

# Obesity, Eating Behaviors, and Stigma among Service Members

June 23, 2016 1- 2:30 (ET)



## Presenter

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## Moderator

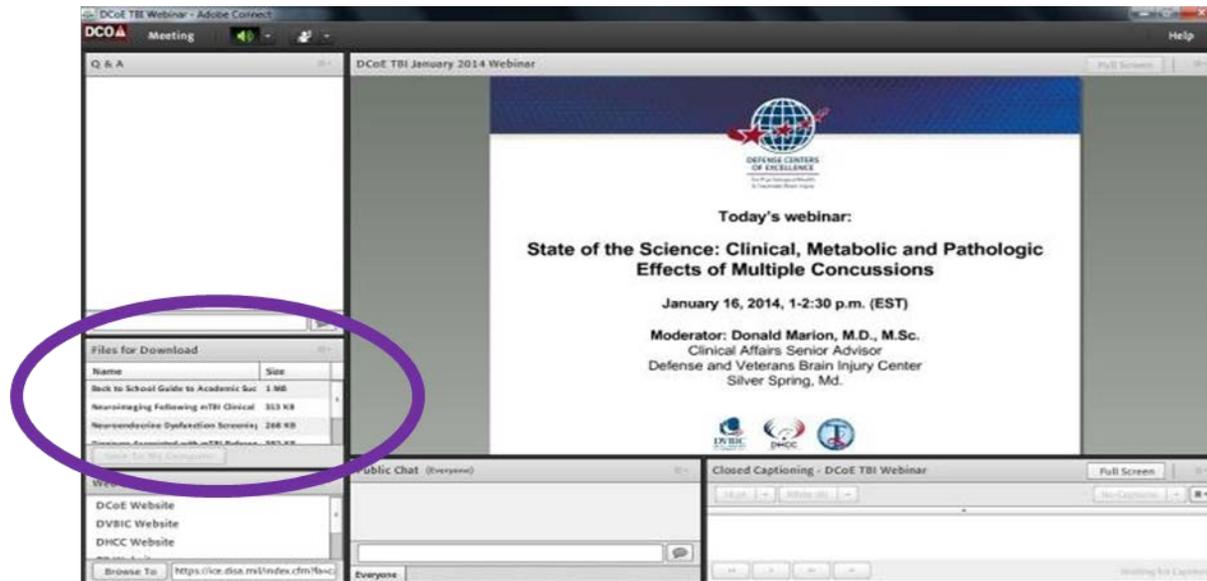
Vladimir Nacev, Ph.D., ABPP  
Acting Chief, Implementation Division  
Deployment Health Clinical Center  
Silver Spring, Maryland



# Resources Available for Download



Today's presentation and resources are available for download in the "Files" box on the screen, or visit [dcoe.mil/webinars](http://dcoe.mil/webinars)



# Webinar Details



- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is not provided through Adobe Connect or Defense Collaboration Services
  - Dial: CONUS **888-455-0936**
  - International **773-799-3736**
  - Use participant pass code: **1825070**
- Question-and-answer (Q&A) session
- Submit questions via the Q&A box

# Continuing Education Details



- All who wish to obtain continuing education (CE) credit or certificate of attendance, and who meet eligibility requirements, must register by **3 p.m. (ET) June 23, 2016** to qualify for the receipt of credit.
- DCoE's awarding of CE credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

# Continuing Education Accreditation

(continued)



- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ACCME Non Physician CME credits
  - 1.5 ANCC Nursing contact hours
  - 1.5 CRCC
  - 1.5 APA Division 22 contact hours
  - 0.15 ASHA Intermediate level, Professional area
  - 1.5 CCM hours
  - 1.5 AANP contact hours
  - 1.5 AAPA Category 1 CME credit
  - 1.5 NASW contact hours
  - 1.5 ACPE contact hours
  - 1.5 Medical Coders contact hours

# Continuing Education Accreditation

## (continued)



### Physicians

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Professional Education Services Group and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE). Professional Education Services Group is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of AMA PRA Category 1 Credits™. Physicians should only claim credit to the extent of their participation.

### Nurses

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This activity provides a maximum of 1.5 contact hours of nurse CE credit.

### Psychologists

This activity is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

### Occupational Therapists

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

# Continuing Education Accreditation (continued)



## **Physical Therapists**

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit TM. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

## **Rehabilitation Counselors**

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

## **Speech-Language Professionals**

This activity is approved for up to 0.15 ASHA CEUs (Intermediate level, Professional area)

## **Case Managers**

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

## **Nurse Practitioners**

Professional Education Services Group is accredited by the American Academy of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 031105. This course is offered for 1.5 contact hours (which includes 0 hours of pharmacology).

# Continuing Education Accreditation

## (continued)



### **Physician Assistants**

This Program has been reviewed and is approved for a maximum of 1.5 hours of AAPA Category 1 CME credit by the Physician Assistant Review Panel. Physician Assistants should claim only those hours actually spent participating in the CME activity. This Program has been planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

### **Social Workers**

This Program is approved by The National Association of Social Workers for 1.5 Social Work continuing education contact hours.

### **Pharmacists and Pharmacy Technicians**

Professional Education Services Group is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program will provide a maximum of 1.5 contact hours for participants attending all conference CPE activities. Conference registration fees cover the cost of CE credit. UAN # 0829-0000-16-199-L04-P/T

### **Medical Coders**

Medical Coders will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit TM. Medical Coders may receive a maximum of 1.5 hours for completing this live program.

### **Other Professionals:**

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

# Questions and Chat



- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

# Webinar Overview



Despite the fact that a majority of Americans are overweight, individuals who are overweight or obese are frequent targets of stigma and prejudice in multiple domains, including employment, education, health care and portrayal in the media. The psychological consequences of weight stigma include low self-esteem, poor body image, depression, anxiety and suicidal behaviors. Maintaining weight standards across the Department of Defense (DoD) may be a challenge for service members who are overweight or obese and they may experience related stigma and Stigma.

This webinar will highlight DoD weight standards and explain the construct of weight stigma and its impact on active-duty service members. In addition, it will discuss the Fit4Duty study, which seeks to reduce excess weight gain in the military population, and recommendations for how to address the issue of obesity in health care settings.

At the conclusion of this webinar, participants will be able to:

- Interpret the construct of weight stigma and the potentially adverse effect of weight stigma on the psychological functioning of active-duty service members with overweight and obesity.
- Use new strategies to address excess weight among service members without shame or Stigma.
- Recognize the presence of weight stigma within the military in order to more effectively address presenting medical, psychological and social issues.

# Natasha A. Schvey, Ph.D.



- Dr. Natasha Schvey earned her PhD in Clinical Psychology from Yale University and completed her clinical internship in Behavioral Medicine at the Yale School of Medicine.
- She is currently a postdoctoral fellow in the Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland.
- Her research focuses broadly on obesity and eating pathology, and more specifically, weight stigmatization.
- Dr. Schvey has published a range of experimental studies, review papers, and chapters which have received national and international media attention.
- She has presented her work on weight stigmatization to academic, professional, and community organizations throughout the country.

# Disclosure



- Dr. Schvey has no relevant financial relationships to disclose.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.

# **Obesity, Eating Behaviors, and Stigma among Service Members**

Natasha A. Schvey, Ph.D.

