



WELLNESS
COUNCIL
OF INDIANA™

OBESITY AND THE WORKPLACE **EMPLOYER WORKBOOK**

HOW TO USE THIS WORKBOOK

This workbook is designed to help employers understand obesity as a chronic disease and create a supportive, stigma-free workplace culture. Each section provides background information, practical considerations, and strategies that can be adapted to meet your organization's unique needs.

TABLE OF CONTENTS

SECTION 1: INTRODUCTION AND BACKGROUND

SECTION 2: UNDERSTANDING OBESITY AND ACCOMPANYING STIGMA

- Defining Obesity
- Defining Accompanying Stigma

SECTION 3: ECONOMIC IMPACT OF OBESITY IN THE WORKPLACE

- Cost of Obesity on Employers
- Cost of Accompanying Stigma to Employers

SECTION 4: LEGAL AND ETHICAL CONSIDERATIONS

- Anti-Discrimination laws
- Equal Employment Opportunity Compliance
- Reasonable Accommodations

SECTION 5: BUSINESS STRATEGIES FOR EMPLOYERS

- Assess Your Organization
- Healthy Worksite Environment and Culture
- Impact of Obesity-Related Health Programs
- Company Policies and Supportive Workplaces
- Fostering Connection and Reducing Stigma in Employee Well-Being

SECTION 6: CONCLUSION

SECTION 7: ADDITIONAL RESOURCES

SECTION 8: REFERENCES

SECTION 1: INTRODUCTION AND BACKGROUND

Obesity presents itself as not only a national public health challenge but also a workforce challenge. National and local studies indicate obesity and its associated health conditions contribute to higher medical costs, lower productivity at work, diminished quality of life and increased disability expenditures.¹ Workplaces must shift their focus to include building health plan designs that focus on prevention and treatment and creating an stigma free workplace culture. Obesity significantly impacts working-age adults, with 24 million full-time employees experiencing obesity and an additional 32 million classified as overweight.² In a workplace culture where obesity isn't stigmatized, employees are more likely to be aware of available resources, seek treatment sooner and begin their health management earlier. This workbook will guide employers through building and implementing accountable systems to support improved workplace culture, practices and policies regarding obesity and its accompanying stigma.

According to the Obesity Action Coalition, treatment includes seeking support, either from friends or family, individual or group therapy, or working with a medical professional on treatment options to improve their health and wellness and reach their full potential.

Lastly, a stigma-free company within this workbook refers to an employer with a culture of openness, acceptance and understanding about employees' overall health and well-being.

SECTION 2: UNDERSTANDING OBESITY AND ACCOMPANYING STIGMA

SCIENCE OF OBESITY

A person is considered overweight when a person's body mass index (BMI) is higher than what is considered healthy for a given height.³

It's important to note, measuring by BMI has its limitations as it does not directly measure body fat and fails to account for factors such as muscle mass, bone mass or fat distribution. BMI is just one component of diagnosing an individual with obesity. There are some serious complications associated with obesity. These include high blood pressure and high cholesterol (which are risks for heart disease), Type 2 diabetes, breathing problems (e.g., asthma and sleep apnea), joint problems, gallstones and gallbladder disease.⁴

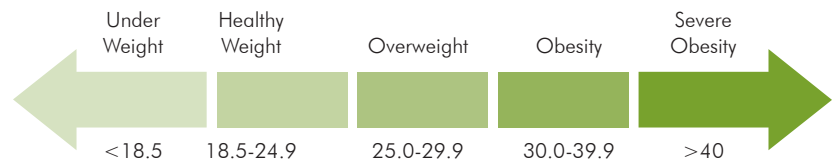
Adults with obesity have higher rates for stroke, many types of cancer and premature death. Additionally, adults with obesity have higher risks for mental illnesses such as clinical depression and anxiety.⁴

More than two in five U.S. adults – including more than one in three Hoosiers – experience obesity. **Indiana has the 12th highest** obesity rate in the country.

Millions of Americans live with obesity, but most aren't getting the help they need. One of the reasons is stigma. Negative stereotypes about obesity persist in and out of the workplace. Stigma is one of the main reasons why people delay treatment for eight to 10 years on average, and many never get help at all. Obesity is underdiscussed, underdiagnosed, undertreated and underreported.

Taking steps to eliminate stigma at work can foster employee fairness and retention. In the workplace, many people are unfairly judged based on their weight. According to the National Eating Disorders Association, as much as 45% of employers are less willing to hire a new employee if they are carrying excess weight.⁵ The effects of obesity extend to working life, with issues related to productivity, absenteeism, presenteeism, discrimination, and opportunities for promotion and progression. In fact, 50% of all employers are less likely to promote obese candidates.⁶

WEIGHT CATEGORIES BASED ON BMI





Obesity is a chronic disease. A complex and multifactorial condition that results from many genetic, environmental and biological factors.

