National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

Mind the Disruption

PODCAST EPISODE TRANSCRIPT & COMPANION DOCUMENT

SEASON 1 | EPISODE 9

Bonus Episode – Tackling Weight Discrimination in Nutrition and Public Health

Episode released on:
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Mind the Disruption is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier, more just world.

The first season of Mind the Disruption focuses on Cultivating Creative Discontent: what it means to look around, see something that needs to be changed — something that is unfair and unjust — and then take bold action despite the resistance we might face.

This episode companion document, available in English and French, provides a new way to engage with the podcast. It includes a written transcript of Episode 9 as well as highlighted powerful quotes and related resources to prompt further reflection and exploration.

HOST

BERNICE YANFUL

Bernice is a Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH). Bernice is also a PhD candidate studying the intersections between school food and food security, and she has worked as a public health nurse in Ontario.

PODCAST GUESTS

LILLIAN YIN

Lillian Yin is of East Asian descent with roots in Taiwan and China. As a registered dietitian and diabetes educator, she has been privileged to serve in spaces across the spectrum of life, from infancy and pregnancy through adolescence and older adult years, and in various areas of the health system ranging from acute and primary care to community and public health. Recently, she joined the Health Promotion Team at Vancouver Coastal Health Authority as Team Lead. Her principles of care are framed by social justice, equity, strength-based approach and cultural safety. Driven by her passion to advance social justice and achieve health equity within the wider system through collective action, she is currently pursuing a Master of Public Health at Johns Hopkins University.

EPISODE DESCRIPTION

Season 1 of Mind the Disruption was a success! We've decided to release bonus content from three episodes. This stand-alone episode features more from registered dietitian Lillian Yin who works at Vancouver Coastal Health and who was a reflective guest on Episode 5 – "Disrupting food insecurity & fat phobia." Lillian joins us to talk about why weight discrimination is so harmful. She shares her vision for a nourishing future of public health and nutrition as well as practical ways to challenge weight bias and discrimination in our daily lives and areas of work.

BERNICE YANFUL (NCCDH)

Hi. Welcome to Mind the Disruption. I'm Bernice Yanful. I'm a PhD student and public health practitioner working to move knowledge into action for better health for everyone.

On this podcast, I chat with community organizers, public health professionals, academics and more who have a key thing in common: they're disruptors. They're people who refuse to accept things as they are. Passionate about health for all and are pursuing it with a tenacity, a courage and a deep conviction that a better world is possible.

In Season 1, we're talking about creative discontent. What it means to look around us, see something that needs to be changed — something that is unfair and unjust — and then taking bold action despite the resistance we might face.

In each episode, we hear from a disruptor who has done just that in different areas: work, food, Whiteness, migration and much more. And we hear their personal journeys.

Wherever we find ourselves — in research, policy or practice — how do break from the status quo and move forward with boldness?

REBECCA CHEFF (NCCDH)

This podcast is made and brought to you by the National Collaborating Centre for Determinants of Health. We support the public health field to move knowledge into action to reduce health inequities in Canada.

We're hosted by St. Francis Xavier University. We're funded by the Public Health Agency of Canada, and we are one of six National Collaborating Centres for Public Health working across the country. The views expressed on this podcast do not necessarily reflect the views of our funder or host.

We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

BERNICE (NARRATION):

And we're back! Season 1 of Mind the Disruption was such a hit that we've decided to release additional bonus content from three episodes. We would love to hear your feedback for Season 1. You can leave us a review or, to connect with us personally, send us an email at nccdh@stfx.ca.

In this bonus episode, I chat with registered dietitian Lillian Yin. Lillian has moved into a new role as a health promotion lead for Vancouver Coastal Health. At the time of our conversation, she was working in a specialized clinic supporting chronic disease management and with the prenatal outreach program at Vancouver Coastal Health.

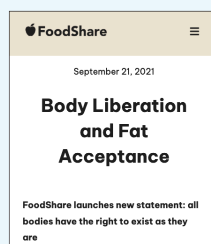
Lillian was originally the reflective guest on Episode 5 that featured Paul Taylor and focused on food justice and disrupting food insecurity and fat phobia. In Episode 5, Paul shared his journey as an anti-poverty activist and former director of FoodShare Toronto, the largest food justice organization in Canada.

He told me about the organization's work to disrupt fat phobia through the release of its Body Liberation and Fat Acceptance statement, affirming that all bodies are worthy and have a right to exist as they are.

