

7-18-20_Webinar-How Weight Stigma Benefits Social Policy Makers with Nancy Ellis-Ordway

Tigress Osborn (TO): Good morning everyone and welcome. I am Tigress Osborn. I am NAAFA's Director of Community Outreach. For those of you who are joining us for the first time for the NAAFA webinar series, NAAFA is the National Association to Advance Fat Acceptance. We are a 51 year old fat rights organization working on education and the protection of, the enhancement of fat people's rights and lives through education, awareness and representation of fat people. We are here, we are joined this morning by Nancy Ellis Ordway who is going to present to us on fat stigma and how it affects social policy makers, how it benefits social policy makers. Before I introduce you more thoroughly to Nancy, I just want to share a couple of announcements from NAAFA. First of all, I want to let you know that we are soon to announce our new NAAFA board members, so please stay tuned for that announcement that will be coming within the next week. I also want to let you know that we have instituted a very special Fat Community grant program, which allows members of NAAFA and other members of Fat Community to apply for mini grants to get seed funding for projects that benefit our community in a variety of ways. The details of this grant program are available on our website NAAFA.org. And we will be granting quarterly- quarterly grants for up to \$500 for projects that benefit Fat Community. And the first quarter grant deadline is July 31. So, that application is available on the NAAFA website. All of the details that you need to know about application requirements are available there. And the application is available there as well. So, please if you have some fantastic ideas- if you have fantastic ideas and you're not ready to fly by July 31, there will be three more quarters in the fiscal year in which you will be able to apply for these grants, so please tell a friend if you have ideas if you know others who have great ideas and there could be some seed funding for those ideas. This is our way of getting- helping get some grassroots activity off the ground. So, please, please tell a friend. And finally, we are very happy to see you here for this webinar. We thank all of you who are contributors to NAAFA who help us provide these webinars for free to the greater community. Today's webinar is, will be available in transcript form after the webinar and will be available on YouTube if you're watching it on YouTube now, hello. If you're watching live from anywhere in the world, we thank you for being with us this morning. And we do have two webinars that are in the works for August. The first is about- will be a panel of folks who have worked on legislation to protect fat rights in their communities. And that is date to be determined.

And then, and then the others that are in the works are actually still a little bit too in the works for us to reveal additional details, but we'll be telling you about those soon. And,

of course, we announce these things on our social media on our website and through our NAAFA newsletter- which you can sign up for, for free.

Now, with no further ado, I would like to introduce you to Nancy.

And let me pull up my notes. Pardon me. One moment I apologize for the delay. I lost my notes. Here they are! I'm so sorry for the delay.

Nancy Ellis Ordway is a psychotherapist with more than 30 years experience, specializing in treating eating disorders, body image issues, stress, anxiety, depression and relationship issues. She has a private practice in Jefferson City, Missouri. In addition to a master's in social work degree from Washington University, she completed the advanced psychodynamic psychotherapy training program at the St. Louis Psychoanalytic Institute, and a PhD in health education and promotion from the University of Missouri. She's the author of "Thrive At Any Weight: Eating to Nourish Body, Soul, and Self-Esteem."

We have provided links for Nancy's books and all contact information for Nancy in the chat and we'll provide those again at the end of the webinar.

Friends of all genders I am pleased to announce to you, Nancy Ellis Ordway. Take it away, Nancy.

Nancy Ellis Ordway (NEO): Thank you. Thank you, Tigress. And thank you, Darliene, for making all of this work because the tech part of it is way beyond me. So, is this where I start sharing the screen so we can see the slides? Okay.

(begins sharing slideshow)

There. Is that working? Okay.

I would like to, I would like to start with, with a statement that I'm going to read just to make sure I get it right. To open, I would like to acknowledge that I am speaking to you from the traditional territory of the Osage, may we honor with gratitude the land itself and the people who have stewarded it throughout the generations. While the land acknowledgement is not enough, it is a social justice and decolonial practice that promotes indigenous visibility and a reminder that we are on settled indigenous land. If you don't know in whose traditional territory you live, I encourage you to find out. I

always when- I listened to the introduction about myself I always think, “Gee, that makes it sound so, like”- those are just things that I did along the way. But, I have been working in this field for a very long time. I'm a social worker by training, which means that I look at the person in the environment. I look at not just the individuals, but also how does the individual fit into their family, their community, the world in general. And weight stigma is very much part of what our culture teaches us. It's not something that originates from inside of us.

I started some years back. In 1985, I started working on an inpatient eating disorder treatment program at a hospital in St. Louis and it became clear to me fairly early on that a lot of what was driving eating disorders was a response to societal attitudes about weight and body size. And that's when I first became interested in it. So, I came at this from a little bit of a different angle than from a lot of other people in the field. But, because I am interested in culture and how, how it interacts with individual quality of life, this has become something that I'm really quite passionate about. The talk that I'm doing today is based on a presentation I did last year at the International Weight Stigma Conference in Canada.

