

Weight Inclusive Health Care

In order to provide weight inclusive health care and show respect for people of all body types we need to:

- Get rid of the idea that weight is somehow central to health. In greeting people of various body types, we need to first assess our own ability to be respectful, then have our spaces where we work and provide care demonstrate this respect. This is shown by:
 - having various body types represented in images at our workplaces,
 - having furniture for all bodies,
 - having gowns, tables and other health care equipment for people of all body sizes and types.
- Use a Health at Every Size approach. Do not call for weight loss first for a condition. This approach shifts blame and responsibility onto the individual. Because research shows that dieting is not successful in the majority of cases and in fact causes harm, this is not a good recommendation.
- Realize that the HAES approach rests on the evidence that while extremes of weight and health problems are correlated, evidence for the role of factors such as stress and weight stigma is stronger when it comes to determining health. Instead, focus on other causes of health and social determinants of health. Work with people to determine what else is going on in their lives that can contribute to health outcomes.
- Develop a sense of trust toward people of all body types. People move toward greater health when given access to stigma-free health care and opportunities (e.g., gyms with equipment for people of all sizes; medical facilities that do not unnecessarily weigh patients).
- Understand that health behaviors may not be a priority in a person's life at a given moment. Understand that for some people, "being healthy" is not currently important. Respect their choice in this matter. Discuss with them what is most important and offer to support that if it falls within your scope and ethical practice.
- Watch out for hidden "weight loss" messaging. This can come through when prescribing a way of eating or a therapeutic dietary regimen. For example, one can choose to eat to support metabolic health. Refrain from saying "and you might lose weight too," as this comes across as thin ideal talk. A person can be eating well, eating for metabolic health and even eating less than optimal and not lose weight, due to past dieting attempts.
- Focus on behaviors that impact health such as eating enough and regularly, movement, stress management, sleep, smoking cessation, etc. Focus on these behaviors when your patient also has interest in health improvement. The exception is in pediatric cases where we do need to promote child health and welfare.

- Don't moralize foods (e.g., "You need to stop eating X"), instead, promote eating for pleasure, hunger, satiety and nutrition, not weight. Evidence shows that people who eat more intuitively eat more nutritious foods and tend to have healthy metabolic function.
- Promote mindful movement focused on what brings people joy and connection, not weight loss. A meta-analysis of 16 studies found that regardless of body mass index (BMI), mortality indicators improved with exercise, indicating that movement can be health promoting without a goal of losing weight
- If Primary Care Providers (PCPs) suggest weight loss for a person you are also seeing, offer to provide evidence that weight loss diets do not work. Eating for a certain condition can be health promoting without using weight as a goal.