Helping Health System Employees Foster Positive Self-Care Regardless of Size:

Results of a Pilot Program

A Joint Project of Beaumont Health, Salveo Partners
and Am I Hungry? Mindful Eating Programs and Training

INTRODUCTION: WEIGHT LOSS EVIDENCE VS. BELIEF

A comprehensive 2013 review published in the Journal of Obesity concluded that **no weight loss initiatives to date have generated long term results for the majority of participants**.[1] A more recent review and decades of research support these findings.[2] Regardless of the population, the length and intensity of the program, the type of intervention, the credentials of the people running the program, and every other variable imaginable, the results of weight-focused interventions are remarkably consistent:

- Many people lose weight during the program.
- Most people regain the lost weight.
- 1/3 to 2/3 of participants end up weighing more than when they started the program.[3]
- The resulting weight cycling may be hazardous to participants' health.[4]

Despite this evidence, workplace weight loss programs, contests, and competitions remain highly popular and promoters regularly make claims of "successful weight loss." This continues to be the case even though the consensus is that these programs fail to produce significant sustained weight loss for all but a small percentage of participants. In fact, findings from a large and well-conducted study in England suggest that the often touted 5% success rate in this regard may be significantly exaggerated.[5] In the words of the authors of the English study, for patients with a BMI of 30 or greater:

"Maintaining weight loss was rare and the probability of achieving normal weight was extremely low."

Given the lack of efficacy and high likelihood of negative unintended consequences of weight loss initiatives, the ethics of continuing to offer such programs has been questioned. As a review in the Journal of Obesity[1] put it:

"It is unethical to continue to prescribe weight loss to patients and communities as a pathway to health, knowing the associated outcomes - weight regain and weight cycling - are connected to further stigmatization, poor health and wellbeing. The data suggest that a *different approach* [emphasis added] is needed to foster physical health and wellbeing within our patients and communities."

A DIFFERENT APPROACH

It is long past time to put these archaic and potentially harmful approaches behind us. The good news is that there are more effective, safer, evidence-based approaches for helping people who are struggling with weight-related concerns.[6] Rather than focusing on weight, approaches that embrace The Health at Every Size® (HAES®) philosophy have been shown to improve people's health, regardless of their weight, while minimizing the likelihood of weight cycling and the negative consequences that often follow participation in weight-focused programs.[7]

By altering the focus from weight to wellbeing, these approaches can help people develop sustainable self-care behaviors regardless of size by honoring and caring for the bodies they have *right now*. The basic conceptual framework of the HAES philosophy includes the following five principles:[8]

HEALTH AT EVERY SIZE PRINCIPLES

- **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 wellbeing, 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 Wellbeing:** Promote flexible, mindful, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than externally regulated eating plans 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.

Beginning with the original HAES research[9] almost fifteen years ago, we now have more than a dozen studies supporting the safety and efficacy of these interventions. A 2014 meta-analysis[5] summed up the relevant research this way:

"Results from our review favor the promotion of programs that emphasize a nonrestrictive pattern of eating, body acceptance, and health rather than weight loss."

So, what's the alternative to weight-focused approaches at the worksite? The purpose of this white paper is to describe the results of such an initiative focused on wellbeing rather than weight that was recently piloted in a health system in Michigan.

THE PILOT STUDY

Location: Beaumont Health

As Michigan's largest health care system, Beaumont Health has a unique opportunity to contribute to the health and wellbeing of over 38,000 employees in the southeast Michigan area. In the fall of 2016, collaboration began between B***well***, the employee wellness department at Beaumont, Salveo Partners, LLC, and Am I Hungry? PLLC, to provide new intervention opportunities in support of employee wellbeing. It was determined that a pilot would be conducted in 2017 to:

- Support individual wellbeing through evidence-based, innovative approaches.
- Provide opportunities for Beaumont employees to explore specific health-centered, holistic approaches to wellness.
- Improve employee body self-acceptance; increase awareness of enjoyable movement; and improve understanding of intuitive and mindful eating.
- Determine the effectiveness of the pilot and the feasibility of delivery of the new interventions system-wide.

