

Using a Social Ecological Approach to Address Weight Stigma

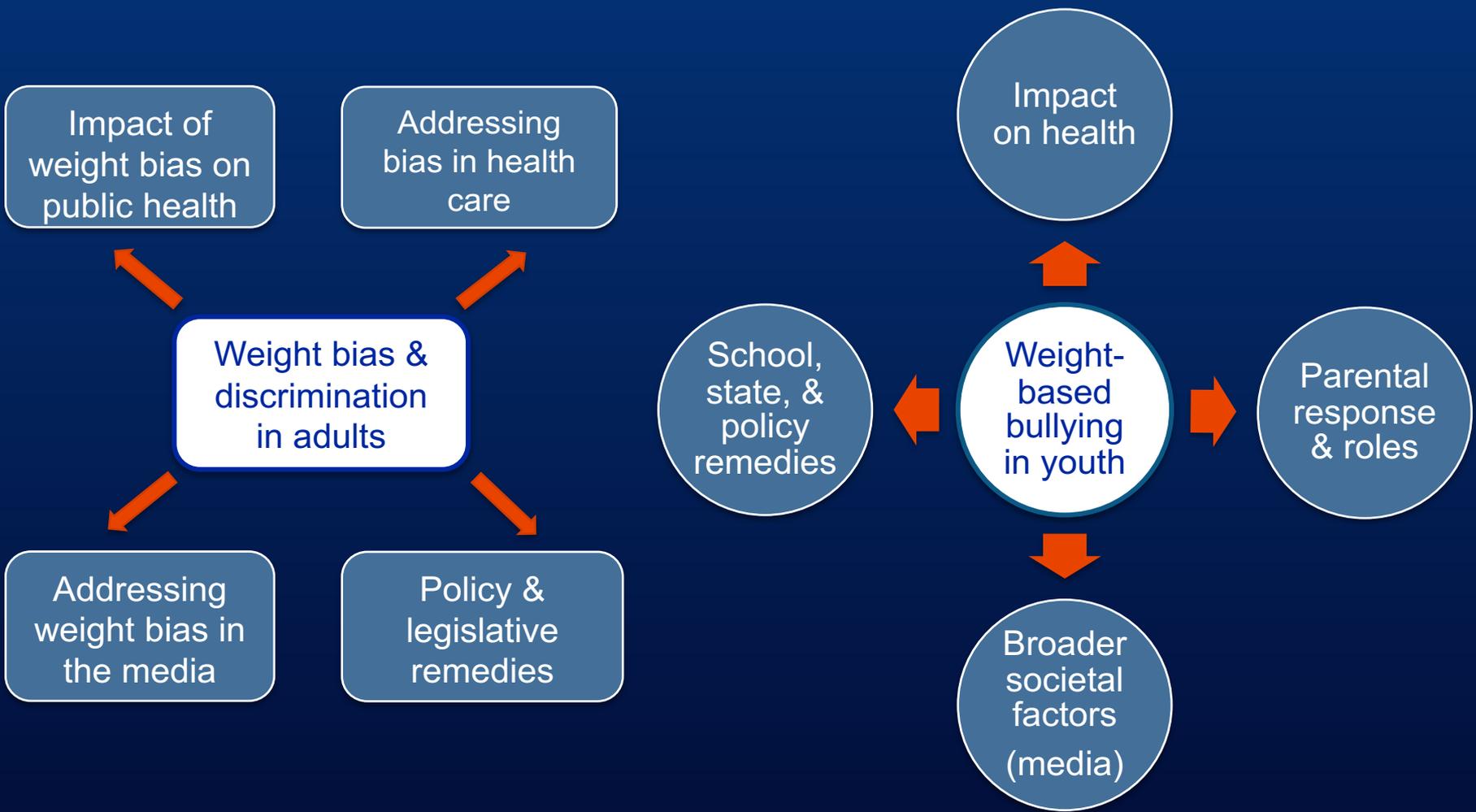
Rebecca Puhl, PhD

Professor, Human Development & Family Studies
Deputy Director, Rudd Center for Food Policy & Obesity
University of Connecticut

Mid-Career Scientific Achievement Award Lecture
The Obesity Society
November 15, 2018



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Excellent and Inspiring Mentorship



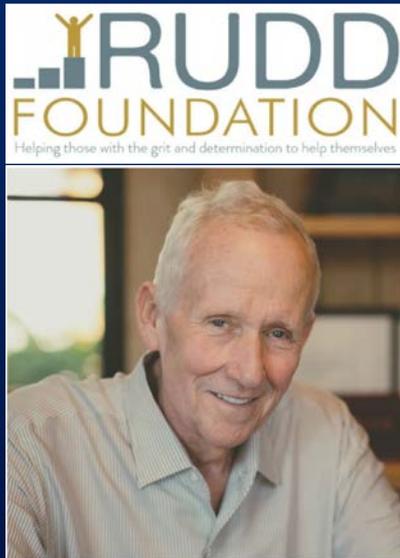
- Ask research questions that can improve public health or policy
- Default response to new ideas = “YES”
- Don’t duplicate existing efforts; do something novel
- Challenge the status quo
- Be a generous collaborator
- Translate and disseminate your work for those who can use it for action

The Rudd Foundation

Established the Rudd Foundation in 1998

Saw the need to address weight bias and discrimination long before others were paying attention

Critical part of the Rudd Center's mission



Leslie Rudd

Bias, Discrimination, and Obesity

Rebecca Puhl and Kelly D. Brownell

Abstract

PUHL, REBECCA, AND KELLY D. BROWNELL. Bias, discrimination, and obesity. *Obes Res.* 2001;9:788–805. This article reviews information on discriminatory attitudes and behaviors against obese individuals, integrates this to show whether systematic discrimination occurs and why, and discusses needed work in the field. Clear and consistent stigmatization, and in some cases discrimination, can be documented in three important areas of living: employment, education, and health care. Among the findings are that 28% of teachers in one study said that becoming obese is the worst thing that can happen to a person; 24% of nurses said that they are “repulsed” by obese persons; and, controlling for income and grades, parents provide less college support for their overweight than for their thin children. There are also suggestions but not yet documentation of discrimination occurring in adoption proceedings, jury selection, housing, and other areas. Given the vast numbers of people potentially affected, it is important to consider the research-related, educational, and social policy implications of these findings.

Introduction

It has been said that obese persons are the last acceptable targets of discrimination (1–4). Anecdotes abound about overweight individuals being ridiculed by teachers, physicians, and complete strangers in public settings, such as supermarkets, restaurants, and shopping areas. Fat jokes and derogatory portrayals of obese people in popular media are common. Overweight people tell stories of receiving poor grades in school, being denied jobs and promotions, losing the opportunity to adopt children, and more. Some who have written on the topic insist that there is a strong and consistent pattern of discrimination (5), but no systematic review of the scientific evidence has been done.

Some anecdotes relevant to this issue have become highly visible. One reported by National Public Radio is that of

Gina Score, a 14-year-old girl in South Dakota sent in the summer of 1999 to a state juvenile-detention camp (6). Gina was characterized as sensitive and intelligent, wrote poetry, and was planning to skip a grade when she returned to school. She was sent to the facility for petty theft—stealing money from her parents and from lockers at school “to buy food.” She was said to have stolen “a few dollars here, a few dollars there” and paid most of the money back.

