
NOURISH

EMPOWERMENT. DIGNITY. AUTONOMY. JUSTICE.

A TRAUMA-INFORMED MOVEMENT TO SUPPORT AND HEAL HEALTHY RELATIONSHIPS WITH FOOD AND BODY IMAGE



SESSION OVERVIEW – TODAY WE WILL:

- Review the background and research that lead to the development of Nourish and the trauma-informed approach to nutrition delivery.
- Gain an understanding of how experiencing trauma and hunger can impact eating behaviors and relationships with food, especially among vulnerable populations.
- Learn about how *Nourish* approaches nutrition education and body image through a ‘do-no-harm’ approach.



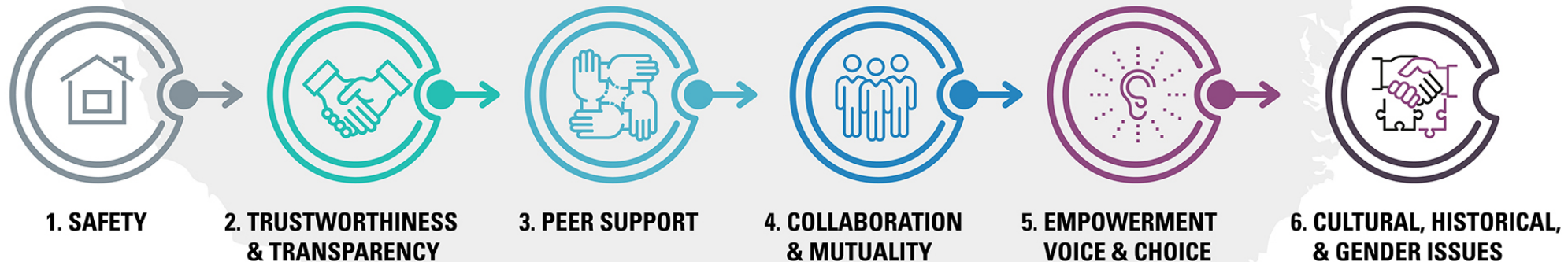
TRAUMA INFORMED CARE/TRAUMA INFORMED NUTRITION

- Reframing “What’s wrong with you?” to “What’s happened to you?” (or what have you experienced in your life).
- Trauma informed nutrition: Reframe “what is wrong with what this person is eating” to “what happened” and “what is needed to establish a healthy environment and relationship with food.”
- Trust that given the right environment and support, individuals can develop a healthy relationship with food.



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



WHAT THIS IS AND WHAT THIS ISN'T

Nourish is:

- A trauma-informed initiative
- Centers conversations on the dynamics that trauma, poverty, food insecurity, shame, and weight bias play on relationships with food and how that impacts collective approaches to nutrition, active living, and health.
- Creates a dedicated space to heal and support healthy relationships with food, particularly through programs that work with vulnerable populations.
- An opportunity to uncover the unintentional consequences of some of the more traditional education approaches by tackling shame and stigma.
- Focuses on building trauma-informed organizations and systems through conversations that aims to build a movement that honors empowerment, dignity, autonomy, and justice.

Nourish is not:

- A one-size-fits-all approach.
- A magic formula for behavior change.

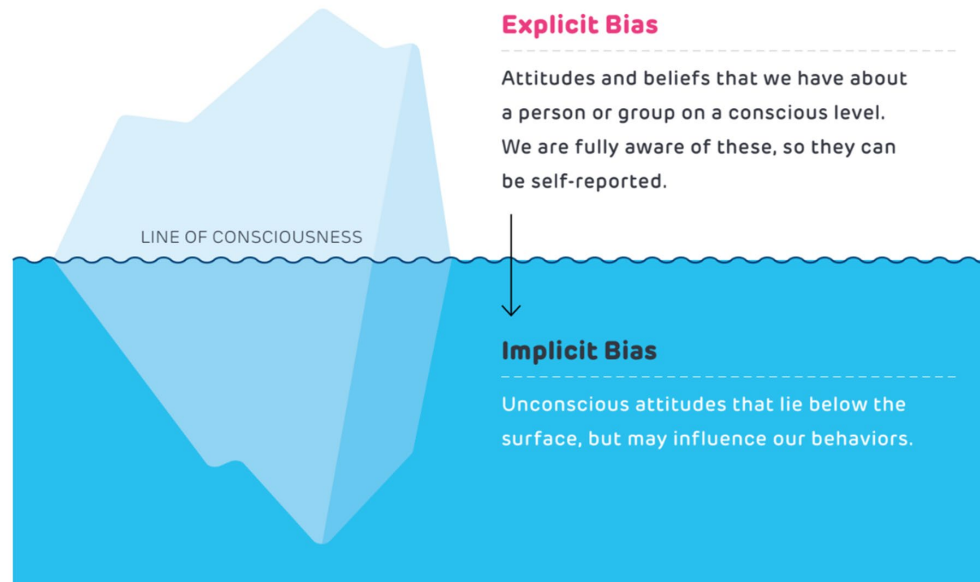




FOOD – IT'S PERSONAL

- Pleasure
- Joy
- Family and Culture
- Memories
- Personality
- Health
- Survival