The good news is even modest weight loss can improve or prevent the health problems associated with obesity. Treatment for obesity can improve overall health and lower the risks of developing additional complications. Obesity conditions are treated with dietary and lifestyle changes, medication and support therapy. Treatment has been shown to improve productivity and effectiveness on the job. As an employer, you can't afford to ignore obesity. Investing in the obesity costs of your employees is critical to taking care of your greatest asset – your workforce. Studies show the high rate of obesity affects the workplace through higher healthcare costs and lost productivity. This strengthens the case for employers to implement programs that address the disease. When employees seek and receive treatment for obesity, organizations can see reductions in medical and disability costs, an increase in productivity and lower absenteeism.

OBESITY, CHRONIC DISEASE

Culturally, individuals tend to view those living with obesity as making poor lifestyle choices and having character flaws rather than a chronic disease. The American Medical Association (AMA) officially recognized obesity as a chronic disease in 2013. The AMA mentions it's a disease state with multiple functional changes that require a range of treatment and prevention options.⁷

The Milken Institute states once employers better understand obesity as a disease and the associated stigma, they can pursue a tailored approach to address obesity in their workplaces. This effort starts with an internal assessment, followed by specific interventions to address the culture and accessibility of food, physical activity and sedentary time, and obesity treatment options via healthcare plans. When employers support people with obesity it reduces feelings of stigma and isolation and greatly improves an employees' chance of improved overall health.

Obesity stigma at work is a serious issue that can result in hidden wage penalties, fewer opportunities for promotion, reduced workplace well-being, increased stress and a higher likelihood of being dismissed.

Obesity discrimination creates harmful effects on the physical and mental health of those living with obesity.

Obesity is the most stigmatized chronic disease. Obesity discrimination, or weight bias, refers to a range of discriminatory and harmful attitudes toward people deemed to be overweight. Obesity discrimination is more common than you may think. Media largely contributes to the development and maintenance of "anti-fat" attitudes. Data suggests that shame is stressful, and it may undermine weight loss or even cause a person to gain weight. According to the National Institute for Occupational Safety and Health, 32% of employees with obesity report being bullied on the job, 17% of obese employees report being treated differently because of their weight and 13% report being fired or laid off because of their weight.⁸ Fortunately, obesity is a treatable, manageable disease. Just like treatment for other chronic diseases like diabetes, asthma and heart disease, obesity treatment should be ongoing and frequently assessed. There are millions of Americans in treatment who are creating healthy lifestyles, relationships and communities.

SECTION 3: ECONOMIC IMPACT OF OBESITY IN THE WORKPLACE

COST OF OBESITY ON EMPLOYERS

Obesity in Indiana is a significant public health challenge that implicates the economy and workforce. Indiana’s obesity rate has real economic costs that affect all of us. The Obesity’s Impact on Indiana’s Economy and Labor Force study estimates the economic and workforce implications of obesity in Indiana, including the impact on state tax revenue collections and costs. The study specifically focuses on adults who are currently part of the workforce or would have been in the workforce if not diagnosed with obesity.⁹

OBESITY AND OVERWEIGHT COSTS IN INDIANA (2022):

\$9.3 billion in reduced economic activity, or 2% of Indiana’s GDP ⁹	\$966 million impact on the state budget, or 4.6% of 2022 fiscal year revenue ⁹	\$902 million in health-related absenteeism and disability costs ⁹	69,400 fewer adults in the workforce ⁹	9% reduced earnings for women with obesity ⁹
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HIGHER HEALTHCARE COSTS ATTRIBUTED TO OBESITY AND OVERWEIGHT TOTAL:¹⁰

\$1.2 billion for employers	\$712 million for households with private insurance	\$239.6 million in higher Medicaid costs to Indiana (6.2% of state Medicaid spending)	\$2.2 billion in federal Medicare and Medicaid spending
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The Journal of Occupational and Environmental Medicine (JOEM) states the responsibility for managing obesity has fallen to employers large and small. According to research, the national cost of employee absences – planned and unplanned per year – estimates to be \$8.65 billion, with 6.5% to 12.6% related to obesity.¹¹ Obese employees cost their companies more than twice as much as healthy-weight employees.

Obesity is associated with significant healthcare costs. Those costs include inpatient hospital care, outpatient doctor visits and prescriptions. In 2019, the estimated annual medical cost of obesity in the United States was nearly \$173 billion.¹² Workplaces bear a large portion of the national cost, mostly in hidden fees associated with turnover, absenteeism, loss of productivity and health care expenditures.

Since 2019, studies have shown that obese workers are costing companies billions (\$73.1) in medical expenses, health plan costs and lost productivity for full-time employees.	According to Forbes Health, research suggests obesity increases the average number of days someone misses work annually by an estimated three days a year. ¹³	Obese workers have a 25% higher risk of being injured at work, according to a study by Liberty Mutual Research Institute for Safety.	Obesity in the workplace is a growing problem in the U.S. Four out of 10 Americans have felt the effects of obesity, according to Very Well Health.
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Employers who invest \$10 per person in a program that increases physical activity or nutrition awareness will save more than \$16 billion annually. This is a return of about \$6 dollars per \$2 dollars invested.¹⁴

