



Case Study June 2011

Health and Wellness at Work What's Weight Got to Do With It?

At a Glance

- ◆ Strategies to address the rising number of Canadians with weight issues and weight-related health problems require engagement and action from employers.
- ◆ Impacts for employers include workplace policies and practices, productivity costs, and wellness programs.
- ◆ The work environment should be stigma-free and non-discriminatory. Employers should ensure that healthy food choices are offered, provide support for engaging in physical activity, and offer confidential health risk assessments to interested employees.

This independent case study was prepared by The Conference Board of Canada with funding from the Public Health Agency of Canada. Its purpose is to highlight promising business/employer action related to chronic disease prevention and management, using information gathered from a literature review and interviews.

HEALTH AND WEIGHT: WHAT DO WE KNOW?

Weight loss made it to Canadian prime time television this winter with CBC's "Village on a Diet"—a reality series tracking people from the community of Taylor, British Columbia, on their individual and collective quest to get fit, eat healthier, and lose weight. The emergence of this show, and initiatives

such as the Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, is not surprising given the obesity epidemic gripping many countries.

Chronic diseases, and the risk factors that lead to them, are on the rise among Canadians. Obesity has become a top concern, both for its role as a chronic condition and as a risk factor in many chronic diseases. The Conference Board of Canada, through its Centre for Chronic Disease Prevention and Management (CCPDM), contributes to the knowledge base of best practices. It does this by showcasing Canadian businesses and employers that demonstrate leadership in implementing initiatives that contribute to the prevention and management of chronic diseases. (See box “What Is the Centre for Chronic Disease Prevention and Management?”) This case study—a follow-up to CCPDM’s report *Addressing Chronic Diseases: What’s Business Got to Do With It?*—explores current thinking around health and weight among the Canadian workforce and examines the role of employees and employers.

What Is the Centre for Chronic Disease Prevention and Management?

The Centre for Chronic Disease Prevention and Management’s vision is to improve the health of Canadians by enhancing the quality and efficiency of chronic disease prevention and management strategies across all sectors and aspects of our society, including among businesses and employers. Research and meetings focus on:

- ◆ making the economic case for businesses and employers to take action on chronic diseases and conditions;
- ◆ identifying successful models for engaging businesses and employers in chronic disease prevention and management efforts;
- ◆ building the economic case for reducing the excess burden of chronic diseases among vulnerable populations and regions of the country;
- ◆ identifying effective methods and tools for delivering comprehensive care for chronic conditions in workplaces, homes, and communities; and
- ◆ promoting approaches and tools, including those involving businesses and employers, to support individuals in their own care and self-management.

Source: The Conference Board of Canada.

What do we know about the weights of Canadians? While many Canadians have what is typically considered to be a healthy weight, many do not. (See box “What Is a Healthy Weight?”) The Canadian Health Measure Survey—using the direct measurements of height, weight, and body mass index (BMI)—indicate that in 2007–09, the prevalence of obesity among Canadians aged 20–79 was 24.1 per cent.¹ When compared with past survey data from 1986–92, researchers determined that the prevalence of obesity has increased by approximately 10 percentage points for men and 8 percentage points for women.² The number of Canadians considered overweight has also been growing—a concern, because being overweight is a serious risk for becoming obese.

In Canada, costs attributable to obesity—to individuals, health systems, and the business sector—are significant and cause for concern.

Obesity has been linked to many chronic conditions, including diabetes, high blood pressure, cardiovascular disease, liver disease, and some cancers.³ And for those among the working population who are overweight or obese, there are additional occupational concerns that include risk for injury, stress, asthma, and musculoskeletal disorders.⁴ The costs associated with these conditions—for individuals, health systems, and the business sector—are significant. One estimate put the health costs in Canada, attributable to overweight and obesity, at \$6 billion in 2006.⁵ This figure would be much higher if the costs to workplaces in terms of short- and long-term disability and mortality were included.

