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# Managing Obesity: Human Resource Managers' Perspectives

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# Managing Obesity: Human Resource Managers' Perspectives

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*Human resources professionals recognize the impact that obesity has on health care costs and productivity, but remain divided about the appropriate employer response.*

Obesity is increasing in the United States and in the workplace. There has been increased attention to obesity in the popular press, in HR practitioner journals and in academic research. The problem of obesity in organizations includes its impact on productivity, increased cost of health care coverage and on interpersonal and psychological relations. Hiring, employee morale, employee safety and that of coworkers are also affected.

The concern for employee obesity also raises questions about the ethical treatment of employees. Specifically, if you as the employer want to control obesity, are you invading the privacy of your employees? Alternatively, if you as the employer do nothing, are you contributing to unhealthy

lifestyles? Thus, the questions are raised: What are HR professionals' attitudes toward obesity? What are their current practices? What should they be doing?<sup>1,2,3</sup>

## Physical and Psychological Effects

Research has shown that there is stigmatization and discrimination due to obesity. In addition, Friedman and Brownell in a meta-analytic review concluded that obesity was modestly but consistently related to depression.<sup>4-7</sup>

Friedman et al.<sup>8</sup> in a summary of the literature state that obesity affects employment, employment potential and socioeconomic status, and also has negative psychological consequences. Their data, derived from a self-report questionnaire, also found that the participants had higher levels of depression and general psychiatric symptoms. In addition, those participants who reported greater depression were also those who had more

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often experienced difficulties and obstacles in their daily situations, and reported being discriminated at work.

Research showed that after adjusting for sociodemographic characteristics, smoking status, exercise and self-reported health, obesity was associated with reduced employment. However, though work limitation was statistically significant for women, the relationship was not statistically significant for men.

Furthermore, women were more likely to have a significant relationship between depression and a high body mass index (BMI). Also, in two experiments, male job applicants were rated more negatively when seen with an overweight female compared to a normal weight female. This shows that the stigmatization can spread just from proximity.<sup>9-12</sup>

Other research has not shown a relationship between obesity and depression, anxiety or poor self-esteem.<sup>13-16</sup> However, these studies did not control for demographic confounding factors such as race, age or levels of overweight.

Carr and Friedman's study,<sup>17</sup> which controlled for many of these factors, found that very obese persons as compared to normal weight persons reported significantly lower self-acceptance, more frequent discrimination and more major workplace discrimination; however, they did not report lower self-acceptance. A surprising finding was that for members of the higher socioeconomic strata, the interpersonal consequences of severe obesity are even more acute.

In an extensive review, Roehling<sup>18</sup> noted that employee weight may bias employment decisions through its effect on assessments of physical attractiveness. Attractive people are perceived to have more socially desirable traits than unattractive people, such as more intelligent, more sociable, more dominant, mentally healthier and more socially skilled than unattractive people. In addition, Roehling found that obese individuals are often blamed for their condition, leading to inferences about laziness and lack of self-control, being less tidy or having poor personal hygiene.

Thus, decision makers may react differently to overweight individuals, causing them to treat overweight employees differently once on the job. Decision makers who may not personally hold negative stereotypical views of overweight employees may also discriminate against them because they perceive pressure from others to do so.

## Rationale for Employer Control

According to the U.S. Surgeon General, some 127 million people are overweight and 60 million are obese. This costs the nation approximately \$117 to \$300 billion.<sup>1,19,20</sup> Furthermore, the cost of health care is constantly increasing. A recent report in the *New York Times*<sup>2</sup> stated that the Conference Board reported obesity costs up to \$45 billion a year in medical expenditures and work loss.

Cawley et al.<sup>21</sup> found that obese individuals are substantially more likely than their healthy-weight counterparts to miss work. A study reported in *Industry Week*<sup>22</sup> found *presenteeism*, defined as employees at work, but not performing at full capacity, was 1.8% higher for workers with moderate to severe obesity than for all other employees. Based on an hourly wage of \$21 per hr, which translates into an annual cost of \$1,800 for a worker in the moderate to obese weight range, or about \$500 higher than for other workers.

