



#AEDchat, 2/14/14, Connecting Hearts with Bodies: Teaching Kids to CARE not COMPARE with Kathy Kater

(An incomplete accounting of the TweetChat with Kathy Kater and AED occurred on Storify at the end of this chat. AED compiled the questions and answers here.)

Dr. Mulheim:

Really excited to chat w/ [@KathyKater](#) . I helped bring her HB curriculum in to international school in china w/ [@teaching_health](#) [#aedchat](#)
12:05 PM - 14 Feb 2014

Q1 Is it harder today for kids to stay connected to and ♥love their bodies? Why?

A1a Harder! Pressures to compare bodies bombard us from both fashion & health. Kids are hit w/ both barrels.

A1b OB prevention = Size prevention = the right size/wrong size dichotomy = more fear of fat, disdain & body shame

A1c Wt stigma is up 66% <http://bit.ly/LQmGzI> since dire headlines abt obesity (OB) multiplied x 1000 <http://bit.ly/1fUjLPw>

A1d Even 5 yr olds get the memo. More than ever slim kids fear & fat kids R treated like the ugly duck <http://cnn.it/1iHglwL>

A1e Anxiety about prescribed standards drives disconnection. Who I am & what I need is lost to how I look & what I weigh

A1f How can kids connect with, ♥care for & take care of a body they have learned to compare and judge? They can't

Q2 But what about increases in childhood OB? Some suggest we need to fear fatness?

A2a Many believe fear of fat and wt stigma will motivate healthier choices <http://bit.ly/1jqVLZW> but the opposite is true

A2b Studies show worry about fat, body dissatisfaction & wt stigma lead to poorer choices & wt gain <http://bit.ly/1g05WRZ>

A2c Wt bias fuels bullying. Victims internalize stigma & lose motivation for self-care.
<http://bit.ly/1Y41SZ>

A2d If “size prevention” worked, maybe sacrificing body esteem for the greater good could be justified. But it doesn’t

Q3 The Healthy Bodies (HB) curriculum “promotes health instead of size.” What does this mean?

A3a Health-focused approaches promote healthy BEHAVIORS w/o regard to size. The resulting wt is explicitly NOT the focus

A3b Wt-focused approaches proclaim a wt “healthy” using BMI standards even if lifestyle choices are distinctly NOT healthy

A3c Health-focused approaches define “healthy wt” as an outcome of practices & principles that support well-being.

A3d Read a new perspective on “What is a Healthy Weight?” at <http://bit.ly/1os5AHC>

A3e HB is not pro/anti fat or thin; its wt-neutral—accepting that diverse wts result from ♥cared for bodies.

A3f The HB curriculum answers a call by @YaleRuddCenter for wt-stigma reduction programs
<http://bit.ly/1Y41SZ>

A3g HB is also a Health at Every Size® guide (® of the Assoc for Size Diversity & Health)
<http://bit.ly/1cqoxlp>

Q4 This curriculum is based on The Model for Healthy Body Image and Weight. How was the model developed?

A4a The HB model provides “antidotes” for toxic myths that fuel most body image & wt concerns today <http://bit.ly/1nqGtla>

A4b Ten lessons teach evidence-based, health promotion principles that challenge these toxic myths <http://bit.ly/LQE32Z>

A4c HB aims to inspire kids to invest in & know how to stay connected to & care for their bodies regardless of size

A4d Here is a link to the HB curriculum Mission Statement: <http://bit.ly/1IY6UmN>

Q5 What are the underlying principles of HB, and are these supported by evidence?

A5a Find supporting references for HB here <http://bit.ly/1eYEbZT> but I'll tweet some of the principles.

A5b Bodies are born to be diverse, thin to fat. Good self♥care supports the size that's right for you.

A5c "Size prevention" promotes wt bias; it is inherently stigmatizing, demoralizing, harmful, & just plain wrong.

A5d Internalized wt stigma leads to dieting or the flip side, complacency (why take care of a body if it's not any good)?

A5e Dieting is a failed method for size control, & reliably leads to poorer/disordered eating & frequently wt gain

A5f Self-acceptance & compassion increase self♥care & well-being. Comparing & self-criticizing undermine it.

A5g Health-enhancing behaviors for everyone w/o regard to size = everyone wins!

A5h "Valuing ourselves in a deep way makes us want to make choices that lead to well-being."
Neff <http://bit.ly/1bP9tRw>

Q6 Is there any danger in a size acceptance or "weight neutral" model?

A6a No. It is a universal, "do no harm" model promoting positive self-care in all.

A6b A growing body of data shows size-acceptance leads to improved odds of long term self-care <http://bit.ly/1aOMpUF>

A6c The only alternative is the conventional "size prevention" approach, which fails on every level <http://bit.ly/1cqf2CV>

A6d greater danger than size-acceptance is calling a weight “healthy” regardless of poor or disordered eating/fitness

Q7 This is a health promotion model. How is that different from a disease prevention model?

A7a Disease prevention is based on fear & aversion, which may motivate short term action but fades w/ time

A7b Health promotion is based on connection & ♥care, which can motivate for life

A7c Rather than what to avoid or NOT do, health promotion teaches what TO DO for self♥care instead.

A7d Health promotion follows this maxim: *Don’t support goals a dead person could achieve better.* Think about it.

Q8 What is included in the HB curriculum?

A8a First, help kids understand their CONNECTION to each other. Judging & bullying are mean and hurt everybody.

A8b Then science lessons teach the facts; what can/cannot be controlled about size/shape. Diverse sizes are innate

A8c “Taller shorter fatter thin; all are normal, all built in.” (One of the HB Building Blocks: <http://bit.ly/1g30Guu>)

A8d Kids do the “air diet,” learning why dieting doesn’t work, + how to eat & move mindfully, in tune w/ their bodies

A8e They discuss “What if the swan had stayed with the ducks?” & role models to help them feel good about who they are.

A8f Hx & social studies lessons help w/ resilience in the face of contradictory media messages and pressures

A8g Lessons are adaptable for all ages and venues, with fun, engaging, experiential activities

Q9 How do kids respond to HB lessons?

A9a Here are some teacher comments:

A9b Teacher: “Every day the kids asked if they got to have health. That has never happened w/ a health unit.”

A9c Teacher: “I wish you could have seen how this material produced magical moments in the classroom.”

A9d Teacher: “I questioned the need for this until I overheard two of my 4th grade girls talking about feeling fat.”

A9e Teacher: “One of my students said, ‘Thank you.’ No one else had ever said her fatness might be partly genetic.”

Q10 Are there any outcome studies?

A10 Abstracts for 3 pilots are at <http://bit.ly/1dDczVI> Results are positive but long term, controlled studies are needed.

Q11 What can people do to get the HB curriculum into more schools?

A11a Schools know EDs are dangerous but affect a relative few. Tell schools HB lessons address concerns about OB as well

A11b Inform schools HB is a universal health promotion curriculum for body image, eating, fitness and weight concerns today

A11c Introduce HB to parents, school nurses, counselors, PE teachers & coaches, health educators, school curriculum directors

A11d Also to Ys, girls and boys clubs, scouts, and other non-school programs.

A11e For a great overview, anyone interested can find a link to the entire Preface here:
<http://bit.ly/1il6QCQ>

Q12 How can those interested learn more about the curriculum and your work?

A12 Learn much more about HB at: <http://bit.ly/1h5oDqn> My contact information is on the website.