

Evidence for Health At Every Size
Summary of Tylka et al (2014)
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In response to members' requests, we are doing a 2-part series on Health At Every Size® (HAES®). In the first installment (December), I provided an overview of the HAES® model). In this second and final installment, I'll discuss empirical research in support of HAES®, based on a review article by Tylka et al (2014).

In "The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss," Tylka et al (2014) provide an overview of weight-normative and weight-inclusive approaches and review data documenting the long-term failures of weight loss interventions, the dangers of weight cycling, the increased risk of eating disorders in the maintenance of weight loss, the heightened weight stigma under the *weight-normative approach*, and the efficacy of the HAES® model. The *weight normative* approach is defined by the authors as "the many principles and practices of health care and health improvement that prioritize weight as a main determinant of health" and is used in contrast to the *weight-inclusive approach*, which is based on the "assumption that everybody is capable of achieving health and well-being independent of weight, given access to non-stigmatizing health care. The HAES® model is a *weight-inclusive approach*. It is beyond the scope of this summary to provide a review of all the research discussed by Tylka et al (2014), but for those of you who are interested, I encourage you to read the article which is available free of charge open access from the *Journal of Obesity*.

There were 6 randomized controlled trials published in peer-reviewed journals comparing the HAES® model to weight-normative approaches. These studies indicated that the HAES® model resulted in both statistically and clinically significant improvements on physiological measures, health practices, and psychological measures. In addition, these results were superior to models emphasizing dieting and resulted in increased adherence to the program and no adverse outcomes. The authors conclude that HAES®-based interventions demonstrate better adherence to practices that promote physical health and psychological wellbeing than dieting-based interventions and these effects can be sustained over time. While the weight-normative approach focuses on weight loss and promotes thinness as an ideal, the weight-inclusive approaches challenge the pursuit of thinness. Research on eating disorder prevention programs that challenge the thin-ideal (such as The Body Project) have been shown to reduce pursuit of the thin-ideal, increase body acceptance, improve mood, decrease eating disorder symptoms, and lower the risk for developing future symptoms. More research needs to be conducted to directly evaluate if these benefits extend to the HAES® model.

For more information on Health At Every Size® check out <https://haescurriculum.com>, <http://haescommunity.com>, <https://www.sizediversityandhealth.org/content.asp?id=76>, and read the Tylka et

al (2014) article available open access at
<https://www.hindawi.com/journals/job/2014/983495/>

Reference: Tylka TL, Annunziato RA, Burgard D, Danielsdottir S, Shuman E, Davis C, & Calogero RM. The Weight-Inclusive versus Weight Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being Over Weight Loss. *Journal of Obesity*, 2014.

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