# YOUnite

## Holistic programme fostering the integration of overweight and adipose youth healthy into the labour market

# INSTRUCTIONS FOR TRAINERS
# HEALTH / MEDICAL MODULE

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# 1. INTRODUCTION

*The first three chapters of this Module contain essential instructions and guidelines that are consistent across all six Modules developed within the YOUnite Programme. If you have already reviewed these sections in another Module, you may proceed directly to the Module-specific content. However, we recommend revisiting these chapters if you need a refresher or are new to the YOUnite training materials.*

The Instructions for Trainers is a supporting document for the Training Modules developed as part of the YOUnite project, designed to assist trainers, youth workers, and counsellors in working with young people with overweight and obesity, and those at risk of becoming so. The Module activities can be downloaded from the **YOUnite website**.

*YOUnite is a project aimed at helping adolescents with overweight and obesity to overcome challenges and improve their employability. Supported by the Erasmus+ programme, the YOUnite project has developed an engaging Training Programme that builds up self-confidence and helps young people cope with socio-economic difficulties and potential sources of discrimination. The objective of the Modules is to provide young people with little prior knowledge in this field the first steps towards a healthier lifestyle, both physically and mentally.*


The specific target group for the Training Modules includes young people aged 15 to 24, in particular those who are marginalised or disadvantaged such as NEETs (those not in employment, education, or training) with overweight or obesity. However, the materials can also be used as a preventive tool for young people at risk of overweight or obesity, or to raise awareness about the potential challenges associated with these conditions.

The YOUnite project partners have developed six Training Modules covering Health/Medicine, Nutrition, Sport, Stress, Awareness, and Employability. These Modules are based on non-formal education practices, designed to boost the self-confidence of young people as they prepare to enter the labour market. The Modules can be implemented as a complete programme (all six Modules) or selected individually to suit different needs and circumstances, offering flexibility and adaptability

The Training Programme was first piloted in the summer of 2024 in Austria, Finland, Hungary, and Poland, where youth coaches, trainers, and young participants tested the various Modules. Based on their feedback and evaluations, the materials were refined to enhance their practical application.

> Each Module includes detailed activity descriptions necessary for planning and execution, while the **Instructions for Trainers** provides additional, complementary resources.

These instructions are designed to support trainers and teachers who work with youth on a daily basis, equipping them with the tools and knowledge they need to effectively lead the training programme. They are user-friendly and accessible, meaning no prior expertise on the topic is required.

Whether new to the subject or looking to deepen your understanding, these guidelines will help you confidently deliver the Modules and engage with youth in a meaningful way.

The Instructions for Trainers also aim to equip youth workers and trainers with insights into the specific challenges faced by young people with overweight and obesity. Additionally, it seeks to combat weight stigma by promoting weight-inclusive language that fosters a more empathetic and effective approach to health, nutrition, and wellness.

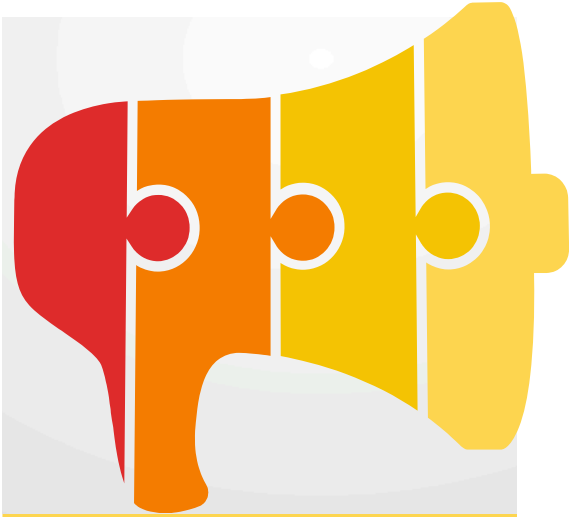
The instructions provide an overview of key considerations for trainers, including how to empower and interact with vulnerable adolescents, particularly those who have not previously engaged with the topic, and how to ensure a supportive and inclusive environment.

