

What does weight-inclusive health care mean? A dietitian explains what providers do to end weight stigma

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Weight-inclusive health care means a focus on [better health with no weight loss required](#).

This includes practices such as eating for overall well-being rather than for the number of calories. It may also include prioritizing activities to reduce stress, avoiding smoking, drinking less alcohol and striving to be physically active in enjoyable ways.

A [weight](#)-inclusive approach to health seeks to undo the harms caused by weight stigma.

People with larger bodies often experience [weight stigma](#) as discrimination, prejudice, [negative stereotypes](#) and judgments from others—including their own doctors and other health care providers. More than 40% of U.S. adults across a range of body sizes report [experiencing weight stigma](#) in their day-to-day lives.

Avoiding this stigma is likely a major driver behind the great lengths people in the U.S. go to in order to lose weight. Market data shows that Americans spent some [US\\$72.6 billion](#) on [weight loss products](#) and programs in 2021. In addition, weight loss efforts start early, with nearly half of all high school students in the U.S. reporting that they [have tried to lose weight](#).

I am a [nutrition epidemiologist](#) and [registered dietitian](#) studying the consequences of weight stigma and working to develop weight-inclusive nutrition interventions.

Initially my private practice and research approach were [weight-centered](#). A weight-centered approach focuses on weight loss to achieve health and is widely accepted in health care settings across the world. After over a decade of work in public health nutrition, I have witnessed how, in my view, the weight-centered approach harms individuals and communities. So I have shifted to using a [weight-inclusive approach](#) in practice and research.

Overturning the 'lower weight equals better health' dogma

There is an extensive body of research and [public health messaging](#) indicating that [higher body weight has links](#) with many long-term health concerns, such as high blood pressure and Type 2 diabetes.

As a result, there is a pervasive misconception that a weight-inclusive approach disregards the patient's health concerns. However, proponents of weight-inclusive care argue that a weight-inclusive approach [minimizes health problems](#) by destigmatizing weight status and promoting health equity. They also acknowledge that there are links between [both higher and lower body weight](#) and various health concerns.

The dogma that [lower weight](#) is synonymous with better health is being questioned by [public health](#) researchers and health care providers. Scientists and clinicians are calling for a [paradigm shift](#) away from a weight-centered focus on weight status and body mass index, or BMI, as indicators of health.

Advocacy groups like the Association for Size Diversity and Health have long been promoting the [Health at Every Size](#) approach. This weight-inclusive approach affirms a socially just definition of health and advocates for equitable health care regardless of weight status. More recently, the American Medical Association released a statement outlining the [harms and shortcomings of using BMI](#) as a clinical measurement.

The evidence supporting weight-inclusive care

Substantial research shows that behaviors such as stopping smoking and drinking less alcohol can prevent disease and [support overall long-term](#)

[health, regardless of body weight](#). For example, a [systematic review](#) of one clinical trial and 152 observational peer-reviewed studies reported that a [diet high in nutrient-rich foods](#) with low or moderate alcohol consumption is associated with reduced risk of death for everyone.

Another example: One of my own clients with high cholesterol said that focusing on weight loss over their lifetime had left them stuck in a cycle of [weight loss](#) and weight regain, disordered eating, inconsistent and extreme exercise habits and body image concerns. After adopting weight-inclusive practices such as eating more fiber-rich foods and being more physically active, instead of focusing on losing weight, their cholesterol levels returned to normal.

Both the weight-inclusive approach and the weight-centered approach can include diet changes, increasing physical activity and reducing stress as key components to manage and prevent diseases. However, the weight-inclusive approach works to end [weight stigma](#) and acknowledges that factors such as socioeconomic status, culture and access to food and health care—collectively called the [social determinants of health](#)—have huge impacts on a person's body weight, shape and size. Even if a person could adhere to strict dieting and exercise routines, there will always be [structural, political and other factors](#) affecting health and weight that the individual can't control.

What's more, evidence indicates that people who lose weight generally don't have better long-term health and fail to keep those pounds off.

Finding weight-inclusive health care

There are several things that people can look for in a [weight-inclusive health care practice](#).

Look for [health care providers](#) who:

- Make weight checks optional for routine visits.
- Treat patient symptoms rather than telling them to lose weight.
- Provide patients in larger bodies the same treatment as those in thinner bodies with similar health concerns.
- Use measures other than BMI, such as lab results, to diagnose health concerns.
- Ask permission before discussing weight with patients.

For additional resources on weight-inclusive care, check out the [Health at Every Size Health Sheets](#). Consider examining your own weight bias by taking an online test focused on [implicit associations around weight](#).

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