The workplace intervention consisted of two components:

- Part 1 was a 10-session in-person workshop titled Health for Every Body®
- Part 2 was an 8-session in-person workshop titled Am I Hungry?® Mindful Eating Program

Part One: Health for Every Body®

Health for Every Body (HFEB®) is a worksite- and/or community-based program rooted in the principles of HAES that offers employees a unique, evidence-based approach for making peace with their bodies and their food. It was developed originally from a successful, randomized, controlled trial[9] and retested and validated at a real-life, quasi experimental venue[10] at a hospital in Mason City, Iowa. The program consists of ten 60-minute workshops covering the following topics:

1. **Myths and Realities** – overview of current research regarding dieting, weight and health
2. **Preoccupation with Thinness** – examination of social and cultural pressures to be thin
3. **Body Dissatisfaction** – the health consequences of body dissatisfaction
4. **Body Acceptance** – improving body acceptance and self-esteem
5. **Pleasurable Movement** – enjoyable, sustainable activity at any size
6. **Intuitive Eating** – reducing disordered eating through mindful, intuitive eating
7. **Healing Power of Connection** – the health benefits of relationships and social support
8. **Going Inward** – stress management, mindfulness and finding purpose and meaning
9. **The Big Picture** – improving health in the presence of a chronic condition
10. **Final Thoughts** – solidifying and protecting improvements

While HFEB is more than just a health-education class, it is not meant to be therapy. The group facilitator presents the week's lesson in the beginning of each hour and participants spend the bulk of the time processing the information with exercises, small-group work and discussion.

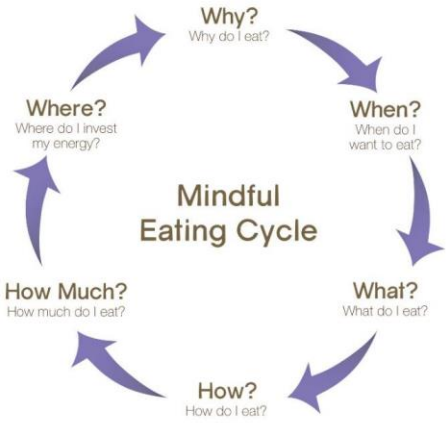
Part Two: Am I Hungry? Mindful Eating Program®

The Am I Hungry? ® Mindful Eating Program is a non-diet, weight-neutral, mindfulness-based program that empowers individuals to take charge of their decisions about eating, physical activity, and self-care. The program guides participants to re-establish hunger as their primary cue for eating, recognize their triggers for overeating, and discover joy in physical activity. The Am I Hungry Mindful Eating Program addresses thoughts, feelings, and behaviors throughout the entire process of eating.

The goals of the Am I Hungry? Mindful Eating Program can be summarized as follows:

- Cultivate awareness of physical and emotional cues
- Recognize non-hunger triggers for eating
- Learn to meet non-hunger needs in more effective ways than eating
- Choose food for both enjoyment and nourishment
- Eat for optimal satisfaction and satiety
- Utilize the energy consumed to live healthfully and vibrantly

The program uses a 6-point framework called the Mindful Eating Cycle[11], developed by founder, Michelle May, MD. The Mindful Eating Cycle guides participants to become aware and take charge of the hundreds of decisions they make about eating every day. It also provides the necessary structure for them to learn concepts that might otherwise feel vague or abstract and apply them to all aspects of eating, and eventually, self-care.



The eight 60-minute Am I Hungry? workshops cover the following topics:

1. **In Charge, Not in Control -** Finally understand why diets don't work in the long run.
2. **Trust Your Body Wisdom -** Use your natural cues of hunger and satisfaction and an "all foods fit" approach to guide your eating—without weighing, measuring, counting, or logging food.
3. **It's Not About the Food -** When a craving has nothing to do with hunger, eating will never satisfy it. Identify and meet your true needs in more productive ways than eating.
4. **Head Hunger -** Discover your physical, environmental, and emotional triggers for overeating—and what to do about them.
5. **Fearless Eating -** Experience powerful strategies for balancing eating for nourishment with eating for enjoyment—*without* deprivation or guilt.
6. **Mindful Eating -** Practice eating with *intention* and *attention* and learn how these concepts can improve other areas of your life.
7. **Just Right -** Discover how to eat the perfect amount of food so you feel content and satisfied—and what to do when you eat too much.
8. **Self-Care Buffer Zone -** Invest your energy to nurture your body, mind, heart and spirit.

