



# Adolescent Health Program Size Inclusivity Self-Assessment



It's important for adolescent health programs to be inclusive of all body sizes. Size inclusivity helps all youth feel seen and respected.

Review the information about weight stigma and bias below. Then as a team fill out the assessment on pages 2–3 to determine the extent to which your adolescent health program is size inclusive. Finally, identify actions your program can take toward size inclusivity.

## About weight stigma and bias

Weight bias is negative attitudes or beliefs about people because of their weight. This can lead to weight stigma—when people are seen or treated poorly because of their weight.

In your work with adolescents, keep in mind:

- **Weight stigma and bias are everywhere.** All you can tell by looking at someone is the size of their body—not their character, lifestyle, or how healthy they are. Even so, in the U.S. higher-weight people are a marginalized group (meaning they're treated as less important, less powerful, and on the outside). Body weight is the number one reason youth are teased and bullied.<sup>1</sup>
- **Weight stigma has serious consequences.** Experiencing weight stigma can contribute to risky sexual behavior, depression, anxiety, and suicidal thoughts, plans, gestures, or attempts.<sup>2</sup> Weight stigma and the diet and weight-loss industry also drive eating disorders<sup>1</sup>; higher-weight people are more likely to engage in restrictive disordered eating than all other weight groups.<sup>3</sup> And providers are less likely to bring up sex and birth control with higher-weight people, which can affect long-term health.
- **Weight stigma is complex.** Many larger-bodied youth also have other marginalized identities—like their race, disability, sex, or gender—which makes the harm they experience even worse. Seeing bodies like theirs represented in a positive light can help youth feel seen and respected.
- **You can take action to counteract weight stigma and bias.** For example, explore accurate, weight-neutral language—such as higher-weight or larger-bodied—that doesn't shame, blame, or make people feel abnormal. The assessment items below offer other strategies your program can consider.

<sup>1</sup> UConn Rudd Center for Food Policy and Health. Kids & Teens: Weight Bias & Stigma.

<sup>2</sup> Harvard School of Public Health. (2020). STRIPED Roadmap for Addressing Weight Stigma in Public Health Research, Policy, and Practice.

<sup>3</sup> Eating Behaviors. (2017). Eating disorder symptoms among undergraduate and graduate students at 12 U.S. colleges and universities.

<b>Program environment</b>	<b>Describes us well</b>	<b>Almost there</b>	<b>Just getting started</b>	<b>Does not describe us</b>	<b>Not applicable</b>
Our program space has sturdy, armless seating and desks that fit larger-bodied youth.					
Materials, posters, signage, artwork, and other visuals are free from weight stigma (e.g., negative body messages) and feature people with different body sizes.					
Website language and images are free from weight stigma and feature people with different body sizes.					
Social media content is free from weight stigma and features people with different body sizes.					
<b>Program content</b>	<b>Describes us well</b>	<b>Almost there</b>	<b>Just getting started</b>	<b>Does not describe us</b>	<b>Not applicable</b>
When appropriate, staff provide information to support body neutrality (accepting your body) and body positivity (seeing all bodies in a positive way regardless of their size, shape, skin tone, gender, and physical abilities).					
When providing information on healthy habits, staff focus on health-promoting behaviors (e.g., being physically active, getting enough sleep, reducing stress, and eating a variety of foods) rather than on weight.					
When providing information on healthy relationships, staff mention weight-related teasing and bullying (in person and online) as forms of mistreatment.					
When discussing social media, staff mention how social media can influence body image and self-esteem.					
If providing information on birth control, educational materials discuss any weight-related guidelines, such as: <ul style="list-style-type: none"> <li>• The patch may be less effective at preventing pregnancy in people with a BMI of 30 or over.</li> <li>• Levonorgestrel/progestin-only emergency contraception pills (e.g., My Way™, OneStep™, Plan B) may be less effective in people over 165 pounds.</li> <li>• Ulipristal acetate emergency contraception pills (ella®) may be less effective in people over 194 pounds.</li> </ul>					
If providing information on birth control, staff describe the intrauterine device (IUD) as the most effective emergency contraception method regardless of weight.					

Program policies and protocols	Describes us well	Almost there	Just getting started	Does not describe us	Not applicable
Staff receive training on how to prevent and address weight stigma and bias.					
Our program has a written policy that prohibits weight-based teasing and bullying (in person and online).					
Our program has a protocol for responding to weight-based teasing and bullying (in person and online).					
Group agreements acknowledge that our program is inclusive and welcoming, and that disrespectful or bullying behavior—related to weight or anything else—won't be tolerated.					

## Action steps

Reflect on your team's responses to the items above and your program as a whole. Are there other ways in which weight stigma and bias show up in your program?

Then identify three actions your program can take toward size inclusivity.

1.

2.

3.

