

Destigmatizing Wellness Communications

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Agenda

- Evolution of Wellness Communications
- Destigmatizing Tobacco Cessation Communications
- Avoiding Weight Stigma in Communications
- Evolving Communications Related to Diabetes
- Optional Networking: Engaging Leaders (11:30-noon)

Learning Objectives for this training

By the end of this webinar, you will be able to:

- Use supportive and respectful messages to promote tobacco cessation.
- Describe at least two ways for avoiding weight stigma in wellness communications
- Understand how strengths-based, empowering language can improve communication and enhance the well-being of people enrolled in diabetes prevention programs.

Housekeeping

- This training will be recorded, then put on our [Meetings and materials](#) page in about a week.
- Please hold questions until the end of the presentations.
- When chat is available, please put questions in the chat or come off mute.
- We will answer as many of your questions as possible by the end of the presentation.



Reminder: PEBB & SEBB Wellness Benefits

No cost programs to support employees

- Diabetes Prevention Program (DPP)
- Living Tobacco Free Program
- SmartHealth



The Evolution of Wellness Communications

Brief History of Company Wellness Programs

1926: Ford Motor Company started 40-hour work week to be a bridge of ensuring safety and productivity.

1960s: Large companies provided employee fitness centers.

Late 1900s opportunities for support and safety such as [Employee Assistance Programs](#) (EAP) and [Occupational Health and Safety Administration](#) (OSHA) emerge

[2020 Employer Health Benefit Survey](#), 81% of large companies offered a corporate wellness program in 2020, an 11% increase from 2008

More context: [History of the 40 Hour Work Week](#) and [The Rise of Workplace History](#)

How it started: Simple Visual Reminders



At first, workplace wellness communications focused on the little things we can do each day: hydrating using company water bottles and choosing to take the stairs, when possible.

Then: Know Your Numbers Campaigns

KNOW YOUR NUMBERS



Blood Sugar

This is the amount of sugar in your blood.

What should my number be? **Before eating: Less than 100**

Two hours after eating: Less than 140



Blood Pressure

This is the force of blood against your arteries when your heart beats (top number) and rests (bottom number).

What should my number be? **Less than 120/80**



Blood Cholesterol

Cholesterol is a waxy substance produced by the liver.

Too much can make it harder for blood to circulate.

What should my number be? **Total score less than 200**



Body Weight

Your ideal body weight depends on your gender, age, height and frame. BMI provides a good guideline.

What should my number be? **BMI 18.6 - 24.9**

Current and Future Trends: A Holistic Hub

- ▶ Personalized well-being
- ▶ Reminders for annual preventive exams
- ▶ Making the best use of employee benefits
- ▶ Connection to mental health resources



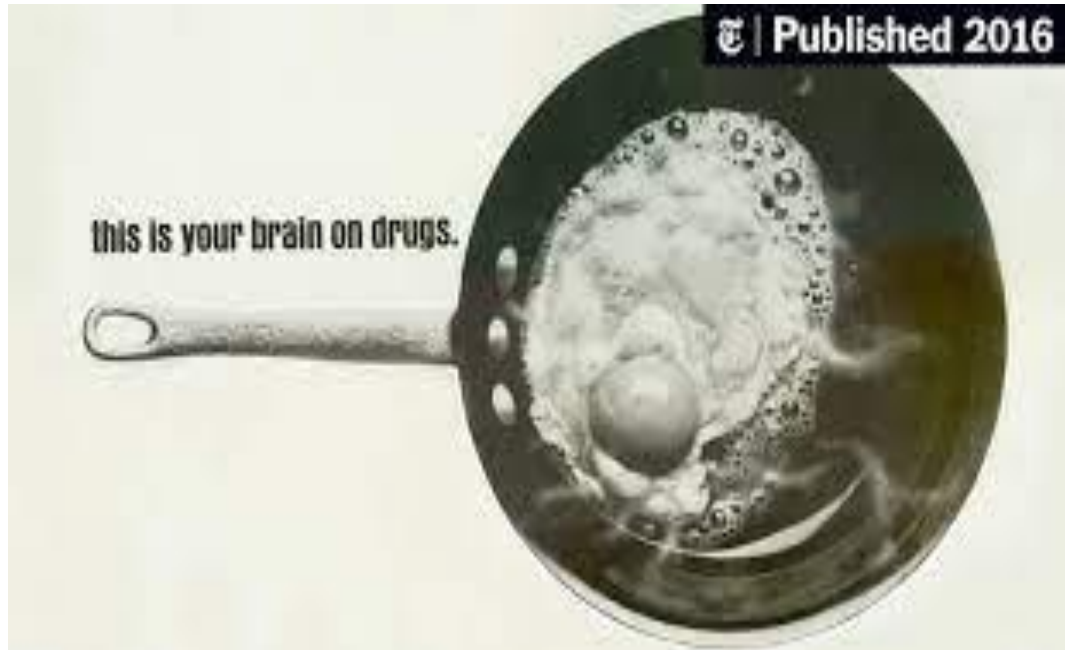
Shift Towards Mental Health Support

- ▶ Covering Employee Assistance Programs
- ▶ Reminders to focus on stress management and self-care
- ▶ Connection to additional mental health resources