We then heard from Lillian who shared her reflections on Paul's interview and how she seeks to contest harmful weight-focused biases and practices in her work.

Body liberation and fat acceptance

FoodShare. [2021].



Rejecting fatphobia in all forms is an important pillar in food justice, which recognizes how access to food is shaped by systems of oppression. This statement from FoodShare puts forward its commitment to body liberation and fat acceptance in its organization and programs. The statement includes examples of individual and organizational actions to advance body liberation and fat acceptance.

LILLIAN YIN

I think what Paul was speaking to is that stance of making it very clear about fat acceptance. That's all to put all of those things, those harmful practices, outside and leaning into what people need and want. And that's saying, "If my weight has nothing to do with whatever you're assessing at this appointment, maybe we don't get weighed."

BERNICE (NARRATION)

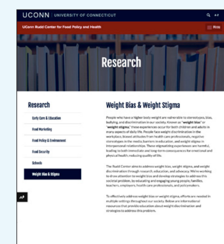
This bonus episode provides extended content from that conversation. With Lillian, I learned so much about how people living in larger bodies are made vulnerable to stereotypes, internalized and externalized forms of weight bias and discrimination as described by the Rudd Center for Food Policy and Health

This is an issue of social justice. These harmful attitudes and practices show up in all areas of life from our schools to our workplaces and health system. They work together with other systems of oppression, such as racism and classism, to produce racial and health inequities.

Lillian and I talk about how she seeks to cultivate change through deep commitment to humility, curiosity and ongoing learning. It was an absolute joy to hear about Lillian's journey and her hopes for the future of dietetics. As you listen, we hope you are inspired to think about how you can also challenge weight bias, stigma and discrimination in your daily life and areas of work.

Weight bias & weight stigma

UConn Rudd Center for Food Policy and Health. [n.d.].



The Rudd Center for Food Policy and Health provides tailored resources for service providers, policy-makers, researchers, and media and communications staff to learn about and address weight discrimination.

BERNICE

And can you take me a little bit on your journey in terms of how you got to where you are? So what were some of those early influences in your life that made you decide you wanted to take this path with respect to nutrition and public health?

LILLIAN

I think it started off in childhood, being an immigrant in Canada. We moved to Canada when I was about 2 years old, and to this day my parents don't speak a lot of English. They claim that's really to support my learning in not losing my mother tongue and my connection to my roots.

In my culture, I think there's a saying that food is the sky. And so everybody depends on food as livelihood. It's what sustains us, but it's also so much more. It's our sense of identity. It's what connects us to previous generations, to grandfathers and grandparents we haven't met, and to our future. And so it's a very beautiful thing, and I'm so grateful to have been able to grow up with that piece of value.

My grandparents started off in the food and beverage industry. So they started off with a little stand at the market, open-air markets, selling some traditional food.

BERNICE

And was that in Canada or whereabouts?

LILLIAN

That was in Taiwan.

BERNICE

In Taiwan, okay.

LILLIAN

My grandfather was an immigrant from China to Taiwan. And so when they started the small business, as they were growing their family, he wanted to bring his roots. So it was traditional food from Beijing: very, very imperial type desserts and treats and things like that, like sesame grounded into powders to make a hot soup that folks would have in the morning. That type of food, it was very wholesome.

And my grandparents were very poor. I would hear about my grandmother sharing stories of how she was the oldest of six children and her father was bed-bound when she was very young. So she would remember going out without shoes, because they couldn't afford any, to go fishing. And she'd make sure that all of her younger siblings had food to eat before she had any food to eat.

And I remember meeting some of my — I know the name in Mandarin, I don't know what you would call your grandmother's sisters and brothers — and my grandmother was much, much shorter. And it was later when I studied as a dietitian and was going through my nutrition training that I learned about stunting. So the lack of nutrition and iron deficiency and how that relates to not being able to grow to your height potential based on genetics. And that was very interesting to learn about.

So my grandparents, they started off in the food and beverage industry, and then eventually they saved up enough money to buy a little shop and had this restaurant business that my dad and my auntie started together and took on after my grandparents retired. And now the rest of my family is in Beijing, back to my grandfather's roots, and my brother, my sister, my dad are all working there in a restaurant.

BERNICE

I know in my own life, food has played such a big part in connecting me to my family heritage. I was born here in Canada, but my family's from Ghana, and food was such a vehicle through which I learned more about my family history, so on and so forth. It sounds like that's been the case for you as well. It's been a really important part of your family's story.

