

# Trends in Obesity & Health for 2022

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# Obesity in Canada

- Obesity, defined as a BMI  $\geq 30$  kg/m<sup>2</sup>, affected 26.4% or **8.3 million** Canadian adults in 2016.
- Since 1985, severe obesity increased 455% and affected an estimated **1.9 million** Canadian adults in 2016.
- **25-30%** of children and youth live with overweight, obesity and severe obesity; 3% live with severe obesity
- Obesity has **not** received official recognition as a chronic disease by the federal government or **any** provincial/territorial governments (nor several PTMAs).
- There are **no** official government/ministry guidelines or policies for obesity treatment and management in adults in **any** province or territory.
- Access to treatment (public & private coverage) remains **inequitable** vs. other chronic diseases.

# Obesity Canada

**Respect.  
Knowledge.  
Action.**

Canada's national obesity charity for Canadians living with Obesity, health professionals, researchers, trainees and students and policy makers.

**Vision:** A day when people affected by obesity are understood, respected and living healthy lives.

**Mission:** To improve the lives of Canadians through obesity research, education and advocacy.

**Strategic goals:**

- Addressing social stigma
- Changing the way policy makers and health professionals approach obesity; and
- Improving access to evidence-based prevention and treatment resources.

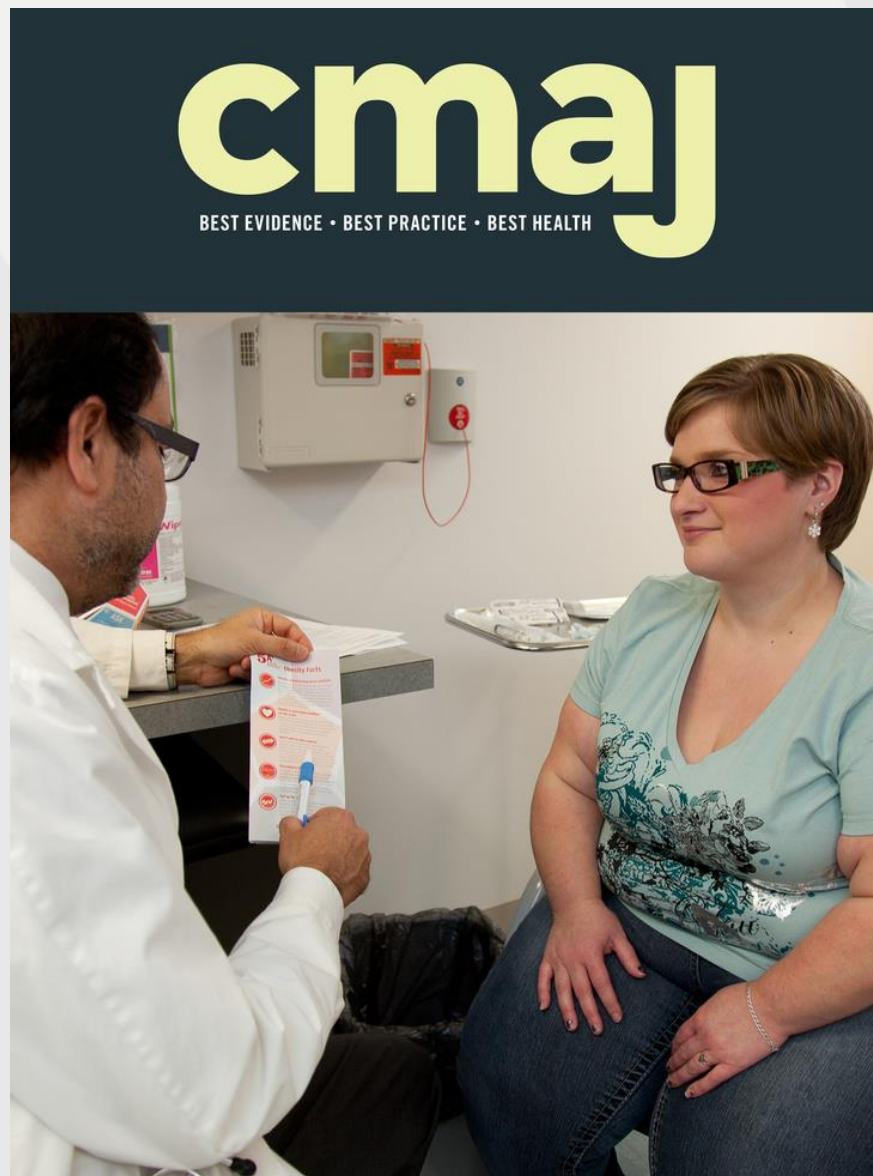
REPORT CARD  
ON ACCESS TO

**OBESITY  
TREATMENT  
FOR ADULTS IN  
CANADA 2019**

[obesitycanada.ca/report-card](http://obesitycanada.ca/report-card)



