

Powerful Conversations

To Lead the Shift from Weight to Well-being



The Paradigm Shift

Despite decades of conclusive evidence that traditional weight-focused, “eat less, exercise more” interventions are ineffective, counterproductive, and potentially harmful,¹ many individuals and organizations continue to invest in them. Fortunately, the tide is turning. As empirical evidence continues to accumulate, recognition of the need to adopt a weight-neutral, health-centric approach expands. Health and wellness professionals can lead this paradigm shift by effectively communicating this message with patients, clients, colleagues, community members, and organizational leaders. This paper will summarize and build on the evidence presented in a previous white paper, *Mindful Eating: Shifting the Focus from Weight to Well-being*,² clarify the core messages of the weight-neutral, health-centric approach, and provide strategies for combining evidence and powerful questions in persuasive conversations that help shift the paradigm from weight to well-being.



An Empirical Review

Research on the ineffectiveness of weight loss interventions and the efficacy of a weight-neutral approach to health is growing rapidly.^{1,2,3} The conclusions are summarized below.

Weight loss interventions are ineffective.

The fact that weight loss programs do not create lasting changes in weight or health has been proven repeatedly. A comprehensive review published in the *Journal of Obesity* titled “The Weight-Inclusive versus Weight-Normative Approach to Health” concluded that no weight loss initiatives to date have generated long term results for the majority of participants.¹ Results from a 2013 RAND study sponsored by the U.S. Departments of Labor and Health and Human Services show that participation in a one-year weight control program in the workplace would be associated with a weight reduction of approximately one pound for an average adult at the end of the first year. By the fourth year, this would be reduced to only one-quarter of one pound.⁴ Recent studies investigating the effect of intentional weight loss in people with Type 2 Diabetes found no reduction in cardiovascular morbidity and mortality or all-cause mortality compared to control groups where weight loss was not prescribed or achieved.^{5,6}



Weight loss interventions are counterproductive.

Intentional weight loss due to significant restriction of intake results in biological, physiological, and psychological adaptations that decrease the likelihood of maintaining a reduced body weight. There are coordinated metabolic, behavioral, neuroendocrine, and autonomic responses designed to maintain body fat stores at an ideal established by the central nervous system. This “adaptive thermogenesis” often leads to weight regain in those attempting to sustain a reduced body weight.⁷

In a study of contestants from the reality TV show *The Biggest Loser*, thirteen of the fourteen study participants gained back some or all of the weight they lost; four gained even more than they lost. This was attributed partly to the metabolic adaptation that occurred in all study participants, decreasing their metabolic rates by an average of 704 kcal/day below baseline six years later, even after weight regain.⁸

Aside from metabolic changes, other biological adaptations that result from food restriction make it more difficult to maintain the restrictive behaviors that most weight loss interventions require. For example, cravings to eat increase, while hormones that promote a sense of satiety, such as leptin, decrease.⁹ Other research has shown that food restriction results not only in preoccupation with food and eating, but in distractibility, increased emotional responsiveness, dysphoria, increased eating in the absence of hunger, and bingeing.¹⁰

In addition, most weight loss interventions are based on an external locus of control. In other words, an external authority sets rules about when, what, and how much to eat, and how much to exercise. This teaches participants to disregard and even distrust their own internal authority and disconnects them from their body's innate cues of hunger and satiety. This decreases self-efficacy and moves them further from their ability to recognize what their body needs.¹¹

The weight-focus can be harmful.

Adverse consequences from a focus on weight loss include weight cycling (repeated weight loss and weight regain), disordered eating, and weight stigma, all of which have significant negative repercussions for individuals and societies as a whole.^{1, 2, 3} Although the prevailing messages about weight and body size in Westernized societies equate weight loss and being thin with greater health, happiness, and success, the data indicate that the weight focus and prizing of thinness has done more harm than good.¹²

Weight loss interventions do not produce a return on investment.

