“I am really impressed by your decision to make healthier meals for your family. I want you to know that I believe you can do it. Let’s meet again in a month to see how things are going.”</i>

*Belief grows out of a communal experience.

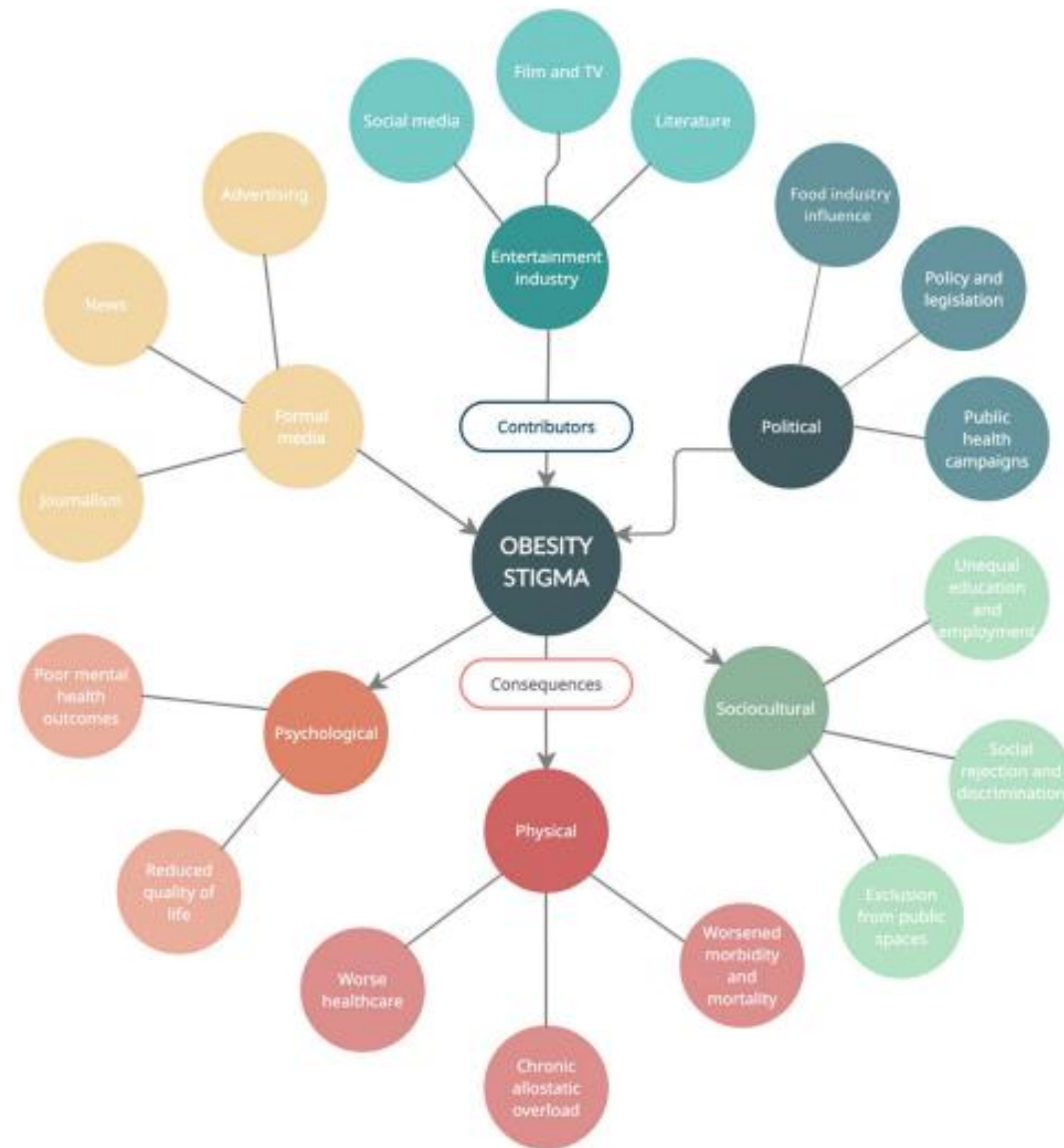
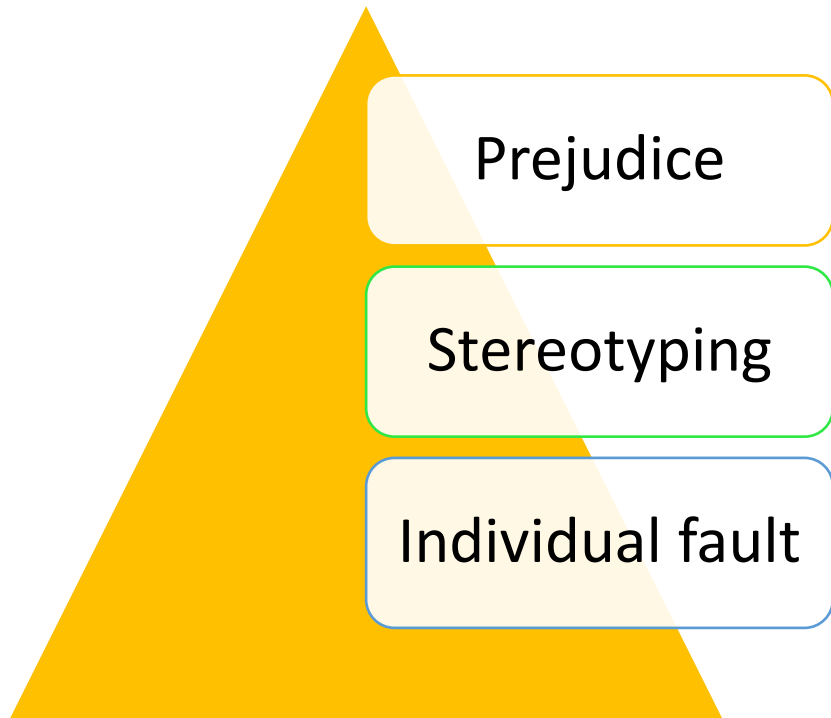


