

# Towards Size Inclusive Health Promotion

Insights and lessons for health promotion professionals



## Acknowledgments

Better Health Network acknowledges and pays respect to the traditional owners of the land on which this resource was developed, the Boon Wurrung land, of the Yalukut Weelam Clan, and pay respect to Elders past and present.

We would like to acknowledge and thank the following people for their contribution to the development of this resource:

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## A note on sharing

Please distribute widely but always credit the source.

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# Foreword

It is with great pleasure and pride that I introduce this document for the health promotion sector – *Towards Size Inclusive Health Promotion*.

At Better Health Network, we believe that people of all shapes, sizes, genders, ages, sexualities, races, abilities and identities, deserve to be treated with dignity, respect, and receive equitable healthcare services.

We are committed to being an organisation that embraces and celebrates the diversity of all individuals, irrespective of their size. By shifting our focus from weight-centric approaches to a more comprehensive and inclusive model, we can better serve the needs of our community and work towards reducing health inequities.

On behalf of Better Health Network, I extend my gratitude to the health promotion team who has taken the lead in driving this transformative change and who have created this document for the health promotion sector.

We hope that this document is useful for those who are starting to think about applying a size inclusive lens to their health promotion work. For those who are already on the pathway, we hope that our lessons and insights add value to the work you have already done. We look forward to progressing this work together.

I wish to express my sincere appreciation to all the individuals who have shared their vast knowledge, lived / living experience and wisdom in the creation of this document.

*Jenny Jackson*

Chief Operating Officer  
Better Health Network



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**Background**

# About this resource

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The Health Promotion Team at Better Health Network (formerly Star Health) created this resource to start the conversation between health promotion professionals to raise awareness of the unintentional impacts that 'healthy eating' and 'active living' health promotion initiatives can have in the community. By expanding this awareness, together we can create inclusive environments that provide communities with equitable access to services and initiatives aimed to support health and wellbeing.

To create this resource we talked to larger-bodied people, health promotion professionals across Victoria and consulted with experts in the field. However, we recognise that there is a wealth of experience, insights, and ways of thinking and being that we may not have captured or articulated in this document.

As health promotion practitioners we operate within a system. This resource shares recommendations that our team currently identifies as leverage points to create more inclusive and equitable environments. We acknowledge that other health promotion organisations are also working in this space and look forward to working together to create systems change.

We encourage you to discuss this resource with your colleagues and take the time and resources to have conversations with larger-bodied people in your community.

For Better Health Network, this is the start of our work to embed a size inclusive approach to our practice and we will keep learning and adjusting this resource as we continue to learn new insights and ways of working.

**Feedback is  
welcome**

Please provide written  
feedback by emailing:  
**[hpteam@starhealth.org.au](mailto:hpteam@starhealth.org.au)**

# How this resource was developed

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## 1. Planning

In our Strategic Prevention Plan, the Better Health Network (formerly Star Health) health promotion team has a focus on two of the Victorian Public Health and Wellbeing plan 2019-23 priority areas - food ('healthy eating') and movement ('active living'). In developing the plan we applied an equity lens and recognised that larger-bodied people face discrimination in accessing spaces, services and building their capacity and self-confidence for leading a health-promoting life.



## 2. Scoping

The team reviewed the current literature and examined how 'healthy eating', 'physical activity', and weight stigma is portrayed in the news, media, public policy and health promotion guidelines.



## 3. Building capacity

Better Health Network and Peninsula Health commissioned Dr Fiona Willer (Dietitian and Director of Health Not Diets) to present at a two-day professional development event about weight science (Nov 2022) and review current Victorian health promotion programs with a size inclusive lens (Dec 2022).



## 4. Identifying gaps

After this event, the team consulted with health promotion practitioners from organisations across Victoria (metropolitan and regional) about what support they need to apply a size inclusive lens to their work.



# How this resource was developed

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## 5. Consultation with lived experience

The team then surveyed 56 people and hosted community conversations with eight larger-bodied people to learn what we can improve in the health promotion space to remove weight stigma and diet culture from the focus areas 'healthy eating' and 'active living'. These community conversations informed the recommendations in this resource. The conversations were facilitated by Lisa Brassington (lived experience consultant) and supported by Dr Fiona Willer.



## 6. Development and review

A draft resource was informed by the insights and stories from the above steps. We then sought feedback from the focus group participants, Lisa Brassington, health promotion practitioners, Dr Fiona Willer and Dr Zali Yager (Co-CEO of The Embrace Collective).



## 7. Dissemination

This final resource shares our insights and lessons with the broader health promotion sector.



# A note on language

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Words and terminology play a powerful role in public perspective and reinforcing systems. The authors of this document have taken great care to be mindful of the language used in this resource to support inclusive narratives of health, weight, food, and movement. This glossary defines the terms used in this resource.