The camp, run by a former Marine and modeled on the military, aimed, in the words of an instruction manual, to “overwhelm them with fear and anxiety.” On July 21, a hot humid day, Gina was forced to begin a 2.7-mile run/walk. Gina was 5 feet 4 inches tall, weighed 224 pounds, and was unable to complete even simple physical exercises such as leg lifts. She fell behind early but was prodded and cajoled by instructors. A short time later, she collapsed on the ground panting, with pale skin and purple lips. She was babbling incoherently and frothing from the mouth, with her eyes rolled back in her head. The drill instructors sat nearby drinking sodas, laughing, and chatting, accusing Gina of faking, within 100 feet of an air-conditioned building. After 4 hours with Gina lying prostrate in the sun, a doctor came by and summoned an ambulance immediately. Gina’s organs had failed and she died.

There are many more examples, from teachers weighing children in front of a class and announcing the weights, to doctors berating patients because of their weights, to Dr. Kenneth Walker, who said in his nationally syndicated newspaper column that for their own good and the good of the country, fat people should be locked up in prison camps (5). However, anecdotes of bias and discrimination could represent isolated events and do not prove that discrimination occurs in a systematic and widespread manner. It is important, therefore, to document whether discrimination does exist. Discrimination is harmful to its victims in many ways and can have enduring effects (7,8). With 54% of the U.S. population now overweight and 34% obese and with the prevalence still increasing in the United States and around the world, the health and well-being of many millions of people might be affected (9).

Perhaps the first commentary on widespread discrimination toward obese individuals was offered by Allon (10) over two decades ago. Since then, obesity is becoming increasingly recognized as a “social liability in Western

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788 OBESITY RESEARCH Vol. 9 No. 12 December 2001



Angela Alberga



Bryn Austin



Kelly Brownell



Robert Carels



Bill Dietz



Mary Forhan



Gary Foster



Amy Gorin



Mary Himmelstein



Ted Kyle



Claudia Luck-Sikorski



David Ludwig



Joe Nadglowski



Dianne Neumark-Sztainer



Pat O'Neil



Kerry O'Brien



Rebecca Pearl



Eliana Perrin



Sean Phelan



Diane Quinn



Ximena Ramos-Salas



David Sarwer



Natasha Schvey



Marlene Schwartz



Janet Tomiyama

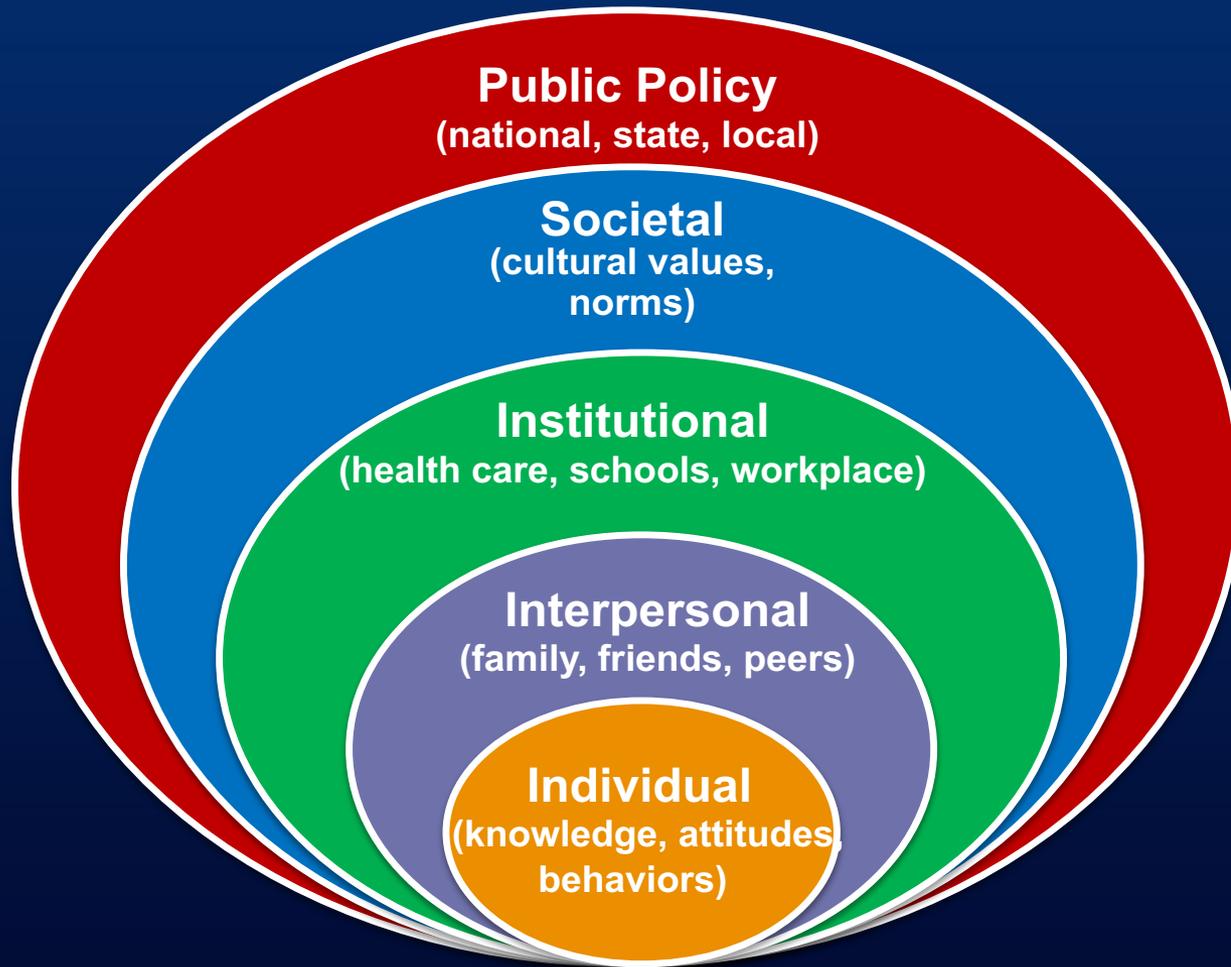


Tom Wadden



Denise Wilfley

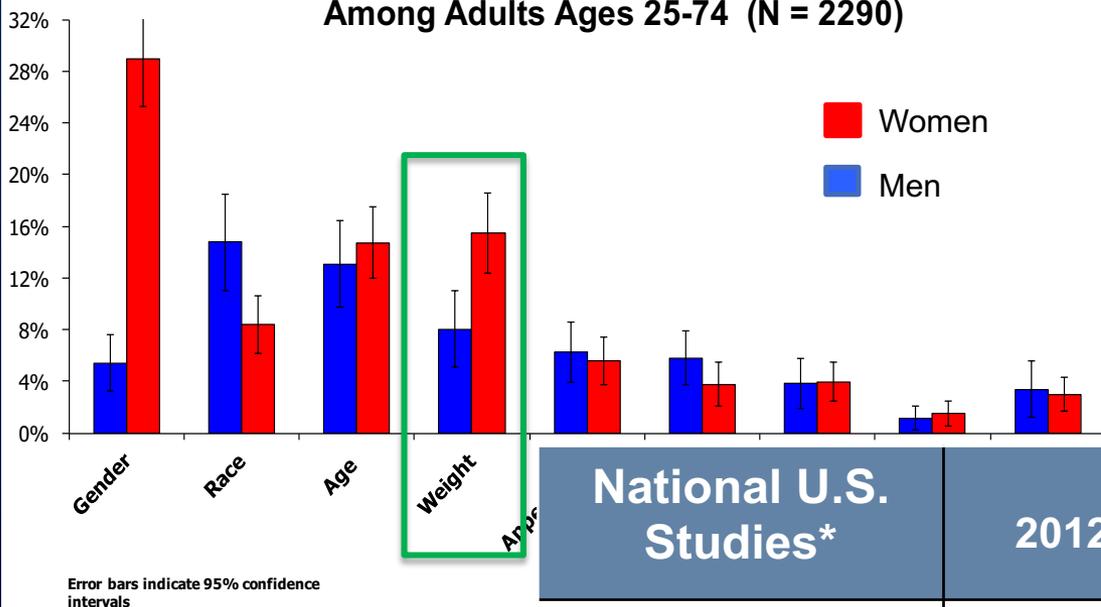
Addressing Weight Stigma: A Social Ecological Framework



