

BE REAL.

Forty percent of US children live in states where schools send BMI reports to parents.³ Millions of US children have been weighed in schools over the years due to School BMI Screening policies. Decades after these weigh-ins began, research has proved School BMI Screenings to be a failed policy. The screenings have yielded no positive child health outcomes on a population level or on an individual level. Instead, these screenings have actually proven harmful to students' mental health.

THE BMI BACKSTORY

DON'T
WEIGH ME

IN SCHOOL CAMPAIGN

Why take student BMIs in schools?

Over the last few decades, the US government has adopted policies and initiatives like "BMI Report Cards" and the Cooper Institute's "Fitnessgram" that frame body weight as a major source of potential health problems for students. The BMI screening metric has provided an easy to use—although historically controversial—method for schools to use to determine body-size norms for their student population.

In order to minimize harm to students, the CDC has spent much time and energy creating comprehensive safeguards for weighing students in school.¹ **However, much less energy was spent on figuring out if the policies were a good idea to begin with. Do we need to measure our students' bodies in order to teach them healthy, self-care behaviors?**

Experts always knew School BMI Screenings were a bad idea for students.

Experts have always been critical of School BMI Screenings out of concern for students' mental health.² In 2011, the *Journal of the Academy of Nutrition and Dietetics* warned of potential harm of BMI screenings giving examples of children who engaged in disordered eating behaviors and excessive exercise after getting results from their BMI screenings.²

BMI screenings over the decades have NOT reduced body sizes in student populations. The screenings have NOT helped children's individual physical health in any way. In fact, these policies have caused harm to children's mental health.

A 2021 study of 28,000 students in California Public Schools over 3 years shows that BMI screenings "did not improve students' weight status or physical health." The screenings did, however, "decrease students' satisfaction with their weight."³ These screenings caused "body dissatisfaction" which trigger a host of mental health problems.³ **After decades of measuring students' BMI in schools—involving millions of school children—the BMI Screenings in Schools policies have proved a resounding failure.**

The CDC's guidelines for School BMI Screenings were created to preserve student confidentiality and protect student self-esteem. Unfortunately, in practice, these safeguards have rarely been used in schools.

The CDC recommends 10 safeguards to be followed for BMI Screening in Schools.¹ However, a study from 2019 estimated that only 3% of schools used the most important safeguards. And, 56% of schools used none or only one safeguard.⁴ **Most teachers doing the screenings had no idea that these safeguards even existed.** These practices have left children without protection for decades. Students consistently report being weighed—with weights often announced—in front of their peers.⁴ This practice has caused shame and embarrassment for students. And, the specific parental and student opt-out protections in the CDC guidelines have been consistently ignored by schools.⁴



BMI is a very flawed metric to use for determining a student's health status.

BMI is an inaccurate tool for measuring individual health

Having a higher BMI does not mean someone is unhealthy

Telling students to change their BMI encourages dieting, which is harmful to both physical and mental health

- BMI was created to be used to **study populations** of people, not as a measurement of an individual's health.⁵
- BMI was created by Adolphe Quetelet, 200 years ago in Belgium. His sample measurements were based on white, European male body sizes.⁵ (Disturbing fact: Adolphe Quetelet also created the racist pseudoscience of phrenology.)
- Researchers at Massachusetts General Hospital have observed at least 59 different types of fat, each with different health implications. **BMI ignores all of these, instead oversimplifying and categorizing people based on a simple, arbitrary equation.**⁶

- Most epidemiological studies find that people who are categorized as "**overweight**" or "**moderately obese**" **live at least as long** as "normal weight" people, and often longer."⁷
- **Body size is not a significant factor in mortality rates** when controlled for socioeconomic and other risk factors.⁸
- Within the context of the US population, **more premature deaths have been associated with a BMI of less than 25** than with a BMI above it.⁹

- Dieting is the **most important** predictor of a developing eating disorder (ED), with dieters at a **5X risk** of developing an ED.¹⁰
- 9% of the U.S. population—or almost **30 million Americans—will have an eating disorder** at some point in their lifetime.¹⁰
- **95% of people who lose weight regain it all within 5 years**, with one-third to two-thirds of people gaining more weight than they originally lost.⁷
- **Body image can have a much bigger impact on health than body size.**⁹
- "By learning to value their bodies as they are right now—even when it differs from a desired weight or shape—people strengthen their ability to take care of themselves and sustain improvements in health behaviors."⁷
 - **These health behaviors are what we actually want students to know as they become adults responsible for taking care of their bodies. They don't need to know their weight or BMI, but DO need to know behaviors that will keep them at the healthiest versions of themselves throughout their lifetime.**

¹ "Body Mass Index (BMI) Measurement in Schools," September 18, 2019. https://www.cdc.gov/healthyschools/obesity/bmi/bmi_measurement_schools.htm.

² Portilla, Maria G. "Body Mass Index Reporting through the School System: Potential Harm." *Journal of the American Dietetic Association* 111, no. 3 (March 2011): 442–45. <https://doi.org/10.1016/j.jada.2010.11.018>.

³ Madsen, Kristine A., et al. "Effect of School-Based Body Mass Index Reporting in California Public Schools: A Randomized Clinical Trial." *JAMA Pediatrics* 175, no. 3 (March 1, 2021): 251–59. <https://doi.org/10.1001/jamapediatrics.2020.4768>.

⁴ Sliwa, Sarah A., Nancy D. Brener, Elizabeth A. Lundeen, and Sarah M. Lee. "Do Schools That Screen for Body Mass Index Have Recommended Safeguards in Place?" *The Journal of School Nursing: The Official Publication of the National Association of School Nurses* 35, no. 4 (August 2019): 299–308. <https://doi.org/10.1177/1059840518758376>.

⁵ Devlin, Keith. "Top 10 Reasons Why The BMI Is Bogus." NPR, July 4, 2009, sec. Your Health. <https://www.npr.org/templates/story/story.php?storyId=106268439>.

⁶ Kaplan, Lee M. "Body Weight Regulation and Obesity." *Journal of Gastrointestinal Surgery: Official Journal of the Society for Surgery of the Alimentary Tract* 7, no. 4 (June 2003): 443–51. [https://doi.org/10.1016/S1091-255X\(03\)00047-7](https://doi.org/10.1016/S1091-255X(03)00047-7).

⁷ Bacon, Linda, and Lucy Aphramor. "Weight Science: Evaluating the Evidence for a Paradigm Shift." *Nutrition Journal* 10 (January 24, 2011): 9. <https://doi.org/10.1186/1475-2891-10-9>.

⁸ Lantz, Paula M., Ezra Golberstein, James S. House, and Jeffrey D. Morenoff. "Socioeconomic and Behavioral Risk Factors for Mortality in a National 19-Year Prospective Study of U.S. Adults." *Social Science & Medicine* (1982) 70, no. 10 (May 2010): 1558–66. <https://doi.org/10.1016/j.socscimed.2010.02.003>.

⁹ Campos, Paul, Abigail Saguy, Paul Ernsberger, Eric Oliver, and Glenn Gaesser. "The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?" *International Journal of Epidemiology* 35, no. 1 (February 2006): 55–60. <https://doi.org/10.1093/ije/dyi254>.

¹⁰ National Eating Disorders Association. "Statistics & Research on Eating Disorders," February 19, 2018. <https://www.nationaleatingdisorders.org/statistics-research-eating-disorders>.