In an interview more than a decade ago, long-time researcher and health promotion pioneer Dee Eddington said, "Weight loss money is money down the toilet."¹³ A 2015 article published in the American Journal of Managed Care concluded that employers should completely disband weight management programs, stating, "No corporate weight control program has ever reported savings or even sustained weight loss using valid metrics across a sizeable population for two years or more, accounting for dropouts and nonparticipants. Further, these programs can harm morale and even the health of the employees themselves."¹⁴

"No corporate weight control program has ever reported savings or even sustained weight loss using valid metrics..."

From Science to Practice

While the evidence clearly indicates that the weight-centric approach to health is ineffective, counterproductive, and potentially harmful, data alone isn't enough to shift the prevailing paradigm from weight to well-being. Wide-scale change also requires clarity on the core principles of the weight-neutral approach and effective communication with patients, clients, colleagues, community members, and organizational leaders.

The remainder of this paper will serve as an instructional guide for health and wellness professionals who support a weight-neutral approach and wish to share the message with others.



Working with the Weight-Neutral Paradigm

Research on the efficacy of a weight-neutral approach to well-being is growing. Most of the research to date has focused on a model called Health at Every Size® (HAES®), testing it against standard weight-focused interventions. Results indicate that this model results in “both statistically and clinically significant improvements for the participants on physiological measures (e.g., blood pressure), health practices (e.g., physical activity), and psychological measures (e.g., self-esteem and disordered eating).” Not only were these results more successfully achieved than with standard diet programs, the weight-neutral models studied also demonstrated lower dropout rates and none of the adverse outcomes found with dieting.^{1,12}

Key Principles of the Health at Every Size® Approach

Before sharing the weight-neutral message and the evidence surrounding it, familiarize yourself with the key tenets of the weight-neutral paradigm. HAES is perhaps the most well-known, comprehensive, and structured model for understanding and working with weight-neutrality. The Association for Size Diversity and Health defines the five principles of the HAES approach as:

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

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.

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

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.

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.



Common Myths and Misperceptions

As awareness grows about the weight-neutral movement, misperceptions will arise. Following are four common myths about weight-neutrality with examples of short, clarifying responses.

Myth: The weight-neutral paradigm positions weight loss as “bad” or universally discourages it.

Fact: The weight-neutral approach doesn’t judge weight loss as inherently “bad” or “good.” Weight-neutrality recognizes that a reduction in body weight may be a valuable outcome for some, but emphasizes the need for each individual to make that assessment for themselves based on their own life experience and values.

Myth: The weight-neutral paradigm suggests that everyone is healthy regardless of their weight or size.

Fact: While weight may be one factor in one’s health or quality of life, the weight-neutral approach cautions against making assumptions about or categorizing an individual’s health risk or quality of life based on their size, weight, or BMI.

Myth: Weight-neutrality dismisses the importance of self-care.

Fact: Quite the opposite; the weight-neutral approach fully encourages comprehensive self-care. By avoiding the distraction and frustration of focusing on rules and a numbers-oriented outcome, weight-neutral interventions often help individuals free up energy that can be invested in identifying and resolving root causes of problematic behaviors. Delving far beyond the traditional “eat less, exercise more” strategies, working with weight-neutrality means attending to physical, emotional, spiritual, and other components of health so as to improve overall well-being and quality of life, regardless of size.

Myth: Weight-neutrality means “giving up” on health.

Fact: The evidence is clear that the current weight-focused paradigm has not created sustainable changes in health for the vast majority, and in fact has had detrimental consequences for many. The weight-neutral approach seeks to reverse this trend by broadening the definition of “health” beyond the physical, honoring the natural diversity of shapes and sizes, reducing weight stigma, and encouraging the development of lasting well-being from the inside out.