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- 1 Margot Shields and others, “Adult Obesity Prevalence in Canada and the United States,” *NCHS Data Brief* 56 (March 2011), 1.
 - 2 Ibid., 3.
 - 3 Public Health Agency of Canada, *Obesity in Canada Snapshot* (Ottawa: Public Health Agency of Canada, 2009), 2. www.phac-aspc.gc.ca/publicat/2009/oc/pdf/oc-eng.pdf (accessed April 2011).
 - 4 Paul Shute and others, “Work, Obesity and Occupational Safety and Health,” *American Journal of Public Health* 97, 3 (March 2007), 428.
 - 5 A. Anis and others, “Obesity and Overweight in Canada: An Updated Cost-of-Illness Study,” *Obesity Reviews* (2010), 31.

What Is a Healthy Weight?

The Public Health Agency of Canada defines a healthy weight as “. . . a weight that is appropriate for your height and promotes good health and well-being by preventing weight-related health problems.”¹ One measure used to categorize healthy and unhealthy weights is the body mass index (BMI), an indicator based on the height and weight of an individual. BMI is calculated by dividing the individual's body weight (kilograms) by the square of their height (square metres): kg/m². The following are general guidelines:

- ◆ Healthy weight (BMI between 18.5 and 24.9 kg/m²)
- ◆ Overweight (BMI > 25 kg/m²)
- ◆ Obese (BMI >30 kg/m²)

In addition to the BMI, measurements of waist circumference and waist-to-hip ratio are used to understand an individual's health risk related to weight, particularly in relation to cardiovascular risk. Recently, the adiposity index (a measurement of body fat using hip and height measures) has been proposed as an improved measure of body fat.

The best measure for determining the optimal weight for health is the subject of debate among researchers.² The relationship between weight, weight gain, and health risks is being examined more closely to determine who is most at risk for developing health problems. (Even normal weight individuals can experience serious issues from a small weight gain.³) Some people seem to be more at risk from the impacts of excess weight or fluctuations in weight. This suggests that strategies aimed at health and weight should be applied broadly, not just to those whose BMI is outside of what has been described as healthy.

1 Public Health Agency of Canada, “What Is a Healthy Weight?” <http://ourhealthourfuture.gc.ca/home/healthy-weight/> (accessed April 2011).

2 Carly Weeks, “Excess Weight Doesn't Always Equal Health Risks: Experts,” *The Globe and Mail* (March 10, 2011), 1.

3 Ibid., 1.

Source: The Conference Board of Canada.

Weight gain and obesity arise from an imbalance of energy intake and expenditure. Simply put, obesity arises from a “long-term positive energy balance,”⁶ but the factors that contribute to this are multi-faceted and vary for

6 David Lau and others, “2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children (Summary),” *Canadian Medical Association Journal* 176, 8 (April 10, 2007), S1.

each person. In the United Kingdom, a large project that focused on obesity identified a complex and interconnected web of over 100 variables that influence the balance of energy. These variables were summarized into the following themes:⁷

- ◆ biology;
- ◆ activity environment—e.g., environmental factors such as safe cycling or walking routes;
- ◆ physical activity;
- ◆ societal influences—e.g., media or cultural influences;
- ◆ individual psychology;
- ◆ food environment—e.g., availability of foods; and
- ◆ food consumption—e.g., portion size and frequency of eating.

Researchers have suggested that the obesogenic environment—the widespread availability of energy-dense food, increase in sedentary behaviour, and decline in physical activity—is a significant factor in the rising trend of overweight and obesity.⁸

HEALTH AND WEIGHT IN THE WORKPLACE

What has been the response to the rise in the number of Canadians with weight issues? Population health strategies that promote healthy living, including healthy weights have been a mainstay. These strategies typically address lifestyle choices and have included, for example, public awareness campaigns related to diet and physical activity. Canada's Food and Physical Activity guidelines and the PartcipACTION campaign are some of the more visible examples. Curbing Childhood Obesity: The Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights is another recent initiative.⁹ In contrast, individual-level approaches

7 National Observatory on Obesity, “Causes of Obesity,” (United Kingdom: National Observatory on Obesity), www.noo.org.uk/NOO_about_obesity/causes (accessed March, 2011).