Most effective approaches for understanding and addressing weight stigma require research and intervention at *all* levels

Addressing Weight Stigma at the Individual Level

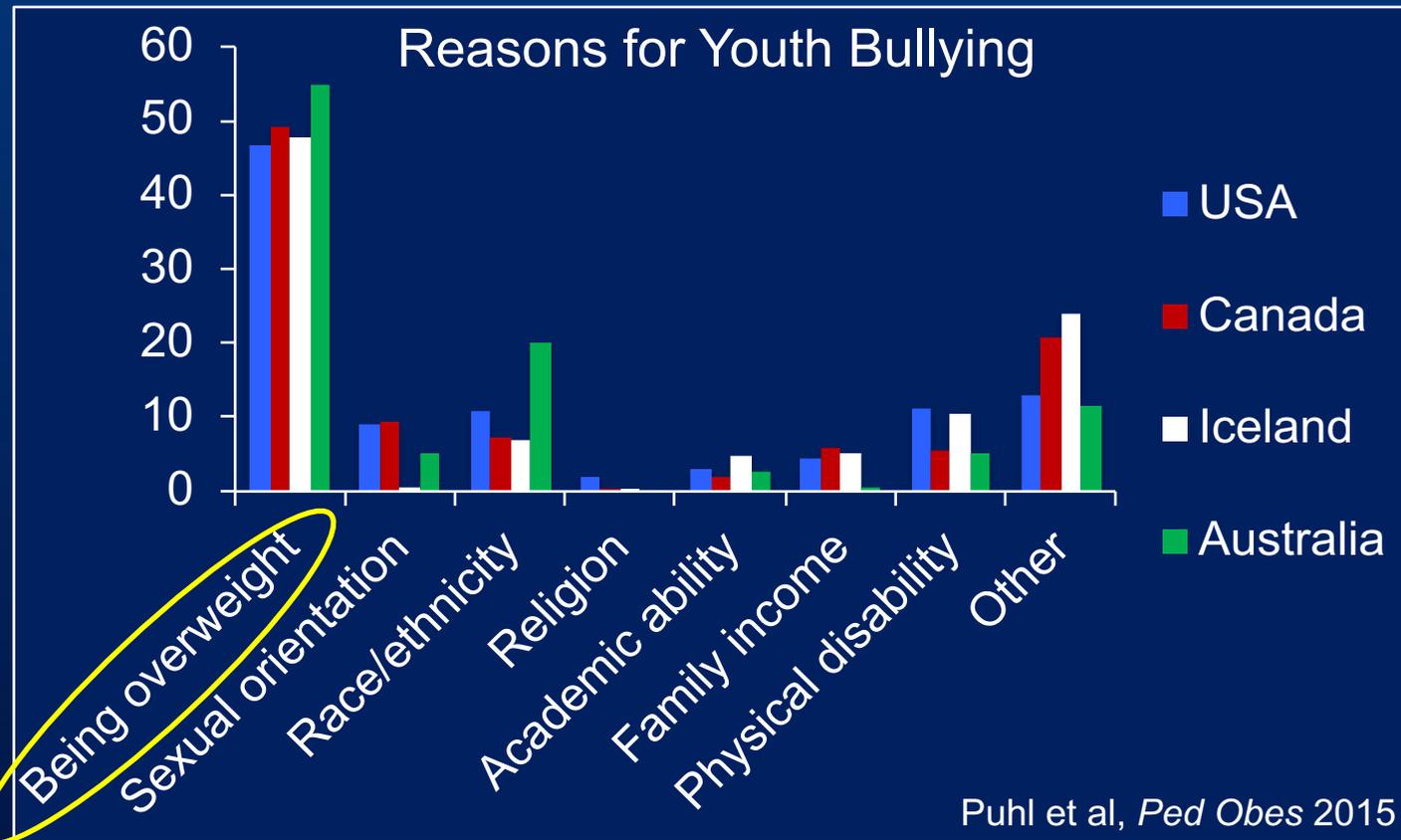
**Rates of Reported Discrimination
Among Adults Ages 25-74 (N = 2290)**



Puhl, Andreyeva, Brownell, *Obesity*, 2008

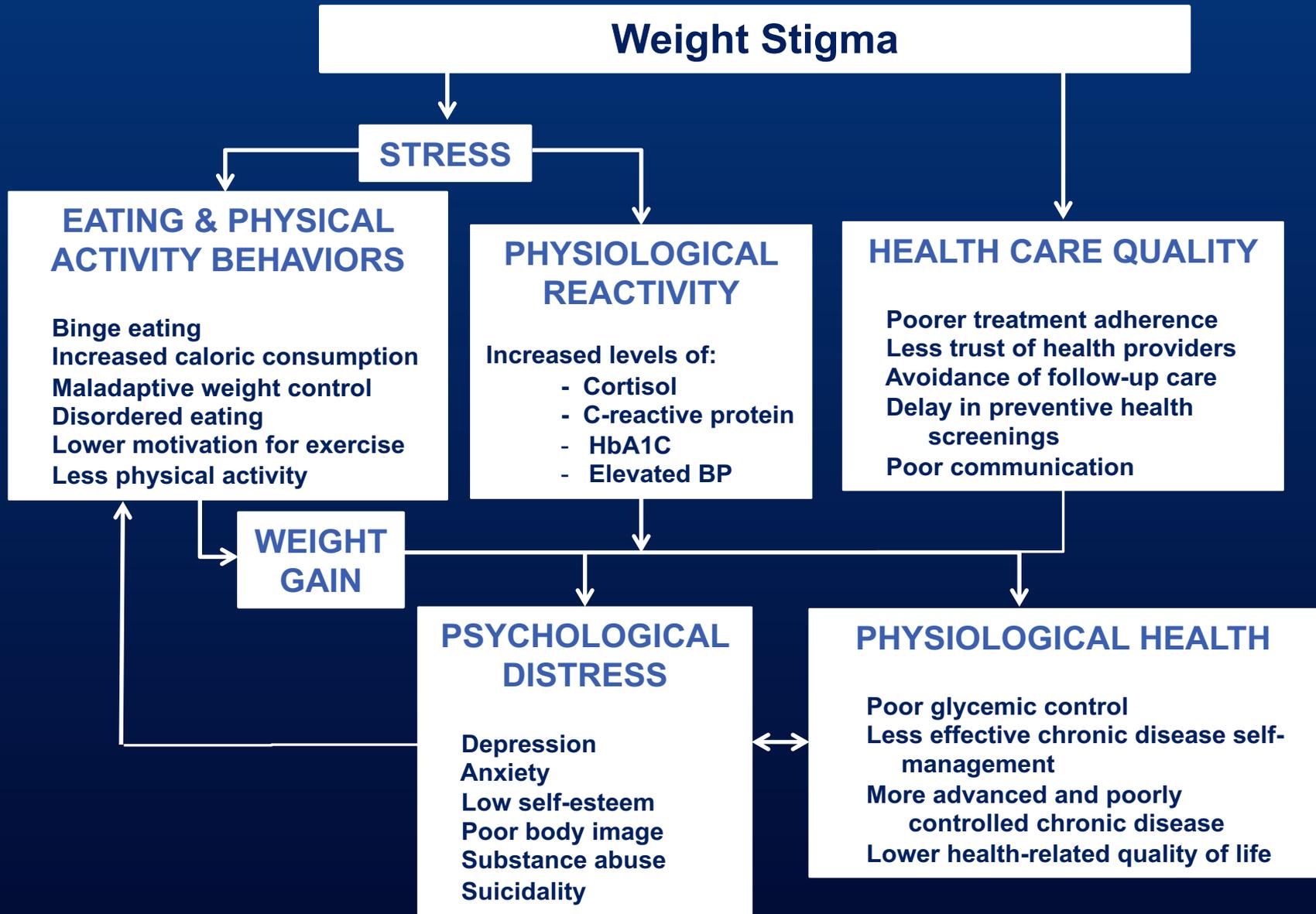
National U.S. Studies*	2012 ^a	2015 ^b	2015 ^c	2017 ^d
Self-reported experiences of weight-based victimization, unfair treatment, or discrimination	41.4%	44.6%	43%	40.7%