AUTONOMY



- Autonomy is a human need.
- Hunger and fullness is part of this.
- Unknown foods can be scary.
- Pressure contradicts autonomy.





WHAT DOES THE RESEARCH TELLS US?



“OBESITY”

- BMI Does Not Equal Automatic Health:
 - 1/3 of “normal” BMI patients had markers of CV disease
 - 1/2 of “overweight” BMI patients had no indication of CV disease
- Tomiyama AJ, et al. Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. *International Journal of Obesity* volume 40, pages 883-886 (2016).



IMPLICIT WEIGHT BIAS IN CHILDREN

High levels (similar to what is seen with race) of implicit weight bias are seen in school-aged children. This high level of bias is particularly concerning in an era when one-third of children are classified as overweight or obese based on BMI and with previous research suggesting that experiencing weight stigma is itself a pathway to unhealthy eating.



- Skinner et al, Implicit Weight Bias in Children Aged 9 to 11 years. Published online June 30, 2017. PEDIATRICS Vol. 140 No. 1 July 01, 2017. e20163936.



STIGMA EXPERIENCED BY CHILDREN AND ADOLESCENTS

- Weight is the most common form of peer harassment in school (also shamed by parents, doctors, teachers, etc.). Results in:
 - Increased isolation.
 - Poor school performance.
 - Increased risk of eating disorders and weight cycling.
 - Less likely to join physical activities.
- Pont et al. Stigma Experienced by Children and Adolescents With Obesity. Accessed Online: [Pediatrics](#). [December 2017,VOLUME 140 / ISSUE 6](#)

70% of children's movies included weight-related stigmatizing content.

90% targeted characters with obesity.



Higher proportion of adolescent shows contained weight stigmatizing content compared to adult shows.



SHAME AND STIGMA AS ADULTS

- U Conn. Rudd Center research identified that 40% of the general population reports experiences with some type of weight stigma.
- Weight stigma impacts earning potential - More so for women than men.
- Individuals are less likely to seek medical care - Cycle through doctors.
- Individuals are more prone to depression, eating disorders, binge eating.
- Individuals are less likely to incorporate healthy eating or physical activity behaviors.



FOOD JUSTICE AND PERCEPTIONS OF “HEALTHY” FOODS

- *“‘White People Food’ Is Creating An Unattainable Picture Of Health - There's a perception in the black community that eating healthy means eating like white people, but it doesn't have to be that way.”*
- Food justice studies have exposed that lower-income residents and people of color tend not to participate in alternative food initiatives.
- Much of this marginalization originates in the often-exclusionary practices and discourses from those in the “healthy” movement.
- Alternative food provision conflicts in cities: Contesting food privilege, injustice, and whiteness in Jamaica Plain, Boston. Elsevier. Volume 58, January 2015, Pages 184-194.



CYCLES OF FOOD DEPRIVATION

- Those who are eating less or skipping meals to stretch food budgets may overeat when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain (Bruening et al., 2012; Dammann & Smith, 2010; Olson et al., 2007).
- Cycles of food restriction or deprivation also can lead to disordered eating behaviors, an unhealthy preoccupation with food, and metabolic changes that promote fat storage — all the worse when combined with overeating (Bove & Olson, 2006; Finney Rutten et al., 2010; Laraia et al., 2015; Tester et al., 2015).
- Unfortunately, overconsumption is even easier given the availability of cheap, energy-dense foods in low-income communities (Drewnowski, 2009; Hilmers et al., 2012).
- The “feast or famine” situation is especially a problem for low-income parents, particularly mothers, who often restrict their food intake and sacrifice their own nutrition in order to protect their children from hunger (Dammann & Smith, 2009; Edin et al., 2013).