Most of the time when I do presentations, I have to start out by explaining what weight stigma is and why it's a bad thing. And why the attitudes that we have about weight and health are wrong. So, it's really refreshing to be able to talk about something that's much more specific within that field and not have to spend a lot of time talking about that. If there's anyone here who's not really familiar with the concepts behind weight stigma, I did write a blog post just sort of an introduction to weight stigma that you can find on my website. (Weight Stigma: An Introduction, <http://neomsw.com/wordpress1/weight-stigma-introduction/>)

Working in this field, one of the things that- there's an historical perspective to this sometimes that I think people who are newer to the field have missed out on. That there was a period of time when the whole push about weight loss was so much tied into health that, “Oh, you have to lose weight in order to be healthy.” And then the pushback was about, how do we separate those two things? So, there's been in the field, more of a focus on health, that maybe is not serving us well now as it used to. That there, there've been people who've talked about the concept of “healthism”- the idea that we all have to be healthy. That we have a responsibility to be as healthy as we can. And that poses a problem for people who have chronic illnesses that, and even people who just simply don't want to work that hard at being healthy. How do we make this whole idea more accessible to people? So, I tend to think of things more from an attitude of quality of life. Within your circumstances at the moment, how is your quality of life? And,

what are you open to thinking about doing to improve it. Which is a little bit different from what gets pounded about weight loss and health from a lot of different sources in our culture. So, I would like to quote Lucy Aphramor. This is from her, from her website, about healthism. "Is a belief system that sees health as the property and responsibility of the individual. It's assumed that health is something that is under individual control, and it makes the pursuit of health a moral obligation. It ignores the impact of societal influences such as poverty oppression, war, etc., and protects the status quo that leads to victim blaming and privilege. And it increases health inequities and fosters internalized oppression." To judge a human being's worth on the basis of their health is healthism. And, it's a problem.

And this is a quote from Sonya Rene Taylor's book, *The Body Is Not An Apology*. If you haven't read it yet, what are you waiting for? "Health is not a state that we owe the world. We are not less valuable, worthy, or lovable just because we are not healthy."

One of the, one of the pieces that gets overlooked frequently is social determinants of health- there's a number of places online where you can find more information about this. That the idea that health is something that we control ourselves and it's based on our behaviors, is really very, very misleading. And, yet, you see that constantly. There was just posts on Facebook recently about, "Why doesn't everybody understand that the way you eat controls whether or not you get cancer, heart disease." That's really not accurate. That the influences of health are very much, much more based on our circumstances, and on our biology, and on our physical environment than it is on our health behaviors. But, health behaviors only account for about 30% of health outcomes. And yet, the idea of healthism is it's up to the individual to focus on changing their health behaviors. Which then is a really good reason, a really good excuse to not work at all on these other things. Socioeconomic status is a much more robust predictor of health than behaviors are. Very simply put: rich people are healthier than poor people, kind of rich people are kind of healthier than poor people. If you want to be healthy, be rich. If- or, at least don't be poor.

The book that I found incredibly helpful on this topic is Michael Marmot's book, *The Health Gap*. I do have to make a little bit of an apology. There's a couple of places in the book where he refers to obesity as a behavior, which is kind of problematic, but it's just sort of in passing, it doesn't take away from the value of the rest of what he has to say- that he defines quality of life as having the means to participate in society with dignity. Let me say that again, the means to participate in society with dignity. I think that's a really powerful idea of how often do we not let people participate in society with dignity. Any barriers, put in place to- that are barriers that we can look at and think about what

can we do to change that. And the inequities in power, money and resources are the fundamental causes of inequities in health. And he talks about social gradients and health and these are the things that he's identified as being really particularly important. And I'm including this because it gives us a place to start, that's not about focusing on individuals. The importance of early childhood development in providing people with the resources that they need for that. Education and lifelong learning. If you're watching this seminar today, you're interested in lifelong learning. Then employment and working conditions are things that can be studied and improved. He talks about having a minimum income for healthy living. Also healthy and sustainable communities- what can we do in the communities to make them work better? And if we're looking at prevention, to take a social determinants approach instead of an individualized approach.

One of the examples that he used, that I just found so fascinating I have to share it: nitrogen dioxide exposure is 38% higher for non-white people than for white people. If we could reduce that to being equal, if we could simply reduce that one area of pollution, it would have a health equivalent to improving ischemic heart disease. That would be equivalent to getting 16 million inactive people to increase physical activity to 150 minutes a week. So, if you can imagine that. What would it take, if there are 16 million people who are sedentary, if we could get them to be active for 150 minutes a week. That would be an equivalent health benefit of simply reducing this particular pollution and nitrogen dioxide to being equal for white and non white people. I just find that very powerful.

That leads me to the idea of a neoliberal focus on individual responsibility. The idea that all of us are responsible for ourselves, that the concept of pull yourself up by the bootstraps- the way comes into weight stigma is focusing on individual people and getting them to change their behavior in order to lose weight, and to be healthier instead of looking at the much, much bigger picture of what we can be doing at a societal level. It's also about what responsibility does the individual have to the community and what responsibility does the community have to the individual? That if we put the emphasis on individual responsibility we're completely overlooking community responsibility. And this also ignores power in equities, that some people in our society have much more power than others, and there's all sorts of variations, in that all sorts of gradations in that, that are important to look at if we really want to improve quality of life for everyone. The focus on individual responsibility tends to be very profit-based, as people who are making money from these ideas are very invested in helping them continue. One of the, one of the concepts that goes back to early days in this country's concept of the "worthy poor"- that poor people were only worthy of help if they were already behaving well, if they were already doing everything right. And then, they might just need a hand up. But,

if people were not behaving in ways that were approved by the people with more power in the community, then they were not worthy of help. And then there was a tendency to address these issues with education, "Oh, if we just educate people better about how to eat better, how to invest their money better, how to save money better, how to not spend money on coffees instead of putting into a savings account"- that we just need to educate people. And when there's a power hierarchy, the people who are higher in the power hierarchy very rarely really understand how the people that they are trying to help experience life. And if they don't make an effort to learn that and understand that, then the interventions are not going to be valuable and are not going to be helpful. That, particularly with food, when we impose middle class food values on populations that are already marginalized by poverty, we're just widening the divide between the haves and the have nots.