LILLIAN

Yeah, very much so. And I think that acknowledgement and appreciation didn't come about until my adult

years. I remember attending elementary school and getting comments about some of my traditional foods I would bring, and I would go home wanting nothing less but a peanut butter jelly sandwich. And my parents looked at me like, “What is that?”

BERNICE

And why would you want that?

LILLIAN

Exactly. But it was that culture and that stigma that I think you experience at an early age, not understanding exactly what that means, but wanting to feel included, wanting to feel a sense of belonging. Which makes sense, we’re all human and we all want that.

BERNICE

Can you tell me a little bit about how you decided to pursue becoming a registered dietitian? Because it sounds like your family has a history in the restaurant business, and so you’re still connected to food, but you decided to go in a bit of a different direction. What led to that?

LILLIAN

Yeah. It was very much around my interest in science and my interest in that interface with people. I wanted to understand the language now, but at the time when I was pursuing and making decisions around education, I don’t think I quite had my finger on the language piece. But it was really around power and privilege and how that shapes our access and our health outcomes essentially. I was very much interested in how choices, how the underlying access to basic things like food and housing, how that relates to our health outcomes and opportunities.

BERNICE

And so did you see going to school to become a registered dietitian as a path to pursue some of these other issues that you’re discussing, or is that something you discovered later? What had you initially hoped for when you decided to pursue that path?

LILLIAN

Well, if I go back a little bit, when I had chosen which university to attend and what program to select, it was really because I liked food and I was pretty good at science.

BERNICE

Okay.

LILLIAN

Nothing more than that! But I know from my grandparents’ side, on my mom’s side, they very much valued education. And I think that comes out of how difficult life was, and starting off in a lower income, education was very much valued. That was almost the vehicle for you having more opportunities. And as an immigrant, being that first-generation immigrant family, it was very important to pursue further education. And so going to university was never a question. It was, we would do everything to make sure that happened.

BERNICE (NARRATION)

Once Lillian began her university studies, she started to see the connections between food, other social and structural determinants of health, and health outcomes. And once in practice as a registered dietitian, she began to see how these connections can often be overlooked, to the detriment of people receiving care.

Lillian told me a story about how early in her career she received a referral to work with a client who was experiencing a serious health complication related to their diabetes. The referral labelled the client as non-compliant with diabetes medication and diet. A label, she told me, that did not capture the complexity of the challenges the client was facing, including a recent car collision, workplace discrimination and issues meeting their everyday material needs.

For Lillian, this experience was instrumental in leading her to shift her practice to a more public health focus with an interest in disrupting the root causes of health inequities.

In recent years, Lillian has been learning and reflecting on the nature of dietetics; its colonial roots; and relationships to fat phobia, weight bias, stigma and discrimination. I wanted to hear from Lillian about how she understands these terms and how she has seen them show up in her areas of work.

LILLIAN

Well, fat phobia, my exposure to that really came about when we were talking about fat acceptance and justice and people reclaiming what fat is. And kind of reshifting our understanding of fat. We often see in media or in internalized bias that fat is a negative thing. There's so much negative connotation attached to it.

But the way I talk to folks is imagine if you had to stand or do your work or go on a walk without fat pads underneath your feet. How painful that would be. And so we all need fat. And fat is the basis of cholesterol, is the basis of what forms our hormones, our signaling pathways, and that regulates our whole body with our appetite system but also our mood and so many other things that allow us to function on a day-to-day basis.

> *"Weight stigma and discrimination to me is about those biases and how that comes into people's experiences and how that interplays with the way they receive care."*
>
> **LILLIAN YIN**

Fat is a very neutral thing, and it's the discrimination and the bias that perpetuate the harm and how that's perceived or how that's thought of.

So stigma and weight stigma and discrimination to me is about those biases and how that comes into people's experiences and how that interplays with the way they receive care. It could be, for example, on an individual level, when you're sitting down in a chair and, depending on the size of the chairs, it could be uncomfortable for folks living in larger bodies. And how that internalizes to validate that fat is not a good thing.

BERNICE

Right.

LILLIAN

That it's my fault for being too fat, when we know that's not true.

