• Introductions
• This curriculum is sponsored by the following three organizations as indicated in the logo at the bottom of your screen:
  • Association for Size Diversity and Health
  • Society for Nutrition Education and Behavior
  • National Association to Advance Fat Acceptance
• Today we’ll be talking about an approach to health and wellness that may be very different from what you’ve heard in the media or in previous courses.
• The topic of body weight can be a sensitive topic for many.
• It’s important to keep an open mind as we discuss weight and health.
• We all see the world through a different pair of lenses based on our own personal experiences.
• Today we’ll start with a look at the basics.

• The public is very confused when it comes to weight and health.
• When individuals focus on losing weight, it can result in an interesting head game, which is represented by this entertaining cartoon.

• Health At Every Size is about taking the focus off of weight, and in doing so, ending the head game that is common with dieting. This non-diet paradigm is about focusing on health instead of weight.
• Throughout this presentation I’ll be referring to Health At Every Size by using the acronym HAES (pronounced haze).
• Both HAES and Health At Every Size are trademarked terms.
• They were trademarked by the Association for Size Diversity and Health, which is an organization that promotes taking a non-diet approach to wellness simply because dieting doesn’t work.
• The HAES paradigm is about paying attention to hunger and fullness cues to guide eating (instead of counting calories or fat grams), finding pleasure in food and satisfying cravings, and trusting that your body naturally craves a variety of foods.
• The HAES paradigm is also about movement, being active not to lose weight, but because it feels good and has many positive health benefits.
• In taking the focus off of weight, the HAES paradigm involves promoting a positive body image and seeing weight and body shape/sizes as another key component of diversity (just like body height, skin color, and hair color).

• Today we’ll be exploring this HAES paradigm and exploring the research that supports that this approach may be best for promoting wellness.
• However, before we do, we’ll start with the basics.
• First we’ll define terms such as health and terms such as overweight and obesity.
• Next, we will take a look at changes in body weight in the United States over the last several decades.
• We’ll also take a look at the research today to explore the relationship between weight and health.
• We’ll talk about various dieting, or weight loss interventions that are out there and the effects of those interventions on health.
• What we’ll discover as we look at the data is that diets don’t work.
• However, Health At Every Size seems to be a promising alternative to dieting.
• Today we’ll take a look at the research that supports this approach to wellness.
• We’ll talk about the term “weight neutral” as a term that describes taking the focus off of weight and onto health.
• We’ll finish by debunking some common misconceptions of the Health At Every Size approach.

• This message can be very counter-cultural and confusing. Today we will only be able to scratch the surface of the evidence in support of Health At Every Size. Today’s presentation is simply an overview of the HAES paradigm. You will likely be left with many questions that will hopefully be answered over the next few class periods.
Defining Weight and 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

- When we look at messages about health in the media, the focus is always on weight.
- The message is always if you’re thin, then you’re healthy and if you’re fat then you’re not.
- We also see a lot of information about nutrition and exercise.
- The message is eat better and you’ll be healthier and exercise more and you’ll live forever.
- There truth is – there’s a lot more to health than weight and even nutrition and exercise.

- There are many components of health that do not include diet and exercise.
- Example: You might be following the Paleo Diet and exercising and overall eating nutrient-dense foods. However, you might be feeling really stressed out and deprived in trying to follow the diet and therefore is it healthy?
  - Given that emotional is an aspect of health, emotional health may be compromised when we put too much focus on other areas of health
- Maintaining health involves balancing each of these aspects in a personal and individualized manner.
- There are limits of lifestyle change on health. For example, an individual could have the perfect diet and exercise patterns, but still get diagnosed with breast cancer.
- While diet and exercise and all of the other circles on here are important, an individual’s health also has to do with factors such as genetics, access to health care and social equality.
• We defined health. Now let’s look how weight is defined.
• What does it mean exactly to be overweight or obese?
• Overweight and obesity are categories used to label weight relative to height.
• The Body Mass Index, or BMI is used to categorize individuals into one of four primary categories: underweight, normal weight, overweight, or obesity.
• What are limitations of using the BMI to assess health?
  • Common answers: doesn’t take into account muscle versus fat mass, doesn’t take into account fitness level, differences in muscle mass between genders
• BMI was meant to be a screening tool, not a diagnostic tool
• One of the questions we will talk about is whether the BMI is an adequate indicator of health.
• In other words, can you tell by looking at someone’s height and weight to determine if that person is healthy?