Sonya Rene Taylor talks about how the media "has become the economic juggernaut for the structure of this, this phrase- the global capitalism- to generate wealth off body shame- the global body shame profit complex. The body shame flourishes in our world, because profit and power depend on it." If we started talking about how individual change is much more difficult and that we need to be focusing more on social change, that would take the pressure off the individuals. But the body shame profit complex, would not make as much money from it. When we think about this, when we think about what is modifiable and what is not modifiable- That when the focus is on modifying bodies, then it's easier to ignore the fact that we need to modify structures. That's individualism and then that becomes toxic- that the focus on individual change let's us ignore the other things that need to be done. That weight stigma throughout the culture preserves the system- the systems that maintain the inequities that contribute to poor health. They reinforce the existing hierarchy, with its intended privilege for white and able bodied, well educated people in areas that include research policy, education, medicine, public health, clinical treatment fields and urban development. That, even within the field of- how do you kind of intervene with cities, with neighborhoods, to try to make them more healthy. The focus is so very often on, "Well let's make walking paths so people can get out and exercise." "Let's make sure that we have a food truck that comes in once a week with fresh produce." Those are great things to do, but they're not addressing the social inequities that are involved in poor health.

When the people in power are making these interventions and designing these programs, then they develop the ability to label differences as undesirable, and then that stigmatizes those differences from a place of power. That if the people who are sitting in boardrooms designing these programs are addressing them for those people over there, then there's a sense of othering in that, and it reinforces the power

hierarchy. The people who are in charge of those programs have an ethical responsibility to examine the use of that power very carefully, and especially when the programs are aimed at already marginalized people. There's very much an intersectionality here, and weight stigma has a disproportionate impact on people who are in otherwise marginalized identities already- whether that's people of color, people with disabilities, people who are living in poverty that I don't have the ability to address the intersectionality but it's certainly very much there. But when we define those differences in individual biology or individual social circumstances, when we define those as physical or mental or social pathologies then social change is no longer seen as necessary. We just have to change the individuals. That institutionalized bias then becomes an excuse for inaction when it regards efforts to address disparities in the social determinants of health. I think a word that's important here is meritocracy, which is an interesting concept. It's again, "pull yourself up by the bootstraps." It's the idea that people who work hard and have talent are going to rise to the top, which then means that anybody who's not rising to the top it's their own fault for not working hard enough or not being talented enough. And it completely ignores all of the social inequities of where we all start from. It ignores the privilege that we have coming from, like, for instance, in my personal circumstance, my father went to college on the GI Bill. He served in World War Two, because of the GI Bill, I was then able to grow up in a comfortable and affluent household, I was able to go to college, and I was able to start a career, from a really good jumping off point. There were a lot of people who were eligible for the GI Bill after World War Two, who were not able to go to college and get a degree, because most of the colleges still did not admit people of color and didn't admit women. So, acknowledging that privilege is challenging to people who have it. But, if we're not acknowledging that privilege and not saying, "Okay, I need to understand that in order to understand the people that I'm trying to work with and help, then the interventions are not well designed.

But, that idea of meritocracy, that idea that self determination combined with effort will result in achievement and prosperity, when we apply this to body size specifically, this results in fatness being seen as a failure of character or a moral defectiveness- people are just not working hard enough. And at the same time, those anti-fat prejudices lead to lower socioeconomic status, greater social disparities, especially for women. It's much harder for women to get ahead in this world, if they're in a larger body.

Virgie Tovar has this wonderful quote about "dieting maps seamlessly onto the pre-existing American narrative of failure and success as individual endeavors." One of the reasons that the focus on body size is used so often, is because it's just a lot easier. It's much easier to measure weight and height and figure out a BMI than to measure actual

metabolic markers of health such as blood pressure, cholesterol, insulin resistance, or any measures of mental health- it's much easier to just put people on a scale and decide that that tells the whole story. When we measure the health of the community based on weight- that's much easier than measuring all of the factors of quality of life, such as available employment, access to safe water, access to overall health.

The one of the examples is, there's a program here, in my town, called "Healthy Communities". And they've done some really good things. They've had interventions to encourage people to exercise more, they've gone into the schools and made sure that there are snacks that are available that are not highly processed foods or sodas. They've done some really good things when you look at the interventions. But their outcome measure is still childhood obesity, that they're trying to reduce childhood obesity and that disconnect is something that you see a lot of places once you start looking for it, because it's just much easier to measure the heights and weights of all of the kids and look at whether or not that's changing, rather than to look at some of these more subtle changes in the community.

