



# Development of a Weight-Inclusive Nutrition Education Toolkit

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## Background

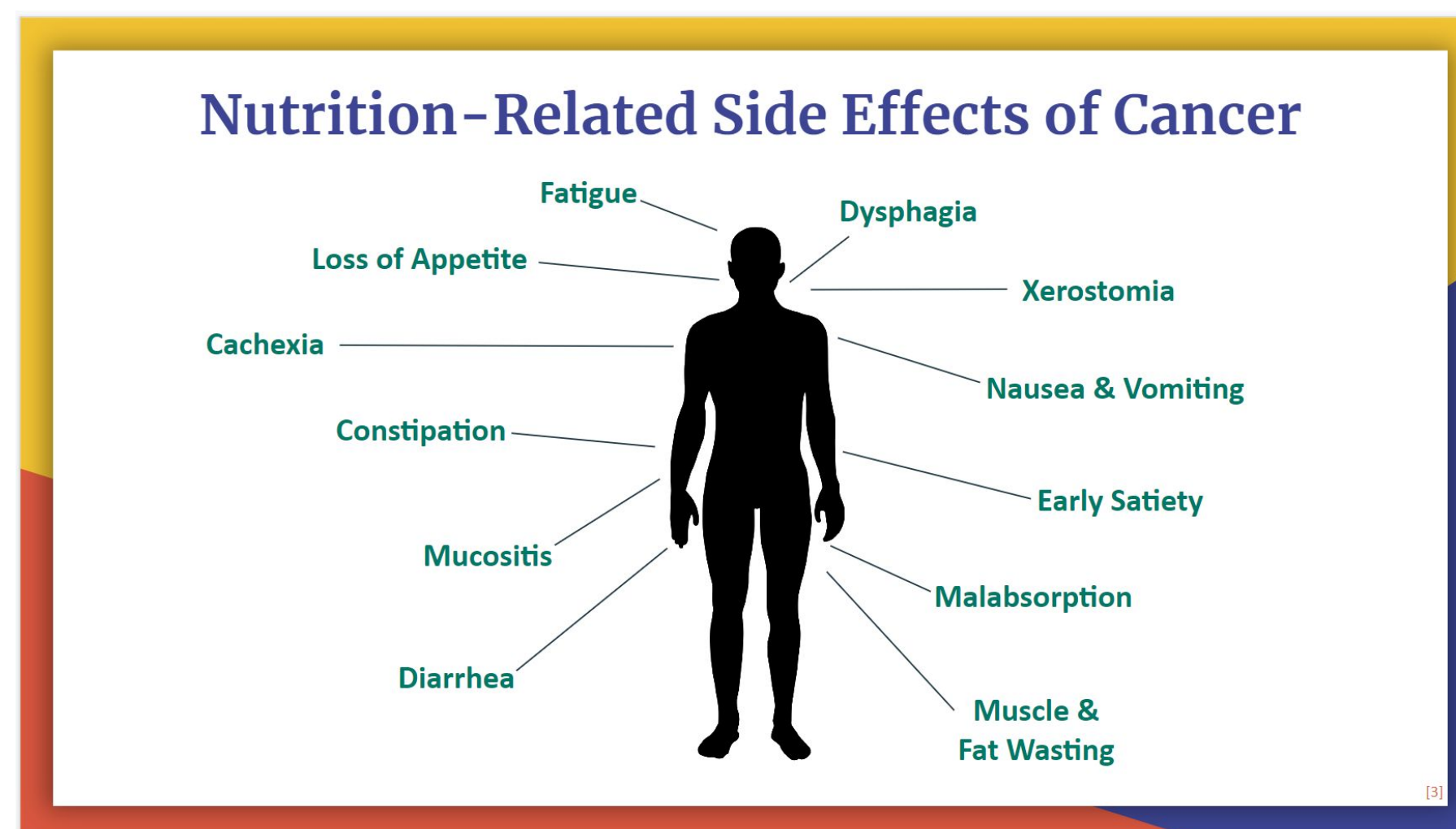
- Health sciences curricula primarily foster the “**weight-normative**” care model, equating weight with health
- Evidence suggests that **weight-normative care fosters weight bias**, and results in poor health outcomes [1-6]
- The Weight Inclusive Toolkit Initiative (WITI) maintains that **body size diversity is normal** and should be accepted and celebrated in educational & healthcare settings

