

Welcome!

Please introduce yourself and your representative agency in the chat!



Tech Reminders:

- Keep your audio muted except for when you intend to speak
- Use Zoom's Gallery View to see more participants
- Adjust the layout of the windows on the computer so you can see the chat, Zoom screen, and other participants
- Rename yourself and add pronouns if you choose
- Find the "Raise Hand" and other reactions icons
- Type in the Zoom chat box if you need help



NC Department of Health and Human Services

Client-Centered Care: How Weight Impacts Reproductive Health Care

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September 4, 2025



Agenda

- **Introductions**
- **Definitions & Conversation**
- **Quantifying “Healthy Weight” and the History of BMI**
- **Negative Implications of Using Weight to Assess Health**
- **Effects in Health Care & Impacts on Patients**
- **Ways to Start Mending**
- **Discussion & Questions**

I do not have any disclosures or conflicts of interest.

Weight Impacts Healthcare

This is a complex and nuanced topic.

We are only scratching the surface today.

Request: Remain curious and listen to understand.

Opening Conversation

Drop in the chat

- What is *health*?
- What is *a healthy weight*?



Definition: HEALTH

- **WHO (1948):** A state of complete physical, mental, and social well-being & not merely the absence of disease or infirmity
- **Croatian Medical Journal (2006):** 1) absence of disease or impairment, 2) state that allows the individual to adequately cope with all demands of daily life, 3) a state of balance, an equilibrium established within himself, and between himself and his social & physical environment
- **Disability and Health Journal (2021):** The dynamic balance of physical, mental, social, and existential well-being in adapting to conditions of life and the environment; health is on a continuum, and is dynamic, multidimensional, distinct from function, and determined by balance and adaptation



Definition: HEALTHY WEIGHT

- **Harvard** – The Nutrition Source: A healthy weight is a number that is associated with a low risk of weight-related diseases and health issues. Although healthy weight guidelines have been developed at population levels, each person's healthy weight range will vary and depend on factors such as age, sex, genetics, body frame, existing medical history, lifestyle habits, and weight as a young adult. Weight is only one of many determinants of health
- **Centers for Disease Control (CDC), et al:** Reference Body Mass Index (BMI) ranges and waist circumference (body fat distribution)
- **Healthline:** "Weight fluctuates with body size, so there's no 'ideal' body weight for all people... Your best body weight range is one that promotes optimal physical and mental health. At a healthy body weight, you should feel strong, energized, and confident."

Key Points of Health

- Low-risk of disease
- Promotes optimal physical and mental health
- Suits your lifestyle
- Influenced by a multitude of factors in and out of your control



To assess risk, we attempt to quantify "healthy weight"

Common measurements

- **BMI**

- Ratio of height to weight
- $\text{BMI} = \text{weight in kg} / \text{height in m}^2$
- Categorizes into underweight, normal, overweight, obese
- Does not measure body composition
- Most widely used

- **Waist circumference**

- Measures central adiposity
- Higher risk measures:
 - Men: >40 inches
 - Women: >35 inches

- **Waist to hip ratio**

- Measures central adiposity
- Waist circumference/hip circumference
- Cut offs:
 - Men: >0.90
 - Women: >0.85



History of BMI



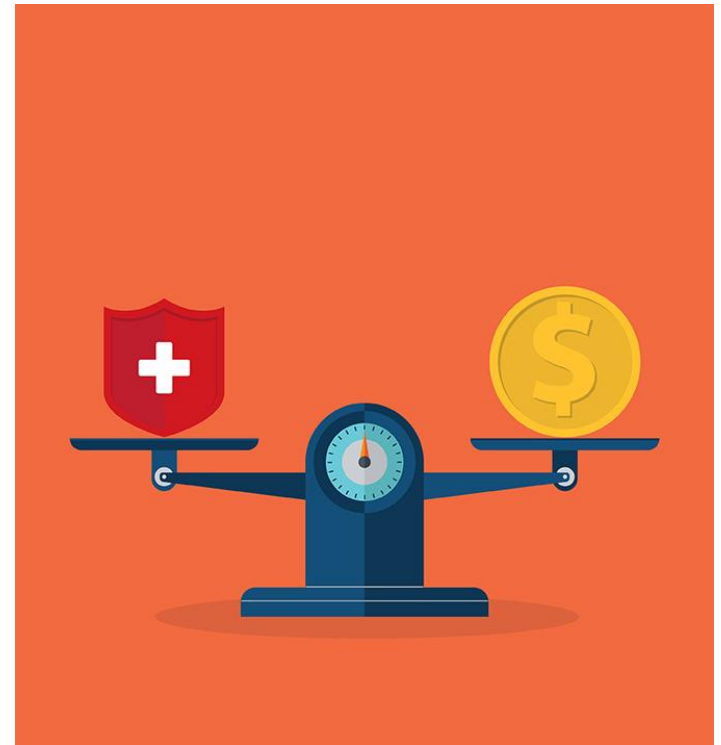
1832 - **Adolphe Quetelet** (ket-uh-lay)