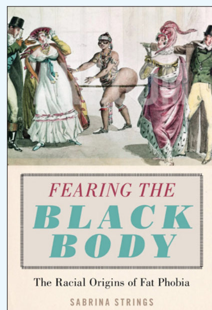
Or in the interface between health care providers and patients or individuals, I hear a lot of folks telling me, "You know, I'm trying really hard to focus on health not weight." The stance that dietitians are now really trying to encourage, that health-not-weight approach. And I get folks coming back to me saying, "I'm trying really hard to do what we were talking about in our conversations, Lillian, but when I go back out there, I hear 'You've got to move more, you've got to eat less.' I keep hearing that messaging. I keep getting weighed at my appointments, and it makes it really hard for me to make progress in this."

That stance of making it very clear about fat liberation or fat acceptance. That's all to put all of those things, those harmful practices, outside and leaning into what people need and want. And that's saying, "If my weight has nothing to do with whatever you're assessing at this appointment, maybe we don't get weighed." Or having those frank conversations about how does this relate to my goals or my wants?

And I think it's really important that we continue to have these conversations as care providers because in medical science there's been so much, and then even in dietetics, it's rooted in colonial ways and that approach has embedded in it. Like BMI has taken off so much in medical science, and now we're starting to unlearn and undo some of that harm.

[Fearing the Black body: The racial origins of fat phobia]

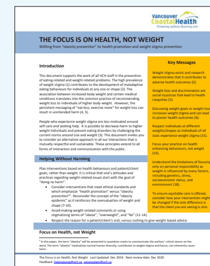
Strings S. [2019].



Weight discrimination and fat phobia lead to adverse health outcomes and health inequities. Beyond these harms, fat phobia is itself a manifestation of racist ideas. This book by Sabrina Strings can help public health professionals understand how weight discrimination and fat phobia are connected to various forms of systemic oppression. Strings maps the ways that the fat-phobic ideas that permeate current obesity interventions are a manifestation of racism, colonialism, sexism, and the fear and othering of Black women.

[The focus is on health, not weight]

Vancouver Coastal Health. [2019].


Vancouver Coastal Health
THE FOCUS IS ON HEALTH, NOT WEIGHT
Introduction
Key Messages
Helping Without Harming
Focus on Health, not Weight

This document from Vancouver Coastal Health outlines guiding principles and resources that public health and health care staff can use when developing and modifying interventions and communications to reduce weight stigma and provide equitable, weight-inclusive services.

BERNICE (NARRATION)

Here, Lillian is talking about BMI, body mass index, and its ubiquity in medical science classifying adults as underweight, healthy weight, overweight or obese, and informing subsequent medical intervention. However, BMI is a deeply flawed indicator of overall health. For example, some research has shown that elevated BMI poses a lower risk of death for Black women compared to White women.

Assumptions that equate fatness with ill health are rooted in the legacies of colonialism and slavery. In her book, *Fearing the Black body*, Sabrina Strings traces the racial origins of the fear and disdain of fatness in the West. She writes about how the White slender body became to be deemed valuable while fatness was used to label Black people, Black women especially, as immoral, uncivilized and worthy of denigration.

These historical roots can be seen in contemporary health practices such as the use of BMI, which was first developed based on the notion of an ideal White man. However, relying unduly on BMI or body size and weight can provide a misguided picture of overall health. When coupled with interventions that ignore the larger systems and structures shaping daily life, such practices can contribute to profound health harms and produce and worsen inequities.

In response to these harms, there is a growing movement toward a health-not-weight approach, as Lillian mentioned. With such an approach, health is viewed holistically. There is recognition that healthy bodies come in all shapes and sizes. And there is a focus on providing care and interventions that take into account the broader structural and social determinants of health. To learn more, read Vancouver Coastal Health's resource *The focus is on health, not weight.*

We have linked to Sabrina Strings' book in the episode notes if you would like to learn more about the relationships between the societal fear of fatness and racism, particularly anti-Black racism. Now let's hear more from Lillian as she talks about the need for systems change.

LILLIAN

But it takes time for systems to change. Unfortunately though, each time an individual comes into contact with a health care provider and has a negative experience or experiences it in a punitive approach, that's harm. And that creates distrust or that perpetuates other issues. Like on the other spectrum of things, we see disordered eating or eating disorders, that's because of weight bias or discrimination, stereotypes.

BERNICE

Can you talk a little bit more about that? So what are the health harms of implementing practices that are steeped in weight bias and weight discrimination?

LILLIAN

Our relationship with food, and our identity, and the way we navigate the world around us. Food is such an integral part of who we are as human beings. It connects people, it connects us through time and through space, like we mentioned before, connecting us with our heritage and with our future generations. Also, as you come into a new community, food is always there during celebration. It's such an integral part of who we are.