The reason for the lost productivity is likely the result of reduced mobility due to increased body size or weight, or pain problems attributed to other maladies, such as arthritis. However, Gates<sup>23</sup> found a limitation to these studies in that though extreme obesity was associated with significantly greater health-related limitations in the workplace, the job limitations most affected by obesity were those with time and physical demands. Thus, mental or interpersonal and overall output-related demands were not affected by obesity.

Most businesses reported a 10% to 20% increase, with some companies reporting as much as a 30% increase in health care costs.<sup>24,25</sup> Researchers at RTI International and the Centers for Disease Control and Prevention have found that the average annual per capita increase in medical expenditures and absenteeism associated with obesity ranges between \$460 and \$2,500 per obese employee, with costs increasing as BMI index increases.<sup>26,27</sup>

Furthermore, a study by Guardian Health Solution found that obesity is responsible for 2.1% of all diagnosed medical claims expenses for men and 2.8% for women. Of the 10 lifestyle health risks, obesity was found to be by far the most costly.<sup>28</sup>

According to Roland Sturm, senior economist at RAND, health care requirements for obese workers costs 36% more than for normal weight workers, and medication costs 77% more. Furthermore, several studies claim that health costs go up with each BMI category.<sup>19,29,30,28</sup>

## Employer Attitudes

According to a recent study, half of human resource (HR) professionals believe that obesity negatively affects employee output: One quarter believe that obesity is becoming a problem in their industry, one third believe that obesity is a valid medical reason for not hiring a person and about 11% think that firms can fairly dismiss people just because they are obese.<sup>31</sup> In addition, managers and coworkers perception of obesity can have profound effects on recruitment and hiring, discrimination and employee morale.<sup>19</sup>

However, the effects may be subtle. For example, applicants for employment may have been judged on their appearance, not just on qualifications. Rejected candidates may not have been aware of weight-related factors.<sup>32</sup> Bellizzi and Hasty<sup>33</sup> have reported that obese salespeople are considered less fit for more challenging sales territories and may be discriminated in job assignments.

## Employer Practices

Many companies are instituting different practices to help increase employees' wellness. A recent study of employer and employee attitudes about obesity demonstrates that both employers and employees feel that workplace weight management programs are appropriate and effective. The survey findings, which were revealed by the Strategies to Overcome and Prevent (STOP) Obesity Alliance, May 22, during briefing session held in Washington, D.C., concluded that 71% of employers view offering obesity-related services as appropriate and 73% also saw them as effective. In addition, 80% of employees surveyed agreed that weight management programs belong in the workplace.<sup>34</sup>

In addition, The Conference Board Report<sup>35</sup> estimates that the return on investment (ROI) for wellness programs range from 0 to \$5 per \$1 invested. Furthermore, these programs may give companies an edge in recruiting and retaining desirable employees.

There are many examples of companies that are trying a variety of programs to face these issues. About 55% of Blue Cross and Blue Shield of North Carolina health plan's 3 million members were overweight and getting heavier. Treating obese members cost at least 30% more than normal weight members; the price difference for overweight members was 18%. Depending on the extent of the obesity and commitment to revising

their habits, members can now qualify for a spectrum of services from nutrition counseling to weight-loss drugs to bariatric surgery.

A program called Healthy Lifestyle Choices was made available to all 1.1 million eligible members. In addition to obesity surgery and weight-loss drugs, the plan will pay for four doctor visits annually to discuss obesity issues, along with dietitian counseling. Frontier Spinning Mills, a North Carolina manufacturer with 950 employees covered by Blue Cross and Blue Shield, was among the first self-insured employers to express interest.

Since the early 1990s, Union Pacific Railroad has offered a \$2.5 million health promotion program to its 48,000 employees, along with their spouses. The program, which provides written information along with phone counseling, reduced health claims related to lifestyle choices from 29% in 1990 to 18.8% in 2001.<sup>36</sup>

A National Business Group on Health survey found similar bottom-line fitness benefits. About 27% of the 84 large companies reported that fitness initiatives helped reduce health care costs. The survey also revealed that jump-starting physical activity is far from easy, as the findings revealed that in two third of the 84 companies, less than one fourth of employees participated. In 2003, 58% of employers provided at least one such program, compared with 41% in 2002, according to a survey on employer-sponsored health plans conducted by Mercer Human Resource Consulting.

