

Obesity at Work: Challenging the last 'Acceptable' Form of Discrimination



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Disclaimer & Professional Affiliations

Ms Jacqueline Bowman-Busato is speaking in her capacity as a person of lived experience who also leads EASO's Policy efforts at European level and supports EASO member organisations in 36 countries to make meaningful evidence-based policy changes

She is also

- EU Policy Lead for the **European Association for the Study of Obesity** EASO – www.easo.org
- Head of Secretariat to **OPEN-EU** (Obesity Policy Engagement Network EU) – via EASO
- Co-Founder of **Self-Care in Europe (SCiE)** and coordinates the multi-stakeholder policy platform (<https://www.scie.eu/>)
- Contributor to **European Network Against Racism “Equal @ Work Series: Race and Mental Health at Work”** 2019 equalatwork2019_final_rev_2020.pdf (enar-eu.org)
- Advisory Board Member of EU Funded Project **COMPAR EU** - [Self-management - COMPAR-EU](http://Self-management-COMPAR-EU)
- Work Package Leader (Shared Value Analysis) for **IMI-SOPHIA** (<https://imisophia.eu/>)

About EASO www.easo.org

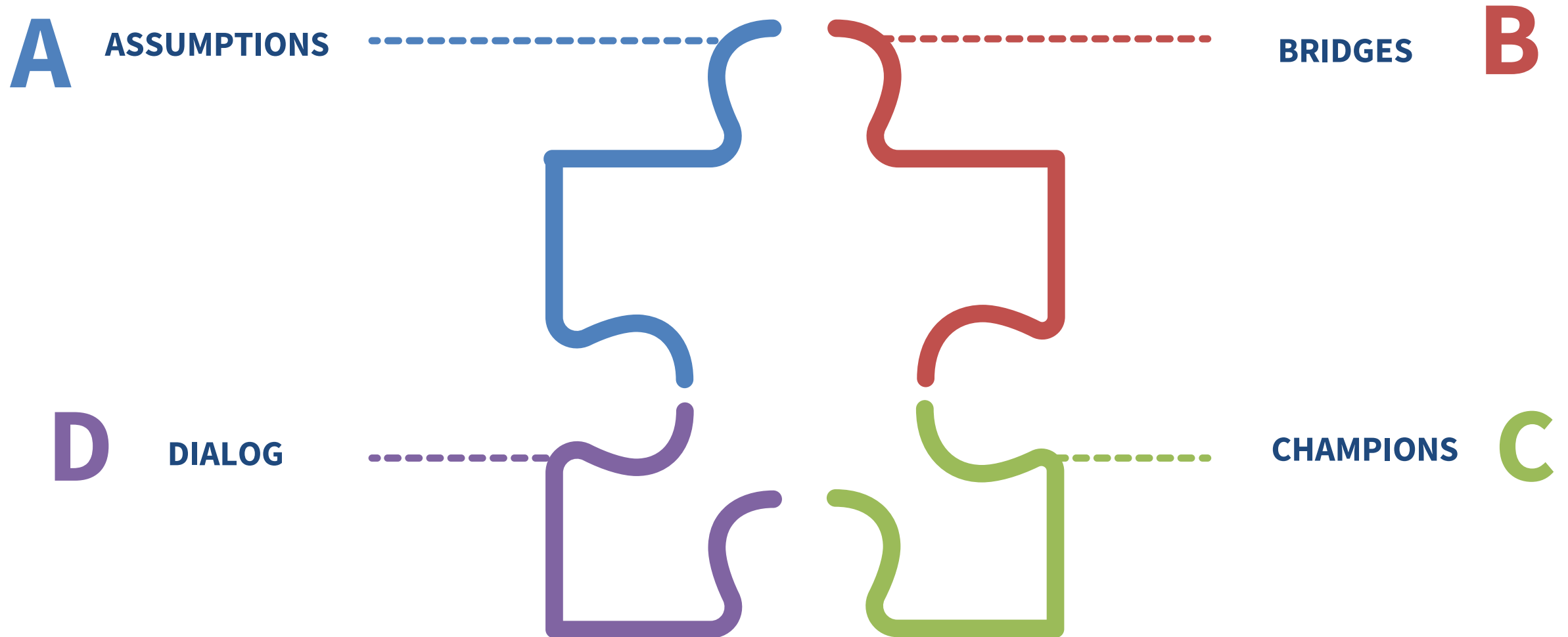
Established in 1986, EASO is **a federation of professional membership associations** from **36** countries, with a **network of over 130 specialist Collaborating Centres for Obesity Management** across the region.