"A lot of the times, that weight bias and discrimination, it also devalues cultural foods. It perpetuates false stereotypes, and that can cause a lot of harm in terms of our physical, emotional, mental well-being"

LILLIAN YIN

And a lot of the times, that weight bias and discrimination, it also devalues cultural foods. It perpetuates false stereotypes, and that can cause a lot of harm in terms of our physical, emotional, mental well-being when we think about our four aspects of self that I've been so privileged to have been taught by the Indigenous Elders that I've had a chance to work with. And food connects all those four pieces: the mental, emotional, physical and spiritual.

And when I think about the harms, it's not just about how we perceive our bodies and who we are and that internal bias of I've done something wrong, it's my fault that I'm experiencing so much discrimination in the world around me. But it's also on the other spectrum of things, we were talking about disordered eating.

There was one friend of mine who's a teacher in one of the local school boards, and she had posed a question during the pandemic to her 4–5 class of "What would you like to be?" A good handful of students said that they don't want to be fat. And hearing things like that breaks my heart because it shows how pervasive and how harmful language is, media could be, and how much more work needs to be done. Because these are young folks navigating their identity, and it's happening in schools.

And then you think about, well, who usually is experiencing so much more? And we think about household food insecurity and how that shapes the types of foods we have access to, and our food environment and the policies that exist that support or don't support us in making choices like that. And so it shows that there's a lot of work to be done.

BERNICE

Absolutely, absolutely. I used to work in elementary schools as a public health nurse. I was on the school health team. And a lot of the work we would do would be around healthy eating, physical activity, mental wellness, kind of rooted in a health promotion framework. And just being in schools, we encountered a lot of instances where either classroom teachers or principals would actually engage in food policing of student lunches. And so the classroom teacher would go through each student's lunch and then tell them what they were allowed to eat and not eat.

And so part of our conversations that we would be having in the schools is what kinds of harms are we perpetuating when we're framing certain foods as bad, certain foods as good. And then it's also we're not considering the larger systemic and contextual and cultural factors that shape what's in a student's lunch bag, for example. I think there are so many examples of

things that, and that wasn't too long ago, there are so many examples of things that we still need to be really working on and really talking about.

BERNICE (NARRATION)

Next, I talk to Lillian about how she contests weight bias, stigma and discrimination in her work. She also talks about the tensions related to these topics and dietetics and health care more broadly, and the importance of really listening to client and community needs.

LILLIAN

One thing that really gave me hope and I think shaped my interest in this area of work as a dietitian is when we're working one-on-one, doing behaviour counselling or nutrition counselling, we are trained and encouraged to really focus on client-centredness. And what that means is listening with curiosity and leaning into what the individual wants out of that time together.

It's not about what I think health is. It's about what the individual I'm trying to support, what their view of health is and what they want to achieve.

I remind my patients that and my clients that. I always encourage them to think, you know, we are here as care providers, our role is to inform and educate you so that you've got all the tools and information you need to make the best decision that fits for you. But at the end of the day, it's always your body and you have the choice. A lot of the times, folks don't realize that it is their choice. They come thinking that, "Oh, well, you know more, you know better." They know so much. They know what's going to work for them.

BERNICE

And their bodies.

LILLIAN

Yeah. And honestly, I've only had, what, a few half-hour sessions with this individual. There's no way I know everything of what's going to work, what's not going to work. So when folks come to me asking for answers, oftentimes I'm just like, "You know what? I'm going to have more questions. And if you're okay with that, we can come up with answers together. I can maybe share a little bit about the science and help you understand how the human body works and the context of navigating the system a little bit more, but I don't have all the answers."

And I think that's so important as care providers to address that power differential during the session and to ensure that we're giving power back. It's our ethical duty.

BERNICE

Yeah, and that posture of humility that you're describing, I think that's so important. So within the context of the work that you do, how do you seek to counter weight bias, weight stigma, fat phobia that unfortunately seems to be still quite pervasive?

LILLIAN

Well, I think of it as there's an ecosystem that exists. There's me as the individual being, the care provider, ensuring that I make time and energy to learn and unlearn in this area. That I show up in the best way I can when I sit down with folks.

But then beyond the individual interface between myself and the individual I'm counselling or I'm speaking to, there's also the policy and framework. So that could be my workplace. It could be this health care system as a whole, or it could be best practice guidelines that we refer to so much in health care, especially in more clinical work. And then the environment in which we all work in.

