



Health at Every Size's® Role in Healthcare

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A Little about Me

- She/her
- Anti-Diet dietitian
- Yoga instructor
- Owner of bees
- Lover of tacos and sushi



Objectives

- List three of the five Health at Every Size® principles
- Describe four of the eight Health at Every Size® misconceptions
- Discuss evidenced based interventions to combat weight stigma

Terminology

- Return to patient centered language
- Combat diet culture (Christy Harrison)
 - Worships thinnes, weight loss=higher status, demonizes certain ways of eating, oppression of people who don't fit the ideal

<u>Use</u>	<u>Instead of</u>
Person in higher/lower weight Person with larger/smaller sized body Full-figure Plus size Small/large frame Higher/lower end of weight spectrum Fat**	Underweight Overweight Normal weight Obese Fat**

Definition of Health at Every Size® (HAES)

- HAES® supports people in adopting health habits for the sake of health and well-being (rather than weight control)



Principles of HAES®

- Health enhancement
- Weight inclusivity
- Respectful care
- Eating for well being
- Life-enhancing movement

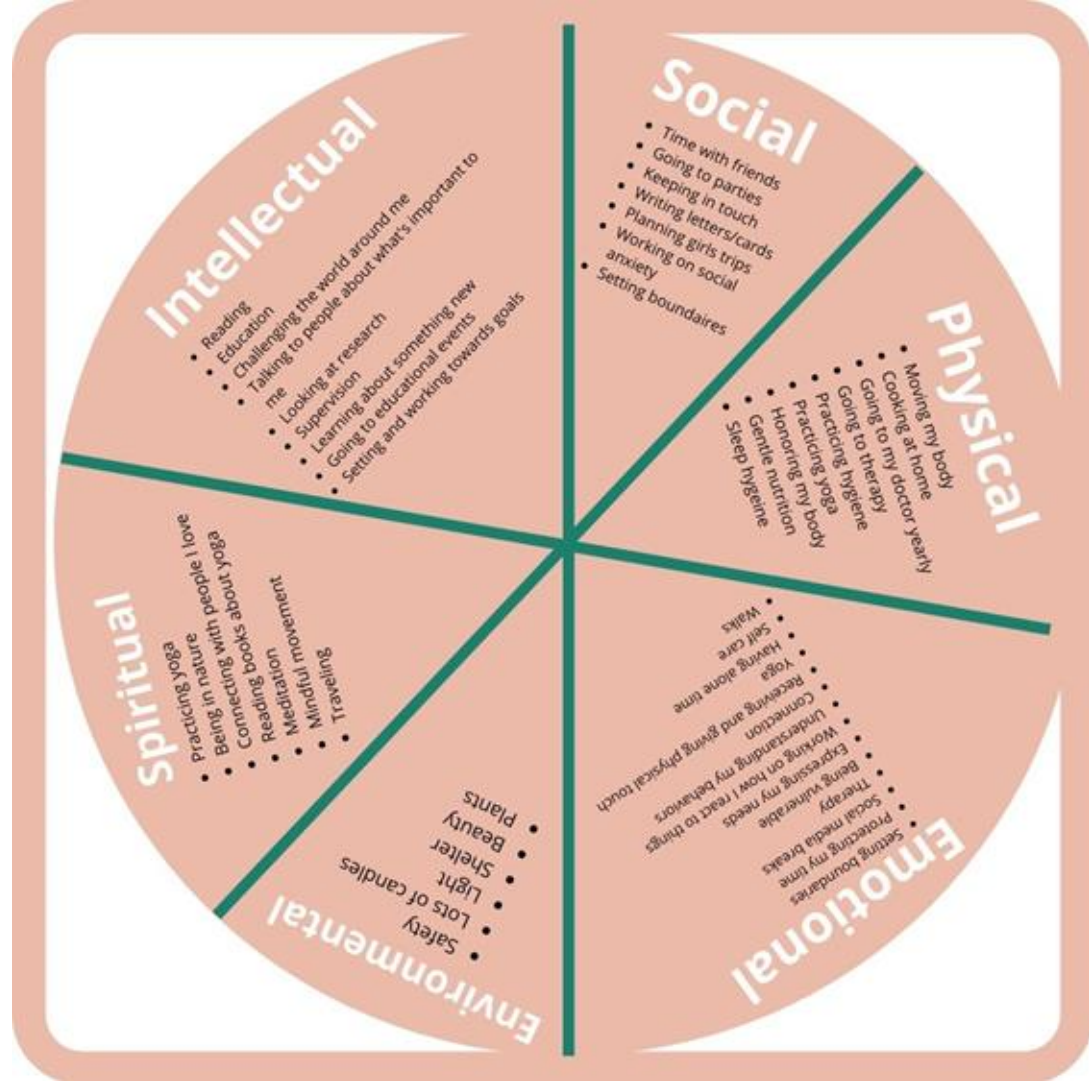


Health Enhancement

- Improve access to information and access to services that promote physical, mental, social, spiritual well being.
- Support health policies

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

-World Health Organization (WHO)



Weight Inclusivity

- Weight normative vs. weight inclusive approach
- Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.
- Recognize and honor genetic blueprint
- BMI is an inaccurate tool used in health care, never meant to be a diagnostic tool
 - Change in 1998-millions moving to Overweight or Obese category overnight, this was a change based off of pressure to conform (Bacon, 2008).

Respectful Care

- Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.
- Provide information and services from an understanding that socioeconomic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.
- We aren't experts of others bodies or lived experiences
- Supervision, safe space to process your own biases



Eat For Wellbeing

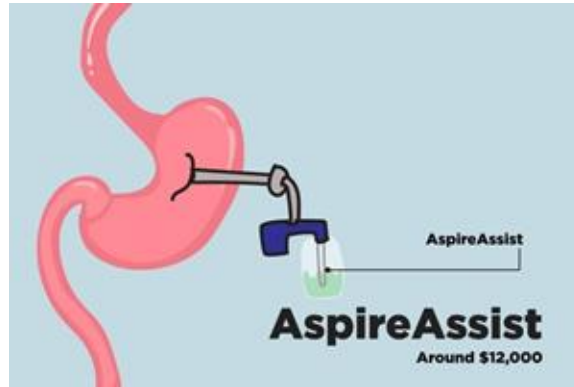
- Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
- Use nutrition as a tool rather than a weapon.
- Nutrition is an ever evolving science, and it's not absolute
- Honor the abundance of culture that food is tied too



