

Weight Stigma in Healthcare

A Guide for Providers



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01

Introduction



Purpose of this workbook

The purpose of this booklet is to help healthcare providers recognize, understand, and address weight stigma in clinical practice. Weight stigma can unintentionally influence clinical decision-making, patient communication, and treatment adherence. By increasing awareness and providing practical strategies, this resource equips providers to deliver more respectful, effective, and equitable care to patients of all body sizes.

Our goals for this booklet include:

- **Increase awareness** by explaining what weight stigma is and how it shows up in medical settings.
- **Highlight the impact** of stigma on patient health outcomes, healthcare utilization, and trust in providers.
- **Promote empathy and inclusivity** by encouraging language and practices that reduce bias and foster respectful care.
- **Support professional growth** by offering tools and resources for self-reflection and practice improvement.
- **Advance health equity** by reinforcing the role providers play in dismantling systemic barriers related to weight bias.

Why Weight Stigma is an Important Healthcare Issue

Weight stigma is not only a social issue, but also a healthcare quality issue. Decades of research demonstrate that weight bias among providers is widespread, often implicit, and directly impacts patient outcomes. For example:

- Clinical care suffers when providers attribute all symptoms to weight or assume that patients in larger bodies are noncompliant. This can lead to misdiagnoses, delayed diagnoses, and worsened health outcomes.
- Mental and physical health are harmed when patients anticipate judgment or stigma. Many avoid or delay care altogether, increasing the risk of unmanaged conditions.
- Trust in providers declines when patients feel dismissed, shamed, or unheard. Once trust is broken, patients are less likely to follow through with recommendations or return for follow-up visits.
- Stereotypes are reinforced when providers assume weight is a matter of willpower or personal responsibility, overlooking genetics, environment, social determinants of health, and the complexity of human biology.

Addressing weight stigma is essential for creating a standard of care that is ethical, evidence-based, and patient-centered. Eliminating stigma is not about ignoring health risks; it is about ensuring that every patient receives equitable, respectful, and comprehensive care.

Who this booklet is for

This booklet is designed for all healthcare professionals – physicians, nurses, dietitians, mental health providers, physical therapists, medical students, and anyone working in direct patient care. Weight stigma can surface in subtle ways in every clinical environment, from intake forms and waiting rooms to conversations and treatment plans.

By increasing awareness and providing practical strategies, this guide supports providers in building stronger therapeutic alliances, improving patient outcomes, and contributing to a healthcare system where every individual feels respected and valued, regardless of body size.

02

What is Weight Stigma?

Weight Stigma Definition

Weight stigma refers to the negative attitudes, stereotypes, and discriminatory treatment directed at individuals because of their body size or weight. In healthcare settings, this can manifest as assumptions about a patient's lifestyle, motivation, or compliance, regardless of their actual behaviors or health indicators.

It's worth noting that weight stigma goes beyond personal bias; it is also deeply ingrained in medical training, guidelines, and clinical settings. Providers may be taught, often unintentionally, to prioritize weight above other determinants of health, which can lead to misdiagnosis, reduced quality of care, and poorer patient outcomes.

Related Terms

Within the literature and clinical discourse, several terms are used interchangeably with or alongside weight stigma:

- **Weight bias:** Negative beliefs or stereotypes about individuals in larger bodies, often grounded in the assumption that weight is under full personal control.
- **Sizeism:** Systemic discrimination or inequitable treatment based on body size.
- **Anti-fat bias** or **Fatphobia:** Cultural and institutional fear, avoidance, or pathologizing of larger bodies.