EASO's **mission is to reduce the burden of unhealthy weight**, and it promotes action through **collaboration in research, education and policy**.

EASO is in official relations with the WHO Regional Office for Europe, and represents scientists, health care practitioners, physicians, public health experts and patients.

EASO coordinates the Expert Secretariats for the **Obesity Policy Engagement Network EU** and **the European Parliament's Informal Interest Group on Obesity & Health System Resilience**

Agenda



A

ASSUMPTIONS



Recent developments in the EU....

Where we started

Science and WHO disease

classification Index: Obesity is defined as abnormal and /or excessive accumulation of body fat that presents a risk to health ([WHO 2019](#))

Expression to public and policy-makers (over-simplification and no cohesion of layman's narrative: "eat less – move more" energy in and energy out" weight gain/ management etc,
= LIFESTYLE CHOICE
= NOT A "REAL DISEASE"

Last year.....

1. COVID-19
2. Realisation of no more "business as usual"
3. "Science informing policy" policies

How it's going.....

European Commission definition of pre-obesity and obesity 4 March 2021

Pre-obesity (overweight) and obesity are medical conditions marked by an abnormal and/or excessive accumulation of body fat that presents a risk to health ([WHO 2019](#)). **Obesity is a chronic relapsing disease, which in turn acts as a gateway to a range of other non-communicable diseases, such as diabetes, cardiovascular diseases and cancer.**

[Obesity prevention | Knowledge for policy \(europa.eu\)](#), Published 4 March 2021

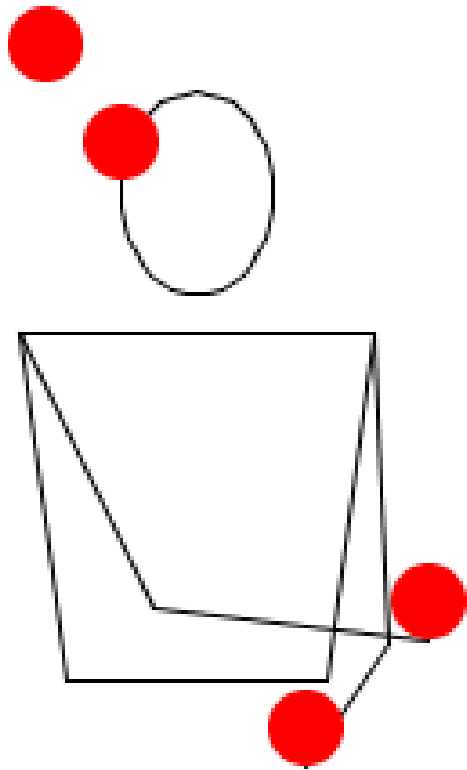
The “Silent Majority” Hides in Plain Sight

One in 20 people worldwide (**4.3%**)
had no health problems in 2013

One third of the world's population (**2.3 billion individuals**) **experiencing more than five ailments**

SOURCE: Global Burden of Disease Study (GBD)
2013, published in *The Lancet*.

Potential for intersectional discrimination (s) or (unconscious) Bias?



