

Health At Every Size®

Overview



Health At Every Size Curriculum

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ASDAH



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"If I gain 20 pounds, it will give me the motivation I need to stick to my diet!"

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Definition of Health At Every Size®

- HAES® supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- HAES encourages:
 - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
 - Finding the joy in moving one's body and becoming more physically vital.
 - Accepting and respecting the natural diversity of body size and shape.

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Outline

- Defining Weight and Health
- Changes in Weight Over Time
- Associations Between Weight and Health
- Drawbacks of Dieting
- Definition of Health At Every Size
- Differences Between Dieting and Non-Dieting
- Research in Support of Health At Every Size
- Common Misconceptions of Health at Every Size

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Defining Weight & Health

- Messages about health in the media
 - Health depends on weight
 - Thin = healthy
 - Fat = unhealthy
 - Eat better and you will be healthier
 - Exercise more and you will be healthier
- Health is about more than weight
- Health is about more than diet and exercise

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Defining Weight and Health

Diet and exercise are only two components of health

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Defining Weight and Health

- **Body Mass Index (BMI)**
 - Weight in kg / height in meters squared
- **What are limitations of using the BMI to assess health?**

		Weight in Pounds																								
		100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250									
Height in Feet and Inches	4'0"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0									
	4'1"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0									
4'2"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'3"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'4"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'5"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'6"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'7"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'8"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'9"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'10"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
4'11"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'0"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'1"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'2"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'3"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'4"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'5"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'6"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'7"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'8"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'9"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'10"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
5'11"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										
6'0"	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0	31.0	32.0	33.0										

■ Underweight ■ Normal ■ Overweight ■ Obesity

<http://www.thebmiCalculator.net>
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Outline

- Defining Weight and Health
- Changes in Weight Over Time
- Associations Between Weight and Health
- Drawbacks of Dieting
- Definition of Health At Every Size
- Differences Between Dieting and Non-Dieting
- Research in Support of Health At Every Size
- Common Misconceptions of Health At Every Size

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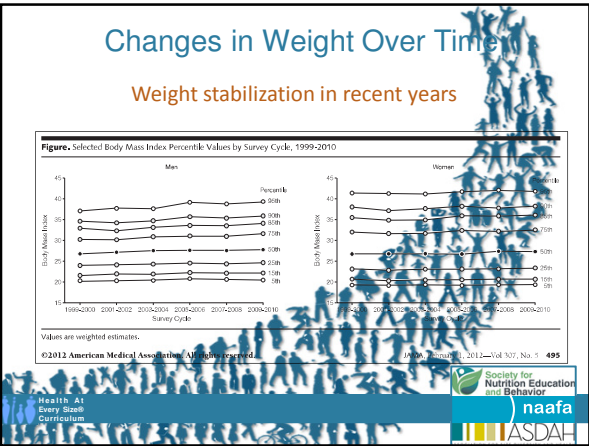
Changes in Weight Over Time

Center for Disease Control & Prevention says...

Source: Ogden et al., 2010; Nagler et al., 2012. *Data for 1960-1980 are for adults ages 20 to 74; data for 1980-2010 are for adults ages 20 and older.

• Overweight and obesity are on the rise

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- ### Outline
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Associations Between Weight & Health

- We have “DECLARED WAR” on “OBESITY”


I WANT YOU TO LOSE SOME WEIGHT

“There is an obesity plague in America that costs the nation as much as \$147 billion — and an untold number of lives — every year.”
- CNN’s “One Nation Overweight”

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Associations Between Weight & Health

- Center for Disease Control and Prevention (CDC) says:
 - “Obesity-related conditions include:
 - heart disease
 - stroke
 - type 2 diabetes
 - certain types of cancer
 - ...which are some of the leading causes of preventable death.”



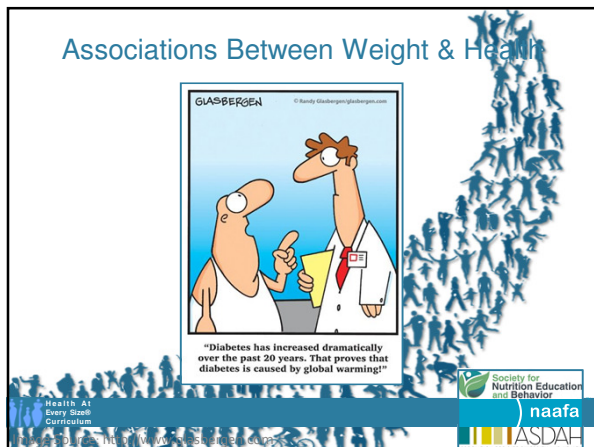
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Associations Between Weight & Health