- Belgian statistician, mathematician, astronomer
- Desire to establish quantifiable characteristics of the “normal man”
- Quetelet Index = weight (kg) divided by height (m) squared

History of BMI

1950's - Louis I. Dublin

- Statistician and Vice President of Met Life Insurance Company
- Increase in claims coming from higher weight policyholders
- Used Quetelet Index to establish tables of “normal weights”
- Categorized clients by frame (small, medium, large)



History of BMI



Mid 20th Century - Ancel Keys

- Physiologist, coined term “body mass index” based on Quetelet Index
- Keys described BMI as a simple, obtainable measurement that easily translates to a research setting
- Acknowledges that BMI is not ideal for measuring body adiposity

History of BMI

Keys' Seven Countries Study:

- Hypothesis: Rate of coronary disease in individuals and populations varies in relation to physical characteristics and lifestyles
- Analyzed ~7400 “healthy” men
 - +80% American, Caucasian men of European descent
- Did NOT demonstrate that BMI or adiposity were superior predictors of heart disease



Problems with BMI

Applied to diverse populations not represented in its development

- Keys' study:
 - Did not include women or children
 - Looked at inconsistent ages across cohorts
 - Was not racially or ethnically diverse

Used widely and inappropriately

- Linked to “health” status
- Led to a preference toward lower BMI in insurance coverage
- Leads to delayed diagnosis & treatment, increased mortality

Problems with BMI

And yet, it's hard to escape...

- BMI is widely used to classify populations in research studies and for public health recommendations
- There are correlations between increased disease risk with underweight and obese BMI categories at the broad population level

On the other hand...

- BMI is not helpful in assessing individual disease risk
- It has been proposed that this increased disease risk may be tied to physiological and behavior changes triggered by negative interactions experienced by those at a lower/higher weight
- These negative experiences drive health disparities and result in barriers to health

Negative Implications of Using Weight to Assess Health

Patterns of negative treatment based on weight and/or body size

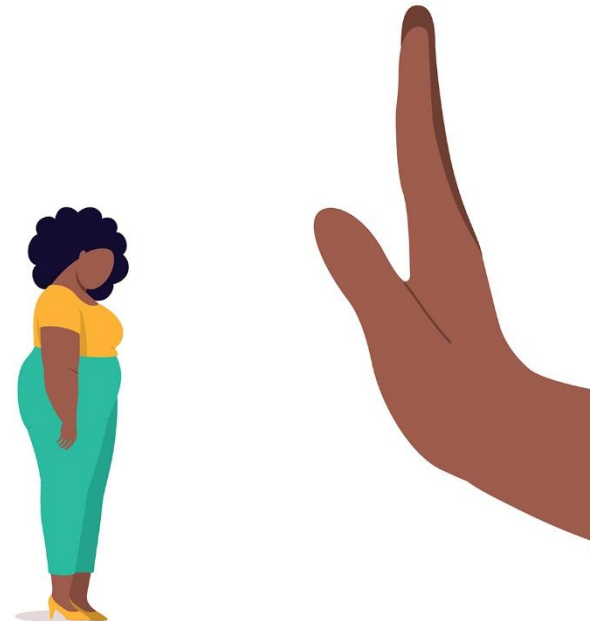
- The social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and size (BMC Medicine, 2018)



Negative Implications of Using Weight to Assess Health

Negative attitudes and beliefs based on weight and/or body size

- Inclination to form unreasonable judgments based on a person's weight
- General belief that shaming behaviors will motivate people to lose weight, or the belief that people fail to lose weight as a result of inadequate self-discipline or insufficient willpower
- Can be external and/or internalized