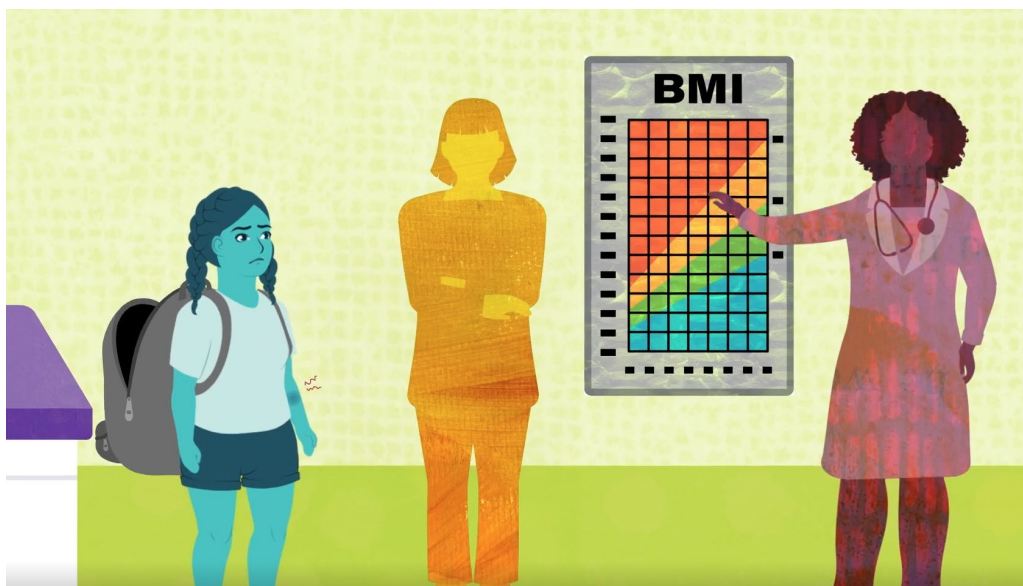
Recognizing these related terms helps providers identify the broad ways in which weight stigma operates not just in interpersonal interactions, but in clinical policies, research priorities, and health communication.

Systemic vs. Interpersonal Bias

Weight stigma can be expressed in both explicit and implicit forms:

- Explicit (direct and intentional) stigma
 - This involves overt discrimination or negative remarks directed at patients in larger bodies. Examples in healthcare include:
 - Verbal shaming or scolding about weight.
 - Refusal of certain treatments until a patient “loses weight.”
 - Oversimplifying treatment by prescribing weight loss without addressing other factors or underlying conditions.
- Implicit (subtle and unintentional) stigma
 - These biases are often unconscious but can significantly shape clinical interactions. Examples include:
 - Spending less time in consultations with patients in larger bodies.
 - Making diagnostic shortcuts (e.g., attributing joint pain, fatigue, or shortness of breath exclusively to weight).
 - Assuming poor lifestyle habits without asking about diet, physical activity, or psychosocial stressors.

Although implicit stigma may not be intentional, its effects are still harmful. Patients are highly attuned to provider tone, language, and nonverbal cues, and these can erode trust in care even when the provider believes they are being neutral.



03

Why Weight Stigma Matters in Healthcare

Why Weight Stigma Matters in Healthcare

Healthcare providers play a unique and influential role in shaping patients' experiences of their bodies and health because of the authority, expertise, and trust that patients place in their providers. When stigma is present, even unintentionally, it can have profound consequences for patient well-being and health outcomes.

Professional and Ethical Considerations

Healthcare ethics emphasizes respect for persons, beneficence, and justice. Allowing weight stigma, whether explicit or implicit, to influence care contradicts these principles. Addressing weight stigma is therefore not only a matter of patient-centered care but also of professional integrity.

By recognizing and actively reducing bias, providers can:

- Improve quality of care and patient safety.
- Foster more equitable healthcare environments.
- Uphold the ethical obligation to treat all patients with dignity, compassion, and respect.

Impact on Patient-Provider Relationships

Patients who perceive judgment or dismissal based on their body size are less likely to feel respected and understood. This dynamic can:

- Erode trust between patients and providers.
- Reduce disclosure of health behaviors, symptoms, or psychosocial concerns, out of fear of judgment.
- Increase patient disengagement, leading to missed appointments, poor adherence, or complete avoidance of medical care.

Research shows that patients in larger bodies frequently report feeling unheard or dismissed by providers, which undermines continuity of care and may worsen health inequities.

Impact on Diagnosis and Treatment

Weight stigma can distort clinical judgment. Providers who attribute health issues primarily to weight may overlook or delay investigating other potential causes.

This diagnostic overshadowing can result in:

- **Missed or delayed diagnoses**, particularly for conditions that are not directly weight-related.
- **Inappropriate or incomplete treatment plans**, where weight loss is prescribed as a “catch-all” solution rather than a comprehensive evidence-based intervention.
- **Lower-quality care** due to less thorough examination, shorter appointment times, or reduced referrals for specialist care.

While these patterns are especially harmful to patients in larger bodies, they can negatively affect people of all sizes. For example, a person with a “normal” BMI may be assumed healthy despite having underlying health conditions, leading to insufficient screening or delayed care. These assumptions based on body size, regardless of actual health status, are not only ethically concerning but also contribute to measurable disparities in health outcomes.

