Health at Every Size®
The New Peace Movement
Dana Sturtevant, MS, RD

Objectives
• Describe the principles of Health at Every Size
• Understand the physical and emotional consequences of weight bias in our culture
• Explain research findings that are central to HAES

Terminology
• Overweight and Obese
  – Over what weight? There is no weight over which you are definitely unhealthy.
  – Latin obesus, from ob- against + esus, past participle of edere to eat — more at
  – These terms pathologize having a certain body.
• People who live in larger bodies
• People with higher body weights
A normative discontent

“Most of us, fat or thin, feel discontent about our weight.”

Tiggerman & Lynch, Dev Psych, 2001

We are prescribing for fat people what we diagnose as eating disorders in thin people.

What is Weight Bias?

- Negative attitudes affecting interactions
- Stereotypes leading to:
  - Stigma
  - Rejection
  - Prejudice
  - Discrimination
- Verbal, physical, relational
- Subtle and overt
Weight Discrimination

• As pervasive as race and gender
• Increased by 66% over past decade
• More common than age and gender discrimination in employment settings
• Affects women at lower levels of “overweight”
  – Men have to be severely “obese” to experience bias

Rebecca Puhl, Yale Rudd Center

Causes of Weight Stigma

Stems from beliefs that:
• Stigma and shame will motivate people
• People are responsible for their own weight and only fail because of poor self-discipline or lack of willpower

Exists because our culture:
• Sanctions its overt expression
• Values thinness and perpetuates societal messages that obesity is the mark of a defective person
• Blames the victim rather than addressing complex etiology
• Allows the media to portray “obese” individuals in a biased, negative way

Why Care?

• Fosters blame, intolerance, inequities
• Impairs quality of life
• Poses serious consequences for health
“Participants who believed that weight biased stereotypes were true reported more frequent binge-eating and refusal to diet.”

Puhl and Brownell, 2006/2007
Yale Rudd Center

“Body loathing and shame is associated with reduced engagement in self-care.”

Tylka et al., Journal of Obesity, 2014

Internalized Weight Bias

“Not related to BMI: a person at any weight can experience and internalize weight bias and discrimination.”

Durso and Latner, Obesity, 2008

“Feeling fat has stronger health effects than being fat.”

Puhl et al., Int J of Obesity, 2008
Weight Bias Among Healthcare Providers

View “obese” patients as...
- Less self-disciplined
- Less compliant
- More annoying

As patient BMI increases, physicians report...
- Having less patience
- Less desire to help the patient
- Seeing “obese” patients as a waste of time
- Having less respect for patients

End Weight Bias

Recognition that body shape, size and/or weight are not evidence of any:
- Particular way of eating
- Level of physical activity
- Personality
- Psychological issue or moral character

You can’t help someone overcome weight-based stigma by delivering a weight-based intervention.
Weight-normative approach

“Emphasizes the pursuit of weight loss, despite extensive evidence demonstrating that it is not sustainable long-term for most people and weight cycling (commonly associated with weight loss efforts) is linked to adverse health.”

Tylka et al., Journal of Obesity, 2014

Weight-normative approach

“Researchers have demonstrated ways in which bias and convention interfere with robust scientific reasoning such that obesity research seems to ‘enjoy special immunity from accepted standards in clinical practice and publishing ethics.’”

Maree et al, Am Psychol 2007
Bacon L, HAES book, 2010
Bazem et al, JADA, 2005

Weight-inclusive approach

“Instead of imagining that well-being is only possible at a specific weight, this approach considers empirically supported practices that enhance people’s health regardless of where they fall on the weight spectrum.”

Tylka et al., Journal of Obesity, 2014
Health Enhancement

If a person made changes in their food, exercise or stress management behaviors but weight didn’t change, would it effect these conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Food</th>
<th>Exercise</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>Heart Disease</td>
<td></td>
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<td></td>
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<tr>
<td>Joint pain</td>
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<tr>
<td>Low self-esteem</td>
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How do we define health?

“The Association for Size Diversity and Health affirms a holistic definition of health, which cannot be characterized as simply the absence of physical or mental illness, limitation, or disease. Rather, health exists on a continuum that varies with time and circumstance for each individual. Health should be conceived as a resource or capacity available to all regardless of health condition or ability level, and not as an outcome or objective of living. Pursuing health is neither a moral imperative nor an individual obligation, and health status should never be used to judge, oppress, or determine the value of an individual.”