Promotion and Registration

This two-part pilot program was offered at Beaumont Hospital, Royal Oak in a centrally located classroom at the end of the work day (5 p.m.). Part 1 of the pilot (HFEB*)* ran from April 20 to June 22, 2017. A local dietitian specializing in eating disorders and experienced with the HAES philosophy was hired to facilitate this first part. There was a break for summer, and then Part 2 of the pilot (Am I Hungry? Mindful Eating Program) was held from September 7 to October 26, 2017. Two B***well*** staff members were trained to become Am I Hungry? facilitators for the delivery of Part 2. The pilot was promoted to all employees at Beaumont, Royal Oak over a 4-week period through standard Beaumont corporate internal communication channels including intranet, newsletters, emails and event calendars.

A thorough online registration process was available for interested individuals to read the detailed description and sign the waiver of commitment to:

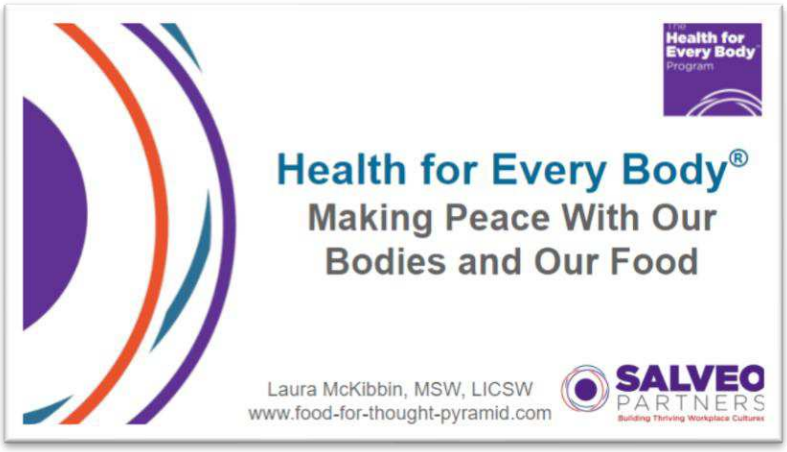
- Acknowledge that this is not a diet but rather a weight-neutral approach to health, honoring body diversity, body respect, and self-acceptance.
- Attend most, if not all, of the in-person weekly sessions (18 total) to learn the concepts, connect with peers, and make a commitment to this pilot as well as to themselves.
- Understand that registration did not guarantee admittance into the pilot, and that participants would be notified by the end of March if they were randomly selected to participate.
- Complete the pre-program online questionnaires prior to the beginning of the program as well as at the end of Part 1, the beginning of Part 2, and the end of Part 2.

From over 60 interested participants who committed to both intervention programs included in the pilot, 30 were randomly selected. Non-selected employees were informed that, should a place become available, they would be notified. Those awarded a place in the pilot were asked to electronically complete the pre-program evaluation surveys prior to the first in-person session.

Email reminders were sent to all participants the day of each class to encourage attendance. Throughout the intervention, attendance was tracked and email/phone communication was made by B***well*** staff/facilitators to review missed concepts and promote continued engagement in the program.

Program Materials and Delivery

During Part 1, at the start of each 60-minute HFEB session, program participants were provided a copy of that session's PowerPoint presentation and additional reading materials. During Part 2, at the start of the Am I Hungry? program, participants were given a copy of the book, *Eat What You Love, Love What You Eat,* authored by Michelle May, M.D., and the *Am I Hungry? Mindful Eating Workbook and Awareness Journal* to be used throughout the second part of the program. For both parts of the pilot program, the classroom was set up in a U-shape format to encourage conversation and interaction among participants. Every session began with an opportunity to reflect on teachings from the previous week, followed by an introduction to new material and opportunities for discussion.



DATA COLLECTION AND ANALYSIS

The primary goal for collecting and analyzing data during this pilot program was to assess how participants' self-assessments of body appreciation, intuitive eating, and other facets of wellbeing changed from the beginning of the program to the end. Secondarily, we explored how changes in certain scores correlated with other factors in the data set. Thirdly, we collected qualitative feedback from participants about their experiences with the intervention.

At the beginning and end of each part of the program (four times total), participants responded to three questionnaires: *The Body Appreciation Scale-2*, *The Intuitive Eating Scale-2* and *The PERMA Profiler*. These responses were evaluated for statistically significant changes. Participants also completed a program evaluation survey at the end of Parts 1 and 2 which was not analyzed statistically but which did provide valuable qualitative feedback on participant satisfaction and program experiences. A brief overview of the validated assessments follows.