Impact on Health Behaviors and Outcomes

Stigmatizing care environments do not promote healthier lifestyles. Instead, they often have the opposite effect:

- Increased stress and psychological burden, contributing to depression, anxiety, and disordered eating.
- Avoidance of physical activity, as patients fear judgment in clinical or fitness settings.
- Reduced healthcare utilization, including preventive services such as cancer screenings, routine labs, and follow-ups.
- Worsened physical health outcomes over time due to untreated conditions and chronic stress.



In other words, weight stigma undermines the very behaviors and health outcomes that providers aim to promote.

04

Examples of Weight Stigma in Clinical Settings

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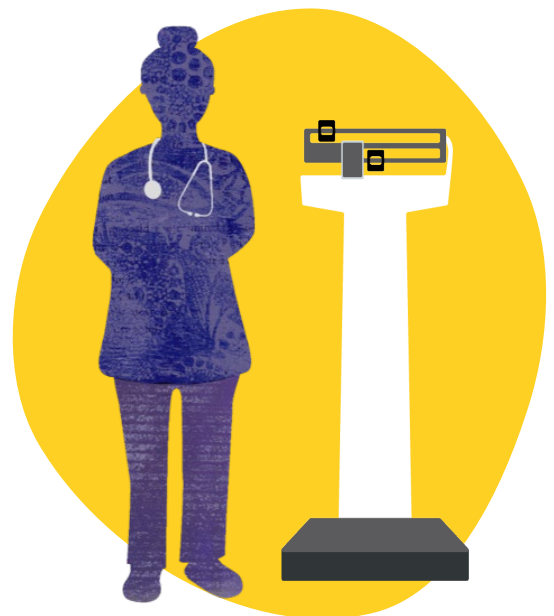
Weight stigma in healthcare can be overt and deliberate or subtle and unintentional. Both forms have significant consequences for patients and their willingness to seek and engage in care. Recognizing the specific ways stigma shows up in clinical practice is the first step toward reducing its impact.

Verbal and Nonverbal Communication

- **Comments about weight or appearance:** Statements such as “You just need to lose weight” or “If you were thinner, this wouldn’t be an issue” minimize patient concerns and frame weight as the sole cause of illness.
- **Tone and body language:** Eye-rolling, sighs, or avoidance of physical touch during examinations can communicate judgment even when no words are spoken.
- **“Compliments” tied to weight loss:** Praising weight loss without context may inadvertently reinforce disordered eating or unhealthy behaviors.

Diagnostic Overshadowing

- **Attributing all symptoms to weight:** For example, attributing knee pain solely to body size without ruling out arthritis, injury, or other conditions.
- **Delayed or missed testing:** Patients may be denied diagnostic imaging, lab work, or referrals because weight is assumed to be the cause.
- **Narrow treatment plans:** Recommending weight loss as the primary or only intervention, without addressing underlying pathology, lifestyle behaviors, or patient goals.



Medical Environment and Equipment

- **Non-inclusive furniture and equipment:** Blood pressure cuffs, gowns, imaging tables, scales, and chairs that do not accommodate larger bodies create physical and emotional barriers.
- **Public weigh-ins:** Weighing patients in hallways or without privacy can cause humiliation and reinforce stigma.
- **Use of BMI as a sole measure of health:** Reliance on BMI categories without consideration of broader health indicators (labs, family history, behaviors, stress, sleep) oversimplifies patient health and may reinforce stereotypes.
- **Lack of representation in media:** Magazines, art, and brochures that only feature thin bodies.

TIP: Ask patients if they want to be weighed at their visit. Some patients prefer not to be weighed or have their weight/BMI included in their aftercare summary.

Institutional Practices and Policies

- **Weight-focused wellness programs:** Incentives for weight loss in the workplace can stigmatize patients who do not or cannot lose weight.
- **Lack of representation in educational materials:** Patient handouts and clinical imagery that only depict thin bodies reinforce unrealistic health ideals.
- **Time constraints:** Shorter visit times or less thorough consultations with patients in larger bodies, whether intentional or not, send the message that their concerns are less important

Digital Health and Technology Bias

- **Electronic medical records (EMRs):** Some systems flag “obesity” prominently, which can bias providers before seeing the patient.
- **AI and digital tools:** Algorithms used in decision-making or risk prediction may encode weight bias, further influencing care recommendations.
- **Telehealth environments:** Camera angles, screen framing, and provider comments can unintentionally highlight body size, leading to discomfort.