So for me, that responsibility comes with the inner circle of ensuring that I have the language and tools to do my best with the individual I'm working with. And then from there, being able to communicate with the environment in which I work. So that means collaborating with the rest of the team and ensuring that they're aware of what the harms potentially could be, and supporting education and culture change in those spaces as well.

But I don't have all the answers. And I'm so grateful that there's a big movement in my profession to seek to change that because I think, as dietitians, we're very privileged that we're connecting with people about food. Sometimes relationships with food can be complicated, but many people will have positive interactions with food and most people are very willing to talk about food. And so we have time, we have space, we have a common ground to connect with people at a very deep level and in the context of what their wants and needs are.

I think that's very unique to the dietetic profession. I almost feel like there's a bit of privilege there, that we have this in with folks and their experiences around food to connect at a deeper level. And in listening to their experiences, we have a duty to bring that back to the rest of the care team, whether it's directly in our clinic, in our workspace, or it's within that individual's care team and their support system.

BERNICE

I think that's such a great point. It's a huge responsibility but also an opportunity in terms of how you can reframe some of the ways that food is normally talked about and the kind of impact you can have more broadly. I think that's such a good point.

I'm curious if you can speak to the work that you're doing to try to help promote culture change, I think you mentioned that.

LILLIAN

Culture change to me is really about our understanding and language use around how we approach food. How you mentioned good foods, bad foods. Food has no moral values and rules around food or things like that. And typically, that's really around the rest of the care team or with the individual I'm working with and challenging some of those ideas, some of those judgments.

"Culture change to me is really about our understanding and language use around how we approach food. How you mentioned good foods, bad foods. Food has no moral values"

LILLIAN YIN

BERNICE

Can you give me an example of how you might do that?

LILLIAN

So one thing that I really ensure I do when I chart, for example, is documenting things like we had a conversation around the importance of that health-not-weight approach and their relationship with food. And so the rest of the team, whether it's the patient or individual's primary care provider or the physician I work with in my team and the nurses and everybody else, they really begin to understand what it is that I'm doing with my time with the individual and the folks I'm serving and understanding the context.

BERNICE

Okay.

LILLIAN

Why are some of these things important? Because it has to do with that long-term health. And when you frame it that way, I think it resonates really well with the rest of the team because, at the end of the day, we're seeking improvements in health outcomes. That's typically why this clinic existed that I'm working with. It's improving quality of life.

However, if someone is always living in fear and they're calorie counting and they're stressed about what foods they can or cannot eat, or they're turning to food for comfort and that's their only coping mechanism and we've shamed them for that — and how much harm that does and how little that actually improves their quality of life — I would say that we're failing in our work as health care providers and in our mission and our values.

So really understanding what it is we're trying to do when it comes to providing care. What does that really mean? And framing the language that way I think resonates with other care providers in terms of what we're trying to do.

BERNICE

So I wanted to go back to what you're mentioning about, in our efforts to try to improve quality of life, if the language that we're using, the practices that we're doing, if they're kind of steeped in that weight discrimination, then they're more harmful than beneficial. Do you see that tension in your practice in terms of wanting to promote health — and therefore people are talking about weight and it's steeped in kind of that weight bias, weight stigma type of language — and then also a movement towards this health not weight, for example. Do you see that tension live out in the areas in which you're working?

LILLIAN

Yeah, very much so. Even words like obesity and overweight, and I hear it from folks that live in larger bodies, two sides of things as well. And there's not one side of thing that is more valid than the other because it's their experience. But I've heard folks say, "No, I want to be named because my experience of discrimination because of my chronic disease I'm living with has really impacted things, and the language affects my access to medication, to support and things like that." Whereas obesity and overweight, it has negative connotations. So a lot of folks I hear will say, "Well, you know, I don't like that term. It makes me feel gross."

BERNICE

So how do you navigate that? Is it based on the client's needs and wants with that respect?

LILLIAN

I struggle a little bit working in this space, navigating that language myself. And when I reflect on this in the context of things, where I find most comfort is falling back onto my duty as a care provider and doing no harm. If I just listen in, what is the language that they're most comfortable with?

And sometimes asking open-ended questions, that really gets you the farthest with an individual. Asking "We've got this much time together today. I'm here to support you around any of these things. What would you really like? What brings you to this office today? What brings you to this appointment?"