• Now that we discussed definitions of health and weight, let’s take a look at how weight and health have changed over the last several decades.
According to the Center for Disease Control and Prevention, we are in the midst of an “Obesity Epidemic”.

- While there have been some increases in weight over the last 40 years, it appears that this rise has begun leveling off in the last decade.
- Furthermore, some of the increases in weight can be explained by adjustments that were made to the categories of BMI along the way.
- Specifically, in 1998, the BMI that labels someone as overweight was lowered, impacting the percentage of individuals categorized as overweight.

This graph provides evidence that based on BMI, there has been a leveling off in recent years. There has been a slight increase in what is labeled the morbid obesity category in males, but relatively stable in other categories for both males and females.

- Despite this leveling off, the CDC still says that overweight and obesity is on the rise.

Changes in weight have leveled off in more recent years and yet many are still using the term “obesity epidemic” suggesting that fatness is detrimental to health.

- Next, we’ll take a closer look at this assumption.
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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 $147 billion—an untold number of lives—every year.”

- CNN’s One Nation Overweight

CNBC, 2013

• Despite the leveling off of weight in recent years, serious language has been used to scare the public into trying to lose weight.
• Terms such as “declared war” and “obesity plague” or “obesity epidemic” have been used.
• Statisticians and economists have attempted to put a price tag on this epidemic based on statistical associations between weight and health.

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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.”

CDC, 2012

• We’ve all heard that obesity is associated with many serious diseases including heart disease, stroke, type 2 diabetes, and certain types of cancers.

Slide 14

Associations Between Weight & Health

• In order to understand the real story behind the “obesity epidemic” you have to first understand the difference between association or correlation and causation.
• A correlation simply means there is a connection between two or more things.

• For example, male patterned baldness is correlated to heart disease. Does that mean that male patterned baldness causes heart disease? No! Correlation just implies that there is simply a connection.

• If well controlled trials are used to answer a research question, then we can determine if one thing causes another. To determine causation, subjects in a study must be randomly assigned to either an intervention group or a control group and followed over time.

• Only then can we determine if the intervention CAUSED the result. Without these types of well-controlled, randomized trials, we can only make assumptions about causation.

• When the CDC uses the term “obesity-related conditions”, we could substitute the term “correlated” or “associated” for the word “related”.

• Obesity doesn’t cause these conditions, there is simply a connection.

• However, what we also know about these diseases is that there are many lifestyle factors at play. There are dietary and exercise patterns to look at, smoking, family history, etc. So, is it the weight that is causing these conditions? We actually don’t know that to be true.

• The problem with making associations between weight and health, is that there are often other factors that could contribute to the disease with weight being only one factor.

• Take fitness, for example. The few studies that have controlled for fitness have found that fitness is more predictive of mortality than weight.

• Of course an individual’s overall nutrition plays a role as well.

• Researchers who control for socioeconomic status have also found that low socioeconomic status is linked to mortality.

• Research also suggests that a negative body image and perceived discrimination (for size or other factors)
poses a threat to health.
• Researchers have also found many negative health outcomes linked to yo-yo dieting, or weight cycling.
• As you can see, the research regarding weight and disease is messy. If these other factors aren’t controlled for when looking at associations between disease and health, then they are useless in helping us understand the big picture.

