

REFERENCE

Health at Every Size

FOR PERSONAL REFERENCE

Things I Can Say to Describe HAES

- + HAES is an evidence-based practice based on peer-reviewed, professional research that has been replicated and expounded upon in the decade+ since its release.
- + Healthcare that's within HAES focuses on health outcomes and healthy habits rather than body size, body fat, or a "healthy weight."
- + HAES is especially helpful for fat people, people with eating disorders, and people who have been body-shamed.
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Things I Can Say When I Don't Feel Heard

- + "Do thin people get this issue? What do you prescribe to them? Let's try that."
- + "The research I've seen shows that the vast majority of people who attempt weight loss fail, and many actually gain weight back (and more) long term."
- + "Can you show me a study where a majority of subjects succeeded at the amount of weight loss you are suggesting without major surgery, risk, and kept the weight off?"
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The Things That Are Most Important to Me

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All of the links and references included herein (and more) are also available for easy access at www.maddimathon.com/resources/HAES — which can also be accessed using the QR code to the right.



FOR CLINICIANS

About *Health at Every Size* (HAES)

- + HAES is a framework developed by Dr. Lindo Bacon through their research and was first detailed in their 2008 book *Health at Every Size: The Surprising Truth About Your Weight*.
- + HAES is an evidence-based practice based on peer-reviewed, professional research that has been replicated and expounded upon in the decade+ since its release.
- + Healthcare that's within HAES focuses on health outcomes and healthy habits rather than body size, body fat, or a "healthy weight."

For My Healthcare, That Means Please —

- + Avoid terms like overweight or obese for me — I prefer the non-pathologized word *fat* instead.
- + Do not weigh me unless absolutely necessary and do not share my current weight, past weights, or any weight changes with me.
- + Do not suggest weight loss (including weight loss surgeries) as a cure or treatment — instead, please prescribe me the same treatment as you would to a thin patient.
- + Carefully consider my history with eating disorders before recommending diets, food restrictions, or measured/monitored exercise.
- + Respect that we have had different lived experiences and thus we will have different relationships with our bodies, with diets, and with fatness.
- + If you don't agree with HAES — respect that I do, and it is the choice I've made for my health.

What the Research Says About HAES

- + "From the perspective of efficacy as well as ethics, body weight is a poor target for public health intervention. There is sufficient evidence to recommend a paradigm shift from conventional weight management to Health at Every Size." (Bacon & Aphramor, 2011, p. 9)
- + A study of 247,027 people who were not at their desired weight found that "The difference between actual and desired body weight was a stronger predictor than was body mass index (BMI) of mental and physical health." (Muennig, Jia, Lee, & Lubetkin, 2008, p. 501)
- + "findings from the National Health Interview Survey indicate that individuals who reported trying to lose weight did not experience a reduction in mortality equal to or greater than individuals who reported being successful at losing weight, suggesting that it is not the weight loss itself that provides the benefits" (Robison, Putnam, & McKibbin, 2007, p. 147).
- + "Although more research is needed, emerging evidence indicates that stigma meets all of the criteria to be considered a fundamental cause of health inequalities." (Hatzenbuehler, Phelan, & Link, 2013, p. 819)
- + "In addition to fat individuals not being diagnosed with eating disorders and not being referred to effective treatment, doctors may prescribe behaviors associated with eating disorders to their fat patients as the solution to their 'obesity'" (Lee & Pausé, 2016, p. 8)
- + A 2016, large-scale study found that generally, using BMI as an indicator of health (specifically cardiometabolical health) would misclassify the health of an estimated, approximate 75 million people in the United States alone (Tomiyama, Hunger, Nguyen-Cuu, & Wells, 2016).

For More Information

- + This information and more resources on my website — maddimathon.com/resources/HAES/
- + Dr. Bacon's *HAES Manifesto* — lindobacon.com/HAESbook/pdf_files/HAES_Manifesto.pdf
- + An article in The New England Journal of Medicine examining myths, presumptions, and facts about 'obesity' — nejm.org/doi/pdf/10.1056/NEJMsa1208051
- + An excerpt from Dr. Bacon's book: *For People Who Consider Size Acceptance Dangerous* — lindobacon.com/HAESbook/pdf_files/HAES_Message%20Regarding%20Size%20Acceptance.pdf
- + My paper examining the impact of stigma and discrimination on the health of fat people — maddimathon.com/u/Major-Research-Paper-MATHON-SOC-181.pdf
- + Article about Intuitive Eating in diabetes self-management by Dr. Bacon — lindobacon.com/pdf/BaconMatz_Diabetes_EnjoyingFood.pdf
- + Guidelines on implementing a HAES practice in the conclusion of an analysis of HAES vs. weight-focused approaches — rdcu.be/b6Twa

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