Uniformed Services University of the Health Sciences

June 23, 2016



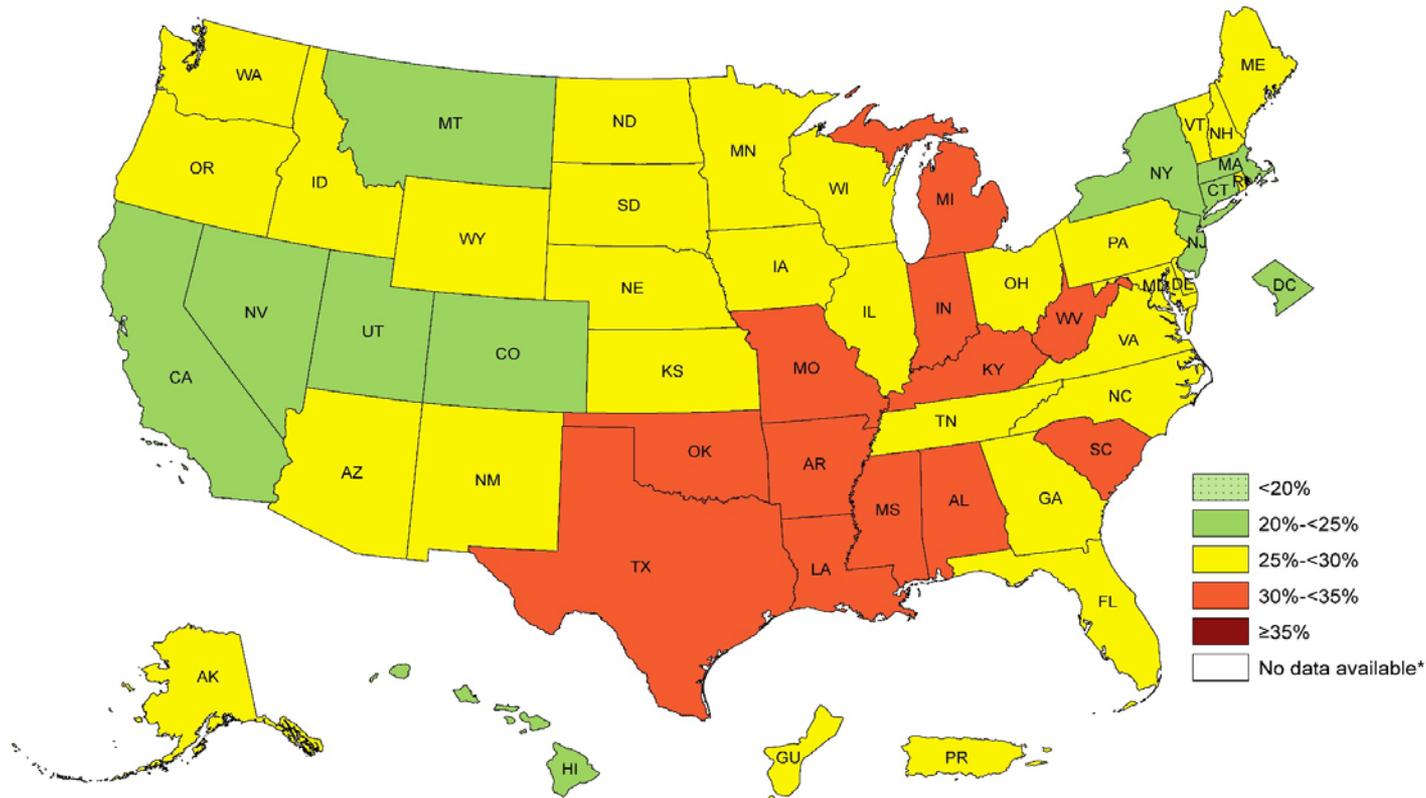
# Agenda

1. Background
2. Past & Present Research
3. Clinical and Practical Implications

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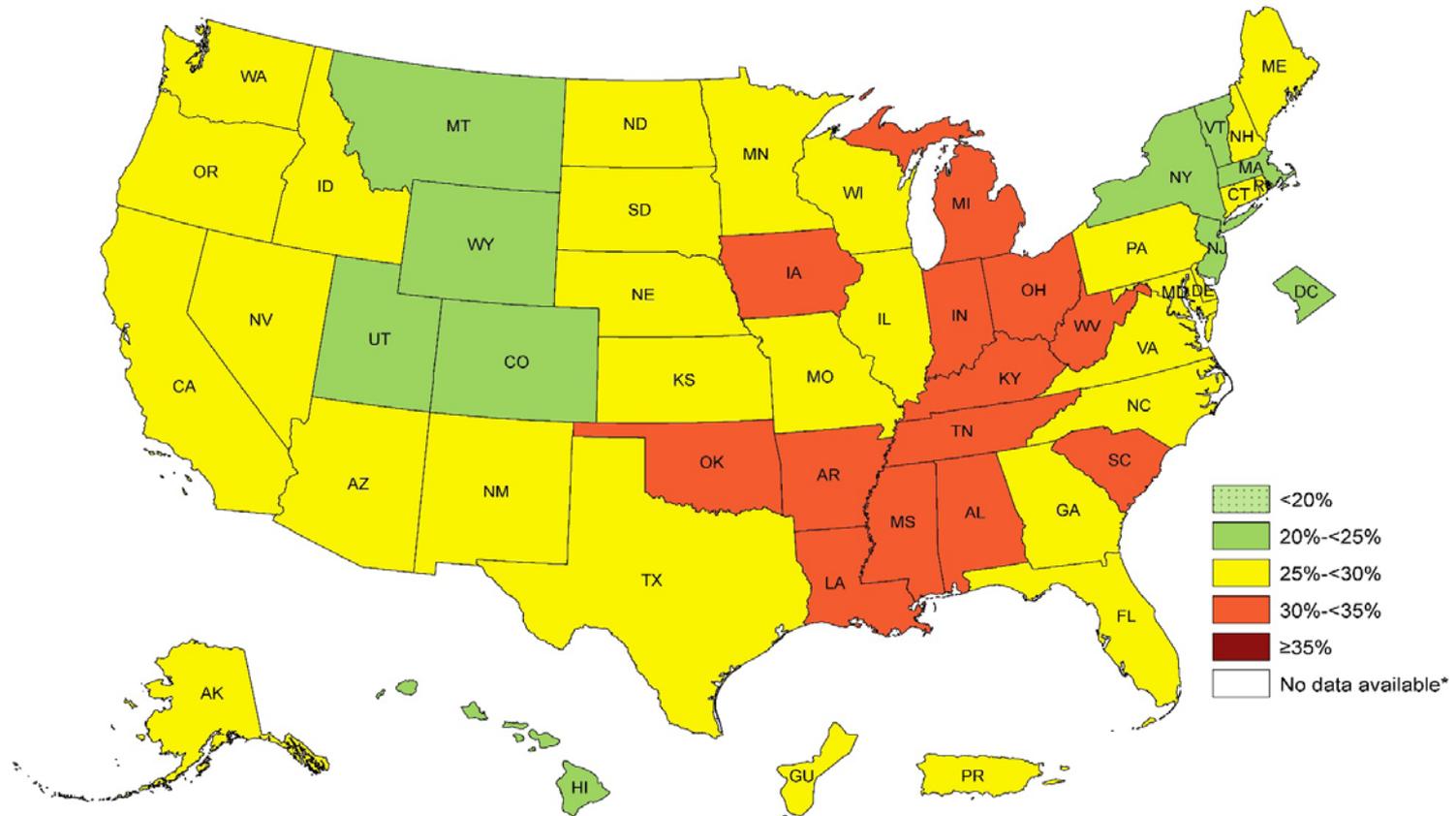
# Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011



\*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.



