Applying HAES® Principles to Advance Healthy Public Policy

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Grassroots Activism

• **People** coming together because they **share** similar **beliefs/values** and form a **community** to bring about **change**
  – Result of a tragic event; oppression/marginalization
Disclosure

• None
Objectives

- Identify the principles that define Health At Every Size® (HAES).

- Recognize the problems with current health messaging.

- Demonstrate how implementing HAES principles can advance healthy public policy.
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Health At Every Size® principles help us advance social justice, create an inclusive and respectful community, and support people of all sizes in finding compassionate ways to take care of themselves.

HAES includes the following basic components:

**Respect**
- Celebrates body diversity:
  - Honors differences in size, age, race, ethnicity, gender, dis/ability, sexual orientation, religion, class, and other human attributes.

**Critical Awareness**
- Challenges scientific and cultural assumptions:
  - Values body knowledge and lived experiences.

**Compassionate Self-care**
- Finding the joy in moving one’s body and being physically active:
- Eating in a flexible and attuned manner that values pleasure and honors internal cues of hunger, satiety, and appetite, while respecting the social conditions that frame eating options.


https://haescommunity.com/
## HAES Principles

**Weight Inclusivity**
- Accept & respect diversity of body shapes & sizes.

**Health Enhancement**
- Support health policies that improve & equalize access to information and services.

**Respectful Care**
- Acknowledge biases. End weight discrimination & stigma.

**Eating for Well-Being**
- Individualize eating/activity based on hunger, satiety, nutritional needs & pleasure.

**Life-Enhancing Movement**

[https://www.sizediversityandhealth.org/content.asp?id=76](https://www.sizediversityandhealth.org/content.asp?id=76)
• Not against weight loss; against making weight loss a goal of treatment

• Advocates for changing the culture around weight ... not people’s bodies.

http://www.haescommunity.org
Impact of Non-Diet Approaches on Attitudes, Behaviors, and Health Outcomes: A Systematic Review

Dawn Clifford, PhD, RD\textsuperscript{1}; Amy Ozier, PhD, RD\textsuperscript{2}; Joanna Rundmo, RD\textsuperscript{1}

Anna Kreiser, BS\textsuperscript{2}; Michelle Neumeier, MSc\textsuperscript{1}

Health at Every Size intervention improves intuitive eating and diet health at Canadian women

A weight-neutral versus weight-loss approach for health promotion in women with high BMI: A randomized-controlled trial

Janell L. Mensinger, \textsuperscript{a, *} Rachel M. Calogero, \textsuperscript{b} Saverio Strano, \textsuperscript{c} Marie-Eve Labonte \textsuperscript{a, e, l}

Effects of health at every size\textsuperscript{®} interventions on health-related outcomes of people with overweight and obesity: a systematic review

M. D. Ulian\textsuperscript{1}, L. Aburad\textsuperscript{1}, M. S. da Silva Oliveira\textsuperscript{1}, A. C. M. Poppe\textsuperscript{1}, F. Sabatini\textsuperscript{1}, I. Perez\textsuperscript{1}, B. Gualano\textsuperscript{2}, F. B. Benatti\textsuperscript{2,3}, A. J. Pinto\textsuperscript{2}, O. J. Roble\textsuperscript{4}, A. Vessoni\textsuperscript{1}, P. de Morais Sato\textsuperscript{1}, R. F. Unsain\textsuperscript{5} and F. Baeza Scaglius\textsuperscript{1}
Summary of Evidence Supporting HAES Approach

• Weight-neutral/non-diet approaches associated with statistical & clinical improvements in:

  – physiological measures (e.g. BP, blood lipids, BG)
  – health behaviors (e.g. physical activity, ↑ Fruit/Veg intake, and
  – psychosocial outcomes (e.g. mood, self-esteem, body image, anxiety)

Limitations of HAES Research

Clinical and methodological heterogeneity:

- Variable definitions of non-diet approaches
- Different assessment instruments
- Short-term studies with small sample sizes
- Not generalizable
- ‘Obesity’ treated behaviorally and excludes environmental influences

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5-10%
Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario

Childhood obesity is a public health issue across the country. Currently, one in four children and youth in Canada are overweight or obese. Addressing the factors that contribute to obesity early in a person’s life helps to reduce the likelihood of being overweight or obese in adolescence and adulthood.

What you will find

These resources provide Canadian and international information on childhood obesity to help you plan programs that promote healthy weights for children. For more information, please visit the Best Practices section for interventions related to preventing childhood obesity.

Note: Several provinces/territories and international jurisdictions have healthy weight strategies and guidelines that promote healthy weights across many populations and are not specific to children and youth. For this information, please see the topic page on healthy weights (adults).

Healthy Weights (Children)

Interventions

Resources

Public Health Topics

Policy Issues

Learn More

Chronic Diseases

- Cancer
- Cardiovascular Diseases
- Chronic Respiratory Diseases
- Diabetes
- Neurological Conditions

Chronic Diseases - Main page

- Healthy Weights (Children)
- Injuries
- Integrated Approaches to Chronic Disease
- Mental Health and Wellness
- Nutrition
- Oral Health
- Physical Activity
- School Health
- Seniors

Search
Anti-Fat Campaigns Using Moral Panic

- Chubby kids may not outlive their parents.
- Fat kids become fat adults.
- Big bones didn’t make me this way. Big meals did.
- He has his father’s eyes, his laugh and maybe even his diabetes.
Anti-Fat Campaigns Using Moral Panic

- Excess consumption of sugary drinks contributes to obesity, Type 2 Diabetes and related complications.

- To stop the obesity crisis, governments must apply the lessons learned from successful anti-tobacco campaigns.
Campaigns Using Incentives

Report of the Expert Panel for the Children's Fitness Tax Credit

participACTION
Let's get moving.

participACTION.com

Menu

Home > Public Health Agency of Canada

Kid Food Nation

From: Public Health Agency of Canada
Limitations of CPGs & Public Health Messaging
Limitations

• Emphasis on individual responsibility – promotes self-blame, judgement & stigmatization.

• Failure to address the social determinants of health (SDoH).
  – E.g. Working conditions, housing, SES, environment

• ‘Obesity’ = major health issue defined by BMI.

B – Bull$&%#'
M – Measuring
I – Index
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What is Healthy Public Policy?

“... an explicit concern for health and equity in all areas of policy and by an accountability for health impact.

The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives.

Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing.”

Ontario Healthy Communities Coalition; https://www.ohcc-ccso.ca/healthy-public-policy
“The most effective and ethical approaches should be aimed at changing the behaviours and attitudes of those who stigmatize rather than towards targets of weight stigma.”

Applying HAES Principles to Public Policy

- Healthier societies across all sizes, require public health interventions to include strategies that:

  **Recommendation #1**
  – Reduce anti-fat stigma; acknowledge fat stigma as a population health threat

• **Recommendations:**

  2. Promote health behaviours independent of weight
  3. Replace BMI as a measure of health
  4. Avoid increasing inequities
     • Include determinants of health
     • Conduct health equity analyses when evaluating proposed or existing public health strategies

Rally calls for end to 'shaming and blaming' people for weight

By: Nick Martin
How can HAES principles advance healthy public policy?
Make it about HEALTH ... NOT weight.
References


• Mesinger et al. (2016a). A weight neutral vs weight loss approach for health promotion in women with high BMI: a randomized controlled trial. *Appetite*. 105:364-74