So, interventions that are aimed at lowering average weight can be very straightforward and uncomplicated, and they also have the individual benefit that if it fails, the failure can be blamed on the individual for not working hard enough, rather than looking at the program itself and saying that maybe the program was poorly designed, that we can say people are non-compliant, which is a really powerful phrase depending on how it's used. And the idea of being non-compliant is very much based in a power hierarchy- that the people in power get to decide whether or not the people they're intervening with are being compliant. And there's also a real absence of understanding about actual life realities. That it's hard to understand if you've never ever been in a position of being at the end of the month and there's no money in the house. It's hard to understand why it's so hard to put \$5 into a savings account every month. The idea that systemic- these are systemic problems, they cannot be solved through individualized solutions. But then individualized bias then becomes an excuse for inaction regarding any sorts of efforts to address any disparities in the social determinants of health, because those are much more complicated to address. Interventions that would target social disparities such as poverty, pollution, racism, and oppression, those are much messier, much more expensive, and much more complicated. That even though they've been shown to improve the health and quality of life for individuals, and for communities, those interventions require a much larger commitment of time, money and collective political will, at all levels. It's hard to come up with those kinds of interventions when most people are still thinking well it's just up to the individual to do better, to learn more and

make better decisions. They're also- those ideas are very unpopular amongst those who benefit from the status quo.

So, what are some ideas for things to address this and I'm sure most of you have already thought about some of these things. But, it's- sometimes it's hard to come up with actual interventions. When I did this program last year at the weight stigma conference we brainstormed some ideas at the end, and wrote down a lot of them and so I've included some of them in this list so these are not all mine. Some of these are from the participants in that workshop. Can we focus on a well-being solution rather than a weight solution? And this also comes from other people's work in this, in this field. Can we, when we're talking about it, can we reframe stigma as discrimination, rather than blame? Can we make it more about systemic inequities and oppression and discrimination rather than individual blame? Can we check our own privilege, can we increase empathy? Telling stories is much more effective at helping people understand new concepts than trotting out a lot of data and information- which is really hard for me because I'm all about data and information- but the stories really make a bigger difference in how people feel. That if you are a person who has managed to escape a disadvantaged living situation, can you acknowledge that in your stories about it? Can you acknowledge when you have a hand up? And can you acknowledge how difficult it may be for other people to get out of the same circumstances? The concept of a self-made person- none of us are entirely self-made. All of us benefit from the work and the help of other people. When possible, can you use your privilege? Can you think of times that you can speak up, without speaking over other people's voices, but, can speak up where someone else might not be heard.

One example of that is, if you have thin privilege, if you're living in a body that is not experiencing a lot of weight stigma in the one thing to do is when you go to the doctor's office, refused to get on the scale just to make the point that the number on the scale is really not that important. Thinner people can get away with that much more easily than heavier people can. Look at what the public health policy initiatives are in your community. Find out if there's a healthy community program that you could get involved with and volunteer on the board for. Is there a wellness program in your local school system? And can you volunteer for that? Assuming that we're ever able to go back to meetings in person with each other again- I'm sure they're having zoom meetings now. When you do get involved, point out that using health as a mark or using weight as a marker for health is lazy. It's lazy and it's convenient and it's not really measuring health. Can you encourage the use of peer advisory groups and people with lived experience before you design policy and interventions. Can you also intervene with sort of the internalized dialogue, if somebody's kind of coming from the point of view, "I don't need

this but other people do,” ask them to really question where their assumptions might be incorrect.

Be aware of and point out the possibility that co-opting can happen to maintain power as well. If you work in a place, in a large facility, question the hiring practices in your workplace. Question the teams that are doing the work, especially in developing policy. Are there fat people on the teams? When it is the- one of the participants in that workshop mentioned the “Bridges Out of Poverty” training, which I have to admit is something I'm not particularly familiar with, but, apparently it's a really good training for helping people examine some of these internalized ideas.

Also encourage social support within marginalized groups. This is one of the great, great benefits that NAAFA has brought to the world, is giving people a place where they can be with other people who are in the same situation and offer social support to one another. There's very much a stigma buffering effect when we can be with like others and support one another. When we're in a marginalized group.

Something that I've sort of started taking as my own personal kind of symbol or logo is the tugboat. That pushing back against social inequity can feel really overwhelming and really huge. And I like to think of tugboats- if you've ever seen, like, a huge ocean liner that steams through the waters of the sea with great majesty, but when it comes into court, it can't maneuver. So the tugboats come out, the little tugboats, and they bump and they bump and they come in over time, they change the direction of where the ocean liner is going, and they bring it safely into port. I think we get all the tugboats, that we may not be able to make big changes. Just keep bumping. Just keep out there, and pushing a little bit at a time, eventually the direction changes. This is social justice work.

I know that there are a lot of social justice issues right now that are at the forefront of everyone's mind, and those are all certainly very important, but weight stigma is a social justice issue as well. A social justice- social justice does not ask if the glass is half empty or if the glass is half full. Social justice asks, do you know the glass is refillable? Is someone or something stopping you from refilling it and what are we going to do about that?

