**Fit For the Job**

*Get motivated to lose weight so you don’t lose your job!*

**Tag Words:** Obesity; Workplace Wellness; Smoking Ban; Employment; Healthcare Cost

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**Summary**

Obesity in the U.S. has reached an all-time high, with no state having less than a 20% obesity rate. The obesity intervention programs out there today, such as obesity education programs, workplace programs, and public service announcements, promote Americans to lose weight in order to look better and live healthier. Unfortunately, the intervention programs that are out there today are not motivating a wide population of obese Americans due to their inability to match up with individual interests. Additionally, most of these programs only provide information and skills without enforcing a change. As recent trends indicate, obesity is growing cost factor for employers in terms of worker productivity and health care. We believe that if employers tied obesity to hiring decisions, it could be the moving force needed to motivate a larger number of obese Americans to lose weight across a variety of demographics. For our service project, we attempt to pitch this idea to progressive companies who do not employ smokers and create a proposal for a legislative bill that would make NJ the first state in the nation to take this progressive stand against the obesity epidemic. (DD)

**Video Link:** [http://www.youtube.com/watch?v=eMmsZCLYp6g](http://www.youtube.com/watch?v=eMmsZCLYp6g)

**American’s Growing Problem in Society and the Workplace**

**Obesity in America**

Since the 1970’s obesity has skyrocketed in affluent and developing countries across the world. While many people are aware of poverty stricken nations battling against food insecurity and famine, there seems to be a lack of urgency for a growing nutritional crisis closer to home. Obesity has become a nationwide epidemic in the United States. Remarkably, obesity rates have continuously risen, regardless of age, sex, race, ethnicity, education level, socioeconomic status, or geographic region (CDC, 2011). No state in the country has a prevalence of obesity that is less than 20%, and startlingly, twelve states have a prevalence of at least 30% (U.S. Government, 2012).
Consequently, more than 1/3 of all U.S. adults, or over 72 million, are considered obese (CDC, 2011). Before going any further, it is important to understand what characterizes an individual as being obese. Obesity is defined as a range of weight that is more than what is normally considered healthy for a given height. For adults, the range for obesity is calculating the “body mass index” or BMI, which is based on the individual’s height and weight. An adult who has a BMI of 25 to 29.9 is considered overweight and having a BMI of 30 or higher categorizes a person as obese. Noteworthy is the fact that BMI is not a direct measure of body, and as a result, there is a small population such as athletes who may be incorrectly categorized as being overweight or obese simply based on their height and weight. Nevertheless, the BMI is a commonly used measure because it correlates with a majority of people’s amount of body fat. Other indicators of obesity in addition to BMI are an individual’s waist circumference, skinfold thickness, ultrasound, MRI, and obesity-related diseases, such as high blood pressure (CDC, 2010).

Research has shown that individuals within the range of weight that constitutes obesity are more likely to have an increased risk of developing a plethora of additional diseases. Among them include Type 2 diabetes, coronary heart disease, high blood pressure, stroke, sleep apnea, respiratory problems, complications in reproductive health, osteoarthritis, endometrial, breast, and colon cancers, liver and gallbladder disease, high total cholesterol, and mental illnesses (CDC, 2011).

With all of these concerning health issues that arise from being obese, it would be helpful to find the root of what is causing obesity and rectify the situation. Unfortunately, there is no quick answer to what exactly contributes to the growing trend of overweight and obesity. There are a multitude of factors that make combating obesity a complex health dilemma. The most pressing issue seems to be nature vs. nurture. Are individuals who are obese struggling with their weight because of their genes or the environment? In short, much of the research regarding obesity points to non-genetic factors as being responsible for the rapid increase in the obesity rate. While genes sometimes can directly cause obesity in the form of disorders such as Prader-Willi syndrome and Bardet-Biedl syndrome, genes do not always determine future health. Genes may only make a person susceptible to obesity, which means that a person’s behavior and interaction with their environment could be the most important predictor of obesity (CDC, 2011). At the end of the day, personal eating choices regarding calories in vs. calories out and level of physical activity determine whether an individual is losing, maintaining, or gaining weight.

**Current Organizational Solutions to Combating Obesity**

Because of this continued trend of obesity throughout the US in addition to the measurable benefits of employee obesity reduction, many companies have taken steps toward creating an environment in which employee wellness programs have been constructed in hopes of improving productivity while decreasing health care costs and absenteeism.

Union Pacific Railroad (UPR)
Union Pacific Railroad is a large corporation in which nearly 55% of its 47,000, which amounts to 27,000 of its employees, were classified as overweight. In hopes of reducing this figure, UPR created Health Track and the System Health Facility Program. Health Track was focused on the lifestyle choices of its employees. It was designed to help employees assess health risks and encourage program participants to change their behaviors to eliminate those risks which included physical inactivity, weight gain and smoking. This wellness program required employees to assess their lifestyle choices and set measurable goals. Moreover, UPR provided developmental plans to meet these goals in addition to providing multiple fitness centers located in UPR buildings, modified cars and independent locations. It created an environment where employees had the ability to reduce unhealthy life choices. Though ultimately employees were only motivated by their individual rewards of better health and in turn reductions in personal health insurance costs. These individual rewards alone have not been successful in motivating large segments of the population to change their health behaviors (Campbell & Cornelssen, 2004).