# New Obesity Definition



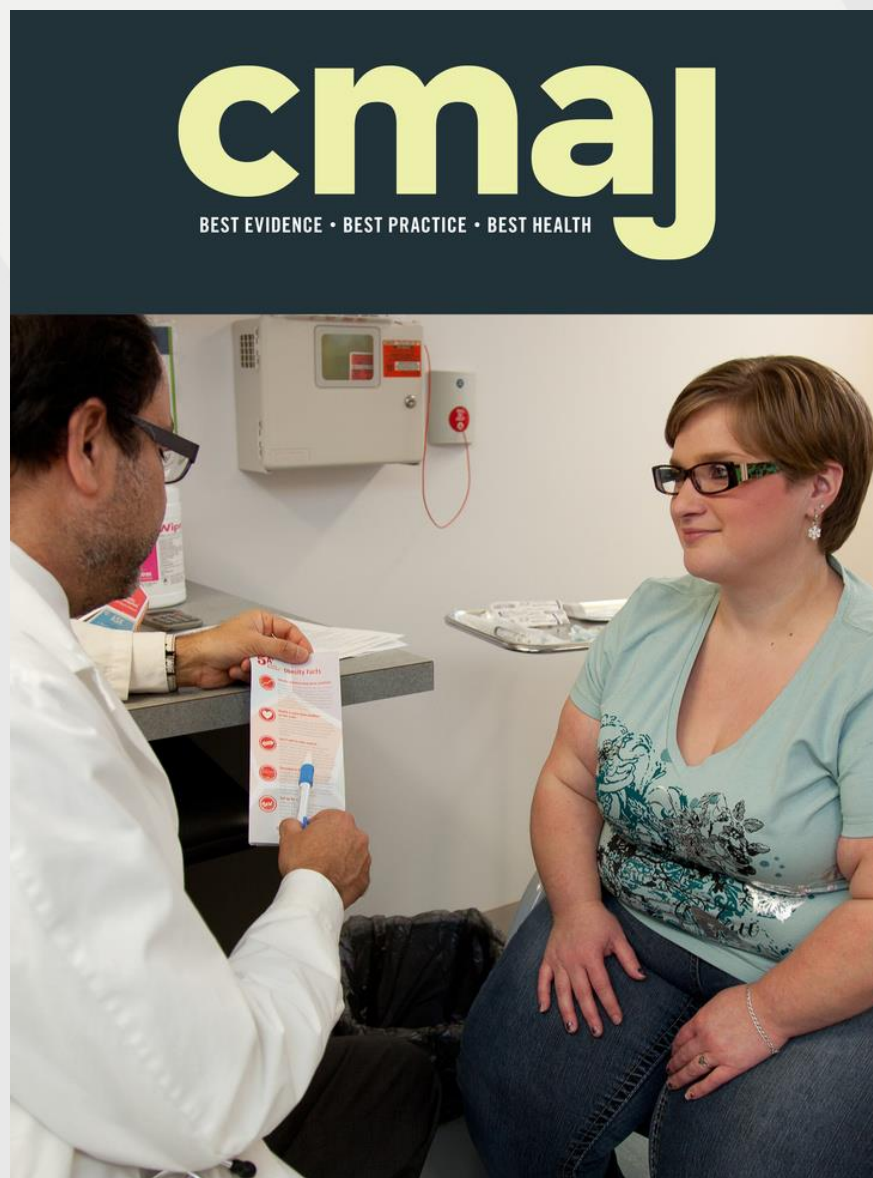
## Obesity in adults: a clinical practice guideline

*CMAJ* August 04, 2020 192 (31) E875-E891

Obesity is defined as a prevalent, complex, progressive, and relapsing chronic disease **characterized by abnormal or excessive body fat (adiposity) that impairs health.**

Recommendations and key messages in the guidelines are specific for people living with obesity and may not be applicable or appropriate for people with larger bodies who do not have health impacts from their weight.

