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 health 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.
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

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

Defining Weight and Health

Diet and exercise are not the only components of health.
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?

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Changes in Weight Over Time

Center for Disease Control & Prevention says...

- Overweight and obesity are on the rise

6/10/2014
Changes in Weight Over Time

Weight stabilization in recent years

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Associations Between Weight & Health
- We have “DECLARED WAR” on “OBESITY”

“There is an obesity plague in America that costs the nation as much as $177 billion — and an untold number of lives — every year.”

- CNN, 2013

I WANT YOU TO LOSE SOME WEIGHT
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."

**Associations Between Weight & Health**

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

Epidemiologic studies don’t typically control for:
- Fitness/activity
- Nutrient intake
- Socioeconomic status
- Body Image
- Weight cycling which is associated with:
  - Inflammation
  - Hypertension
  - Insulin resistance
  - Hyperlipidemia

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 improved and she feels GREAT! Why?
• Life expectancy is on the rise

U.S. Department of Health and Human Services, 2012

Association Between Weight & Health

• Association between BMI and death
• BMI between 25 and 30 = lowest incidence of early death
  - BMI ≥ 25 is “overweight”
  - BMI ≥ 30 is “obese”

Inter J of Obesity 35:838-851, 2011

Outline

• Defining Weight and Health
• Changes in Weight Over Time
• Associations Between Weight and Health
• Drawbacks of Dieting
• Definition of Health At Every Size
• What it Means to be Weight Neutral
• Differences Between Dieting and Non-Dieting
• Research in Support of Health At Every Size
• Common Misconceptions About Health At Every Size
Calories in = Calories out?

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

"Every time I go on a diet, I lose my mind. Unfortunately, it doesn’t weigh very much."

What are all the diets you’ve heard of?

- Brainstorm
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.”

Dieting on the Rise

• The dieting industry is a $61 billion dollar industry

Diets Don’t Work

• Warning: Dieting Causes Weight Gain - Short Video by Evelyn Tribole MS RD
  – http://networkedblogs.com/GXba8
Diets Don’t Work

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

Tomiyama, Ahlstrom & Mann, 2012

Key

= < 20% drop out
= > 20% drop out

Size of circle represents sample size

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, 2004; Strohacker & McFarlin, 2010
Bacon et al, 2004; Van Loan & Keim, 2000
Tomiyama et al, 2010
Davison et al, 2003; Holms, 2007
Daníelsdóttir et al, 2007
Neumark-Sztainer et al, 2006

Pause for Discussion

Ethics of Weight-Based Approaches

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?
Introducing…

A Non-Diet Approach

Health At Every Size®

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 sizes and shapes.
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

<table>
<thead>
<tr>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight</strong></td>
<td>Body will seek its natural weight when individuals eat in response to cues</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>ALL food is acceptable</td>
</tr>
<tr>
<td>- Good/bad, legal/illegal, should/shouldn’t etc.</td>
<td></td>
</tr>
<tr>
<td>- Quantity/quality determined by external source (calories, grams, exchanges)</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Exercise to lose weight</td>
</tr>
<tr>
<td>- Exercise to lose weight</td>
<td>ALL activity is enjoyable</td>
</tr>
<tr>
<td>- Exercise to lose weight</td>
<td>(hunger/fullness, taste, etc.)</td>
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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, blood lipids)
    • health behaviors (e.g. physical activity, disordered eating pathology)
    • psychosocial outcomes (e.g. mood, self-esteem, body image)
  – No studies found adverse findings in the HAES/non-diet groups


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 30-45 yrs
  – N=39 per group to start
Research in Support of HAES®

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Diet Group
- Calorie restriction and food diaries
- Read food labels/fat grams
- Exchanges
- Benefits of exercise
- Encouraged to walk at certain intensity

Non-Diet
- Body acceptance
- Techniques to focus on internal cues
- Nutritional/Caloric choices given
- Body image/self-esteem techniques
- Benefits of exercise
- Body acceptance/self-worth
- Techniques to focus on internal cues vs. external cues
- Nutrition-effects of food choices on well-being
- Activity that allowed them to enjoy their bodies

Bacon et al, 2002; Bacon et al, 2005

Research in Support of HAES®

Results

<table>
<thead>
<tr>
<th>Diet Group</th>
<th>Non-Diet</th>
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<tr>
<td>Depression</td>
<td>No significant improvement at 2-year follow-up</td>
</tr>
<tr>
<td>Body Image</td>
<td>Significant improvement at 2-year follow-up</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>Significant decrease in Body Mass Index (BMI)</td>
</tr>
<tr>
<td>Labs</td>
<td>No significant changes at 2-year follow-up</td>
</tr>
<tr>
<td></td>
<td>Significant decrease in Total Cholesterol, LDL, Systolic BP at 2-year follow-up</td>
</tr>
<tr>
<td>Drop Out</td>
<td>41% drop out rate</td>
</tr>
<tr>
<td></td>
<td>8% drop out rate</td>
</tr>
<tr>
<td>Weight</td>
<td>Lost weight, then gained</td>
</tr>
<tr>
<td></td>
<td>Maintained weight</td>
</tr>
</tbody>
</table>

What surprises you about this study?

Depression
- No significant improvement at 2-year follow-up
- Significant improvement at 2-year follow-up

Body Image
- No significant changes at 2-year follow-up
- Significant decrease in Body Mass Index (BMI)

Self Esteem
- No significant changes at 2-year follow-up
- Significant decrease in Body Mass Index (BMI)

Labs
- No significant changes at 2-year follow-up
- Significant decrease in Total Cholesterol, LDL, Systolic BP at 2-year follow-up

Drop Out
- 41% drop out rate
- 8% drop out rate

Weight
- Lost weight, then gained
- Maintained weight
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 is about being good health regardless of size

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
- Dietary variety is encouraged
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 food\(^1\)
- Humans crave variety\(^2\)

\(^{1}\)Urbszat, Herman & Polivy, 2002;  
\(^{2}\)Havermans, 2013

Who’s Healthier?

**Or**

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

HAES® Resources

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

- **Health At Every Size**
  - By Linda Bacon, PhD
- **Intuitive Eating**
  - Evelyn Tribole, MS, RD
- **Diet Survivor’s Handbook**
  - Judith Mattz, LCSW & Ellen Frankel, LCSW
- **Council on Size & Weight Discrimination**
  - [http://www.cswd.org/](http://www.cswd.org/)
- **HAES Community**
  - [www.haescommunity.org/](http://www.haescommunity.org/)
- **Additional Resources**
  - Books, Articles, Websites/Blogs:
    - [https://www.sizediversityandhealth.org/content.asp?id=31](https://www.sizediversityandhealth.org/content.asp?id=31)

Acknowledgements

**Health At Every Size Curriculum Development Team**

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  - California State University, Chico

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- Health At Every Size Available at: http://www.haescommunity.org. [Last Accessed 7 March 2013].
Health at Every Size- How does it fit with middle and high school students?
Lora Beth Brown, EdD, RDN. CD
FACS Food & Nutrition Conference
June 17, 2014

Learn more with this resource: [http://haescurriculum.com/](http://haescurriculum.com/)
- Overview (PowerPoint with notes)
- Developing a Healthy Relationship with Food and Exercise (PowerPoint with notes or with voiceover)
- Size Acceptance (PowerPoint with notes or with voiceover)

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<td>Dancing in the dark</td>
<td>Stopping “fat talk”</td>
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<td>Identify cues to eat</td>
<td>Identify intrinsic motivation</td>
<td>Max Lucado’s You Are Special</td>
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