**Size inclusive:** Describes something (such as, an action, event, intervention, message and so on) that welcomes and caters to the needs of people from across the size spectrum, and will not expect or celebrate efforts to change body size.

**Larger-bodied people:** a neutral social description for body size [2].

**Fat:** Some people have reclaimed fat as a self-identity, others find this term difficult. We have intentionally not used the term fat in this resource, but respect individuals choice to identify with terms that are meaningful to them.

**Body image:** The thoughts, feelings, attitudes and beliefs we have about our bodies and how we look, including our shape, size, weight, and the way our body functions for us [3].

**Weight neutral:** Any action or intervention that is not intended to change body weight and when implemented does not have a predictable effect on body weight.

**Weight bias:** A preference for, or positive attitude towards, thinner bodies, and negative attitude towards larger bodies.

**Weight stigma:** Negative social stereotypes and misconceptions about larger bodies and larger-bodied people.

**Weight centric:** Used to describe something that uses body weight control as a rationale, intervention or key outcome measure.

**Diet culture:** Refers to a set of ever-changing myths about food and bodies, promoting the idea that one's body weight equals health and that foods are categorised as 'good' and 'bad' [1].



# A note on language

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**Healthy eating:** This term is used in this resource to refer to the 'healthy eating' priority area. It is important to consult with community to hear how they define health-supportive eating.

**Food:** References all health promotion activities in food systems and nutrition literacy. We use 'food' to refer to 'healthy eating.'

**Positive relationship with food:** Is about listening to our bodies, eating what we need and feeling joy when we eat (not guilt or other negative emotions).

**Active living:** This term is used in the resource to refer to the 'active living' priority area.

**Movement:** References all the different ways we move our bodies, for example, walking, cleaning, gardening, dancing, yoga. We use movement to refer to 'active living'.

**Co-create:** To work and share power with people with lived experience or expertise to create and implement actions for change.

**Systems change:** A systems change approach to health promotion recognises the complexity of health and wellbeing issues. It helps us to understand how different factors in our society and communities interact in a dynamic way, and allows us to identify leverage points for change.

**Environment:** Encompasses the physical, social, and economic factors that have an impact on health and wellbeing within a specific community or area.



**Preparing for change**

# The social issue

Empirical evidence shows that behaviour does not necessarily determine a person's body weight, and body weight does not always reflect health [4,5].

There is a disconnect between the evidence and the dominant social and systemic understanding of weight and health [4,5].

People tend to assume that weight loss is central to achieving better health and prevention of disease, that higher body weight equates to poorer health and that thinner bodies are better [4]. Notably, this is largely a western worldview. Not all people and cultures view body weight and health in this way.

This public discourse in Australia is driven by media, marketing, healthcare professionals, and public health campaigns and policies that focus on weight loss [6].

What has resulted is negative attitudes towards larger bodies, that can be both internalised (directed at oneself) or externalised (directed at others). This discourse sits within a complex system of power and privileges in society [7] and manifests as discrimination [7], body dissatisfaction [8,9], eating disorders [10] and disordered eating [11].

To shift this social discourse, we need to listen to, value and amplify the voices of larger-bodied people to create equitable and inclusive wellbeing environments.

**91%**

OF ADULT WOMEN  
SAY THEY WANT TO  
BE THINNER [9]

**22%**

OF ADOLESCENTS  
ARE AFFECTED BY  
EATING DISORDERS  
[10]

**3 in 4**

YOUNG AUSTRALIAN  
ADULTS REPORT  
BODY IMAGE DISTRESS  
[8]

**Weight stigma is a common  
form of discrimination  
reported by Australians [12]**

**58%**

OF CHILDREN  
(AGES 5-8 YEARS)  
REPORTED  
APPEARANCE-  
RELATED TEASING  
FROM PEERS [13]

# Our role in health promotion

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Health promotion aims to create environments that positively support the health and wellbeing of people of all body shapes, sizes, gender, age, sexuality, race, ability and/or identity [14].

However, what we know now is that public health discourse about weight, 'healthy eating' and 'active living' has contributed to weight stigma and bias in the community [6].

Weight stigma is a significant **barrier** preventing people from engaging in environments aimed to support health-supporting behaviours, including nourishing eating and regular movement [5]. Anticipation or experience of weight stigma (including discrimination, social rejection, teasing and other forms of unfair treatment) also contributes to depression, anxiety, social isolation, poor body image, low self-esteem, and avoidance of healthcare [5].

Size inclusive health promotion approaches are an **ethical** alternative that are supported by evidence to enhance wellbeing; while more importantly creating equitable and inclusive environments for communities to thrive [15].