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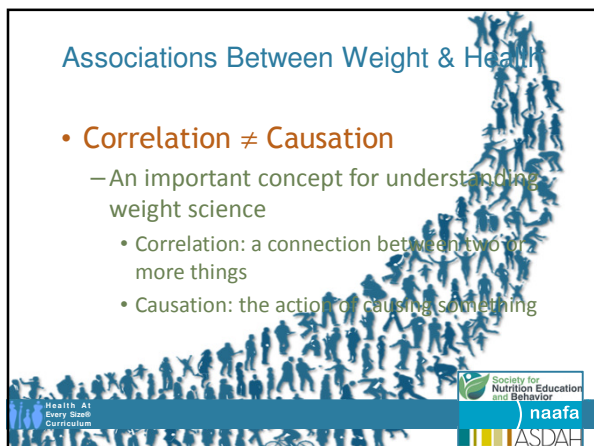
“Diabetes has increased dramatically over the past 20 years. That proves that diabetes is caused by global warming!”



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Associations Between Weight & Health

- Correlation \neq Causation
 - An important concept for understanding weight science
 - Correlation: a connection between two or more things
 - Causation: the action of causing something



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Associations Between Weight & Health

- Center for Disease Control and Prevention (CDC) says:
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 - ...which are some of the leading causes of preventable death.

= correlated

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Associations Between Weight & Health

- Epidemiologic studies don't typically control for:
 - Fitness/activity¹
 - Nutrient intake
 - Socioeconomic status¹
 - Body Image^{2,3}
 - Weight cycling which is associated with:
 - Inflammation
 - Hypertension
 - Insulin resistance
 - Hypercholesterolemia

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A celebrity cook was diagnosed with diabetes. Four things happened.

- 1) She received medical care.
- 2) Doubled up on veggies and began using healthier cooking methods.
- 3) Began walking every day.
- 4) Lost 30 lbs. in the process.

Her diabetes is in remission and she feels GREAT! Why?

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Associations Between Weight & Health

- Life expectancy is on the rise

Adapted from CDC National Vital Statistics Reports, Vol 60, No 4, January 11, 2012

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Associations Between Weight & Health

- Association between BMI and death
- BMI between 25 and 35 = lowest incidence of early death
- BMI > 25 is "overweight"
- BMI > 30 is "obese"

Figure 1: Functional form of the association of BMI with the relative hazard of death estimated in a Cox proportional hazards model adjusted for age, gender, smoking, alcohol consumption and survey year. The function was fitted using two-term fractional polynomial functions with powers (log, log). The function was standardized such that the HR was 1 at the mean of the desirable weight category for BMI (18.5 - 25 kg m⁻²). Dotted lines indicate the 95% confidence interval.

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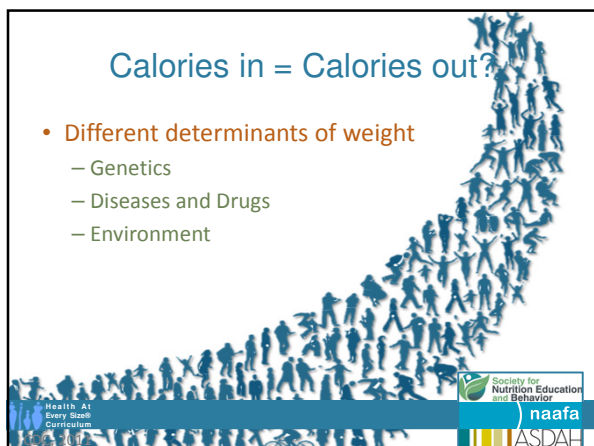
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- Defining Weight and Health
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- Associations Between Weight and Health
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- Definition of Health At Every Size
- What it Means to be Weight Neutral
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Calories in = Calories out?

- Different determinants of weight
 - Genetics
 - Diseases and Drugs
 - Environment



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“Every time I go on a diet, I lose my mind. Unfortunately, it doesn't weigh very much.”

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What are all the diets you've heard of?

- Brainstorm





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What Does Dieting Mean?

- **New Oxford's American Dictionary:**
 - “restrict oneself to small amounts or special kinds of food in order to lose weight”
 - “example: it's difficult to diet.”

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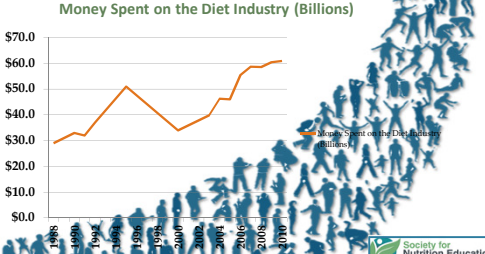


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Dieting on the Rise

- **The dieting industry is a \$61 billion dollar industry**


Money Spent on the Diet Industry (Billions)



Year	Money Spent (Billions)
1988	30.0
1990	32.0
1995	50.0
2000	35.0
2005	45.0
2008	55.0
2010	61.0