^aPuhl, Peterson, Luedicke. *Int J Obes* 2012; ^bPuhl et al., *J Pub Health Pol*, 2015; ^cPuhl et al., *Int J Obes* 2015; ^dHimmelstein, Puhl, Quinn. *Am J Prev Med*, 2017



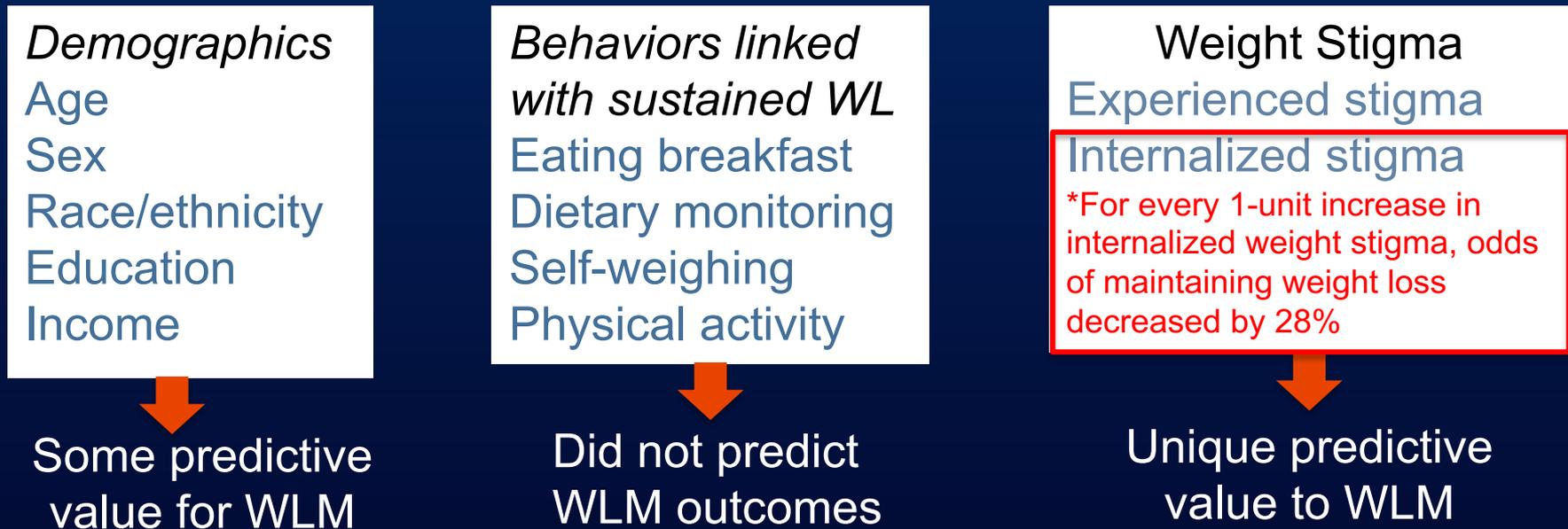
Youth with obesity in weight loss programs:
90% teased/bullied about weight from peers
37-60% teased/bullied about weight from parents/family

Puhl, Peterson, Luedicke, *Pediatrics*, 2012; Puhl & Himmelstein, *Ped Obes*, 2018