Caesar’s Entertainment, Incorporated

Caesar Entertainment Inc. is the owner and operator of numerous hotel and gaming properties including those under the Caesar’s and Bally’s brands. The management of Caesar’s recognized that the environment in which many of its employees work is inherently unhealthy with the average BMI of an employee being 33 (Obese BMI-30). Although management realized that they couldn’t change the Casino environment because of the type of consumer industry it was in. Because of this fact, Caesar Entertainment Inc. developed the Lifestrides program which offered ten on-site wellness centers plus an extensive employee outreach program. Employees received free health assessments, health newsletters, and weekly education on fitness, exercise, and nutrition. Inside of the Lifestride program they created a 90-day “Weight No More” Challenge, which employees banded together in teams of five to work toward weight loss. The company advertised a reward prize of $2,500 for the team that could lose the most weight. Of the 6000 employees, there was an average loss of 13.4 pounds per person although a large amount of this weight came from a core group of 700 employees who had lost an accumulative of 14.5 tons. Though this is a great amount of weight, it is evident that only a certain core group of 700 out of 6000 (approximately 12%) actually fully participated in the challenge (Campbell & Cornelssen, 2004).

Washoe County School District

The Washoe County School District in Reno, Nevada with its 7,000 employees, implemented a wellness program in 1994 that focused on individual responsibility and incentive based activities. The program was aimed to reduce absentee rates and cut health care costs. However, it was funded through a $40 per month charge paid by every employee. If employees participated in a health screening, the charge was reduced to $30 per month. The fee was then further reduced, in $10 increments, if employees were able to demonstrate that they were actively working to better their health and address risk factors identified in the screening. Although employees that didn’t participate in the wellness program were indirectly punished by having to pay mandatory contributions of $40 per month. The nonparticipant employees were funding the program for employees who did participate (Campbell & Cornelssen, 2004).
Waco-McLennan County Public Health District

The Waco-McLennan County Public Health District is an example of how smaller organizations (72 employees) attempted to implement wellness programs. They created a Worksite Wellness Program that helped employees set personal goals and flexible exercise routines. Of the 72 employees, 40 participated in their wellness program. Waco-McLennan County Public Health District attempted to motivate their employee participants by paying one work hour each day an employee participated and recorded the physical activity of their choice. Although similar to the Washoe County School District wellness program, nonparticipant (obese) employees may not mind taking the loss of one work hour to prevent participation in an activity that may have been interpreted as a greater physical cost. What’s more, this program was based entirely on employee trust requiring employers to give employees benefit of doubt when assessing if an individual actually participated in a recorded physical activity (Campbell & Cornelssen, 2004). The four previous studies were good examples of how companies developed wellness programs in hopes of improving productivity while decreasing health care costs and absenteeism. However, these current solutions are not working; no state has less than a 20% obesity rate, with 66% of Americans being overweight or obese. Basing employee participation on individual rewards may seem like it would work, but from the stated wellness programs, there are always nonparticipant (obese) employees that may not mind taking a monetary loss ($40 per month, one work hour) to prevent participation in an activity that may have be interpreted as a greater physical cost to that individual. What rewards and incentives can we come to terms with when attempting to motivate large segments of the adult population to change their unhealthy behaviors? Our proposed project will be the needed incentive program that will require all obese employees to participate.

Smoking Ban

(NS) In an article titled, “Hospitals Shift Smoking Bans to Smoker Ban,” A.G. Sulzberger writes, “About 1 in 5 Americans still smoke, and smoking remains the leading cause of preventable deaths. And employees who smoke cost, on average, $3,391 more a year each for health care and lost productivity, according to federal estimates” (Sulzberger, 2011). This quote explains the basis of companies starting to look the other way when it comes to hiring or not hiring smokers.

Cleveland Clinic

Cleveland Clinic, a hospital facility in Cleveland, Ohio, was the first company to completely ban the hiring of smokers. Sulzberger further goes on to write, “The head of the Cleveland Clinic was both praised and criticized when he mused in an interview two years ago that, were it not illegal, he would expand the hospital policy to refuse employment to obese people” (2011). These two quotes connect on such a strong level and they very clearly explain the motive of companies not hiring people with specific lifestyles. However, understanding the
smoking/smoker ban is what gives way to the possibility of there being a ban on hiring obese individuals.

Companies such as Cleveland Clinic, Idaho’s Central District Health Department, Geisinger Health System in Pennsylvania, Bon Secours Health System, and Alaska Airlines are among some of the companies to enforce smoker bans. Marcy Marshall from the Geisinger Health System said, “We’re not denying smokers their right to tobacco products. We’re just choosing not to hire them” (Koch, 2012). Employees who smoke are bound to cost their companies immense amount of money in terms of health insurance because there are greater risks affecting their lives.

Bon Secours Health System

Bon Secours’ Cindy Stutts explains, “The bottom line will benefit health care costs for tobacco users are $3,000 to $4,000 more each year than for non-smokers. There’s also an impact on productivity because smokers take more breaks.” Bon Secours’ policy has been in effect since December 2011 and tests applicants for nicotine. Anybody who tests positive must wait six months to apply again. While this non-smoking policy does not apply to current employees, they do offer classes to help smokers quit the habit. Louis McIntosh, who works under Bon Secours Health System, explained his ability to quit and how beneficial these classes were for him. “It helps motivate you what to want to stop. By the time I parked my vehicle and walked to the hospital I’d be out of breath” (WTVR, 2011).