Body Appreciation Scale-2 (BAS-2):[12] This validated scale assesses an individual's level of body appreciation. Body appreciation has been defined as "accepting and holding favorable opinions toward and respecting the body, while rejecting media-promoted appearance ideals as the only form of human beauty." Higher levels of body appreciation have been linked with multiple indices of psychological wellbeing, intuitive eating, and physical activity. Body appreciation is *inversely* related to social physique anxiety, body shame, eating disorder symptomology, neuroticism, and other variables that can diminish wellbeing and quality of life. *The Body Appreciation Scale-2* consists of 10 questions rated on a 1 – 5 Likert Scale with higher totals being indicative of greater body appreciation.

Intuitive Eating Scale-2 (IES-2):[13] This validated scale assesses an individual's tendency to follow their physical hunger and satiety cues when determining when, what, and how much to eat. Individuals who eat intuitively are not preoccupied with food or dieting and do not generally label certain foods as 'good' or 'bad.' This is important because preoccupation with food and dieting often results in diminished wellbeing, compensatory overeating, and weight cycling. Although taste is important, people who score higher on the IES-2 (and thus eat more intuitively) are more likely to choose foods for the purpose of enhancing their body's functioning and be aware of and trust their body's internal signals.

PERMA Profiler:[14] Recent research in the field of psychology has defined five pillars of wellbeing to include: positive emotion, engagement, relationships, meaning, and accomplishment. These five pillars are often negatively affected by restrictive eating, overeating, weight cycling, and/or preoccupation with food and body. The validated and widely accepted PERMA Profiler measures these five pillars, along with negative emotions, loneliness, and perceived overall health, for a total of eight data points.

Of the 30 employees who started the program, 19 returned complete data for the three questionnaires for all four points in time. Attendance data were available for all participants. Each questionnaire was scored according to its guidelines. Of the 11 for whom we do not have all four data points, our analysis indicates the following:

- Two participants completed the entirety of the program (both Parts 1 and 2) but did not return all four data points despite multiple requests and for unspecified reasons.
- One participant reported having a work schedule change that required her to drop out between Parts 1 and 2 but her comments on the program evaluation after Part 1 indicate she was having a positive experience.
- One participant dropped out mid-way through Part 2 with no explanation, even though her comments in the Part 1 evaluation indicate she was having a positive experience.

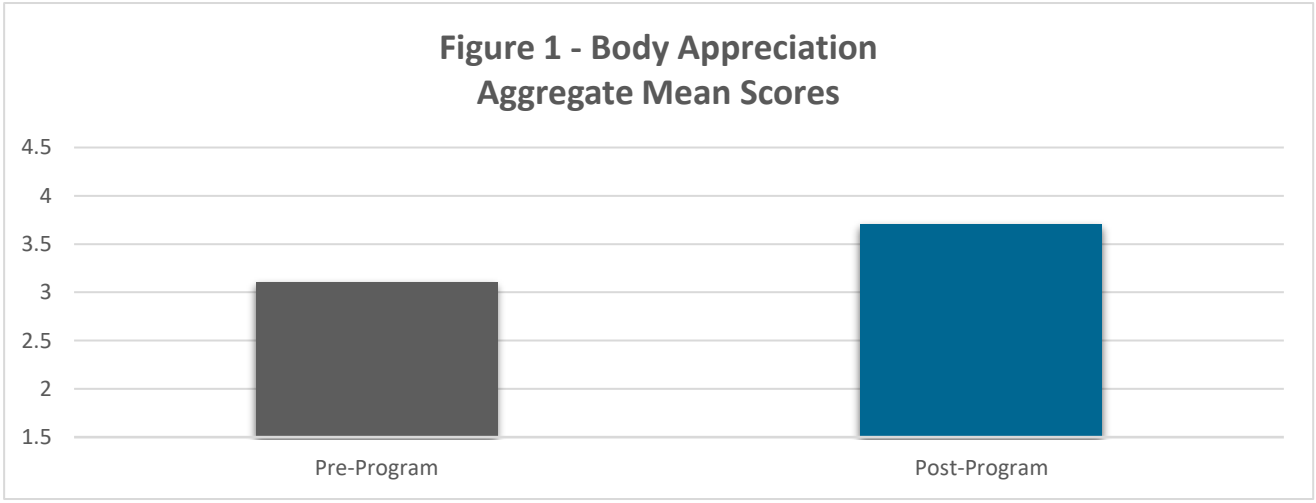
- One participant dropped out after Part 1 and stated in her evaluation that she was looking for "more recipes and resourses". (This comment indicates a potential misunderstanding about the focus of the program despite the multiple descriptions offered by the Beaumont organizers in advance of registration.)
- Six participants dropped out in the middle of Part 1 for unknown reasons.*