05

Effects of Weight Stigma on Patients

Effects of Weight Stigma on Patients

Weight stigma affects patients in ways that extend across the biopsychosocial spectrum – impacting mental health, physical health, health-related behaviors, and long-term outcomes. For healthcare providers, recognizing these effects is critical for understanding how stigma translates into measurable differences in patient outcomes.

Physical Health

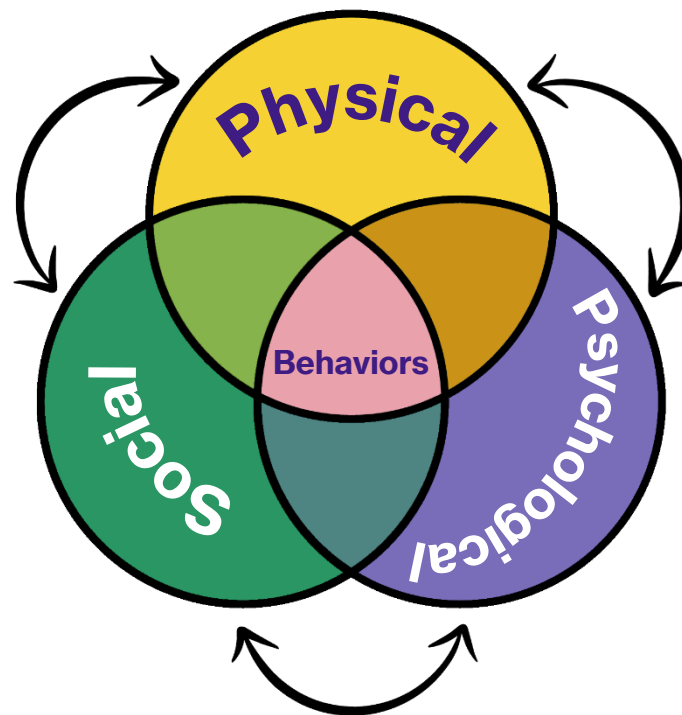
- **Delayed or avoided care:** Patients frequently skip preventive screenings (e.g., cancer, cardiovascular risk, diabetes management) due to prior stigmatizing encounters.
- **Reduced diagnostic accuracy:** Symptoms are often prematurely attributed to weight, which can result in misdiagnosis or missed conditions such as autoimmune diseases, thyroid dysfunction, or malignancies.
- **Physiological stress response:** Chronic exposure to stigma contributes to elevated cortisol and systemic inflammation, which increases cardiometabolic risk and worsens immune function.

Mental Health

- **Depression and anxiety:** Patients exposed to weight stigma report higher rates of depressive symptoms, generalized anxiety, and even suicidal ideation.
- **Eating disorders and disordered eating:** Stigma is a well-documented risk factor for binge eating, restrictive eating, and cycles of weight cycling. These behaviors may be misinterpreted as lack of “discipline,” rather than recognized as consequences of weight-based discrimination.
- **Internalized weight bias:** Patients often absorb negative stereotypes, leading to self-blame, low self-worth, and reduced motivation to seek or sustain care.

Social and Behavioral Health

- **Avoidance of medical appointments:** Fear of judgment leads patients to delay or forgo appointments, increasing reliance on urgent or emergency care.
- **Distrust in providers:** Patients report withholding health information or underreporting symptoms due to fear of blame, reducing opportunities for accurate assessment and intervention.
- **Health behaviors:** Stigma undermines engagement in beneficial behaviors such as physical activity or balanced nutrition, as these are often framed in judgmental or punitive ways.



Long-Term Outcomes

- **Worsened chronic disease management:** Stigmatized patients with diabetes, hypertension, or other chronic illnesses often experience poorer control due to reduced care engagement and adherence.
- **Higher healthcare utilization and costs:** Delayed care and emergency reliance drive up system-wide costs, placing an additional burden on already vulnerable patients.
- **Intergenerational impact:** Negative healthcare experiences influence how families interact with the medical system, perpetuating mistrust and avoidance across generations.

06

Myths and Facts About Weight and Health

Myths and Facts About Weight and Health

Misconceptions about weight and health are widespread, even within healthcare settings. These myths not only perpetuate stigma but also undermine evidence-based care. Challenging them is essential for providers committed to equitable, effective practice.