• Those of you who watch the food channel have heard of southern chef, Paula Dean. She was diagnosed with diabetes a few years ago. Four things happened: 1) She received medical care for her diabetes, 2) she reported that she doubled up on veggies and began using healthier cooking method, 3) she began walking every day and 4) she lose 30 lbs. in the process.
• Why did her diabetes improve? (mouse click to remove box)
• Because she lost weight of course! (mouse click to remove box)
• How do we know that the weight loss is what improved her diabetes? How do we know it wasn’t the eating right and exercise part?

• But, if we’re going to look at correlation, we might as well take a look at this graph.
• If obesity is killing us, then why is life expectancy on the rise?
• Of course there have been many advances in medicine that has resulted in increased life expectancy, but this graph suggests that obesity is not the killer that the media suggests.
• In fact, if you look at BMI and life expectancy, it turns out that the lowest incidence of death is actually in the overweight and obese categories.

• As you can tell, weight isn’t quite the killer it’s made out to be.
• However, many don’t realize this and turn to dieting.

• There is always great discussion about the cause of the increase of weight in the 80s and 90s.
• There is general consensus that all three of these factors play a role in determining weight.
• However, since we can’t do much about genetics, diseases, and drugs, the finger gets pointed at environment, specifically calories consumed and calories burned.
• It’s much more complex than that. When people go on a diet to try to lose weight, their body actually has physiologic mechanisms to fight back in order to survive starvation or famine.
• So, while weight may come off when an individuals first starts dieting, weight is almost always regained over time.
And this obsession over calories can actually be quite maddening.

In an effort to control calories, Americans participate in their favorite pastime – DIETING!

What are all the diets you've heard of?

In an effort to control calories, Americans participate in their favorite pastime – DIETING!

What are all the diets you've heard of?

What are all the diets you've heard of?

Here are just a few of the popular diets out there.

The dieting industry is alive and well and seems to be benefiting from the emphasis on the “obesity epidemic”

And when we talk about dieting, we aren’t just talking about the fad diets out there.

The term dieting refers to anytime an individual “watches what they eat” to lose weight.

Some people even use the term “lifestyle changes” when they talk about attempting to permanently restrict calories.

Even when the term dieting is replaced with lifestyle changes, it may still be dieting.

So in this presentation we’re using the term dieting when we talk about any person who is trying to lose weight, no matter the method.
• The dieting industry is a booming business and Americans continue to spend billions of dollars.
• This graph demonstrates a continual increase in the amount of money spent by Americans on dieting each year.

• Do diets work? If diets worked, then Americans would be spending less money on dieting over time, because it would actually be working!
• Here’s a video to explain the many negative side effects of dieting.

• In 2012, researchers at UCLA compiled the 20 best and longest weight loss studies and researched the changes in weight that occurred in these studies.
• Each of the 20 studies is represented on this graph by an open or closed circles.
• The closed circles represent studies with minimal drop out (participants mostly stayed in the study for a long time).
• The open circles represent studies with significant drop out (more than 20% of participants dropped out of the study).
• The circle size reflects how many subjects were in the study so small circles means small sample size and larger circles means larger sample size.
• As you can see from this graph, in the shorter studies that only last 2 or 3 years, subjects typically lose between 0 and 5 kg (up to 10 pounds) and the longer the study the less likely the subjects keep the weight off. You can see the dots on the far right had significant drop out rates and participants weren’t able to keep the weight off at 8-10 years.
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
- Puhl, 2008

- Not only do diets not work, but they also have many harmful side effects. As you can see from this slide, dieting can be hard on our bodies, hard on our minds, and hard on society.

Ethics of Weight-Based Approaches

If...
- Dieting doesn’t work (long-term weight regain)
- Yo-yo dieting is associated with negative health outcomes

Then...
- Should we be encouraging people to lose weight?
- Is it ethical?

- If dieting doesn’t work long term and yo-yo dieting is associated with negative health outcomes, then should we be encouraging people to lose weight? Is it ethical?

