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Weight Bias and Discrimination: Origins and Solutions


Arya M Sharma, MD/PhD, FRCP(C)
Professor of Medicine
Research Chair for Obesity Research & Management
University of Alberta
Medical Co-Director
Alberta Obesity Program
Edmonton, AB, Canada
www.drsharma.ca



H1N1 Virus

Spring 2009: Severe obesity was among the relevant chronic health conditions identified by PHAC/CDC.

Fall 2009: Manitoba only province to prioritize severely obese patients for vaccination.



Contents lists available at SciVerse ScienceDirect

Vaccine
journal homepage: www.elsevier.com/locate/vaccine

Discussion
The influence of the stigma of obesity on H1N1 influenza vaccine sequencing in Canada in 2009
Chris Kaposy*
Advisor of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland, Health Sciences Centre, Room 2830, St. John's NL, A1B 3X6, Canada

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ABSTRACT
In 2009, the Public Health Agency of Canada (PHAC) provided guidelines about which groups should be given first access to the H1N1 influenza vaccine. These guidelines recommended that people under 65 with chronic health conditions should be among the first groups to receive the H1N1 influenza vaccine. Severe obesity was among the relevant chronic health conditions identified by PHAC. Since health care is under the jurisdiction of the ten Canadian provinces, the provinces were not required to follow these recommendations in their respective mass vaccination campaigns. Only one province (Manitoba) followed the PHAC recommendation with respect to severely obese. Even provinces did not offer a priority first

Nov 2008: Supreme Court of Canada refuses to hear an appeal by the Canadian Transportation Agency, thus upholding the federal High Court ruling that people who are "functionally disabled by obesity" deserve to have two seats for one fare

Globe & Mail Editorial: implying that with this ruling the Supreme Court was undermining the case for people with "real disabilities".

June 20, 2011

"Not surprisingly, this report shows that improving lifestyle behaviours, such as healthy eating and physical activity, can have a significant impact on reducing the waistlines and improving the health of Canadians."






"However, obesity is complex, and there are many other factors that contribute beyond lifestyle habits."

IN CANADA
A JOINT REPORT FROM THE PUBLIC HEALTH AGENCY OF CANADA
AND THE CANADIAN INSTITUTE FOR HEALTH INFORMATION

Public Health Agency of Canada
Agence de la santé publique du Canada

Canadian Institute for Health Information
Institut canadien d'information sur la santé


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Health Reports

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Subject

Physical activity of Canadian children and youth: Accelerometer results from the 2007 to 2009 Canadian Health Measures Survey

by Rachel C. Colley, Didier Garriguet, Ian Janssen, Cora L. Craig, Janine Clarke and Mark S. Tremblay

Growing evidence indicates that the health of Canadian children has deteriorated in the past few decades.¹⁻⁴ Childhood obesity has risen sharply⁵⁻⁷—a quarter of children and youth are now overweight or obese—and physical fitness has declined.⁸ Yet paradoxically, according to self-reported data, the majority of Canadian youth are

For this article...

Abstract

News release in *The Daily*

Tables and figures

References

To extract charts and tables

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Sex / Age group / BMI category	Intensity of activity				Step counts	
	Sedentary	Light	Moderate	Vigorous	Moderate-to-vigorous	
	Average minutes per day					Average
BMI category						
Not overweight/obese†	524	249	46	2	48	10,224
Overweight	515	262	43	1E	44	10,450
Obese	544	263	47	<3	48	11,159

CONDUIT

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COGNITIVE
Behavioural Therapy
TEACHING
Kids to be
Their Best

THE COST
OF OBESITY
for Employers



WEIGHT BIAS & DISCRIMINATION:
THE NEW RACISM?

15es Journées annuelles de santé publique



STICKS AND STONES BREAK BONES, BUT WORDS CUT TO THE HEART

Children suffer from weight-focused bias and bullying

It still isn't surprising many working in the field of weight and obesity — or even those in the general public — to read that multiple studies have reaffirmed that weight bias exists in our culture. But the extent to which children as young as three are subjected to the bias is alarming. Several studies report that among overweight youth, 20% of girls and 25% of boys experience weight-focused peer victimization (Eisenberg, 2003). Vulnerability to bullying increases with body weight, with 40% of the heaviest children reporting harassment by their peers. The association between bullying and weight is so strong, in fact, that a child's BMI can accurately predict the likelihood of future victimization.

LINKING MENTAL HEALTH AND CHILDHOOD OBESITY

Making connections to help find solutions

Childhood cannot be held accountable for the national mental health crisis and obesity epidemic rippling across the globe among Canadian children and youth. That's why researchers, clinicians and policy makers have been searching for the keys that may go hand in hand.