HEALTHISM

Healthism as defined by Lucy Aphramor PhD, RD for her Well-Now program is:

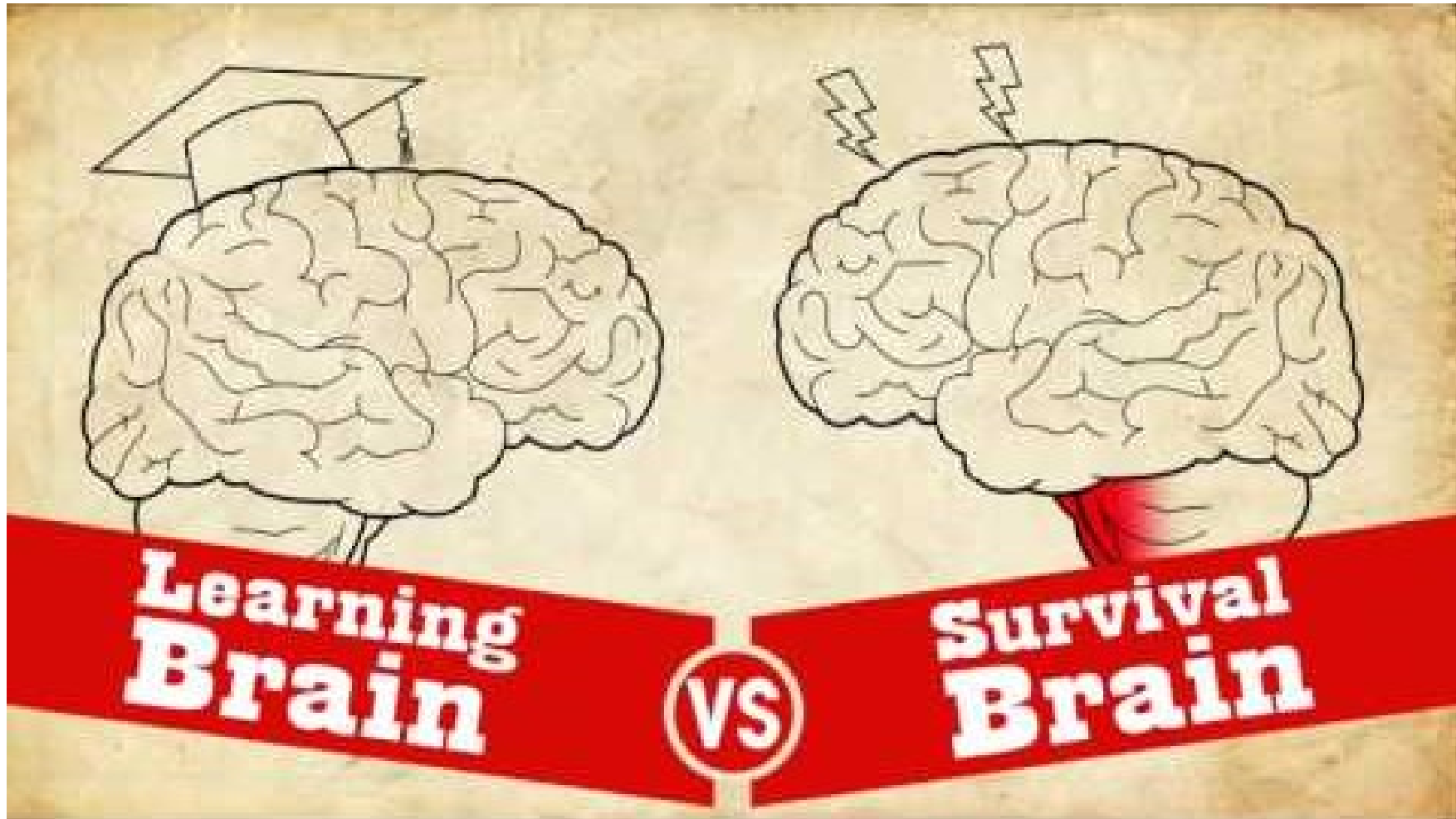
“A belief system that sees health as the property and responsibility of an individual and ranks the personal pursuit of health above everything else, like world peace or being kind.

It ignores the impact of poverty, oppression, war, violence, luck, historical atrocities, abuse and the environment from traffic, pollution to clean water and nuclear contamination and so on. It protects the status quo, leads to victim blaming and privilege, increases health inequities and fosters internalized oppression.

Health-ism judges' people's human worth according to their health.”

