ABSTRACT

Increasing numbers of employers are implementing financial incentives for employees to lose weight. The Obesity Society (TOS) recommends that employers who wish to use incentives to motivate employee health-behavior change focus on employee health behaviors, not on physical markers such as body mass index (BMI). Evidence is clear that a 5-10% weight loss has benefits for employee health, productivity, and cost-saving regardless of ultimate BMI level obtained.

BACKGROUND AND STATEMENT OF THE PROBLEM

Many companies are facing increasing health insurance premiums because of potential health risks among obese employees. As a result of these rising health care costs, some employers have begun to implement financial incentives to employees who can keep their body weight in a healthy range. Other companies are imposing financial penalties such as charging overweight employees more in health care costs. As an example, Alabama has passed regulations in its state employees health plan which impose a surcharge on employees who have a BMI over 30 kg/m², and North Carolina’s state employees health plan will soon deny access to the more generous coverage options if the employee’s BMI exceeds certain limits. Other states are contemplating similar measures. Currently, as many as one-third of employers plan to offer financial incentive programs for the stated purpose of encouraging employees to reduce their BMI or to improve other biometric markers of health. This is particularly distressing given that there is little evidence supporting the effectiveness of employer BMI incentives on actually producing sustainable weight loss or lowering healthcare costs.
Implementing financial incentives and penalties related to employee BMI raises a number of concerns:

First, applying financial penalties for obesity penalizes a condition rather than a health behavior that can be directly modified. BMI, and other biometric markers of health such as blood pressure and cholesterol, are influenced by genetics and environmental factors and can be more difficult for some individuals to control than for others. Penalizing individuals with a BMI of 30+ ignores the complex genetic and environmental contributors of body weight that are largely beyond personal control. Although it cannot be disputed that taking personal responsibility for health is necessary for the successful management of most chronic health conditions (e.g., hypertension, diabetes), it is not expected that personal responsibility alone is sufficient for the management of these other conditions.

Second, imposing financial penalties based on body weight alone incorrectly assumes that all individuals should have a BMI less than 30 in order to be healthy. There are many individuals who are not overweight (e.g., with a BMI in the ‘normal’ weight range) who have chronic health conditions such as hypertension, hyperlipidemia, diabetes, or engage in other health risk behaviors. Conversely, there are people who are overweight who are in good health, have healthy nutrition and activity habits, and whose blood pressure and cholesterol are in the healthy range.

Third, substantial scientific evidence indicates that it is unreasonable for employers to expect their employees to lose large amounts of weight and maintain significant weight loss over time, even with intensive treatment options. This means that many people who have a BMI over 30 will be unable to maintain significant weight loss despite legitimate efforts to do so. Among individuals who have a BMI greater than 35, even if they were able to initially reduce their body weight to a BMI under 30, biological factors make weight loss maintenance at that level unlikely. However, there is considerable scientific research showing that small, achievable weight losses of 5-10% can produce important improvements in health, even when BMI is above 30. This evidence underscores the importance of focusing on health behaviors rather than absolute BMI levels.

Fourth, in many, if not most, instances, insurance plans do not cover professionally directed treatment for obesity. Imposing added charges for obese employees in these plans is even worse than simply penalizing them for a pre-existing condition; it is penalizing them for a pre-existing condition whose treatment the plan doesn’t even cover.

Fifth, given substantial racial and ethnic disparities in the prevalence of obesity, insurance surcharges on obese employees will disproportionately target minorities, and incentives based solely on absolute BMI cut-offs will disproportionately be out of the reach of many minorities.

Finally, employers mandating differential treatment of individuals based on BMI serve to institutionalize the already pervasive stigmatization of obese people. Obese employees
face numerous inequities in the workplace, including barriers to hiring, lower wages, less potential for promotion, unfair job termination, and stigmatization from co-workers and employers. Imposing additional penalties will reinforce stigma and discrimination against obese individuals.
RECOMMENDATIONS

As the leading scientific and professional organization on obesity, TOS recommends the following:

- Employer incentive programs should be structured to reward employees for engaging in healthy behaviors, such as taking steps to improve awareness of personal health indices, making measurable changes in health behaviors such as nutrition or exercise, or participating in an evidence-based weight management program.
- Employers should avoid using BMI as a basis for financial penalties or incentives, and should not make determinations about employee health based on body size without consideration of additional health indices.
- Employers who choose to reward weight loss or penalize weight status are testifying to the fact that obesity is a significant medical condition. Their health insurance plans should reflect this by covering responsible weight loss programs that use evidence-based interventions.
- Employers should avoid singling out or penalizing overweight and obese employees, and instead position their health initiatives as a goal to achieve overall wellness for all employees, regardless of their body weight.
- Employers who offer incentive programs should ensure that they create a supportive workplace environment that provides opportunities for employees to be healthy and practice long-term healthy behaviors (e.g. healthy cafeteria and vending options, gym discounts, attractive stairwells, etc).

The Obesity Society is the leading scientific society dedicated to the study of obesity. The Obesity Society is committed to encouraging research on the causes, treatment, and prevention of obesity as well as to keeping the scientific community and public informed of new advances in the field. For more information, please visit www.obesity.org.
References