For more in-depth exploration of the weight-neutral, non-diet approach to health, read *Wellness, Not Weight: Health at Every Size and Motivational Interviewing*, an anthology of chapters contributed by thought leaders in these fields.¹⁶

Powerful Conversations

Once you understand what it means to work from a weight-neutral paradigm and you are familiar with the evidence that supports it, you may feel ready to begin sharing this message with others. This can be challenging work because the weight-centric paradigm is deeply entrenched so many people will be resistant to considering an alternate approach. The following general tips may be helpful as you enter into these important conversations.

Manage your expectations; any movement is progress.

In some cases, you may be the first person to introduce the weight-neutral approach to another person or group. If it conflicts with their current belief system or if they have other motives for staying attached to a weight-centric focus (including money, time, or professional reputation invested in weight loss initiatives), you are likely to encounter resistance. That is normal and expected. At the very least, your introduction of the idea will plant a seed for consideration and curiosity and acceptance may grow over time.

Powerful conversations are founded on powerful questions.

While evidence will be important in your conversations, asking questions and listening actively is essential for understanding other perspectives and finding common ground—such as the well-being of patients, clients, or employees. Ask as many questions as needed to understand the current perspective and past experiences of the person or group you're speaking with. Asking questions and listening intently will help ensure that your audience feels respected and understood, fostering receptivity to new ideas. Their answers to your questions may also provide valuable information you can use to make choices about which facts to share and how to guide the conversation. As you communicate new ideas and facts, continue to check in with your audience to get a sense of how the information is settling with them by asking questions such as: *What's your reaction to this?* *How does this fit with your experience?* You'll find examples of other discovery questions throughout the remainder of this paper.



Persuasion requires a multi-faceted approach.

The philosopher Aristotle originally described a model for effective communication that is often referred to as the Three Modes of Persuasion: Ethos, Pathos, and Logos. Considered a powerful model for crafting a persuasive appeal, this model is relevant today.

Ethos refers to the credibility or integrity of the presenter. Credibility and integrity are established in myriad ways, from vocal style and body language, to experience and professional qualifications.

Pathos is essentially an appeal to the audience's emotions. It may occur through the questions asked, the facts or stories shared, or even through the personal style of the speaker.

Logos is about the logical appeal of the case; it is the strength or relevance of your message. Logos relies on making a reasonable argument and supporting it with evidence.

As you consider the importance of ethos, pathos, and logos in creating powerful conversations, ask yourself, *What can I do to ensure that my audience believes I know my facts and that I can be trusted? How will I stir powerful emotions that inspire others to want to learn more and take action? Is my message relevant, logical, and supported by evidence?*

Integrate data effectively.

If you become passionate about this paradigm shift and are knowledgeable about the evidence, it is easy to assume that others will be as enthusiastic about hearing the evidence as you are. In actuality, facts and figures are most powerful when they are shared at relevant points in the conversation, in a quantity and style appropriate for the audience and setting. To integrate data most effectively into one-on-one conversations or group presentations, consider sprinkling in data to support particular questions, responses, or stories. Share facts and figures in bite-sized servings, such as one or two-sentence statements or simple graphics that can be easily received and processed.¹⁷ You'll find examples of data sound bites throughout this paper.

REMEMBER!

1. Manage expectations.
Any progress helps.
2. Ask powerful questions
and listen attentively.
3. Ethos, Pathos, Logos
4. Avoid data overload.

Strategies for Sharing the Weight-Neutral Message

Although there is no exact script for persuasive conversations, four strategies may be helpful to consider: explore perspective; connect to past experience; reframe the solution; and offer alternatives. These strategies may be applied to conversations both at individual and organizational levels with slight modifications. The rest of this paper explores these strategies and provides examples of evidence-based sound bites and powerful questions, first applied to individual patients and clients, then applied to health professionals and organizational decision makers.