According to the Midwest Business Group on Health (MBGH), employers need to first determine how many employees have a diagnosis of obesity or other commonly related comorbidities. To do this, employers can look at these sources:

- Biometric screening data, Health Risk Assessments and BMI measurements
 - » Consider asking vendors, onsite clinics and health plans to use data to identify the number of individuals with obesity.
- Medical/Pharmacy claims
 - » A diagnosis of obesity does not often appear in primary claims data. Therefore, you may consider looking at diagnoses of comorbid conditions and use International Classification of Diseases-10 codes that are associated with obesity.¹⁵

It’s important to not only think of the costs associated with obesity in the workplace but also to consider other contributing factors that add to the rising rates of obesity. The JOEM mentions “work” can be a factor for obesity. Risk factors associated with obesity among workers include social stressors, psychosocial work factors, hours/schedule, sleep and night shift work as well as sedentary behavior.¹⁶

SECTION 4: LEGAL AND ETHICAL CONSIDERATIONS

Under the Americans with Disabilities Act, obesity may be considered a disability if it substantially limits one or more major life activities or is linked to an underlying medical condition.¹⁷ Currently, Michigan is the only state in the U.S. with a law prohibiting weight discrimination.¹⁸ It's important for an organization to understand the associated guidance and consult with their own legal team on these matters.

At work, those suffering from chronic conditions or more minor ones often hide it for fear they may face discrimination from peers or even bosses. It takes more than policies to overcome these stigmas. Employers need to ensure hiring promotions and workplace decisions are free from bias against individuals living with obesity and act in line with the Equal Employment Opportunity Compliance. Employers should understand that weight discrimination leads to higher turnover rates and lower productivity, emphasizing the economic imperative for comprehensive policies.

Employers also should focus on using non-stigmatizing language, fostering a supportive environment among employees, and providing resources about obesity to promote a healthy workplace culture. To gain insight into language and unconscious bias that might be perceived as stigmatizing, employers and staff can take the Implicit Association Test, which measures attitudes and beliefs that individuals may be unaware of or unwilling to share.

SECTION 5: BUSINESS STRATEGIES FOR EMPLOYERS

By addressing potential barriers that individuals might have in the workplace, employers have a unique opportunity to make it easier for their employees to get help. Employers should consider using a Stepped Approach. One size does not fit all when treating and managing obesity.¹⁷ Here are strategies organizations can use to develop, enhance or sustain their obesity in the workplace initiatives:

ASSESS YOUR ORGANIZATION

Centers for Disease Control ScoreCard

This effort encourages Corporate Social Responsibility (CSR), or business practices that take responsibility for a company's impact on social well-being. The initiative combines CSR with employee engagement activities available in the CDC's Worksite Health ScoreCard. The ScoreCard tool is designed to help employers evaluate the extent to which they have implemented evidence-based interventions to improve worker health, safety and well-being. The CDC Worksite Health ScoreCard is a free, publicly available survey tool designed to help employers. The ScoreCard is intended to support the development, planning, monitoring and continuous improvement of workplace health promotion programs. Using the ScoreCard helps create an accepting and healthy culture within your workplace environment.

Prioritizing obesity care within your company can:

- increase productivity;
- decrease disability costs;
- reduce turnover; and
- improve retention of valued employees.

SELF-ASSESSMENT TOOLS

Workplace Culture Assessment Checklist

Evaluate your organization's approach to obesity and stigma:

- Does our workplace foster an welcoming environment for individuals of all body types?
- Are leaders and managers trained to address weight-based stigma and implicit bias?
- Do our hiring and promotion practices ensure fairness regardless of weight or size?
- Are employee wellness programs designed to focus on health rather than weight reduction?
- Do our policies explicitly address weight-based discrimination and harassment?

Obesity Program Readiness Checklist

Assess your organization's preparedness for implementing supportive programs:

- Have we identified resources for comprehensive health programs?
- Do our employees have opportunities to share their needs and preferences?
- Are managers equipped to support employees with obesity-related challenges?
- Have we secured leadership buy-in for these initiatives?

Stigma Audit Tool

Evaluate potential stigma in workplace policies and practices:

- Are internal communications free of weight-centric or stigmatizing language?
- Do we promote body positivity and fairness in marketing and branding?
- Are wellness challenges reflective of employees with various health needs?

It starts with breaking the silence around obesity in the workplace and providing education about the following:

- Understand the benefits offered to treat obesity and how to access them.
- Think about wellness initiatives differently:
 - » Focus on reducing elevated health biomarkers (blood pressure, A1c, cholesterol).
 - » Reward healthy behaviors (exercise and nutrition) rather than weight loss.
 - » Provide programs that focus on all shapes, sizes and health statuses.
 - » Include nutritious food options (workplace meetings or work-related social events, cafeterias and vending machines).
 - » Make stairways a safe and attractive alternative to elevators.
- Highlight support as well as mental health resources available through Employee Assistance Programs (EAPs).
- Proactive manager support for those who are open about living with obesity.
- Awareness of language used throughout the organization and avoiding negative terms when talking about obesity.
- Recognize that mental health and physical health are equally important, and obesity conditions are treatable – like other physical health conditions.
- Recognize signs of emotional distress and what to do when team members may be struggling.