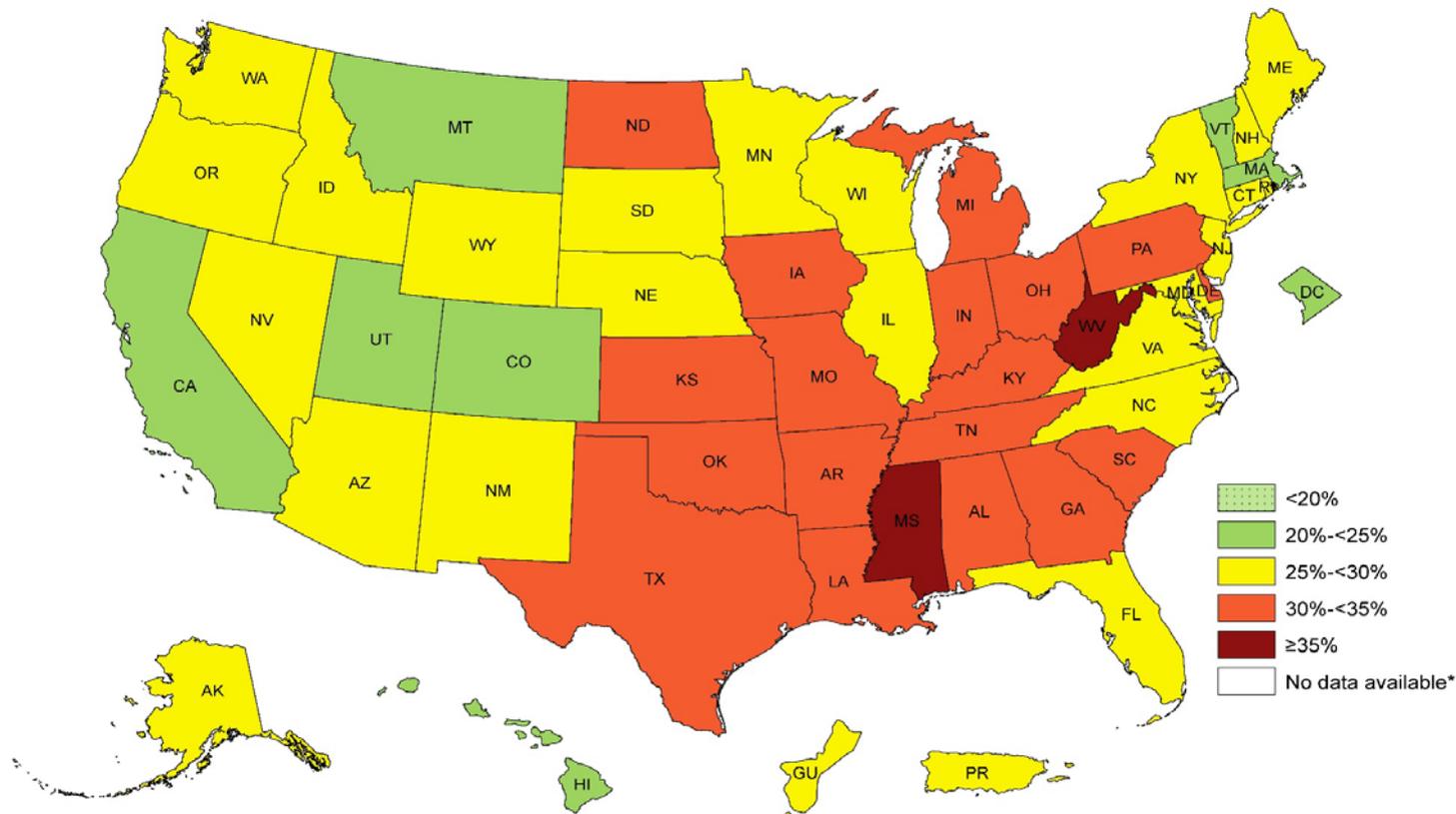
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# Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013



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# Obesity in America

- Majority of population overweight/obese
- Physical, economic, emotional consequences
- Cardiovascular disease and cancer
- Morbidity and mortality
- Public health priority

# Obesity in the Military

- Obesity in active duty service members has tripled in past 15 years
- 61% of military personnel are overweight or obese
- 13% are obese
- 1,200 first-term enlistees discharged due to weight
- 5% of the military has at least one obesity-related diagnosis



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due to copyright laws.

# Obesity Affects Military Readiness

- Overweight is leading medical reason for rejection
- 27% of 17-24 year olds are too heavy to join military
- Between 1995-2008, number of potential recruits who failed physicals due to overweight increased by 70%
- 15% of men and 20% of women reported difficulty meeting weight and/or body fat standards



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# Consequences of Obesity in the Military

- Obesity affects military career
  - Those who repeatedly fail risk separation from the military
  - Opportunities for additional training, promotions, and ability to deploy/re-enlist determined partly by standards



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# Obesity in the Military

- Service members must meet weight and fitness standards
  - Expectation that personnel are ready for physical demands of military service
  - Body weight/fitness level = proxies for health, “military appearance”, and combat readiness
- DoD retention standards: BMI  $\leq$  27.5 + branch-specific standards
- Those with BMI  $>$  27.5 subject to additional assessments and PT



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# Service Specific Standards

**Table B-1**  
Weight for height table (screening table weight)

| Height (inches) | Minimum weight <sup>1</sup> (pounds) | Male weight in pounds, by age |       |       |     | Female weight in pounds, by age |       |       |     |
|-----------------|--------------------------------------|-------------------------------|-------|-------|-----|---------------------------------|-------|-------|-----|
|                 |                                      | 17-20                         | 21-27 | 28-39 | 40+ | 17-20                           | 21-27 | 28-39 | 40+ |
| 58              | 91                                   | -                             | -     | -     | -   | 119                             | 121   | 122   | 124 |
| 59              | 94                                   | -                             | -     | -     | -   | 124                             | 125   | 126   | 128 |
| 60              | 97                                   | 132                           | 136   | 139   | 141 | 128                             | 129   | 131   | 133 |
| 61              | 100                                  | 136                           | 140   | 144   | 146 | 132                             | 134   | 135   | 137 |
| 62              | 104                                  | 141                           | 144   | 148   | 150 | 136                             | 138   | 140   | 142 |
| 63              | 107                                  | 145                           | 149   | 153   | 155 | 141                             | 143   | 144   | 146 |
| 64              | 110                                  | 150                           | 154   | 158   | 160 | 145                             | 147   | 149   | 151 |
| 65              | 114                                  | 155                           | 159   | 163   | 165 | 150                             | 152   | 154   | 156 |
| 66              | 117                                  | 160                           | 163   | 168   | 170 | 155                             | 156   | 158   | 161 |
| 67              | 121                                  | 165                           | 169   | 174   | 176 | 159                             | 161   | 163   | 166 |
| 68              | 125                                  | 170                           | 174   | 179   | 181 | 164                             | 166   | 168   | 171 |
| 69              | 128                                  | 175                           | 179   | 184   | 186 | 169                             | 171   | 173   | 176 |
| 70              | 132                                  | 180                           | 185   | 189   | 192 | 174                             | 176   | 178   | 181 |
| 71              | 136                                  | 185                           | 189   | 194   | 197 | 179                             | 181   | 183   | 186 |
| 72              | 140                                  | 190                           | 195   | 200   | 203 | 184                             | 186   | 188   | 191 |
| 73              | 144                                  | 195                           | 200   | 205   | 208 | 189                             | 191   | 194   | 197 |
| 74              | 148                                  | 201                           | 206   | 211   | 214 | 194                             | 197   | 199   | 202 |
| 75              | 152                                  | 206                           | 212   | 217   | 220 | 200                             | 202   | 204   | 208 |
| 76              | 156                                  | 212                           | 217   | 223   | 226 | 205                             | 207   | 210   | 213 |
| 77              | 160                                  | 218                           | 223   | 229   | 232 | 210                             | 213   | 215   | 219 |
| 78              | 164                                  | 223                           | 229   | 235   | 238 | 216                             | 218   | 221   | 225 |
| 79              | 168                                  | 229                           | 235   | 241   | 244 | 221                             | 224   | 227   | 230 |
| 80 <sup>2</sup> | 173                                  | 234                           | 240   | 247   | 250 | 227                             | 230   | 233   | 236 |

Notes:

<sup>1</sup> Male and female Soldiers who fall below the minimum weights shown in table B-1 will be referred by the commander for immediate medical evaluation.

