The Truth About BMI

- Instead of talking about how to make or keep people thin, let’s talk about how to make or keep people healthy.
- Let’s focus on health not weight.
- You cannot tell if someone is healthy just by looking at them. You never know if someone achieved the body they have by healthy or unhealthy behaviors. It could be from balanced diet and exercise choices or it could be from the effects of cancer, an eating disorder, plastic surgery, medicine, or another illness or disease (*in either weight direction).
- Health is comprised of many different pillars or categories and weight is only one of them. What about social health, spiritual health, physical health, and emotional health? Even in this context it is presented as physical health and includes health behaviors: diet and exercise.
- A growing body of research suggests that health behaviors and lifestyle choices are more important than BMI. For example- Do you smoke? Do you exercise regularly? Do you eat foods from all the food groups? Do you handle stress appropriately? Do you get adequate sleep?
- Did you know that when Ancel Keys confirmed the validity of BMI in 1972 he stated that it was only appropriate for population based studies and should never be utilized for individual diagnosis?
- Did you know BMI was never intended to be utilized with children?
- Did you know that weight and body size follow a normal distribution on the bell curve. This means that a small percentage will be normal in the underweight category and a small percentage will be normal in the overweight category.
- Did you know that BMI only estimates adiposity? It does not distinguish between muscle mass and fat mass. This means that people can have excessive amounts of fat and be in the underweight or normal category, while people can have normal amounts of fat and be in the overweight or obese categories.
- BMI does not consider body composition.
- BMI/mortality data demonstrate U or J shaped curves. Meaning risk is high in the underweight category as well as the obese category.
- Overweight BMI (25-30) has been associated with lower mortality risk in multiple studies.
- Did you know BMI does not consider culture, genetics, gender, and age variations?
- Did you know that there are excess deaths associated with the underweight category?
- Excessive focus on weight increases the prevalence of eating disorders and supports efforts at all costs to achieve and maintain low/normal BMI. Some of these efforts to achieve and maintain a low/normal BMI which can cause serious health consequences.
- Weight is not a sign of health, but repeated behavioral choices are. Smoking, for any reason, increases your health risk.
- Fat Shame and fat stigma do not encourage people to lose weight, this promotes discrimination, and 79% of obese respondents report eating to handle experiences of stigmatization.
From Spring 2012 NCHA data- Perception is Everything

- 24% of students describe their personal appearance as traumatic or difficult to handle (14% males, 26% females).
- 71% of UTT students have a BMI between 18.5-29.9, yet ~60% of students trying to lose weight.
- 32% of female students described themselves as slightly overweight, when in fact only 19.9% of female students were actually overweight. This means that 12% of the female student population describes themselves as overweight, when in fact they are in the normal weight category.
- 8% of male students described themselves as underweight, when in fact, only 0.8% of male students were actually underweight. This means that 7.2% of males feel that they need to be bigger/more muscular when they are at a normal weight.
- Only 25% of UTT students have a BMI of greater than 30. Keep in mind this does not distinguish muscle mass and fat mass and could include very healthy student athletes. Yet again, 60% of UTT students are trying to lose weight.
- 55% of students describe their body as “about right”, yet 52% of students are trying to lose weight.
- 56% of female students describe their body as “about right”, yet 60% of female students are trying to lose weight.
- UTT student’s methods to lose weight are not always healthful; 56% of students are exercising to lose weight, 40% of students are dieting to lose weight, however 2.5% of students are vomiting or using laxatives to lose weight and 3% of students are using diet pills to lose weight.
- Although the majority of UTT students are at a healthy BMI, more than half of the student body reports “trying to lose weight.”

40% of students report dieting to control their weight within the last 30 days. (29% males, 46% females). These students may be a “nutritionally high risk” population.

- 95% of all diets fail. Most diets result in short term weight loss, but most dieters re-gain the weight that was lost and often more.
- Fad dieting leads to weight cycling, disconnection from internal cues, distrust of food and body.
- Dieting predicts obesity and eating disorder onset.
- Dieting increases obsessions and preoccupations with food throughout the lifespan.
- Dieting promotes low self-esteem and poor body image (24% of students describe their personal appearance as traumatic of difficult to handle).
- Dieting increases the likelihood of stress eating and is the best predictor of bulimia (2.5% of students using laxatives or vomiting for weight loss).
- Physiologically, diets decrease metabolic rate, promote the storage of fat, increases the proportion of fat to lean body tissue, increases the risk for heart disease, hypertension, and diabetes, and decreases immune function.