Bringing the “conspicuously invisible” into focus

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(AUTHOR NAME, BMI Research Series Seminar, Feb, 2017)
Slides are provided for individual view/reflection.
Details at the time of production correct, however as technology
and research evolves data and recommendations may become
out of date.
• Found no empirical reports (so far), and only several anecdotal reports (principally relating to secondary care events)

• We have the potential for many natural disasters in New Zealand, Australia, USA and beyond.

• For some of our communities, as many as 20% of adults fall into the morbid obesity category of BMI 40+, estimating up to 200,000 persons currently in New Zealand.

• The frightening reality for some people is to be caught up on the midst of a disaster, alone and vulnerable due to their relative size, shape or weight.
How?

Pragmatic Approach

- Identify issues
- Assess NZ policies and plans against the Sendai Framework for Disaster Risk Reduction
- Identify disaster risk reduction strategies
- Formulate guidance

Mixed Methodology

**Quantitative surveys**
with key stakeholders

**Qualitative case studies (stories)**
Talanoa / Kaupapa Māori approach
narratives of persons with, or family/whanau affected by morbid obesity
AD 79

Forces of Nature and Cultural Responses

Katrin Pfeifer · Niki Pfeifer
Editors

Springer
Memorial Medical Centre

**Emmett Everett**
61, Honduran born, 380 pounds (172kg)

**Rodney Scott**
More than 300 pounds (136kg+)

**Janine Burgess**
79, estimated around 350 pounds (158kg)

Superstorm Sandy 2012

Superstorm Sandy’s Forgotten Patient -

Late 2012, northeast side of USA/ New York

46 year old woman
Knee injury, wheelchair bound post-op for dislocation and external fixator

Post op – 15th floor

**BMI 81.4 kg/m2**
5 foot 11 inches tall
581 lbs (263.5kg)

Bellevue Hospital Center
Killing 34 people -

The only specific research I found (so far)!

*(although primarily focused on the potential for health promoting activities to reduce size)*

Priorities for Action

There is a need for focused action within and across sectors by States at local, national, regional and global levels in the following four priority areas.

**Priority 1**
Understanding disaster risk

Disaster risk management needs to be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment.

**Priority 2**
Strengthening disaster risk governance to manage disaster risk

Disaster risk governance at the national, regional and global levels is vital to the management of disaster risk reduction in all sectors and ensuring the coherence of national and local frameworks of laws, regulations and public policies that, by defining roles and responsibilities, guide, encourage and incentivize the public and private sectors to take action and address disaster risk.

**Priority 3**
Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets, as well as the environment. These can be drivers of innovation, growth and job creation. Such measures are cost-effective and instrumental to save lives, prevent and reduce losses and ensure effective recovery and rehabilitation.

**Priority 4**
Enhancing disaster preparedness for effective response, and to «Build Back Better» in recovery, rehabilitation and reconstruction

Experience indicates that disaster preparedness needs to be strengthened for more effective response and ensure capacities are in place for effective recovery. Disasters have also demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of the disaster, is an opportunity to «Build Back Better» through integrating disaster risk reduction measures. Women and persons with disabilities should publicly lead and promote gender-equitable and universally accessible approaches during the response and reconstruction phases.
In particular, tsunamis were seen as “the latest hot button” (G2) which had been overhyped.

(P1) “I think some people that just relax, you know. They sit back and relax. Because it's [tsunami] never happened, they think it's a wasting of time preparing, but it never happen.”

(M1) “Look at what people did. They went to the beach, when there were tsunami warnings. Because there were so many, that people just went, "Oh well, I'm going to go down and watch it.”

Help me shape this PhD:

What issue does this raise for you?

Do you know anyone with experience in disaster relating to size who might be willing to speak with me?

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Bibliography

- **Ministry of Health.** 2015b. *Understanding Excess Body Weight: New Zealand Health Survey*. Wellington: Ministry of Health