<sup>2</sup> Add 6 pounds per inch for males over 80 inches and 5 pounds per inch for females over 80 inches.



# Service Specific Standards

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**Table B-2**

**Maximum allowable percent body fat standards**

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**Age group: 17–20**

**Male (% body fat): 20%**

**Female (% body fat): 30%**

---

**Age group: 21–27**

**Male (% body fat): 22%**

**Female (% body fat): 32%**

---

**Age group: 28–39**

**Male (% body fat): 24%**

**Female (% body fat): 34%**

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**Age group: 40 and older**

**Male (% body fat): 26%**

**Female (% body fat): 36%**

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# Service Specific Standards

- Weigh-ins occur at least every 6 months
- If body fat standards are exceeded: enrolled in Army Body Composition Program (ABCP)
- Satisfactory progress in ABCP= monthly weight loss of 3-8 lb or 1 percent of body fat
- Failure= 3 non-consecutive months of less than satisfactory progress
- Commander has authority to enforce body fat assessment if soldier doesn't present "Soldierly" appearance (even if they meet standards)



# Service Specific Standards

- Fitness assessment includes:
  - Body Composition (Abdominal circumference)
  - Cardiorespiratory Endurance (1.5 mile run)
  - Muscle Fitness (pushups and sit-ups)
- Composite fitness score is produced from the assessment
  - **Excellent:** Composite score equal to or greater than 90 with all minimum components met
  - **Satisfactory:** Composite score of 75 - 89.99 with all minimum components met
  - **Unsatisfactory:** Composite score less than 75 and/or one or more minimum components not met.
- Failure: must retest within 90 days and join “BE WELL” program within 10 days of failure



# Service Specific Standards

| Minimum Component Requirements  |                      |                |              |               |
|---|----------------------|----------------|--------------|---------------|
| Must have composite score of 75.0 <b>AND</b> meet all requirements below to pass test |                      |                |              |               |
| MALE  |                      |                |              |               |
| Age   | Body Comp (AC) (max) | Run Time (max) | Situps (min) | Pushups (min) |
| 30  | 39.0"                | 13:36          | 42           | 33            |
| 30-39   | 39.0"                | 14:00          | 39           | 27            |
| 40-49   | 39.0"                | 14:52          | 34           | 21            |
| 50-59   | 39.0"                | 16:22          | 28           | 15            |
| 60+   | 39.0"                | 18:14          | 22           | 14            |
| FEMALE  |                      |                |              |               |
| 30  | 35.5"                | 16:22          | 38           | 18            |
| 30-39   | 35.5"                | 16:57          | 29           | 14            |
| 40-49   | 35.5"                | 18:14          | 24           | 11            |
| 50-59   | 35.5"                | 19:43          | 20           | 9             |
| 60+   | 35.5"                | 22:28          | 11           | 7             |



# Service Specific Standards

## DoD Height/Weight Standards

| Males              |                                 |                                 | Females            |                                 |                                 |
|--------------------|---------------------------------|---------------------------------|--------------------|---------------------------------|---------------------------------|
| HEIGHT<br>(Inches) | Maximum<br>Standard<br>(Pounds) | Minimum<br>Standard<br>(Pounds) | HEIGHT<br>(Inches) | Maximum<br>Standard<br>(Pounds) | Minimum<br>Standard<br>(Pounds) |
| 58"                | 131                             | 91                              | 58"                | 119                             | 91                              |
| 59"                | 136                             | 94                              | 59"                | 124                             | 94                              |
| 60"                | 141                             | 97                              | 60"                | 128                             | 97                              |
| 61"                | 145                             | 100                             | 61"                | 132                             | 100                             |
| 62"                | 150                             | 104                             | 62"                | 136                             | 104                             |
| 63"                | 155                             | 107                             | 63"                | 140                             | 107                             |
| 64"                | 160                             | 110                             | 64"                | 145                             | 110                             |
| 65"                | 165                             | 114                             | 65"                | 150                             | 114                             |
| 66"                | 170                             | 117                             | 66"                | 155                             | 117                             |
| 67"                | 175                             | 121                             | 67"                | 159                             | 121                             |
| 68"                | 180                             | 125                             | 68"                | 164                             | 125                             |
| 69"                | 186                             | 128                             | 69"                | 169                             | 128                             |
| 70"                | 191                             | 132                             | 70"                | 174                             | 132                             |
| 71"                | 197                             | 136                             | 71"                | 179                             | 136                             |
| 72"                | 202                             | 140                             | 72"                | 184                             | 140                             |
| 73"                | 208                             | 144                             | 73"                | 189                             | 144                             |
| 74"                | 214                             | 148                             | 74"                | 194                             | 148                             |
| 75"                | 220                             | 152                             | 75"                | 200                             | 152                             |
| 76"                | 225                             | 156                             | 76"                | 205                             | 156                             |
| 77"                | 231                             | 160                             | 77"                | 210                             | 160                             |
| 78"                | 237                             | 164                             | 78"                | 216                             | 164                             |
| 79"                | 244                             | 168                             | 79"                | 221                             | 168                             |
| 80"                | 250                             | 173                             | 80"                | 227                             | 173                             |

## Marine Corps Body Composition Standards

| Age Group | Male   | Female |
|-----------|--------|--------|
| 17-26     | 18% BF | 26% BF |
| 27-39     | 19% BF | 27% BF |
| 40-45     | 20% BF | 28% BF |
| 46+       | 21% BF | 29% BF |



# Service Specific Standards

- Semi-annual weigh-ins
- If standards are exceeded, member has 6 months to meet requirements
- *“Failure to [meet standards] may result in formal assignment to the BCP which decreases competitiveness for selection for promotion, and administrative action that includes limitations on promotion, retention, assignment or administrative separation”*
- *“Marines who do not present a suitable military appearance will take all necessary action to improve their appearance within prescribed timelines. Failure to do so may result in formal assignment to the MAP which decreases competitiveness for selection for promotion, and administrative action that includes limitations on promotion, retention and assignment.”*

# Service Specific Standards: Changes are Being Made



The screenshot shows the top portion of the NavyTimes website. The header features the "NavyTimes" logo in blue and white, with "A TEGNA Company" in smaller text to its right. Below the logo is a dark navigation bar with white text for "HOME", "YOUR NAVY", "WASHINGTON", "ELECTION 2016", "BEST FOR VETS", "BENEFITS CENTER", "FAMILY", and "OFFDUTY", along with a camera icon. The main content area has a white background with a large, bold headline: "Navy's new body fat rules start now with spring PFA". Below the headline, the author "Meghann Myers, Navy Times" and the date "11:16 a.m. EST March 9, 2016" are displayed. On the left side, there is a vertical sidebar with a Facebook icon.

