



**University
of Victoria**

Educational Psychology
& Leadership Studies

Obesity, Weight Bias, and Language

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Financial Disclosures

SSHRC
CRSH



Canada



	Speaker	Advisory	Research	Consultant
AbbVie				
Allergan				
Janssen				
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Mylan				
Olympus				
Pendopharm				
Pentax Medical				
Pfizer				
Shire				
Takeda				

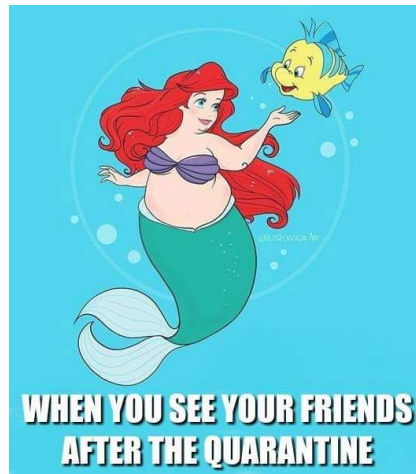
CanMEDS Roles Covered: Nutter - “Canadian Obesity Weekend 2022”

	Medical Expert (as <i>Medical Experts</i> , physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. <i>Medical Expert</i> is the central physician Role in the CanMEDS Framework and defines the physician’s clinical scope of practice.)
	Communicator (as Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
	Collaborator (as <i>Collaborators</i> , physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
	Leader (as <i>Leaders</i> , physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
	Health Advocate (as <i>Health Advocates</i> , physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
	Scholar (as <i>Scholars</i> , physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
	Professional (as <i>Professionals</i> , physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

Presentation Overview

- What has COVID-19 taught us about weight bias
- Why is language so important to consider?
- How can we reduce weight bias in our practice?

Me in Quarantine



Willow C. Padilla
@WillowCheyenne

Forget Freshman 15, welcome to the
Covid-19



PERSONAL HEALTH

The Pandemic as a Wake-Up Call for Personal Health

Too many Americans fail to take measures to combat obesity, the second leading risk factor for death from Covid-19.

BRUCE DOWBIGGIN

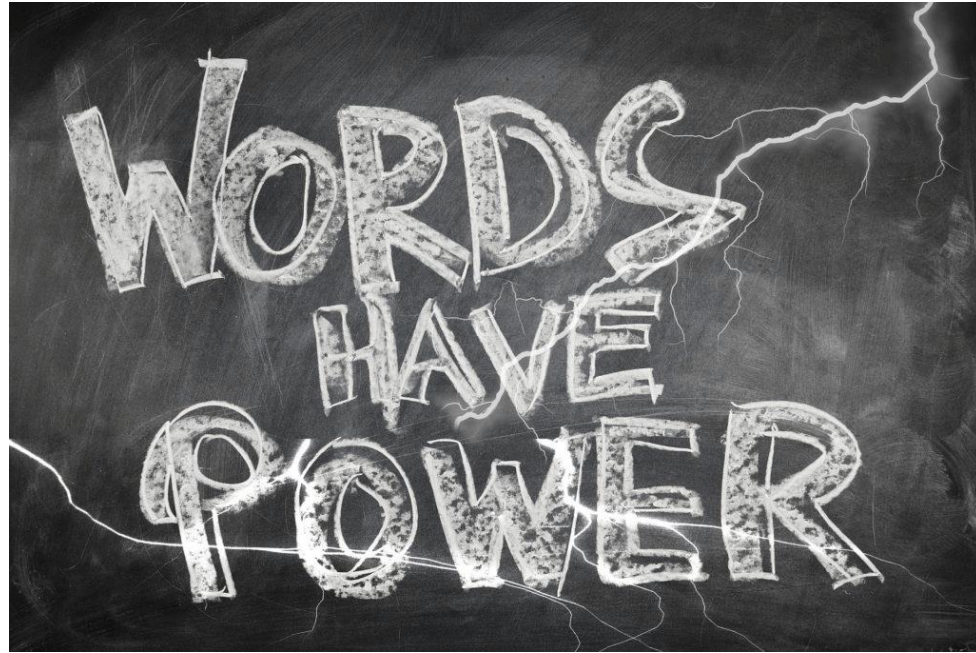
Covid's Weighty ICU Problem: Why Do Obese Get A Pass?

A Dangerous Pairing: COVID-19 & Obesity - Heightened
Risk for COVID-19 Severity

Protect Yourself Against COVID, Lose Weight

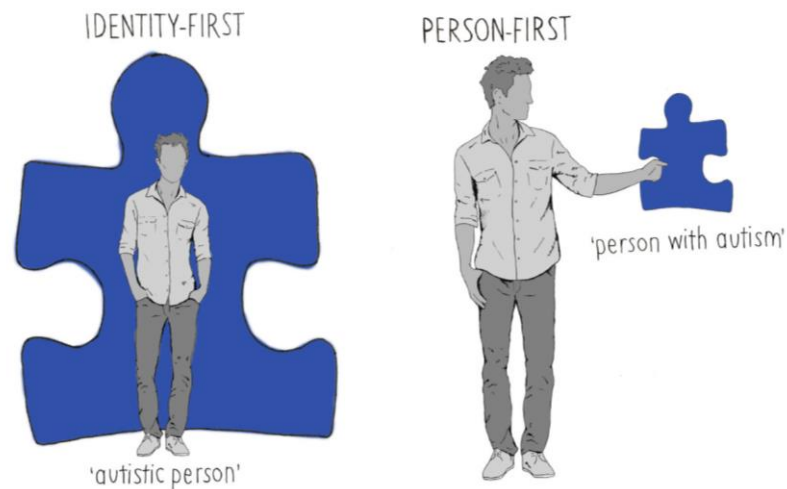
The new coronavirus is more dangerous if you carry extra pounds.

