

Fast Facts: Employer and Employee Attitudes on Obesity

Obesity is associated with significantly increased risk of more than 20 chronic diseases and health conditions that cause devastating consequences and increased mortality. Beyond the significant personal toll, obesity and related health complications are driving up health care costs and threatening employers' bottom lines. This fact sheet is one in a series of 'Fast Facts' that provides information to help shed light on this complex health issue.

- In the United States, obesity costs up to \$45 billion a year in medical expenditures and work loss.ⁱ Absenteeism accounts for approximately 30 percent of the total costs.ⁱⁱ One study estimates that the costs of obesity (excluding overweight) for a firm with approximately 1,000 employees are \$285,000 per year.ⁱⁱⁱ
- The findings below are from a survey conducted by the STOP Obesity Alliance to assess employers' and employees' attitudes regarding obesity and weight management programs in the workplace. The results are based on a survey of 505 randomly selected public and private employers with 50 or more employees, and an additional survey of 1,352 households with employer-based insurance.^{iv}
 - A large majority of employers view obesity as a preventable disease associated with poor lifestyle choices and/or lack of willpower.
 - Many employers are concerned about medical costs associated with obesity, and the level of concern is generally highest in workplaces with 5,000 or more employees.
 - Many firms, especially those with 5,000 or more employees, desire additional resources to more effectively fight obesity. Findings indicate that eight out of 10 employees, regardless of weight, believe weight management programs belong in the workplace and are effective.
 - Nearly 90 percent of employees believe on-site exercise facilities and subsidized healthy foods in workplace cafeterias are helpful in reaching and/or maintaining a healthier weight.
 - Only two percent of surveyed employees and employers report themselves to be obese; however, data indicate that 26 percent of surveyed employees and employers meet or exceed body mass index (BMI) criteria for obesity.
 - Of the employers surveyed, two-thirds strongly agree that maintaining one's weight for 12 or more months constitutes success in terms of addressing the health risks of obesity. Similarly, two-thirds strongly agree that improvements in obesity-related health conditions, including better blood pressure control and decreased joint pain, define success.
 - Of the employers surveyed, only a minority is willing to pay higher premiums for more obesity prevention or treatment benefits. In contrast, employees, especially obese employees, are willing to contribute slightly more for

premiums so as to ensure that all workers are covered for various prevention and wellness services.

- Employees, especially obese employees, strongly support positive financial incentives for participating in workplace programs to address obesity and promote wellness. Of the employees surveyed, 77 percent support discounts on health insurance or other monetary incentives for participating in health risk appraisals, 70 percent for participating in weight management programs, and 66 percent for participating in health coaching.
- In a study of 1,139 employees, approximately 85 percent favored tax breaks for employers who make exercise space available to workers, 73 percent supported government incentives for companies that reduce the cost of health insurance for workers who adopt healthier lifestyles and lose weight, and 72 percent agreed that insurance companies should be required to cover obesity treatment and prevention programs.^v
 - In this study, women were more likely than men to favor policies requiring health insurance companies to reimburse obesity treatment and prevention programs.
 - Both normal-weight and obese respondents supported subsidizing health insurance costs to reward healthier workers.
- To reduce health care costs and improve productivity in the workplace, many companies are offering programs centered on general health and fitness. For instance, many companies offer on-site exercise facilities or voluntary health risk appraisals through health plans, subsidize the cost of health club memberships, install bike racks and shower facilities to promote exercise, require vendors to include healthy meal and snack options in cafeterias and vending machines, sponsor office sports teams, and distribute health education materials.^{vi}
- Of 154 surveyed human resources (HR) professionals, 62 percent believe that employer involvement in obesity and weight management is an ethical issue, meaning that employer action in this arena may raise concerns of privacy invasion, while inaction may perpetuate and/or contribute to unhealthy lifestyles. Of the respondents, 68 percent feel that companies do not have the right to regulate employees' weight. However, nearly 50 percent of the HR professionals favor charging obese or overweight employees more for health insurance.^{vii}
- A study published in the *Archives of Internal Medicine* suggests that obese employees file twice as many workers' compensation claims, have seven times higher medical costs, and 13 times more lost work days than their non-obese counterparts.^{viii}

About the STOP Obesity Alliance

The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a collaboration of consumer, provider, government, labor, business, health insurers and quality-of-care organizations united to drive innovative and practical strategies that combat obesity. The STOP Obesity Alliance is directed by Research Professor Christine C. Ferguson, J.D., of The George Washington University's Department of Health Policy and former Health Commissioner for the State of Massachusetts. Richard H. Carmona, M.D., M.P.H., FACS, 17th U.S. Surgeon General (2002-2006) and President of the non-profit Canyon Ranch Institute, serves as Health and Wellness Chairperson of the Alliance. The Alliance Steering Committee is comprised of the following public and private sector organizations: American Diabetes Association, American Heart Association, America's Health Insurance Plans, American Medical Group Association, Canyon Ranch Institute, the Center for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity (DNPAO), DMAA: The Care Continuum Alliance, National Business Group on Health, National Quality Forum, Partnership for Prevention, Reality Coalition, Service Employees International Union, The Obesity Society and Trust for America's Health. The Strategies to Overcome and Prevent (STOP) Obesity Alliance receives funding from founding sponsor, Sanofi U.S. For more information, visit www.stopobesityalliance.org.

ⁱ The Conference Board. (2008) Obesity Costs U.S. Companies as Much as \$45 Billion a Year. *The Conference Board Reports*. Available at: http://www.conference-board.org/utilities/pressDetail.cfm?press_ID=3365

ⁱⁱ Finkelstein, E., Fiebelkorn, C., Wang, G. (2005) The Costs of Obesity among Full-Time Employees. *American Journal of Health Promotion*. 20(1): 44-51.

ⁱⁱⁱ Finkelstein, E., Fiebelkorn, C., Wang, G. (2005) The Costs of Obesity among Full-Time Employees. *American Journal of Health Promotion*. 20(1): 44-51.

^{iv} STOP Obesity Alliance. (March 2010) Decision Maker Survey. Available at:

<http://www.stopobesityalliance.org/research-and-policy/research-center/survey-results/>

^v Fuemmeler, B.F., Baffi, C., Mâsse, L.C., Atienza, A.A., Evans, W.D. (2007) Employer and Healthcare Policy Interventions Aimed at Adult Obesity. *American Journal of Preventive Medicine*. 32(1): 44-51.

^{vi} LaVan, H., Katz, M. (2009). Managing Obesity: Human Resource Managers' Perspectives. *Compensation Benefits Review*. 41: 54-61. Available at: <http://cbr.sagepub.com/cgi/reprint/41/2/54>

^{vii} LaVan, H., Katz, M. (2009). Managing Obesity: Human Resource Managers' Perspectives. *Compensation Benefits Review*. 41: 54-61. Available at: <http://cbr.sagepub.com/cgi/reprint/41/2/54>

^{viii} Østbye T, Dement JM, Krause KM. (2007) Obesity and Workers' Compensation: Results from the Duke Health and Safety Surveillance System, *Arch Intern Med*. 167:766-773.