My ideal day | Results against objectives

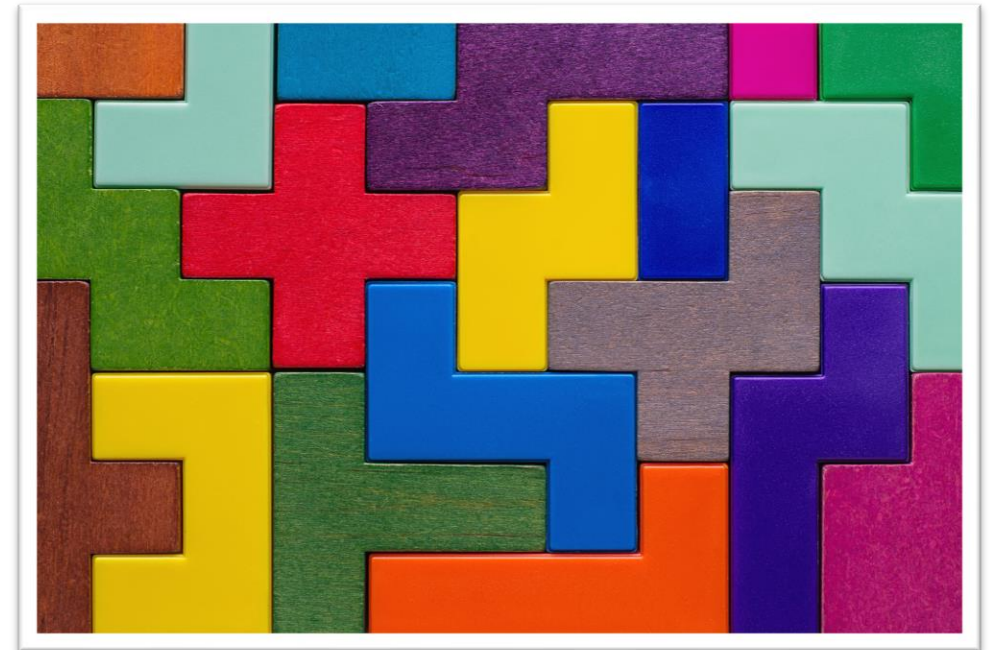
Objective	Timing	Meal
Brain clarity	On waking	My bariatric vitamins No. 1 + thyroid health supplements
Hydration 25 g protein to wake myself up	Within 90 minutes of waking	BREAKFAST (04h30 – 05h30): VEGA Essentials Protein Powder with various superfood powders. Mixed with coconut water and yerba mate tea
10-30 minutes meditation + 10-30 minutes Yoga/ dancing around the kitchen		
Hydration		Still water/ yerba mate tea Bariatric vitamins No 2 + Thyroid supplements No. 2
20-30g energising protein	11h30	LUNCH (11h30) – 125g tiger prawns + 75g berries + handful of salad + apple cider vinegar and olive oil
Hydration	12h00 – 14h30	Still water/ yerba mate tea Bariatric vitamins No 3 + Thyroid supplements No. 2 + anxiety meds
20-30g protein	15h00 – 15h30	AFTERNOON SNACK (15h00 – 15h30) Thyroid meds on an empty stomach (17h00 – 17h30)
Hydration , NO eating 2.5 hours before Thyroid meds	15h30 /16h00 – 17h30 – 18h00	
20 – 30g protein	17h30/ 18h00	DINNER (18h00)

What exactly needs “protected status” related to obesity?

- Question of “**disability**”?
- Non-discrimination on the grounds of “**current or future health status**”
- “non-discrimination on the grounds of **physical appearance**”?
- “**Harassment**”?

SOURCE: A comparative analysis of non-discrimination law in Europe 2019

[A-comparative-analysis-of-non-discrimination-law-in-Europe-2019.pdf \(migpolgroup.com\)](#)



BRIDGES

B



Bridging from principles to policies to practice

- Form a changemaking Task Force with people with obesity of all shapes and sizes
- Identify which policy frameworks are already in place to address discriminatory practices experienced by People living with obesity
 - Physical considerations
 - Mental health
 - Intersectional considerations
- Intergrate the findings and decisions as part of the **Team Charter** and **Performance KPIs**
- **Report** as part of the Annual Report cycle



CHAMPIONS 

Cultivating knowledge and champions amongst the employees and management

- **Co-create** a change management programme with an **outcomes driven objective**
- Provide a **mentoring scheme**
- Be open to employees declaring that they have the chronic disease of obesity with a process and information to **make employer accommodation**
- Be clear about the hiring **AND career progression policy and measurement**
- **Align on usage of terminology**
 - **Scientifically accurate (obesity is a chronic disease)**
 - **Mutually respectful (person first)**