This is one of my favorite quotes from John Pavlovitz, “I don't speak to the bully to change the bully, I speak so those who are being bullied can hear”. And I think there are a lot of times that we feel like we can't speak up to somebody who's saying something that's harmful and wrong and damaging. But if we speak up to that person, that person may not change at all, but somebody's listening. Somebody's listening and somebody is

going to see that the bully is not right, or the bully is not just assumed to know what they're talking about.

And I've left quite a bit of time for questions and answers. This is kind of my final slide that when I'm doing in person talks I leave this up on the screen while we're doing questions and answers. But, I do want to also mention- a picture of my book, with a wonderful cover photo by Lindsey Ashline. And I have some references included here. There are also, in the links, there are also some additional references in the blog post that I just put up about weight stigma and introduction.

So, I think that's all my slides. Right, yeah. Stop share. Okay. Now I can see people.

Tigress, what questions do I have?

TO: So, everyone if you've been holding your questions, you can go ahead and start entering those in the chat. And if you would like me to tell Nancy who is asking the question and where you're at, please include that in your question. Otherwise, I'll just leave it as, "We have a question in the chat". And I'll give y'all a minute to enter some more questions. In the meantime, Nancy, I wanted to ask you- I'm going to start with one of my own questions while we give people a minute to type their questions there. You talked about the concept of the "worthy poor" and another phrase that I have heard people use that I think maybe connects with that is the phrase "respectability politics,"

NEO: Ok.

TO: Where we have an expectation that is this sort of similar concept that if people are not behaving the way that we think they are supposed to behaving then they are not worthy of the same rights or respected as we are. Are you familiar with that phrase, do you think-

NEO: No. I just wrote it down so I can look it up and study it some more because that's a really good phrase.

Yeah, the phrase "worthy poor" sort of comes from social work history and they called them the "friendly visitors", like back in the early part of the 20th century in the 19th century, but they were basically well-meaning rich ladies who went out and called on poor people and took them baskets of food and told them how they ought to be living. And part of the reason I went is- This is very unusual for me. I've never done a talk before where I couldn't see anybody's faces. But that's a phrase that, when I use that

phrase, usually there's at least one person in the audience who goes- Like they've never heard that before. But that was something that was part of social support networks for centuries and centuries- that it was only the people, that whoever was higher in the power hierarchy, they had to consider that somebody was worthy before they would help them out.

TO: So, I think when I've heard “respectability politics”, I've actually- I'm most familiar with it as sort of an in-group term that we use in Black Community to talk about people- It's sort of about internalized racism and the way that we expect people to behave the way white people want them to behave in order for them to be good enough to not embarrass the rest of us, sort of. So, I don't know the sort of etymology of the phrase or the sort of academic breakdown of the phrase, that's the way I've most often heard it used. And I'm wondering if you think there's a parallel in Fat Community for that usage- at least where we sort of- where we're the ones using the stigma that is benefiting people in social policy making.

NEO: I know one of the places that I've seen the phrase, “good fatties and bad fatties,” I know Reagan Chastain talks about that. That if you are living in a larger body, there's this expectation that you should be trying to lose weight- you should be doing all of these things to make yourself into what is socially acceptable. And then if you're not doing those things then you're a “bad fatty.” And I think that plays out on individual levels and community levels and and societal levels as well, that the idea that even within like health interventions in a community there's still that idea of what you need to be following the rules, you need to be doing all of these things, or else you're non compliant, which is a phrase that just- I've heard it, I mean, there are a lot of ways that it can be used in a neutral way but most of the time it's not. That non-compliant implies that somebody's not behaving the way somebody who has more power thinks that they should.

TO: Right. Right.

Yeah, and the “good fatty, bad fatty” idea can relate to everything from healthism to fashion regulation and all kinds of standards.

All right, let's look at the chat and see what other folks are asking.

“Nancy, what tips do you have for dealing with physicians?”

NEO: Oh, yeah. That one's- yeah that's like a whole book topic. And in fact, while I'm talking about that, I'll plug the fact that Heather Brown and I are co-editing a book, that's to come out sometime next year. The title is still to be determined. But it's a collection of writings by different people about addressing weight stigma in the medical community. And in training, like in medical schools, in physical therapy schools, in nursing schools, that- how do we help people who work in that field understand more about weight stigma and how damaging it is? So that's coming.

I actually have a chapter in my book about dealing with going to the doctor. Things like take somebody with you if you feel like you're going to need an advocate. There's- This one's kind of tricky. To say, "What intervention would you recommend for a thin person?" can be a way, in the moment of getting the doctor to maybe respond a little bit differently to you. But it also reinforces the idea that thin is better, and it reinforces a concept of healthism. But, I think you get to make your own decision if you want to use that one, because that one can get a different response from the doctor.

TO: We do have- NAAFA does have- one of our most popular resources actually available on our website is a brochure on tips for things that you can do and say when you are- And I think our board chair is just into that into the chat - And if you're watching this on YouTube, we'll try to remember to add it to the captions, a direct link to the brochure that we have developed on guides for dealing with health care providers. (NAAFA's Guidelines for Healthcare Providers: https://issuu.com/naafa/docs/2017_guidelines_for_healthcare_prov) So, that might be of use for you too and Nancy also mentioned, Reagan Chastain. And I know Reagan Chastain, on her website, also has a document that is further sort of shoring yourself up mentally and in terms of practical tips for things to do when you're dealing with healthcare providers. Nancy, do you have an idea of something that you would suggest other than bringing someone with you at these times when most doctors offices will not let you bring someone with you?

