

# Occupational Health Strategies

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## Obesity Target of Workplace Interventions

Several recent reports – including the American College of Occupational and Environmental Medicine's annual Labor Day Checklist - have focused national attention on health problems associated with obesity.

In the United States, obesity has risen at an epidemic rate during the past 20 years. One of the national health objectives for the year 2010 is to reduce the prevalence of obesity among adults to less than 15 percent, according to the Centers for Disease Control and Prevention (CDC).

In March, the CDC reported that more Americans could die of obesity than from smoking if current trends persist. A poor diet and physical inactivity caused 400,000 deaths in 2000, a 33 percent jump compared to 1990. Tobacco-related deaths in the same period climbed by less than 9 percent to 435,000.

The U.S. Department of Health and Human Services estimates that 129 million Americans are overweight or obese, and associated health care costs range from \$69 billion to \$117 billion per year. Obesity increases the risk of acquiring serious medical conditions such as diabetes, hypertension, heart disease and cancer.

Obesity reportedly results from an environment of caloric abundance and relative physical inactivity, modulated by a susceptible genotype. Studies indicate that inherited genetic variation is an important risk factor for obesity. Consequently, the CDC says genetic factors are beginning to be implicated in the degree of effectiveness of diet and physical activity interventions for weight reduction.

ACOEM selected obesity for its 2004 *Labor Checklist* because workplace interventions such as those offered by many occupational health programs and practices can reach millions of people.

"ACOEM recognizes that the public health problem of obesity is one which goes beyond an individual's lifestyle choices, and is the result of a complex chain of events that includes socio-environmental factors," said ACOEM member Robert McLellan, M.D., of Dartmouth Hitchcock Medical Center in Lebanon, N.H. "Employers have the opportunity to provide a supportive environment

that enables healthy lifestyle choices."

The *Labor Day Checklist* recommends steps employers and employees can take to reduce the potential for developing obesity-related health problems and enhance workplace productivity and personal lifestyle. It is available online at ([www.acoem.org/pdfs/2004LaborDayChecklist.pdf](http://www.acoem.org/pdfs/2004LaborDayChecklist.pdf)).

"Implementing a workplace wellness program that provides mechanisms to aid employees in adopting a healthy lifestyle will impact workplace health and productivity and ultimately improve the bottom line," said Wayne Burton, M.D., corporate medical director for Bank One in Chicago, IL. "Focused workplace intervention strategies that promote physical activity and good nutrition can help employees prevent and/or control obesity."

Since many employers cannot afford to offer their employees advantages such as a gym memberships, the *CheckList* suggests other avenues such as distributing free materials on nutrition and weight management and encouraging physical activity during lunch or breaks.

Often, the simplest changes can help. For example, "The intake of water is often not adequately emphasized when trying to make lifestyle changes and worksites that don't offer bottled water in their vending areas are discouraging water as a beverage," said Carl Otten, M.D., of Adena Health System, Chillicothe, OH. "Encouraging adults to drink water to maintain adequate hydration, in place of other high caloric, high sugar beverage choices, should be emphasized both in the workplace and at home."

### More Encouraging News

While the CDC reports that obesity is growing more prevalent, other studies show some progress is being made to reverse the trend. According to a poll of large employers released in June at a major national conference on obesity, corporate health promotion programs appear to be paying off.

The poll, conducted by the National Business Group on Health, found that more than half (56 percent) of companies surveyed reported increased morale among their workforce because of fitness

## Obesity Targeted, continued

programs and other health promotion activities. More than one out of four (27 percent) said fitness initiatives reduced health care costs. About two out of 10 experienced increased worker productivity and decreased absenteeism. The results, based on responses from 84 large U.S. employers, were released at the *2nd Annual Leadership Summit on Obesity*, sponsored by the Institute on the Costs and Health Effects of Obesity.

"More and more employers are seeing the value of helping their workers become and stay fit and trim," said Helen Darling, president of the National Business Group on Health. "Over the past few years, we have seen a growing number of companies implementing various

fitness programs aimed at helping workers lose weight, eat healthy and create an overall healthy lifestyle."

According to the survey, the most prevalent fitness initiatives are:

- On-site fitness centers - 77 percent;
- On-site fitness programs - 69 percent;
- Sponsored fitness programs – 67 percent;
- Informational material on local programs - 60 percent;
- Web-based tools for tracking and information – 38 percent.

The survey was developed by Joyce Young, M.D., regional director of well-being at IBM.

Meanwhile, as mentioned in a brief in the Aug. 2 edition of *Occupational Health Strategies*, an obesity study commissioned by the American Association of Occupational Health Nurses Inc. (AAOHN) found that nearly half of all respondents who claimed to participate in workplace weight-management programs reported success in reaching and maintaining their long-term goals.

The AAOHN survey was designed to explore public participation in employer-sponsored weight-management programs. Respondents were asked about their level of participation in these programs, the types of programs that were offered at their workplace, whether or not they actually achieved and maintained their weight-loss goals, and the factors they attributed to their success. Respondents who lost weight attributed their success to motivating factors in their work environment such as:

- Support groups created through peer/co-worker motivation.
- Trained professional guidance, with onsite professionals such as occupational and environmental health nurses who implement and provide guidance during the program.
- Accessibility of onsite exercise classes, dietitians, healthier food in cafeterias and workout facilities.
- Employer incentives and encouragement by other employees to help them reach their weight goals.

The study was conducted for AAOHN by International Communications Research. It included 10,000 telephone interviews among full-time employees ages 18 years and older. The margin of error was plus or minus 6.01 percent.

## Briefs

### Obesity, Job Discrimination Linked

Evidence of discrimination against obese workers is found at virtually every stage of the employment cycle, including selection, placement, compensation, promotion, discipline and discharge, according to a research review by Mark Roehling, a professor in the Department of Management, Western Michigan University. Of his findings, Dr. Roehling said, "Overall, the evidence of consistent, significant discrimination against overweight employees is sobering." The study is featured on the American Obesity Association website ([www.obesity.org](http://www.obesity.org)). However, being overweight, in and of itself, is not considered an impairment under the Americans with Disabilities Act. Refer to 29 C.F.R. pt. §1630 app. 1630.2(h), which notes that weight "within 'normal' range and not the result of a physiological disorder" is not an impairment; see also id §1630.2(j), which states that, "except in rare circumstances, obesity is not considered a disabling impairment."

### Fewer Americans Have Health Coverage

Real median household income remained unchanged between 2002 and 2003 at \$43,318, according to a report released in August by the U.S. Census Bureau. At the same time, the nation's official poverty rate rose from 12.1 percent in 2002 to 12.5 percent in 2003. The number of people without health insurance increased by 1.4 million to 45 million. The percentage of the nation's population without coverage grew from 15.2 percent in 2002 to 15.6 percent in 2003. The report, *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, is available on the Internet at [www.census.gov/hhes/www/income.html](http://www.census.gov/hhes/www/income.html).