Those types of questions that are very open-ended allow folks in sharing with us whatever they think is most important. Because, like I said, they're the experts and they know. And a lot of the times, it's not so much about the weight but it's around, "Well, I really struggle with night-time eating" or "I really struggle with emotional eating. And I'd like to build some more skills around that and navigating, you know, having some other coping skills." Maybe they don't have the language to describe exactly that, but that's often what I hear. And when I reframe it and I summarize what I'm hearing, they're like, "Yes! Yeah, please!"

You know, coping with food is totally okay. But sometimes when we talk about our toolbox and our home, if our body is our home and we've only got one tool in our toolbox, it can only get us so far before something else happens. We need to become familiar with a variety of tools. It just really helps us in feeling more capable with dealing with a variety of different challenges that might come our way. And sometimes having those visual examples and metaphors really help people understand that: "Yeah, sometimes a hammer is very helpful. It might not do the job for everything, maybe I need to add more to my toolbox.

But it's okay to have a hammer, and it's okay to be really good at using a hammer too."

BERNICE

I think that's so powerful. So seeing food as being one tool, but how do we expand the toolbox so that there are other resources and strategies that we can rely on in our lives. I think that's such a powerful reframing.

LILLIAN

Yeah. And the other flip side is, if we just address, if the language that we use, if it doesn't validate people's experiences and give them the okay, there's an internal bias from everything else they're experiencing as well that's telling them "Oh, I feel shame after I cope with food."

BERNICE

Right.

LILLIAN

Where does that come from? Where's the context of that? Especially with people with historical lived experiences or intergenerational trauma and the harm that they've experienced in many other aspects of their life.

BERNICE (NARRATION)

And finally, Lillian and I chat about the changes she's starting to see in dietetics and how there's still a long way to go. She also shares her hopes for the profession.

LILLIAN

I think we're at a turning point with everything that's happening in Canada, or as we know now as Canada, some folks may call it Turtle Island. But we're at a turning point where we have to acknowledge the fact that we have such a harmful past as part of truth. First truth, then reconciliation, right?

And so acknowledging where we come from as a profession is really important. I think about my training, and when we learned about overweight and obesity and this epidemic that's happening and how we talk about calorie counting, and nowhere in that did we really talk about the context of that lived experience.

And I think that's changed now because when I talk with students now, I learn so much from them. And I think it's our teaching system changing. But I think it's also that sense of student curiosity, which is so exciting to be around. And I think as folks working in various interfaces of health care, it's really important that we stay connected with that sense of curiosity.

Dietetics is so focused on the assessment piece of physical anthropometric measurements, biochemical data, all of that. And what we're really pushing for, and one of the colleagues I really look up to, he said the first question we should really be asking folks in our counselling meetings is really around access, around their experience. It's not about your height, your weight, your usual diet history, your allergies. It's around, you know, are you able to afford food? Are you having any difficulty making ends meet?

That material piece connects with access to medication, access to housing. And oftentimes when we're talking about those material needs, food is the one that gets bumped. And so that will shape our decisions, our relationship with food and so many other things.

With dietetics, I know when I first came into the profession, most of my classmates were White and female. That's beginning to shift now, but there still is a very, very, very large gap. The number of Indigenous dietitians that exist? A handful across Canada. Same with other ethnic backgrounds and cultural backgrounds. So when we talk about representation and connection with people that we're serving, as the demographics in Canada change, and we know that Canada is an immigration-driven population base, we need to ensure that our care providers are reflecting the values and understanding of the needs of the communities we're serving as well.

“We need to ensure that our care providers are reflecting the values and understanding of the needs of the communities we’re serving.”

LILLIAN YIN

BERNICE

You spoke a little bit about how the practice of dietetics is shifting and you’ve seen those shifts, not only in terms of the curriculum that’s being taught, who’s entering the profession, but also in practice itself. I’m curious what your hopes are. If you could reimagine public health nutrition, dietetics more broadly, how would you reimagine it with respect to these topics that we’re talking about, weight bias, weight stigma? What are your hopes in those areas?

LILLIAN

I would love to see the dietetic profession come together more and to ensure that we have space for discourse and conversations. The worry I have within health care and health systems around pieces like weight bias is that weight-centric, medicalized, pathological view of things and then the health-not-weight, health-at-every-size movement, and how there’s almost this dichotomy.

BERNICE

That tension you’re talking to.