Negative Implications of Using Weight to Assess Health: Impacts in Healthcare

Weight-centered vs. person-centered care

- Focus on weight loss as the solution to all problems
- Dismiss patient concerns, delay treatment

Negative provider attitudes and beliefs

- Reluctance to perform exams, provide tests
- Less active listening and rapport building
- Less time spent with patients
- Less time spent providing education

Clinic environment

- Shaming imagery and language
- Improper equipment sizing
- Weight taken in non-private setting



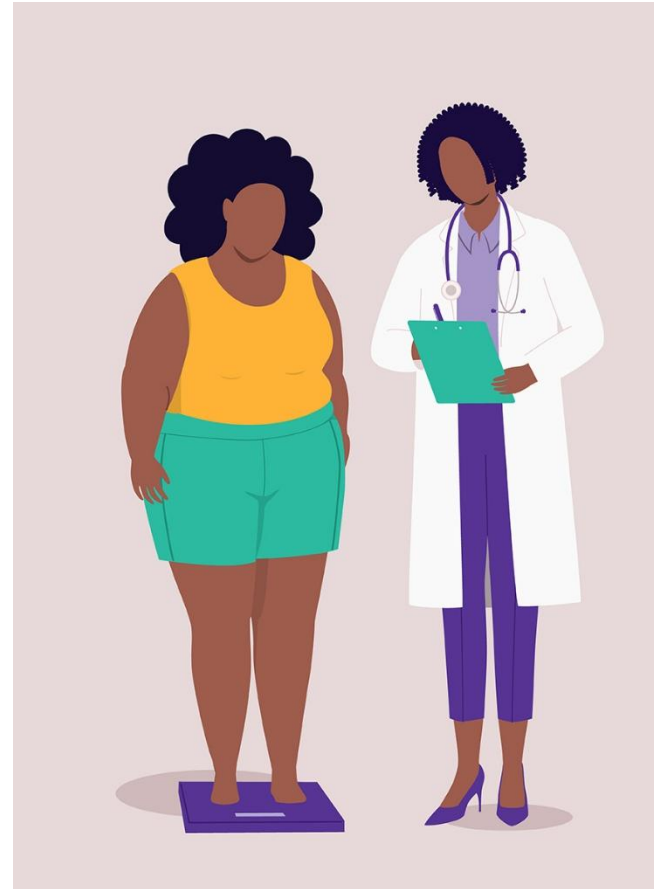
Negative Implications of Using Weight to Assess Health: Impacts on Patients

- Avoid or delay seeking medical care, experience worse health outcomes
- When weight loss is the focus, patients feel or fear being judged by their providers, which erodes trust



Negative Implications of Using Weight to Assess Health: Impacts on Patients

- Chronic stress correlated with increased risk of cardiovascular disease, diabetes, and mortality (regardless of BMI category)
- Associated with dysregulated and/or disordered eating behaviors, less physical activity, increased substance use
- Associated with increased anxiety, depression, negative body image, poor self-esteem



What can members of the health care team do?

Raise awareness

- Weight/size are not indicators of health, worth, success, integrity
- When we ignore it, we condone it

Address behaviors and attitudes of health care team

- Weight inclusive training for providers and staff
- Self-assessments for leadership and staff



What can members of the health care team do?

Use person-first, weight-neutral language

- Prioritizes dignity and respect
- Puts the patient first, weight is simply data
- Use a neutral descriptor that conveys information without singling out, demeaning, or creating a false impression
 - A wheelchair-bound patient vs. **a patient who uses a wheelchair**
 - Patient suffers from diabetes vs. **a patient who has diabetes**
 - Obese patient vs. **patient with a higher weight**



What can members of the health care team do?