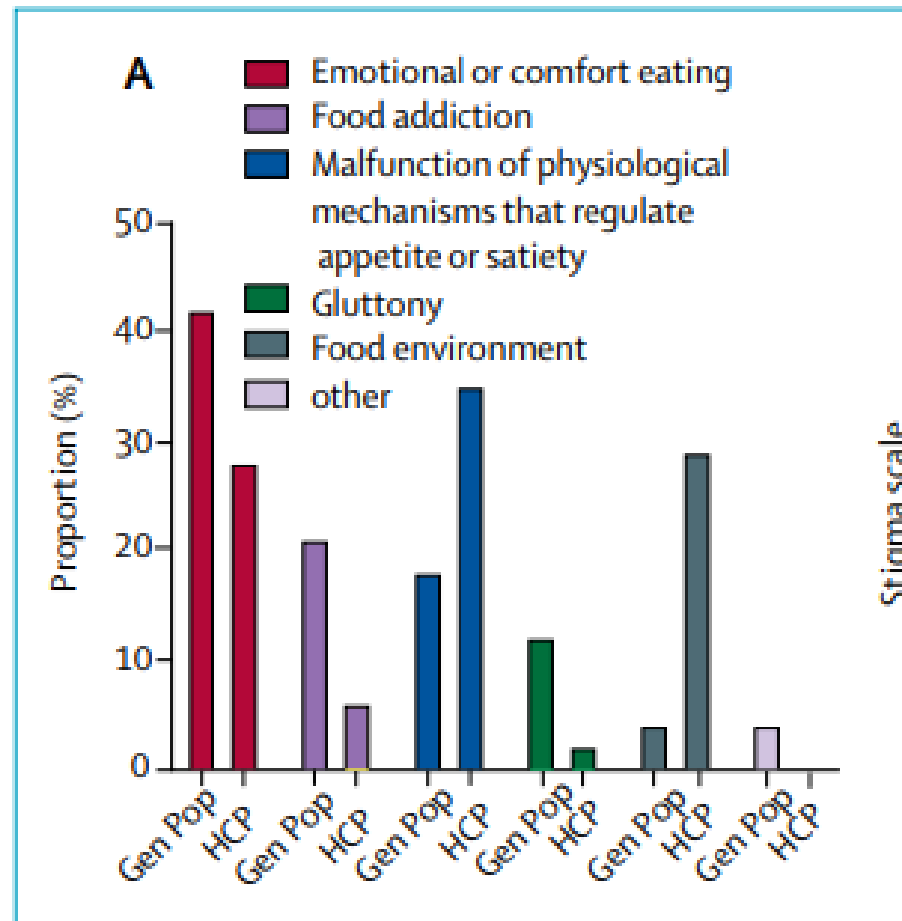
Fig. 1 Contributors and consequences of obesity stigma

- WHY?



