

CAN YOU BE HEAVY AND HEALTHY?

Are BMI charts a load of BS? New research shows good health may have nothing to do with your body mass index

By VIRGINIA SOLE-SMITH

A **AT 5'5" AND 150 POUNDS**, Sally McGraw, 37, is right on the line between “normal” and “overweight.” She started dieting in sixth grade when a classmate called her fat, and kept it up for the next 15 years. “When I was about 28, I lost a bunch of weight on the South Beach Diet—but it became clear fairly quickly that such restrictive eating isn’t sustainable for me,” McGraw, of Minneapolis, explains. So she abandoned the diet, adopted an “everything in moderation” approach to food, and saw her weight creep up. “I’m heavier, but I’m happier because I’m not depriving myself.”

Still, when McGraw saw her doctor for a checkup, his advice was to lose a few pounds. “At the time, I weighed about 160, which was a 26-something on his body mass index chart,” she remembers. “He told me that I’d crossed over from ‘normal’ to ‘overweight,’ and that I needed to lose 5 pounds, just to help solve my health problems—my mind is *still* blown!”

The surge in obesity began in the 1970s, and today we’re still hearing the “thinner is healthier” message from doctors, health experts, and the \$61 billion weight-loss industry. But new research suggests that the

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connection between weight and health may not be as black and white as we've come to believe. Last year, scientists at the Centers for Disease Control and Prevention looked at 97 studies published in the past 15 years exploring the link between obesity and health. While they found that extremely obese people tend to die a bit earlier—just as underweight people do—they discovered those who were “overweight” (between 25 and 29.9 on the BMI scale, or 150 to 179 pounds for a 5'5" woman) were 6 percent less likely to die in any given time period than people who were “normal weight” (a BMI of 18.5 to 24.9, or 111 to 149 pounds for a 5'5" woman).

Some obesity researchers, like Dr. David Katz, director of the Yale-Griffin Prevention Research Center, have criticized the CDC's review, primarily because it focused on death rates, not illness rates. “Overweight or mildly obese people could be dealing with chronic diseases and still not die because medicine has

gotten better at keeping us alive,” he explains. But other experts believe the data shows that we need to stop fixating on weight as the defining factor of a person's health.

“You can have two people with exactly the same BMI—or even the same level of body fat—and one could have health problems, while the other doesn't,” says Dr. Arya Sharma, chair of obesity research and management at the University of Alberta in Edmonton, Canada. “Experts use the term ‘healthy weight,’ but frankly, we have no idea what that means. You can be healthy at any weight.”

Rebecca Fox, 35, of New York City, is a textbook example of this: At 5' and 180 pounds, she's classified as obese on the BMI scale; but she has normal blood pressure, cholesterol, and glucose levels, does CrossFit workouts four times a week, and has competed in triathlons. She hears all the time how being obese is likely to kill her. “I met with a nutritionist who took one look at me and suggested


bariatric surgery,” Fox says. “She wasn't assessing my health or my lifestyle; she was totally focused on my weight.”

You might assume that Fox's case is rare, but Sharma's research shows it's not: Twenty-five percent of obese people and 50 percent of those considered overweight have no or very few health problems. “Whether you'll get a disease is largely determined by genetics, diet, physical activity, and other factors—not weight,” Sharma explains.

The weight-focused approach to health care can also fuel disordered thinking: It's easy to defend just about any fad diet or cleanse by saying, “I'm trying to be healthier,” when the real motivation is, “I want back in my skinny jeans.” “Beauty and health ideals have become very conflated for women,” says Lindsay Kite, Ph.D., codirector of the non-profit campaign Beauty Redefined. “Studies show that the majority of women now perceive underweight bodies as ideally healthy.” And Kite hears from thousands who use the health argument to justify extreme weight-loss behaviors. Not only are these tactics dangerous, but research shows that using body shame as motivation for improving health just doesn't work.

To remedy the situation, many advocates are pushing the Health at Every Size approach, propelled by San Francisco-based nutrition professor and researcher Linda Bacon, Ph.D. It takes the focus off BMI and scales, and promotes realistic lifestyle changes relating to diet and exercise instead. “There is no doubt that you can become healthier, even if you don't lose a pound,” Sharma says. The approach is not without critics: Katz argues that most people following a healthy lifestyle will also control their weight. However, even he agrees as long as health is being promoted, “then weight is irrelevant.”

Sally McGraw couldn't agree more. She ditched her weight-phobic doctor and is working to expand the image of what healthy is. “I still battle with my emotions when I gain weight,” she says. “But I know I would still be me if I gained 100 pounds—and I would still be awesome.” **mc**



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