Focus on the Positive

Instead of Scare Tactics



Focus on the positive



Effective and ineffective use of fear in health promotion campaigns and Success factors of health promotion

Wellness Communications for Leadership Support

- ▶ To gain leadership support for wellness, it is important to communicate the dual approach that an ideal wellness program can help manage healthcare costs for employees, while also retaining top talent by demonstrating support for employees well-being
- ▶ Wellness programs can equate to: increased presenteeism/productivity improved job satisfaction and morale depending on how well the programs are communicated.



Thank you!

Washington Wellness

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How to Destigmatize Communications About Tobacco Cessation

Katie Treend, MPH

Comprehensive Cancer Control Program Coordinator
Office of Healthy and Safe Communities
Prevention and Community Health

Objectives

After today's training, you will have a better understanding of:

- **Why stigmatizing tobacco use hurts rather than helps**
- **Who still uses tobacco**
- **Tips and examples for destigmatizing communications related to tobacco**
- **The best resources for promoting the Washington Quitline**



DOES IT HELP SMOKERS IF WE STIGMATIZE THEM?

Stigmatization Leads To

- Emotional, cognitive, and attitudinal reactions that make them less likely to quit.¹
- Prevent smokers from consulting doctors.²
- Social Isolation.²
- Perception of “deep divide” between smokers and non-smokers.²
- Some smokers do not announce quit attempts in advance, in part to avoid stigma associated with failure.³
- While evidence is limited, stigma may reduce willingness to truthfully report smoking or to seek treatment for smoking-associated illnesses.³

Who Still Uses Tobacco?

Approximately 10.8% of Washington residents.

Disproportionately higher rates of tobacco use exist among people who identify as:

- American Indian/Alaskan Native (30.3%)
- Black (15.9%)
- LGBTQ+ (16.9%)
- Medicaid (27.1%)
- Annual income of less than \$35,000 (21.8%)
- Poor physical health (21.1%)
- Poor mental health (21.6%)
- Heavily drink (23.2%)
- Disability (19.5%)

Data: Behavioral Risk Factor Surveillance System (BRFSS) 2020 Data

Effective and Sustainable Support

- Acknowledge the challenges.
- Enhance communication efforts.
 - Frame with empathy.
 - Prioritize audience.
 - Use culturally and linguistically appropriate materials.
- Reminder: this is not a moral failure; people are motivated to quit.¹
 - Ask yourself: What barriers are they experiencing? How can we reduce them?

Communication Is Key

- Remember, it's hard to quit.
- What is your relationship to this person?
- Is there an opening?
- Don't lecture.
- Be patient and positive.

Let's Practice

Imagine someone you care about is attempting to quit using tobacco and says this to you:

“My doctor really wants me to quit but it feels impossible.”

Take a few minutes to think about how you would respond.

Here Are Some Examples of Ways to Reply

"Quitting will be hard, but I know you can do it. Have you set a quit date?"

"You're not in this alone. Even if it gets tough, I'll be here for you."

"Quitting is the best thing I ever did! Let me know if you need any tips."

Let's Practice

- Now imagine the person you care about says:
“I tried to quit but I just couldn't get it to stick.”

Here Are Some Examples of Ways to Reply

- "Slips happen. Don't beat yourself up over it! Like anything tough, you learn as you go. Use now as a time to restart and get back on track."
- "So you slipped. Quitting isn't easy and many people need several tries before they quit for good. You've got this, and I'm here for you."
- "Let's talk about what's triggering you to smoke. That will help you stay on track this time. Just don't smoke that next cigarette!"

Reminders for Conversation

1. Put yourself in their shoes, seek to understand
2. Ensure it is a good time and location
3. Remain realistic and curious
4. Be calm and patient, listen to their barriers
5. The first conversation should be brief, you are planting seeds
6. Open the door for ongoing conversations
7. Ask how it makes them feel?
8. Did they expect to get hooked?
9. What do they think about the cost of tobacco?