While one cause is the price of health care for employees who smoke, another cause is the loss of productivity amongst smoking employees. Productivity takes a hit amongst workers who smoke because they take more breaks to smoke, spend work time coughing and wheezing, and need more sick days than those who do not smoke. A study was done to find out how productivity is measured amongst “smokers, former smokers, and never smokers.” A smoker was defined as someone who “smokes an average of 15 or more cigarettes per day for the last year and has not quit for greater than three months during the previous year. A former smoker is one who has quit smoking, while a never smoker is someone who has never smoked or who has not smoked more than one hundred cigarettes in their lifetime.” Many of the problems that showed up during this study involve the smokers having “colds or cold-like symptoms, overall health, taking prescription medications, and mental health issues such as feelings of anxiety, depression, or panic.” Just as you could assume, smokers had the most negative feedback, never smokers had the most positive feedback, while former smokers were in the middle ground of productivity (Halpern et al, 2001).

An Innovative Idea to Battling Obesity

Much like the hiring ban on workers who smoke, employers should institute a ban on hiring workers who are obese or have a BMI of at least 30 or higher. As evidenced by the growth of obesity in America, the effectiveness by current obesity prevention programs has not done a sufficient job of promoting a sustained change in adult behavior. Because adults who are obese have not changed their behavior due to either a lack of motivation or disinterest, there must be a more universal motivator that could enforce a change in behavior across a variety of
demographics. If employers were to tie hiring decisions to obesity, we believe that this would serve as the moving force needed to motivate a majority of people with obesity, regardless of age, sex, race, ethnicity, education level, socioeconomic status, or geographic region. According to the latest employment statistics from Gallup, 91.1% of the U.S. population above the age of 18 is a part of the workforce (Gallup, 2012). Relate this back to the fact that 33.9% of the U.S. population above the age of 20 is considered obese (Ogden, 2011). Placing a ban on hiring obese workers could affect a large population of people with obesity between the ages of eighteen to sixty-five and motivate them to lose weight or face unemployment. Additionally, those who are already employed would be given a reasonable time frame to get their BMI under 30 or face termination. With today’s level of competitiveness in the job market, can people with obesity afford to sit idle and not change their dietary habits?

With a steady rise in healthcare and workplace costs, savings would be a strong motivator for employers who are affected by the adverse effects of obesity. In fact, employers would save more money from not hiring workers who are obese than workers who are smokers or heavy drinkers (Bell, 2007). Because there is growing trend among employers in 21 states to ban workers who smoke in order to save costs and increase productivity, it would be logical for them to extend this ban on hiring workers who are obese. It should be noted that we are not including workers who are overweight with a BMI between 25 to 29.9 in this hiring ban because their healthcare and workplace costs are only slightly higher than average (Gates et al., 2008). Additionally, people with obesity make up 34.4% of the U.S. population above the age of 20 (Ogden, 2011). If we were to propose a hiring ban on overweight and obese workers, that would take out approximately 68% of the workforce. Based on this last figure and the research that shows workers with a BMI above 30 are primarily responsible for increased costs, we have only suggested a ban on workers who are obese (Gates et al., 2008).

There is an abundance of research that supports the notion that hiring workers with obesity cost more in regards to healthcare, absenteeism, and workplace presenteeism. As total healthcare costs rise, employers and employees bear a bigger share of the burden in regards to paying insurance premiums and taxes (Heinen and Darling, 2008). Workers with obesity cost more than double than a worker with an average, healthy BMI in health benefits. According to Dr. Myrtle Bell of the University of Texas at Arlington, “the heavier you weigh the more your benefits will cost…When you’re in ‘normal weight range, medical and drug related costs are $3,600 per year. For those overweight, the cost rises to $3,700, for the obese the cost is $5,000, and for the morbidly obese the original cost almost doubles, reaching $6,000” (Bell, 2007). Furthermore, “27 percent of the growth of health spending between 1987 and 2001 was attributable to obesity and the total cost of obesity to private employers is approximately $45 billion per year, in 2002 dollars (Heinen & Darling, 2009). Because employers and employees fund health care in America, they both share a common interest in reducing health care costs. Health care costs that are paid by employers and employees could be significantly reduced if employers placed a ban on hiring workers who are obese.

Surprisingly, researchers believe that the indirect costs of obesity, such as lost workdays and lower work productivity, may be greater than the direct medical costs (Heinen & Darling, 2009). According to a study conducted by Gates et al. that tracked time missed due to health reasons, “the mildly obese and the moderately or extremely obese groups had the highest
percentages of workers who missed more than 2 weeks of work, as well as those who missed over 4 weeks of work” (2008)\(^2\). Time missed from work translates to a loss of productivity for the employer. The annual cost of absenteeism per worker with obesity is $1,575.41, which is $433 higher than the cost of $1,142.76 for all other employees (Gates et al., 2008). In a company that employs 1200 workers, in which 1/3 of the employees are obese, this would translate into an absentee cost of an additional $433 x 400 employees = $173,200 loss for the employer.

More alarming is the productivity employers lose from workers on the job but are not performing up to their full potential because of a psychological or medical condition. Unlike absenteeism, presenteeism measures the output employers lose while employees are present on the job. Based on the study carried out by Gates et al., “the annual presenteeism cost of $1783.81 for the moderately or extremely obese worker was $506 above the annual presenteeism cost of $1277.82 for all other workers in the study” (2008)\(^2\). Again, in a company that employs 1200 workers, in which 1/3 of the employees are obese, this equates to a presenteeism cost of an additional $506 x 400 employees = $202,400 loss for the employer. If this amount is added to the previous absenteeism cost of $173,200 then employers would be losing an additional $375,600 annually in company of 1200 employees with 1/3 of the employees being obese. If this calculation was carried over to larger corporations that employ close to a 100,000 employees, the savings from not hiring workers with obesity could be enormous for employers.