Conversations with Clients and Patients

I. Explore Perspective

Exploring the perspective of your client or potential client means discovering his or her current beliefs and assumptions about weight, weight loss, and the connection between weight and health or quality of life. Ask questions to discover their opinions and what accurate and/or inaccurate information they already have. Non-judgmentally exploring their perspective will set a respectful tone for the conversation and signal curiosity on your part rather than an intention to give advice. It will also cultivate pathos (emotional connection) and offer insight that will help you direct the conversation in a way that is relevant to them.

Powerful questions for exploring perspective:

- What messages have you heard about weight loss and the connection between weight and health?
- Is losing weight something you *want* to do or something you think you *should* do?
- In your mind, how has weight been associated with quality of life or your greatest values?
- How do you think life would be better if you could lose weight or keep it off?

In addition to connecting more deeply with your client and gathering helpful information, questions such as these also encourage your client or patient think about the issue of weight in a new way. The incessant societal messaging about the importance of being thin or having a particular body type has fostered the inaccurate assumption that weight and body size are directly associated with happiness, health, value, and success. Many clients operate with this belief having never examined whether weight loss is actually essential to them *personally*.

Powerful questions designed to explore perspective may offer your client an opportunity to identify his or her own beliefs, needs, and desires and separate them from outside influences. They may discover that some of the burden they feel to lose weight is not their own but is due to external pressure from others or Western culture in general. Or, they may be able to think more openly about other variables besides weight that are preventing them from living a vibrant life. For example, some clients may discover that the root cause of their dissatisfaction or struggle is their relationship with food, lack of certain self-care behaviors, or even the judgment and stigma they feel from others.

As you discover your client’s perspective, keep the important points and his or her particular language in mind so you can tie them into the conversation when you reframe the solution.

II. Connect to Past Experience

People respond better to new information when it aligns with their personal experience in some way. Ask your client to consider their past experience with diets and weight loss efforts, with a particular focus on whether those past attempts actually produced the desired results and how they affected his or her life overall.

Powerful questions for connecting with past experience:

- What have you tried in the past to lose weight? How did that work?
- Have your past attempts given you the sustainable results you expected or hoped for?
- How has it felt to be focused on weight, eating, and exercise?
- How do you feel when you weigh yourself? What happens?

Patients and clients who try to manage their weight through traditional restrictive strategies often describe their personal version of the eat-repent-repeat cycle.¹⁸ This may include short term “success,” preoccupation with food, cravings, “cheating,” guilt, compensatory overeating, weight cycling, disordered eating, and rigid or yo-yo exercising.

The conventional “eat less, exercise more” messaging leads people to believe that sustained weight loss is simply a matter of energy balance and willpower. The corollary is their inability to maintain weight loss represents a personal failing resulting in shame and blame. You can add value to the conversation and connect more deeply by offering information that helps your client see his or her past struggles as a predictable result of an *approach* that is flawed, rather than as a character flaw or lack of self-discipline. This is also an opportunity to include factual sound bites. For example:

You can add value to the conversation and connect more deeply by offering information that helps your client see his or her past experience as the predictable result of an approach that is flawed, rather than as a character flaw or lack of self-discipline.

“It makes perfect sense you’ve had these experiences. Most people do! Dieting is almost impossible to keep up long term and often leads to other problems like weight cycling and disordered eating.”

“You’re not alone. The latest research shows that most weight loss attempts won’t create lasting change. The science also tells us that losing weight is a lot more complex than a simple “calories in, calories out” formula. It’s the current approach that’s flawed—not you!”

III. Reframe the Solution

Once you've explored your client's perspective and past experience, it may be appropriate to direct the conversation in a way that reframes both the perceived problem (weight) and the possible solutions. Reframing can create an opening for others to see that health and vibrant living *can* be achieved without a primary focus on weight loss. In fact, these outcomes are *more likely* to be achieved when weight is not positioned as a proxy for health, happiness, self-worth, or success.