NEO: I think the most important thing. The most important thing is if you're dealing with a problem with a medical professional, is to remember that the problem is the weight stigma in that person. The problem is not your body. And to be able to, if you can, operate from that point of view. But it's not- there are a lot of things. Being able to go in with your own information.

Okay, I have to, I have to share, first of all, maybe this is kind of a little bit of a brag. I had knee replacement surgery, nine weeks ago, and I went to the surgeon that everybody in the whole area recommends. He's a very nice guy, but he's very tall and

he's very thin. And I happen to know, through the grapevine, that he's one of the people who recommends weight loss sometimes for people with knee issues.

Deb Burgard recently collected several different medical articles about outcomes for knee surgery and hip surgery for people in different body sizes. So, I went through and I downloaded and copy/pasted the abstracts of every one of those articles and printed them off and took them to him as I was coming in for surgeries, like, here I brought you some things to read.

I don't know if he read them, or not, but, and I acknowledge that I'm also coming from a place of privilege because it's rare for me to have a medical professional telling me that weight loss would be a solution to a problem of mine. And he had not said that to me. But to be able to go in with information, or at least look up the information for yourself so that you have a place of confidence that you can go with when you get there.

But, yeah, there's all of the resources that you've talked about.

(Inaudible) list of things to do when going to the doctor's office and being aware of- If you feel shame in the encounter, that's because the other person is operating from a place of weight stigma. It's not something that's wrong with you.

TO: Yeah, and because the entire industry is operating from a place of weight stigma. So, even if you- otherwise- Even if you have a doctor that you like otherwise, that you think is knowledgeable otherwise, you know what, Nancy said earlier in her presentation about the way that we default to scales, because they are an easy tool- Even these folks that have many other tools available to them, this is the tool they don't have to get approved by insurance. In fact, this is the tool that many insurance companies are encouraging them to use. They are being encouraged by insurance companies, or, sometimes required by insurance companies to track your BMI- even though that's well refuted junk science, in my opinion. But you can find lots of research about what's wrong with BMI.

So, even if you like your doctor otherwise, even if your doctor is giving you great advice otherwise, they are being incredibly pressured by their entire industry, and sometimes required by structures larger than their own practice, to engage in these weak discriminatory and weight stigmatizing behaviors.

So, one of the other ways that you can shore yourself up is if you have - I know this question was for Nancy, not for me, but I'm just gonna tell you- If you have a diagnosis,

or a diagnosis that you anticipate, or that you walk out of your appointment with, there are many support groups, and social media, particularly on Facebook, that are specifically for fat people with particular diagnosis. And, that will help you identify other people who are, at the very least, you know, sources of support- as Nancy said earlier some stigma buffering- for, you know, being able to be in the company of other people who are doing the same thing that you are. So, I would recommend that resource as well.

Nancy, I only hear about- Where did it go? I've only ever heard academics talk about weight stigma, are there pro-fat movements in lower-income communities? Another question from the chat.

NEO: Wow, I don't have an answer for that.

I think these kinds of groups often just sort of happened organically at a grassroots level. And then people branch out and get more information and find one another. I think the social media has been a great benefit to helping people find one another. Because these are, as we all know, these are not popular ideas and attitudes and it started with email, people finding one another and now it's Facebook, and other social media that I don't understand very well. But, I think, I've seen some people talk about being able to get together physically in person, back when we could, get together with people in the same geographic area. But, I think that stigma-buffering effect can happen from Facebook groups as well.

TO: Yeah, definitely.

I mean, I think that, again- question for Nancy but one I'll share a little bit of information from- About the roots of- The roots of the fat liberation movement are not in academia. They're not. The roots of fat liberation movement are in folks grassroots organizing. Small groups of people, like, radical firebrands getting together to demand that people treat them better or to say that we're going to live our lives whether people like it or not. In the 60s, in various cities across the United States, I'm thinking particularly of the Fat Underground in the West Coast, and the founders NAAFA in the east, and some other grassroots movements. There's a great history of Fat Liberation movement that is available on the NAAFA website. There are lots of books there. There are lots of resources that are listed on the NAAFA website. But, of course, when we started talking about books that leads to some of the tracking of the more academic pieces of movement.

But, the Barbara Bruno's history on the NAAFA website is not only the academic pieces of the history. So, there, you can look at some of those resources. I believe that Nancy's right. Social media has made it a lot easier for folks of varieties of walks of life to find each other. But definitely there is movement outside of academic circles.

NEO: And I think, in any field, that it takes a lot of courage to speak to power, that it can be risky. It can be risky to show up at a city council meeting and stand up for a viewpoint that's not particularly popular, or to any other kind of- any other sort of power structure. It's risky. It takes courage to speak up and we all get to make our own decisions about when we're able to do that and when we're not. But certainly, again the stigma buffering effect of having a group, even if it's only three or four people- that can help people take the risk of speaking up. That's something that we've seen with the protests in the last couple of months, that the more people show up, the more people show up.

And it's- but it's still risky. I mean, the protesters are still physically putting themselves at risk. So, there's a balance of what as individuals we have to- We get to make our own choices about what we're willing to do and what we're not willing to do. Did that kind of fit with what you're asking?