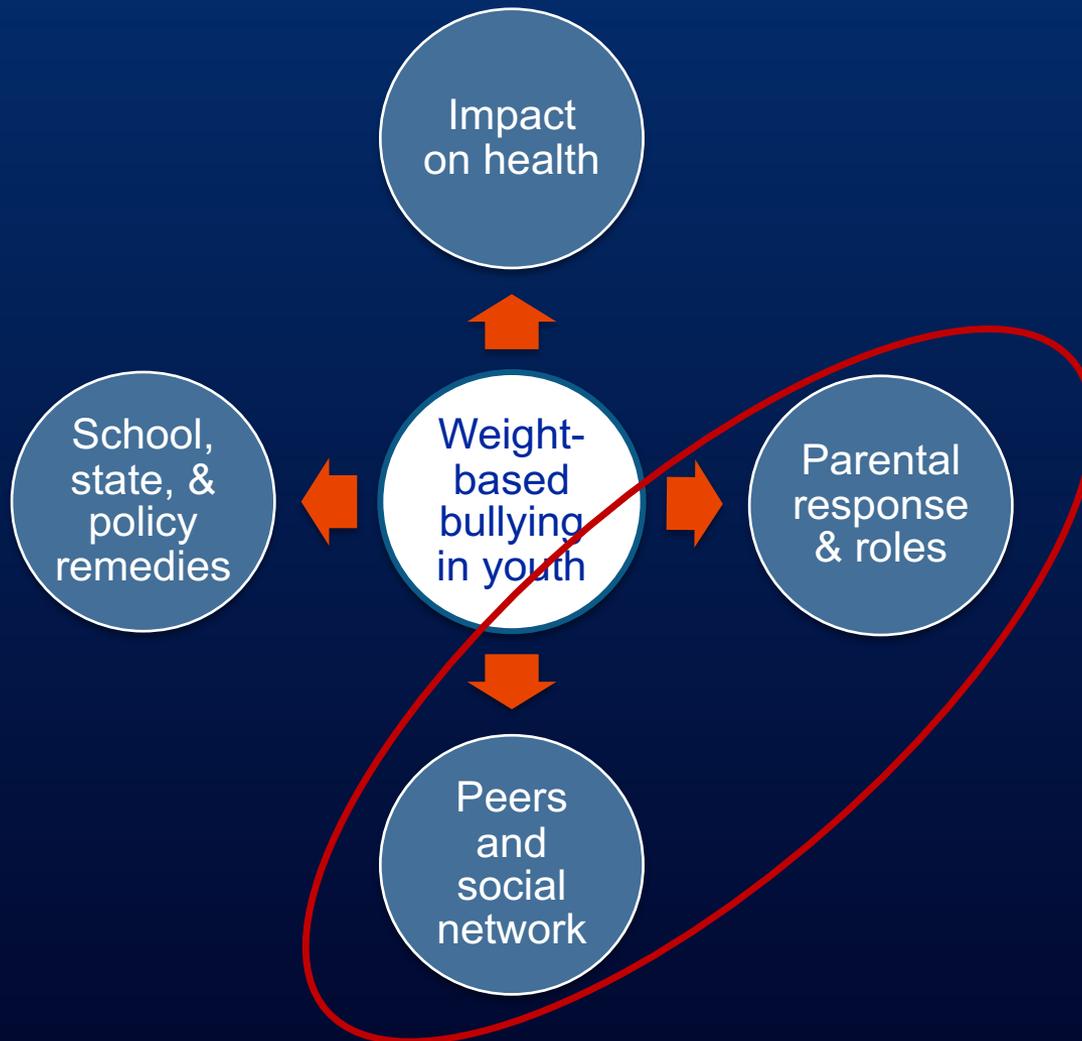


The role of weight stigma in weight loss maintenance

- 549 adults who intentionally lost $\geq 10\%$ weight in the past year
- 314 maintained weight loss, 235 re-gained weight
- *What factors are related to weight loss maintenance?*



Addressing Weight Stigma at the Interpersonal Level



How interpersonal relationships contribute to stigma, and can be targeted for stigma reduction

Weight-based teasing from peers and family predicts obesity 15 years later

- Project EAT-IV (*Eating & Activity in Teens and Young Adults*)
- 15-year study: Wave 4, 1,830 adults in early 30's
- Adjusted for race/ethnicity, SES, age, and baseline weight status

FOR WOMEN:

Teasing in adolescence
from *family & peers*



Increased odds of:

- Obesity (2x higher)
- Unhealthy weight control
- Eating as a coping response to negative emotions
- Poor body image

FOR MEN:

Teasing in adolescence
from *peers only*



Increased odds of:

- Obesity (2x higher)
- Eating as a coping response to negative emotions
- Poor body image

Weight-based teasing in sexual and gender minority youth

9,679 sexual minority adolescents (13-17 years old)

Across diverse sexual identities, high percentages of sexual minority adolescents reported weight-based teasing from family members and peers

BMI Percentile	Weight-teasing from peers	Weight-teasing from family	Weight-teasing from both
85<95 th percentile	54.3%	63.1%	40.2%
≥ 95 th percentile	77.2%	72%	59.2%

After accounting for BMI and demographics:

Weight-based victimization (especially from family) associated with:

dieting, binge eating, lower physical activity, more trouble sleeping, higher levels of stress, and using food to cope with stress

Harnessing Research for Education and Resources

Targeted Research

J Youth Adolescence
DOI 10.1007/s10964-012-9849-5

EMPIRICAL RESEARCH

Strategies to Address Weight-Based Victimization: Youths' Preferred Support Interventions from Classmates, Teachers, and Parents

Rebecca M. Puhl · Jamie Lee Peterson · Joerg Luedicke

CHILDHOOD OBESITY
Month 2018 | Volume X, Number X
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DOI: 10.1089/chi.2018.0047

ORIGINAL ARTICLE

A Word to the Wise: Adolescent Reactions to Parental Communication about Weight

Rebecca M. Puhl, PhD^{1,2} and Mary S. Himmelstein, PhD²

JOURNAL OF
SCHOOL HEALTH

American
School Health
Association

RESEARCH ARTICLE

Weight-Based Victimization Toward Overweight Adolescents: Observations and Reactions of Peers

REBECCA M. PUHL, PhD¹ JOERG LUEDICKE, MS² CHELSEA HEUER, MPH¹

Public Awareness

The New York Times

Feeling Bullied by Parents About Weight

By HARRETT BROWN



Children at Camp Shalom in Farmville, N.Y., one of two camps for overweight children that participated in a study published in Pediatrics.

Nancy Keefe Rhodes, a therapist and writer in Syracuse, N.Y., has struggled with weight all her life. So when the under-the-labcoat doctor, at age 10, if she went to "clean the testicular" for her father, she was devastated. "When I begged him to stop, he said he was just trying to help," she said.

Parents and other adults who see "only trying to help" may do harm rather than good, as a recent study from the journal Pediatrics makes clear. More than 300 teens who had attended one of two weight-loss camps filled out detailed questionnaires about their experiences of being victimized because of their weight. It found, not surprisingly, that nearly all heavier teenagers are teased or bullied about their weight by peers. What was surprising was the number of teenagers who said they have experienced what amounts to bullying at the hands of trusted adults, including coaches and gym teachers (as parents) and, most disturbingly, parents (27 percent).

"What we see most often from parents is teasing in the form of verbal comments," says Behreza M. Puhl, director of research at Yale University's Rudd Center for Food Policy and Obesity and the study's lead author. Such comments can range from nagging a child about eating too much to criticizing

parenting

Study: Overweight Teens Bullied By Parents

January 15, 2013

By Laura Al Parenting

Tough love or toxic torment? More than one in three overweight teens is taunted by their parents about their size, according to a new study published in the journal Pediatrics. The mostly verbal teasing ranged from parents pestering teens about portion sizes to mimicking the way their children's clothes fit.

Plus: Guide to Childhood Obesity

Researchers at the Rudd Center for Food Policy & Obesity at Yale University

surveyed more than 300 teens at national weight loss camps about the types and extent of teasing and bullying they had experienced. Almost all reported teasing by their peers, 42 percent reported taunting by coaches or gym teachers, and 37 percent reported teasing by their parents.

Well-intentioned comments that might seem harmless—or even constructive—to adults may actually be quite destructive to overweight teens, warns Rebecca M. Puhl, Ph.D., lead author and director of research at the Rudd Center. The taunting can spur eating disorders, dangerous weight loss methods like laxatives, and depression in heavy kids, studies have shown.

Plus: New Tool Lets Parents Calculate Childhood Obesity Risk

"Parents need to be careful not to communicate in ways that are critical or judgmental of their child's weight," Puhl told Parenting.com. Here, her do's and don'ts for interacting with an overweight child:

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Evidence-based Resources

Weight Prejudice: Myths & Facts Video Discussion Guide

Weight Bias at Home and School



Weight Bias at Home and School



Weight Bias at Home and School Video Discussion Guide

Parent Fact & Action Sheet



Weight Bias at Home occurs when parents, siblings, and other family members hold negative stereotypes and attitudes about a child with overweight or obesity.

Bias at home can include:

- Hurtful comments about body weight
- Insensitive labels like "fat" or "chubby"
- Teasing or jokes about weight
- Judgmental remarks about others' body weight in front of children, like "she is too big to wear that"
- Negative comments about one's own weight in front of kids, like "this makes me look fat"

There are many consequences that can have lasting effects on a child's physical and emotional well-being, such as:

- Depression, anxiety, low self-esteem
- Weight gain, avoiding physical activity
- Disordered eating behaviors such as

Remember that even subtle forms of weight bias that are not intended to be hurtful can be just as

Addressing Weight Stigma at the Institutional Level

What characteristics of health care contribute to weight stigma and should be targeted for intervention?