Myth 1: Body weight is a reliable proxy for health

Reality: Weight is one data point, not a complete picture. Multiple factors, including blood pressure, lipid profiles, glucose control, mental health, physical activity, nutrition, sleep, and social factors, determine health status. Many patients in higher-weight bodies present with normal metabolic and cardiovascular markers, while individuals in lower-weight bodies may experience significant morbidity. Using weight alone risks overdiagnosis in some cases and underdiagnosis in others.

Myth 2: Weight is fully controllable through willpower and lifestyle choices.

Reality: Weight regulation is complex, shaped by genetics, metabolic adaptation, hormones, environment, and socioeconomic context. Twin and adoption studies consistently demonstrate a strong heritable component to body weight. Structural barriers, such as food insecurity, limited access to safe environments for activity, and systemic inequities, further influence outcomes. Overemphasis on individual “willpower” neglects these realities and fosters patient self-blame.

Myth 3: Restrictive diets are an appropriate intervention for children and adults with higher weight

Reality: Restriction often results in rebound weight gain, metabolic disruption, and preoccupation with food. For children and adolescents, dieting is a known predictor of eating disorder development and body dissatisfaction. Long-term studies show that repeated cycles of weight loss and regain (yo-yo dieting) are linked to poorer cardiometabolic outcomes compared to stable weight trajectories.

Myth 4: Shaming people about weight improves outcomes.

Reality: The myth that shaming people will motivate them to lose weight is not only false but also deeply harmful. Research shows that weight stigma and body shaming actually lead to worse health outcomes, both physically and mentally. People who experience weight-based discrimination are more likely to engage in disordered eating, avoid medical care, experience higher levels of stress, and suffer from depression and anxiety. Ironically, shame can even contribute to weight gain by triggering stress-related hormonal changes and emotional eating. Instead of promoting health, shaming reinforces a cycle of harm by undermining trust in providers, reinforcing avoidance of healthcare, and discouraging people from taking care of themselves. Compassion, respect, and evidence-based support are far more effective tools for fostering lasting well-being.

Myth 5: Only thin people have eating disorders.

Reality: Eating disorders affect people of all shapes, sizes, ages, genders, races, and socioeconomic backgrounds. The stereotype of the thin, young, white woman with anorexia not only misrepresents the diversity of individuals struggling with these conditions but also contributes to underdiagnosis and inadequate care for those who don't fit that mold. People in higher-weight bodies may suffer from serious eating disorders – including binge eating disorder, bulimia nervosa, and atypical anorexia – yet are often overlooked or even praised for behaviors that would raise concern in thinner patients. This bias can delay treatment, worsen outcomes, and reinforce harmful assumptions that equate appearance with health. Recognizing that eating disorders are mental health conditions – not body types – is essential to providing compassionate, evidence-based care for all.

07

Preventing and Addressing Weight Stigma in Healthcare

Preventing and Addressing Weight Stigma in Healthcare

Healthcare providers play a critical role in shaping patients' experiences and outcomes. Addressing weight stigma requires intentional strategies at both the individual and systemic levels. The following approaches can help reduce bias and promote equitable, compassionate care.

Self-Reflection and Bias Awareness

- **Reflect on implicit biases:** Use tools like the Implicit Association Test to identify unconscious assumptions. Consider questions such as:
 - “How do I feel when I work with patients of different body sizes?”
 - “Do I make assumptions regarding a person’s character, intelligence, abilities, health status, or behaviors based on their weight?”
 - “What stereotypes do I have about persons in larger bodies?”
 - “How do my patients in larger bodies feel when they leave my office? Do they feel confident, empowered, or otherwise?”
- **Monitor language and attitudes:** Avoid labeling patients solely by weight. Instead, focus on behaviors, health outcomes, and patient-centered goals.



Patient-Centered Communication

- Prioritize individualized, evidence-based care over weight-centered treatment.
- Engage in shared decision-making and respect patient autonomy.
- Apologize and repair harm if a patient points out bias.
- Consider conversation framing:
 - Explore whether or not weighing a patient opens space to focus on health-promoting behaviors and collaborative discussions.
 - Recognize that pediatric patients may need to be weighed periodically, but communication about weight should be careful to avoid harm.
 - Address social determinants that may create barriers to care.
 - Meet the patient where they are; small, incremental steps are often most effective.