It would be in best financial interests of an employer to carry over the ban on hiring employees who smoke to employees who are obese. Employees who are obese would have little choice but to lose weight and get their BMI under 30. Research has shown that a weight loss of 10% can result in significant economic and health benefits. After losing weight, individuals who used to be obese would be more productive and have a decreased risk of developing Type 2 diabetes, coronary heart disease, high blood pressure, stroke, sleep apnea, respiratory problems, certain types of cancers, among others (CDC, 2011)\(^1\). The threat of being unemployed due to being obese could be the spark desperately needed to start a decrease in the trend of obesity in America.

With all of these facts and figures in mind, we propose to screen prospective employees based on their BMI and waist circumference. Failure of both of these indicators of obesity will result in unemployment until they are rectified to lower baseline levels. These indicators will be measured by an employer physician at no additional cost to the prospective employee or through the employees’ private healthcare physician. Below is a discussion of why an additional factor other than BMI were used for employee screening.

According to the National Heart Lung and Blood Institute, places where excess fat is located on your body may indicate additional risks. If an individual carries fat primarily around their waist, they are more likely to develop health issues than if they carried fat primarily in their thighs and hips. This statement holds true even if their BMI somehow falls within a normal range. Men who have a waist circumference of more than forty inches and women who have a waist measurement of more than thirty-five inches have a higher risk of disease than people with slimmer waist measurements because of where their fat is stored on their body (NHLBI, 2009)\(^14\).
Lawsuits by Employees based on Weight Discrimination

Judging by the actions of companies to not hire smokers due to health problems and lack of productivity, it is easy to say that the next step is to not hire obese or overweight individuals for the same reasons. Elizabeth Kristen writes in her study, “Addressing the Problem of Weight Discrimination in Employment,” “Weight discrimination is a serious problem affecting millions of U.S. workers. Fat people experience job-related discrimination in hiring, wages, and the terms and conditions of their employment. Weight discrimination is both damaging to the U.S. economy and unfair to the affected individuals. Nevertheless, there is very little legal protection for its victims” (Kristen, 2002).15

There have been specific lawsuits involving weight discrimination in the workplace. The reason for this is that overweight and obese individuals are not a protected class when it comes to this type of situation. There are laws protecting race, color, religion and sex. There are laws protecting the disabled, but when it comes to obesity, there is no clearly defined law protecting people facing weight discrimination. Most people claim disability due to their obesity, and 98% of the time, win the case. However, when disability is not present, it is often difficult for courts to rule in favor of the obese individual because there is no law stating they must protect them. In “Bias, Discrimination, and Obesity,” Rebecca Puhl and Kelly D. Brownell write about different cases in which weight discrimination and employment conflicted.

In the case of Civil Service Commission v. Pennsylvania Human Relations Commission, “a man was suspended without pay because he exceeded the required weight standards for city laborers. Similarly, in Smaw v. Commonwealth of Virginia Department of State Police, an obese state trooper of nine years was demoted to a dispatcher position for failing a weight-loss program.” Doretha Smaw lost this case because the court ruled that she was wrongly perceived as disabled. In Nedder v. Rivier College, an obese woman was fired from her teaching job because of her weight. She stood 5’6” tall and weighed 375 pounds, clearly an unhealthy body type and life to lead. In this case, Mary Nedder did win the case and get her teaching position back, but on grounds of disability discrimination. It is was not stated that there was weight discrimination. In Gimello v. Agency Rent-a-Car Systems, “an office manager was fired due to his obesity despite his excellent employment records and commendations of high performance” (Puhl & Brownell, 2009).16 In Tudyman v. Southwest Airlines, “a flight attendant was terminated and his reinstatement was denied because his weight exceeded airline requirements. Courts have accepted airline weight restrictions, even though most weight maximums have been arbitrarily chosen, and make no exceptions for age or body frame. Airlines have claimed that weight maximums are necessary for job performance and attendants’ health and abilities to perform duties, although physical fitness or actual tests of job-related activities would be more appropriate standards” (Puhl & Brownell, 2009).16 It is clear that some jobs require employees to be in better physical shape and to live healthier lifestyles to keep up with the performance needed. However, if companies start to overlook performance, which they will do, many employees and unemployed individuals will find themselves searching for a job because they are not at a healthy weight/body type.

This should be viewed as a wake-up call for many obese employees. It is becoming evident that performance does not matter. Instead, if an employee is obese, that outweighs any
other factor when considering firing or hiring. While these cases are only a few examples, studies have shown that “although alleged discrimination is being met with lawsuits, the overall picture of cases pursued under these statutes is one of mixed results” (Puhl & Brownell, 2009).  