8 David Lau and others, “2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children (Summary),” *Canadian Medical Association Journal* 176, 8 (April 10, 2007), S1; and Mark Eisenberg and others, “Legislative Approaches to Tackling the Obesity Epidemic,” *Canadian Medical Association Journal*, 2011.

9 See www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf.

include, for example, prevention and management interventions around diet, exercise, psychology, and behaviour—and less commonly, medication or surgical management (known as bariatric surgery).¹⁰ Regardless of the approach, there is agreement that the response to weight and health issues today and in the future will require the effort of multiple stakeholders, including employers.

For employers, the workplace implications around the overweight and obesity trends are starting to be realized. A Conference Board publication from the United States—*Weights and Measures: What Employers Should Know About Obesity*—suggests that companies in that country are looking at their rising benefits and productivity costs and increasingly focusing on obesity within their workplace wellness programs.¹¹ In doing so, they hope to create win-win opportunities: for employees, reduced health risks and improved well-being; and for employers, a healthier, more productive workforce, lower disability and benefit costs, and improved recruitment and retention.

Along with health and wellness programs, employers should ensure that their workplace environment, policies, and practices are stigma-free and non-discriminatory.

Indeed, employers may increasingly be seen to have a duty to address issues that contribute to weight gain and poor health, such as a sedentary work environment. Concerns are growing about the health risks associated with the inactive nature of many types of work. Tremblay and his fellow authors point to evidence that indicates being sedentary has a direct influence on metabolism, bone mineral content, and vascular health.¹² This is in addition to the high chance for weight gain that comes

from sitting for long periods of time each day. These risks, coupled with the dramatic rise in work of this nature, have implications for the occupational health and safety of all employees—regardless of their weight.

But as the authors of *Weights and Measures* point out, issues around privacy, discrimination, and stigma dictate that employers must be cautious when considering workplace wellness programs that may include an emphasis on weight and health.¹³ A recent Canadian summit, which focused on weight bias and discrimination, heard evidence that people with obesity can experience a number of employment inequities that include lower wages and discrimination in hiring decisions.¹⁴

What can employers do to address the issues that surround health and weight and help ensure that the time people spend at work is as healthy as possible? We spoke with Dr. Arya Sharma, Medical Director of Alberta Health Service's Edmonton Region's *Weight Wise Program* and Scientific Director of the Canadian Obesity Network, to learn his views on health and weight in the workplace. (See box "Health and Weight: Advice From Dr. Arya Sharma on What Employers Can Do.")

Many employers offer a number of health and wellness initiatives in the benefits they provide to their employees. In addition to health and wellness programs, employers can take some simple steps to foster a healthy work environment. At a minimum, employers should ensure that their workplace environment, policies and practices, and communication are stigma-free and non-discriminatory. Support for this standard should start with the executive leaders and extend throughout the organization. Education and training can help to achieve this standard.

Employers can also take a close look at the food and beverage choices, calories, and portion sizes offered through their cafeterias, vending machines, and at their meetings. The Council of Atlantic Premiers' document

10 David Lau and others, "2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children (Summary)," *Canadian Medical Association Journal* 176, 8 (April 10, 2007), S1.

11 Barbara Rosen and Linda Barrington, *Weights and Measures: What Employers Should Know About Obesity*, The Conference Board, Inc. (2008), 12.

12 Mark Tremblay and others, "Physiological and Health Implications of a Sedentary Lifestyle," *Applied Physiology, Nutrition and Metabolism* 35 (2010), 729.

13 Barbara Rosen and Linda Barrington, *Weights and Measures: What Employers Should Know About Obesity*, The Conference Board, Inc. (2008), 34.

14 Canadian Obesity Network, *Canadian Summit on Weight Bias and Discrimination Summit Report*, Canadian Obesity Network (January 2011), 4.