Problems with Weight Focused Interventions

- Low long term success rate
- Increases likelihood of weight cycling
- Higher BMI than non dieting counterparts later in life
- Decreased body satisfaction
- Increases risk for disordered eating
- Ignores human needs of adequate energy intake

Is this health?



Teaching Resilience to Clients

- Our culture is slow to change, give them tools to be resilient in a world that worships an unattainable ideal
 - Research articles
 - Advocate at the doctors office
 - Challenge social norms and ideals
 - Give them tools to advocate to those in their inner circle
- Acknowledge limitations to Body Positivity movement
 - May seem out of reach for some clients
 - Deep rooted trauma in living in an oppressed body that may continue to experience that same oppression and discrimination

Life-Enhancing Movement

- Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.
- Movement is encouraged and is important for the body
- Many benefits to movement
- Strength can be built at any size
- Positive and sustainable practices



HAES[®] Misconceptions

- Anti-weight loss
- Anti-Health
- Exercise and nutrition doesn't impact health
- Anti medical nutrition therapy or anti nutrition
- Anti-science
- Everyone is healthy regardless of weight
- HAES practitioners can't work with people who desire weight loss
- It's just for people in larger bodies

What is Weight Stigma?



- Discrimination or stereotyping based on a person's weight. (NEDA)
- Can impact people of a variety of sizes
 - Although weight-based discrimination disproportionately harms people in larger bodies
 - For people of all sizes, weight stigma is often a barrier to eating-disorder diagnosis and treatment
 - Impacts people of all genders, races, socioeconomic status, education

Weight Stigma in Health Care

- Oppression and discrimination have huge impacts on health
- **Immediate effect:** Less time spent with MD, belief they will be less compliant, increased negative experiences, impaired cognitive function and ability to communicate effectively
- **Long term effect:** high levels of stress impact health, wait longer to seek out care, avoid health care settings, place lower value on health, weight focused treatment
- Internalized stigma, has greatest impact
 - Believes that one deserves discrimination
 - Feel less confident to engage in health promoting behaviors
- Withhold surgery, medication, or other interventions unless weight loss occurs