Quantitative Results

Analysis of the ten scores from the BAS-2, IES-2, and the PERMA Profiler demonstrated that all but two of the scores improved during the intervention, from the beginning of Part 1 to the end of Part 2. The scores that improved were: body appreciation, intuitive eating, positive emotions, engagement, relationships, meaning, accomplishment, and perceived health. These core improvements were statistically significant, with 95th confidence intervals greater than zero. Only loneliness and negative emotion did not improve.

Changes in Body Appreciation Scores

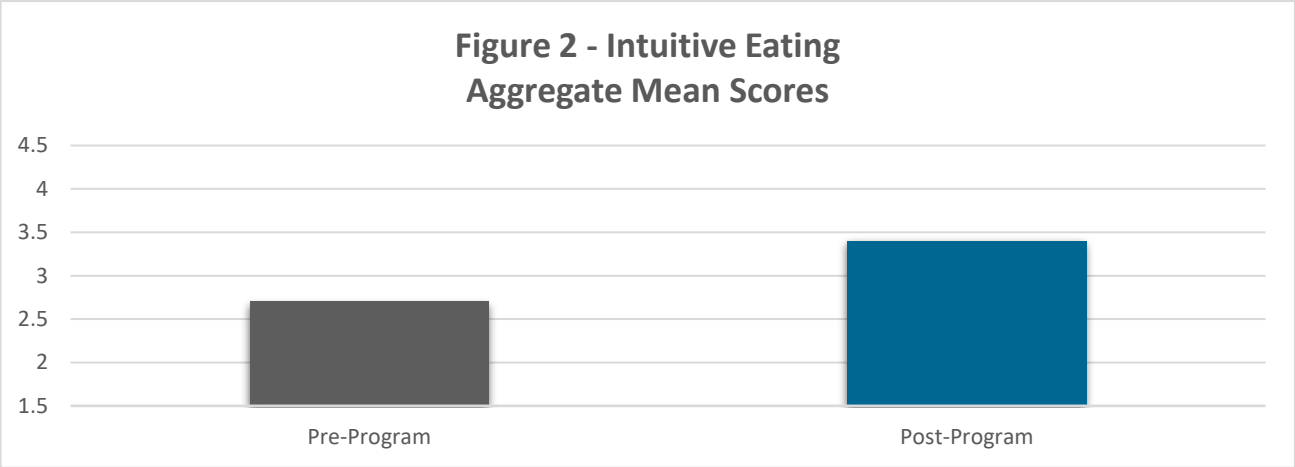
The mean body appreciation score for the pilot group increased by 18% from 3.10 at baseline to 3.66 post-program. To provide context for this score increase, when the Body Appreciation Scale-2 was validated, mean score for 1,320 participants involved in the validation study ranged from 3.44 to 3.48.[12] In comparison, the baseline mean score for our pilot population was considerably lower and the intervention increased the score beyond the mean of the validation study.



*While a 20% dropout is not unusual for diet programs, it is higher than any of the almost two dozen Health for Every Body programs that have been facilitated in the past. Our analysis indicates the most likely reason for this higher-than-normal attrition rate has to do with a change in protocol implemented in this program that differentiated it from others, potentially in a negative way. That is, every other HFEB program facilitated to date has been prefaced with an onsite visit from a HAES expert which included detailed information to help potential participants understand the difference between HFEB and conventional weight- or diet-focused programs they may have tried. For this pilot program, we decided *not* to offer that live introductory session and to rely on thorough marketing materials and clear electronic communication to potential participants. However, feedback from the pilot program group indicated that an introductory session might have been helpful to make sure potential participants were clear about the program's focus and goals. To remedy this for future programs, it was decided that creating an introductory session that could be scalably delivered (either live or via recorded webinar) would be beneficial in serving this purpose. That introductory session has since been created and we suspect that adding it back in at the beginning will re-establish lower attrition rates, as has been the norm in the past.