## 2. OBESITY AS A SIGNIFICANT GLOBAL ISSUE

In the European Union (EU), weight problems and obesity are increasing at a rapid rate. In 2019 52.7% of the adult (over 18 years old) EU's population was overweight according to the Eurostat data [1]. Obesity is a serious health problem, it is considered as one of the key risk factors for many non-communicable diseases (NCDs) such as diabetes, hypertension, stroke and cardiovascular diseases [2]. Overweight and obesity are linked to more deaths worldwide than underweight. According to the WHO European Regional Obesity Report in 2022, obesity and overweight problems affected almost 60% of adults and nearly one in three children (29% of boys and 27% of girls) in the WHO European Region [3].

Obesity as a medical condition has direct and indirect effects as well. This medical problem has an undeniable effect on health conditions. Obesity in children and adults increases the risk of several health related problems, such as high blood pressure and high cholesterol which are risk factors for heart disease, type 2 diabetes, breathing problems (asthma, sleep apnea), joint problems such as osteoarthritis and musculoskeletal discomfort. The previously mentioned problems are also associated with psychological problems (anxiety, depression), low self-esteem and lower self-reported quality of life, social problems (bullying, stigma), and for children with obesity there is a high risk for being obese as adults [4].

Besides obesity's effects on health conditions it also has an economic impact. Obesity is responsible for direct medical costs and non-medical costs.



Direct medical costs may include preventive, diagnostic, and treatment services. Indirect costs relate to sickness and death and include lost productivity.

In the EU, the trend is that annual obesity-related medical care costs account for between 1.9% and 4.7% of the total annual health care costs and 2.8% of the annual hospital costs. Health care expenditures for individuals with overweight and obesity were 9.9% and 42.7% higher, respectively, when compared to adults with healthy weight [5].

Furthermore, there is substantial evidence that people with obesity are less likely to be employed and, when employed, earn lower wages. Overweight and obesity are barriers in the labour market and for professional success (World of Labour, Susan L. Averett) [6].

# 3. GENERAL GUIDANCE AND UNDERLYING METHODOLOGY TO CONDUCT THE TRAINING: BI-CYCLE MODEL, WAYS TO ENGAGE WITH THE TARGET GROUP, RECOMMENDATIONS TO LEAD THE ACTIVITIES

The purpose of the Training Programme is to introduce young people to the topic and make them more adaptable and better able to join the labour market, and not to 'cure obesity', which is a long-term undertaking. The main focus is on labour market integration rather than health training.

The methods used by trainers may vary, as they come from different backgrounds, have different experiences, and professional profiles. The most important aspect is that the training itself is supposed to be entry-level training to encourage participants to pursue further self-improvement.

> *The Bi-cycle Model can be thought of like a bicycle, two wheels moving at the same time and influencing each other in their movement. The big wheel represents the motivational and relational aspect of the training process, while the small wheel represents the various ways trainers can provide support to the group, such as by giving information, making suggestions, or facilitating activities. Both wheels are essential to keep the training moving forward smoothly.*

A model that served as the basis for the Training Modules methodology is the Bi-cycle Model, presented by SALTO Youth Initiatives Resource Centre [7]. However, the model was modified to better suit the specific needs and purposes of the Training Programme. The methodology aims to provide guidance for the main training phases and will assist in managing the training process during the implementation of the Training Modules.

**The Bi-cycle Model has the following phases:**

- motivating;
- getting to know;
- building the relationship;
- identifying needs and competences;
- supporting;
- evaluating;
- keeping contact and feedback.