Knowledge gaps and weight stigma shape attitudes toward obesity

- Correlation between beliefs on causes of overeating and weight stigma in both the GenPop and among HCPs, the figure shows the effects across both groups



Public Domain & Legislation

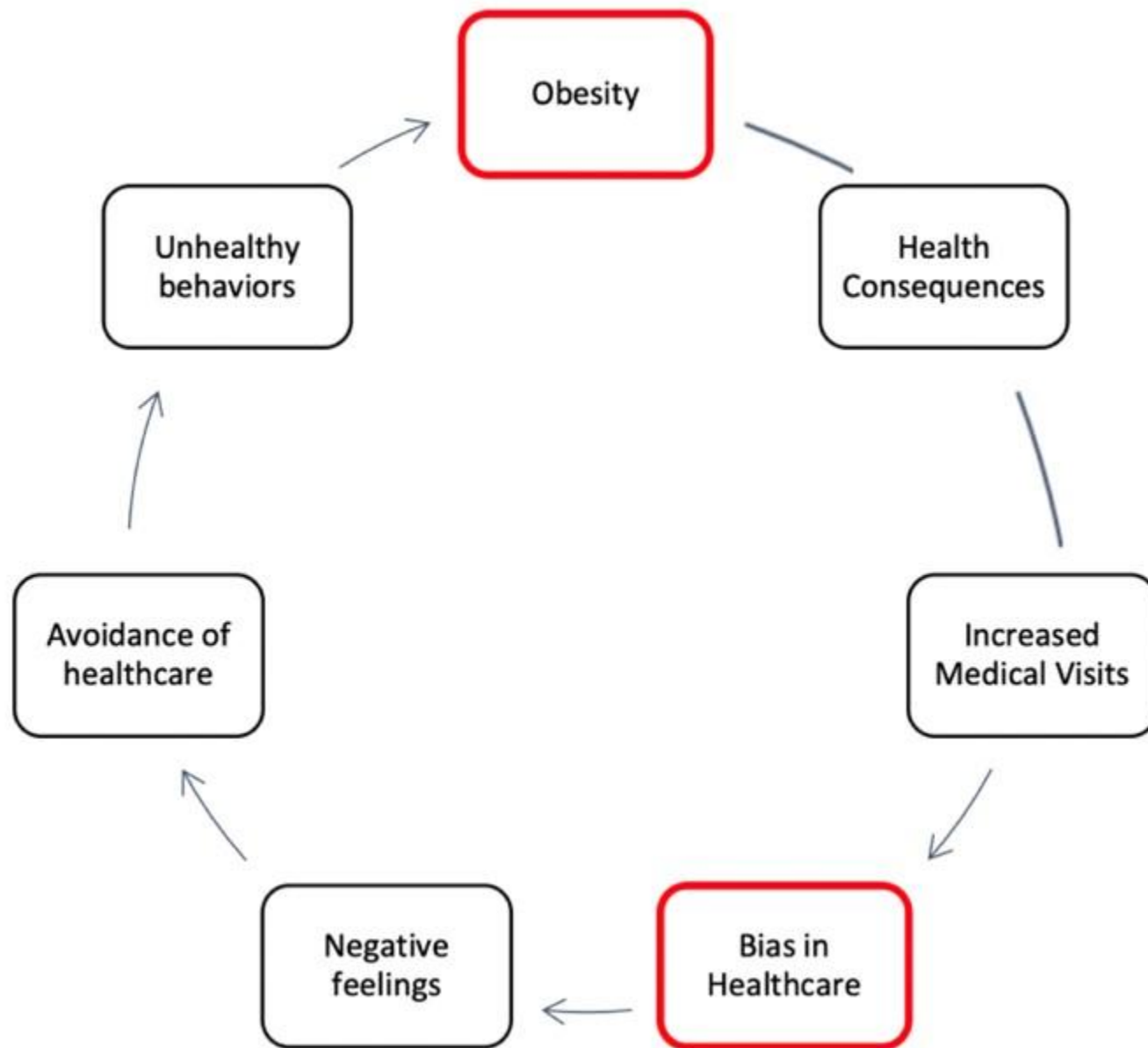
1. The re-classification of obesity has been discussed by others as key to education efforts as ABCD
2. Obesity was labelled a disease by the WHO International Classification of Diseases, the American Medical Association, and the World Obesity Federation in the early
3. Some argue a disease label “legitimises” obesity by acknowledging biological
4. and genetic underpinnings,
5. Education
6. Legislation
7. Body Positivity