CREATE A HEALTHY WORKSITE ENVIRONMENT

One of the key contributors to obesity in the workplace is the “obesogenic environment” – the influence that surroundings, opportunities or conditions of life and the workplace have on promoting obesity.¹⁹ Examples specific to workplace environment could include but not be limited to the following: limited access to nutritious food options, sedentary work setups and lack of time or facilities for physical activity during work hours. With many individuals spending half of their waking hours at work, the workplace environment plays a crucial role in shaping overall health. By addressing this, workplaces can reduce the stigma surrounding obesity as a chronic condition and foster a positive health journey for employees. Providing resources tailored to meet employees where they are can empower them to pursue their unique paths toward better health.

Goals of a Healthy Worksite Environment:

- Foster an welcoming and care-centered environment. Identify evidence-based practices to meet the individualized needs of employees and their family members.
- Engage employees in obesity care, health education and prevention. Provide workplaces with information and resources to promote health, well-being and recovery.
- Retain healthy and productive employees. Workplaces that implement evidence-based health and safety programming retain a healthier, more productive and more motivated workforce.
- Promote prevention and treatment in their local communities. In creating a healthy environment, employers send a strong message to their communities that they understand the importance of a solution-focused approach by addressing obesity care head on.

Additional ideas to establish an ongoing healthy workplace culture:

- Participate in at least one prevention and/or treatment focused community event each year.
- Provide stress management, wellness and self-care education.
- Establish a relationship with a local treatment community organization as a resource for employees.
- Provide a variety of healthy food options at companywide events.
- Encourage healthy after-hours activities in addition to or in lieu of happy hour.
- Consider flexible work hours or remote work options to encourage better work-life balance.
- Send anonymous employee surveys to ask for feedback and suggestions surrounding the Healthy Worksite Environment Effort.

Implement a Companywide Statement:

Through a companywide statement, employers can address workplace weight-bias and accompanying stigma by demonstrating their support for those who have the chronic disease and/or experience an associated health challenge.

A Treatment-Friendly and Stigma-Free Workplace is one that promotes the physical and mental wellness of all employees. Making a companywide declaration will increase awareness of your commitment to the Treatment Friendly and Stigma-Free Workplace efforts. This statement can live within an employee handbook or be distributed through communication channels on a regular cadence.

Sample statement:

"[COMPANY NAME] has made a commitment to become a Treatment-Friendly and Stigma-Free Workplace. We value the health and safety of all our employees and are dedicated to helping those with the chronic disease of obesity. We also are committed to fighting the stigma associated with obesity. We intend to promote positive changes within our workplace and the community."

Mention your commitment to leading a behaviorally healthy workplace every time you reference the company's commitment to its overall culture of health, attracting and retaining the best talent, being an employer of choice and valuing its employees and their family members as human beings.

The work environment has a huge impact on individuals. It is imperative for workplaces to be healthy and supportive. Workplaces may promote a quality work environment by establishing and maintaining protective working conditions such as fair and comprehensive treatment, respectful supervision, and promotion of supportive social connections and friendships among co-workers.

Create health-related programs for obesity prevention and control:

Creating health-related programs for obesity prevention and control is a vital step toward fostering a healthier workforce and reducing the overall burden of obesity on employees and organizations. These programs can empower individuals to make informed lifestyle choices, improve access to resources that support healthier behaviors and promote a workplace culture that prioritizes well-being:

- Use employee health surveys in the workplace to help gain an understanding of employee needs – promote accessible wellness programs or challenges that cater to different abilities and fitness levels (e.g., step challenges, hydration goals, etc.).
- Use multifaceted employee education and participation programs – peer support programs or employee resource groups. Create space where employees can share experiences and strategies for managing weight and overall health.
- Use lifestyle management and behavior change programs that include nutrition, physical activity and behavioral health components.
- Integrate mental health support that includes services like counseling or stress-reduction programs as part of prevention and control strategies.
- Implement worksite continued care, lifestyle programs to help employees manage their weight.²⁰

Create company health-related policies for obesity prevention and control:

- Create workplace policies to promote a corporate culture of good health.
 - » Healthy Food and Beverage Policy (See Section 7 for template policy)
 - A health food environment in the workplace
 - Healthy Food and Beverage Toolkit
 - » Break Time Policy (See Section 7 for template policy)
 - » Flexible Work Arrangements (See Section 7 for template policy)

You can support your employees in receiving the help they need by offering the following:

- Adequate insurance coverage including comprehensive coverage options such as lifestyle medicine, nutritional counseling, pharmacotherapy (if available) and surgical intervention
- EAPs
- Accommodations and/or disability planning for people with obesity-related conditions
- Point solution vendors (specific vendor services to fill a gap or help address specific health issues through the employer benefit plan)
- Access to quality care
- Policies to support family caregivers