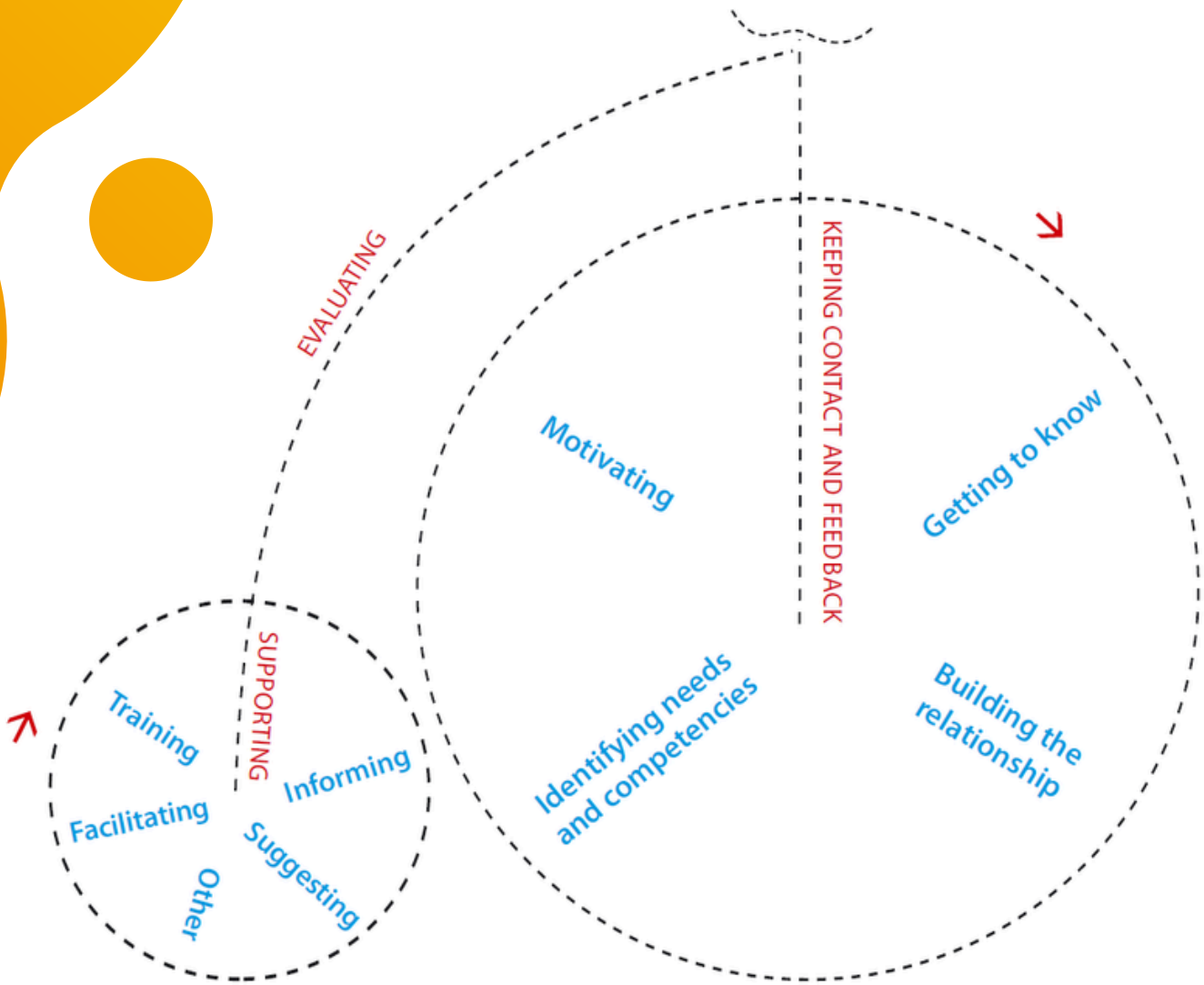



**Figure 1. Bi-cycle model. Source: SALTO Youth Initiatives Resource Centre (2006)**

Trainers play a pivotal role in achieving the objectives of the Training Module as they are the ones who undertake the crucial work represented by the bigger wheel. The expertise and guidance provided by trainers are essential. Trainers act as the driving force behind the implementation of the Module, guiding participants towards successful integration into the labour market.