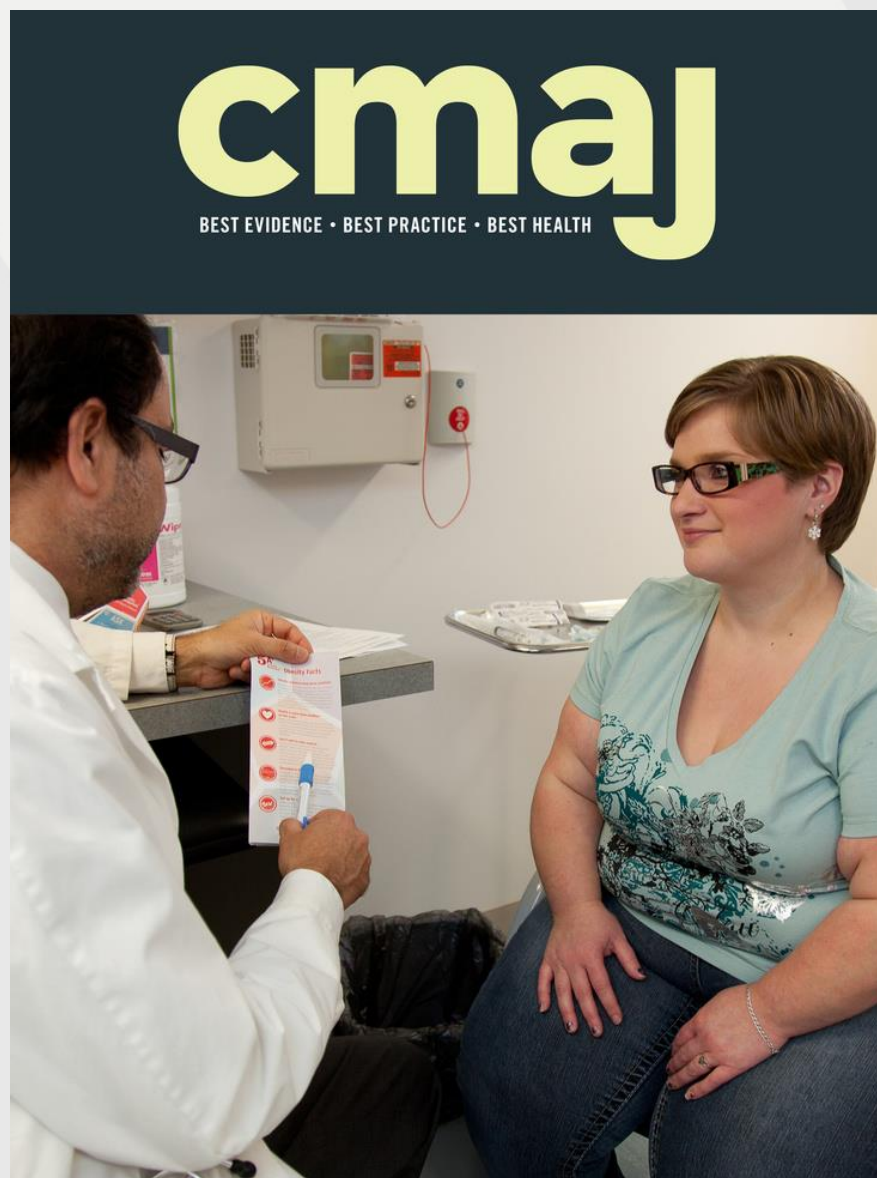
# Key Principles of Obesity Management



Obesity should be managed using **evidence-based chronic disease management principles**, must validate patients' lived experiences, move beyond the simplistic approaches of “eat less, move more”, and address the root drivers of obesity.

People who are living with obesity should have **access to evidence-informed interventions**, which should include medical nutrition therapy, physical activity, psychological interventions, pharmacotherapy, and surgery.

# Treatment Options



Medical nutrition therapy and physical activity are part of **any** chronic disease management strategy, including obesity management.

Medical nutrition therapy and physical activity interventions in combination with adjunctive obesity treatments can be **tailored to meet an individual's health-related or weight-related outcomes.**

# Treatment Options

## The Three Pillars of Obesity Management that Support Nutrition and Activity







# OC Connect

A free and secure  
online community  
designed to empower  
people affected by  
obesity.