ENHANCEMENT OF EMPLOYEE WELLNESS BENEFITS

According to the Mayo Clinic, prescription weight-loss drugs, also known as anti-obesity medications (AOMs), used for more than 12 weeks (called long-term use) lead to major weight loss compared with an inactive treatment that doesn't use medicine. The combination of weight-loss medicine and lifestyle changes leads to greater weight loss than lifestyle changes alone.²¹ In addition, AOMs also can help with other weight-related medical problems such as improving blood pressure or cholesterol levels, improving blood sugar levels in patients with diabetes and delaying the onset of type 2 diabetes, according to Yale Medicine.²²

Hoosiers are struggling to get the help they need. Roughly half of patients affected by obesity don't have a diagnosis. And nearly two-thirds aren't offered a follow-up visit according to Dr. Lazarus with the ACTION (Awareness, Care and Treatment in Obesity Management) study.²³

Obesity costs Indiana more than \$8 billion per year. For example, Marion County alone spends \$1.3 billion per year in increased healthcare costs, lost productivity and premature death.²⁴ Obesity care also remains out of reach for millions of Hoosiers because Medicare fails to recognize obesity as a serious disease – creating a gap in the full continuum of care for adults living with obesity.

According to eHealth, in 2021 the number of people covered by health insurance from their employer sits at around 156 million, or 49% of the country's population.²⁵ The largest part of Indiana's population – more than half – was insured through employers. For workers and families who rely on employer-sponsored healthcare, the employer should ensure that its employees receive adequate care and other benefits.

Key questions/considerations for organizations:²⁶

- How is our organization impacted by obesity?
- Does our organization recognize and treat obesity like other chronic diseases?
- How does obesity compare to coverage of other chronic diseases?
- How is our organization addressing potential weight bias and stigma associated with obesity in the workplace?
- How does obesity care fit into our overall portfolio offering? (what effect could comprehensive benefits have on your workforce?)
- What is our reach of these programs, and how much are they being used by employees?
- What is our organization's approach to tracking employee requests for weight-related benefit offerings, including medication coverage?
- As therapies for weight management become available, what steps are being taken by our organization to evaluate coverage for our employees?

Anti-Obesity Medication (AOM) Considerations:²⁶

- Is our organization able to build a model to access and track the results of adding AOM coverage?
 - » What types of costs are included in our organization's modeling?
 - Does our model include rebate offerings? Does it consider employee cost-sharing options?
 - » If needed, has our organization received modeling from our pharmacy benefit management (PBM)?
 - Does this model include different options based on various scenarios and utilization management criteria?
 - » Does our PBM offer any rebate guarantees or programs in conjunction with AOM therapy?
 - Has our PBM provided transparency into net cost per prescription for AOMs?
- If our organization currently does not provide AOM coverage, what would motivate our organization to re-evaluate these coverage decisions?

Assessment Considerations:²⁶

- How are we tracking the success of these weight management programs?
- What metrics are our organizations prioritizing to determine success?
- What results do our weight management benefits produce for your employees with obesity?
- Do our current benefit offerings include biometric screening data, including body mass index (BMI), body composition and waist circumference?
- Do our current benefit offerings include self-reported health risk assessments?
- Within our data collection, are corresponding ICD-10 codes associated with obesity?

Evaluation Metric Considerations:²⁶

- How is our organization measuring obesity?
 - » Is our organization considering the total costs associated with obesity?
 - » Is our organization assessing the prevalence of common comorbidities of obesity within the organization?
- How is our organization tracking program/benefit utilization to assess engagement?
- What methods can be used to gauge employee satisfaction with obesity-related coverage or programs?
- How does addressing obesity impact employee recruitment and retention rates?
- Are employees making specific requests for treatments or resources, and how can employers respond effectively?
- What can the number of related claims reveal about the effectiveness of workplace obesity initiatives?

FOSTERING CONNECTION AND REDUCING STIGMA IN EMPLOYEE WELL-BEING:

- Emphasize social connectedness.
- Provide mentors for new hires or new roles.
- Enhance team communication through ongoing supervisory training and continued performance support for employees.
- Have an open-door policy – let your team know they can come to you when they need support.
- Offer flexible work practices (e.g., flex hours, work-from-home days).

Information and Support for Employees:

- Foster a culture where getting help for obesity/associated challenges is as routine as getting help for any other challenge.
- Help employees understand what resources the organization offers for obesity care.
- Designate a wellness space in your workplace. Regular breaks help people build resilience and perform at their best.



Non-Stigmatizing Conversation and Behaviors:

- Create a culture of trust and communication to support a physically and emotionally healthy environment.
- Communicate organizational values that include respect, civility and a general culture of well-being to encourage empathetic behaviors.
- Promote the use of non-stigmatizing language when talking about obesity and its associated challenges.
- Practice supportive conversations. Provide a conversation guide for managers including tips to prepare, conversation starters, language dos and don'ts and ways to keep the dialogue going.

These practices create a workplace where employees feel committed, supported and valued. This increases their connection to the organization as well as each other.

