

What is Health At Every Size®?

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

Health At Every Size® (HAES®) is “a model to support the health of people across the weight spectrum that challenges the current cultural oppression of higher-weight people.” HAES® and other weight inclusive approaches are premised on the idea that everybody is capable of achieving health and wellbeing, independent of weight, if they are given access to non-stigmatizing health care. Through non-weight focused interventions, these initiatives seek to minimize weight stigma and help patients of all sizes feel comfortable in health care settings so they can work productively with providers. The HAES® model specifically “seeks to end 1) the stigmatizing of health problems (healthism) and 2) weight-based discrimination, bias, and iatrogenic practices within health care and other health-related industries, as well as other areas of life.”

HAES® does *not* mean that everyone is healthy at every weight. Rather, HAES® acknowledges that there are links between extremes of weight and health problems (both on the upper and lower ends of the weight spectrum), *but* factors other than weight play a stronger role in people's health. Overall, HAES® does not believe that BMI is indicative of health status, health behaviors, or moral character. The movement is grounded in a social justice framework and evolved from discussions among healthcare workers, consumers, and activists who reject the use of weight, size, or BMI as a proxy for health.

Treatment and interventions in the HAES® model focus on self-care health promoting behaviors such as eating nutritious foods in response to hunger/fullness cues (often advocating intuitive eating methods) and engaging in pleasurable exercise, instead of focusing on weight. The model “acknowledges that weight is not a behavior or personal choice”, “that normal human bodies come in a wide range of weights,” and “seeks alternatives to the overwhelmingly futile and harmful practice of pursuing weight loss.” HAES® adheres to a holistic definition of health, not characterized solely by the absence of illness, but also the presence of quality of life.

HAES® promotes the following 8 principles:

1. Do no harm
2. Create practices and environments that are sustainable
3. Keep a process focus rather than end-goals, day-to-day quality of life
4. Incorporate evidence in designing interventions where there is evidence
5. Include all bodies and lived experiences, a norm of diversity
6. Increase access, opportunity, freedom, and social justice
7. Given that health is multidimensional, maintain a holistic focus

8. Trust that people (and bodies!) move towards greater health given access and opportunity.

These principles can be applied to: public policy by providing environments that give access to all the things that support the well-being of human bodies of all sizes; within healthcare by providing health interventions that benefit people at any size without discrimination or bias; and in personal life by providing yourself with the features of life you find sustainable, within the context of your life, that support your wellbeing.

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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