Powerful questions for reframing the solution:

- What would it look like if you were living a vibrant life?
- What if your weight didn't change but you were able to improve your relationship with food and your quality of life?
- What if you never lost another pound but you were finally able to find freedom and peace?
- Besides weight, what are some other ways you could measure change or progress?

As you ask reframing questions such as these, you may have the opportunity to guide your client to begin focusing on changes she or he can make that will bring freedom, peace, and health *regardless* of body size, such as improving their relationship with food, developing coping skills for stressors, or other forms of self-care. By reframing, you provide the client an opportunity to consider how much power the scale has had over them and explore what it would be like to measure progress or "success" in other ways. Perhaps they could focus on changes in energy level, mood, thoughts and behaviors around eating, activity level, and/or sleep patterns. This lays the foundation for a health-centric approach that prioritizes emotional, spiritual, intellectual, and comprehensive physical self-care over weight.

Reframing might also provide an opportunity for you to offer evidence-based informational sound bites such as:

"Recent research indicates that weight and health are not as closely linked as most people believe. In fact, many people in larger bodies are physically healthy and living full, happy lives. What do you think about that?"

"More and more evidence indicates that weight is a poor measure of health or quality of life. Many people who fall in the higher ranges on the BMI are physically healthy—and many who fall in the "healthy weight" range are not. How does this relate with your experience of your own weight, health, and quality of life?"



IV. Offer Alternatives

If your client or patient is receptive to a weight-neutral approach, the next step is to discuss what specific alternatives exist for them to consider or participate in. The details of this conversation will depend on a variety of variables including your role or relationship with the client and what programs or initiatives are available to them. You may be describing a particular weight-neutral program or helping them understand general concepts they can use on their own or in the work you do together.

When describing alternatives to clients, you might say:

“Rather than focusing on a weight-oriented goal, we’ll use our time together to explore changes you can make that will leave you feeling better and living more healthfully, no matter what you weigh.”

“Instead of focusing on rigid rules about what and how much to eat and how much to exercise, this program will help you rediscover a mindful relationship with food and your body. You’ll learn to eat, move, and take care of yourself in a balanced and sustainable way – without weight loss as the primary goal.”



Conversations with Colleagues and Organizational Leaders

Many health professionals and organizational decision-makers still focus on weight loss because they believe it is a solution for myriad problems related to health, engagement, productivity, and healthcare costs. This is understandable given the pervasive old-paradigm messaging about weight in our society, the prizing of thinness, and the frequently misinterpreted data about the relationship between weight, health, and healthcare costs. Other professionals question the weight-focus or feel frustrated with lack of positive outcomes but don't know what else to do. The same four strategies can provide a framework for powerful conversations with colleagues and organizational leaders that will help foster new understanding and shift the focus away from weight-centric initiatives.

I. Explore Perspective

Exploring perspective with colleagues and organizational decision makers early in the conversation is important because it will help you understand if and to what degree the organization is rooted in the weight loss paradigm, thereby providing a starting point for the conversation. It also helps build trust and personal connection.

Powerful questions for exploring perspective:

- In the big picture, what do you want your employee well-being program to do for your employees individually and for the organization as a whole?
- Other than weight, what outcomes or variables are important to you in terms of employee well-being? How do you feel weight is linked to those outcomes?
- Is there a difference between your organization's approach to weight or health and your personal beliefs and experiences?

Common answers to questions such as these often include the desire for more productive, engaged, and healthier employees, as well as reduced healthcare costs. If the responses to these questions conflict with what you know based on the evidence, it may be tempting to respond with facts and figures to counter. However, remember that logos (logic) is only one part of a powerful conversation. Pathos (emotional appeal) is just as important, if not more so. Inundating a person or group with data that conflicts with their current belief system too early can create resistance. Instead, remember what you've learned from their answers to these questions and move on to the next strategy: connect to past experience.

Exploring perspective provides a starting point for the conversation. It also fosters trust and personal connection.