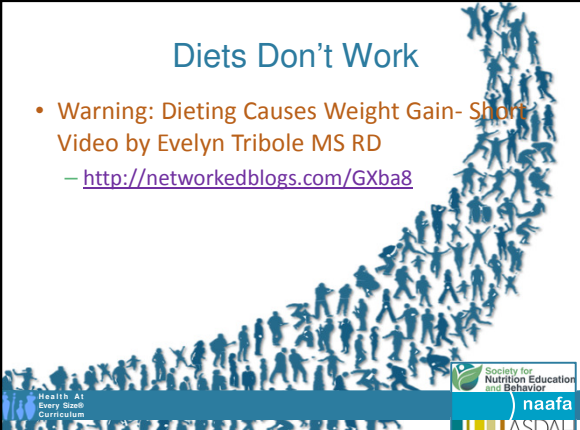
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Diets Don't Work

- **Warning: Dieting Causes Weight Gain- Short Video by Evelyn Tribole MS RD**
 - <http://networkedblogs.com/GXba8>



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Diets Don't Work

- Long Term Weight Loss Studies
 - Weight is lost at first
 - The longer the study, the more weight regained

Average weight change among diet subjects in 20 studies by length of follow-up.

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Weight-Focused Interventions May Contribute to...

- Weight cycling
- Increased risk for osteoporosis
- Increased chronic psychological stress & cortisol production
- Increased anxiety about weight
- Eating disorder behaviors
- Weight gain
- Stigmatization and discrimination against fat individuals

Kruger et al., 2009; Flegal & McFarlin, 2010
 Bacon et al., 2008; Kelm, 2009
 Tomiyama, 2011
 Stice et al., 2008
 Daneshmandi et al., 2010
 Muhlman-Green et al., 2006
 Stunkard

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Ethics of Weight-Based Approaches

Pause for Discussion

If...

- Dieting doesn't work (long-term weight regain)
- Yo-yo dieting is associated with negative health

Then...

- Should we be encouraging people to lose weight?

Is it ethical?

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"I can't change my height. I can't change my eye color. I can't change the size of my feet. What makes you think I can change my weight?"

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Introducing...

A Non-Diet Approach

Health At Every Size®

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Definition of Health At Every Size®

- HAES supports people in adopting health habits for the sake of health and well-being (rather than weight control)
- HAES encourages:
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 - Finding the joy in moving one's body and becoming more physically vital.
 - Accepting and respecting the natural diversity of body sizes and shapes.

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HAES = Weight Neutral

- Encouraging healthy habits and attitudes
- Taking the focus off of weight
 - Let a person's weight settle where it may
- Supporting people to feel good about themselves, no matter the outcome



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Diet vs. Non-Diet

	Diet Paradigm	Non-Diet Paradigm
Weight	• Aim for a certain weight	• Body will seek its natural weight when individuals learn response to cues
Food	• Good/bad, legal/illegal, should/shouldn't etc. • Quantity/quality determined by external source (calories, grams, exchanges)	• ALL food is acceptable • Quantity/quality are determined by responding to physical cues (hunger, thirst, satiety, etc.)
Physical Activity	• Exercise to lose weight	• Aim to be more active in fun and enjoyable ways

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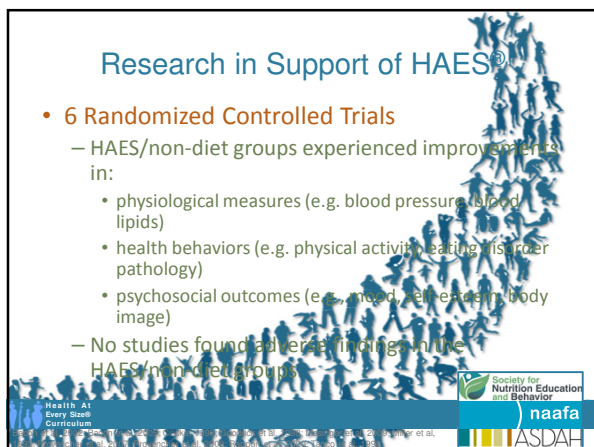
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Research in Support of HAES

- 6 Randomized Controlled Trials
 - HAES/non-diet groups experienced improvements in:
 - physiological measures (e.g. blood pressure, cholesterol, lipids)
 - health behaviors (e.g. physical activity, eating disorder pathology)
 - psychosocial outcomes (e.g. mood, self-esteem, body image)
 - No studies found adverse findings in the HAES/non-diet groups



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Research in Support of HAES

- Randomized Controlled Trial Spotlight
 - 6-month randomized clinical trial
 - HAES group vs. Diet group
 - 2-year follow-up
 - White, obese, female chronic dieters (40-45 yrs)
 - N=39 per group to start