**NavyTimes** A TEGNA Company

HOME YOUR NAVY WASHINGTON ELECTION 2016 BEST FOR VETS BENEFITS CENTER FAMILY OFFDUTY

## Navy's new body fat rules start now with spring PFA

Meghann Myers, Navy Times 11:16 a.m. EST March 9, 2016

# New Navy Standards

## New body fat standards

The Navy has introduced new standards for the Body Composition Assessment (BCA) based on a graduating scale that increases with age. The following percentages are the maximum allowable body fat for different age ranges.



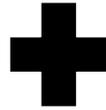
| Age   | Allowable body fat |
|-------|--------------------|
| 18-21 | 22%                |
| 22-29 | 23%                |
| 30-39 | 24%                |
| 40+   | 26%                |



| Age   | Allowable body fat |
|-------|--------------------|
| 18-21 | 33%                |
| 22-29 | 34%                |
| 30-39 | 35%                |
| 40+   | 36%                |

# How are Service Members with Obesity Treated?

High prevalence of overweight/obesity



Culture that emphasizes fitness



Potential for high rates of weight stigma...

# What is Weight Stigma?

- Negative attitudes
- Stereotypes
  - Lazy
  - Sloppy
  - Gluttonous
  - Clumsy
  - Lacking will-power/discipline
  - Less competent

# What is Weight Stigma?

- Interpersonal rejection
- Prejudice
- Discrimination
- Subtle and overt

# What's Driving Weight Stigma?

- Stems from beliefs that:
  - Stigma motivates weight loss
  - People are solely responsible for weight
- Perpetuated since our culture:
  - Promotes overt expression
  - Values thinness
  - Blames victim
  - Allows pejorative depictions

# How Common is Weight Stigma?

| Group         | Perceived weight/height discrimination (%) |
|---------------|--|
| BMI 25-27     | .9   |
| BMI 27-29     | 10.3                                       |
| BMI 29-31     | 9.1  |
| BMI 31-33     | 14.3                                       |
| BMI 33-35     | 22.4                                       |
| BMI 35-37     | 26.4                                       |
| BMI 37-40     | 43.0                                       |
| BMI 40-45     | 41.5                                       |
| BMI $\geq$ 45 | 62.9                                       |

# How Common is Weight Stigma?

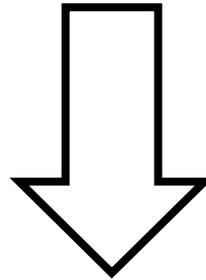
- Rates of weight stigma have increased by 66% since 1995
- Weight stigma is now the third most commonly reported form of discrimination among women
- Rates are on par with racial discrimination

# Where Does Weight Stigma Occur?

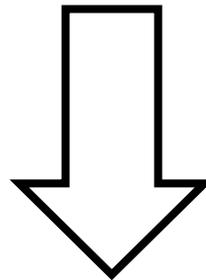
- The Media
- Relationships
- Employment Opportunities
- Educational Settings
- Health Care

# Does Weight Stigma Motivate Weight Loss?

Weight stigma



Body image dissatisfaction



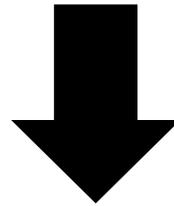
Motivation to lose weight?

# Weight Stigma and Unhealthy Behaviors

- Eating in secret
- Binge-eating
- In a weight loss program:
  - Less likely to lose weight
  - More likely to drop out
- Lower motivation to exercise
- Avoidance of physical activity

# Psychological Consequences of Weight Stigma

Weight Stigma

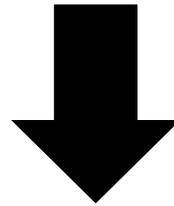


Increased Risk For



# Psychological Consequences of Weight Stigma

Weight Stigma

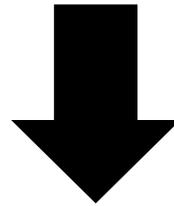


Increased Risk For



# Psychological Consequences of Weight Stigma

Weight Stigma

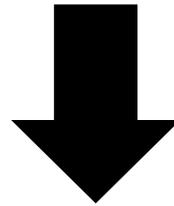


Increased Risk For

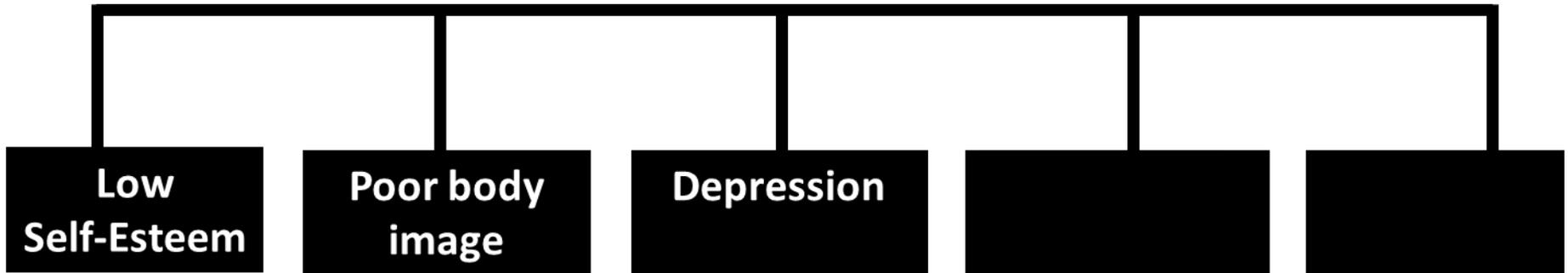


# Psychological Consequences of Weight Stigma

Weight Stigma

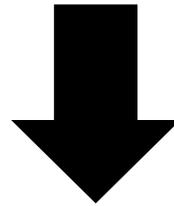


Increased Risk For



# Psychological Consequences of Weight Stigma

Weight Stigma

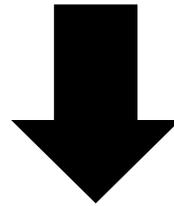


Increased Risk For

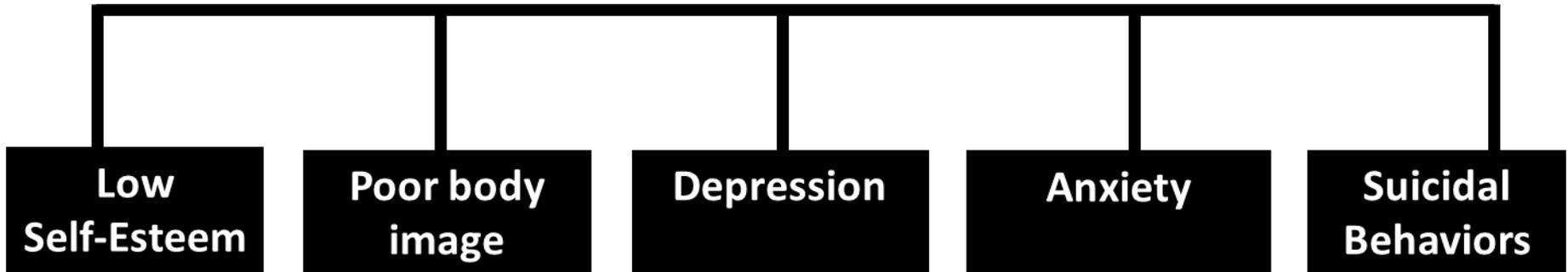


# Psychological Consequences of Weight Stigma

Weight Stigma



Increased Risk For



# Weight Stigma & the U.S. Military

- No data on experiences of weight stigma in military settings
- Why might it be important to assess?
- Military service members at high-risk for:
  - Eating disorders
  - Unhealthy weight control behaviors
  - Compensatory behaviors
- Need data on treatment of obesity in the military
- Determine best practices for promoting health/fitness