Changes in Intuitive Eating Scores

The mean intuitive eating score for our pilot program participants increased by 22% from 2.79 at baseline to 3.4 post-program. For context, when the Intuitive Eating Scale-2 was validated[13], the mean score for the 2,600 people participating in the validation study was 3.38. Again, this indicates that our pilot population started this study at a score considerably lower than the validation group and ended the study higher than the validation group.



Changes in PERMA Profiler Scores

Positive Emotions: The mean score for our pilot program participants increased by 12% from 7.0 at baseline to 7.8 post-program. For context, when the PERMA Profiler was validated, mean scores for the 13,026 people participating in the validation study was 6.79. [14] The baseline mean score for our pilot population was slightly higher than that and the intervention increased the score even further.

Engagement: The mean score for our pilot program participants increased by 11% from 6.8 at baseline to 7.6 post-program. For context, when the PERMA Profiler was validated, the mean score for 13,026 people participating in the validation study was 7.41. [14] The baseline mean score for our pilot population was considerably lower and the intervention increased the score beyond the mean of the validation study.

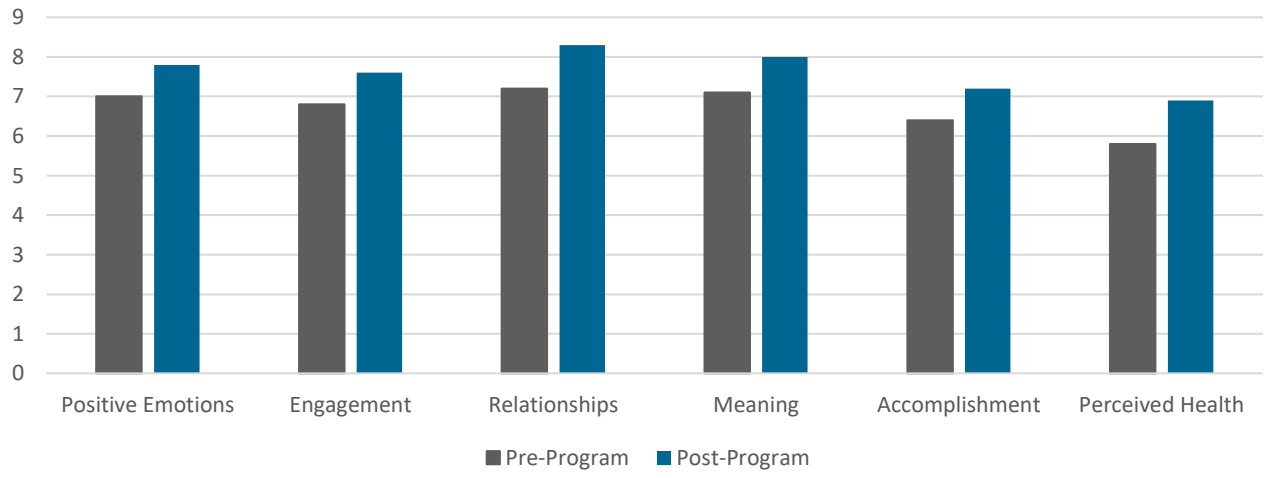
Relationships: The mean score for our pilot program participants increased by 15% from 7.18 at baseline to 8.28 post-program. For context, when the PERMA Profiler was validated, the mean score for the 13, 026 people participating in the validation study was 6.99.[13] The baseline mean score for our pilot population was somewhat higher and the intervention increased the score even further.

Meaning: The mean score for our pilot program participants increased by 12% from 7.07 at baseline to 7.93 post-program. For context, when the PERMA Profiler was validated, the mean score for the 13, 026 people participating in the validation study was 7.17.[14] The baseline mean score for our pilot population was slightly lower and the intervention increased the score beyond the mean of the validation study.

Accomplishment: The mean score for our pilot program participants increased by 12% from 6.39 at baseline to 7.15 post-program. For context, when the PERMA Profiler was validated, the mean score for the 13, 026 people participating in the validation study was 7.37.[14] The baseline mean score for our pilot population was slightly lower and the intervention increased the score bringing it closer to the validation group's mean.

