Health at Every Size Approach

What We Know

› Other similar concepts that often are discussed in the literature about the non-diet approach include the Satter Eating Competence Model, intuitive eating, and mindful eating. The Health at Every Size (HAES®) approach is a weight-neutral, health-focused approach to health and well-being that was developed by the Association for Size Diversity and Health. Health at Every Size is a registered trademark of the Association for Size Diversity and Health. The HAES approach is used interchangeably with the term non-diet approach.

› Advocates of the HAES approach do not view weight as a measure of health and believe that weight loss should not be the end goal of nutrition and physical activity habits. The HAES approach is relatively new: the literature regarding this model started to be published around 2000. The nutrition component of HAES is based on the principle of intuitive eating, which is a model that assumes that external cues such as social settings are the primary determinants of how much and why an individual eats.

• The concept of intuitive eating was identified by researchers who studied the eating habits of toddlers who could choose from a wide variety of foods without having their eating preferences or the amounts they consumed directed by others. The study showed that toddlers could choose a variety of foods to achieve their energy needs without external cues. As early as 1991 intuitive eating was proposed as a method of controlling eating and achieving a healthy body size.

› The HAES approach is based on three overarching concepts: intuitive eating, body acceptance, and physical activity for movement. The five principles specific to the HAES model are:

• Weight inclusivity – acceptance and respect for all weights and rejection of the notion of specific desirable weights for individuals

• Health enhancement – support of health policies and practices that improve human well-being and ensure equitable access to care

• Respectful care – acknowledgement of biases about weight and work to end stigmatization

• Eating for well-being – eating based on hunger, satiety needs, and pleasure rather than external cues and weight control

• Life-enhancing movement – support and encouragement of physical activity that so that all persons, regardless of size, may enjoy movement to the extent they choose to

› A number of studies have been conducted over the past decade that show favorable outcomes from use of the HAES, non-diet, or an intuitive eating approach. Some recent studies have found that the HAES approach can improve intuitive eating, diet quality, body esteem, anti-fat attitudes, external hunger cues, and body composition. In a study of 216 Canadian women assigned to a control group or the to examine the effects of the HAES intervention group HAES program on intuitive eating and diet quality in women, researchers found that the HAES program was effective at improving intuitive eating and diet quality. However, the improvement in diet quality was not sustained after one year. Researchers suggested that the relationship between intuitive eating and diet quality should be further explored.
In a quasi-experimental study of 149 students assigned to intervention, comparison, or control groups to test the effects of the HAES program on intuitive eating, body esteem, cognitive behavioral dieting scores, and anti-fat attitudes, investigators found that students who participated in the HAES curriculum improved their intuitive eating scores, body esteem scores, and anti-fat attitudes when compared to the control and comparison groups. The small convenience sample and the quasi-experimental design were noted as study limitations.

Another study examined the effect of the HAES program on premenopausal overweight women in comparison to a control group and a group with social support. Researchers wanted to determine if the HAES program would affect the eating behaviors of the women. After examining their eating habits through 3-day food records and a Three-Factor Eating Questionnaire, researchers found that the HAES program did not have an impact on the participants’ eating habits when compared to those in the other groups. However, researchers did note that decreases in hunger and external hunger correlated with a decrease in overall energy intake for participants in the HAES group. In this study, hunger referred to that which is interpreted and regulated internally, whereas external hunger referred to hunger triggered by external cues.

In a mixed-method study exploring the effect of the HAES program on 14 obese women, researchers found that participants completing the program had modest but significant improvement in body composition markers including body weight, body mass index, total body fat mass, and body fat percentage. Participants also reported that they were more physically active, had improved perception of their body, and were more in tune with their hunger and satiety cues, which helped to facilitate change in their eating habits.

Critics of the HAES approach say that this philosophy may lead to overeating, weight gain, and poor health outcomes. Others have noted the limitations of the HAES approach in public health use. Some individuals believe that the HAES approach should not be used since it encourages individuals to delay losing weight rather than acting, which may be more detrimental to their health over time given the association between overweight and chronic diseases such as diabetes, heart disease, and some cancers. Critics point out that emerging research in animal studies indicate that there is a limited window of opportunity for weight loss before energy homeostasis kicks in by regulating the body’s weight through hardworking parts of the brain. Research in animal studies suggests that excess caloric intake and fat accumulation are associated with physiological changes that enable the body to become more efficient at storing calories, which in turn makes it more difficult to lose weight.

The studies that have been conducted on the use of the HAES approach as a public health approach to obesity since there are no studies on its scalability have the following limitations: small number of participants; limited evaluation of physiological outcomes; a focus on individuals who are classified as class I obesity, not class II or III; focus on treating obesity with a behavioral approach emphasizing individual characteristics; and participants who primarily have been White females with histories of binge eating or chronic dieting. Because of these limitations, concerns have been expressed about the applicability and appropriateness of the approach for others who may have a genetic predisposition toward obesity or extending the use of the approach beyond the target populations that were studied. There are also concerns as to whether the approach is scalable.

What We Can Do

- Learn about the HAES approach and other non-diet approaches so you can accurately assess your patients’ personal characteristics and health education needs; share this information with your colleagues
- Learn about the principles of intuitive eating and encourage clients to use this as appropriate in their daily regimen
- Encourage and support clients in self-body esteem/image and recognize the signs of disordered eating for appropriate referrals to others as needed
- Encourage clients to partake in daily physical activity to promote health and well-being

Related Guidelines

*Health at Every Size® approach principles and resources*
References


