Teaching the “Health At Every Size” Paradigm Benefits Future Fitness and Health Professionals

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TEACHING THE PARADIGM

The “Health At Every Size” (HAES) paradigm “views obesity from the philosophy that dieting and weight obsessions are unhealthy and that our societal obsession with thinness does not allow for diversity in body shapes. . . .” [2] It proposes that health is a result of behaviors that are independent of body weight. [1] Traditional restrictive dieting has not resulted in sustained weight loss for most people, so HAES encourages adopting healthful lifestyle behaviors to improve health without necessarily losing weight. [2]

Members of the Weight Realities Division of the Society for Nutrition Education developed a PowerPoint presentation with accompanying pre- and posttests to clear up misconceptions and explain HAES to health professionals and health students who had worried that HAES sanctioned overeating and weight gain. The 69-slide presentation used bullet points to summarize relevant studies and included verbatim quotes from men and women who had participated in interviews and focus groups designed to gather narratives related to physical activity, food and eating, and body image. [3] Other nutrition educators may want to use the PowerPoint after learning of its impact on fitness and health students in a disease-prevention course. All students had some brief prior exposure to HAES in the prerequisite introductory nutrition course.

Mid-semester, but 1 week before the PowerPoint lecture, students completed the pretest and read an assigned journal report of the only randomized, published study at that time comparing HAES and traditional dieting interventions. [4] Students answered this question about the article, “Critics of HAES fear that it will lead to indiscriminate eating and increased obesity. What does this research contribute in response to that criticism?” A typical response was, “This research showed that if HAES was promoted instead of just weight loss, obese people will actually have improved health with fewer health complications. . . . The HAES group [actually] became much healthier even at a bigger size.”

THE IMPACT OF THIS INSTRUCTION

Students completed the posttest after viewing the PowerPoint presentation. Matching pre- and posttest data were available from 129 students (71% females; 91% white). Students’ mean posttest ratings improved significantly from the pretest (Table) for 7 of the 8 statements (P < .01 to P < .001), and many students individually improved ratings from pretest to posttest. Statistically significant changes (P < .001) included 83% of students reporting improved overall understanding of HAES, 77% reporting improved attitude, 76% reporting increased recognition of HAES as evidence based, and 47% reporting a decrease (a positive change) in seeing calorie restriction and exercise as ways to combat the obesity epidemic. Although overall these results are very positive, some students’ ratings decreased, indicating that not all students immediately accepted the HAES paradigm. An additional question on the posttest indicated that the prerequisite nutrition course contributed little to the students’ understanding of HAES, suggesting the need for increased emphasis in the introductory course, which has a much larger enrollment.

In an end-of-semester assignment, students reviewed the semester’s 30 assigned readings, chose 2 readings, and wrote a short paper explaining how each reading changed their thinking. The HAES-related reading was the most frequently chosen article, [4] selected by 43% of the students. In this reflective assignment, students seemed to make both career and personal applications, as in the following comments:

[From a female] “This study has opened up my eyes to the complications that come with dieting. This study changed my perspective, as I thought that obese people who failed in keeping with a diet were weak. I loved how this article showed that diet alone does not benefit many people, but rather that teaching them healthy habits leads to healthier, happier women. . . . I know my future job will require my thoughts on this subject, and I cannot wait to tell them about HAES, as I know that my clients will be more successful in healthy eating and happier in the end.”

[From a female] “I am a chronic dieter, and so are most of the women in my family. This article changed my views on size and helped me to realize that I am healthy even though I am not ‘model’ thin. . . . This study showed that the lab tests for those women who were intuitively eating came back within normal limits [or] even better than the lab tests of those women who were dieting. This article made me see that a person can be healthy at any size if he/she is eating right and exercising.”

[From a male] “I am a very active person. I lift weights 3 to 4 times a week and ride my bike 12 miles to school and home every day. I don’t fit the ‘model’ image. I refuse to live up to a certain body type. . . . This article helped me realize that I don’t have to be thin to be healthy.”

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again a couple times a week [but] I am still overweight. This reading taught me that as long as I’m eating healthy and trying to lead an active life I should accept my body as it is. This was a great comfort to me. I grew up with 3 younger brothers who are all as skinny as toothpicks. I’ve come to accept the fact that my body [and my brothers’ are completely different], even though we share the same parents.”

**RECOMMENDATIONS**

Comments from skeptics and the fact that not all students’ ratings about HAES improved remind educators of the critical need for more published research on the effectiveness of HAES. Details of the scientific studies summarized in the current PowerPoint may need to be emphasized. It may be helpful to highlight that both traditional and HAES approaches recommend dietary changes and physical activity but differ in definitions of success. Combining a PowerPoint presentation with reading a peer-reviewed publication improved students’ understanding and attitudes, with anticipation that these students will contribute to a ripple effect in promoting HAES as they enter fitness and health professions.

**NOTES AND ACKNOWLEDGMENTS**

An updated PowerPoint, “Health At Every Size: A New Weight Paradigm,” is available from jikedaberkely.edu.

This research was approved by the University Human Subjects Review Board.

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**REFERENCES**


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Table. Mean Ratings on Pre- and Posttests (evaluated by paired t tests)

<table>
<thead>
<tr>
<th>Statement on pretest and posttesta</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would rate my overall understanding of a “Health at Every Size” (HAES) approach to health promotion as (1 = no understanding, 5 = excellent understanding)</td>
<td>2.7</td>
<td>4.3**</td>
</tr>
<tr>
<td>I would like to learn more about a HAES approach to health promotion. (1 = no interest, 5 = high interest)</td>
<td>3.7</td>
<td>4.1**</td>
</tr>
<tr>
<td>I would rate my current attitude toward a HAES approach to health promotion as (1 = very negative, 5 = very positive)</td>
<td>2.4</td>
<td>4.4**</td>
</tr>
<tr>
<td>I would rate my ability to use a HAES approach to health promotion in individual counseling as (1 = no ability, 5 = excellent ability)</td>
<td>1.2</td>
<td>1.7*</td>
</tr>
<tr>
<td>I believe the HAES approach to health promotion is “evidence-based,” ie, is based on scientific research. (1 = strongly disagree, 5 = strongly agree)</td>
<td>3.2</td>
<td>4.1**</td>
</tr>
<tr>
<td>I would rate my ability to design programs incorporating a HAES approach to health promotion as (1 = no ability, 5 = excellent ability)</td>
<td>1.2</td>
<td>1.6*</td>
</tr>
<tr>
<td>I feel that one of my responsibilities as a health professional is/will be to end the obesity epidemic by promoting caloric restriction and exercise for overweight and obese people. (1 = strongly disagree, 5 = strongly agree)</td>
<td>3.8</td>
<td>3.2**</td>
</tr>
<tr>
<td>I feel that one of my responsibilities as a health professional is/will be to reduce the risk of chronic disease by promoting healthy eating and physical activity for individuals and families. (1 = strongly disagree, 5 = strongly agree)</td>
<td>4.6</td>
<td>4.6</td>
</tr>
</tbody>
</table>

aBolded words indicate coding and anchor words on Likert scale.

HAES indicates Health at Every Size.

*P < .01 Change in rating was significantly different from 0; **P < .001 Change in rating was significantly different from 0.