

Health at every size in Canada: An emerging paradigm shift?

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Health professionals, mass media, and the diet industry all exhort obese Canadians to lose weight. However, a shift in how Canadians view weight and wellbeing may be subtly emerging. In 2011, the federal government initiated the *Our Health, Our Future: A National Dialogue on Healthy Weights*. This online forum allowed the public to publish ideas and vote on methods to curb childhood obesity. The most popular strategy was to adopt a Health at Every Size Approach (HAES), rather than focusing on weight loss.¹ HAES promotes consuming healthful foods, honouring internal cues of hunger and satiety, and engaging in enjoyable physical activity. HAES is weight neutral; its proponents do not view weight loss as a goal. This support from the Canadian public for an HAES-approach to child health suggests Canadians may be becoming increasingly conscious, and possibly critical, of the messaging surrounding obesity. Similar concerns have arisen among academics and health professionals.

Obesity, Weight loss, and Health

The economic burden of obesity is frequently referred to in health literature. This focus risks characterizing obese individuals themselves as ‘burdens’ on the healthcare system. Anti-obesity discrimination is increasing in work, school, and social situations.² Public health messaging promotes the benefits of weight loss. This messaging often assumes a simplistic “eat less, exercise more” attitude. However, diet-induced weight loss activates somatic and psychological ‘homeostatic pressures’ to stimulate weight regain. These mechanisms include reduced satiety and energy expenditure and increased hunger.³ These pressures produce weight regain in over 90% of weight-losers.⁴ There are potential negative physical and psychological effects of dieting, such as compromised skeletal integrity, weight cycling, and disordered eating.⁵ Additionally, physically active obese individuals may have greater cardiovascular fitness than inactive individuals, regardless of weight

status.⁶ Overweight status (BMI 25-30 kg*m⁻²) has been associated with decreased or neutral mortality risk in American, Canadian, and international samples.^{5,6} Obesity (BMI > 30 kg*m⁻²) has demonstrated a protective or neutral effect among some chronic disease populations.^{5,6}

Critics of HAES fear size acceptance may lead to bingeing and weight gain.⁵ However, randomized control trials of HAES interventions found maintenance or improvement in dietary, clinical, psychological, and physiological outcomes. No adverse outcomes, including weight gain, were reported in the six completed studies.⁵

Media, the Diet Industry, and Public Health

The concept of health has also been co-opted as a marketing tool by the diet industry and the appearance-conscious media. This may erode the credibility of public health; health as a resource for improving one’s life may become conflated with media-influenced beauty standards. Among individuals who have failed to lose weight or who have suffered negative consequences from weight loss efforts, these traumatic past dieting experiences may generate resentment toward public health officials and medical practitioners. This resentment runs the risk of resulting in further entrenchment; overweight individuals may view themselves in opposition to public health, rather than as working in concert with these agencies to improve health and wellbeing. An exclusive focus on weight loss may lead individuals to choose unhealthy dieting options, develop eating disorders, internalize stigma, and suffer consequent mental health issues.^{5,7} Perhaps most damaging, rather than viewing health practitioners or public health officials as potential partners in improving quality of life, obese individuals may shun preventive health care in order to avoid biased healthcare professionals.⁷

Evidence of a Paradigm Shift?

Some health professionals have begun to focus on the demonstrated cardiometabolic benefits of balanced nutrition and physical activity, independent of weight loss.⁵ In 2011, the first Critical Dietetics Conference was held in Toronto. Attendees adopted a critical approach to the prevailing public health attitude concerning obesity. The 2011 Annual American Dietetic Association Conference included a debate on the benefits of implementing a HAES approach to public health. Dr. Gail McVey, at the Sick Kids Hospital in Toronto, has produced teacher resources that adopt a HAES approach that encourages healthy behaviours without triggering body image issues or eating disorders.⁸ Clearly, while still controversial, these critical perspectives on obesity prevention are gathering momentum.

Canadians appear increasingly invested in a non-weight-centric approach to health. In practice, this would be challenging to implement without a fundamental culture change among health researchers and policy-makers. Researchers no longer necessarily provide supporting evidence that weight loss is inherently healthy and risk-free, which is a necessity for other claims in scientific writing.⁹ A British Columbia policy analysis found adopting weight-neutral public health language feasible but not government-funded HAES studies.¹⁰ However, the salience of the obesity issue among the public may produce sufficient political will to begin a paradigm shift in Canada's approach to obesity prevention. If public health is truly inclusive, it cannot alienate citizens who would benefit most from compassionate preventive health and treatment provision. Implementing a HAES position on diet and physical activity may be a more empowering, life-affirming, and efficacious approach to promoting health than a weight-centric model.

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