In Kristen’s article, she provides statistics of how overweight and obese people are treated in the workplace and how they are compensated differently than individuals of normal, healthy weight. “Fat people are at a disadvantage when applying for jobs due to both overt and covert discrimination” (Kristen, 2002). This quote suggests that some companies try to cover up their discrimination by allowing a different factor to be the reason for a firing or non-hiring, while other companies are more blatant and will tell the applicant or employee that their weight is the problem. Kristen further goes on to write, “At the interview, the person in charge of hiring asked a number of questions about the applicant’s weight and said that the company could not hire fat people because they tended to be sick more often. Fat people also report not being hired for positions due to the perception that they were ‘lazy and undisciplined.’ In fact, studies even show that people associate being fat with lower intelligence and decreased competence” (Kristen, 2002). This explains the productivity issue both concretely and from an opinionated point of view. The main reason is that sickness causes too much missed time from work, but another thing that pops up is the perception of an obese applicant. Companies are being more and more critical with their judgments and it is clear that it is up to the applicant to get in shape or get on the unemployment line.  

Ethical Issues  

People who are obese are greatly stigmatized in American society. When discussing people who are obese, there a number of negative stereotypes that comes to define this segment of society. Some of these stereotypes frame people with obesity as being lazy, sad, emotionally disturbed, unattractive, and self-indulgent. Unfortunately, many of these stereotypes become a part of an individual’s self-identity over time and further lead to stigmatization. Furthermore, people seem to blame the individual rather than society’s role in the obesity epidemic. As Hardemen et al.’s research has shown, most obesity intervention programs that focus on physical exercise are not very effective (2000). How can we blame individuals who seriously want to lose weight for not trying hard enough when society’s current obesity prevention programs are ineffective themselves? Sadly, with the abundance of food available and busy work schedules, obesity may just be a normal reaction to an abnormal environment. (DD)  

This continued trend of obesity throughout the US in addition to the measurable benefits of employee obesity reduction, has given multiple companies an incentive to taking steps toward creating an environment in which employee wellness programs have been constructed in hopes of improving productivity while decreasing health care costs and absenteeism. Although these current solutions whereby employers create employee participation incentive on individual reward are not working; no state has less than a 20% obesity rate, with 66% of Americans being overweight or obese. There are always nonparticipant (obese) employees that may not mind taking a monetary loss (increased health care costs, additional fees) to prevent participation in an activity that may have be interpreted as a greater physical cost to that individual. What rewards
and incentives can we come to terms with when attempting to motive large segments of the adult population to change their unhealthy behaviors? (ST)

Our proposed project will in fact base employee hiring on an individual’s weight and indirectly their personal image. The key incentive will be on a basis of whether a current or prospective employee will enter or remain in the workforce. However, there are many underlying ethical issues present when employers begin to take into account employee weight in the hiring process. Because obesity and disability are often linked in cases, this is an extremely touchy idea to propose. However, we do believe that there will be a day when companies and courts alike will look past the disability claim. The realization is there that obese individuals can and will slow down a company both in financial terms and terms of productivity. The problem is that companies need to look out for their image while evaluating the images of their employees. While this is a difficult task, it is vital for the success of companies. Image goes a long way for the both the reputation and the operation of successful companies. Obese people will slow down the driving force of these companies and will be a hindrance to where the company is headed. Obese people need to find a way to fight their problem to ensure they have a place to work. Otherwise, the unemployment line will grow longer and heavier because of the amount of obese individuals companies are firing and refusing to hire. (NS)

**Delivering a Potential Cure to a Growing Epidemic**

**Direct Approach to Progressive Companies**

(DD) As stated in Part 1, there is a growing trend predominantly in the healthcare industry that has adopted a policy to factor in whether a prospective employee tests positive for nicotine when making a hiring decision. This action constitutes a progressive attitude that places these companies in a role-model like status. In order to combat the harmful effects of smoking and prevent more people from using nicotine products, these progressive companies have taken a courageous stand that says enough is enough. Taking this into account, we compiled a fairly comprehensive list of progressive companies that have taken on this role model status. The following is a list of the companies that we chose to contact to find out whether they would carry over their progressive stance on health to include obesity:

1. Meritain Health
2. Alaska Airlines
3. Crittenton Hospital Medical Center
4. Penn National Gaming Inc
5. Geisinger Health System
6. Baylor Health Care System
7. Humana
8. Union Pacific Co.
9. Reynolds and Reynolds Co.
10. Massachusetts Hospital Association
11. St. Francis Medical Center
12. Turner Broadcasting System
13. The University Medical Center in El Paso, Texas
14. Indiana University Health, Arnett Hospital
15. Indiana University Health, Ball-Memorial
16. Indiana University Health, Bedford Hospital
17. Tennessee Hospital
18. The American Cancer Society
19. The American Lung Association
20. Kalamazoo Valley Community College
21. Cleveland Clinic

We attempted to contact the human resources department for each company listed in order to ask them the following questions in addition to providing statistics on the cost of obesity in the workplace provided in the body of Part 1:

1. On a scale of 1 to 10, with 1 being unimportant and 10 being extremely important, how important is the health of the employees to your organization?
2. I understand that your company does not hire smokers. Could you please give me some more information about what caused you to institute this practice, the screening process, and how it benefits your workplace?
3. Do you have any obesity prevention programs/healthy alternatives in the workplace?
4. If there were no legal ramifications, would you consider a policy similar to the smoker policy that prevents hiring individuals who are obese or severely obese because of the increase in health care cost and negative productivity issues? Why or why not?
5. On a scale of 1-10, 1 being least likely and 10 being most likely, what is the likelihood that you would instate a hiring policy preventing individuals who were moderately or extremely obese from being hired if there were NO legal ramifications?