**When in doubt,
You can refer everyone to:**

Washington State Department of Health

Tobacco Quitline

1-800-QUIT-NOW

toll-free

1-800-784-8669

QUITLINE.COM

Contact us



[For more information on tobacco cessation benefits](#)



Katie Trend : Katie.Trend@doh.wa.gov

Avoiding Weight Stigma in Wellness Communications

- Overview of collaboration with Washington State Department of Health
- Weight stigma – what it is and how it shows up in wellness messaging
- Identifying and reducing weight stigma in wellness messaging



AVOIDING WEIGHT STIGMA IN COMMUNICATIONS



INSIGHTS FROM DOH, MEGHAN CICHY
SENIOR POLICY ANALYST AT WA DEPARTMENT OF HEALTH
PRESENTED BY KRISTEN STOIMENOFF

Assumptions of Common Goals

We are doing this work because:

- We want people to experience well-being
- We want people to feel resourced
- We want people to feel empowered
- We are invested in disentangling weight from health in service of destigmatizing wellness

So how might weight stigma, get in the way of these common goals?

Foundational Terms

Weight Stigma:

- May include bias, discrimination, stereotyping, and social exclusion
- Impacts everyone across the body size spectrum but mostly those in the largest bodies

Weight Bias:

- Preference for thinner bodies or lower Body Mass Index (BMI)

Trauma Informed Approach:

- Creates safer physical and emotional environments
- Requires intentional incorporation of principals and practices

How does weight stigma show up?

Theme	Examples
Imagery	Negative depiction of larger-bodied people
High Body Mass as Problem	Framing higher BMI as 'unacceptable/unhealthy/abnormal/undesirable/dangerous'
Weight Modifiability	Body presented as a readily modifiable chronic disease risk factor
Weight Loss = Health	'Treatment of obesity' or weight loss recommendations presented as pathway to 'health'
Overgeneralizing and Misinformation	Assumption that a formerly larger-bodied person will be equivalent in health risks/outcomes after weight loss as a never larger-bodied person
Weight = Dietary Habits	Narratives that demonize nutrients/foods on the basis that they lead to fatness - Ex. sugar, sugary drinks, fried foods, energy dense foods
Weight = Physical Activity	Narratives that state or insinuate that larger-bodied people are sedentary
Mental Health & Cognitive Capacity	Stating/infering higher body mass is an indicator of mental illness, trauma, eating disorder, incompetence, low intelligence or cognitive deficits
Environment Frame	Framing need for social/physical environments that help populations to live well because it will lead to populations with lower BMI
Financial Frame	Citing financial costs of health care for a person with higher body weight as being a justification for weight loss.

Examples of Weight Stigma in Wellness Materials

How can someone with excess weight and prediabetes reduce the risk of developing type 2 diabetes?

Having prediabetes exposes an individual to a higher risk for type 2 diabetes. However, this doesn't mean that everybody with prediabetes will eventually develop type 2 diabetes. Studies have shown that the risk of developing type 2 diabetes can be reduced by losing 5 to 7 percent of body weight through diet and increased physical activity.

Examples of Weight Stigma in Wellness Materials

How can someone with **excess weight** and prediabetes reduce the risk of developing type 2 diabetes?

Having prediabetes exposes an individual to a higher risk for type 2 diabetes. However, this doesn't mean that everybody with prediabetes will eventually develop type 2 diabetes.

Studies have shown that the risk of developing type 2 diabetes can be reduced by losing 5 to 7 percent of body weight through diet and increased physical activity.

"Understanding Prediabetes and Excess Weight"
Obesity Action Coalition

Theme 2 - High Body Mass as Problem:

-2, bright orange:
Framing higher BMI as 'unacceptable/unhealthy/abnormal/undesirable/dangerous' weight.

Theme 4 - Weight loss = health:

-2, bright orange:
'Treatment of obesity' or weight loss recommendations presented as pathway to 'health'.

Remove Weight Stigma from Wellness Materials

How can someone with ~~excess weight~~ and prediabetes reduce the risk of developing type 2 diabetes?

Having prediabetes exposes an individual to a higher risk for type 2 diabetes. However, this doesn't mean that everybody with prediabetes will eventually develop type 2 diabetes. Studies have shown that the risk of developing type 2 diabetes can be reduced ~~by losing 5 to 7 percent of body weight~~ through diet and ~~increased~~ physical activity.

Resources

1. Fiona Willer's Weight Stigma Heat Map Tool: [The Weight Stigma Heat Map: A tool to identify weight stigma in public health and health promotion materials - Willer - Health Promotion Journal of Australia - Wiley Online Library](#)
2. A Practical Guide for Implementing a Trauma-Informed Approach: [Practical Guide for Implementing a Trauma-Informed Approach \(samhsa.gov\)](#)
3. The Anti-Obesity Assemblage Artifact Analysis Tool: [Analysis Worksheet \(squarespace.com\)](#)
4. July 2023 Issue of the AMA Journal of Ethics: [How We Over Rely on BMI | Journal of Ethics | American Medical Association \(ama-assn.org\)](#)
5. Pipe Wrench: The Fat Issue: [Pipe Wrench no. 6, Spring 2022: The Fat Issue \(pipewrenchmag.com\)](#)
6. Fearing the Black Body: The Racial Origins of Fat Phobia: [Fearing the Black Body \(nyupress.org\)](#)

Please reach out with any questions.

