

## CONVERGE COVID-19 Working Groups for Public Health and Social Sciences Research

### Research Agenda-Setting Paper

*This paper was written to help advance convergence-oriented research in the hazards and disaster field. It highlights areas where additional research could contribute new knowledge to the response to and recovery from the pandemic and other disasters yet to come. Questions about the research topics and ethical and methodological issues highlighted here should be directed to the authors who contributed to this paper.*

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#### Working Group Name:

Ethics, Equity, and Risk for Higher Weight People

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#### Working Group Description:

This Working Group brings together a multi-disciplinary team of experts in academic, activism, and law, to address ethical and justice issues relating to the experience of higher weight people during the COVID-19 pandemic. Public health emergencies typically hit vulnerable groups hardest and exacerbate existing social, economic, and political inequalities. Higher weight people already experience anti-fat stigma, epistemic injustice, discrimination, barriers to care, and poorer health outcomes. Of relevance at this time, the origins of fat stigma and discrimination are embedded in colonization and anti-blackness. Our research agenda is to investigate the impact of COVID-19, including the public health, medical, and media response to COVID-19, on the health and well-being of higher weight people. For example, some resource allocation and triage protocols deprioritize higher weight people. Anti-fat stigma is strong in mass media, and weight-gain memes are viral on social media. These issues will be critically analyzed from evidentiary, equity, and ethics perspectives.

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#### Research Timeline—Issues Relating to Ethics, Equity, and Risk for Higher Weight People:

##### *Pre-Pandemic*

1. Medical marginalization of higher weight bodies.
2. Public health policy and initiatives persist with prioritizing weight loss, despite evidence this is ineffective and harmful.
3. Social location and the intersection of race, socio-economic status, gender identity, and weight amongst other identities in personal risk profile for exposure to COVID-19 and infection through living arrangement, employment type and geographic location.

##### *Early Pandemic*

1. Prolific negative mainstream and social media narratives about and portrayal of higher weight bodies in relation to COVID-19 infection and illness.
2. Early publication and pre-publication of speculative research around body mass index (BMI) and COVID-19, with limited peer review or robust commentary for accessible interpretation by the general populace - heightening anxiety in response to alarmist headlines and media soundbites.

3. Renewed energy and reinvigoration of calls for collective action toward weight loss in higher weight patients

**Mid/Peak Pandemic**

1. Surge planning: Allocation and reallocation of medical resource under scarcity/saturation event.
2. Treatment and diagnostic concerns, chronic underfunding of R&D for equipment, imaging tools, and training that is fit for purpose.
3. Conflicting advice and protocols about best practice for mechanical ventilation of higher weight patients.
4. Emergence of statements from U.S. public health officials asserting school closures secondary to the “pandemic could make obesity worse”.
5. Emergence of “infodemic” with individuals and companies capitalizing off the pandemic. For example, see the book, “The 21 Day Immunity Plan: How to Rapidly Improve Your Metabolic Health and Resilience to COVID-19”.

**Post-Pandemic Risks**

1. De-prioritization of higher weight people from receiving early/timely vaccination, secondary to literature asserting reduced vaccine efficacy in higher weight patients.
2. Triage of patients for “catch up,” business as usual care and elective surgeries, weight as exclusion criteria to reduce caseloads.
3. Reinvigoration of governments’ appetites for action targeting anti-higher weight as a result of COVID-19.

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**Priority Research Topics and Specific Research Questions:**

<b>Priority Research Topics</b>	<b>Potential Research Questions and Research-Informed Actions</b>
1. Issue: Fat in association with COVID-19	<ul style="list-style-type: none"> <li>• RQ1.1: What are the range of issues relating to ethics, equity, and risk for higher weight people before, during and after the COVID-19 pandemic? Are these real or artefact? (see detailed questions and actions below)</li> <li>• RQ1.2: What are the ethics of proposed rationing and triage protocols on the grounds of weight or BMI (and successes in e.g. California)?</li> <li>• RQ1.3: Ethics and analysis of presenting dual pandemic: “Obesity” colliding with COVID-19?</li> </ul>
2. Risk and relevance: Paper(s) to respond to the association of higher weight, acquisition and impact of COVID-19	<ul style="list-style-type: none"> <li>• RQ2.1: Are the associations between BMI and risk of COVID-19 acquisition (as presented in the literature) robust after accounting for potential confounding variables?</li> <li>• RQ2.2: Are the associations between BMI and COVID-19 health outcomes (as presented in the literature) robust after accounting for potential confounding variables?</li> <li>• RQ2.3: What are the ethical issues that arise from publishing associations between BMI, risk of COVID-19 acquisition and COVID-19 health outcomes?</li> <li>• RQ2.4: What are the ethical issues that arise from differential treatment of people based on assumptions made about associations between BMI, risk of COVID-19 acquisition, and COVID-19 health outcomes?</li> <li>• RQ2.5: Who is most at risk from the harms arising from assumptions made about associations between BMI, risk of COVID-19 infection and outcomes?</li> <li>• A2.6: Create a document detailing risk and outcomes for dissemination to the general public.</li> </ul>