## WITI Committee Objectives

- ❑ Create an educational toolkit that “does no harm”
- ❑ Educate about the harms of weight bias, benefits of weight-inclusive care, and intersections of weight bias with racism and gender-bias
- ❑ Follow DEI principles throughout development and implementation

## Project Goals

1. Create an oncology lesson and case study for dietetic students that aligns with WITI’s weight-inclusive values
2. Create an annotated bibliography for Toolkit members to develop content



Benefits of Weight Inclusive/Weight-Neutral Care, Interventions, & Approaches

Title & Authors	Population/Sample	Objectives/Design/Intervention	Results/Conclusions	Limitations
Mensinger JL, Calogero RM, Stranges S, Tylka TL. A weight-neutral versus weight-loss approach for health promotion in women with high BMI: A randomized-controlled trial. <i>Appetite</i> . 2016;105:364-374. doi:10.1016/j.appet.2016.06.006	- 80 Female participants - 30-45 years old - Larger bodied - Physically inactive based on the Stanford Brief Activity Survey - Practicing birth control if capable of becoming pregnant - Non-smokers - Not participating in a weight-loss regimen - Non-diabetic	- Experimental design - Participants were split into 2 cohorts, one which followed the weight-inclusive HUGS program (focus on internal hunger cues), the other followed the LEARN weight-loss program (focus on external motivation). - Metrics assessed: cardio-metabolic fitness, psychological well-being, physical activity levels, dietary habits, fruit & vegetable intake, Intuitive Eating.	- Participants in the weight loss group reduced their body weight & BMI, but not their LDL cholesterol, during the intervention and maintained this for 24 months. - Participants in the weight-neutral group reduced their LDL cholesterol and maintained this for 24 months - Greater improvements in Intuitive Eating in the weight-neutral group; maintained for 24 months - "...there were no instances where the weight-neutral program produced inferior outcomes relative to the weight-loss program."	- Participants were women only; no inclusion of non-binary genders. - Deemed weight neutral, not inclusive, care - Small sample size - Predominantly white participants
Dimitrov Ulian M, Pinto AJ, de Moraes Sato P, et al. Effects of a new intervention based on the Health at Every Size approach for the management of obesity: The "Health and Wellness in Obesity" study. <i>PLoS One</i> . 2018;13(7):e0198401. Published 2018 Jul 6. doi:10.1371/journal.pone.0198401	Participants: - n=58 - Age: 25-50 years - Larger bodied	A prospective, 7-month, randomized controlled, mixed-method (quantitative & qualitative) clinical trial examining multiple physiological, attitudinal, nutritional, and behavioral	According to the authors: "The main finding of this study was that a new intensive, interdisciplinary HAES®-based, non-prescriptive intervention in "ob*se" women improved eating attitudes and practices.	Study time & follow-up was short  Small sample size

## Screening Questions

Before beginning a nutrition assessment, consider asking your client or patient about their...

1. Social support system
2. Access to healthcare
3. Relationship with food and their body
4. History of eating disorders, dieting, and weight cycling
5. Access to safe food and the resources to store and prepare it
6. Desire to set health goals
7. Past experiences with healthcare professionals
8. Access to safe outdoor spaces to live and play in

Screening patients prior to beginning a nutrition assessment is a critical part of patient-centered care. This will help you determine what interventions are appropriate to recommend.



## Methods & Materials

- Researched Medical Nutrition Therapy (MNT) for oncology treatment
- Met with RDNs and educators to develop a slide deck template
- Incorporated social determinants of health into screening assessment
- Conducted a literature review of weight-bias and weight-inclusive care and interventions
- Developed an annotated bibliography with 50 unique references
- Designed a lesson plan, slide deck, ADIME case study, & discussion questions to teach MNT oncology

## Conclusions

Weight bias can result in:

- Healthcare avoidance
- Eating disorders
- Weight cycling
- Depression
- Anxiety
- Low-self esteem
- Morbidity & mortality

This is especially harmful for historically oppressed individuals [4-6]

**Downstream harms can be reduced** through education about the harms of weight stigma, and through weight-inclusive practices.

## References

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