

Weight Bias in the Workplace

Information for
Employers



*An informational piece provided by:
the Obesity Action Coalition (OAC)
and the Rudd Center for Food Policy and Obesity*



OAC
Obesity Action Coalition

The disease of obesity carries with it many obesity-related conditions, such as type 2 diabetes, hypertension, sleep apnea, some cancers and much more; however, it also carries with it something that very few other diseases ever have to combat – bias. Throughout this educational piece, you will learn about weight bias, how it could potentially impact your employees and much more.



What is weight bias?

Weight bias refers to negative stereotypes toward individuals affected by excess weight or obesity, which often leads to prejudice and discrimination. Weight bias toward individuals affected by obesity is evident in healthcare, education, the media, interpersonal relationships and especially in the workplace. The prevalence of weight discrimination in the United States is comparable to racial discrimination, and is even more common than gender or age discrimination in the employment setting.

What are examples of weight bias in the workplace?

Employees with excess weight or obesity frequently confront unfair treatment in the workplace, including the following:

- Unfair hiring practices (less likely to be hired than thinner applicants, even with identical qualifications)
- Lower wages compared to thinner employees (women affected by obesity earn 6% less than thinner women, and men affected by obesity earn 3% less than thinner men, for the identical work performed)
- Harsher discipline from employers compared to thinner employees
- Wrongful job termination
- Negative stereotypes (e.g., perceived to be lazy, less competent, undisciplined, less ambitious, less productive)

What are the consequences?

In addition to the employment and economic inequities, weight bias fosters blame and intolerance that reduces quality of life for persons who are affected by obesity. Individuals who experience weight bias or discrimination are at risk for serious psychological, emotional and health-related consequences, some of which also reinforce weight gain and obesity.

How can you reduce weight bias?

- Identify your own potential biases.
- Remember that individuals affected by obesity are frequent targets of stigma, and they have likely made previous attempts to lose weight.
- Increase awareness of weight-based stigmatization through education.
- Address and investigate reports of weight-based bullying promptly and effectively.
- Include body weight as part of diversity training, communicating the message that weight stigma is legitimate, unacceptable and harmful.
- Eliminate inequities for employees affected by obesity through sensitivity training for hiring staff/managers.
- Ensure fair interviewing/hiring/promotion practices for qualified candidates, regardless of their body weight.
- Include “weight” in workplace anti-bullying policies.
- Develop and implement clear non-discrimination policies that include obesity.

BMI Incentives and Penalties

Some employers have begun to implement financial incentives to employees who can keep their body weight in a healthy range. Other companies are imposing financial penalties such as charging employees affected by obesity more in healthcare costs until they can reduce their body mass index (BMI).

Despite these practices, there is little evidence that employer BMI incentives and penalties produce sustainable weight-loss or lower healthcare costs. Instead, these practices raise a number of concerns:

- Financial penalties for obesity penalizes a disease rather than a health behavior that can be easily changed, and ignores the complex genetic and environmental contributors of body weight that are largely beyond personal control.
- Imposing financial penalties based on BMI alone incorrectly assumes that individuals should have a BMI less than 30 in order to be healthy. In reality, many individuals who are not affected by excess weight or obesity have chronic health condition such as hypertension, hyperlipidemia, diabetes or engage in other health risk behaviors. Conversely, there are people who are affected by excess weight who are in good health, and have healthy nutrition and activity habits.
- Substantial scientific evidence indicates that very few people can lose significant amounts of weight and maintain weight-loss throughout time, even with intensive treatment options. This means that many people who have a BMI more than 30 will be unable to maintain significant weight-loss despite legitimate efforts to do so. However, small, achievable weight-losses of 5-10% of one's body weight can lead to important improvements in health, even when BMI is above 30. Thus, it is important to focus on health behaviors rather than only BMI.
- Most insurance plans do not cover professionally directed treatment for obesity. Imposing added penalties for employees affected by obesity unfairly penalizes them for a pre-existing condition whose treatment is rarely covered by insurance plans.
- Imposing penalties on employees based on BMI worsens the already pervasive stigmatization of persons who are affected by obesity, who face many inequities in the workplace, including barriers to hiring, lower wages, less potential for promotion, unfair job termination and stigmatization from co-workers and employers.