Body Positivity



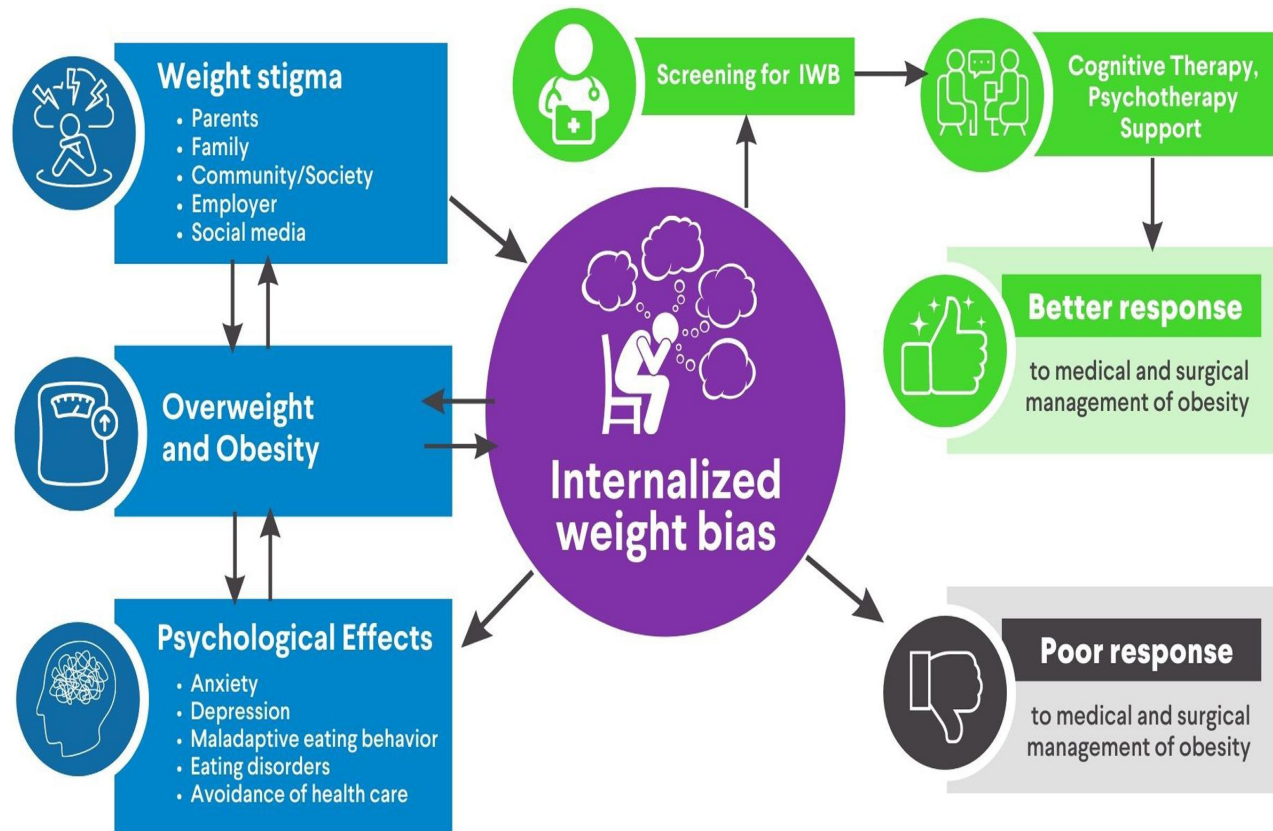


We were talking.
- Now we are talking



Solution

- The paradigm shifted from a weight/BMI-centric obesity diagnosis based ABCD that aims to improve health through prevention and treatment of complications
- Underscores the fact to patients and health care professionals that this is a chronic disease and not a lifestyle choice.