THE CURVE WHEN TRAUMA ENTERS IN

HUNGER/
FOOD
INSECURITY
AND
TRAUMA –
HELPING OR
TRIGGERING

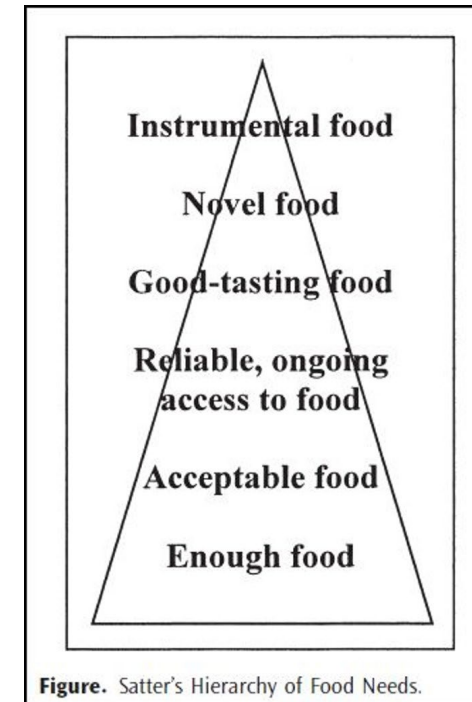


<https://www.youtube.com/watch?v=KoqaUANGvpA>



HIERARCHY OF FOOD NEEDS

- **Know your audience:**
 - Where on the hierarchy are the families you serve?
 - Are they in learning brain or survival brain?



TRAUMA AND FOOD BEHAVIORS

- Hoarding
 - Stress/Anxiety around food
 - Stealing food
- Food Refusal/Selective Eating
 - Only eating 'safe' or known foods
- Overeating/Compulsive Behaviors
- Risk of Eating Disorders
- Food Trauma: Fear of new food/anxiety with food and eating





NUTRITION EDUCATION AND FOOD TRAUMA

- When does nutrition education cross the line to be pressure or create an unattainable picture of health?
- Are we honoring autonomy?