The recommendations detailed in this resource are intended as a **starting point** for health promotion professionals to:

- Advocate for and with the voices and perspectives of people of a diverse range of body size to be included in the development of health promotion plans, strategies and messaging.
- Advocate for co-creation to build more inclusive, accessible and welcoming environments for people of all body shapes, sizes and abilities.
- Provide direction for developing health promotion strategies that do not harm, nor contribute to weight stigma or other risk factors for poor body image, eating disorders or disordered eating.
- Unify health promotion professionals to work towards using consistent communication in practice and advocacy.

# Examples of weight centrism

Within community health promotion initiatives

Dr Fiona Willer has developed a [weight stigma heat map](#) tool for health promotion to use to screen health promotion initiatives for weight stigma. Some examples of weight centrism in health promotion are listed below:



## Uses a weight-centric rationale

Using a weight-centric rationale for the initiative by stating that current body mass index (BMI) patterns in children, adolescents and adults are evidence of 'unhealthy' lifestyle behaviours; and using BMI as an evaluation measure to reflect the success of programs [16].



## Preventing obesity is the primary motivator

Some health promotion initiatives are implemented with the primary long-term goal to 'prevent obesity' in order to reduce poor health outcomes [16]. Despite evidence that body weight does not always reflect health [4,5].



## Presumes environmental changes will change population BMI

Presuming that making changes to the food environment and opportunities for physical activity will result in changes to population body mass distribution [16].



## Promotes some foods as 'healthier'

Promoting food environments that endorse low fat, low sugar or low energy foods as 'healthier', regardless of the broader nutrient profiles of the foods and drinks [16].



## Only smaller-bodied people depicted

Only using images of smaller-bodied people to depict 'health' in resources, and reports [16].

# What is a size inclusive approach?



Size inclusive health promotion initiatives aim to create a culture and environment that supports people of all shapes and sizes to optimise their health and wellbeing [17].

## Size inclusive approaches aim to:

- ✔ Promote positive body image and counter the negative effects of weight bias and stigma.
- ✔ Incorporate a strengths-based approach in their design.
- ✔ Avoid weight or BMI as an outcome measure.
- ✔ Use size inclusive language.

While health promotion works at a population level, evidence from randomised trials have found that on an individual level size inclusive interventions:

- Show improvements in biochemical risk markers and health behaviour adoption without significant weight change [18].
- Lead to health-supporting behaviours being maintained for longer periods of time [18].
- Are more likely to reduce disordered eating patterns, including binge eating [19].

Taking a 'health gain' rather than 'weight loss' approach has been recommended in Australia by the Royal Australian College of General Practitioners [20], National Eating Disorder Collaboration [21], and advocacy body Size Inclusive Health Australia [17].

# Reflecting on your practice

To create authentic change and effectively shift the systems that hold weight stigma in place, we encourage health promotion teams to continually reflect on their practices.

## Am I | Are We?

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### Aware of the limitations of our own experience and unconscious biases?

It is likely that we have been exposed to weight biases and diet culture since we were children, so our beliefs about weight, food and movement may be unconsciously ingrained. We need to gently identify and challenge the biases we may hold about weight towards ourselves and others.

### Centering larger-bodied people as experts of weight stigma and size inclusive wellbeing spaces?

Take time, prepare spaces, commit resources, engage with, and welcome people with lived experience. Fairly compensate individuals for their time and expertise.

### Aware of the power and privileges that we have in the system?

Reflecting on our position in the system as health promoters, and our intersecting privileges or oppressions as individuals is vital to broaden our awareness of the power dynamics in the systems we work in.

## Am I | Are We?

---

### Engaging in ongoing education?



Simply changing the words we use does not make our practice inclusive. Take time to engage in ongoing capacity building. There are resources available to learn more, including podcasts, books and blogs/websites by fat activists and academics in this field. Refer to the appendix for a list of great starting points.



### Fostering a community of care?

Remember, what surrounds us shapes us. Directly challenging other people's opinions is rarely successful. Especially when people know that their views about weight and behaviour are shared by others. Instead of debating opposing ideas, stick to a message that you feel is most important for people to know, such as, everyone deserves access to safe spaces to move their bodies for reasons other than weight loss.



### Practicing self-compassion?

No matter what size body we are in, it is likely that this topic challenges us in some way. Be kind to yourself while you engage in this work and reach out for support from others.



# Size inclusive approach

## Summary of recommendations for health promotion

We encourage you to use this resource as a starting point. Share it with your colleagues and explore its recommendations. Above all, we encourage you to listen to people of all body sizes, shapes, abilities, genders and identities across your region.