The results of this approach were not very promising. For our study, less than half of these companies actually took part in the phone interview either because they were unavailable to take our calls, requested to be emailed instead, or they did not want to take part in the study. While the companies that did take part in the survey were very open about discussing their ban on smokers, they were apprehensive about carrying it over to include workers with obesity.

One particular health care company, that will be unnamed to protect their image, summed up the overriding conclusion. They stated that they cared very much about the health of their employees and were proud to take a stand on hiring smokers. As a healthcare organization, they felt like they had to be role models in society and curb negative habits. Additionally, the costs saved from time missed from work, smoke breaks, as well as maintaining a clean image in and around the hospital made the option of not hiring smokers well worth it. When provided with statistics about obesity and the costs linked to obesity in the workplace, the representative simply acknowledged them and said that they were well aware of the latest facts and figures. When asked if they would carry over their policy to include employees who are obese, the representative said absolutely not. When asked why, the representative said that it was because people with obesity are not necessarily obese by choice, whereas a person has the option to smoke or not smoke. To them, obesity was a much more
complicated issue that involved other health complications, genetics, and environmental factors. After presenting the representative with research that shows that obesity may be more linked to an individual’s consumption versus expenditure and how people with obesity are not a legally protected class unless they qualify for a disability, the representative insisted that they would never institute such a policy.

A Workplace Solution

(ST) Obesity today is affecting the New Jersey workforce by directly affecting productivity, absenteeism and increasing health care costs of all companies with obese employees. Fact, regardless of age, sex, race, ethnicity, education level, socioeconomic status, or geographic region, more than 1/3 of all U.S. adults, or over 72 million, are considered obese. Individual health care costs of obese persons are approximately $2000 more per year than normal weight range persons. In addition, it is estimated that the additional annual costs of an obese employee related to absenteeism (cost to employer when obese employee is absent) to an employer is $433, while the increased annual costs due to lack of productivity or presenteeism is $506 more than when compared to normal weight range employees. Based on research and the statistics previously stated, one obese employee can on average cost and employer $3000 annually.

Because of the increasing rate of obesity, it is evident that adults who are obese have not changed their behavior due to either a lack of motivation or disinterest, there must be a more universal motivator that could enforce a change in behavior across a variety of demographics. Below is a legislative bill which we have designed as a legal way in which the State of New Jersey can directly combat obesity, by protecting and allowing New Jersey employers the ability to hire or to not hire a possible future employee who is obese. By allowing this bill, public and private companies have the right to determine whether or not they will hire or not hire a future employee based on their BMI screening and waist circumference.
Sean Taylor- Letter to Christie

Office of the Governor
PO Box 001
Trenton, NJ 08625
609-292-6000

RE: A Solution to Combating Obesity; Starting a Worldwide Movement

Dear Governor Christie,

Obesity today is affecting the New Jersey workforce by directly affecting productivity, absenteeism and increasing health care costs of all companies with obese employees. Fact, regardless of age, sex, race, ethnicity, education level, socioeconomic status, or geographic region, more than 1/3 of all U.S. adults, or over 72 million, are considered obese. Individual health care costs of obese persons are approximately $2000 more per year than normal weight range persons. In addition, it is estimated that the additional annual costs of an obese employee related to absenteeism (cost to employer when obese employee is absent) to an employer is $433, while the increased annual costs due to lack of productivity or presenteeism is $506 more than when compared to normal weight range employees. Based on research and the statistics previously stated, one obese employee can on average cost and employer $3000 annually.

Because of the increasing rate of obesity, it is evident that adults who are obese have not changed their behavior due to either a lack of motivation or disinterest, there must be a more universal motivator that could enforce a change in behavior across a variety of New Jersey demographics. We have designed an elaborate and legal way in which the State of New Jersey can directly combat obesity, by protecting and allowing New Jersey employers the ability to hire or to not hire a possible future employee who is obese. By allowing this bill, public and private companies have the right to determine whether or not they will hire or not hire a future employee based on their BMI screening and waist circumference.

Thank you for your time and I hope that you consider petitioning towards this bill in hopes of starting a movement toward a healthier and more productive America. If you have any question or comments please feel free to call me at my cell: 201-820-8941 or email: nzseantaylor@gmail.com.

Sincerely,
SYNOPSIS
Establishes Body Mass Index (BMI) and waist circumference as a component of employee selection; requires all possible prospective employees to go through a BMI screening to assess certain physical qualifications related to employee productivity, absenteeism and healthcare costs to the company.

CURRENT VERSION OF TEXT
AN ACT concerning the Body Mass Index (BMI) screening, waist circumference of prospective employees.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Definitions
   a. Obesity as stated by the National Institute of Health is an excess of body fat that frequently results in a significant impairment of health. Doctors generally agree that men with more than 25% body fat and women with more than 30% are considered to be obese.
   b. BMI means body mass index. Body mass index is defined as the individual's body mass divided by the square of his or her height. As stated by the Center for Disease Control and Prevention, BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. A BMI of greater than or equal to 30 = obese, BMI of 25-29.9 = overweight, BMI of 18.5-24.9 = healthy, and BMI of less than 18.5 = underweight.
   c. Waist circumference is an additional indicator of obesity. As stated by the National Institute of Health, places where excess fat is located on your body may indicate additional risks. If an individual carries fat primarily around their waist, they are more likely to develop health issues than if they carried fat primarily in their thighs and hips. This statement holds true even if their BMI somehow falls within a normal range. Men who have a waist circumference of more than forty inches and women who have a waist measurement of more than thirty-five inches have a higher risk of disease than people with slimmer waist measurements because of where their fat is stored on their body.