Weight-inclusive approach

“Everybody is capable of achieving health and well-being independent of weight, given access to non-stigmatizing health care.”

Tylka et al., Journal of Obesity, 2014
Health At Every Size® Principles

• **Weight Inclusivity:** Accept and respect size diversity

• **Health Enhancement:** Improve and equalize access to information and services, and personal practices that improve human well-being

• **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.

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Health At Every Size® Principles

• **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure

• **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement

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Health at Every Size®

The focus is on compassionate, weight-neutral self care
What is a healthy weight?

“What HAES assumes is that the size a person is when they are doing the practices that support health is, by definition, their healthy weight. The number on the scale is an outcome that we cannot know ahead of time; we cannot choose the number, we can only choose our day-to-day practices and be honest about what is sustainable in our unique lives.”

- Deb Burgard


Why shift paradigms?

• Traditional weight loss doesn’t work
• Traditional weight loss harms people
  – Preoccupation with food and weight
  – Increases risk of eating disorders
  – Weight cycling and associated health damage
  – Reduced self-esteem
  – Feelings of failure and self blame
• Traditional weight loss perpetuates weight stigma
  - Bacon and Aphramor, Nutrition Journal, 2011

What is the evidence-based treatment for high weight?

• A meta-analysis of 29 studies on structured weight loss programs conducted in the U.S. found that participants regained 77% of their initial weight loss, on average, after 5 years (Anderson et al., 2001).

• “No study – exercise, diet, or surgery – has ever demonstrated long term maintenance of weight loss for any but a small minority” (Mann et al, 2007, Miller et al, 1997).
Evidence to support this shift

• Unsustainability of weight loss interventions
• Success of HAES interventions
• Success of interventions based on health practices
• Incomplete and contradictory evidence for “obesity as a risk factor” and “obesity epidemic”
  - Bacon and Aphramor, Nutrition Journal, 2011

Weight/health confounders

• Inactivity
• Stress from discrimination
• Socio-economic status
• Exposure to toxins
• Certain ‘weight loss’ drugs
• Weight cycling/dieting
  - Bacon and Aphramor, Nutrition Journal, 2011

Fit vs. Fat

• Fitness seems to matter more than weight when predicting health outcomes
• Meta-analysis included 10 articles on cardio-respiratory fitness, BMI, and mortality.
  – Compared with normal-weight, fit individuals, unfit individuals had twice the risk of mortality regardless of BMI
  – Overweight and obese individuals who were fit had similar mortality risks as did normal weight individuals who were fit.
Fit vs. Fat

Matheson, King, and Everett researched the healthy lifestyle habits and mortality of overweight and obese individuals.


Systematic Review of HAES

Schaefer and Magnuson, JAND, 2014

- 20 studies between 1992-2012
- None resulted in worsening of lipids, blood pressure, blood sugars and a few found improvements
- None resulted in weight gain
- Consistent significant improvements in psychological measures:
  - Reduced disordered eating
  - Improvements in self-esteem
  - Improvements in body image
- Significant differences in attrition rates
HAES Intervention

- 6 month randomized clinical trial
- 2 year follow up
- Female chronic dieters with BMI >30
- Traditional diet approach or non-dieting program


Bacon et al, 2005

**Diet**
- 41% Attrition
- Weight down then up
- Change in health measures not sustained
- Self-esteem down

**HAES**
- 8% Attrition
- Weight stability
- Sustained improvements in BP, depression, LDL, ED behaviors
- X4 increase in moderate activity

Physiologic & Psychological Outcomes

- HAES group demonstrated significant improvements in:
  - Blood pressure
  - Blood lipids
  - Physical activity levels
  - Eating disorder pathology
  - Self esteem
  - Body image
  - Mood
- Regardless of changes in weight
Practical Applications in the Clinical Setting

You as a Provider

- Your dieting history
- Your personal food rules
- Your body comfort

“Many well-intentioned, caring people are promoting myths” – Linda Bacon

Ethics for providers

- Do no harm
- Do some good
- Treatment must be necessary
- Informed consent – likely outcomes
- Tell the truth, be trustworthy
- Caring response
- Practitioner resilience
Weight-Inclusive Care

What recommendations would you make to a smaller bodied individual with this condition?