Recommendation #1:

**Represent people of all sizes, races, ages, genders, and abilities in images.**



Recommendation #2:

**Recognise the diversity in food culture and practices.**



Recommendation #3:

**Explain the benefits that nourishing food has for all people's health and wellbeing.**



Recommendation #4:

**Keep traffic light food frameworks behind the scenes.**



Recommendation #5:

**Support age-appropriate food initiatives in schools and early learning services.**



Recommendation #6:

**Ground health promotion messaging about movement in community experience.**



Recommendation #7:

**Actively create environments for movement that are safe and welcoming for people of all body shapes, sizes, genders, ages, sexuality, races, abilities and/or identities.**



Recommendation #8:

**Focus on evaluating health promoting capabilities and supportive environments, not BMI.**



**Images**

Recommendation #1:

## **Represent people of all sizes, races, genders, and abilities in images.**

What we see in images influences how we think and view others.

Visual representation of diversity sends the message that all people are present, welcomed, and celebrated. Yet, the images we have seen in the past and present reinforce negative bias towards larger bodies.

### **People**

We often see pictures of people in larger bodies with their heads cropped out of the image, paired with less nourishing foods, wearing unflattering clothing, or expressing sadness or anger when considering their own or other's bodies.

### **Food**

Low-calorie food is also pictured as healthy alternatives or celebrated in pictures with thin people, for example, people laughing with salads.

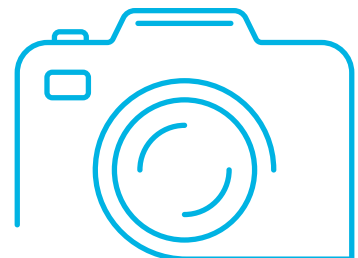
### **Movement**

Larger-bodied people are often pictured in unflattering clothing, not enjoying exercise, if included in pictures of movement at all.

Review the visual resources used in your organisation.

### **Am I | Are we including:**

- Pictures of people of all sizes, races, genders, and abilities across the resource?
- Real photos of people engaging in everyday activities and health promoting behaviours?
- Pictures of nutrient-rich foods and/or meals with core foods?



### **Where to find size inclusive images:**

- [All.go](#). Free plus size stock photos
- Canva (include search terms: plus-size, body positive, happy)
- Istock (include search terms: plus-size, happy)



# Food environments

# Food stories



We asked larger-bodied people "what guides your food choices?" This is what they told us...

**She/her, 36yrs, metro Melbourne**

"I like to choose a wide variety of foods that make me feel good both physically and emotionally."

---

**Anonymous**

"We choose what to buy according to price and what's in season. When socialising it's whatever looks good."

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**She/her, 35yrs, outer metro Melbourne**

"Learning what different foods do to my body has been much more instructive than any food pyramid."

---

**Anonymous**

"Enjoyment, trying new things and ensuring it is balanced, as in it has fruits, vegies, carbs, protein and the good stuff!"

---

**Anonymous**

"After years of disordered eating, I am finally in a good place where I eat what I want but try to make sure its balanced and lots of variety."

---

**Anonymous**

"Intuitive eating now because I'm anorexia recovered."

**She/her, 27yrs, regional Victoria**

"To be honest, at the moment I am eating to live. When my mental health struggles, I find I am just eating to sustain myself and not out of enjoyment, so when I eat like that I like to make sure I hit the food groups. When I am having a better mental health day/time, that is when I try to make more complex dishes that taste amazing."

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**She/her, 32yrs, metro Melbourne**

"Some days it is what is available and accessible, others it is what I am craving and sometimes it is a health based choice."

---

**She/her, 46yrs, neurodiverse, infinifat (size 30+)**

"What I eat varies depending on the weather or time of year, what I'm in the mood for, what I can afford, and what's in season."



Recommendation #2:

## Recognise the diversity in food culture and practices.

Food is a deeply engrained aspect of cultural and social identity; it is a way of bringing people together and is often used in celebrations or as a means of self-care.

Health promotion professionals need to work in **collaboration** with communities to understand their unique food cultures and systems.

In doing so, communities are empowered in their agency and self-determination, leading to sustainable and long-term improvements in health and wellbeing.

When delivering 'healthy eating' initiatives ask:

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### Am I | Are we

- Listening to and valuing community food practices and choices?
- Building on initiatives that exist within the community?
- Building the capacity of others within their food system?
- Integrating cultural wisdom about food?
- Nurturing deeper relationships with people and the planet by considering climate impact and the local food systems?
- Considering time, cost, and accessibility of food in your catchment area?

Recommendation #3:

## Explain the benefits that nourishing food has for all peoples health and wellbeing.

The majority of Australians believe that body weight is controllable by diet [12], therefore weight centrism is implicit in health promotion 'healthy eating' initiatives.