Environment and Policies

- **Be mindful of power dynamics** in the examination room; positioning, tone, and body language can influence patient comfort and engagement.
- **Create inclusive spaces**: Ensure seating, medical equipment, and examination tables accommodate diverse body sizes.
- **Implement supportive policies**: Clinics and institutions can adopt anti-stigma policies, promote staff training, and integrate weight-inclusive approaches into clinical guidelines.

Behavioral and Practical Interventions

- **Encourage gradual, sustainable changes**: Support small, achievable steps toward health goals rather than emphasizing rapid weight loss.
- **Screen for mental health concerns**: Patients experiencing weight stigma are at increased risk for depression, anxiety, and disordered eating. Early detection and referral improve outcomes.
- **Foster coping strategies**: Help patients develop resilience skills such as stress management, self-compassion, and social support utilization.



Ongoing Professional Development

- **Continue education** on weight stigma, health equity, and bias prevention.
- **Solicit patient feedback** to identify areas for improvement in care experiences.
- **Track outcomes beyond weight**: Focus on mental health, functional health, patient satisfaction, and engagement with care.

08

Creating Inclusive, Size-Affirming Practices

Creating Inclusive, Size-Affirming Practices

Healthcare settings play a critical role in promoting patient comfort, trust, and equitable care. Size-affirming practices help reduce stigma and foster an environment where patients of all body sizes feel respected and valued.

Physical Environment and Equipment

- **Seating and furniture**: Provide chairs without arms, wide seating options, and sturdy furniture that accommodates diverse body sizes.
- **Exam tables and equipment**: Ensure examination tables, blood pressure cuffs, and other devices are accessible to patients of all sizes. Consider longer needles for vaccinations when needed.
- **Office layout**: Ensure doorways, hallways, and spaces allow easy movement for all patients.



Clothing and Supplies

- **Patient gowns**: Offer gowns in a full range of sizes to ensure dignity and comfort.
- **Medical tools**: Stock appropriately sized equipment, including blood pressure cuffs and other commonly used devices.

Health Frameworks and Communication

- **Weight-neutral approaches**: Use Health at Every Size (HAES) or other weight-neutral frameworks when appropriate. Focus on health-promoting behaviors rather than weight alone.
- **Intake forms and EMRs**: Design forms to be respectful, avoiding unnecessary emphasis on weight or body size.

Messaging and Inclusivity

- **Office signage**: Display statements of inclusivity and respect to communicate a welcoming environment.
- **Patient-facing materials**: Ensure magazines, educational brochures, and resources reflect diversity in body size and avoid reinforcing stereotypes.

Considerations for Daily Practice

- **Awareness of environmental cues**: Small details, such as the placement of scales or the types of magazines provided, can impact patients' comfort and perception of inclusivity.
- **Meeting patients' needs**: Create a space where patients feel safe and respected, promoting engagement, trust, and adherence to care plans.

09

Communicating Respectfully with Patients of All Sizes

Communicating Respectfully with Patients of All Sizes

Effective communication is essential to reducing weight stigma and fostering trust in the clinical encounter. How healthcare providers talk about weight and health can profoundly shape a patient's experience, engagement, and long-term outcomes. By adopting respectful, inclusive language and collaborative strategies, providers can support patients in achieving health goals without reinforcing stigma.

This responsibility extends beyond physicians and nurses – support staff such as receptionists, medical assistants, and administrative personnel also play a critical role in creating a welcoming environment. When all members of the healthcare team use inclusive, nonjudgmental language, it reinforces dignity, reduces anxiety, and signals that the clinic is a safe space for people of all body sizes.



Language and Framing

Start by using person-first or neutral language. Referring to a patient as a “person in a larger body” or “higher weight” helps emphasize the individual rather than their weight. Focus discussions on behaviors and health-promoting actions, such as movement, nutrition, stress management, and sleep, rather than weight as the sole outcome.

Patient Engagement and Listening

Before discussing weight, ask permission. This shows respect for patient autonomy and fosters trust. When patients share their experiences, listen without judgment and validate their feelings. Avoid assumptions that body weight is the root cause of symptoms; explore all potential contributing factors to fully understand the patient’s health concerns.

Motivational Interviewing Strategies

Using motivational interviewing techniques allows patients to guide conversations about health in a way that is empowering rather than prescriptive. Providers can ask open-ended questions such as:

- “Could we talk about your weight today?”
- “How ready do you feel to change your eating patterns or lifestyle behaviors?”
- “Can you share with me what you’ve tried in the past to make changes?”
- “How would you like your health to be different?”
- “What steps feel manageable for you to take right now?”
- “What words would you like us to use when discussing your weight?”