Health and Weight: Advice From Dr. Arya Sharma on What Employers Can Do

Dr. Sharma leads Alberta Health Service's *Weight Wise Program*, an initiative designed to help people achieve a weight conducive to optimal health and to help address the obesity epidemic and associated rise in chronic diseases.¹ Along with community workshops and online tools for individuals to track their progress, the program offers a weight management clinic staffed by a multidisciplinary team of health specialists trained in obesity treatment. Throughout his years treating individuals living with obesity, Dr. Sharma has heard much about the employee perspective on what can be done in workplaces to help promote health and support those who have weight issues. He shared the following thoughts:

WORKPLACE HEALTH AND WELLNESS PROGRAMS

- ◆ Many employers single out weight loss in their wellness programs, but have misconceptions about the nature of obesity and unhealthy weights. Unlike other conditions (such as diabetes) where employers are typically supportive, they rarely understand obesity and unhealthy weights as a chronic condition.
 - ◆ As a result, many programs that are offered are inappropriate and geared to short-term gains that aren't maintained over time. The program can be costly for employers and not deliver a return-on-investment in the long term.
 - ◆ Many companies offer fitness and wellness programs, but typical participants are generally healthy, and don't have weight issues. Most people living with obesity have five or more weight loss attempts and may be reluctant about trying yet another program.
 - ◆ The programs' communication and language should not be coercive or discriminatory.
 - ◆ The facilities and programs offered are usually not designed appropriately for those living with serious weight issues. Often, staff are not equipped to deal with participants who have pre-existing health issues. And, staff may not be knowledgeable about medications.
- ◆ As a rule, wellness programs should not be about weight loss as a specific outcome, nor should they explicitly target those individuals with weight issues. Incentives should be based on general participation and not on specific weight loss.
 - ◆ Weight loss competitions can be counterproductive, and for those who don't participate there may be a sense of shame. The programs should focus generally on health and wellness and be targeted at the entire employee population.

CREATING A WORK ENVIRONMENT THAT IS CONDUCIVE TO THE MAINTENANCE OF HEALTHY WEIGHTS AND SUPPORTIVE OF THOSE WITH WEIGHT ISSUES

- ◆ Evidence suggests that, in some work settings, weight discrimination exists among employers as well as co-workers. Employers should have zero tolerance for discriminatory workplace practices, bullying, and derogatory terminology in any communications.
- ◆ Written policies and practices should not use language that reinforces stereotypes.
- ◆ As with other chronic conditions, flexibility in work scheduling should be offered to employees who require off-site appointments with specialists, clinics, or support groups.
- ◆ Employers should provide individuals—no matter their size—with an appropriate work environment and work station. These facilities should be a basic standard, and not a special accommodation.
- ◆ When food is offered or provided on-site, or at off-site functions, it should include healthy options. Clearly displayed information on calorie counts and portion-size recommendations help to raise awareness among all employees, visitors to the workplace, and participants at company events.
- ◆ The impact of a sedentary work environment needs to be addressed, but initiatives such as “walking meetings” should be coupled with sensitivity to the abilities of all participants.

1 Alberta Health Services, *Weight Wise* (Edmonton: Alberta Health Services), www.capitalhealth.ca/EspeciallyFor/WeightWise/default.htm (accessed January 2011).

Source: Telephone interview conducted by Carole Stonebridge with Dr. Arya Sharma on March 14, 2011.

Putting Health on the Agenda: A Model Policy for Healthy Meetings and Events includes a number of basic practices and policies for organizations interested in offering healthier foods in-house or at the meetings and events they host. When organizations adopt the policy and guidelines in the Council's document, they commit to making it easier for employees and their

clients to make healthy choices. By doing so, employers can promote healthy weights among their workforce and beyond.¹⁵

15 Council of Atlantic Premiers, *Putting Health on the Agenda: A Model Policy for Healthy Meetings and Events*, www.gnb.ca/0131/pdf/w/Putting%20Health%20on%20the%20Agenda.pdf.