This means that health promotion organisations need to explicitly communicate that food initiatives are intended to support the health and wellbeing of people of all shapes, sizes and abilities (and they are not aimed to achieve weight loss!).



### Language

- ☑ Take the time as a health promotion team to reflect on the terms you use to describe and define food. When talking to community about food initiatives listen to how they choose to define terms related to food.
- ☑ For some people the term 'healthy food' can trigger feelings of shame and stigma. The term 'nourishing' may be more appropriate.



### Nutrition literacy

- ☑ Recognise that eating looks different for different people and there is no one 'healthy' way to eat. Eating a variety of food helps our bodies grow and have the energy to do the things we need or love to do.
- ☑ Focus on the benefits that food provides, rather than possible negative consequences. This includes focusing on the inclusion of nourishing foods not restriction.
- ☑ Explicitly link nutrition messages with strong evidence and clearly signpost reasons for actions, for example, removing fizzy drinks from canteens supports dental health rather than achieving weight related outcomes.

### Health promotion scope



Health promotion can influence the food environment and food systems. Engage with size inclusive Nutritionists and Dietitians to deliver nutrition education sessions as their expertise can respond to nuanced and complex questions about food and health conditions.



Recommendation #4:

## Keep traffic light food frameworks behind the scenes.

"If I'm going to have something that's orange or red, it feels very visible to do that in a public place...it means that I have to be in a good mental place to order a peppermint slice that day."

- Anonymous

Traffic light food frameworks are a public health measure aimed to create healthier food environments. In Victoria, health promotion organisations are currently implementing traffic light food systems in community settings. Based on feedback from community conversations, we urge organisations to consider the following:

### Considerations for traffic light frameworks:

- ☑ Avoid public facing traffic light labels on food. Labelling food evokes harmful moral judgment of our own and others food choices.
- ☑ Celebrate cultural food practices, particularly Indigenous and Native foods, and traditions such as, Ramadan, Hanukkah, and Chinese New Year. Include options on the menu or in the school canteen.
- ☑ Engage with the community for feedback and suggestions.
- ☑ If excluding any foods clearly state why, for example, early learning services may request parents don't bring in birthday cake due to food allergy or food safety.
- ☑ Ensure that 'green' foods provide energy and nourishment and are not synonymous with simply low calorie foods. Foods also need to be delicious! For example, children need food at their school canteen that supports them to concentrate and in sports clubs to adequately fuel their bodies.
- ☑ Ensure changes to the menu are financially viable for the provider and the customers. For example, it may be more viable to add an ingredient to a menu item to shift it from a 'amber' to 'green' category, than remove it from the menu.





Recommendation #5:

## Support age-appropriate food initiatives in schools and early learning services.

We can support children to learn about nourishing food by providing neutral, and developmentally appropriate learning opportunities.

### Social discourse

People tend to think that the solution to improving children's health is to educate children about healthy eating. They believe that if children know what foods are 'good for them' then they will eat more of those foods and less of foods that they are taught are 'bad for them.'

**But children are not responsible for the food that they are provided to eat [22].**

Parents and caregivers make food choices for their families based on their food environment. We know that many families live in environments that make it challenging to put nourishing food on the table.

When we teach young children that certain foods are unhealthy (and therefore 'bad') we may undermine the trust between the child and the parent. To become competent eaters, children need to trust that their parents feed them properly [22].

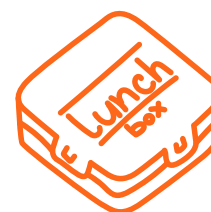
Supporting children to develop a life-long positive relationship with food means that they experience the joy, social connection, and sensory experiences of food.

### Sugar activities

Activities that show children and teenagers how much sugar or fat there is in certain foods are harmful and drive a disordered relationship with food [11].

### Lunchbox talk

Early learning services (ELS) and schools often share their concerns about children's lunchboxes with health promotion practitioners. Remind ELS and schools that families have their own reasons for packing lunchboxes the way they do and to never take away food or comment on a child's lunchbox. This can lead to children feeling shame and anxiety about the foods they eat, or the foods their family provides and can contribute to social exclusion [14].



# Supporting food initiatives

Piaget's Developmental Theory demonstrates that children are concrete thinkers until late primary school. Nutrition concepts are **abstract**, we cannot see, touch, or taste the nutrients in food. So while children may be able to recall nutrition facts, this does not necessarily equate to understanding [23].



## Young children (ages 2-7)

Best understand concrete information. They are learning about food for the first time and benefit from activities that allow them to explore it with their five senses - sight, smell, hearing, touch and taste (without pressure to eat it). They are also developing their sense of body image [13] and establishing attitudes and behaviours towards eating and food.