- Pay attention to language. It's important to be aware of the words that are used as they can contribute to the stigmas associated with obesity.
- Encourage open and honest conversations. It's important to create safe spaces for people to talk about their challenges, past and present, without fear of being named "unfit" or passed up for the next big project or promotion. Employees shouldn't fear they will be judged or excluded if they are open in this way. Leaders can set the tone by sharing their own experiences. They also should explicitly encourage everyone to speak up when feeling overwhelmed or in need.
- Be proactive. Not all stress is bad, and people in high-pressure careers often grow accustomed to it or develop coping mechanisms. However, prolonged unmanageable stress can contribute to worsening symptoms of physical illness, like obesity. Offer access to programs, resources and education on stress management and resilience building.

ENCOURAGE WORKPLACE LANGUAGE THAT PROVIDES SUPPORT

One major step to destigmatizing obesity is to change how it's talked about. Certain ways of discussing obesity can alienate members of the community, sensationalize the issue, and contribute to stigma and discrimination.

Below is a summary of preferred language to use when communicating about obesity:²⁷

Words and phrases to avoid	Alternative language and considerations	Why?
Obese person	Person/individual with obesity	Putting an individual before the medical condition. It helps avoid de-humanizing individuals living with chronic diseases
Obese subject/participant	Subject/participant with obesity	Ensures we are not labelling an individual with their disease
Obese children	Children with obesity	Language that puts the person first
Obese	Class I Class II Class III	Classifying obesity differently

Examples of words and phrases to avoid	Alternative language and considerations
Fat/Fatty	Neutral phrases such as "individuals with higher weight/BMI"
Chubster/Chubby	Use people-first language
Flabby/Flab	Derogatory connotations directly put the blame on individuals
Supersized/Mammoth/Large Size	This perpetuates and enforces weight stigma

SECTION 6: CONCLUSION

It's important to consider evaluation and measurement of your programs or initiatives. This will provide critical information to an organization regarding what is working and what is not. The MBGH recommends this structure for measurement of obesity management programs:

- Early indicators – measurable within the first one to three months of program implementation.
- Intermediate indicators – measurable between six to 12 months.
- Lagging indicators are evaluated in the 12- to 24-month timeframe.

Measurement Category	Representative Measures	Metric To Be Evaluated	Data Sources	Significance/Value
Early Indicators	<ul style="list-style-type: none"> • Participant rates • Participant satisfaction 	<ul style="list-style-type: none"> • Percent of participants/eligible # of participants • Satisfaction survey results 	<ul style="list-style-type: none"> • Program participation data • Survey Data 	<ul style="list-style-type: none"> • Provides insight into popularity and interest in program • Offers a directional sense of longer-term program outcomes
Intermediate Indicators	<ul style="list-style-type: none"> • Weight Loss • Attrition (droupout) rates 	<ul style="list-style-type: none"> • Percent of participant weight loss at 3 and 5 months • Percent of participant still enrolled at 3 and 6 months 	<ul style="list-style-type: none"> • Weight measurements (best if not self-reported) • Program participation data 	<ul style="list-style-type: none"> • Offers an indication of likely program effectiveness (in terms of participation and weight loss)
Lagging Indicators	<ul style="list-style-type: none"> • Weight Loss • Well-being • Health care cost impact 	<ul style="list-style-type: none"> • Percent of participant weight loss at 1 year • Percent of participants with 1 year weight loss of >5% • Well-being status compared to baseline • Medical/Pharmacy utilization and cost difference at 1 year compared to baseline 	<ul style="list-style-type: none"> • Weight measurements (as above) • Well-being assessments • Medical/Pharmacy claims data 	<ul style="list-style-type: none"> • Yields business relevant measures of program value, ultimately impacting health, well-being and cost outcomes

HEALTHY WORKPLACE ENVIRONMENTS DELIVER IMPROVED PRODUCTIVITY AND WORKFORCE PARTICIPATION

Workplaces that support the health and well-being of workers and encourage help-seeking treatments and behavior are likely to experience less absenteeism, presenteeism, employee turnover and behavioral health claims.

Adult obesity prevalence remains high. Support for prevention and treatment is needed. Key strategies that work include addressing the underlying social determinants of health such as access to healthcare, especially in the workplace. The longer a person delays treatment, the more likely they are to take leave – resulting in significant impacts not only for the worker, but also for the team and the workplace.

BETTER HEALTH OUTCOMES

Providing better access and addressing barriers surrounding obesity may prevent a person from delays in finding help in a timely manner, which can lead to poorer health outcomes.

Obesity stigma may lead workers to hide or ignore risks to their overall health for fear of negative repercussions in the workplace such as being treated differently or losing their job. This in turn can hamper employers' ability to identify and quickly respond to the risks, which may lead to more severe health outcomes for workers.

Fortunately, there are many resources available to support employers in their efforts to create healthy work environments. Implementing the suggestions in this workbook will contribute to better outcomes for employers and employees alike.

SECTION 7: ADDITIONAL RESOURCES

HEALTHY FOOD AND BEVERAGE TEMPLATE POLICY

*not all organizations may be able to implement every aspect of this policy; modify as needed.