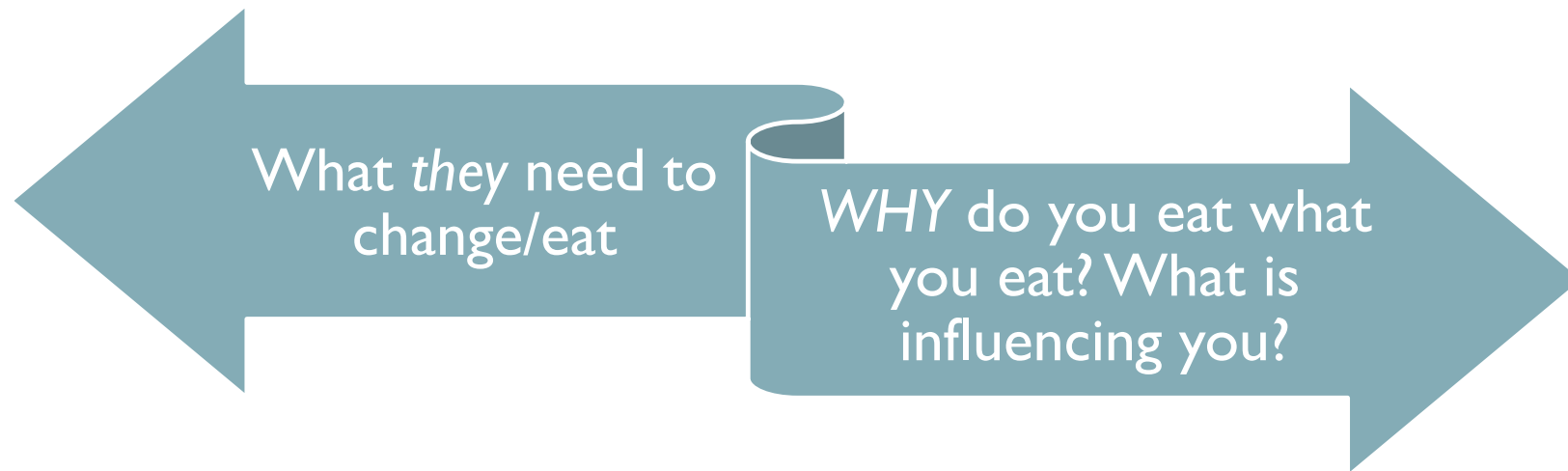


HEALTHY RELATIONSHIPS WITH FOOD

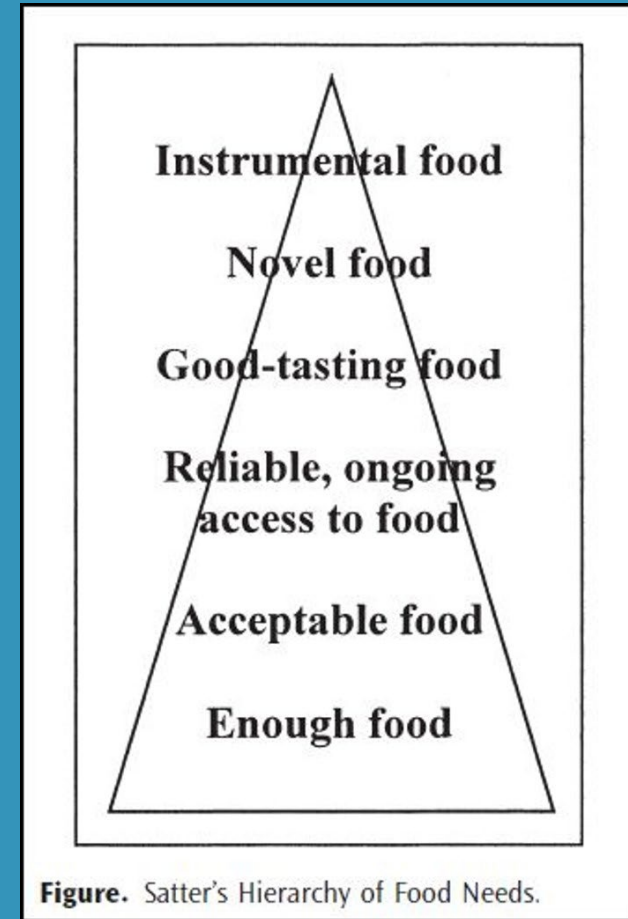
WHAT
DOES THIS
MEAN IN
PRACTICE?

FOOD JUSTICE AS NUTRITION EDUCATION

- Shifting the focus from individual responsibility to empowerment.



HEARING FROM AND LEARNING FROM OUR TARGET AUDIENCE





HONORING HEALTH AT EVERY SIZE

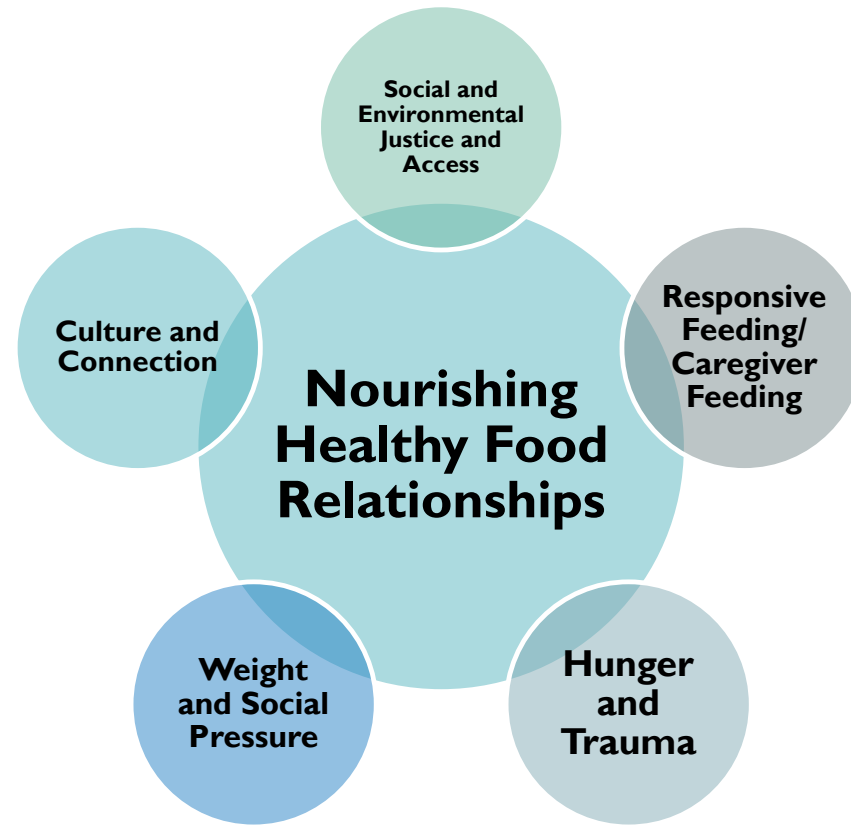
- Weight is **not** the driving force of the conversation.
- “Ideal” weight is different for each body.
- Children and youth will grow on their own curve.
- Approach health, eating, and physical activity with “DO NO HARM” as the goal.

HEALTH PROMOTING

- Goal is healthy food relationships/active living.
 - In ways that are pleasurable, relatable to life, culture, and family.
 - Change comes from self-acceptance not self-loathing.
- Managing our own thoughts/biases is crucial.



QUESTIONS?





Growing healthy families and communities.

WWW.PINNACLEPREVENTION.ORG

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