Posted October 12, 2020 | Reviewed by Lybi Ma



Person-First Language

- Putting the person before the condition or identity
 - Reduces stereotypes and biased discourse
 - Requires ongoing advocacy
 - Recommended in the 2020 Canadian Clinical Practice Guidelines



Albury et al., 2020; Bajaj & Stanford, 2021; Palad & Stanford, 2018;
Stuart & Reale, 2014; Wharton et al., 2020

 : Lia Petronio

Weight Terminology

Favourable/Most Preferred

- Unhealthy Weight
- Unhealthy BMI
- High BMI
- Excess Weight
- Weight Problem
- Fat
- Plus Size
- Chubby

Unfavourable/Least Preferred

- Obese / Obesity
- Morbidly Obese / Extremely Obese
- Fat / Fatness
- Excess Fat
- Unhealthy Weight
- Chubby
- Curvy
- Large / Large Size
- Heavy / Heaviness

Puhl, 2020

Obesity & the Obesity Paradox

- Obesity: *a chronic disease that occurs when excess or abnormal adiposity impairs health*

- Not all people with higher body weights experience health impairment from excess adiposity
- Some people with "normal" BMI experience obesity-related cardiometabolic morbidity

Paradox: *something that is contradictory to expectations or a logically unacceptable conclusion*

Gaesser et al., 2019; Li et al., 2021; Stuart & Reale, 2014; Wharton et al., 2020; Wijayatunga & Dhurandhar, 2021

The Limitations of BMI

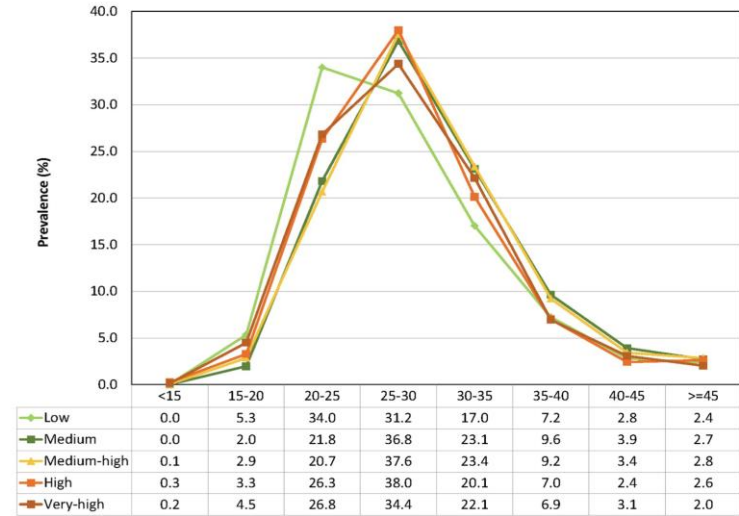
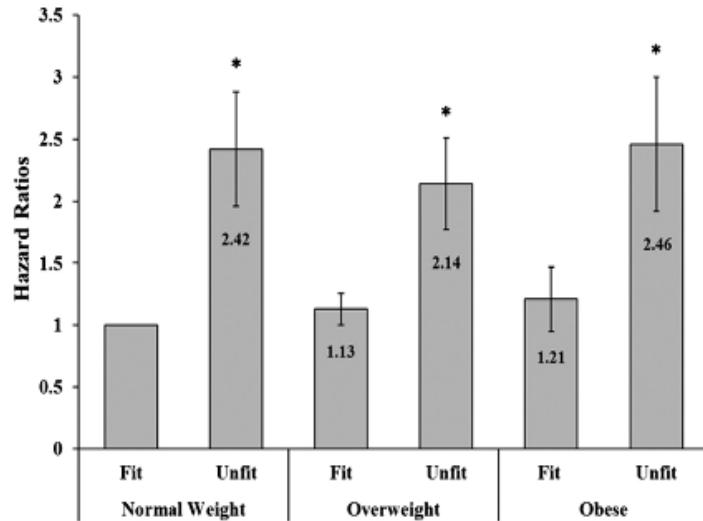


Fig 1. Distribution of the prevalence (%) of the eight BMI categories among the five mortality risk groups: Low, medium, medium-high, high and very-high risk.

Gaesser et al., 2019; Li et al., 2021; Tomiyama et al., 2016

Recommendations

1. Begin using, or continue to use, person-first language, especially with regard to patients living with the medical diagnosis of obesity
2. Ask for, and use, patient language preferences, even when they are not your own
3. Acknowledge updated definitions of obesity that move beyond BMI
4. Differentiate between people diagnosed with obesity and people with higher body weights who do not have obesity



THANK YOU!



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