Perceived Health: The mean score increased by 19% from 5.78 at baseline to 6.85 post-program. For context, when the PERMA Profiler was validated, the mean score for the 13,026 people participating in the validation study was 7.03. [14] The baseline mean score for our pilot population was considerably lower and the intervention increased the score almost to the mean of the validation study.

Figure 3 - PERMA Profiler Aggregate Mean Scores

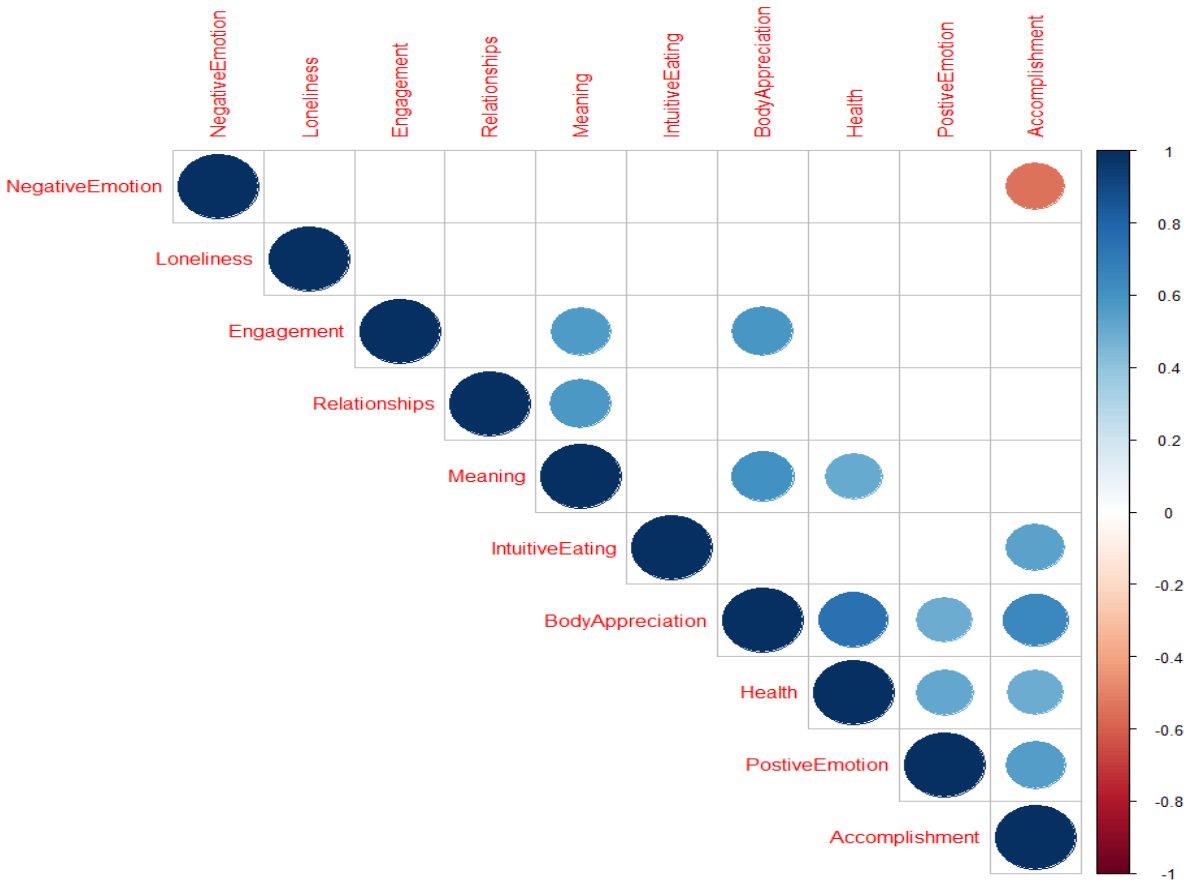


Correlations Across Surveys

We also measured the correlations between score improvements across the various instruments. We know that these correlations do not infer causality, but we include them to suggest potential value and to consider them for closer examination in future research. The strongest positive correlations were found between:

- Body Appreciation (Body Appreciation Scale) and Health (PERMA Profiler)
- Body Appreciation (Body Appreciation Scale) and Accomplishment (PERMA Profiler)
- Body Appreciation (Body Appreciation Scale) and Meaning (PERMA Profiler)

There was also a small, but significant negative correlation between Negative Emotion and Accomplishment. That is, as Negative Emotion scores decreased, Accomplishment scores slightly increased. A decrease in Negative Emotion scores reflects an improvement since this segment is not reverse scored.