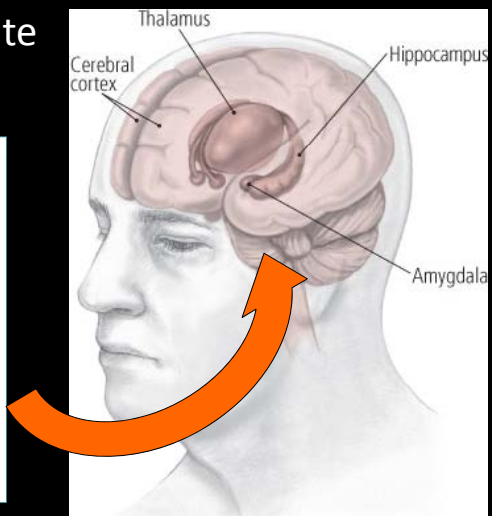
Merely acknowledging the relationship between obesity and mental health in our children has been a major step towards progress, says Dr. Dina Penagiotopoulos, clinical scientist in the Child & Family Research Institute, pediatric endocrinologist at BC Children's Hospital and assistant professor of endocrinology in the Department of Pediatrics. "We now have the presence of psychological/psychiatric concerns at the initial assessment and try to provide a multidisciplinary treatment plan that focuses on both the child's physical and mental well-being."

The perspectives on these comorbid conditions are many, and a growing understanding of the connection between mental health and weight issues is enabling experts to tackle the problem from different sides of the equation. One question is, if weight trouble starts in childhood, what are the long-term repercussions for physical and mental health? Obesity leads to increased risk for various chronic diseases leading to reduced life expectancy and quality of life, but it's less clear to what extent childhood obesity affects mental health.

Research led by Paul Neugens at the University of Alberta's School of Public Health has found that body weight and self-esteem are inversely related in children. His national findings in *Health Reports/Statistiques Canada* (June



Depression and Appetite



Addictions

Protection

SPECIAL REPORT: CHILDHOOD OBESITY

DO I LOOK FAT IN THESE GENES?

RARE GENETIC DISORDERS OFFER INSIGHT TO OBESITY

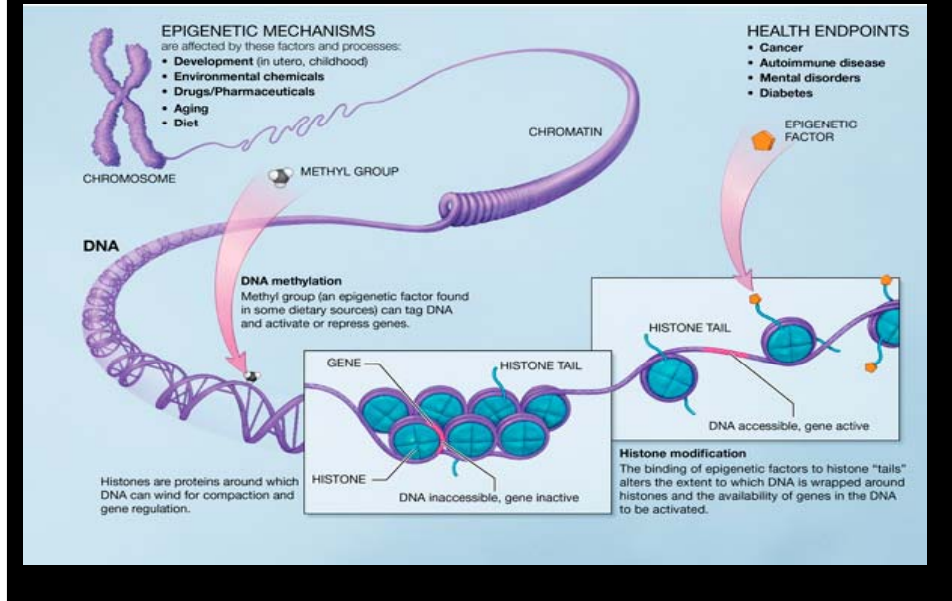
Studies of twins, adopted children and their families have provided strong evidence of the heritability of obesity. In particular, a 1990 study of identical twins raised apart found that their adult BMI was strongly correlated to each other (despite being separated at birth) rather than to the families in which they were adopted (Strunkard, *N Engl J Med*).

While estimates vary widely as to what share of an individual's BMI is attributable to genetics (30% to 70%, depending on the study), most studies suggest that severe early onset obesity in children is likely to be associated with a genetic disorder.