**Confronting and Coping with Weight Stigma:
An Investigation of Overweight and
Obese Adults**

Rebecca M. Puhl and Kelly D. Brownell

- In one survey study of overweight and obese women ($N = 2,249$), 25% of participants reported
- experiencing job discrimination because of their weight.
- 54% reported weight stigma from co-workers or colleagues
- 43% reported experiencing weight stigma from their employers or supervisors
- Examples of weight stigma in employment settings included
- being the target of derogatory humor and pejorative comments from co-workers and supervisors, and
- differential treatment because of weight such as not being hired, being denied promotions, or fired

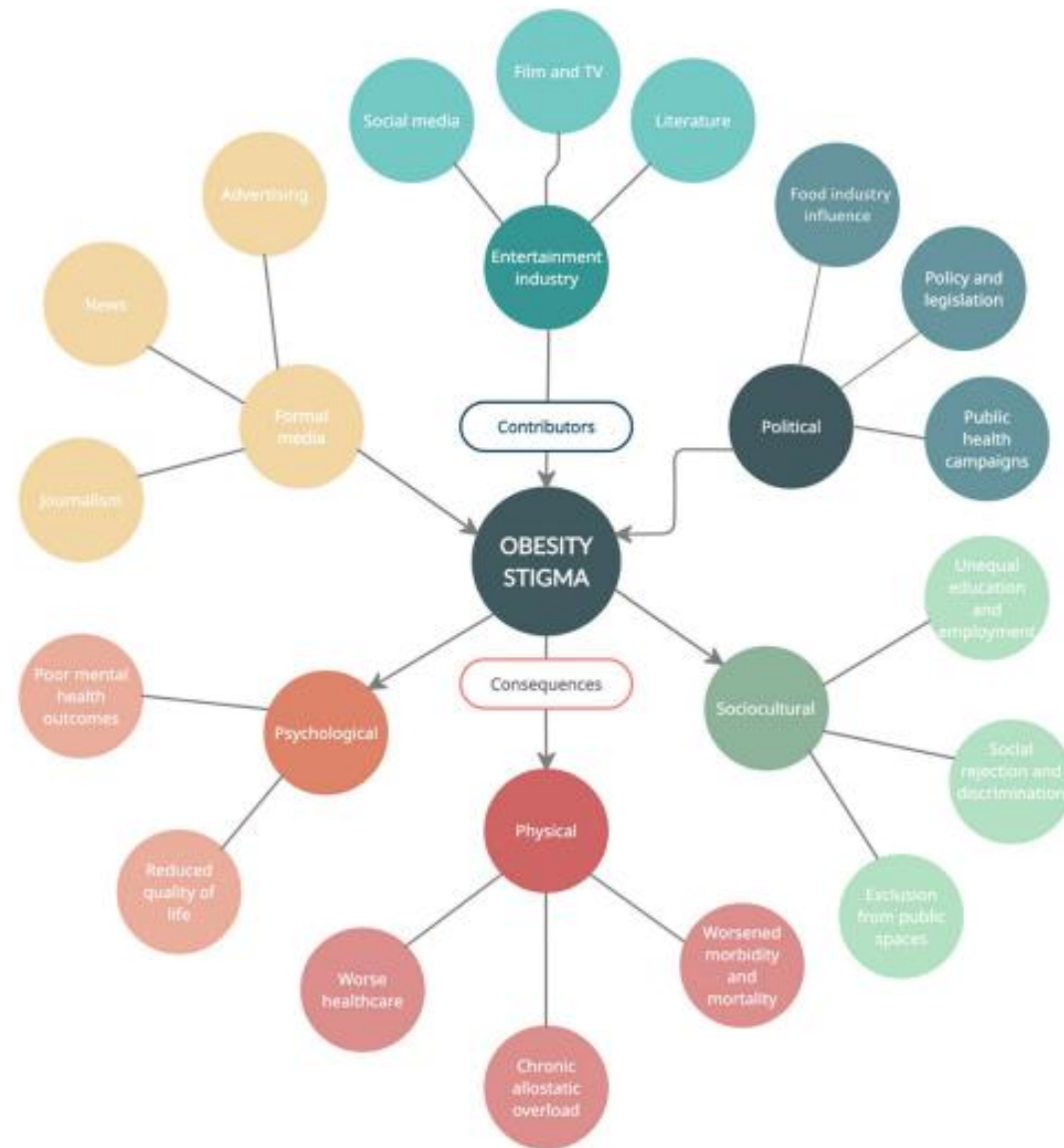


Fig. 1 Contributors and consequences of obesity stigma

Box 2

5A's for Obesity/ABCD^a

ASK if you can discuss weight and the health impact of ABCD

ASSESS health status and complications

ADVISE on treatment options based on the severity of ABCD

AGREE on treatment plan and weight-loss goals

ASSIST in the continuous process of weight management with reassessment of goals and treatment options



- What are some of the Stigma that you can think of ?