II. Connect to Past Experience

Connecting to the past experiences of colleagues or organizational leaders means inquiring about previous organizational weight-focused efforts and weight-loss programs.

Powerful questions for connecting to past experience:

- How have your organization's past weight loss initiatives gone?
- Have those initiatives made the type of organizational impact you were hoping for?
- Are you aware of any unintended negative consequences of those initiatives?

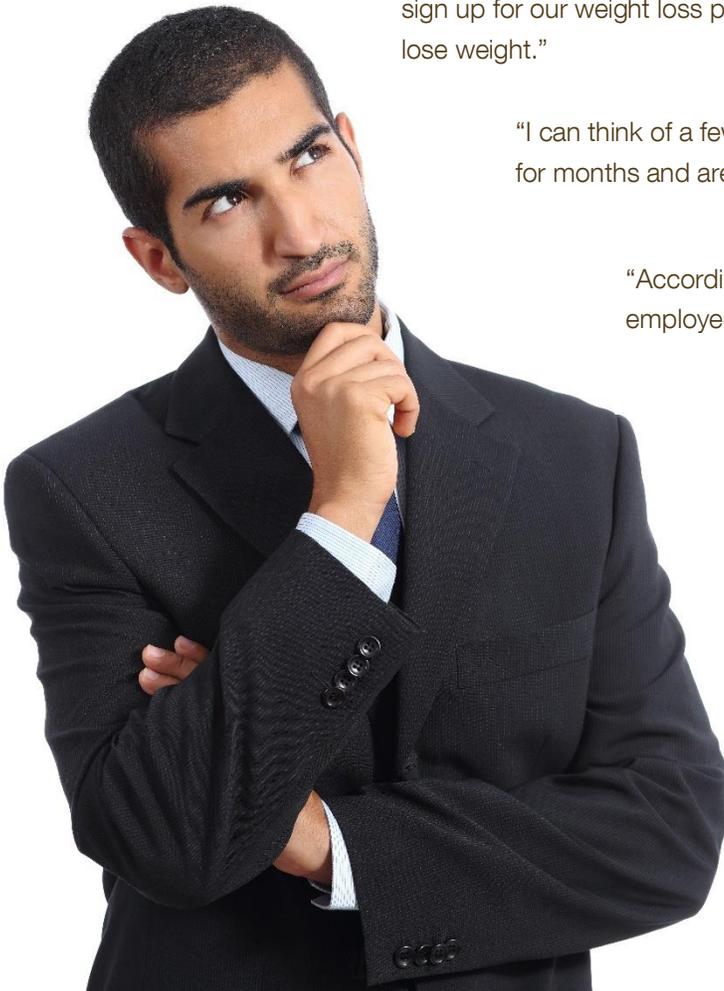
You are likely to hear significant variability in responses to questions such as these. Some health professionals or organizational leaders may not actually know what the long term results were of their weight loss initiatives. Others may assume their past weight loss initiatives were successful or may be unaware of adverse consequences, such as weight cycling, weight stigma, reduction in employee morale, or the exclusion of "healthy weight" individuals. Professionals in the latter category may be basing their opinions on short term results, anecdotal stories, or relatively meaningless statistics about aggregate short term weight loss.

Be prepared for feedback from organizational leaders or colleagues such as:

"I'm not sure what happens in the long run. A lot of people sign up for our weight loss programs and I think many do lose weight."

"I can think of a few people who have kept the weight off for months and are really focused on eating healthy now."

"According to our employee well-being report, our employees lost a total of about 1,500 pounds last year."



As you hear feedback like this, decide whether there is an opening for information that could help your audience consider the outcomes of their programs in a new way. If so, present it in relevant and succinct sound bites. For example, you might say:

“Although people may lose weight at first with traditional weight loss interventions, research indicates that the majority of them gain it back—and some gain more than they lost. In fact, the most common outcome of weight-focused interventions is actually weight cycling, which may be more harmful than not losing weight in the first place. How does this fit with your experience?”