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# Agenda

1. Background
2. Past & Present Research
3. Clinical and Practical Implications

# Objective of Present Study

Examine the experiences of weight stigma among active duty service members with overweight/obesity

# Methods: Participants

## Fit4Duty study

- Randomized controlled obesity prevention program
- Active duty military personnel
- Compare Fit4Duty obesity prevention program to a health education control

# Weight Stigma in the Military

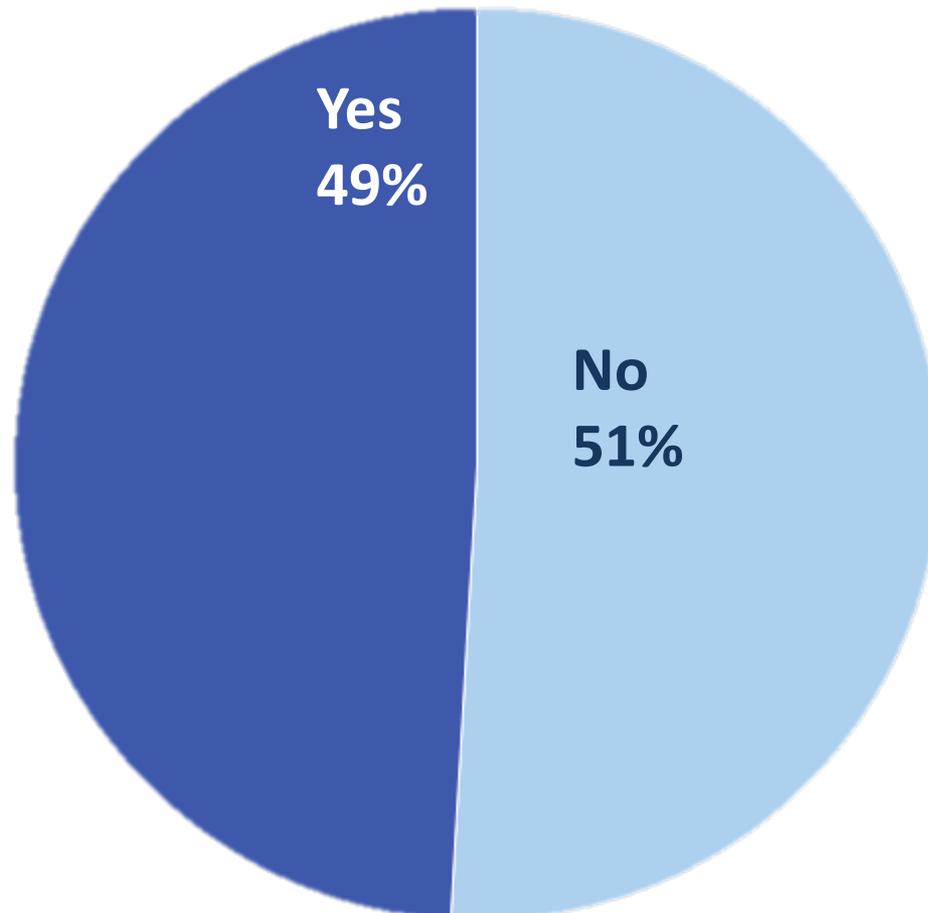
- N = 119 active duty service members with overweight & obesity
  - 70% male
  - BMI:  $29.84 \pm 1.97$
  - 33% non-Caucasian
  - Age:  $31.28 \pm 7.55$
- Self-report assessments:
  - Mood
  - Psychological functioning
  - Weight stigma within the military
- Height, weight, & body fat

# Weight Stigma in the Military

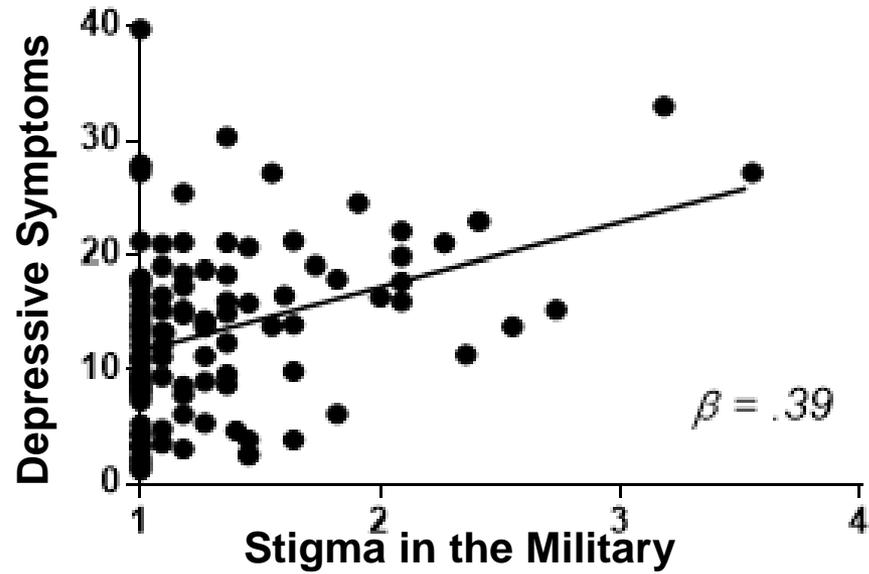
- At least 1 instance of weight stigma in the military

# Weight Stigma in the Military

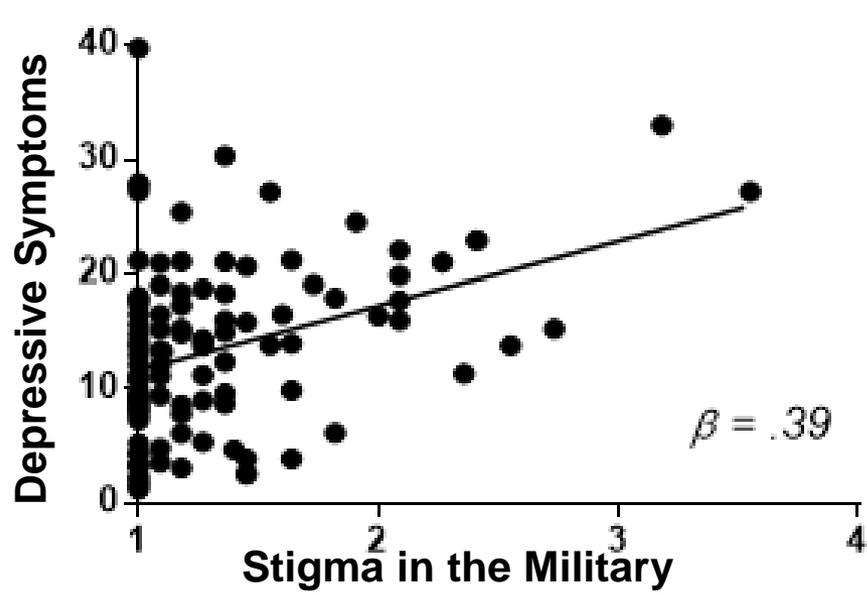
- At least 1 instance of weight stigma in the military