*In simple terms, the small wheel represents what occurs during the training, while the larger wheel illustrates how it is happening, with a focus on group dynamics.*

**To understand the model, we have to go through each phase that is in the bigger, front wheel.**

## Motivating

Trainers are instrumental in inspiring and maintaining the focus of participants throughout the implementation of the Training Module. To effectively motivate young people, put yourself in their position: *what would inspire and energise you if you were part of the group?* Consider these elements to enhance motivation:

- **A safe, healthy environment (physical).** Ensure that the training space is comfortable and conducive to learning.
- **A nurturing environment (emotional).** Foster a supportive atmosphere where participants feel valued and understood.
- **Positive, respectful, and supportive relationships.** Build trust with the group by showing genuine care and respect as their trainer.
- **Setting realistic and achievable goals.** Help participants set attainable objectives that they can work towards, which will provide a sense of accomplishment.

## Getting to know

Trainers facilitate the process of getting to know the group of participants who take part in the training. In this stage, the trainer focuses on understanding the participants' backgrounds and experiences.

This involves creating a welcoming and safe space where young people feel comfortable sharing their personal stories, challenges, and aspirations, ensuring a deeper understanding of individual needs. Try to get as much information as possible at the beginning of your training process to have a clear picture of the young people you will work with and the tasks to be undertaken accordingly.

***To help young people reflect on their self-image and for you to get to know what their deepest wishes, dreams and fears are, it is suggested to use the method 'Personal Mind Map'. Please refer to the further readings [15, 16] in the final chapter for more detailed information on this method.***

The Personal Mind Map is a powerful tool for self-reflection, getting to know each other and resource oriented youth work.

Getting to know each other stage is an important foundation to a strong relationship that will hopefully be productive and fruitful to both the trainer and the group. This is the trainer's chance to get to know the key characters and players in the group: who is leading, who has the ideas, who is most passionate about the training, who is the most committed, who is the joker, who is more sceptical, and many others.

Besides, please remember that getting to know each other means giving the opportunity to young people to get to know you as well. What experiences brought you there, what kind of person you are, what type of activities you did as a young person, what are the values you would stand for.

## Building the relationship

It means essentially managing group dynamics, which is managing the interactions between participants as well as between the group and you. In practice, your aim is to create a positive environment by developing your skills as an observer and communicator. You need to be able to understand both verbal and non-verbal signals to know what is happening with each participant. This understanding will help you get the most out of the group and adapt to different communication styles. It is important to avoid negative attitudes that can prevent group members from expressing themselves naturally.

To achieve this, it is essential to apply socio-psychological skills like empathy, patience, adaptability that are essential for human interaction. These skills will help you understand group dynamics and, when combined with strong communication skills, will allow you to support young people in managing their aspirations, coping with change, and developing skills for the labour market.

Your effectiveness in building a good relationship with the group will often depend on your experience, your ability to listen, observe, and establish dialogue, as well as maintaining an open-minded attitude and the ability to work with different personalities.

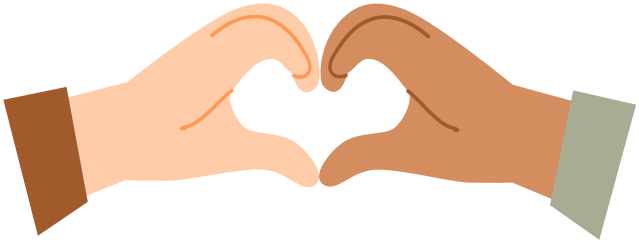
## Identifying needs and competences

It is very important that you find out what competences and abilities the members of the group have already and which ones they need to develop in order to reach the targets of the training. Do not worry if you find out that the group is missing some essential capabilities to do a given task related to the training.

Through a Training Module they will have the chance to develop them and your task as a trainer will be to help the group to identify their own learning objectives to be reached.

## Supporting

It is about providing ongoing guidance and encouragement throughout the Module training. The trainer acts as a mentor and coach, offering personalised advice and resources to help participants achieve their goals. This involves helping participants set realistic goals, and being available to address any challenges they may face. The trainer should create a supportive network around the participants, making them feel continuously encouraged and guided throughout their journey.



## Evaluating

this involves measuring the progress and outcomes of the training. The trainer should use various methods like feedback forms, self-assessment exercises, or group discussions to gather insights on the effectiveness of the training.