“Many health promotion leaders are beginning to recognize that the potential benefits of weight loss programs are heavily outweighed by the costs and adverse consequences. A 2013 RAND Study concluded that participation in a weight-control program at work for the average adult would result in sustained weight loss of only one-quarter of one pound after four years. What do you make of this?”

III. Reframe the Solution

As with conversations with clients and patients, exploring perspective and past experience with colleagues or organizational decision-makers may naturally lead to an opportunity to reframe the “problem” of weight and discuss alternatives. Questions and sound bites offered at this point are designed to create openings and foster the pursuit of desired health and productivity outcomes without a focus on weight loss.

Powerful questions for reframing the solution:

- What if you could help employees address their challenges with eating, physical activity, and health more effectively without focusing on weight loss as an outcome?
- Would you be interested in alternatives to weight-centric initiatives if they would more effectively reach those desired outcomes you told me about earlier?

Based on the answers to these questions, consider integrating evidenced-based sound bites such as:

“Decades of conclusive evidence have made it clear that weight loss initiatives don’t create sustainable changes in weight or health for the vast majority of people—and they may actually increase some of the problems you’re trying to reduce. Fortunately, there are evidence-based alternatives emerging. Would you be interested in hearing about those alternatives?”

“The results of non-restrictive, weight-neutral approaches are promising. They have been shown to sustainably improve many aspects of physical and psychological well-being regardless of changes in weight—with lower attrition rates and no adverse consequences.”

IV. Offer Alternatives

If you sense receptivity to a weight-neutral approach or at least an opening to continue the conversation, it's time to offer specifics. Share examples of weight-neutral initiatives or programs to let your audience know that established, effective alternatives exist and are already being offered by other forward-thinking organizations.

As you consider which programs and initiatives to suggest, vet them carefully to ensure they authentically support the weight-neutral paradigm. Familiarize yourself with the general content of the program as much as possible to avoid offering “non-diet” or “healthy lifestyle” programs that still position weight loss as the priority. Look for evidence-based programs that have been used in other organizations with high rates of participant satisfaction. Consider asking for professional references from organizations that have offered the program or initiative.

Am I Hungry? Mindful Eating Programs

Am I Hungry? Mindful Eating Programs and Training offers an innovative, evidence-based approach to health that empowers individuals to take charge of their decisions about eating, physical activity, and self-care. Delving far beyond the traditional advice to “eat less and exercise more,” Am I Hungry? mindful eating programs focus on changing ineffective beliefs, thoughts, and feelings first, so changes in behaviors will last. This non-restrictive, weight-neutral approach frees participants from the unsustainable and consuming strategies offered by conventional interventions and provides a method for rediscovering their expert within. Mindfulness-based strategies guide participants to eat with intention and attention—and to live that way too.

Unlike conventional disease management and wellness interventions that tend to be expert- or rule-driven and require rigid dietary monitoring, Am I Hungry? mindful eating programs build self-efficacy by establishing self-directed, conscious decision-making and intrinsic motivation. Breaking the pattern of mindless and emotional eating and futile yo-yo dieting, Am I Hungry? fosters improvements in health and self-care, regardless of size.

Am I Hungry? partners with employers, health plans, healthcare systems, health solutions companies, and other organizations to deliver wide-scale access to life-changing programs. Recognizing the diverse needs of organizations and individuals, Am I Hungry? offers a variety of implementation options including live, facilitated workshops; individual coaching; and a scalable, self-paced, online model. To date, more than 50 organizations have offered Am I Hungry? to their employees or members with consistently positive feedback.

For more information about how to bring Am I Hungry? Mindful Eating Programs to your organization, visit the [Am I Hungry? website](#).

Delving far beyond the traditional advice to “eat less and exercise more” Am I Hungry? mindful eating programs guide participants to eat with intention and attention – and to live that way, too.

