

September 2006

HORIZON SCANNING SR004

HSE HORIZON SCANNING INTELLIGENCE GROUP SHORT REPORT OBESITY AS A WORKPLACE ISSUE

1. Issue

Dietary and lifestyle changes over the last three decades have resulted in an 'obesity epidemic' in much of the developed world. Diets have a higher proportion of fats, saturated fats and sugars while at the same time work has become less physically demanding, there has been widespread increase in the use of automated transport, increased technology in the home and leisure pursuits are more passive. Although obesity is fundamentally the result of calories consumed exceeding those used by activity, there may be many underlying causes, such that some commentators now prefer the term 'obesities' to reflect the diverse nature of the condition.

Status: Active Monitoring

The UK is the second most obese nation in the developed world. The prevalence of obesity in England increased from 7% to 22% between 1980 and 2000 and this is forecast to grow to 30% by 2007.¹ Obesity is not just an adult problem - there has been a rapid spread of childhood obesity. In the next 5 years 22% of the under -18s will be obese. Between 1989 and 1998 there was a 60 per cent increase in the numbers of obese 3-4 year old children and it is predicted that by 2010 one fifth of children under the age of 11 will be obese.² The probability of an obese child becoming an obese adult is very high.

2. Implications

As weight climbs it can be a trigger for health problems such as diabetes, musculoskeletal disorders, respiratory complaints, cancers, eyesight problems, cardiovascular disorders and sleep apnoea, strokes and infertility. There are also psychological risks such depression, low self-esteem, social exclusion and stigmatism.

Obesity represents a substantial burden to the healthcare system and wider economy. The Obesity Bulletin (DH)³ gives figures for the cost of obesity as £1 bn in treatment for disease brought on by obesity in adults, £1.4 bn in sickness absence and the Select Committee on Health (2004) estimated state benefits between £1 - £6bn. The government paid out roughly £40 m over the period 2000/01-2004/05 on incapacity benefits for those whose primary diagnosis was obesity.

3. Relevance to occupational safety and health

Obesity is primarily a public health issue, but there are clear implications for the workplace. There are direct issues, i.e. workplace issues for the obese themselves, such as:

¹ Morris, S., The impact of obesity on employment in England, Tanaka Business School, 2004.

² Department of Health, Choosing a better diet: a food and health action plan, 2005.

³ Department of Health, Obesity Bulletin, 2006.

- is equipment designed to accommodate the obese – ladders, chairs, workspace, personal protective equipment?
- are there jobs that the obese cannot do or find more difficult?
- are people with a higher percentage of body fat more prone to absorption of chemicals?
- obesity is a contributing factor to back problems – a major cause of absences from work;
- obesity can lead to sleeping problems resulting in fatigue and possible loss of dexterity leading to accidents.

There are also indirect issues, for example in the caring professions and emergency services. There have been reports of ambulances specially equipped for the obese and of fire brigades acquiring new lifting equipment for rescues specifically to deal with obese victims.

Obesity can lead to prejudice and discrimination in the workplace, lower self-esteem and fewer job opportunities. There are myths, misconceptions and stereotyping of obese workers who may be perceived as less intelligent, lacking in personal discipline, lazy and less productive. Research suggests that the working-age obese may be 15-20% less likely to be in employment than the non-obese, other things being equal.⁴

4. Role of Employers and Government

Employers will need to take account of obese workers in risk assessments, to ascertain whether any special arrangements need to be made. But there is a wider issue of what role employers should be expected to play in countering obesity. With the increasing emphasis on well-being alongside health and safety, and with the precedent set by the initiatives to improve school meals, employers might be expected to ensure healthy food in staff restaurants. Many workplaces have a captive audience and there is the opportunity to influence people's diets.

'Jamie Oliver has highlighted the positive effects that healthy eating has on children in their day at school – we now need to ensure this principle is applied to the workforce'. (Dr Ian Campbell, former director UK National Obesity Forum)

5. Recommendations

Obesity is already a significant problem and is likely to increase unless current trends can be reversed. The Health, Work and Well-being Strategy⁵ has set out the need for action on the development of a new cross-government campaign on obesity, raising awareness of the steps people can take to prevent obesity. HSE will continue to scan this topic.

Linda Heritage, Horizon Scanning, HSL

⁴ McCormick, B. and Stone, I., The obesity explosion causes, costs and consequences, DoH in progress.

⁵ Health, Work and Well-being – Caring for our future. HM Government 2006. a strategy developed by HSE, Department of Health and Department of Work and Pensions.