Providing constructive feedback and encouraging participants to reflect on their progress helps identify what has been achieved and what areas need improvement. The trainer's role is to ensure that evaluation is a continuous process, allowing for adjustments that enhance the training's impact.

## Keeping contact and feedback

maintaining contact involves continuous communication and the exchange of information between the trainer and the young people. It is important for the trainer to be responsive to any questions that arise during the training. Make sure the young people know when and how they can reach you if they need help.

Regarding feedback, it is essential to create an environment where both you and the young people can give and receive feedback. To ensure feedback is productive and beneficial, keep in mind the following:

- Feedback should be clear, concrete and understandable to the person or group receiving it.
- The person or group should be able to accept the feedback and see it as constructive.

- Feedback should provide actionable information that the person or group can use to improve.

Make sure the feedback you give is focused on the needs of the person or group receiving it, not on your own needs. This helps avoid defensive reactions and encourages positive changes.

At the same time, use feedback from the young people to reflect on and improve your own training practice.

## The do's and don'ts when talking about obesity and overweight

There are several different ways in which obesity is commonly described in the media and throughout society which can contribute to weight stigma. These can include:

- Language that does not put the person first.
- The use of derogatory and pejorative labels.
- Inaccurate or misplaced use of medical jargon.
- Failure to acknowledge the wider context regarding causal aspects of obesity.

This type of language risks simplifying obesity and its causes, fails to capture the wider drivers and determinants of obesity, and creates a negative image of people affected by obesity. This in turn can reinforce misconceptions about obesity and contribute to weight stigma.

**People First Language** refers to putting an individual before the medical condition that is being discussed. For instance, it is preferable to say 'a person with obesity' as opposed to 'an obese person' or any other critical labels. The use of people first language is really important as it helps to avoid de-humanising individuals living with chronic diseases.

The use of people-first language ensures that we are not labelling an individual with their disease. This is something that can be applied in a number of different scenarios, and we encourage its use when talking about obesity.

| Examples of words and phrases to avoid | Alternative language and considerations |
|---|---|
| ✗ Obese person<br>✗ Obese subject/participant<br>✗ Obese children | ✓ Person/individual with obesity<br>✓ Subject/participant with obesity<br>✓ Children with obesity |

Despite increasing evidence that obesity is caused by multiple factors, many people still see obesity as the result of individual behaviours and choices. When talking about obesity, it is not uncommon for individuals to use certain words for dramatic effect. While these are often not meant to be targeting a person directly, their use should still be avoided.

| Examples of words and phrases to avoid | Alternative language and considerations |
|---|---|
| ✗ “Curse”<br>✗ “Strain”<br>✗ “Plague” | ✓ Use accurate facts and figures<br>✓ Be clear on what the problem is rather leaving it open to interpretation<br>✓ Avoid ambiguous language<br>✓ Be explicit on the health consequence. For example, *“Obesity can affect our health in x, y and z ways.”* |

Obesity should be referred to as a disease rather than a condition. In contrast, overweight is typically defined as a medical condition based on body mass index (BMI). When using the term "overweight," it should be employed either as a noun or an adjective in person-first language [8]. For example, both "people with overweight" and "people who are overweight" are acceptable; however, "overweight people" is not.

Outside of a scientific, clinical, or public health context, more neutral and inclusive terms can be used, such as "individuals with a higher weight" or "persons with a larger body."

## Practical tips for trainers and educators working with youth with overweight and obesity

*Engaging with the target group of youth people with overweight and obesity as a group requires a thoughtful and sensitive approach. Here are some dos and don'ts to consider when leading activities.*

### Dos:

- **Establish a non-judgmental and supportive environment where participants feel comfortable sharing their thoughts and experiences.**

*Example: Begin sessions with ice-breaker activities that encourage everyone to speak, ensuring all voices are heard without criticism or interruption. Use phrases like "Thank you for sharing" to validate contributions.*

- **Employ respectful and inclusive terminology that promotes positivity and acceptance.**

*Example: Use people-first language and always frame discussions in a positive light, focusing on well-being rather than weight alone.*

