Dear healthcare provider:

I follow a weight-inclusive and Health at Every Size® approach to medical care. I choose not to be weighed at medical visits. Please do not discuss my weight or management of my weight during my healthcare appointments.

The principles of the Health at Every Size® approach to medical care include:

1. Weight Inclusivity: Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

2. Health Enhancement: Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.

3. Respectful Care: Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socioeconomic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

4. Eating for Well-being: Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

5. Life-Enhancing Movement: Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

Summary of the evidence supporting the HAES® approach:

- On weight and health:
    - People with a BMI in the overweight category have the lowest mortality rates, and those in the normal weight and obese weight categories have the same mortality risk.
    - Using BMI as an indicator of metabolic health will misdiagnose 24% of normal weight people, 51% of overweight people, and 32% of obese people.
    - Higher weight is correlated with certain health conditions, but is not necessarily causal. Causal factors mediating the connection between body size and health conditions include genetic predisposition, medical conditions, weight cycling, weight stigma, and cardiovascular fitness.

- On Dieting:
    - 95-98% of people who try to lose weight will regain the weight, most within 1 year and almost all within 5 years. 2/3rds of people will regain more weight than they lost.
    - Dieting is the number one risk factor for the development of eating disorders

- On Weight cycling:
    - Weight cycling (or yo-yo dieting) has been shown to increase mortality risk, and to increase the risk of hypertension, diabetes, hyperlipidemia, heart disease, gallbladder disease, and osteoporosis.

- On Weight stigma:
    - Weight stigma, or internalized negative attitudes about weight, increases the risk of hypertension, diabetes, hyperlipidemia, metabolic syndrome, eating disorders, and depression.

Weight-inclusive care involves:

- Not weighing the patient unless necessary for rare medical indications (weight-based medication dosing, patients with eating disorders actively restoring weight, child growth/ development)
- Pursuing health and wellness independent of body size
- Discussing behaviors rather than body size
- Practicing an evidence-based approach to evaluating and treating all health conditions independent of weight
- Patient-centered discussions about health goals
- A “do no harm” approach
- Compassionate and respectful care

Resources:

- Association for Size Diversity and Health: www.sizediversityandhealth.org
- Books: *Health at Every Size* by Linda Bacon, *Body Respect* by Linda Bacon and Lucy Aphramour, *Intuitive Eating* by Evelyn Tribole and Elyse Resch.
- UConn Rudd Center for Food Policy and Obesity Weight Bias Prevention Toolkit: http://biastoolkit.uconnruddcenter.org/

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