TO: You can- the person who posed that question- you can ask a follow up if we didn't address enough of what you wanted to know, or if you have some follow up questions to go along with that to talk more about lower income communities and how fat movement can be reaching them.

Let's see. Oh, that looks like a follow up to that one. So I'm going to ask that before I go on to another question. The left activists, in general, do not include weight stigma yet. Do you see elements of hope out there that change will happen?

What do you think are people on the left- are progressives- still missing the point when it comes to looking at fat stigma as one of the social issues that, that they should be focusing on?

NEO: I like to think that something that is getting better. I like to think that it's something that people are understanding more. I appreciate the people who have talked about intersectionality. And in bringing that more into the conversation that the work of Roxane Gay and Sonya Renee Taylor and Virgie Tovar and there's somebody else really important I can't think of right now, the people who are bringing that more into the forefront I think are doing really important work and I think they're being listened to, that people go to. - Ijeoma Oluo- I think people go to their work, and then learn something

new about weight stigma as well as racial injustice, or some of the some of the disability activists looking at the more we can- The more people are able to see it as part of the bigger picture, yes, I do have hope that it's getting better. I wouldn't be doing this work if I didn't believe it was gonna get better.

TO: Next question. I- This one is from someone who is a non-diet slash weight-neutral nutritionist, who says they see, all the time, people who are having knee replacement surgery, or people who have arthritis, and who are having their doctors tell them that they have to lose weight to put less stress on their joints, etc.

This writer says they know that Lindo Bacon addresses this, and they're just wondering what advice you have on how to deal with this. How to deal with medical establishment telling you that you have to lose weight in order to get the medical treatment that you need.

NEO: That's it- That's a really, really difficult dilemma on a lot of levels. And in, again, there's a power hierarchy. It's really difficult to argue with a doctor. If you have the ability, and the privilege, to change doctors- to look for another doctor- that's that would usually be the first thing to try. Because there are more weight neutral doctors out there. If that's not possible, for whatever reason, being able to- And again, individuals get to decide what they're willing to do- Can you argue with the doctor? Can you say I've looked at this literature, can you show me data that says that about a program that works long term, and doesn't have bad side effects. And sort of challenge that. But sometimes, sometimes it's just really, really hard to do, especially if you live in an area where there's limited medical programs available.

If you live in a place where there's only one endocrinologist within 60 miles. That's a very, very difficult dilemma. And, I know there have been a handful of people who've worked with lawyers to push back against that. But it's- That's a problem that, that we're still a long way from being able to address.

TO: Yeah. We are- We hear this from our members a lot too and we haven't created a solid database of resources or advice for this either. It's sort of an ongoing thing, and like you said, Nancy, there's been some individual solutions but there's not a kind of across the board solution that fits every context in every geographic location. It is interesting to know that the medical industry seems to have found a way to safely perform one kind of surgery on people who are and size.

And often recommend that kind of surgery to people who need to have other kinds of surgery. So, they seem to have been able to figure out a way to grapple with how to safely perform surgeries when it's to their economic benefit. But that is a subject for another day.

Next question from the chat- And folks we have probably about 10 more minutes to do questions with Nancy so if you have any last questions go ahead and get those into the chat soon.

Next question from the chat. I believe there is less stigma, among African American communities. Is there any research on this? Nancy?

NEO: I believe there is research on it. I'm not immediately familiar with it.

I do know that, or at least this is my impression, part of that has to do with advertisers and with weight loss programs- that they're going to target with people they think are most receptive to the message and most receptive to giving up their money to be involved in a diet program. And for years, that demographic was middle-aged white, rich, women, or upper middle class, and middle class white women. There- I've seen things where, now, some of them are shifting their targeting. They're targeting African Americans and Latinx people, because there's this perception that it's more tolerable to be fat in those communities. So, let's see what we can do to shift that perception and make it not be okay. So that we can sell more products. And that's another piece that maybe I should mention that the driving force behind a whole lot of this is \$64 billion a year diet industry. That they're making a lot of money and they can afford lobbyists and they have influence and they influence which research gets done. They influence what research gets published. And, that's where a whole lot of this comes from. That before the dieting industry became so huge, there was still some weight stigma, but it wasn't nearly as bad as it is today. Not even close.

TO: Yeah, the effects of diet industry definitely have changed ideas of body image in lots of cultures. And, we do see research on that as American and European media makes its way into other cultures- how that affects those cultures in terms of body image. There are some cultural protections around about body image in different cultures, both in the United States and across the world, that do have an effect on weight stigma and how people perceive themselves. The pervasive idea that African American culture stigmatizes weight less, I would say, is more accurately stated that African American culture stigmatizes weight differently. As someone who- As a Black woman, as someone who works regularly in Fat Black Community, I will say that one of

the challenges of fat, Black women, in particular, participating in mainstream Fat Liberation Community, is the pervasive idea that we shouldn't need Fat Liberation politics because it's already easy for us.

And, so, I'm not implying, Questioner, that that's what you said. You asked a very specific question about research and about whether this perception was true, but there is that misperception in community that we hear a lot, that, you know, we wouldn't have the need for all the people that Nancy just mentioned, the Sonya Renee Taylor's, the Ijeoma Oluo , and-

And I'll shout out Ivy Felicia, who runs a program called Fat Women of Color, that has the social media elements, and like its own social media community, that is affinity space for fat women of color.