- **Recognise that each participant's journey with obesity is unique, and validate their feelings and perspectives.**

*Example: During discussions, acknowledge individual experiences by saying things like, "I understand that everyone's journey is different, and it is important to respect each person's story."*

- **Encourage open dialogues where participants can express their thoughts, questions, and concerns freely.**

*Example: Create an anonymous question box where participants can submit questions or concerns they may feel uncomfortable voicing aloud. Address these questions in a group setting to foster open communication.*

- **Provide evidence-based infor-mation about obesity and healthy lifestyle choices to empower informed decision-making.**

*Example: Share resources such as pamphlets or videos from reputable health organisations and explain the science behind nutrition and exercise in an accessible way. Host a Q&A session to clarify any doubts.*

- **Help participants reflect on their experiences and challenges, connecting the information to their lives.**

*Example: After a lesson on healthy eating, ask participants to reflect on their current eating habits and discuss what changes they might want to make. Encourage sharing by prompting with questions like, "How do you think this could apply to your daily life?"*

- **Foster a sense of belonging among participants through peer support activities and opportunities for connection.**

*Example: Organise group activities that require teamwork, like a group walk or cooking class, to encourage bonding. Encourage participants to share what they learned or enjoyed about the activity.*

## Don'ts:

- **Refrain from making assumptions or judgments based on appearance or experiences, treating all participants with respect.**

*Example: Avoid comments like "You look like you need more exercise." Instead, focus on general statements that apply to everyone, such as "It is great to find activities we all enjoy."*

- **Steer clear of language that reinforces stereotypes or negative beliefs about obesity, and avoid hurtful or stigmatising terms.**

*Example: Instead of saying, "People with obesity are lazy," focus on the complexities of weight management, like "There are many factors that affect a person's weight."*

- **Do not pressure participants into sharing personal information or use tactics that may shame or embarrass them.**

*Example: Avoid forcing anyone to share their weight or personal struggles. Instead, encourage voluntary sharing by creating a safe space and saying, "Share only what you feel comfortable discussing."*

- **Encourage participants to seek guidance from healthcare professionals for personalised advice, rather than providing medical recommendations.**

*Example: Instead of giving medical advice, guide participants to consult a doctor for personal health concerns. You might say, "It is best to talk to your healthcare provider about this to get advice that is tailored to you."*

- **Discourage comparisons among participants and emphasise individual progress and growth.**

*Example: Avoid statements like "Look how much weight he lost!" Focus instead on personal achievements by saying, "You have made great progress in your journey, and that is what matters most."*

- **Emphasise shared experiences and common goals, avoiding actions that may inadvertently isolate participants.**

*Example: Use inclusive language such as "We are all here to support each other," rather than singling anyone out. Activities should be designed to include everyone, regardless of fitness level or ability.*

- **Acknowledge the multifaceted nature of obesity, avoiding oversimplified explanations or solutions.**

*Example: Instead of saying, "Just eat less and exercise more," discuss the complex factors that contribute to obesity, such as genetics, environment, and emotional health, and validate these complexities.*

# 4. GOALS OF THE HEALTH / MEDICAL MODULE, MEDICAL CHALLENGES IN CONNECTION TO OVERWEIGHT AND OBESITY, SCIENTIFIC INSIGHTS ON MEDICINE AND OBESITY

*The overarching goal of the Health / Medical Module is to strengthen knowledge and awareness, and to acquire the skills and tools in medical knowledge and lifestyle medicine necessary to make informed lifestyle choices, thereby improving well-being and achieving effective weight management.*

**Specific objectives include:**

- Develop a basic understanding of the definitions and characteristics of overweight and obesity.
- Gain a basic understanding of the health and life risks associated with overweight and obesity.
- Understand the complications and consequences that can arise from overweight and obesity.
- Learn strategies and methods for addressing and managing the problem of overweight and obesity.