2. Public and private companies will have the right to require prospective employees to go through a BMI screening and measure of waist circumference provided by the employer or through the employees' private physician to determine if an individual meets certain physical qualifications. Public and private companies shall:
   a. require prospective employees to go through BMI screening as a part of the employment qualification assessment
   b. require prospective employees to have the circumference of their waist measured as a part of the employment qualification assessment
   c. include a seminar that explains the reasons why future employees are required to go through BMI screening and waist measurement. Post screening, employees will be required to attend an one-hour seminar explaining to them the effects of obesity and its negative correlation to worker productivity, absenteeism and health care costs to the company.

3. Public and private companies have the right to determine whether or not they will hire or not hire a future employee based on their BMI screening and waist circumference. Companies shall, at a minimum:
a. determine that a prospective employee is not a disabled individual, violating the (ADA) Americans with Disabilities Act and the Rehabilitation Act of 1973.

b. have the ability to choose if the benefits received from a highly qualified obese individual outweigh the cost to hiring that individual

c. Provide employees who have a BMI that is between 25 and 30 and are otherwise healthy with optional workplace wellness programs that look into healthy alternatives that improve nutritional and physical activity habits.

d. Provide employees who have a BMI of 30 and a waist measurement over 40 inches for men and over 35 inches for women even if their BMI is less than 25, with workplace wellness programs that look into healthy alternatives that improve nutritional and physical activity habits.

Note: If the employee’s BMI or waist measurement do not decrease within one year of the diagnosis by a physician, the employer will be subjected to paying a $199.99 contribution to the State of New Jersey for each employee that fails to get their BMI under 30 or decrease the circumference from over 40 inches if men and over 35 inches if women through healthy weight loss.

e. Provide employees who fail two aforementioned indicators of obesity with mandatory workplace wellness programs as well as pay a $199.99 contribution per employee to the State of New Jersey upon hiring. Employers will be subject to making subsequent yearly $199.99 contributions to the State of New Jersey until the employee has a BMI that is less than 30, a waist measurement that is less than 40 inches if men and less than 35 inches if women as determined by a physician.

4. The act shall take effect immediately.

Statement

Obesity is correlated to the percentage of body fat that one person has. We are going to use two different means to measure obesity, including body mass index, or BMI, and waist circumference. Having companies monitor these obesity indicators for potential employees should be an applicable part of the hiring process. The hiring process would include a BMI screening and measure of waist circumference which are both large indicators of obesity though they do not add much cost and time to the employee screening process.

Furthermore, we do not want to make employees go through this process without understanding why. Therefore, there will be a seminar explaining why these steps are necessary and beneficial to both parties, the employee and the company. The major reasons are reduced worker productivity, increased absenteeism, and increased healthcare costs to the company.

Based on the BMI screening and waist circumference, the company will decide if the benefits of hiring this employee outweigh the costs as long as the prospective employee does not fall under the American With Disabilities Act (ADA).
What Now? The future of Obesity in Society and the Workplace

Almost 36% of Americans are obese. There are currently no signs of a reduction of this growing problem. A vicious cycle will persist in America if obesity percentages are not reduced. Adult obesity is currently a bigger problem than child obesity, but the percentages can catch up to each other. Childhood obesity is currently at a 17% rate for children in America. With that said, these obese children are at risk to struggle with obesity into their adult years. This will raise adult obesity percentages. It is a cycle that will be difficult to control later down the road, so something must be done now to combat this problem of obesity once and for all.

Obesity is going to cause many problems in society and the workplace until a solution is made. A big problem for society that is caused by obesity is economic changes. The biggest economic problem is that obesity will lead to unemployment and with them going hand in hand, the economy will be very unstable. Obesity will then further be linked to poverty because obese people will not be able to find jobs and will not be able to support themselves or their families. Another economic problem will arise from tax payers’ money going to programs to reduce obesity. Since many obese people have problems fighting the problem on their own, the government will have to continue to make assistance programs to help people fight their problem.

While these societal and economic problems will persist, the workplace will see an improvement in many areas. Health care costs will be reduced because now companies will be employed with healthy workers. Employee productivity will rise because there will no longer be the absenteeism factor that is currently a problem with obese workers. Going further than just productivity, there will be less sick days because healthy employees are not as prone to illness as obese people are.

The only thing that will stop this problem of obesity in the workplace is time. There will come a time when companies cannot afford the amount of health care costs that they are paying for obese employees. Only at this time will companies realize that an obesity ban in the workplace is needed. Sadly, it will take a company’s economic downfall to finally realize that obesity in the workplace must be stopped.
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12 Gates, Donna EdD; Succop, Paul PhD; Brehm, Bonnie J. PhD; Gillespie, Gordon; Sommers, Benjamin D. MD, PhD. (2008). Obesity and presenteeism: The impact of body mass index on workplace productivity. Journal of Occupational and Environmental Medicine, 50(1), 39-45.


Letters to the Editor

Dev Desai – Fortune Magazine

As the number of workplaces who state "Smokers Need Not Apply" increases, it begs to ask the question: should a similar be policy be instituted to combat the ever growing issue of obesity in the workplace?