Real Life Examples

- **Patient Experience** (consent to share story obtained)
 - Went to the doctor office to establish care
 - Hx. of restriction and binge eating disorder
 - Lives in a larger body- long history of struggling with weight acceptance
 - End of appointment-recommended bariatric surgery
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- **Sister** (verbal and written consent obtained)
 - Lived in larger body than peers, told to lose weight since 7th grade for “heartburn and nausea”
 - Told by a provider that she “was pretty but had a really round face” (referring to benefits of weight loss)
 - No one talked about other lifestyle behaviors, LOW CARB!!!!
 - Recently lost weight due to lifestyle change-21 y.o.
 - Received endoscopy, diagnosed with gastroparesis

Biases

- Using potential of weight loss to encourage a client to eat
- Changing a meal plan based off weight gain alone
- Feeling anxiety when patient is gaining weight
- Not providing all interventions to a patient with atypical anorexia vs. anorexia nervosa

Biases continued...

- Assuming someone is “overweight” based off their eating/exercise choices
- Assuming E.D. diagnosis based off how someone looks
- Avoiding prescribing medications because they might gain weight
- Wanting to change the way someone in a larger body eats-“healthier”
- Not exploring all options-blaming weight
- Assuming larger bodied clients are chaotic, lazy, etc.

What Does the Research Say?

- Improvement in depression compared to dieting counterparts
- Decrease drive for thinness, increased body dissatisfaction, and body image perception disturbances
- Eating for physical hunger/satiety (more intuitive eating)
- Improvement in metabolic biomarkers: LDL, TG, total cholesterol same as dieting group (limited research)
- Increased pleasure in eating, decrease stress around food

Public Health Programs

HUGS	LEARN
Health focused, understanding lifestyle, group supported, and self-esteem building	Lifestyle, exercise, attitudes, relationships, nutrition
Eating for well being-recognize and respond to hunger/satiety	Intake based of external prescriptions/caloric prescriptions
Size acceptance	Weight loss explicit goal
Physical activity	Physical activity
Personal enjoyment	
Life fulfillment	

Interventions in (Mensing, et al., 2016)

Research Gaps

- Critiques that HAES perpetuates healthism
- Long term data
- Lacking in diversity
- Internalized stigma of participants living in larger bodies
- Lacking data in specific health metrics
- Need data on working with specific health conditions
- Misunderstandings on what HAES® is and how to use in practice
- Standard way to measure studies is through weight loss
 - Perpetuates weight stigma

What Can Providers Do?

- Pay attention to your language: larger body vs. Obese/obesity etc.
- Look at your own biases, we all have them
- Don't admire/praise weight loss and assume that someone is doing well
- Focus on health promoting behaviors
- Inclusive material for all genders, body types, and eating disorders
- Continuing education
- Critical eye to research
- Offer to educate others
- Practice what you preach
- Support clients with other health care providers



Great Video

- https://www.ted.com/talks/peter_attia_is_the_obesity_crisis_hiding_a_bigger_problem?language=en



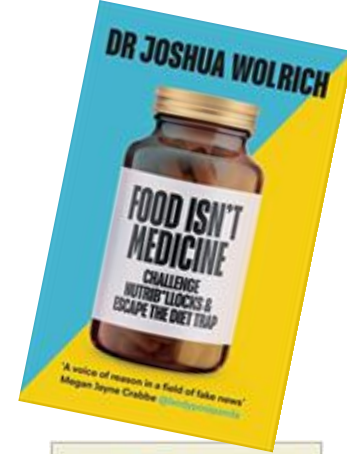
Resources

Books:

- Intuitive Eating : Evelyn Tribole and Elyse Resch
- Body Respect and Health at Every Size: Lindo Bacon (published as Linda Bacon)
- Radical Belonging: Lindo Bacon
- Anti-Diet: Christy Harrison
- The Body is Not an Apology/workbook: Sonya Renee Taylor

Podcasts:

- Food Psych
- Maintenance Phase
- The HAESY Podcast
- Con Artist: Herbal Life episode



**EMPATHY, RESPECT,
AND HUMMANITY WILL
FOSTER BETTER HEALTH
CARE.**

-Lindo Bacon

You've been generous.

THANK YOU.



How to Connect

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