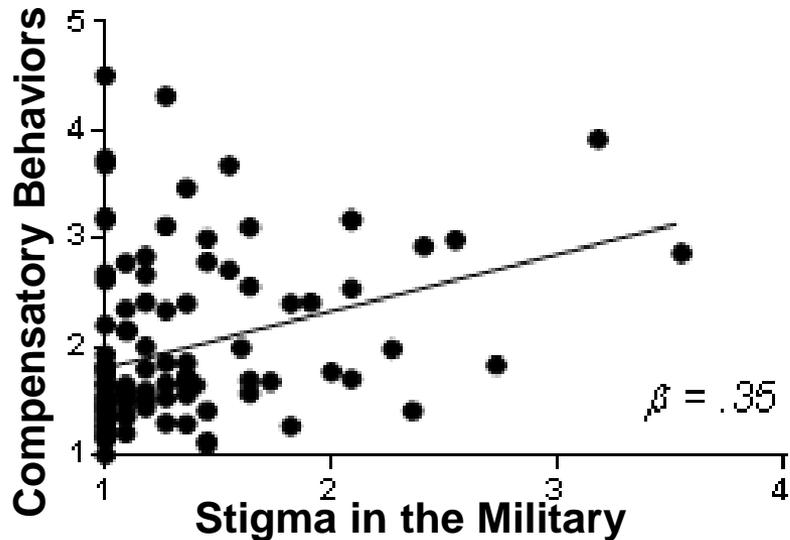
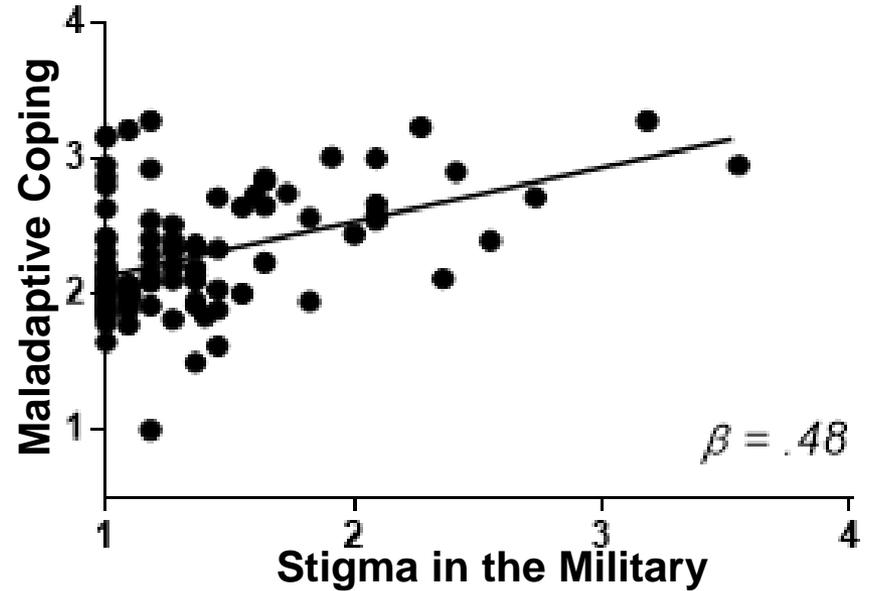
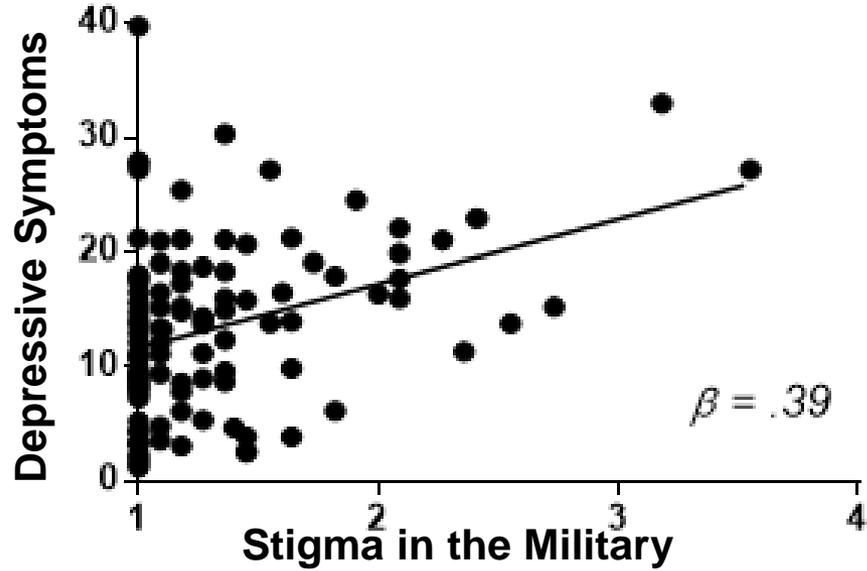
# Weight Stigma in the Military



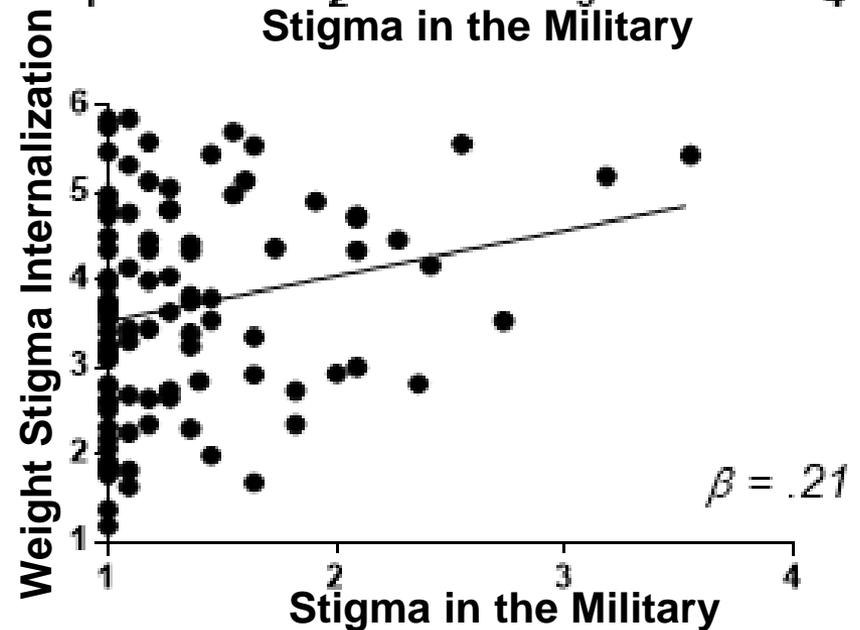
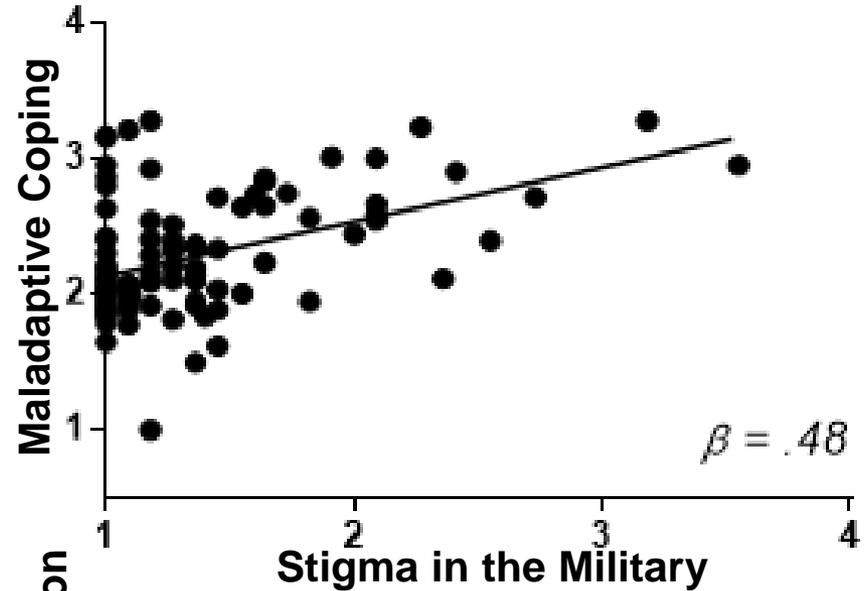
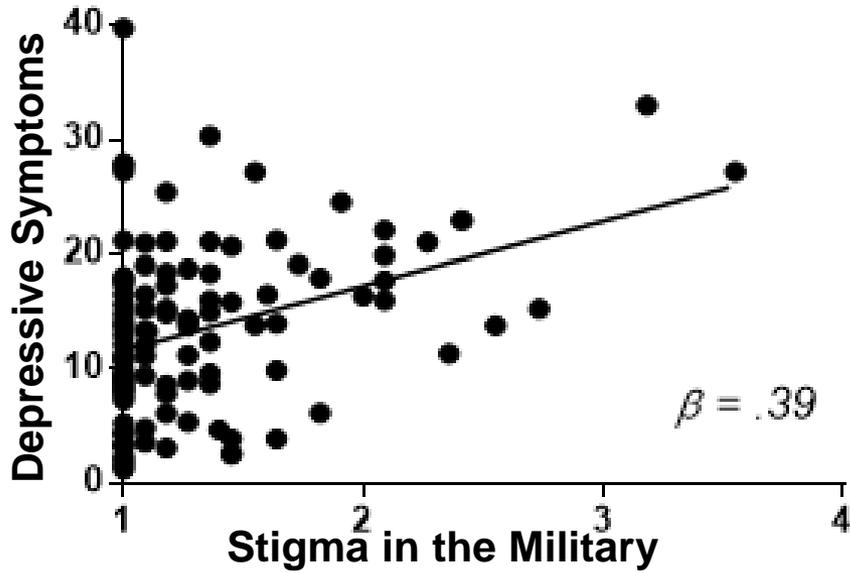
# Weight Stigma in the Military



