Health At Every Size®

Overview

Definition of Health At Every Size®

- HAES® supports people in adopting health habits for the sake of ______ and ________ (rather than ______ ________).
- HAES encourages:
  - Eating in a ________ manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
  - Finding the ______ in moving one’s body and becoming more physically vital.
  - Accepting and respecting the natural ________ of body sizes and shapes.

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 _______
- Health is about more than ______ and ________
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?

Changes in Weight Over Time

Center for Disease Control & Prevention says...

...Overweight and obesity are on the rise

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 — and an untold number of lives — every year.”
- CNN’s One Nation Overweight

Associations Between Weight & Health

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

Image Source: http://www.glasbergen.com
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

- **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

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

- **Correlation:**
  - a connection between two or more things

- **Causation:**
  - the action of causing something

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

**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**

**Inter J of Obesity 35;B31:83, 2012**
**Calories in = Calories out?**

- Different determinants of weight
  - ________
  - ________ and ________
  - ________

**What are all the diets you’ve heard of?**

- Brainstorm

**What Does Dieting Mean?**

- New Oxford’s American Dictionary:
  - “__________ to small amounts or special kinds of food in order to ________”
  - “example: it’s difficult to diet.”

**Dieting on the Rise**

- The dieting industry is a $61 billion dollar industry

Money Spent on the Diet Industry (Billions)

- $0.0
- $10.0
- $20.0
- $30.0
- $40.0
- $50.0
- $60.0
- $70.0

**Diets Don’t Work**

- Warning: Dieting Causes Weight Gain - Short Video by Evelyn Tribole MS RD
  - [http://networkedblogs.com/GXba8](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

Weight-Focused Interventions May Contribute to...

- Weight _______
- Increased risk for _______
- Increased chronic psychological stress & cortisol production
- Increased _______ about weight
- Eating disorder behaviors
- Weight _______
- _______ and _______ against fat individuals

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?

Introducing...

A Non-Diet Approach

Health At Every Size®

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http://www.haescommunity.org
HEALTH AT EVERY SIZE®

CURRICULUM

HAES = Weight Neutral

• Encouraging healthy __________ and __________

• Taking the focus off of ________
  – Let a person’s weight settle where it may

• Supporting people to feel good about themselves, no matter the outcome

Research in Support of HAES®

• 6 Randomized Controlled Trials
  – HAES/non-diet groups experienced improvements in:
    • __________ blood lipids (e.g. blood pressure, eating disorder pathology)
    • __________ (e.g. physical activity, body image)
  – No studies found adverse findings in the HAES/non-diet groups

Diet vs. Non-Diet

<table>
<thead>
<tr>
<th></th>
<th>Diet Paradigm</th>
<th>Non-Diet Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight</strong></td>
<td>• Aim for a certain weight</td>
<td>• Body will seek its natural weight when individuals eat in response to cues</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>• Good/bad, legal/illegal, should/shouldn’t etc.</td>
<td>• Quantity/quality are determined by responding to physical cues (hunger/fullness, taste, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Quantity/quality are determined by external source (calories, grams, exchanges)</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>• Exercise to lose weight</td>
<td>• Aim to be more active in fun and enjoyable ways</td>
</tr>
</tbody>
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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 30-45 yrs
  – N=39 per group to start

Research in Support of HAES®

• 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/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

Results

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

What surprises you about this study?

Bacon et al, 2002; Bacon et al, 2005

http://voluptuart.com/other-goodies-yay-scales-c-7_22.html
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 _______ that is right for them
– However, efforts to lose weight are often _______ and even _______
– The HAES paradigm supports people in making good _______ _______ 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:
– _______ and _______ habits are important components of health
  • _______ is not
– When eating based on _______ cues, certain foods make you feel good and others don’t
– Dietary _______ 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 _______ around eating that leads to feeling out of control around food
– Humans crave variety

Who’s Healthier?

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 (NAAFA)
    • http://www.naafa.org
  – Association for Size Diversity and Health (ASDAH)
    • https://www.sizediversityandhealth.org
  – Society for Nutrition Education and Behavior
    • http://www.sneb.org

1 Urbanat, Herman & Polivy, 2002; Havermans, 2013

2 Urszat, Herman & Polivy, 2002; Havermans, 2013
References


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Skeist, K & McKenna ME. (2010). Influence of obesity, physical activity, and weight cycling on chronic inflammation. Laboratory of Integrated Physiology, 2, pp.98–104.

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