Leading the Way

The evidence is clear that focusing on weight loss is ineffective, counterproductive, potentially harmful, and produces no return on investment. The weight-neutral approach to health offers an alternative that creates sustainable changes in well-being regardless of size and without the adverse consequences of the weight focus. Fortunately, the paradigm shift from weight to well-being is underway.

Health and wellness professionals who wish to successfully lead this shift must be familiar with the evidence and skilled at effectively communicating the weight-neutral message with patients, clients, colleagues, community members, and organizational leaders. Impactful conversations are founded on powerful questions, active listening, appropriate integration of facts, and an intentional approach designed to reduce resistance and increase receptivity. Although these conversations can be challenging, they present an opportunity to positively impact many individuals and organizations.



References

1. Tylka, T., et al. (2014). The weight- inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*. doi:10.1155/2014/983495
2. Am I Hungry Mindful Eating Programs and Training. (2014). *Mindful eating: Shifting the focus from weight to well-being*. Phoenix, AZ: Am I Hungry? Publishing. Retrieved from: <http://amihungry.com/mindful-eating-white-papers/>
3. Robison, J. (2014). *Weight at the workplace, part 1: Shifting the paradigm: Health for Every Body®*. Retrieved from: <https://salveopartners.com/free-resources/>
4. Mattke, S., et al. (2013). Workplace wellness programs study. RAND Corporation, Santa Monica, CA.
5. The Look AHEAD Research Group. (2013). Cardiovascular effects of intensive lifestyle intervention in type 2 diabetes. *New England Journal of Medicine*, 369, 145-154. doi: 10.1056/NEJMoa1212914
6. Koster-Rasmussen, R., et al. (2016). Intentional weight loss and longevity in overweight patients with type 2 diabetes: A population-based cohort study. <http://dx.doi.org/10.1371/journal.pone.0146889>
7. Rosenbaum, M. & Leibel, R. (2010). Adaptive thermogenesis in humans. *International Journal of Obesity*, 34, S47-S55.
8. Fothergill, E., et al. (2016). Persistent metabolic adaptation 6 years after “The Biggest Loser” competition. *Obesity*. doi: 10.1002/oby.21538
9. Sumithran, M., et al. (2011). Long-term persistence of hormonal adaptations to weight loss. *New England Journal of Medicine*, 365, 1597-1604



10. Polivy, J. (1996). Psychological consequences of food restriction. *Journal of the American Dietetic Association*, 96(6), 589-92.
11. May, M. (2014). A non-diet approach to a sustainable healthy lifestyle. Retrieved from: <http://www.amihungry.com/pdf/Non-Diet-Approach-to-Sustainable-Healthy-Lifestyles.pdf>
12. Bacon, L. & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10 (9).
13. Grossman, R. (2004). Countering a weight crisis. Available at: <http://www.shrm.org/publications/hrmagazine/editorialcontent/pages/0304covstory.aspx1>
14. Lewis, A., Khanna, V. & Montrose, S. (2015). Employers should disband employee weight control programs. *American Journal of Managed Care*, 21(2), e91-e94.
15. Naylor, L. & Mazur, L. (2012). Myths about Health At Every Size®. Retrieved from: <http://nedic.ca/myths-about-health-every-size>
16. Glovsky, Ellen. (Ed.). (2014). *Wellness, not weight: Health at Every Size and motivational interviewing*. Lexington: University of Kentucky Press.
17. Clifford, D. & Du Breuil, L. (2016, Feb 14). Sharing the HAES® message. Retrieved from <https://www.youtube.com/watch?v=PT2wkoBTnpQ>
18. May, M. (2013). *Eat what you love, love what you eat: A Mindful Eating Program to break your eat-repent-repeat cycle*. Phoenix, AZ: Am I Hungry? Publishing.



480-704-7811, ext. 401
P.O. Box 93686
Phoenix, AZ 85070-3686
www.AmIHungry.com