Special Considerations for Pediatric Patients

When working with children, communication often involves parents or caregivers. When parents inquire about their child’s growth or percentile, frame responses in a reassuring, health-focused way:

- “They are growing well!”
- “I have no reason to be worried about their weight.”

It is also important to clarify why weighing may be medically necessary, such as for medication dosing, monitoring fluid balance, or recovery from an eating disorder. By explaining the rationale, providers maintain transparency and reduce anxiety while reinforcing the patient-centered focus of care.

10

Continuing Education and Resources

Continuing Education and Resources

Books

- Fat Talk: Parenting in the Age of Diet Culture by Virginia Sole-Smith
- Intuitive Eating: A Revolutionary Diet Approach by Evelyn Tribole & Elyse Resch
- Decolonizing Wellness: A QTBIPOC-Centered Guide to Escape the Diet Trap, Heal Your Self-Image, and Achieve Body Liberation by Dalia Kinsey
- What We Don't Talk About When We Talk About Fat by Aubrey Gordon
- Your Body is Not an Apology by Sonya Renee Taylor
- You Have the Right to Remain Fat by Virgie Tovar
- Fearing the Black Body: The Racial Origins of Fat Phobia by Sabrina Strings

Podcasts

- What is Weight Stigma? With Dr. Rebecca Puhl
- The Language of Weight Stigma (with Ragen Chastain)
- Rebel Eaters Club Podcast hosted by Virgie Tovar
- Fierce Fatty Podcast hosted by Vinny Welsby (they/them)
- Maintenance Phase hosted by Aubrey Gordon and Michael Hobbes

Documentaries

- Embodied
- Your Fat Friend

Organizations

- UConn Rudd Center for Food Policy and Health
- Association for Size Diversity and Health
- National Association to Advance Fat Acceptance
- Obesity Medicine Association
- The Obesity Society
- Obesity Action Coalition

Support groups and online communities

- Fat Fridays Virtual Social Club
- ASDAH Events
- I Weigh Community
- Weight and Healthcare Newsletter by Ragen Chastain

For educators and healthcare professionals

- Healthcare professionals:
 - Massachusetts Medical Society – Weight Bias Resources
- Educators:
 - Weight Bias and Stigma in Schools (PDF)

11

Final Thoughts

feeling good
through
movement



Weight stigma is a critical barrier that undermines health, compromises well-being, and perpetuates inequities in care. Throughout this booklet, we have highlighted how bias, assumptions, and unintentional harm can impact patients of all sizes, and we have provided practical strategies for healthcare providers to address these challenges.

At the heart of inclusive care is a commitment to dignity, equity, and patient-centered practice. Every interaction with a patient is an opportunity to foster trust, validate experiences, and support health-promoting behaviors in a manner that respects individuality and autonomy. Language matters, environments matter, and the approach providers take – whether in communication, clinical assessment, or office design – can either perpetuate stigma or create a safe, empowering space for all patients.

This booklet is not merely a set of recommendations; it is a call to action. Healthcare providers are invited to reflect on their own biases, continually educate themselves, and advocate for policies and practices that reduce stigma. By committing to inclusive care, engaging in ongoing learning, and promoting equitable treatment, clinicians can help dismantle weight-based discrimination and improve both the patient experience and long-term health outcomes.

Every thoughtful change, whether in how we speak, practice, or design our spaces, helps build a more respectful and inclusive culture and practice. As healthcare providers, you have the power to create lasting impact by ensuring every patient receives compassionate, understanding, and high-quality care.



Thank You

At Greaux Healthy, we are committed to fostering a culture of respect, inclusion, and evidence-based understanding around health and well-being. This booklet is designed to support our shared mission of promoting health equity and reducing weight stigma in our communities.

We encourage you to use this resource as a guide to better understand how weight stigma affects individuals across all ages and backgrounds. Whether you're a healthcare provider, educator, parent, or community member, your role in creating inclusive environments matters.

If you have questions or would like to learn more about our outreach efforts, please connect with the Greaux Healthy team. Together, we can build a healthier, more compassionate Louisiana – where everybody is valued.

Thank you for being part of this important work!

– The Greaux Healthy Team at Pennington Biomedical Research Center

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