## Medical challenges in connection to overweight and obesity

Overweight and obesity are considered diseases of civilisation in the 21st century due to their widespread prevalence in modern societies, particularly in developed and increasingly in developing countries. This terminology reflects how lifestyle changes associated with industrialisation, urbanisation, and economic development - such as increased access to high-calorie foods, sedentary lifestyles, and reduced physical activity - have contributed to the rising rates of overweight and obesity.

Obesity is a chronic condition that develops when a positive energy balance is maintained in the body for an extended period [9]. This means that the amount of nutrients consumed exceeds a person's needs, depending on basal metabolism, physical activity, and heat production by the body.

According to the WHO definition, overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health [10].

Overweight and obesity are two different stages in the spectrum of excessive body fat accumulation, resulting from a complex constellation of factors such as imbalanced calorie intake and energy expenditure, genetic predispositions, and lifestyle choices [11]. The problem of obesity is believed to result from the combination of many features in a person's body or behaviour that are not typical and may be harmful, and the causes of obesity-related diseases are extremely complex. Among the factors [12] most often cited by the medical community for the development of overweight and obesity are:

## Genetic factors

These affect the amount of stored body fat and its distribution in the body, appetite regulation, fat cell metabolism, and basal metabolism. To a lesser extent, genetic factors influence dietary choices, affecting decisions about what and how we eat during the day.

The gene associated with obesity is the fat mass and obesity-associated gene (FTO), located on the 16th chromosome. Having a negative variant of the FTO gene can affect hunger and satiety sensations and the hormones that control appetite.

The strength of the genetic influence on weight disorders varies quite a bit from person to person. Research suggests that for some people, genes account for just 25% of the predisposition to be overweight, while for others the genetic influence is as high as 70% to 80%. People with a strong genetic predisposition to obesity may not be able to lose weight with the usual forms of diet and exercise therapy. Even if they lose weight, they are less likely to maintain the weight loss [13].

## Economic, social, environmental, and cultural factors

These include values and lifestyles such as occupational status. Studies show that employees who worked more than 50 hours per week had 32% higher odds of obesity than those who worked less than 30 hours per week. Prolonged working hours might increase stress-induced overeating, skipping meals, snacking, purchasing lunch, occupational sitting time, and leave less time for physical activity, all of which have been associated with obesity [14].

*Educational level is another factor. Obesity was more than twice as prevalent among less-educated women (34.3%) compared to highly-educated women (16.0%) [15]. Other contributing factors include cultural or religious customs, socioeconomic status, prevailing social norms, advertising, and social media.*

## Cognitive factors

These include beliefs about food (such as honey being natural and not raising blood sugar levels, celery burning more calories than it provides, milk building stronger bones), as well as associations with specific foods or situations, and related memories. Awareness of the caloric content of food items, personal caloric requirements, body weight, and how one's appearance is perceived and judged by others also play a role.

## Behavioural factors

These are mainly related to improper habits, including irregular eating, oversized meal portions, overeating in front of the TV, eating on the run, an inadequate number of meals per day, a sedentary lifestyle, addictions, lack of exercise, and insufficient sleep.

## Health, medical, psychological, and emotional factors

These include coping with excessive psychophysical tension, mental disorders that affect eating (e.g., depression, anxiety disorders, addictions, stress). In many cases, eating can be a form of expression of emotions, both positive and negative.

These factors collectively contribute to the complex and multifaceted nature of obesity, making it a challenging condition to address.

## Scientific insights on medicine and obesity

The WHO defines obesity based on BMI [16]. BMI is calculated based on height and weight, as a ratio formed by dividing body weight in kilograms by the square of height in metres.

## How to calculate BMI

For children and teens, BMI is interpreted using sex-specific BMI-for-age percentiles. The calculator below reports BMI, BMI percentile, and BMI category for children and teens 2 through 19.