Meghan Cichy

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Thank you for your engagement and learning!



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Evolving Communications About the Diabetes Prevention Program (DPP)

Brought to you by Omada Health, DPP
provider for Kaiser and UMP Members



Beth Riphagen

Senior Customer Success Manager - Jumbo Accounts

Omada Health

Quick History of Diabetes

- **There are two types of [diabetes](#)** that are chronic diseases that affect the way your body regulates blood sugar or [glucose](#). Glucose is the fuel that feeds your body's cells, but to enter your cells it needs a key. Insulin is the key. Scientists first used insulin to treat diabetes in the 1920's.
- **There is still no cure for [diabetes](#)**, but newer drugs and an awareness of possible causes have further improved the outlook for people with this condition.
- **Over 3,000 years ago**, the ancient Egyptians [mentioned](#) a condition that appears to have been type 1 diabetes. It featured excessive urination, thirst, and weight loss. The writers recommended following a diet of whole grains to reduce the symptoms. We have since come a long way in understanding [type 1 diabetes and type 2 diabetes](#).

- [Extracted from Diabetes: Past Treatments, new discoveries.](#)



Omada Communications Approach



1 out of 3

Americans has prediabetes

- 90% of people don't know they are prediabetic because they aren't getting common screenings.
- Promoting a diabetes prevention program helps empower people to know their risk and avoid a path of progressing towards type 2 diabetes.
- We encourage using this program as **an educational opportunity, not only for the member but for their household.**



Ways to Encourage Program Features and Support

- Diabetes prevention programs encourage members to reframe negative thoughts, to focus on what they have control over.
- Use health coaches to support members, bring awareness of choices, and help make changes possible.
- Diabetes prevention aims to help members feel better both physically and emotionally via a new perspective on food and fitness.



Communication Tips

A taskforce with representatives from ADCES and the American Diabetes Association (ADA), convened to develop communications guidelines:

- Diabetes is a complex and challenging disease
- Members of health care teams can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgement
- Person-first, strengths-based, empowering language can improve communication, enhance motivation and well-being of people with diabetes

[Find recommendations for language](#) and [speaking the language of diabetes](#)



Tips For Communicating About Diabetes

DOs	DON'Ts
Do use the term prediabetes.	Don't have a lengthy discussion about risk percentages, which is confusing to many people.
Do ask for the patient's questions, concerns, and feelings.	Don't assume you know how the patient is reacting.
Do emphasize the significance of having prediabetes. Explain how this is different from type 2 diabetes, and offer hope for preventing or delaying the diagnosis of type 2 diabetes. Ask what questions or concerns the patient has.	Don't assume all patients will understand this message in the same way. Some patients hear "diabetes" and experience immediate stress; others hear only "pre" and feel tremendous relief. Both of these reactions make it hard for a patient to listen and understand the remainder of your message.
Do include older adults as a key target group, encouraging them to make manageable lifestyle changes to prevent diabetes.	Don't assume older adults won't make lifestyle changes because of their advanced age.
Do emphasize that the lifestyle change program used in the NIH-sponsored DPP was effective for all ages and ethnicities that participated.	Do not exclude groups that you think may not benefit as much, such as Asian Americans, American Indians, Alaska Natives, African Americans, or Hispanic/Latinos.

Suggested Approach: Health Literacy

Health literacy: the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions

When we talk about health, language has an impact on motivation, role in engagement, behaviors, management, psychosocial wellbeing and outcomes



Learning Objectives for this training

By the end of this training, you will be able to:

- Use supportive and respectful messages to promote tobacco cessation.
- Describe at least two ways for avoiding weight stigma in wellness communications
- Understand how strengths-based, empowering language can improve communication, and enhance the well-being of people enrolled in diabetes prevention programs.

Evaluation

We want to hear from you:

If you have additional thoughts about Washington Wellness:

- What aspects of the presentation were most useful to you?
- What aspects of the presentation were least useful to you?
- How else can Washington Wellness support you this year?
- Anything else?

If so, please email: Mandy.LeBlanc@hca.wa.gov

Networking Time

Being More Empathetic With Our Coworkers



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Questions and Networking:

- How has your thinking changed about promoting tobacco cessation to your coworkers?
- What role can you play in avoiding weight stigma?
- How has your thinking changed about diabetes preventions? Are you thinking of doing anything differently moving forward?

Contact us:



hca.wa.gov/washington-wellness



wawellness@hca.wa.gov



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