



naafa

I AM  
**NOT**  
A DISEASE!  
naafa

# I am not a disease!

## FACT SHEET

Body weight is not a proxy for health. Assuming so is both unscientific and prejudicial. These assumptions lead to bias and discrimination in education, the workplace, healthcare, family relationships and social dynamics. Physicians' frustration with their lack of education and resources for treating fat patients results in poor doctor/patient relationships and will not be instantly relieved by declaring obesity a disease.

**AMA declares obesity a disease against the advice of their scientific council, the Council on Science and Public Health.** [Medscape Today, June 19, 2013]

### WHY THIS IS NOT GOOD!

“Without a single, clear, authoritative, and widely accepted definition of disease, it is difficult to determine conclusively whether or not obesity is a medical disease state,” the council told the AMA’s policy-making House of Delegates. “Similarly, a sensitive and clinically practical diagnostic indicator of obesity remains elusive.” [Obesity is not a disease, AMA Council Says, MedPage Today, 6/17/13]

### BMI:

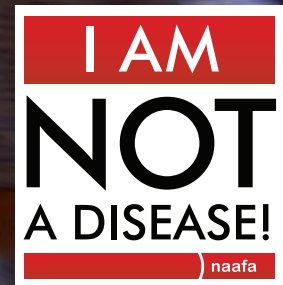
- In July, 1972, Ancel Keys headed a study and published a paper in the Journal of Chronic Diseases which found the Body Mass Index (BMI) to be the best proxy for body fat percentage among ratios of weight and height. BMI was explicitly cited by Keys as being appropriate for population studies, and INAPPROPRIATE for individual diagnosis. Nevertheless, due to its simplicity, it came to be widely used for individual diagnosis, despite its inappropriateness. BMI is not a good predictor of individual health.
- Healthy lifestyle habits are associated with a significant decrease in mortality regardless of baseline body mass index. [Matheson, et al., 2012]
- Heavier individuals are more likely to survive longer than 30 days past general and vascular surgery than patients with a lower BMI. [Lie, 2011]

Now that obesity is a disease, America is Most Diseased Country

30% Obese people

Behavior  
≠  
BMI.

Weight  
≠  
Health.



## DIETING:

- Frequent intentional weight loss reflects susceptibility to weight gain, rendering dieters prone to future weight gain...dieting itself may induce a small subsequent weight gain, independent of genetic factors." [Peitilainen, et al, 2012]
- Dieting may be deleterious to psychological well-being and biological functioning. [Tomiya, et al, 2010]
- There is little support for the notion that diets lead to lasting weight loss or health benefits. [Mann, et al, 2007]

## SOCIAL STIGMA:

- Obese persons experience a high degree of stress, and this stress plausibly explains a portion of the BMI-health association. Thus, the obesity epidemic may, in part, be driven by social constructs surrounding body image norms. [Muennig, 2008]
- Anti-fat sentiment is increasing, is prevalent in health professionals, and has health and social consequences. [O'Brien, 2010]

## HEALTH:

- Metabolically healthy obese individuals may represent as much as 20% to 30% percent of the obese population. This highlights the need for clinicians to be cautious when using obesity as a criterion for prescribing treatment. Researchers, too, need to be careful to distinguish between the metabolically healthy and metabolically unhealthy when analyzing data involving a group of obese individuals." [Gupta, A. 2011]
- Metabolically healthy obese participants are not at increased risk of cardiovascular disease and all-cause mortality over seven years. [Hamer and Stamatakis, 2012]

## THE SOLUTION:

### LEGISLATION AND EDUCATION TO ENSURE SIZE EQUALITY

NAAFA urges that policy and legislation be put in place to protect the rights of all its citizens independent of the size of their bodies. No American is a second class citizen!

NAAFA recommends that educational curricula be leveraged for the legal, medical, human resource and academic communities to end size discrimination. **NAAFA Guidelines for healthcare providers who treat fat patients**, NAAFA Size Diversity in Employment Tool Kits, NAAFA Child Advocacy Toolkit and NAAFA's **Guidelines** series of brochures could serve as a foundation for this initiative.

## CLAIMS OF COST REDUCTION

### Weight Loss Surgery

A study on the impact of bariatric surgery on health care costs found that bariatric surgery does not reduce overall health care costs in the long term. Also, there is no evidence that any one type of surgery is more likely to reduce long-term health care costs.

[Weiner, et al., 2013]

### Wellness Programs

"...research results raise doubts that employees with health risk factors, such as obesity and tobacco use, spend more on medical care than others. Such groups may not be especially promising targets for financial incentives meant to save costs through health improvement. Although there may be other valid reasons, beyond lowering costs, to institute workplace wellness programs, we found little evidence that such programs can easily save costs through health improvement without being discriminatory. Our evidence suggests that savings to employers may come from cost shifting, with the most vulnerable employees—those from lower socioeconomic strata with the most health risks—probably bearing greater costs that in effect subsidize their healthier colleagues." [J Horwitz, et al, 2013]