[oc-connect.ca](https://oc-connect.ca)

# Key Themes from the Obesity Canada Community

A word cloud visualization of key themes from the Obesity Canada Community. The words are arranged in a roughly circular pattern, with larger words indicating higher frequency or importance. The most prominent words are 'depressing', 'shameful', 'lonely', 'debilitating', 'painful', and 'exhausting'. Other significant words include 'frustrating', 'limiting', 'challenging', 'embarrassing', 'demoralizing', 'frustrated', 'insecure', 'isolating', 'stigmatizing', 'anxious', 'failure', 'degrading', 'uncomfortable', 'inferior', 'relentless', 'overwhelming', 'discrimination', 'ostracizing', 'hell', 'alienating', 'tiring', 'scary', 'sick', 'worthy', 'slow', 'terrifying', 'low energy', 'cruel', 'discouraging', 'tramaic', and 'energy'.

demoralizing slow  
stigmatizing  
low energy  
exhausting  
relentless  
overwhelming  
terrifying  
debilitating  
anxious  
painful  
worthy  
lonely  
failure  
frustrated  
tramaic  
frustrating  
sick  
degrading  
challenging  
depressing  
insecure  
hell  
embarrassing  
scary  
ostracizing  
uncomfortable  
alienating  
limiting  
inferior  
energy

# Public Advocacy Tools

## I Want To Talk To You About OBESITY



**Obesity is a chronic disease**  
Recognized by the World Health Organization and Canadian Medical Association and defined as a prevalent, complex, progressive and relapsing chronic disease, characterized by abnormal or excessive body fat (adiposity), that impairs health.

**Obesity is not simple**  
How an individual develops obesity and how they will respond to interventions involves a complex interaction of genetic, biological, environmental and behavioural factors. Simple approaches will not solve complex problems.

**Eating less and moving more is not a cure alone**  
Like any chronic disease, behaviour around nutrition and exercise are an important supplement to chronic disease management, but not the treatment itself.

**There are evidence-based treatments available**  
The three pillars of obesity management include Cognitive Behavioural Therapy, Pharmacotherapy and Bariatric Surgery.

**There are comprehensive Clinical Practice Guidelines available**  
[obesitycanada.ca/guidelines](http://obesitycanada.ca/guidelines)

How can we work together?



## Obesity, COVID-19 and Vaccine Priority: Here's what you need to know

In some provinces people with a Body Mass Index (BMI) >40 have been prioritized for the 2nd phase of the province's COVID-19 vaccine rollout beginning in April.<sup>1</sup>

**The World Health Organization has identified obesity as a risk for becoming severely ill from COVID-19.<sup>2</sup>** Having obesity may triple the risk of hospitalization, increase the risk of death, and make the effects of COVID-19 much worse.<sup>3</sup>

It is estimated that more than eight million Canadians could be living with obesity,<sup>4</sup> and could be at risk for developing a more severe illness from COVID-19.



**Obesity is a treatable chronic disease** caused by many factors including environment, genes, emotional health, lack of sleep, and more.<sup>5</sup> Successful treatment is not just a matter of eating less and moving more. Just like diabetes and heart disease, obesity needs proper treatment and care.

**Treating obesity is about improving health, not weight loss. Vaccine prioritization for people with obesity is a positive step forward and an effective tool in our COVID-19 vaccine strategy.**

**We encourage people living with obesity to ask their healthcare provider for more information.**



*Obesity is defined as excess or abnormal body fat that impairs health. BMI is just part of the definition, not the whole picture.*

For more information on obesity visit [ObesityCanada.ca](http://ObesityCanada.ca).  
Canadian Adult Obesity Clinical Practice Guidelines - Obesity Canada  
For more information on COVID-19 vaccines visit [Canada.ca/COVID-19/vaccines](http://Canada.ca/COVID-19/vaccines).