## Children (ages 7-12)

Can now begin to grasp the concept of food groups, such as dairy, grains, vegetables and fruit. It is not necessary to focus on specific nutrients (such as, calcium) in food [24]. They still benefit from activities that allow them to explore food with their five senses.



## Teenagers (ages 12 +)

Think abstractly and reason logically. They can learn about health and nutrition in a way that is empowering and non-judgmental, for example, '*fibre is in wholegrains, vegetables and fruit and aids digestion*' [24]. Teenagers also benefit from learning to plan and cook meals.

### Instead of talking about 'healthy habits':

- ☑ Describe food using neutral language by calling it what it is (for example, apples are a fruit).
- ☑ Avoid saying 'everyday or sometimes food' - these are abstract terms and often not reflective of the frequency children are provided food.
- ☑ Encourage activities that allow children to explore food, such as gardening, harvesting, preparing and cooking foods.
- ☑ Celebrate body diversity and nurture body trust. See [Butterfly Body Bright](#) and [The Embrace Hub](#).
- ☑ Explore how food connects to self, family, culture, tradition and community. If possible visit farmers markets, farms, the seaside, and connect with Indigenous Knowledge Keepers.
- ☑ If supporting mealtime feeding practices at ELS we encourage your team to engage with a paediatric dietitian.



**Movement**

# Movement stories



We asked larger-bodied people "how and why they like to move their body." This is what they told us...

## **She/her, 27yrs, regional Victoria**

"I like to incorporate movement where ever I can - when grabbing a coffee, walking around the workplace."

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## **She/her, 55yrs**

"A walk around the block when I am feeling frustrated and low can create a shift of mood that changes my whole perception"

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## **Anonymous**

"To feel good! To spend time with loved ones! To build up muscle groups that will help me as I age."

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## **They/she, 43yrs, Pākehā, metro Melbourne**

I don't 'like to' move my body, I move my body in order to do the things I need or want to do. I go for walks in order to experience nature, with frequent rests to accomodate my chronic back pain, and I do my daily prescribed exercises to help mitigate my back pain. I move my body in order to access delicious food (by cooking) and a clean environment and clothes (doing household tasks).

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## **Anonymous**

"I walk everywhere out of necessity because I can't afford a car and because it makes me feel capable and energetic."

## **She/her, 39yrs, metro Melbourne**

"I enjoy movement to make my body feel good... After years of using exercise as punishment I now look forward to it."

---

## **Anonymous**

"I love to play team sports like field hockey, where I feel connected to other people who are there to have fun. I also feel proud of myself and sometimes amazed at what my body can do in terms of skills"

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## **She/her, 29yrs, Melbourne**

"I love walking outside in the fresh air. I find the smells and the movement really relaxing, and I sleep much better if I've gone for a walk."

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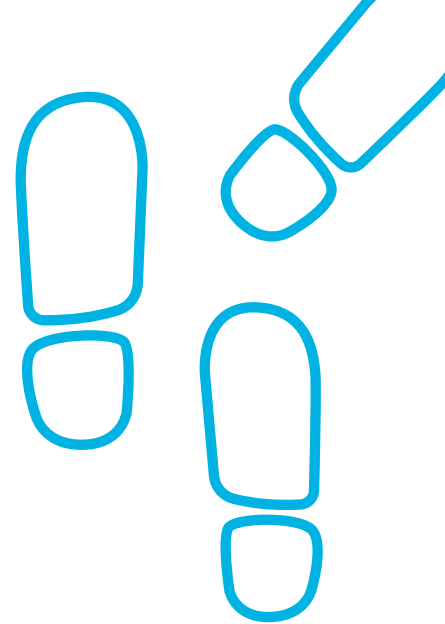
## **They/them, 32yrs, metro Melbourne**

"I walk and cycle up to 50km a week. It keeps me fit and it's part of my job"

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## **She/her, 41yrs, metro Melbourne**

"I love to do yard work and gardening. Mowing the lawn, whipper-snipping and edging, hedge-trimming and weeding. It gives me a sense of accomplishment, relieves stress and releases endorphins."



Recommendation #6:

## Ground health promotion messaging about movement in community experience.

"It's not just about 150 minutes of exercise a week forever. It's also about honoring your season of life, what's going on for you."

- She/her, 35yrs, outer metro Melbourne

Policy directives and community organisations tend to list prevention of disease or illness (cardiovascular disease, some cancers and depression) and weight loss as rationale for people to exercise. But these messages contribute to stigma and shame.

Research shows us that regular movement supports cardiovascular health, strengthens muscles and bones, improves functionality, body image, sleep and for some people helps to lift their mood or relieve stress [25]. Yet, an individual's choices for movement are based on their own experiences, ability, affordability of activities and access to safe and welcoming environments.