Purpose

[Company Name] is committed to promoting a healthy workplace environment by supporting employees' well-being and reducing the risk of obesity and related health conditions. This Healthy Food and Beverage Policy ensures that nutritious food and beverage options are available at company-sponsored events, meetings, vending machines, cafeterias and other workplace settings. The policy aligns with evidence-based recommendations from public health organizations, including Harvard T.H. Chan School of Public Health and the American Heart Association.

Scope

This policy applies to all employees, contractors and visitors at all [Company Name] facilities and company-sponsored events.

Policy Guidelines

1. Healthy Food Options

- » At least 50% of food offerings at company-sponsored events, meetings and cafeterias must consist of nutritious options, including the following:
 - Fresh fruits and vegetables
 - Whole grains (e.g., whole wheat bread, brown rice, quinoa)
 - Lean proteins (e.g., poultry, fish, beans, nuts)
 - Low-fat dairy options
- » Limit the availability of fried and highly processed foods.
- » Incorporate plant-based protein options to encourage sustainable and heart-healthy eating.
- » Ensure healthy snacks such as nuts, seeds and yogurt are available in workplace breakrooms and vending areas.

2. Healthy Beverage Options

- » At least 50% of beverages available in vending machines, cafeterias and meetings must include the following:
 - Water (plain or infused with fruits/vegetables)
 - Unsweetened tea and coffee
 - Low-fat or non-dairy milk alternatives
 - 100% fruit or vegetable juices in portion-controlled sizes
- » Reduce the availability of sugar-sweetened beverages.
- » Provide sparkling water and herbal tea as additional low-calorie beverage options.

3. Portion Control and Labeling

- » Offer smaller-portion options to encourage mindful eating and support nutritious choices.
- » Clearly label food and beverage items with nutritional information, including calorie counts, sodium content and added sugars to help employees make informed choices.
- » Implement color-coded labeling to identify healthier choices easily.

4. Cafeteria and Vending Machine Standards

- » Ensure that vending machines and cafeteria offerings align with this policy.
- » Position healthier options at eye level and in prominent locations to encourage selection.
- » Reduce the availability of high-sodium and high-sugar processed foods.
- » Implement pricing strategies that make healthier choices more affordable than less nutritious alternatives.

5. Healthy Catering and Meetings

- » When ordering catered food for company meetings and events, prioritize vendors that offer healthy menu options.
- » Provide water as the default beverage at all company-sponsored events.
- » Include at least one vegetarian or plant-based option at all catered events.
- » Avoid offering desserts high in added sugars; instead, provide fresh fruit or yogurt-based options.

6. Employee Education and Engagement

- » Offer periodic nutrition education workshops, wellness challenges and resources to support healthy eating habits.
- » Encourage employees to provide feedback on food and beverage options to improve offerings over time.
- » Promote a culture of healthy eating through workplace wellness campaigns, posters and internal communications.
- » Provide incentives for employees who participate in healthy eating programs and challenges.

Implementation and Compliance

- [Department/Wellness Committee] will oversee the implementation of this policy and regularly review compliance.
- Feedback and suggestions for improvement are encouraged and can be directed to [Contact Person/Department].
- Annual evaluations will be conducted to assess policy effectiveness and make necessary adjustments.

Effective Date: [Insert Date]

Review Date: [Insert Date]

By adopting this policy, [Company Name] reaffirms its commitment to fostering a workplace culture that prioritizes employee health and well-being.



BREAK TIME TEMPLATE POLICY

*not all organizations may be able to implement every aspect of this policy; modify as needed.

Purpose

[Company Name] is committed to promoting a healthy workplace environment by supporting employees' well-being and reducing the risk of obesity and related health conditions. This Break Time Policy ensures that employees have opportunities for regular physical activity, stress relief and movement throughout the workday.

Scope

This policy applies to all employees at all [Company Name] facilities.

Policy Guidelines

1. Break Frequency and Duration
 - » Employees are encouraged to take short breaks of at least five to 10 minutes every hour to stand, stretch and move around.
 - » All employees are entitled to at least one 15-minute break during each four-hour work period, in addition to their lunch break.
2. Encouraging Physical Activity
 - » Employees are encouraged to use break times for light physical activities such as walking, stretching or deep breathing exercises.
 - » Walking paths, stair-use incentives or designated movement-friendly spaces will be promoted to encourage physical activity.
3. Rest and Relaxation Spaces
 - » Designated break areas will be provided with comfortable seating and a quiet environment for relaxation and stress reduction.
 - » Employees are encouraged to step away from their workstations during breaks to mentally recharge.
4. Active Meeting Options
 - » When feasible, meetings should incorporate standing or walking components to promote movement and reduce sedentary behavior.
 - » Employees are encouraged to use standing desks or balance equipment if available.
5. Healthy Break Room Environment
 - » Break rooms will be equipped with access to water stations, healthy snacks and educational materials promoting healthy lifestyle habits.
 - » Employees are encouraged to engage in wellness-focused activities such as mindfulness exercises or quick stretching routines.
6. Implementation and Compliance
 - » [Department/Wellness Committee] will oversee the implementation of this policy and regularly review compliance.
 - » Managers will be trained to encourage a culture that supports taking breaks for health and well-being.
 - » Employees are encouraged to provide feedback and suggestions for improving break-time wellness initiatives.