Employers can also offer more individualized approaches to employees. In a recent article on weight, health risks, and BMI, Dr. Sharma commented:

“ . . . people who are heavier than average should be monitored for ailments they have or are at risk of developing. That’s an effective way to see who may need medical intervention without telling everyone who is overweight that they need to shed the excess pounds.”¹⁶

Given current trends, the future does not look promising. Employers need to be part of developing universal solutions and strategies for today and for the future.

Employers have a significant opportunity to help in this regard by offering all their employees health risk assessments (HRA). These individualized, confidential assessments give employees some core feedback on a variety of health measures, including their weight and height, blood pressure, and cholesterol. Their health risks, if any, are reported to them in their personalized report. Ideally, employees would then follow up with their own health professional to address the risks. To be effective, employers should offer, and employees should undertake, an annual HRA. This approach allows

16 Carly Weeks, “Excess Weight Doesn’t Always Equal Health Risks: Experts,” *The Globe and Mail* (March 10, 2011), 1.

employees to track, over time, a range of health risk factors and may provide the motivation to engage in employer-sponsored health and wellness programs when needed. HRAs complement the other array of initiatives that many employers offer, such as stress management or smoking cessation. Although many large organizations offer HRAs to their employees, many employees and employers are not benefiting from this simple, but effective, tool.

THE FUTURE OF HEALTH AND WEIGHT

If current trends continue, the future does not look promising for Canadians and their quest for healthy weights. Among the children and youth of today—the workforce of the future—weights have been rising dramatically. Many of these youth will enter the workforce already diagnosed with high cholesterol and type 2 diabetes. So, although there are few topics as sensitive and stigma-laden as weight, employers need to be part of developing solutions and strategies for today and for the future. And these strategies should be universal—all employees can benefit from access to healthy food choices; interventions to address sedentary working conditions; support for engaging in physical activity; and ongoing, individualized feedback about their potential health risks. Collaborating with experts in the field, public health departments, and local communities is a good first step for taking action.

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Acknowledgements

This case study was prepared by Carole Stonebridge. It was made possible through the financial support of the Public Health Agency of Canada.

The author would like thank Dr. Arya Sharma, Medical Director of Alberta Health Service's Edmonton Region's *Weight Wise Program* and Scientific Director of the Canadian Obesity Network, for sharing his insights and perspectives. The author is also grateful to the internal and external reviewers, including Barb Hogberg, Executive Director, Human Resources, The Conference Board of Canada; and Neil Seeman, CEO, Health Strategy Innovation Cell, Senior Resident, Massey College.

ABOUT THE CENTRE FOR CHRONIC DISEASE PREVENTION AND MANAGEMENT

As the Canadian population ages, and as health challenges—such as the rate of obesity—continue to rise, the burden of chronic disease increasingly strains our already vulnerable health systems. Chronic conditions—such as heart disease, diabetes, stroke, cancer, asthma, and arthritis—are complex, and are expensive to manage and treat.

The Centre for Chronic Disease Prevention and Management (CCPDM) is designed to confront the pressures that chronic disease places on our economy, health systems, individual quality of life, and the health of our communities. Centre members work collaboratively—throughout the extensive range of chronic diseases—to establish strategies for prevention and management, across all sectors of society and within sustainable and high-quality health systems.

For more information about CCDPM, please visit: www.conferenceboard.ca/networks/ccdpm/default.aspx

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by Carole Stonebridge

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255 Smyth Road, Ottawa ON K1H 8M7 Canada

Tel. 613-526-3280 • Fax 613-526-4857 • Inquiries 1-866-711-2262

The Conference Board, Inc. 845 Third Avenue, New York NY 10022-6679 USA Tel. 212-759-0900 • Fax 212-980-7014 • www.conference-board.org

The Conference Board Europe Chaussée de La Hulpe 130, Box 11, B-1000 Brussels, Belgium Tel. +32 2 675 54 05 • Fax +32 2 675 03 95

The Conference Board Asia-Pacific 2802 Admiralty Centre, Tower 1, 18 Harcourt Road, Admiralty Hong Kong SAR Tel. +852 2511 1630 • Fax +852 2869 1403

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