EMPIRICAL ARTICLE **Int J Eat Disord 2014; 47:65–75**

Weight Bias among Professionals Treating Eating Disorders: Attitudes about Treatment and Perceived Patient Outcomes

Rebecca M. Puhl, PhD^{1*}
Janet D. Latner, PhD²
Kelly M. King, MPH¹
Joerg Luedicke, MS¹

ABSTRACT
Objective: This study aimed to assess weight bias among professionals who specialize in treating eating disorders and identify to what extent their weight biases are associated with attitudes about treating obese patients.
Method: Participants were 329 professionals who treat eating disorders often have negative stereotypes about obese patients, 35% (115) indicated that practitioners feel uncomfortable caring for obese patients, and 29% (95) reported that their colleagues have negative attitudes toward obese patients. Compared to professionals with less weight bias, professionals with stronger weight bias

Original Article
CLINICAL TRIALS: BEHAVIOR, PHARMACOTHERAPY, DEVICES, SURGERY

Obesity

Obesity Bias in Training: Attitudes, Beliefs, and Observations Among Advanced Trainees in Professional Health Disciplines

Rebecca M. Puhl¹, Joerg Luedicke¹ and Carlos M. Grilo^{1,2}

Objective: This study examined weight bias among students training in health disciplines and its associations with their perceptions about treating patients with obesity, causes of obesity, and observations of weight bias by instructors and peers.

TRANSLATING RESEARCH TO PRACTICE

Overcoming Weight Bias in the Management of Patients With Diabetes and Obesity

Rebecca M. Puhl,¹ Sean M. Phelan,² Joseph Nadgrowski,³ and Theodore K. Kyle⁴

Bias-related barriers:

Weight-based stereotypes

Causal attributions for obesity

Communication about weight

Clinical/professional environment where stigma goes unchallenged

Provider-Patient Communication about Weight

PEDIATRIC OBESITY
ORIGINAL RESEARCH doi:10.1111/ijpo.12275

Adolescent preferences for weight terminology used by health care providers

R. M. Puhl^{1,2} and M. S. Himmelstein²

International Journal of Obesity (2013) 37, 612–619
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www.nature.com/ijo

ORIGINAL ARTICLE

Motivating or stigmatizing? Public perceptions of weight-related language used by health providers

Parental Perceptions of Weight Terminology That Providers Use With Youth

WHAT'S KNOWN ON THIS SUBJECT: Language that providers use to describe excess weight can have pejorative connotations, reinforce weight-based stigma, and jeopardize discussions about health with overweight patients. However, few researchers have examined parental perceptions of weight-based terminology in the context of childhood obesity.

WHAT THIS STUDY ADDS: In discussions of excess weight with youth, parents prefer that doctors use the terms "weight" and "unhealthy weight" rather than "fat," "obese," and "extremely obese." Parents perceive the latter terms as stigmatizing and blaming and least likely to motivate youth to lose weight.

AUTHORS: Rebecca M. Puhl, PhD, Jamie Lee Peterson, MA, and Joerg Luedicke, MS
Rudd Center for Food Policy and Obesity, Yale University, New Haven, Connecticut

KEY WORDS: obesity, overweight children, parental attitudes, stereotyping, physician-patient/parent communication

ABBREVIATION: SSI—Survey Sampling International

Dr Puhl conceptualized the project and design, interpreted findings, and led the writing. Ms Peterson reviewed relevant literature, contributed to study measures, managed data collection, and contributed to article drafts and revisions; and Mr Luedicke analyzed the data, interpreted results, created tables, and contributed to writing.

Stigmatizing communication about weight from providers has implications for patients' health care utilization



Reactions to Stigmatizing Language from Providers	Adults (care for self)	Parents (care for child)
Upset/embarrassed	41%	37%
Seek new doctor	21%	35%
Avoid future medical appts	19%	24%

Prioritizing Efforts to Reduce Weight Bias in Health Care

Support for Stigma Reduction Approaches (N = 461 Adults with Obesity)	% rated as “High Importance”
Require education on weight stigma for HCPs	94%
Require HCP training to provide more respectful, compassionate care to patients with obesity	94%
Medical school obesity curriculum should be required to include content on weight stigma	89%
Weight loss programs should include services to help people cope with weight stigma	91%

***Providers agree:**

Of 1420 health professionals, 97% agreed that health care providers should receive sensitivity training to prevent weight stigma in their clinical practice.

Puhl, Himmelstein, Gorin, Suh, *Obes Sci Prac*, 2017

Puhl, Neumark-Sztainer, Austin et al., *BMC Pub Health*, 2014

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Stigma Experienced by Children and Adolescents With Obesity

Stephen J. Pont, MD, MPH, FAAP,^{a,b} Rebecca Puhl, PhD, FTOS,^c Stephen R. Cook, MD, MPH, FAAP, FTOS,^d Wendelin Slusser, MD, MS, FAAP,^e SECTION ON OBESITY, THE OBESITY SOCIETY

ADVOCACY

- Work with schools on anti-bullying policies
- Training on weight stigma
- Educate parents
- Reduced stigma in youth media

Disseminated to 66,000 pediatricians in the US, Canada, Mexico and other countries.

The New York Times

How Not to Talk to a Child Who Is Overweight

The Checkup
By PETER KLUZAR, M.D. NOV 20, 2017



REUTERS

Help obese kids avoid weight stigma, doctors advise

Live Report

5 MIN READ

(Reuters Health) - Shaming kids about their weight doesn't encourage them to shed excess pounds, U.S. doctors warn.

In fact, it often has the opposite effect and contributes to behaviors like binge eating, inactivity, social isolation, and avoidance of routine medical checkups, the American Academy of Pediatrics and the Obesity Society advise in a joint policy statement.

Today's Parent

How to (delicately) talk to a child who's overweight

Kids who struggle with their weight are being stigmatized at their doctor's, at school and even at home. Here's what you can do to help.

By Wendy Haber | NOV 20, 2017



Addressing Weight Stigma at the Societal Level

Broader
societal norms



- reinforce weight bias
- create a society that tolerates bias

MEDIA

Presence of weight bias in news media:
*77% of images and videos contain
stigmatizing portrayals of people with obesity*

Impact of media portrayals on public attitudes:
stigmatizing images worsen bias

Puhl, Peterson, DePierre, Luedicke *J Health Commun*, 2013
McCure, Puhl, Heuer. *J Health Commun*, 2011
Heuer, McClure, Puhl. *J Health Commun*, 2011

Obesity-related Media Campaigns

Media Campaigns Targeting Obesity

Public Reactions to Obesity-Related Health Campaigns A Randomized Controlled Trial

Rebecca Puhl, PhD, Joerg Luedicke, MS, Jamie Lee Peterson, MA

International Journal of Obesity (2012), 1–9
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www.nature.com/ijo

ORIGINAL ARTICLE

Fighting obesity or obese persons? Public perceptions of obesity-related health messages

R Puhl, JL Peterson and J Luedicke



Stigmatizing campaigns:

- least motivating for improving lifestyle behaviors
- induced lower self-confidence and intent for health behavior change

NON-stigmatizing campaigns:

- more motivating for improving lifestyle behaviors
- especially focused on health behaviors

Campaigns that generated highest motivation and intentions for health behavior change made *no mention of weight or obesity*

Working With the Media to Address Weight Stigma

Free Image Bank of Non-Stigmatizing Images and B-roll Videos



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Who We Are What We Do

MEDIA GALLERY

Rudd Center Media Gallery:

Combating Weight Bias in the Media

Background

People with obesity are highly stigmatized in the United States and suffer from inequalities in employment, education, and health care as a result of weight discrimination. Studies show that in addition to the mainstream media, the news media is an especially pervasive source of stigmatization against persons with obesity. A Rudd Center [content analysis of videos that](#)



NATIONAL GEOGRAPHIC

SCIENCE & INNOVATION | ONLY HUMAN

Why Do Obese Women Earn Less Than Thin Women (and Obese Men)?