Effective Date: [Insert Date]

Review Date: [Insert Date]

By adopting this policy, [Company Name] reinforces its commitment to employee well-being and obesity prevention through a balanced approach to work and health.



FLEXIBLE WORK ARRANGEMENTS TEMPLATE POLICY

*not all organizations may be able to implement every aspect of this policy; modify as needed.

Purpose

[Company Name] is committed to fostering a healthy and productive work environment by supporting employees' well-being and work-life balance. This Flexible Work Arrangements Policy aims to provide employees with options that promote overall wellness, reduce stress and contribute to obesity prevention by enabling more opportunities for physical activity and healthy lifestyle choices.

Scope

This policy applies to all eligible employees at [Company Name], subject to job responsibilities and business needs.

Policy Guidelines

1. Flexible Work Schedule Options
 - » Employees may request flexible work schedules, including adjusted start and end times, to allow for physical activity, meal planning and stress management.
 - » Flextime arrangements should be approved by direct supervisors and aligned with operational requirements.
2. Remote and Hybrid Work Options
 - » Employees in eligible roles may request remote or hybrid work arrangements to reduce commuting time and enable healthier daily routines.
 - » Remote workers are encouraged to incorporate movement breaks, ergonomic setups and healthy eating habits into their workday.
3. Compressed Workweek
 - » o Employees may request a compressed workweek (e.g., four 10-hour days instead of five 8-hour days) where feasible.
 - » This option allows employees additional time for personal wellness, meal preparation and exercise.
4. Job Sharing and Part-Time Work
 - » Where operationally feasible, employees may request job-sharing or part-time work arrangements to support personal health and work-life balance.
 - » Requests will be considered based on business needs and the impact on team productivity.
5. Encouraging Active Lifestyles
 - » Employees working remotely or on flexible schedules are encouraged to integrate physical activity into their routines such as walking meetings or midday exercise breaks.
 - » Company resources such as wellness apps, virtual fitness programs or ergonomic support, may be provided to help employees maintain an active lifestyle.
6. Implementation and Compliance
 - » Employees must submit formal requests for flexible work arrangements to their supervisors for approval.
 - » Managers will assess requests based on job responsibilities, team dynamics and business requirements.
 - » The [Department/Wellness Committee] will periodically review the effectiveness of flexible work arrangements in supporting employee well-being.

Effective Date: [Insert Date]

Review Date: [Insert Date]

By adopting this policy, [Company Name] reinforces its commitment to employee well-being, work-life balance and obesity prevention by providing flexible work options that promote healthier lifestyles.

**ADDITIONAL
RESOURCES:**



FOOTNOTES:

1. Obesity's Impact on Indiana (globaldata.com)
2. Background – Midwest Business Group on Health
3. Causes of Obesity | Overweight & Obesity | CDC
4. Consequences of Obesity | Overweight & Obesity | CDC
5. What is Weight Stigma? What Is Weight Stigma? (verywellhealth.com)
6. World Economic Forum, 2019, Education
7. Is Obesity a Disease? Is Obesity Actually a Disease? – Cleveland Clinic
8. Weight Discrimination Statistics and Facts Weight Discrimination Statistics & Facts 2022 - Renew Bariatrics
9. Obesity's Impact on Indiana's Economy and Labor Force, 2023, GlobalData
10. Obesity's Impact on Indiana's Economy and Labor Force, 2023, GlobalData
11. Obesity in the Workplace: Impact, Outcomes, and Recommendations: Journal of Occupational and Environmental Medicine (lww.com)
12. Adult Obesity Facts Adult Obesity Facts | Overweight & Obesity | CDC
13. Obesity Statistics In 2024 – Forbes Health
14. Obesity and the Rising Cost of Healthcare in America Obesity and the Rising Cost of Healthcare in America | Fair Food Network
15. Economics of Obesity to Employers – Midwest Business Group on Health (mbgh.org)
16. Obesity in the Workplace: Impact, Outcomes, and Recommendations: Journal of Occupational and Environmental Medicine (lww.com)
17. How Employers are Addressing Obesity – Midwest Business Group on Health (mbgh.org)
18. Need for Legal Protection Against Weight Discrimination in the United States – PMC
19. Creating Healthy Workplaces
20. Centers for Disease Control and Prevention Programs | Obesity Interventions | Workplace Health Strategies by Condition | Workplace Health Promotion | CDC
21. Mayo Clinic, Prescription weight-loss drugs: Can they help you? – Mayo Clinic
22. Yale Medicine, Do Anti-Obesity Medications Really Work? > News > Yale Medicine
23. Rethink Obesity, Obesity ACTION Study | Rethink Obesity®
24. Altarum The Obesity Epidemic in Marion County and Indiana | Altarum
25. EHealth How Many Americans Get Health Insurance from their Employer? | eHealth (ehealthinsurance.com)
26. The employers guide to obesity care in the workplace
27. World Obesity HV_Language_guidelines.pdf (worldobesity.org)