### What we heard:

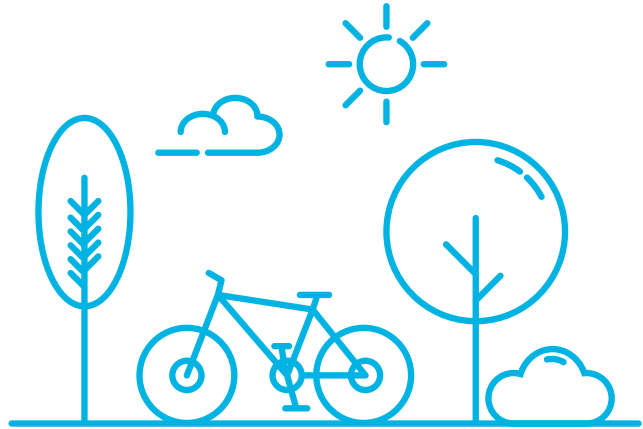
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Larger-bodied people told us that they move their body to:

- Feel good
- Feel themselves getting stronger
- Sleep better
- Connect to places, spaces & nature
- Maintain body functionality
- Manage pain or chronic health conditions
- To minimise their climate footprint by using sustainable transport options

These conversations emphasised that health promotion messaging about movements needs to support all kinds of movement (including incidental) and recognise the diverse reasons people move their bodies.





Recommendation #7:

**Actively create environments for movement that are safe and welcoming for people of all body shapes, sizes, genders, ages, sexualities, races, abilities and/or identities.**

"Honestly, it's hard to like moving my body. When I do so, it's often in ill fitting clothes, and it's also often when I get abused in public spaces. When I do like it, it's most often in safe spaces with other fat women, or with very close friends. When I do, I love that my body can feel graceful. I love when I feel free to respond to music."

- She/her, 41yrs, metro Melbourne

It is crucial to acknowledge that many people experience fear and shame about being active in public as they anticipate judgment or weight talk.

Larger-bodied people expressed that the physical and socio-cultural environment of sport, recreation facilities, and local open spaces influenced how welcome they felt to move in these spaces.

Health promotion professionals need to advocate for safe and welcoming environments that allow people the choice to engage in enjoyable, new or rehabilitation movement activities. The following page provides starting points for creating size inclusive movement environments.



# What we heard

Size inclusive movement environments need:

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## Safe physical spaces

- ✓ All sporting equipment, including playgrounds and outdoor exercise spaces, are safe and comfortable for larger-bodied people to use.
- ✓ The changing rooms (including toilets and shower cubicles) are comfortable for larger-bodied people to use, hygienic and gender neutral facilities are available.
- ✓ Walkways and parks are safe for people with different mobility needs and paths have rest stops, shade and good lighting.
- ✓ Active transport initiatives include public transport methods that accommodate people of all sizes comfortably.

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## Diverse clothing and equipment

- ✓ Appropriate sports clothing and safety equipment is readily available in large sizes, options are available for all genders and cultures, and all clothing and equipment is maintained in good condition.
- ✓ In recreation centres, activewear that is sold is available in a range of sizes and options.

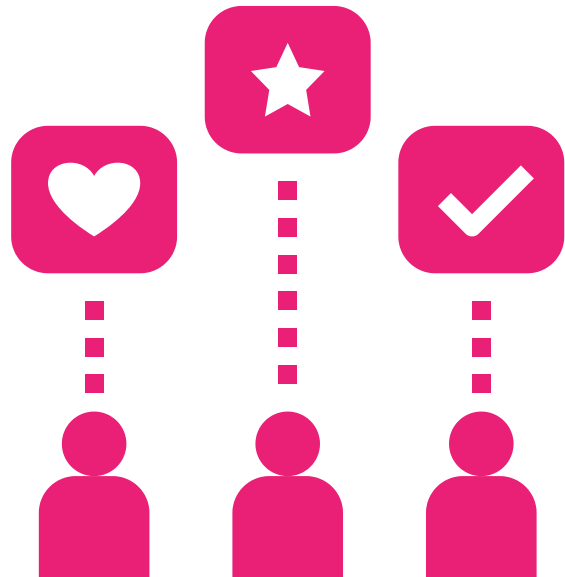


## Inclusive culture

- ✓ Engagement with a diverse group of people in program design or feedback on movement and sport environments.
- ✓ Spaces explicitly communicate and visibly demonstrate that they are inclusive and welcoming of all bodies to diminish fear of judgment.
- ✓ Teachers and coaches understand how to adapt exercises and sporting equipment for larger-bodied people without evoking feelings of shame or judgment.
- ✓ In workplaces, when integrating movement initiatives (including standing or walking meetings at work) allow staff the choice to take part, in order not to discriminate against staff with disability, chronic conditions and chronic pain, some of whom may not have disclosed their health status to the workplace.