1 CPAC (2021). This is the list of people eligible for COVID-19 vaccines in Phase 2. Accessed March 2021. Available at: <https://www.cpac.ca/en/news/this-is-the-list-of-people-eligible-for-covid-19-vaccines-in-phase-2> 1 11/04/2021  
2 WHO (2020). COVID-19 and BMI risk factors. Accessed March 2021. Available at: <https://www.who.int/news/item/14-03-2020-covid-19-and-bmi-risk-factors>  
3 The Centers for Disease Control and Prevention (2021). Obesity, Race/Ethnicity, and COVID-19. Accessed March 2021. Available at: <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html>  
4 Twiss (A, Jansen, A & S. Canadian Adult Obesity Clinical Practice Guidelines: Epidemiology of Adult Obesity. Accessed March 2021. Available at: <https://obesitycanada.ca/guidelines/epidemiology>  
5 Obesity Canada (2020). What is Obesity? Accessed March 2021. Available at: <https://obesitycanada.ca/what-is-obesity/>

## YOU HAVE THE RIGHT TO:

- Be treated with **DIGNITY and RESPECT**
- Be treated with individualized, evidence-informed, and timely care
- Collaborate with your healthcare providers to make informed decisions on proposed treatment options
- Refuse consent to any proposed treatment that does not reflect your personal values and preferences
- Healthcare settings and services absent of bias and discrimination
- Bring someone you trust into the appointment
- Seek a second opinion

Join our online community at [www.oc-connect.ca](http://www.oc-connect.ca)



# Public Education



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1:00-2:00 p.m.

## What Patients Want Healthcare Professionals to Know

**Panel:** Michele Satanove, Lived Experience; Lauren Gatez, Lived Experience; Doug Earle, Lived Experience

**Chairs:** Lisa Schaffer, Chair, Public Engagement Committee, Obesity Canada; David Macklin, MD, Medcan Clinic

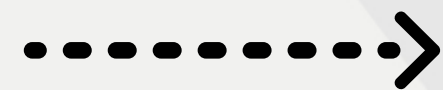
# Bias, Stigma, Discrimination

## Weight Bias



Negative personal attitudes and views about obesity and people with obesity

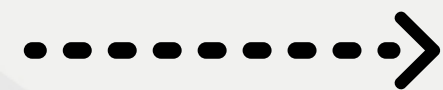
## Weight Stigma



Labelling of people living with obesity based on deeply rooted social stereotypes