BY VIRGINIA HUGHES

FOUNDED BY NICHOLE L. BLOK

For more than two decades, economists have noticed that obesity has a, well, weighty impact on income, particularly for women. A well-known 2014 study, for example, found that a 60-pound increase in a woman's weight is associated with a 9-percent drop in wages — an obesity penalty equivalent to about three years of work experience.



TIME Healthland
A Healthy Balance of the Mind, Body and Spirit

Medicine | Diet & Fitness | Love & Family | Mental Health | Policy & Industry

Fat Stigma: How Online News May Worsen the Problem of Obesity



Guidelines for Media Portrayals of Individuals Affected by Obesity

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FOR FOOD POLICY & OBESITY

OBESITY SOCIETY
RESEARCH. AWARENESS. ACTION.

OAC
OBESITY ACTION CENTER



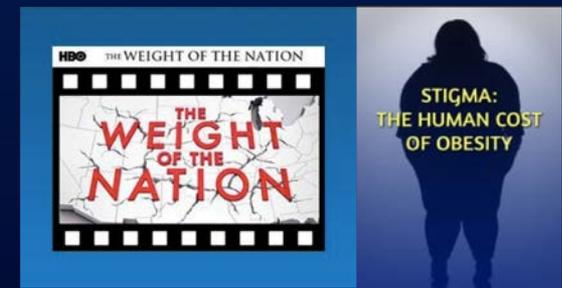
CBS NEWS

1 2 3 4 5 6 ... 21 NEXT

TRUSTED

APPROVED

PREV 1 2 3 4 5 6 ... 21 NEXT



HBO THE WEIGHT OF THE NATION

THE WEIGHT OF THE NATION

STIGMA: THE HUMAN COST OF OBESITY

Addressing Weight Stigma at the Policy Level

What can be done at the policy level to address weight bias and discrimination?

Weight-based bullying
in youth



Strengthen

- School-based policies
- State anti-bullying laws

Adding protections for weight-based bullying in:

% Who Support Improving Policy/Law

Federal anti-bullying law

State Anti-bullying law

School-based Anti-bullying policy

- Parents of child with higher body weight
- Parents of child with lower body weight