Given the potential psychological and physiologic downfalls of weight loss and the fact that diets don’t result in long-term weight loss, why do health professionals keep encouraging people to lose weight?

- Given the genetic component of weight, perhaps the focus is in the wrong place.
It’s become apparent that a new approach is needed to promote health and wellness.
If we know dieting doesn’t work, perhaps non-dieting is the answer!
The Health At Every Size, also known as HAES (pronounced haze) movement is a research-based grassroots movement that started several decades ago and is currently picking up steam with many researching the effects of this approach.

Once again, the HAES paradigm is about taking the focus off of weight and putting the focus on health.
The HAES paradigm is about paying attention to hunger and fullness cues to guide eating, finding pleasure in food and satisfying cravings, trusting your body naturally craves a variety of foods.
The HAES paradigm is also about movement, not to lose weight, but engaging in physical activity because it feels good and has many positive health benefits.
In taking the focus off of weight, the HAES paradigm involves promoting a positive body image and seeing weight and body shape/sizes as another key component of diversity (just like body height, skin color, and hair color).

HAES is a weight neutral approach. It’s not that weight loss is bad, or good, it’s simply a side effect of developing a healthy relationship with food, activity, and a healthy body image.
This is a picture of a Yay! Scale.
The Yay! Scale was developed by Marilyn Wann. (Note to instructors: You can purchase a Yay! Scale on the internet. Use the link provided on bottom of slide.)
Instead of numbers, a Yay! Scale has positive adjectives.
For many, stepping on a traditional scale is anxiety producing. Not the Yay! Scale. According to the Yay! Scale you’re beautiful no matter what.
According to the HAES paradigm, we need to question society cues that tell us beauty and health are a certain size and instead celebrate all bodies.
**Slide 35**

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

**Slide 36**

Diet vs. Non-Diet

<table>
<thead>
<tr>
<th>Weight</th>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aim for a certain weight</td>
<td>• Body will seek its natural weight when metabolic needs are met</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good/bad regarding health etc.</td>
<td>• Quantity/quality determined by external source (calories, grams, exchanges)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exercise to lose weight</td>
<td>• Enjoy activity in fun and enjoyable ways</td>
<td></td>
</tr>
</tbody>
</table>

**Slide 37**

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**Slide 35**

- How does non-dieting differ from dieting?

**Slide 36**

- Non-dieting and dieting are actually polar opposites
- This slide outlines the differences in the approach towards weight, food and physical activity.
- Each of these factors will be discussed in more details in our upcoming classes.
(Discuss the differences in each of the three categories)

**Slide 37**

- Before deciding if a certain approach is best it’s best to look at the scientific evidence.
- Now let’s take a look at the research in support of HAES.
• There have been 6 randomized controlled trials to compare non-diet approaches to a control group and none of the studies have found any negative outcomes with the non-diet approach.
• In some of the trials, the non-diet groups experienced improvements in health behaviors, physiologic measures and psychological improvements compared to the other group.
• More research is needed to confirm outcomes, but evidence certainly exists to support non-diet approaches for improving health.

• One of the six randomized controlled trials mentioned in the previous slide provided significant insight into both the psychological and physiologic effects of non-diet approaches.
• In this research, lead by Dr. Linda Bacon at UC Davis involved randomly assigning obese female chronic dieters ages 30-45 to a HAES intervention or a traditional diet group intervention.
• The intervention was 6 months in length and data was also collected immediately after the intervention and at 2-year follow-up.

• The diet group learned how to keep food records, read food labels and were taught an exchange system for making modest decreases in calories and dietary fat. They were encouraged to walk and benefits of exercise were discussed.
• The non-diet group learned about body acceptance, how to tune in to hunger and fullness cues, eating for well-being instead of weight loss and choosing activities that were enjoyable.
Participants were tested before the 6-month intervention, after the 6-month intervention and again 2 years later.