<p>3. Living Fat During COVID-19</p>	<ul style="list-style-type: none"> <li>• RQ3.1: What are the lived experiences of higher weight people during and after COVID-19 (including impact of media coverage, various guidelines, research papers, triggers)?</li> <li>• RQ3.2: What are the impacts of the public health measures enacted to reduce COVID-19, including travel bans, stay at home, and physical/social distancing recommendations or orders, mandatory quarantine, and recommended or mandatory face masks in public (in some countries) for higher weight people?</li> <li>• RQ3.3: What is the impact of media coverage about COVID-19 infection and transmission mechanisms, morbidity and mortality rates, and public health measures for higher weight people?</li> <li>• RQ3.4: What is the impact of social media memes about weight gain due to stay at home requirements for higher weight people?</li> <li>• RQ3.5: What is the impact of these factors on mental, physical, social, spiritual, and financial health and well-being for higher weight people?</li> <li>• RQ3.6: What is the impact of all these factors on behaviors of higher weight people and health professionals or health agencies?</li> </ul>
<p>4. Intersection of Anti-Blackness, Fatness, and Colonization in COVID-19</p>	<ul style="list-style-type: none"> <li>• RQ4.1: How do repeated media messages regarding the disproportionate impact of COVID-19 on the Black community affect mental and physical health of higher weight individuals who were at increased risk due to size and race?</li> <li>• RQ4.2: Were the displays of racial/anti-black violence more impactful due to prolonged social isolation?</li> <li>• RQ4.3: Are higher weight individuals able to fully engage in peaceful protest opportunities or do they feel restricted based on physical access or fears due to increased risk of COVID-19 transmission?</li> <li>• RQ4.4: Were the displays of racial/anti-Black violence more impactful due to prolonged social isolation?</li> </ul>
<p>5. Repository Resource</p>	<ul style="list-style-type: none"> <li>• A5.1: Create a repository of articles</li> <li>• A5.2: Prepare one paragraph summary of the article and counter narrative</li> <li>• A5.3: Create 'end user' info-visuals/videos</li> </ul>

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### **Ethical / Methodological Considerations:**

The major ethical and methodological considerations relate to the collection and analysis of experiential first-person accounts. One consideration is the physical distancing restrictions of COVID-19 which limit in-person research methods. Second, we need to minimize the research burden on higher weight people. Many higher weight people have already been subjected to significant harm during the pandemic. Recounting their experience may cause anxiety and/or further harm; therefore, we will implement strategies to minimize and mitigate this risk. Third, we will explore options for social media research, drawing on stories and narratives that are already in the public domain. Here we will address ethical issues such as privacy, consent for re-use and respecting the expectations and intents of authors with regards to their stories. In addition to the empirical research, we will also undertake a range of reviews. We will analyze available published literature on COVID-19 infection and outcomes among higher weight people. We will use a critical weight science lens including socio-political analysis. This review will inform our understanding of risk and health disparities relating to COVID-19 for higher weight people.

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## Working Group Plan

Working Group members appreciate the opportunity for collaboration since formation. Members wish to continue this group. We welcome new collaborators, in particular Black, Indigenous, and People of Colour. Intersectionality is key and a first action being progressed is to network with other CONVERGE COVID-19 Working Groups. We will continue to collaborate via online means and plan to meet via Zoom monthly. Our aim is to secure grant funding to pursue a number of the research questions identified. It is our hope that we will find a donor to facilitate the creation of a website to promote and share research progress and outcomes as well as hosting our Repository (Priority Topic 5).

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