0 20 40 60 80 100

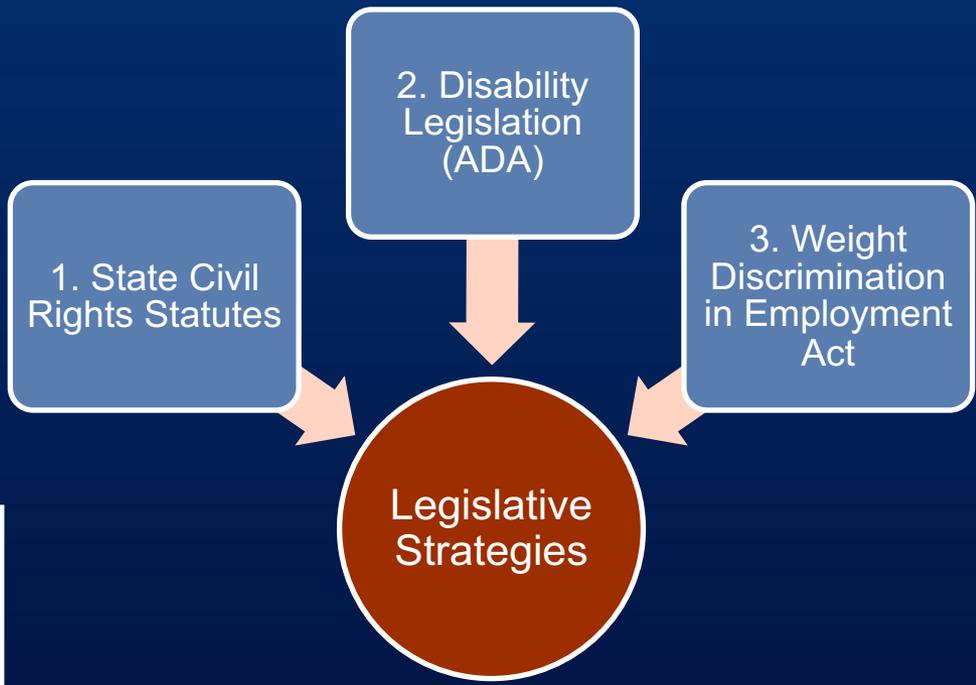
Puhl & Luedicke, *Int J Obesity*, 2014

Status of U.S. Legislation on Weight Discrimination

No Federal laws

One State law

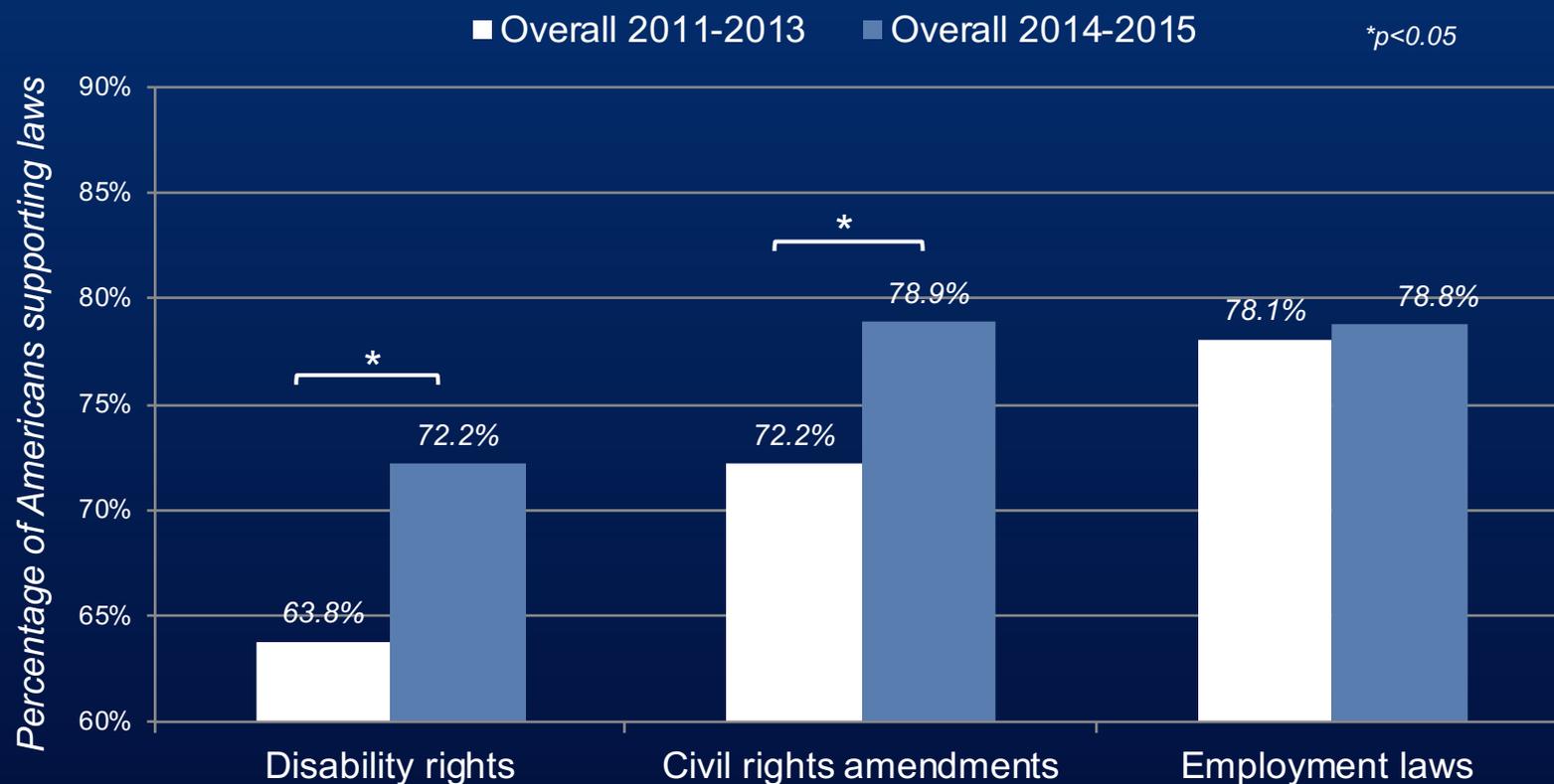
Several city jurisdictions



6 national studies
2 international studies



National trends in public support from 2011-2015



Comparing overall support in 2011-13 versus 2014-15:

Significant increase for civil rights amendments and disability rights.
Consistently high support for employment laws.

Using evidence to inform key policy makers



Disseminate evidence to advocacy organizations

Meet with State Representatives

Educate House Committees and Staffers

Testify at State Hearings

State House News -- Committee backs bill adding height, weight to anti-discrimination law

Ten bills related to workers' rights and benefits, including one that prevents discrimination based on height and weight, moved forward in the Legislature after a legislative committee voted to recommend passage of the proposals Tuesday.

It was a somewhat quixotic move. The bill had been proposed every session for the last 15 years, and never gone anywhere.

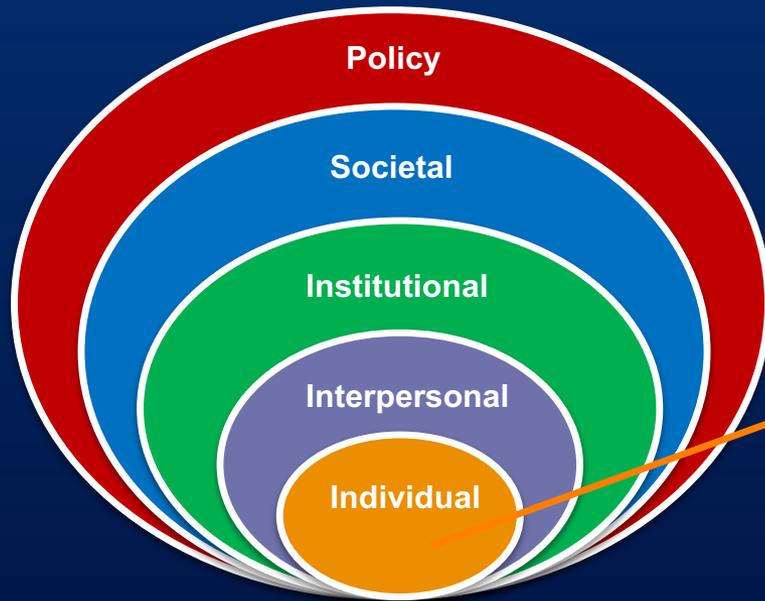
But this year is different. Last month, the weight discrimination bill sailed through the committee that considered it, gaining easy approval in a 7-to-1 vote.

What changed?

"I think the key to this shift was research," said Rep. Byron Rushing, the Democrat and now House majority whip who has sponsored the bill for the last 15 years. "It was having academics who've been working in the field of obesity, having testimony from a medical doctor. To be able to say that in recent studies of discrimination against women, that a higher number of women report seeing discrimination based on their body shape than you have of women being discriminated against because of race. Those kinds of studies are giving people pause."



Where to go from here?



Limited success of
stigma reduction at
the individual level

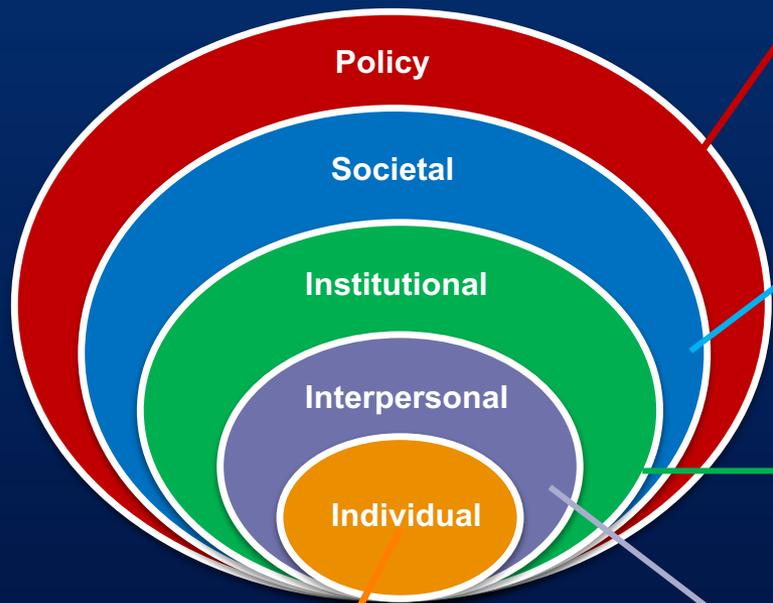


Changes in knowledge, not in bias

Minimal improvement after interventions

Lack of long-term sustainability

Multi-level stigma reduction research



Increased Policy Research

- Test impact of proposed policies/laws
- Assess feasibility and other avenues

Test Media Initiatives to Reduce Bias

- Anti-bias media messaging
- Social justice & public health campaigns

Implement & Test Institutional-level Training and Education

- Health care settings, medical schools
- K-12 school anti-bullying programs
- Workplace diversity & harassment

Reduce Bias in Families

- Family-based treatment approaches
- Parent education initiatives

Reduce Adverse Impact of Stigma on Individual Health

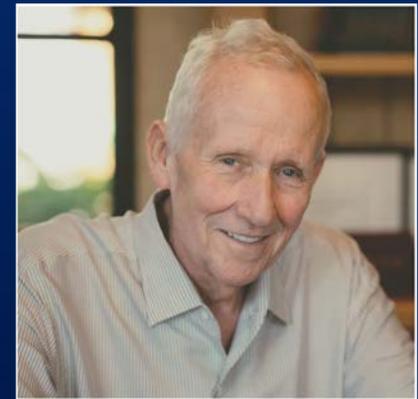
- Address stigma in obesity treatment
- Help patients adopt healthier coping strategies

Full Steam Ahead

“Stay the course”

“Full steam ahead”

“Our greatest successes are to come”



Leslie Rudd
1941-2018

Thank you

Please visit us at:

www.uconnruddcenter.org



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