Stigma is more contagious
than *M. leprae*



Leprosy does not spread by
human touch

#SupportLeprosy #EliminateStigma

THE PROBLEM

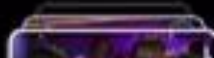
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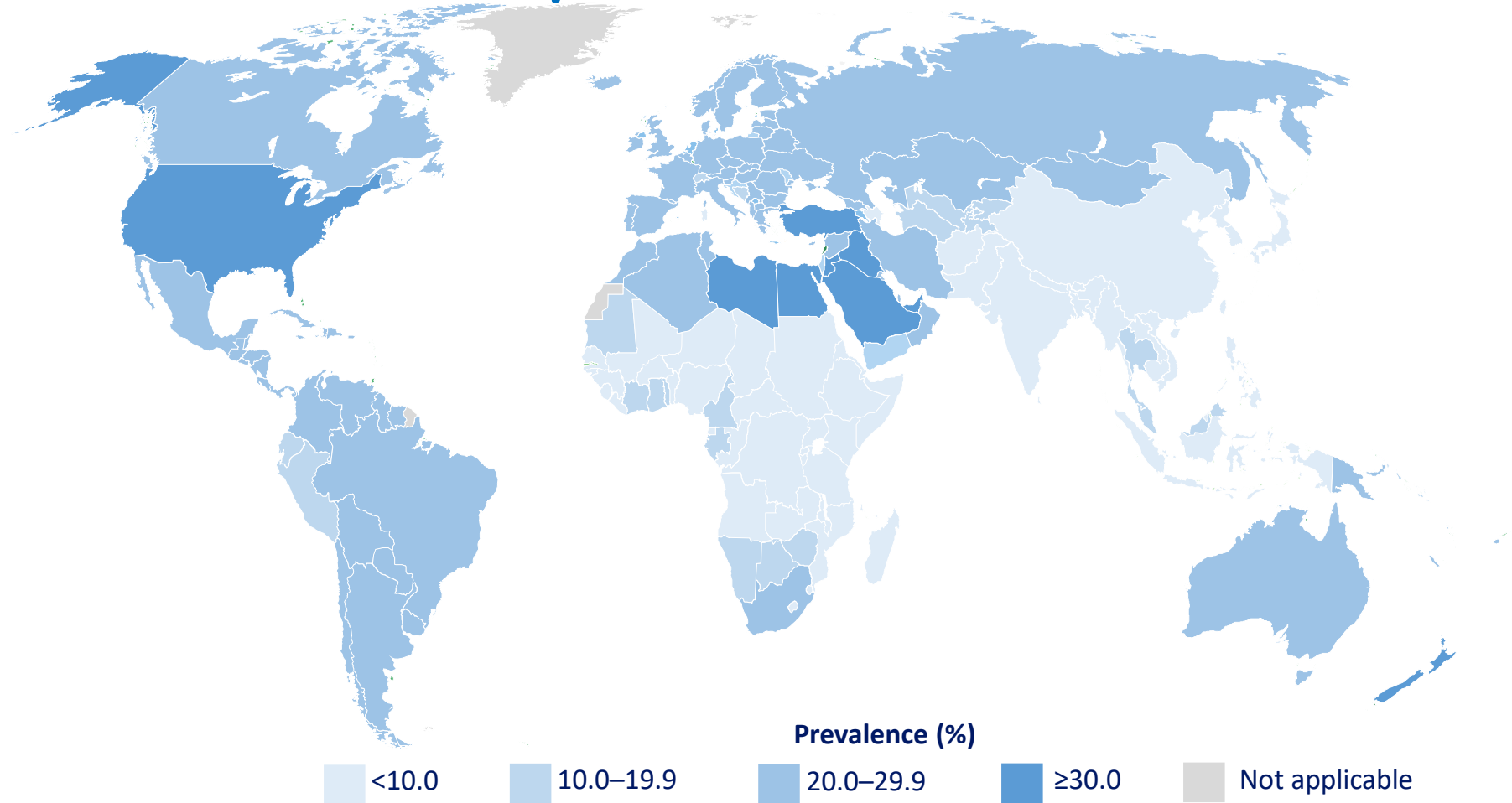


Global prevalence of obesity

Among adults¹

650

million people
live with obesity²



WHO, World Health Organization.

1. WHO. Global Health Observatory (GHO) data. 2017. Prevalence of obesity among adults. Available from [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi--30-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi--30-(age-standardized-estimate)-(-)). Accessed March 2021;

2. WHO, Obesity & Overweight. 2020. Available from <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>. Accessed March 2021.