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Research in Support of HAES

Intervention

Diet Group	Non-Diet
<ul style="list-style-type: none"> • Calorie restriction and food diaries • Read food labels/fat grams • Exchanges • Benefits of exercise • Encouraged to walk at certain intensity 	<ul style="list-style-type: none"> • Body acceptance self-focus • Techniques to focus on internal cues vs. external cues • Nutrition - effect of food choices on well-being • Activity that allowed them to enjoy their bodies

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Research in Support of HAES

Results

	Diet Group	Non-Diet
Depression Body Image Self Esteem	<ul style="list-style-type: none"> • No significant improvement at 2-year follow-up 	<ul style="list-style-type: none"> • Significant improvement in all 2-year follow-up
Labs	<ul style="list-style-type: none"> • No significant changes at 2-year follow-up 	<ul style="list-style-type: none"> • Significant changes in Total Cholesterol, LDL, Triglycerides at 2-year follow-up
Drop Out	<ul style="list-style-type: none"> • 41% drop out rate 	<ul style="list-style-type: none"> • 1% drop out rate
Weight	<ul style="list-style-type: none"> • Lost weight, then regained 	<ul style="list-style-type: none"> • Maintained weight

What surprises you about this study?

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Common HAES Myths

BUSTED



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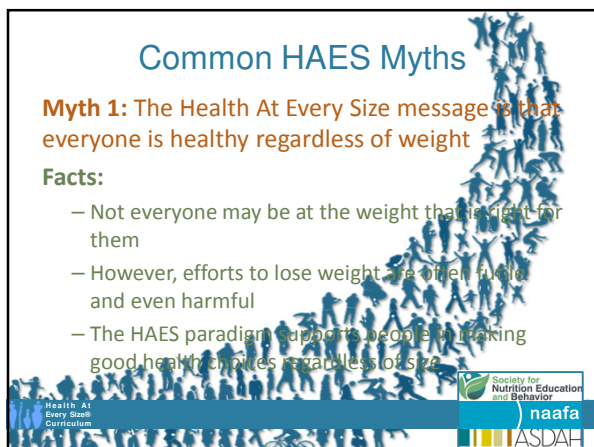
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Common HAES Myths

Myth 1: The Health At Every Size message is that everyone is healthy regardless of weight

Facts:

- Not everyone may be at the weight that is right for them
- However, efforts to lose weight are often futile and even harmful
- The HAES paradigm supports people in making good health choices regardless of size



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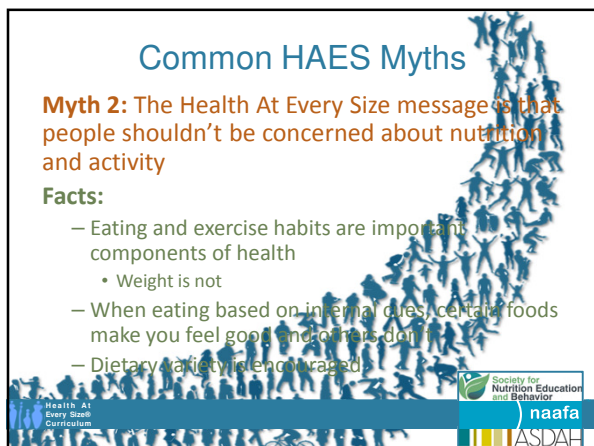
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Common HAES Myths

Myth 2: The Health At Every Size message is that people shouldn't be concerned about nutrition and activity

Facts:

- Eating and exercise habits are important components of health
 - Weight is not
- When eating based on internal cues, certain foods make you feel good, and others don't
- Dietary fat is encouraged



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Common HAES Myths

Myth 3: People who eat based on cravings will eat junk food all the time

Facts:

- It's the anticipation of dieting and guilt around eating that leads to feeling out of control around food¹
- Humans crave variety?



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Who's Healthier?



Or


You can't tell how healthy someone is by looking at them



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HAES® Resources

- Organizations that promote HAES and fight against size discrimination
 - National Association to Advance Fat Acceptance (NAAFA)
 - <http://www.naafa.org>
 - Association for Size Diversity and Health (ASDAH)
 - <https://www.sizediversityandhealth.org>
 - Society for Nutrition Education and Behavior (SNEB)
 - <http://www.sneb.org>



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HAES® Resources

- **Health At Every Size**
 - By Linda Bacon, PhD
- **Intuitive Eating**
 - Evelyn Tribole, MS, RD
- **Diet Survivor's Handbook**
 - Judith Matz, LCSW & Ellen Frankel, LCSW
- **Council on Size & Weight Discrimination**
 - <http://www.cswd.org/>
- **HAES Community**
 - www.haescommunity.org/
- **Additional Resources**
 - Books, Articles, Websites/Blogs
 - <https://www.sizediversity.com/healthandwellness/content.asp?id=58>





Acknowledgements

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