# Evaluation



Recommendation #8:

## **Focus on evaluating health promoting capabilities and supportive environments, not BMI.**

There are more accurate and meaningful ways to evaluate program success and to understand population health and wellbeing trends, than weight changes.

Measures of BMI, 'overweight' and 'obesity' rates have been used to measure the success of health promotion programs and to track population level health and wellbeing. However, these are not an accurate measure of an individual's health nor a valid predictor of population health outcomes [26].

Instead we can focus on evaluating health promoting capabilities (skills, knowledge, motivation and access to resources) and the extent to which environments support all people to engage in health supporting behaviours.

### Beyond the measurable:

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It is important when evaluating our health promotion work to use a mix of quantitative and qualitative data.

**Quantitative data** is useful to provide a broad understanding of change and population health trends. However, it does not provide insight into what contributes to change or how different people experience this change.

**Qualitative data** can be collected via interviews, focus groups and health promotion practitioner reflective practice. When collecting qualitative data it is important to engage a broad range of perspectives.

## Evaluation questions

## Examples of evaluation data

### **Does our community provide safe, hygienic and accessible settings for people to engage in health promoting behaviours?**

Evaluating whether settings are safe, hygienic and accessible helps us to understand our progress towards creating equitable health promoting environments.

- Demographics of people using settings.
- Changes implemented by settings to improve access and equity.
- Number/proportion of sports clubs and recreation centres who have implemented access and equity strategies.
- People's perceptions of the safety, cleanliness and accessibility of settings.

### **Do people have skills, knowledge and access to resources that allow them to engage in health promoting behaviours?**

Evaluating capabilities helps us to understand whether people have what they need to engage in and sustain health promoting behaviours.

- Cooking skills.
- Nutrition and health literacy.
- Bike riding skills.
- Access to kitchen equipment
- Access to clothing or equipment to participate in sports or activities.
- Motivations for engaging in movement.

### **Are people engaging in health promoting behaviours?**

Evaluating the extent to which people are engaging in health promoting behaviours, rather than whether people meet recommended targets, reflects that health promoting behaviours look different for different people and that any increases in health promoting behaviours are beneficial.

- Number of serves of fruit and vegetables consumed rather than whether people are meeting healthy eating targets.
- Weekly minutes of physical activity rather than whether people meet the recommended weekly physical activity targets.
- Fruit and vegetable consumption rather than 'discretionary' food consumption.

### **Does our health promotion initiative support people to foster a positive relationship with food, movement and their bodies?**

Evaluating the extent to which our health promotion initiatives contribute to individuals building positive relationships with food, movement and their bodies helps us avoid contributing to stigma and poor body image.

- Perceptions of health promotion messages by different population groups.
- Experiences of stigma/shame around movement and food initiatives and/or settings.
- Levels of body satisfaction or poor body image.
- Extent to which school nutrition, health and P.E. curriculum uses a size inclusive approach.



# Appendix

# Useful resources

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## Websites



### [Size Inclusive Health Australia](#)

Non-profit, member-based association that brings together the highest quality information, training and specialists in Australia for size inclusive care.

### [Poodle Science](#)

An animated video exposing the limitations of current research on weight and health.

### [Butterfly Foundation](#)

Whole of setting support for eating disorders and body image issues.

### [The Embrace Hub](#)

Body image resources to educate and inform young people, parents, teachers and sports coaches.

### [The Embrace Collective](#)

Body image research and resources.

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## Toolkits

### [Body Confident Collective Sport Guidelines](#)

These guidelines provide practical recommendations to create safe, inclusive and welcoming sporting environments.

### [Teach Food First: An Educator's Toolkit for Exploring Canada's Food Guide](#)

Resources for age-appropriate nutrition education for children.

### [Every Body in Every School](#)

A toolkit to help schools create environments that support student's body image, and healthy relationships with food and physical activity.

## Professional development



### [Health, Not Diets by Dr Fiona Willer](#)

Professional development for size inclusive care.

### [Intertwine](#)

Tailored intersectionality training.

### [The Systems School](#)

Capacity building for systems thinking.

### [Hue Inclusive Workplace toolkit](#)

A resource grounded in lived experience that provides an introduction about different kinds of discrimination.

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## Books

### **Just eat it**

Laura Thomas



### **The body is not an apology**

Sonya Renee Taylor

### **How to raise an intuitive eater**

Amee Severson and Sumner Brooks



## Podcasts

### **Maintenance Phase**

Podcast that debunks the junk science behind health and wellness fads.

### **The Mindful Dietitian**

With Fiona Sutherland supporting non-diet approach for Dietitians.

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