Companies also are starting to pay for employees to undergo such radical medical procedures as bariatric surgery. To reduce the costs of health care and improve productivity, many companies of all sizes are offering programs to help employees gain fitness. Employers offer voluntary health risk appraisals through health plans and health professionals to obtain baseline data. They also offer on-site exercise facilities, or subsidize the cost of health club membership, make it easier for employees to bike, walk or run to work by installing bike racks and shower facilities.

In addition, some companies require vendors to include healthy meal options in the cafeteria, vending machines and especially at functions employees are required to attend. They may also require vendors to provide nutritional information for cafeteria selection. Also, some companies distribute health education materials, offer on-site classes related to nutrition and exercise, create safe walking paths and encourage use of

stairs, sponsor office sports teams or walking clubs, create opportunities for activity at work and encourage workers to take breaks and walk around.<sup>19,20</sup> Such programs amounted to 1% to 3% of total health care costs.<sup>37</sup> Companies also are starting to pay for employees to undergo such radical medical procedures as bariatric surgery.

Another program that has been reported to be successful in employees losing weight was to give financial incentives. A study of 200 overweight employees at 3 North Carolina colleges suggests that even a small amount of money can result in significant weight loss. During a 3-month period, one group received no incentives, and the other two groups received \$7 or \$14 for each percentage point of weight they lost. The unpaid employees lost an average of 2 pounds each, but those in the \$7 group lost an average of 3 pounds each and those in the \$14 group lost an average of 4.7 pounds each.<sup>38</sup>

## Methodology

The underlying rationale of this study was to survey HR practitioners about their views of employer control of employee obesity. Though there have been some studies that focused on employer control of obesity, this study offers a more comprehensive view in terms of type of respondents and types of industries.

Respondents in this study have high-level HR positions and are in a broad range of age categories. The study takes a HR rather than an insurance industry perspective. It also discerns whether respondents thought that control of obesity was an ethical issue. The results expand on what is already known in that it delineates what types of programs are offered and the perceptions of effectiveness of obesity programs in terms of whether they control costs.

An e-mail list of 3,000 HR professionals (vice presidents and directors) was bought. All people on the mailing list were e-mailed twice asking them to volunteer to fill out the survey, which would be confidential and anonymous. The second time we added that they could enter a sweepstake, with a chance for winning an I-Pod, if they responded that they are willing to participate.

These professionals were asked to fill out an on-line survey about attitudes toward obesity in the workplace. Approximately 5% responded. The questionnaire consisted of Likert-type questions

as well as some open-ended questions about their attitudes toward obese employees, programs that their companies provide and their attitudes toward the ethics of management of obesity by employers.

## Findings

There were 154 respondents to the survey (see Exhibit 1 for results). Of the respondents, 61% were vice presidents, 28% were direct managers and 11% were specialists in the HR profession. More than 80% were older than 40 years and 68% were female. They were in a variety of organizations: 38% were in the retail sector, 16% in the financial sector, 16% in the health care industry and 12% were in the insurance sector. Professionals in all other sectors were under 10% of the total number of respondents. In addition, the respondents reported that less than 8% of their organizations were unionized.

Almost none of the companies surveyed have a policy on obesity (0.6%). Yet there is a concern for the effects of obesity of employees due to a variety of issues. Many HR professionals admitted *some* or a *great extent* of concern for the costs of employees being overweight (47%). However, absenteeism relating to obesity was a very limited priority in most companies (29%). In addition, there was *some* or a *great extent* of concern for employees well-being relating to obesity (40%).

The HR professionals believe that having programs to help control obesity reflected that the employer cared for its' employees (92%). In addition, 49% of the respondents indicated that benefits were affected by obesity to *some* or to a *great extent* and that the control of obesity would help control costs (93%). The HR professionals indicated that benefits were impacted by higher insurance costs, increased susceptibility to illness, fatigue of employees, absenteeism, work injuries and performance issues.

Though very few companies indicated actual policies on obesity (0.6%) and very few companies required employees to use counseling for obesity, a few companies did require employees to use counseling for obesity for improved health or fitness ( $n = 6$ ), improved mobility for safety ( $n = 4$ ) or reduced work limitation ( $n = 4$ ).

However, many companies do offer programs to help workers reduce their weight.