Body Trust Wellness

Core competencies

• Practice weight-neutral self-care
• Eat intuitively
• Move your body joyfully
• Nurture self-compassion
• Redefine success

Cultivating Body Trust

“Body trust is not in any sense of the word a diet. Body trust is an internally directed process, a gentle way to care for yourself for the rest of your life. Trusting your body means getting in touch with inner signals and letting your body sort out the weight question itself.”

-Dayle Hayes
Where to start?

- Treating your body like a machine that can tightly regulated
  - “saving calories”
  - intentionally skipping meals
  - compensating
  - going for long stretches without eating
- Eating in a way that interferes with socializing

The Dieting Mind

- Counting calories
- Buying diet foods instead of regular foods
- Feeling guilty or fearful about eating
- Weighing yourself frequently
- Avoiding certain types of foods
**The Dieting Mind**

- Feeling preoccupied with food, weight and eating
- Drinking lots of water, coffee, coke, or eating lots of ‘free’ foods
- Dividing food into categories of good/bad healthy/unhealthy and normalizing this judgmental way of thinking

**Eating/food choices**

<table>
<thead>
<tr>
<th>Diet</th>
<th>Non-Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do I deserve it?</td>
<td>• Am I hungry?</td>
</tr>
<tr>
<td>• If I eat a heavy food, I try to find a way to make up for it.</td>
<td>• Do I want it?</td>
</tr>
<tr>
<td>• I feel guilty when I eat heavy foods.</td>
<td>• Will I be deprived if I don’t eat it?</td>
</tr>
<tr>
<td>• I usually describe a day of eating as good or bad.</td>
<td>• Will it be satisfying?</td>
</tr>
<tr>
<td>• I view food as the enemy.</td>
<td>• Does it taste good?</td>
</tr>
<tr>
<td></td>
<td>• I deserve to enjoy eating without guilt.</td>
</tr>
</tbody>
</table>

**Exercise benefits**

<table>
<thead>
<tr>
<th>Diet</th>
<th>Non-diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I focus primarily on calories burned.</td>
<td>• I focus primarily on how exercise makes me feel, especially the energizing and stress-relieving factors.</td>
</tr>
<tr>
<td>• I feel guilty if I miss a designated exercise day.</td>
<td></td>
</tr>
</tbody>
</table>
View of Progress

Diet
• How many pounds did I lose?
• How do I look?
• What do other people think of my weight?
• I have good willpower.

Non-diet
• Rather than being concerned with my weight, I trust that my weight will normalize when I am attuned to my internal eating signals. My weight is not my primary goal or an indicator of my progress.
• I have increased trust with food.
• I am able to let go of “eating indiscretions.”
• I recognize inner body cues.

Partner Activity
If you lived in a weight-inclusive/body-positive world, what would you want to do to care for yourself? What would you do more of? Less of?

Body Respect
• Teaching body respect highlights the inherent value in all bodies
• The focus is more on what our bodies do, then how they look
• It does not need to be “improved upon” as body image is commonly viewed, body respect is here & now
Eat Intuitively

- Reconnect with and eat in response to internal cues (hunger work)
- Hunger vs. appetite, fullness vs. satisfaction
- Normalize eating
  - Neutralize food (remove 'good' and 'bad' labels)
  - Reconnect with and eat in response to internal cues (hunger scale)
  - Lift deprivation
  - Discern emotional needs from physical needs
  - Rediscover the joy and nourishment of eating

Gentle Nutrition

- Honors taste and health without the guilt
- Progress, not perfection!

“Intuitive Eating is associated with psychological well-being... Women who accept their bodies are more likely to eat healthy.”
Tylka, 2006

Gentle Nutrition

- Do I really like the taste of these foods or am I being a diet/health martyr?
- How does this food or type of meal make my body feel? Do I like this feeling?
- How do I feel when eating consistently in this manner? Do I like this feeling?
- Am I experiencing differences in my energy level?
Promoting Embodiment

“Actively seeking to eliminate the kind of misleading, mechanistic thinking that turns our bodies into engines and our health into a commodity to be bought and sold.”
-Scott-Samuel, 2006

“What has social justice got to do with weight and health?” Lucy Aphramor, RD, PhD, 2013

Partner Activity

• What is one thing that stands out to you from this talk?

Be Nourished Resources

Clients
• Workbook: Free to newsletter subscribers
• E-Course: No More Weighting: April 2016

Providers
• Promoting Body Trust® in Clinical Practice e-course
• The Embodied Practitioner Retreats
• Training in Motivational Interviewing
• Bi-monthly Newsletter
THANK YOU!

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