Making assumptions about people with obesity

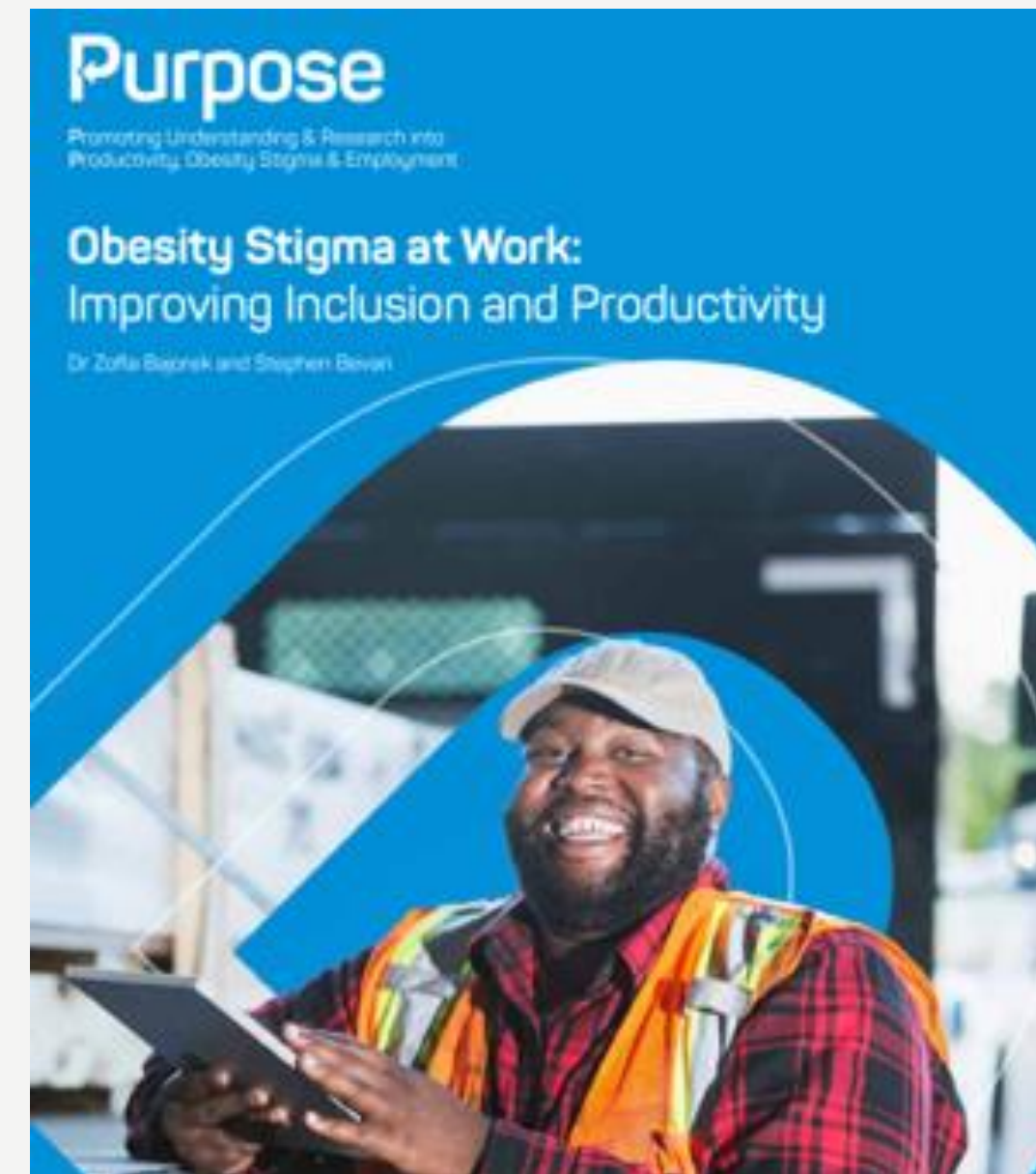
## Weight-Based Discrimination



When we treat people with obesity differently and/or unfairly

Verbal, physical, relational discrimination

# Weight Bias in the Workplace



# Recognizing & Addressing Weight Bias

**People living with obesity face substantial bias and stigma, which directly impacts their health and well-being as well as access to care.**

- Assess your own beliefs and attitudes towards people living with obesity and how these may influence policies and practices.
- Be aware that internalized weight bias (attitudes of people living with obesity towards themselves) can adversely affect behavioural and health outcomes.
- Avoid using judgmental words, images and practices.
- Avoid making assumptions that an ailment or complaint a people with obesity present with is related to their body weight.

# What Can Employers & Benefit Providers Do?

## Understand:

- The complex etiology of obesity has contributed to pervasive weight bias and obesity stigma in society
- Weight bias and obesity stigma has hindered progress in managing obesity as a chronic disease.

## Coverage for Obesity Treatments & Supports:

- Successful management (i.e., prevention, management and treatment) of obesity requires a collective effort at the policy, health system, community and individual level.



# What Can Employers & Benefit Providers Do?

- Obesity care should be **based on evidence-based principles** of chronic disease management like other chronic diseases (e.g., hypertension, T2DM).
- People living with obesity should have **access to evidence-based interventions** (e.g., medical nutrition therapy, physical activity, pharmacotherapy and bariatric surgery) as with all other diseases.
- Obesity care **must validate patients' lived experiences** and move beyond simplistic approaches of “move more and eat less.”

**OC Connect**  
oc-connect.ca

**OC Connect Pro**  
obesity.timedright.com



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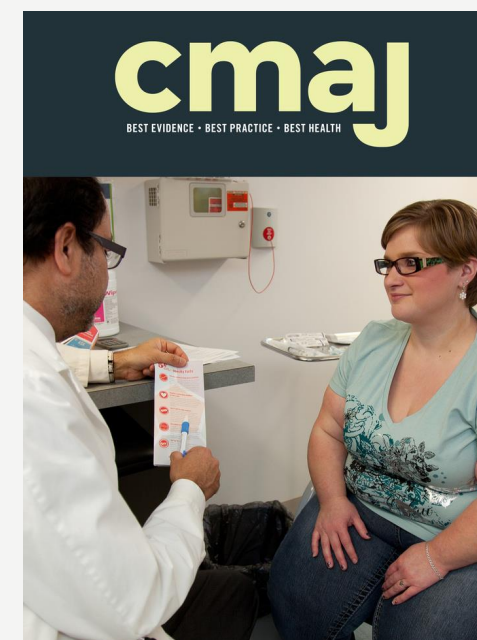
/ObesityCanada



/Obesity Canada



youtube.com/c/canadianobesity



obesitycanada.ca/guidelines

# Thank you!