**EXHIBIT 1**  
**Survey Results**

Number of respondents	154
Title of respondents	
Vice president	61.1
Director manager	27.5
Specialist	11.4
Age	
20-30	1.3
31-40	16.3
41-50	39.2
51-60	34.0
Over 60	9.2
Type of organization	
Banking	4.5
Education	2.6
Financial	16.2
Health care	16.2
High-tech	3.2
Insurance	11.7
Manufacturing	3.2
Retailing	38.3
Unionized	7.8
Percent professional	
76%-100%	21
Extent benefits impacted by obesity	
None	18.1
Very limited	19.4
To some extent	30.6
To a great extent	12.5
Unknown	19.4
Concern for costs	
Not at all	7.3
To some extent	66.2
To a great extent	26.5
Have there been or are there pending lawsuits?	1.9
Accommodations made for obesity as a disability	20.1
Specific policy on obesity	0.6
Control of obesity an ethical issue?	
Not at all	36.4
To some extent	47.7
To a great extent	15.9
Control of obesity will control costs?	
Not at all	7.3
To some extent	66.2
To a great extent	26.5
Programs offered	
Counseling inside your EAP	32
Counseling outside your EAP	10
Weight watchers or similar	18
Ergonomic modifications	19
Pay for bariatric surgery	7
Train recruiters to avoid discrimination	5

(continued)

**EXHIBIT 1 (continued)**

Extent benefits are impacted	
None	18.1
Very limited	19.4
To some extent	30.6
To a great extent	12.5
Unknown	19.4
Other responses to how benefits are impacted	<b>[AQ: 8]</b>
Higher insurance costs	
Increased susceptibility to illness	
Fatigue	
Absenteeism	
Performance issues	
Work injuries	

**Note:** EAP = employee assistance program.

About 32% stated that they offered counseling within the employee assistance program (EAP), 10% indicated that they offered counseling outside the EAP, 18% offered programs or discounts to programs such as Weight Watchers (18%), 19% offered ergonomic modifications to those indicating need, 7% would pay for bariatric surgery and 5% stated that they trained recruiters to avoid discrimination to obesity candidates. I

In addition, some companies offer fitness or wellness programs and/or lecturers, and incentives such as a competition for losing weight, health fairs, healthy snacks on company premises and/or reimbursement for health club dues. Some of the other programs described included having health fairs with health risk assessments including BMI assessments, blood tests for glucose levels and heart health, brown bags on nutrition and meal planning, and health coaches. In addition, some companies encourage their employees to walk, bike or run. Only one company indicated that they charged higher health insurance premiums to overweight employees.

Furthermore, 20% of the companies stated that they do make accommodations as though obesity is a disability such as special oversized or reinforced chairs, honoring requests to work from home and moving workstations closer to restrooms or parking areas.

The majority of HR professionals (62%) perceive employer control of obesity as an ethical

issue. Furthermore, most of the HR professionals felt that the companies do not have the right to regulate employee's weight (68%). However, almost half of the professionals (47%) felt that companies should charge employees more for health insurance *to some extent* or *to a great extent* if they are overweight. However, a slightly larger percentage (49%) stated that they should not charge extra for premiums. Very few thought obesity indicated a personal deficiency (33%).

## Conclusion

The issue of obesity in the American workplace is complex. Though more individuals recognize that being overweight is unhealthy, there is a growing recognition that it affects American companies as well. Costs continue to escalate for the illnesses related to obesity. Companies experience the increased costs through copays and premiums. There are additional increased costs due to absenteeism and lost productivity.

Also, there are the issues of privacy and individual rights that might suggest that companies cannot do much to alleviate these problems. Thus, there is a delicate balancing act between individual rights and the need to make a profit. Some companies have found that offering health programs and incentives to stay healthy, including weight management programs, have been both effective and appreciated by their employees.

By using the *carrot* rather than the *stick*, companies can improve their bottom line. They can reduce health care costs through helping employees to become healthier without infringing on their privacy and individual rights. Although not all employees will take advantage of these programs, many will likely do so. It also has been shown that when someone loses weight and is healthier, some of their peers will want to do so as well. Thus, over time, these programs might have a synergistic effect.

More research is needed through experimental and survey design to see which methods are most effective in encouraging employees to maintain a healthier lifestyle. In addition, research should include the cost-effectiveness of these programs. When companies save money through lower health costs, through less absenteeism,

through higher productivity due to a healthier workforce, this should be documented and applauded.

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RESEARCH NOTE

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