



Health at Every Size's® Role in Health Care

Danielle Basye, RD, LD, RYT

Credit: One (1) Continuing Education Credit Awarded

Post-Test (For reference only. You must take and pass the test online for CE credit.)

- 1) Which option below was **not** a presented principle of Health at Every Size®?
 - a. Respectful care
 - b. Health enhancement
 - c. Intuitive eating
 - d. Weight inclusivity

- 2) Which option is not a research gap discussed in presentation?
 - a. Lacking diversity in participants studied
 - b. There is mostly short term data
 - c. Most studies measure "success" through weight loss
 - d. Studies are only done in the US

- 3) What organization currently has registered trademark status on Health at Every Size®?
 - a. Weight Watchers
 - b. National Eating Disorder Association (NEDA)
 - c. Eating Disorders Anonymous
 - d. Association for Size Diversity and Health (ASDAH)

- 4) What is one immediate effect of weight stigma in health care?
 - a. Providers spend less time with patients
 - b. Providers believe that patients will be more compliant with recommendations
 - c. There are more positive experiences between patient provider interactions
 - d. Patients feel more comfortable asking questions in an appointment

- 5) What is the best definition of HAES®?
 - a. HAES® is a model used to indicate that all people of all bodies types are healthy
 - b. HAES® supports people in adopting health habits for the sake of wellbeing rather than weight loss
 - c. HAES® is a model to support health promoting behaviors in those living in larger bodies
 - d. HAES® is a way for people to justify being in larger bodies

- 6) What is one thing that you can do as Health at Every Size® provider?
 - a. Provide material that only focuses on large bodied patients
 - b. Focus on weight loss AND health promoting behaviors
 - c. Continue to educate yourself and network with a diverse population of providers
 - d. Only acknowledge the biases of other providers

- 7) What option bellows is **not** an example of weight bias/stigma?
 - a. Withholding medication due to body size
 - b. Assuming someone in a larger body is sedentary and doesn't eat a well-rounded diet
 - c. Not believing someone has an eating disorder based off of their weight
 - d. Providing medical nutrition therapy to help support managing someone with diabetes

- 8) What is **not** an example of weight neutral language?
- That person is obese/overweight
 - They are a person with obesity
 - They live in a larger body
 - They are living in a body that has a higher weight
- 9) What is the best descriptor of Eating for well-being:
- Promoting flexible eating plans based off EXTERNALLY regulated cues and information
 - Promoting flexible eating plans based off INTERNALLY regulated cues and information
 - Promoting eating plans based solely on science rather than for enjoyment and pleasure
 - Allowing some flexibility but still focusing on excluding some food groups that might cause weight gain
- 10) Which option below is true about weight bias in health care?
- It has not effect on health
 - It creates a safe experience for those living in larger bodies
 - It's a significant problem in the health care system and has long lasting adverse health impacts on those who experience it
 - Weight bias is not a barrier to eating disorder treatment