D

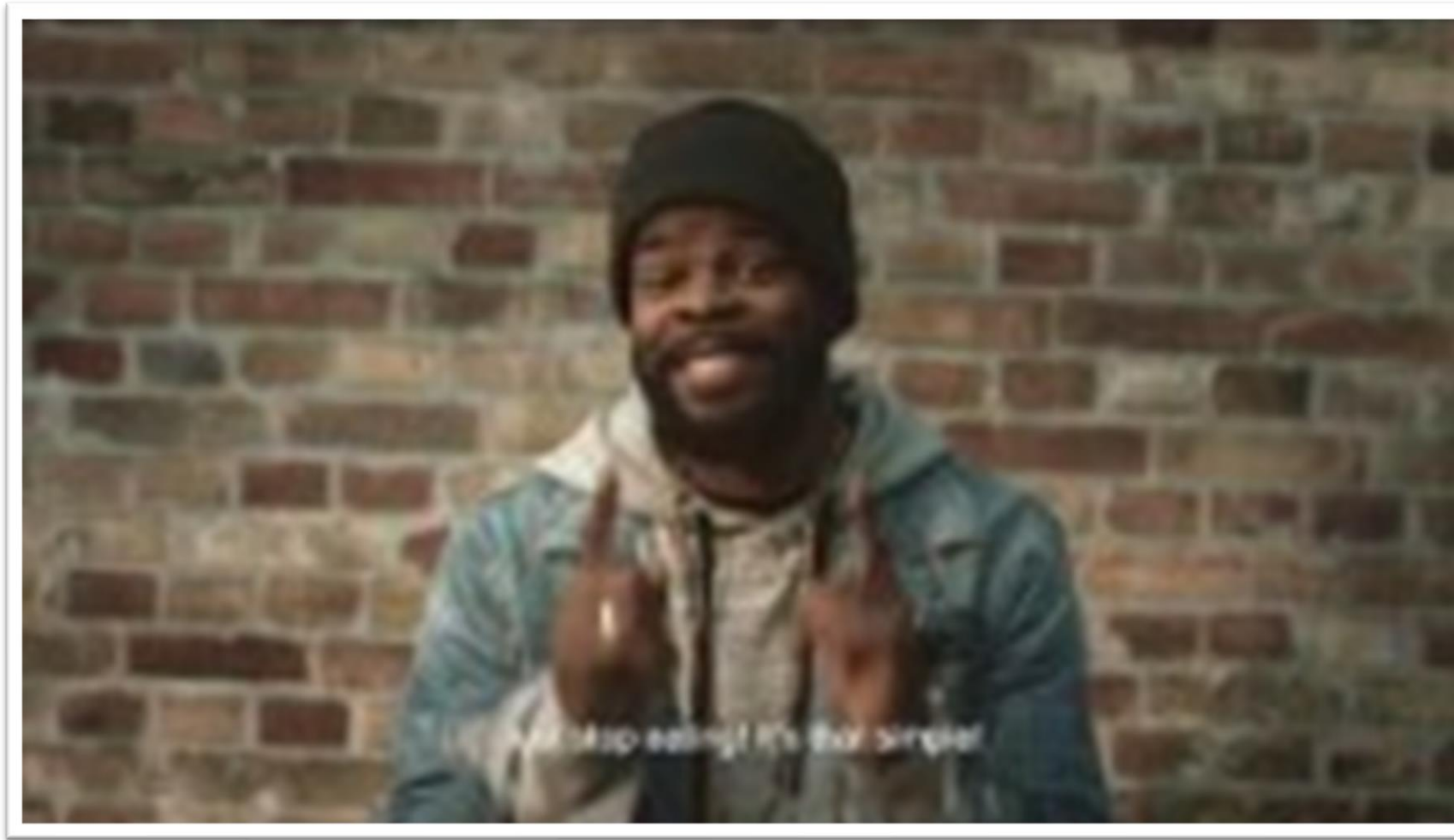
DIALOG

Words matter because ...

- We **recite** and **repeat**
- We **pose questions** based on those recitals
- We **take actions** based on those questions



It's just words ...?



Right?

Key messages