LILLIAN

Yeah, there’s a tension, but then there’s almost a battle between two sides of health care. And at the end, I think folks begin to forget that we’re all kind of trying to achieve the same thing. And if we lean in and listen to the folks we’re supporting that are sitting in front of us and what they want, and really hear the context of their story, then that really helps frame and shape how we should be delivering care.

And when health care providers are not on the same page, it’s even more confusing and you begin to lose trust in the system. So if the system is going to change to be more sustainable, to ensure that we’re not perpetuating further harm, we really need to re-evaluate how we’re going to collaborate with each other and what infrastructure is required to reform and change and to address reconciliation.

I think that means a lot of conversations, a lot of important and difficult conversations need to happen, but also framework change. We need to have policies in place within our workplaces to support that further education and to support conversations happening. And to ensure that we’re amplifying voices. And that we’re creating spaces for re-evaluating our profession, which I think is really happening right now. It’s really an exciting time.

The competencies to become accredited to be a dietitian recently have been updated to really include components of cultural humility and really evaluate what truth and reconciliation might mean in dietetics. And lots of researchers or dietitians that are doing research are kind of looking into that.

So it is an exciting time. What I would like to hope for is that continued momentum and for this traction not to be lost. Because that fat justice movement, it’s happened before and then that loses traction. You know, Black Lives Matter, that’s happened before. How do we ensure that we continue these conversations and it doesn’t get lost?

BERNICE

So 10 years down the road, for you, what does dietetics look like, feel like, sound like? What would you like it to look like, sound like and feel like?

LILLIAN

Like your favourite food that your grandmother cooked. I think it feels wholesome. And that's how I described social justice is that sense of wholesomeness. And I think our conversation today is very much about social justice. It just makes you feel warm. It feels right. Everything just seems to fall in place. It's comforting, it's nourishing in all the ways, and it touches us in those four aspects of self we talked about — the physical, emotional, spiritual and social. And it connects us through space and time.

I think that's one of the things I love most about dietetics as a profession is the intersections of this profession and how connected it is to people and food systems at a very human level.

BERNICE

That's a lovely response. And last question, I promise: For someone who's newly entering the field, who really wants to make sure that the language that they're using, their practices are not perpetuating these harms that you were discussing, what advice would you give to that person?

> *"Acting ethically and with integrity and with curiosity. I think those three things ground us as human beings and connect us with folks at a very human level."*
>
> **LILLIAN YIN**

LILLIAN

Acting ethically and with integrity and with curiosity. I think those three things ground us as human beings and connect us with folks at a very human level.

As care providers or folks coming into this profession, that curiosity is what really allows us to learn about the folks we're caring for, learn about the context of our current political, economic, all those situations and about the challenges that we're faced with or that the folks we're serving are faced with.

And then that ethical and integrity piece is knowing your position as an individual and that self-evaluation piece. I think one of the biggest tools or skills that will really shape our profession moving forward is self-reflection and that reflexive thinking. What ethically means to me is evaluating how we are in our privilege and our duty to care, our responsibility. And then integrity is we're human, we make mistakes, and that's okay. It's okay to admit that we don't have all the answers. I think that's very much appreciated no matter whom you're talking to.

So those three things: curiosity, ethics and integrity.

BERNICE (NARRATION)

I'm so grateful to have had this conversation with Lillian. I learned so much about the importance of deep reflection, approaching our work with humility and curiosity. And really leaning into the needs of the people with whom we work, which has implications for all areas of public health practice.

I also learned so much about the harms of weight bias, stigma and discrimination, and how we can work to contest them at various levels. Linked in the episode notes, we have additional resources to support further action.

This is our last bonus episode for Season 1. We're taking a break for the summer to focus on making Season 2. Hit the follow or subscribe button on your favourite podcast app, or sign up for our newsletter at nccdh.ca to stay in the loop.

REBECCA (NARRATION)

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health. Visit our website nccdh.ca to learn more about the podcast and our work.

This episode has been produced by Carolina Jimenez, Bernice Yanful and me, Rebecca Cheff, with technical production and original music by Chris Perry.
If you enjoyed this episode, tell a friend and subscribe. We have more stories on the way of people challenging the status quo to build a healthier, more just world.

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La version française est également disponible au www.ccnds.ca sous le titre T*ranscription de l'épisode du balado et document d'accompagnement – Épisode supplémentaire : Combattre la discrimination liée au poids dans les domaines de la nutrition et de la santé publique* (Mind the Disruption, saison 1, épisode 9).