What are Better Ways to Address Obesity in the Workplace?

Employers often struggle with identifying proper ways to address obesity in the workplace. Often times, employers will implement obesity plans only to come to the realization that the plan actually stigmatizes employees affected by obesity and only further hinders employer efforts to combat obesity.

It is imperative when implementing an obesity plan to encourage employees to improve their quality of health through evidence-based programs, create an open environment where employees affected by obesity can express their concerns without the fear of termination and most importantly not utilize penalization tactics, as this will only further stigmatize your employees affected by obesity. In addition, create a workplace environment that facilitates healthy living for your employees. Offer healthy food choices, remove unhealthy foods in vending machines and create opportunities for physical activity.

On the next page, you will find a chart which details the basics of workplace obesity programs by describing what works, what doesn't work and what is needed.



What Works in the Workplace to Promote Wellness and Improved Health in the Context of Obesity?

What Works

1. Realistic Individual Goals

Attaining and maintaining a 5-10% reduction in weight can produce significant health benefits. Setting realistic goals requires an understanding of individual histories, motivations and circumstances.

2. Incentives for Healthy Behaviors

These include taking steps to improve awareness of personal health indices, making measurable improvements in nutrition and physical activity, and participating in an evidence-based weight management program.

3. Health Outcome Focus

Health-focused weight management relies on attainable goals with demonstrable health benefits that can be sustained throughout time.

4. Healthy Workplace

A supportive environment that encourages employees to practice healthy behaviors is essential to good health outcomes. Opportunities to be physically active and access to good nutrition are essential.

What Doesn't Work

1. Arbitrary BMI Goals

BMI serves best as a measure of population health risks, not as marker for individual goals. Optimal health outcomes for different individuals come at distinctly different BMI values.

2. Incentives for Outcomes that May be Unattainable

An individual with a current BMI of 32 and history of severe obesity (BMI>40) will not be helped by penalties for failing to achieve a BMI<30.

3. Cosmetic Outcome Focus

For many, a focus on a cosmetic ideal sets unrealistic expectations and leads to a state of learned helplessness.

4. Weight Bias

Pervasive weight bias makes obesity perhaps the most highly stigmatized common health condition. Research suggests that stigma makes obesity more resistant to treatment, reducing the likelihood of healthy behaviors.

What's Needed

1. Access to Treatment

Obesity is a complex metabolic disease that rarely improves without treatment. Personal motivation is necessary, but seldom sufficient in the absence of access to evidence-based treatment.

2. Long-term Outcomes

Short-term (6-12 month) improvements are readily attainable by a variety of interventions that may not predict long-term improvements in health status. Obesity is a chronic, relapsing condition that requires long-term follow-up.



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Looking to the Future of Your Workplace

Taking a proactive approach to addressing obesity in your workplace is an excellent positive way to ensure that your employees affected by obesity are experiencing a pleasant, forward-thinking work environment that takes their needs into consideration. As more than 72 million adults are affected by obesity, it is important that you as an employer ensure the acknowledgment and removal of weight bias, as this will only further enhance employee productivity, morale and more.

If you would like to learn more about weight bias and stigma, please visit the OAC's Web site at www.ObesityAction.org and the Rudd Center for Food Policy and Obesity's Web site at www.uconnruddcenter.org.

The OAC and the Rudd Center also offer a brochure, titled *Understanding Obesity Stigma*, which further details weight bias in a variety of settings such as education, healthcare and more. To order a free copy, please visit the OAC's Web site.

For a list of references pertaining to this brochure, please visit our Web site, www.ObesityAction.org.

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