Reframe low or high body weight as a potential symptom (and not a personal failure)

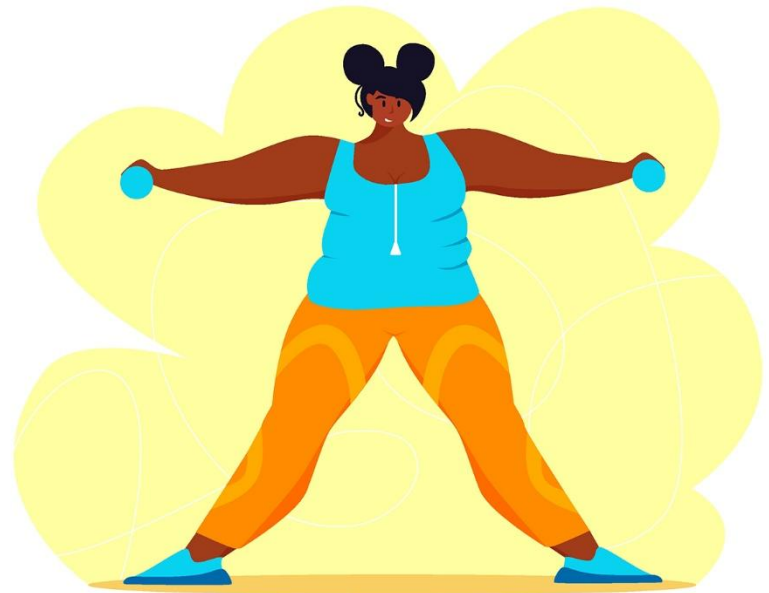
- Treating symptoms does not usually get to the root of the problem
- Weight is only one piece of the health story
- If there is no problem to diagnose, the weight itself may be of no consequence



What can members of the health care team do?

Focus on health-promoting interventions that will improve biomarkers and overall health

- Regularly engage in enjoyable physical activity to increase strength and cardiovascular fitness
- Increase fiber intake
- Decrease added sugars
- Stop smoking
- Limit alcohol
- Promote mental health counseling



What can clinics do?

Assess clinic environment

- Adequately sized seating for all body shapes and sizes
- Weight-inclusive and body positive artwork, advertisements, educational handouts
- Ensure patient privacy when weighing is necessary



What can clinics do?

Assess accessibility of medical tools and equipment

- Tools and equipment in adequate sizes & readily available to avoid extra steps or delays
 - Exam tables
 - Chairs
 - Gowns
 - Scales
 - Blood pressure cuffs
 - Speculums
 - Needles

Whenever possible, be transparent about what your equipment limitations are.

- Provide referrals if unable to accommodate larger bodies
- Ask frequent referral sites about their ability to accommodate for X-rays, CT scans, MRIs, etc.



Summary

- **Weight/body size alone are not health indicators**
- **BMI, though widely used, is problematic**
- **Negative treatment, beliefs, assumptions based on weight/body size are harmful and contribute to poor health outcomes**
- **Protect & preserve patient dignity by practicing weight neutrality and offering client-centered care**
- **Assess self, team, and clinic to improve interactions**

Questions and Feedback

- **What questions do you have?**
- **What are your ideas?**
- **What is your clinic already doing?**

Evaluation Information



[https://www.surveymonkey.com/r/B8
CHVWF](https://www.surveymonkey.com/r/B8CHVWF)

Thank you!

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Definition of Health

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Definition of Healthy Weight & Common Measurements

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<https://www.healthline.com/health/waist-to-hip-ratio#advantages-of-whr>

More on BMI

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Sources

History of BMI & Problems with BMI

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Negative Impacts and What We Can Do About It

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<https://weightandhealthcare.substack.com/p/creating-a-size-inclusive-healthcareOffice>

Sources

Additional Information:

HAES ® - Health at Every Size ® Fact Sheets

- Patient advocacy & advice
- Fact sheets do not cite sources, make questionable claims – use with caution

ASDAH – Association for Size Diversity and Health

- Organization devoted to dismantling weight-centered policies and practices

Da'Shaun Harrison's book *Belly of the Beast – The Politics of Anti-Fatness as Anti-Blackness*

Sabrina Strings' book *Fearing the Black Body – the Racial Origins of Fat Phobia*

Lauren Cornell Nutrition blog post

- Well-balanced explanation of weight-neutral approach to healthcare

Slide deck by L. Posen and S. Salfen, “The Case for Weight Inclusive Care” (2023)

- Good information, includes some stats and many helpful resources

RHNTC Webinar – Addressing Weight Stigma and Bias in Sexual and Reproductive Health Care

Here are some self-assessment tools for healthcare providers (these may not have been validated):

Creating a Safe Space for Healthcare Clients: A Size Inclusive Practice Toolkit (DPV Health)

UCONN – Supportive Obesity Care

RHNTC – Adolescent Health Program Size Inclusivity Self-Assessment