From a societal viewpoint, obesity in America has taken off exponentially since the 1970's. Today, more than 32% of the U.S. population is considered to be obese. Obesity has been found to have a substantial effect on human health with an increase in risk of heart disease, diabetes, and sleep apnea to only name a few. What does this mean for the general population and more specifically, employers? A large increase in health care costs.

If employers are choosing not to hire smokers in order to keep health care costs down, what is stopping them from not hiring workers who are obese? After all, workers who are obese are more costly in terms of healthcare, absenteeism, and presenteeism to employers than those who smoke. According to Heinen and Darling's (National Business Group on Health) publication, Addressing Obesity in the Workplace, "health spending is an estimated 36% higher in obese adults under age sixty-five than in normal-weight adults." Couple this with an interview of Dr. Myrtle Bell of the University of Texas at Arlington concerning benefits, who said, "the heavier you weigh the more your benefits will cost. When you're in [the] normal weight range, medical and drug related costs are $3,600 per year. For those overweight, the cost rises to $3,700, for the obese the cost is $5,000, and for the morbidly obese the original cost almost doubles, reaching $6,000."

More pressing for employers may be time missed from work as well as productivity lost while actually on the job. Surprisingly, researchers believe that the indirect costs of obesity, such as lost workdays and lower work productivity, may be greater than the direct medical costs. According to a study in the PubMed database conducted by Gates et al. in 'Obesity and presenteeism', "the mildly obese and the moderately or extremely obese groups had the highest percentages of workers who missed more than 2 weeks of work, as well as those who missed over 4 weeks of work." Time missed from work translates to a loss of productivity for the employer.
What about productivity lost while actually on the job? Based on the same study carried out by Gates et al., "the annual presenteeism cost of $1783.81 for the moderately or extremely obese worker was $506 above the annual presenteeism cost of $1277.82 for all other workers in the study."

Noteworthy is the fact that obesity is not a protected class/status unless an individual has a special circumstance which qualifies as a disability under ADA. Furthermore studies show that while genetics may make a person predisposed to gaining weight, it does not mean that they will become obese. A majority of the time, it is a person's individual choices of over consumption and a lack of physical exercise that ultimately leads them to obesity.

Based on these findings, it would be in the best interests of employers to extend their "Smokers Need Not Apply" policy to employees who are obese. Employers would gain enormous savings which could be passed on to consumers while employees who are obese would have all the motivation they need to get their BMI in check or face unemployment. Research has shown that weight loss of even 10% can result in significant economic and health benefits for an individual. After losing weight, individuals who used to be obese would be more productive in the workplace and live a healthier life by having a decreased risk of developing Type 2 diabetes, coronary heart disease, high blood pressure, stroke, sleep apnea, respiratory problems, and certain types of cancers.

Would enacting something similar to the "Smokers Need Not Apply" policy in the workplace help curb the growing epidemic of obesity and make Americans healthier? There's only one way to find out.

- D.D., Rutgers University, NJ

Nick Stanlaw – Forbes Magazine & Business Weekly

To the Editor:

Hi! My name is Nick Stanlaw and I am currently a senior at Rutgers University. I am working on a research project concerning obesity and how it relates to employment / unemployment. This research project is based off smoking bans that companies already have in place.

These smoking bans are policies that companies have in place to not hire smokers. What my research project is aimed at is having the same kind of policy for obese people. Similar health problems arise for people who smoke and people with obesity. Further issues are a rise in health care costs for the company and a rise in absenteeism from workers.

I think that with an obesity ban in place, employers will eliminate many risks of hiring people who will cause problems for their company down the road. Just as companies are against smokers in the workplace, there should not be obesity in the workplace either.

Thank you,
RE: Weight Discrimination; an Alternative to Fighting National Obese

Dear Mr. Tamayo,

Obesity in the U.S. has reached an all-time high, with no state having less than a 20% obesity rate. With this growing problem of obesity in the U.S., is it fair for our governmental leaders to stand back and let an increasing number of Americans continue to remain obese without intervening? Employers have begun taking steps towards fighting the problem of obesity by designing wellness and obesity intervention programs, such as obesity education programs, workplace programs, and public service announcements, which promote employees to lose weight in order to look better, live healthier and decrease their individual healthcare costs although these programs are not including a large portion of the American community.

Companies like the Washoe County School District in Reno, Nevada attempted to motive employees by charging all employees $40 per month then further reducing this fee, in $10 increments, if employees were able to demonstrate that they were actively working to better their health and address risk factors identified in a health screening. This wellness program only got a small percent of the Washoe County School District staff to take steps to a healthier lifestyle while others were accepting in taking the $40 per month fee. Basing employee participation on individual rewards may seem like it would work, but from the stated wellness programs, there are always nonparticipant (obese) employees that may not mind taking a monetary loss ($40 per month, one work hour) to prevent participation in an activity that may have be interpreted as a greater physical cost to that individual. Unions Pacific Railroad and Caesar’s Entertainment, Inc. have taken similar steps towards addressing the problem of obese though they are still limited by the small proportion of employees motivated to participate in their health and wellness programs.

Most of these programs only provide information and skills without enforcing a change. As recent trends indicate, obesity is growing cost factor for employers in terms of worker productivity and
health care. If employers put all future employees through a BMI screening and tied obesity to hiring decisions, and refused to hire future prospective employees that were obese, then the problem of obesity would be directed with first hand. Obese Americans would either have to lose weight, or remain out of the workforce and unemployed.

Sincerely,

Sean Taylor