### Child and Teen BMI Calculator

| BMI | Nutritional status |
|---|---|
| BMI < 18.5 kg/m2 | underweight |
| BMI 18.5 kg/m2 - 24.9 kg/m2 | healthy |
| BMI 25.0 kg/m2 - 29.9 kg/m2 | overweight |
| BMI 30.0 kg/m2 - 34.9 kg/m2 | grade I obesity |
| BMI 35.0 kg/m2 - 39.9 kg/m2 | grade II obesity |
| BMI ≥ 40.0 kg/m2 | grade III (giant) obesity |

## Situations that promote the development of obesity:

- Genetically determined obesity
- Obesity caused by hormonal disorders
- Obesity provoked by the use of pharmacological agents

## Complications of obesity [17, 18]:

- Metabolic complications
- Skin complications

- Psychological and psychiatric complications
- Complications in the gastrointestinal tract
- Complications in the nervous system and sensory organs
- Cardiovascular complications
- Complications in the musculoskeletal system
- Respiratory complications
- Complications in the reproductive and endocrine systems
- Complications in the excretory system

## Treatment of obesity

There are three basic methods of treating overweight and obesity [19]:

- Behavioral (non-pharmacological) treatment
- Pharmacological treatment
- Surgical (operative) treatment

The diagnosis of the cause of the problem is crucial in the treatment of obesity.

When obesity is associated with emotional disorders, it is necessary to include psychotherapy. Treatment of obesity should be comprehensive, involving the cooperation of a doctor, nutritionist, psychologist, and physiotherapist.

Conservative treatment of obesity is based on introducing appropriate modifications to the person's eating behaviour and incorporating individually selected physical activities suitable to the state of health and physical ability. Management in accordance with guidelines should contribute to a negative energy balance, resulting in weight reduction.

Pharmacotherapy is an important part of the treatment of obesity and is part of a comprehensive treatment strategy. However, it cannot replace dietary modification and increased physical activity. The goal of introducing pharmacotherapy is to help the individual comply with dietary recommendations, reduce the risk of developing complications, and improve quality of life.

## Prevention

Preventive care is a set of measures to prevent and treat disease, implemented through the healthcare system. It provides the basis for maintaining health and detecting possible health problems before they cause other changes or become difficult to treat.

# 5. RELEVANT TERMINOLOGY

**The medical terminology provided below is based on definitions from the WHO.**

**Health** is defined in the Constitution of the WHO as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

**Obesity** is defined as excessive accumulation of body fat, leading to deterioration of the patient's health and life. It is a disease climbed on the list of the International Classification of Diseases ICD-10 under the number E66. It is a chronic, progressive disease. More than 200 complications of obesity disease are currently defined.

**Metabolism** is a series of chemical reactions occurring within the cells of living organisms that sustain life by providing the necessary energy for cellular functions. These reactions are organised into distinct metabolic pathways, which can be categorised into two main types: anabolism (the synthesis of complex macromolecules) and catabolism (the degradation of complex macromolecules).

**Complication** is a medical problem that occurs during a disease, or after a procedure or treatment.

**Treatment** is the provision, coordination or management of health care and related services by one or more health care providers.

**Disorder** is an abnormal condition that affects the body's function but may or may not have specific signs and symptoms.

**Hormone** is a biological compound used by multicellular organisms to organise, coordinate, and control the functions of their cells and tissues. These chemicals can control everything from metabolism to behaviour.

**Diagnosis** is a process of identifying a disease, condition, or injury from its signs and symptoms.

**Disease prevention** describes measures to reduce the occurrence of risk factors, prevent the occurrence of disease, to arrest its progress and reduce its consequences once established.

**Health literacy** represents the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations.

**Health behaviour** is any activity undertaken by an individual for the purpose of promoting, protecting, maintaining or regaining health, whether or not such behaviour is objectively effective towards that end.

**Health education** is any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation and improving health literacy.

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YOUnite is a project aimed to help adolescents with overweight and obesity in overcoming challenges and improving their employability on the labour market. YOUnite project, supported by the ERASMUS+ programme is seeking to develop a new engaging and self-confidence building training programme to support young obese people to cope with socio-economic difficulties and any other potential source of discrimination.

The partnership is led by ÖSB Consulting (Austria) with partner organisations from Finland (ACR), Hungary (EMINA), Poland (Zdrowy Ksztalt), and Austria (ÖSB Social Innovation).

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