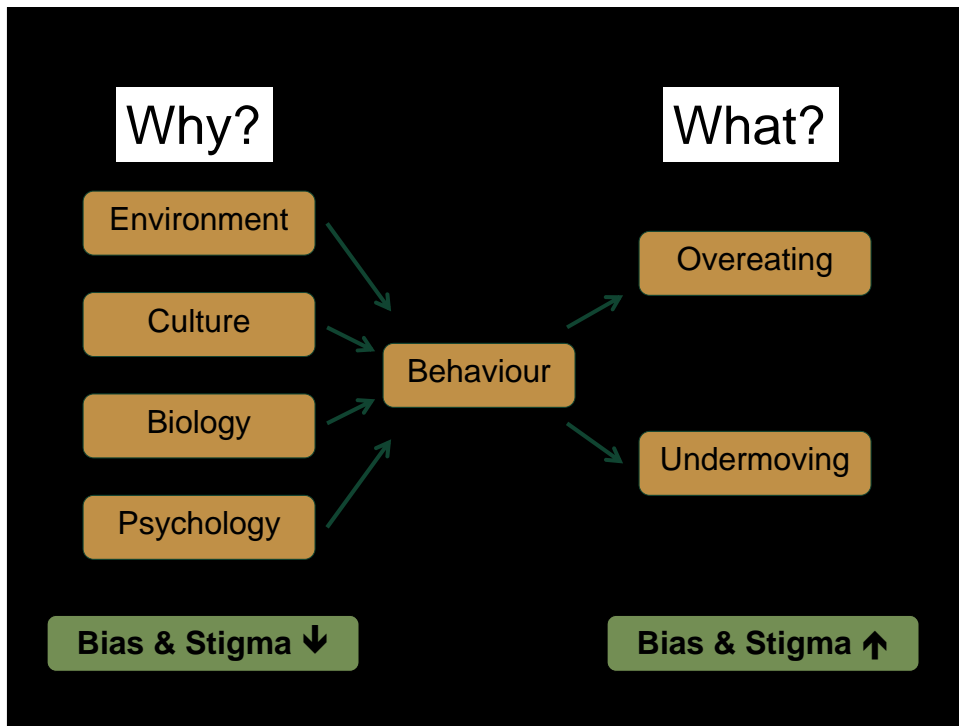
Pediatric endocrinologist Andrea Haqq of the University of Alberta studies childhood obesity and its genetic roots. Of the single-



Our Genes Have Changed!




Can we Change Weight Bias in Health Professionals?



WELCOME TO THE
1st CANADIAN SUMMIT
ON WEIGHT BIAS
AND DISCRIMINATION

Toronto, Jan 17-18, 2011



#1: Address weight-bias amongst health professionals through training and education.

#2: Eliminate weight-based bullying in school and educational settings.

#3: Ensure that public policies and actions do not unintentionally promote discrimination against persons with obesity.

Strategies?

Educate on 'healthy active' living

Shame & Blame

Tax & Ban

Educate on complex drivers of obesity

Avoid stereotyping

Foster acceptance & accommodation

Prevention works best, when you can add it to the drinking water







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Strategic Partnership Program

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KT Resources

- CRFSITY+
- Advancing Obesity (incl. case)
- Preceptorship Program
- Canadian Clinical Guidelines
- Conferences and Workshops
- CON-ROO Videos

Image Bank

- Image Gallery

Archived Presentations

- 2nd National Obesity Summit
- 1st Canadian Summit on Weight Bias and Discrimination
- CON-CIHR Bariatric Care Workshop

Recommended Tools

- Calculate Body Mass Index (BMI)
- How to Use a Pedometer
- Framingham Risk

Nov 29, 2011

Canadian Obesity Network Image Gallery

Galleries >> [Child/Youth](#) | [Woman](#) | [Family](#) | [Man](#)

Instructions: Click on the picture you would like to download, then click on the blue down arrow and select download. High resolution .jpg files are approx 15 MB and Low resolution .jpg files are approx 250k. It might take a few seconds to load the image gallery.

Men Menu | ▾

High_Men_1.jpg	High_Men_2.jpg	High_Men_3.jpg	High_Men_4.jpg	High_Men_5.jpg

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Questions to ask:

Will this message

- reinforce obesity stereotypes?
- foster simplistic notions about weight control?
- promote unrealistic weight-loss expectations?
- increase weight bias?

Don't be part of the problem,
be part of the solution!

JOIN the Canadian Obesity Network – Réseau canadien en obésité today and get access to a network of 5,000+ professionals with an interest in the prevention and treatment of obesity. Membership is **FREE**.

JOIGNEZ-VOUS dès aujourd'hui au Réseau canadien en obésité – Canadian Obesity Network et obtenez l'accès à un réseau de plus de 5 000 professionnels de la santé concernés par la prévention et le traitement de l'obésité. Adhésion **GRATUITE**.

www.obesitynetwork.ca/JOIN

