

## BMI, Weight Bias and the Provider's Challenge

Nora Norback, MPH, RD, CDE

“Some prejudgments are based on statistical reality. But generalizations tell us nothing about individuals. We must strive to learn as much as we can about our fellow beings as quickly as we can so that each of us can be judged as an individual.”

Dr. Fred Goodwin

*Dr. Goodwin is a Professor of Psychiatry and Director of The Center on Neuroscience, Medical Progress and Society at George Washington University Medical Center. He is physician-scientist specializing in psychiatry and psychopharmacology, and former Director of National Institute of Mental Health.*

Teresa is a 27 year old, second generation Latina seeing you for routine care. She and her husband have two young children. During her second pregnancy, Teresa had had gestational diabetes; her most recent fasting blood glucose was 105. Her blood pressure is normal, she does not smoke. At 66 inches and 187 pounds, she classifies as obese with a body mass index (BMI) of 30.

From a physiologic perspective, body fat is a chemically active substance that has both mechanical and metabolic influence on the body. Among other things, too much body fat can be hard on joints, interfere with fertility, and increase the risk of diabetes, hypertension, heart disease, high blood pressure, and other chronic conditions.

In addition, body size can influence care: physical exams, ob/gyn exams and surgery can be more difficult with patients who carry excess body fat. Providers may unknowingly have biases towards overweight members which can subtly alter interactions with patients.

In health care settings, Body Mass Index (BMI) is used to assess for weight-related health risk. Derived from epidemiologic data, the BMI calculation serves as a surrogate marker for body fat and correlates with morbidity and mortality risk. If not used with sensitivity and comprehensive health assessment, however, the BMI measurement could negatively impact our members.

It is helpful to understand BMI's strengths and limitations. BMI may overestimate body fat in athletes and others who have a muscular build, and underestimate body fat in older persons and others who have lost muscle mass. A single BMI does not describe weight change, nor reveal factors that influence weight, such as genetics, nutrition and activity. It does not illuminate character, nor tell of mental health, socioeconomic status nor current life circumstances. The BMI is simply a diagnostic tool and cannot be used alone to determine an individual's health status.

Try stepping into Teresa's shoes ...

You are tired due to working hard to take care of your family and being in school. You cook meals for your family and really care about your health. You try to walk when you can but you live in a rough neighborhood. Going to the gym is out of the question – too far, too expensive.

You come to see your doctor whom you hope can help you with your weight because you know that improving your health is the right thing to do for yourself and your family. Though you have lost weight and feel good about it, you have hit a plateau. After being weighed you are



told that you were obese. You are given a handout on BMI that you do not know too much about and your provider expresses disappointment with your weight.

Imagine how that would make you feel.

To patients and providers alike, body fat represents far more than stored energy. Body size and shape is more personal than blood pressure or lipids. Weight reflects not only physiology; it influences how the world responds to individuals.

Negative attitudes about individuals based on suppositions about the group they belong to hurt. Weight bias may create an atmosphere of blame and intolerance, negatively affect treatment of patients, increase reluctance of patients to seek needed health care services and result in subtle and overt forms of discrimination.

Due to the nature of this health concern, providers are faced with the challenge of both acknowledging the patient's risk as well as creating a safe environment. Physicians need to:

- track, monitor and counsel effectively on weight and health;
- develop and foster a trusting relationship with the member regardless of size; and
- provide a standard level of care to members who may require more time and non-standard equipment.

To address these challenges while maintaining sensitivity, objectivity and sanity, knowledge, practice and systematic support are needed.

The following are some effective communication techniques that may help you address BMI with respect and a focus on health and behavior.

**Engage the Patient:** Ask permission before weighing or discussing weight with a patient.

- Can we take a few minutes together to discuss your height and weight?
- What do you feel about your health and weight?

**Share Information:** Reflect on the members weight history and appreciate any successes.

- Your weight has changed since \_\_\_\_\_ (insert time frame), tell me what's different.
- Your current BMI suggests that you are at risk for developing heart disease and diabetes. What do you make of this?

**Make a Key Advice Statement:** Let what you have learned in the visit guide you. If appropriate, consider "I strongly suggest..."

- Working up to at least 30 minutes of physical activity each day.
- Eating fruits and vegetables every day.
- Replacing any soda or juice with water
- Limiting portions – but don't skip breakfast.

**Arrange for Follow up:**

- Would you be interested in more information on managing weight?
- Let's set up an appointment in \_\_\_ weeks to talk further.



As a provider, you can make a difference:

- Consider that patients may have had negative experiences with other health professionals regarding their weight, and approach patients with sensitivity.
- Create a supportive health care environment with large, armless chairs in waiting rooms, appropriately-sized medical equipment and patient gowns, and friendly patient reading material.
- Explore all causes of presenting problems, not just weight.
- Learn about the complex etiology of obesity; communicate this to colleagues and patients to avoid stereotypes that obesity is attributable to personal willpower.
- Appreciate that small weight losses can result in significant health gains.
- Recognize that many patients have tried to lose weight repeatedly.
- Acknowledge the difficulty of lifestyle changes.
- Emphasize behavior changes rather than just the number on the scale.

For more tips on communicating with patients, sign up for clinician trainings on Motivating Change at <http://kpnet.kp.org/healthed>. Additional resources on weight management are available at Kaiser Permanente's Care Weight Management Institute's intranet site at <http://cl.kp.org/pkc/national/topics/cmi/wmi/index.htm>. For more information on weight and weight bias, consider these resources:

- Weight Bias, Nature, Consequences and Remedies. Brownell KD, Puhl R, Schwartz MB, Rudd L, eds. Guilford Press, NY, NY. 2005
- Rudd Center for Food Policy and Obesity, Yale University: <http://www.yaleruddcenter.org/home.aspx>
- NAASO: The Obesity Society: [http://www.naaso.org/information/weight\\_bias.asp](http://www.naaso.org/information/weight_bias.asp)

