Date _____

Dear _____,

I am writing you today to bring your attention to an issue that likely concerns a great number of our union's rank and file members and is something I feel our union could address with the employer. I, like millions of my fellow Canadians, live with obesity; a chronic, pervasive, and recurring disease that is woefully misunderstood by society at large. Like others, I have struggled for years trying to manage my weight with countless diets and exercise efforts only to put the weight back on (and more). I was shocked to find out, that the scientific evidence tells us that weight is a far more complex issue than we typically view it, and results from a very dynamic relationship between environment, physiology, genetics, behaviour and psychology. In fact, it is well established in the evidence that our bodies work against us in our attempts to lose weight by making hormonal and physiological changes to offset any efforts I make to lose. This helps explain why so many of us typically refer to the ups and downs of weight loss as a "yo-yo" or a "rollercoaster."

The World Health Organization, [1] ***the Canadian Medical Association*** [2] ***and Obesity Canada (formerly the Canadian Obesity Network)*** [3] ***all officially recognize obesity as a chronic disease.*** Unfortunately, society views my condition as a personal flaw or a self-imposed ailment not worthy of care and treatment. In fact, obesity is often classified in a "lifestyle" category in health benefit plans. This inaccurate categorization not only minimizes the complexity of the disease, but also serves to perpetuate the weight bias and stigma that individuals like myself endure on a daily basis. Obesity stigma is socially acceptable and is not challenged by employers, healthcare professionals and the public. This social stigmatization is the driver of discrimination against people with obesity.

According to current Clinical Practice Guidelines, evidence-based obesity treatment options may include medical management with medications, meal replacements, bariatric surgery and behavioural interventions.[4,5] I was therefore disappointed upon further investigation when it became apparent that these evidence-based treatments are not covered under our health benefits plan, while treatments for other chronic diseases, such as hypertension or diabetes, are covered. This is surprising considering that ***a clinically significant weight loss of 5% to 10% is associated with marked improvement in cardiometabolic risk factors.***[6-13] Canada's authority on obesity prevention, treatment and management outlines the various evidence-based treatment options on their website I invite you to explore www.obesitynetwork.ca.[14]

With equality being of pinnacle importance for our membership, I would hope that our union would use our influence to fight for equitable treatment of all individuals, including those living with obesity. Weight bias leads to discrimination against individuals living with obesity that can affect every aspect of employment including hiring, compensation and promotion.[15] Individuals living with obesity are typically paid less than their peers and this relationship disproportionately affects women in the workplace.[15-17] This leads to health and social inequalities.[17] Obesity should be treated with the same dignity and vigor of any other chronic disease and the available treatment options must be accessible for those who require them.[4,5]

I respectfully request that you consider the inclusion of obesity in our union's equity-seeking policies and work to have the available treatment options included in our health benefits package.

In solidarity,

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References:

1. http://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight
2. https://www.cma.ca/En/Pages/cma-recognizes-obesity-as-a-disease.aspx
3. Obesity Canada: http://obesitycanada.ca/wp-content/uploads/2018/06/Facts-on-Obesity-Treatment-in-Canada-Eng_ObesityCanada.pdf
4. Obesity Canada: https://obesitycanada.ca/publications/canadians-lack-access-obesity-treatments-support-report-card/
5. http://obesity.aace.com/files/obesity/guidelines/aace_guidelines_obesity_2016.pdf
6. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, *et al.* Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Eng J Med* 2002 Feb 07; 346 (6): 393–403.
7. Li G, Zhang P, Wang J, An Y, Gong Q, Gregg EW, *et al.* Cardiovascular mortality, all-cause mortality, and diabetes incidence after lifestyle intervention for people with impaired glucose tolerance in the Da Qing Diabetes Prevention Study: 1 23-year follow-up study. *LANCET DIABETES & ENDOCRINOLOGY* 2014 06; 2 (6): 474–480.
8. Dattilo AM, Kris-Etherton P. Effects of weight reduction on blood lipids and lipoproteins: a meta-analysis. *AM J Clin Nutr* 1992 08; 56 (2): 320–8.
9. Wing RR, Lang W, Wadden TA, Safford M, Knowler WC, Bertoni AG, *et al.* Benefits of modest weight loss in improving cardiovascular risk factors in overweight and obese individuals with type 2 diabetes. *Diabetes Care* 2011 07; 34 (7): 1481–1486.
10. Foster GD, Borradaile KE, Sanders MH, Millman R, Zammit G, Newman AB, *et al.* A Randomized Study on the Effects of Weight Loss on Obstructive Sleep Apnea Among Obese Patients With Type 2 Diabetes The Sleep AHEAD Study. *Arch Intern Med* 2009 Sep 28; 169 (17): 1619–1626.
11. Kuna ST, Reboussin DM, Borradaile KE, Sanders MH, Millman RP, Zammit G, *et al.* Long-term effect of weight loss on obstructive sleep apnea severity in obese patients with type 2 diabetes. *Sleep* 2013 May 011 26 (5): 641–649 A.

12. Warkentin LM, Das D, Majumdar SR, Johnson JA, Padwal RS. The effect of weight loss on health-related quality of life: Systemic review and meta-analysis of randomized trials. *Obesity Reviews* 2014 03; 15 (3): 169–182.

13. Wright F, Boyle S, Baxter K, Gilchrist L, Nellaney J, Greenlaw N, *et al.* Understanding the relationship between weight loss, emotional well-being and health-related quality of life in patients attending a specialist obesity weight management service. *Journal of health psychology* 2013 04; 18 (4): 574–86.

14. Canadian Obesity Network: http://www.obesitynetwork.ca/managing-obesity

15. Nowrouzi B, McDougall A, Gohar B, Nowrouz-Kia B, Casole J, Ali F. Weight bias in the workplace: A literature review. *Occupational Medicine & Health Affairs*. 2015;3(3):206.

16. Giel KE, Zipfel S, Alizadeh M, *et al.* Stigmatization of obese individuals by human resource professionals: An experimental study. *BMC Public Health*. 2012;12.

17. Gortmaker SL, Must A, Perrin JN, Sobol AM, Dietz WH. Social and economic consequences of overweight in adolescence and young adulthood. *N Engl J Med*. 1993(14):1008.