You know, we would, like- We wouldn't all be doing this work if we didn't have stigma in our own communities and in the greater community, and in the greater culture. And then there are additional, particular, stigmas that come along with being fat, Black women in the greater culture, particularly stereotypes that come along with that. So, it's a different challenge.

I also will give a shout out to Joy, Dr. Joy Cox, who was the keynote speaker at NAAFA's 50th anniversary conference last summer. And, he has a book coming out this fall, and it's particularly about fat, Black, female experience- about her fat, Black, female experience and some of the research she's done about fat. I think she concentrates on cisgender women, but it may be about Fat Black women and Femmes of all gender identities. So, I'll give those shout outs in response to that question.

NEO: I was gonna mention that as well. But, her book is coming out this fall. I'm looking forward to it.

TO: Yeah, and we do. I did just recently confirmed with her that she will do a webinar with us when her book debuts in October, so you all can look forward to that as well.

Do we have any more questions from the chat? Let's see.

The name of the speaker- We have a question to repeat the name of the speaker we just mentioned. I'm not sure if that's one of the ones I just mentioned or one of the ones Nancy mentioned. In the last few minutes we've mentioned Dr. Lindo Bacon. The National Conference speaker was Dr. Joy Cox, and you can find her on social media

under “fresh out of the cocoon”, and Dr. Joy Cox. Sonya Rene Taylor we've already mentioned, and put some links in the chat for Sonya. You mentioned- Nancy mentioned Virgie Tovar.

And who else did you mention?

NEO: Roxane.

TO: Roxane Gay.

NEO: Yes, thank you. Blanked on the last name. And Ijeoma Oluo.

TO: And folks that are here with us live, if there are other folks that you would mention regarding anything that Nancy's talked about here. We're thinking, right now, particularly about women of color who are doing work around fat stigma. But, anybody else that you would mention. Oh, Dr. Lindo Bacon, of course, is a long-term fat stigma researcher, not a woman of color, but well known in our community.

We don't have any other questions in the chat, Nancy. So, I'm gonna wrap up here with what-

We do have a request, Nancy, that you repeat the- what you said when you showed this slide about the glass half full. Would you repeat that social justice for us about the glass half full.

NEO: Social justice does not ask if the glass is half empty or half full. Social justice asks, “Do you know that the glass is refillable? What, or who, is stopping you from accessing that and how do we fix it? What are we going to do about it?”

TO: Thank you.

And we'll end with a question I always like to ask to make sure that there's anything that we didn't cover that you would like to cover. Is there anything that I didn't ask you, or that our participants didn't ask you, that you really wish we had asked you? Something that's not in your presentation that you really want to share with us, that's on your mind

NEO: I have to say, this presentation is really sort of a narrow slice of the bigger work that I've been doing. That, again, I did this specifically for a conference- that the whole conference was already on weight stigma- so, I needed to find something, a relatively

narrow focus. All of these other questions are really great questions and they're all issues that deserve being addressed. But, it's just, it's a very big issue and there's a lot of pieces to it. And it takes all of us working together to make some sort of headway. We all need to be tugboats.

And I do want to mention that I have, actually, two chapters in my book are about weight stigma. And, I go into a lot more of the background and the research behind some of it. So, if people want to know more about it, that's a place to look.

TO: Thank you so much, Nancy. Thank you for joining us this morning.

NEO: Thank you for having me.

TO: Of course! Thank you for sharing all of this wonderful information with us, and also for sharing your platform and referencing so many other fantastic researchers and fantastic minds. Some of them highly academic, some of them really on their own without the backup of the Academy. And, so, thank you for that variety of folks that you have shone some light on for us this morning and this afternoon, wherever folks are all around the world.

Darliene, our Board Chair, will post once again, in the chat the links to where you can find Nancy and Nancy's work. And, we will include that in the captions if you're watching this later on YouTube. And once again, you can find us at NAAFA.org and on your favorite social media websites. Just search NAAFA and you'll find us. We're the NAAFA with the fat people, not the other NAAFA.

Thank you, once again, everyone for participating this morning, and we'll be back in August with some webinars about protecting fat rights through legislation, and many other fascinating topics in Fat Life. Thank you for being with us today. Take care.

Nancy Ellis-Ordway, PhD, LCSW

<http://neomsw.com/wordpress1/>

Weight Stigma: An Introduction

<http://neomsw.com/wordpress1/weight-stigma-introduction/>

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Book: *Thrive at Any Weight: Eating to Nourish Body, Soul, and Self-Esteem*

Available through:

ABC-CLIO

<https://tinyurl.com/ThriveAtAnyWeightABCCLIO>

Thriftbooks

<https://tinyurl.com/ThriveAtAnyWeight>

Barnes & Noble

<https://tinyurl.com/ThriveAtAnyWeightBN>

Sonya Renee Taylor's website:

<https://thebodyisnotanapology.com/>

Ijeoma Oluo's website:

<http://www.ijeomaoluo.com/>

NAAFA's Guidelines for Healthcare Providers:

https://issuu.com/naafa/docs/2017_guidelines_for_healthcare_prov