- Participants in the diet group experienced weight loss, improvements in labs and improvements in different psychological tests, but all of these changes returned to baseline at 2 year follow-up. In addition, 41% of the participants didn’t even complete the 6-month intervention.
- Meanwhile, the participants in the non-diet intervention had significant improvements in depression, body image, and self esteem that was maintained at 2-year follow-up. They also witnessed improved total cholesterol, LDL cholesterol, and systolic BP at 2 year follow-up.
- And all of these positive results occurred despite the fact that there were no significant changes in body weight.
- Plus, the non-diet group experienced an 8% drop out rate - much better participation than the diet group.

What surprises you about this study?
- Participants may prefer a non-diet intervention over a diet-based intervention
- It’s not necessary to lose weight to reap the physiologic benefits of dietary and exercise changes
- Focusing on body image and nutrition and exercise behaviors instead of weight and restriction-based eating may make us feel better about ourselves and less depressed

While we do have some foundational research to support the Health At Every Size approach, more research is needed to solidify these findings and investigate other benefits of non-diet approaches.
• And finally, let’s take a look at some common misconceptions about HAES.

• There are some common misconceptions about HAES that we need to clear up as we wrap things up today.
• Let’s take a look at some myths about HAES and separate out fact from fiction

• First, many think that the HAES message is that everyone is healthy regardless of weight.
• This isn’t the HAES message. Not everyone may be at the weight that is right for their body.
• However, attempting to simply lose weight, isn't the answer.
• Really, the HAES paradigm is about providing individuals with information so they can choose to make positive health and exercise choices 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 and others don’t.
- Dietary variety is encouraged.

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

**Facts:**
- The anticipation of dieting and guilt around eating that leads to feeling out of control around food.
  - Humans crave variety.

1 Urbszat, Herman & Polivy, 2002; 2 Havermans, 2013

- Another myth about HAES is that HAES advocates belief that people should just eat whatever they want and not be concerned with nutrition and activity.
  - This isn’t true either.
  - There’s no denying that eating and exercise habits are important components of health.
  - HAES advocates support the idea that weight is less important as a component of health than fitness and nutrition.
  - Furthermore, the HAES paradigm supports eating based on internal cues such as hunger, fullness, and cravings. In listening to what your body wants, you’ll notice that your body craves a balanced diet and activity.
  - Plus, when we listen to our bodies, we find that there are certain foods and activities that make it feel good.
  - Moving from a life of dieting to a life of non-dieting and eating in response to body cues is a journey. After dieting for years, it’s difficult to notice and trust those cues.
  - Dietary variety is encouraged in non-diet approaches as both a strategy to obtain many different nutrients and to experience joy in eating.

- This whole listening to what you’re craving idea can be hard to swallow for some. You may be wondering if you actually did that, if you’d end up eating more than you’d like to eat of certain foods.
  - At first, this might happen, but as you learn to trust your cravings and learn to eat without guilt and shame, many find that they don’t crave junk food ALL the time, like they thought they would.
  - Research supports the fact that it’s feeling that a food is “bad” and we “shouldn’t” eat it, that makes us want to eat it.
  - Once you take the mind game out of the picture, you might find that your body actually craves a variety, including both foods for your body and play foods.
To summarize what we’ve been talking about today, let’s take a look at these two individuals. If we were to see them on the street we might make assumptions about their health based on either what we see them doing, or their shape/size. But do we really know from looking at some one, how healthy they are?

No.

The Health At Every Size philosophy is about celebrating size diversity, recognizing all of the components of health, not just nutrition and exercise that makes someone healthy, and taking the focus off of weight and on listening to our bodies as the best guide in eating and activity.

If you’d like more information about HAES, please visit the websites of the following organizations supporting this curriculum.

In addition, you may find these various books, websites and blogs useful HAES sources.
References


References


• Strohacker K, McFarlin BK. (2010). Influence of obesity, physical inactivity, and weight cycling on chronic inflammation. *Laboratory of Integrated Physiology*. 2, pp.98-104.