# Weight Stigma in the Military



# Weight Stigma in the Military



# Weight Stigma in the Military

- 30% faced assumptions about ability/laziness
- 30% given a hard time by coworkers/supervisors
- 18% laughed at/mockered
- 15% faced disciplinary action
- 11% passed up for promotion

# How Do Overweight Service Members Feel About Themselves?

- 65% wish they could “drastically” change their weight
- 51% feel depressed when thinking about their weight
- 50% feel anxious about their weight “because of what people might think about me”
- 30% say weight “is a major way that I judge my value as a person”
- 24% “hate” themselves for their weight

# How Does it Feel to Be Overweight in the Military?

- Fifty-one respondents provided qualitative data
- 8% reported weight-related nicknames
  - *Fatty, Gorda, Big-Booty Judy, Thunder Thighs*
- 25% described weight-related consequences at home
  - *Lowered self-esteem, spouse upset by career impact*
- 39% cited examples wherein their weight resulted in the denial of a promotion/opportunity/award
  - *Missed out on an award, cannot be promoted*
- 75% described weight-related consequences at work
  - *Physical training 3x per day, weigh-ins before and after work*

# Main findings- Recap

- Weight stigma frequently reported by active duty service members
  - Associated with:
    - Depression
    - Internalization of weight stigma
    - Compensatory behaviors (e.g., purging)
    - Maladaptive coping

# Take Home Points

- Service members face pressure to be fit
- Service members with obesity are stigmatized
- Service members with overweight likely already feel distressed about weight
- Added stigma is counterproductive



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# Agenda

1. Background
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# Potential Challenges with Current Standards

- Emphasis on BMI and abdominal circumference may promote unhealthy weight control behaviors
- Successful weight loss and maintenance is difficult
- Some individuals find it more difficult to lose weight
- Even if an individual's BMI is within the specified range, he or she may be subject to a "weight redistribution plan"
  - May contribute to stigma and employment disadvantages, as well as eating pathology



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# Potential Challenges with Current Standards

- *"There was a staff sergeant I knew and he was outstanding. The only reason he got out of the Corps was because of the new weight standards(...)" said a gunnery sergeant at Camp Pendleton, Calif., who underwent liposuction in June. Even though the Corps allows Marines to have the procedure, he asked not to be identified, saying there's a stigma associated with failing to meet fitness requirements.*
- *"I know an officer," he said, "who in order to make weight wore sweat suits, didn't eat for a week, took pills and used enemas."*

# Should We Reconsider the Use of BMI?

- Body Mass Index (BMI:  $\text{kg}/\text{m}^2$ ) often used as proxy for health
- However, research indicates that:
  - Using BMI as the primary indicator of health, 75 million US adults are misclassified as either cardiometabolically healthy or unhealthy
  - BMI is the poorest gauge of cardiovascular risk factors
  - Women who accumulate muscle mass may be more likely than men to exceed BMI and body fat standards
- Consider revising body composition standards
- Question utility of BMI/body fat standards among different roles
- Adopt Health at Every Size framework

# Effective Ways to Address Weight Stigma in the Military

- Use appropriate language
- Remove stigma from PT/drills
- Interventions to reduce stigma
- Implement anti-bullying policies
- Discuss complex causes of obesity
- Avoid language that places blame on persons with obesity
- Be aware of stigmatizing comments by others
- Remember that stigma is **NOT** motivating



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# How to Address Weight

- Use neutral terms
  - Weight, BMI
- Consider the following approaches:
  - *Could we talk about your weight today?*
  - *How do you feel about your weight? Do you have any health-related goals?*
  - *What words would you like to use when we talk about weight?*



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# How to Address Weight

- Educate
- Avoid blame
- Address weight sensitively
- Have resources available
- Make it a family affair
- Focus on healthy behaviors

# Provider Recommendations

- Provide armless chairs
- Ensure adequately sized equipment
- Be mindful of office reading materials
- Weigh in private setting and ask permission first
- Record weight silently and without commentary
- Keep in mind... many patients avoid healthcare to avoid the scale
- Be aware of stigmatizing comments by others

# Reasonable Expectations

- Weight loss of 5% to 10% = success
- Healthy/safe weight loss: 1-2 lbs/week
- 10% loss is typical outcome of the best behavioral and/or pharmacological treatments
- Only 10-20% of people can maintain a 10% weight loss after 1 year
- Conclusion: significant weight loss is not readily sustainable with current treatment options
- BMI  $\neq$  indicator of health



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# Identify Personal Attitudes

- Ask ourselves:
  - Do I laugh when others make weight-related comments or jokes?
  - How do I feel when I interact with people of different sizes?
  - Do I make assumptions about character, intelligence, abilities, or health status?
  - What stereotypes do I have?



# Take Home Points

- Use respectful language
- Avoid shame and blame
- Focus on specific health behaviors
- Increase awareness of weight stigma & consequences
- Remove stigma from existing efforts
- Combat obesity... not obese persons



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**Performance Triad: Sleep, Nutrition and Exercise**

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