Qualitative Feedback

In addition to significant quantitative improvements in various measures of wellbeing, participants reported positive and life changing experiences as a result of their participation in the program. A sample of comments follows:

- *I have enjoyed the classes and have learned so much about myself that I never really paid attention to.*
- *Thank you so much. I have changed my life and my thinking because of this class.*
- *The group has helped me to be more mindful regarding my eating triggers. Being attentive and intentional regarding my eating seems something that I am able to do more regularly.*
- *I found it very helpful. It does make me think before I grab something to eat and ask: Am I hungry? And I also learned to be more accepting of my body and that I need to treat it better and take the time for myself, to take care of myself. Thank you for this opportunity and all your knowledge and resources. I appreciate your time. THANK YOU!*
- *It has helped greatly. I am listening to my body more. Also, I am more conscious of what I am eating since taking the class.*
- *This course has really opened up my mind and made me think about so much on a daily basis. I know this will carry on indefinitely! I took food for granted and now I really enjoy it and am making healthier choices without any sacrifices!*
- *I have to say if I have learned one thing, it is to hold my head high and be happy and kind to myself.*
- *I cannot recommend this class enough, I would be an advocate anytime.*
- *I was sorry to see the class end. I always left each class with something new, something I did not know. It was great.*
- *I appreciate having the opportunity to participate in this valuable life enhancing experience.*

DISCUSSION

The results of this pilot reinforce the growing body of literature supporting the need to move to health-focused interventions to best help people struggling with weight- and eating-related concerns, both in terms of improving health and minimizing the likelihood of negative consequences such as yo-yo dieting, weight cycling, disordered eating, and weight stigma.

As previously mentioned, the original study from which the HFEB component of this intervention was derived demonstrated the superiority of this health-focused approach as compared to one of the most popular weight-focused programs in the country.[9] In addition, in our first implementation of this component of the program in a hospital setting in 2004, HFEB participants demonstrated both statistically and clinically significant improvements in body dissatisfaction, depressive symptomology, and disordered eating.[10] The program has been replicated in more than 20 locations around the United States since then with highly positive reviews from participants.

Similarly, in recent years, interventions that focus on intuitive and/or mindful eating and a weight-neutral approach (as the Am I Hungry? Mindful Eating Program does) have been shown to help participants abandon unhealthy weight control behaviors; reduce disordered eating; improve dietary choices and metabolic fitness; increase body satisfaction; and diminish psychological distress.[15]

Though the numbers in this pilot are small, the findings add to the growing body of literature on the safety and efficacy of interventions that subscribe to the HAES philosophy. Of course, these positive results indicate short-term improvements and participants need to be followed to ascertain the sustainability over a longer period. Regardless, it seems evident that these programs independently, and particularly in combination with each other, hold significant promise for helping people improve wellbeing and quality of life regardless of size and without the unintended negative consequences of traditional weight-focused approaches.

Take Home

Though HAES interventions are not yet mainstream, more health professionals and organizations are recognizing the need for a new approach, and many have ceased supporting weight-centric interventions altogether. Even the Centers for Disease Control seem to be acknowledging this paradigm shift, as is evidenced by a recent publication entitled *Moving Beyond Weight Loss to Emphasize Physical Activity at Every Size*. In this

article, the authors suggest that it is time to move away from the weight loss focus and toward emphasizing healthy behaviors regardless of size.[15] They sum up the research realities supported by this pilot this way:

> **"Rather than harming patients with stigmatizing measurements that limit our ability to have a productive relationship, let's focus our precious clinical time on helping patients to engage in active lifestyles. The result may be better outcomes in patient health and patient trust and improved patient–provider relationships."**

It is long past time to shed the outdated, ineffective, counterproductive, and often harmful approaches of past decades and embrace more holistic, efficacious, and safe health-focused interventions. If you're interested in learning more about how to bring these approaches to your worksite or community, visit: https://salveopartners.com/products-services/health-for-every-body/ and www.amihungry.com.

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