

Purpose

Promoting Understanding & Research into
Productivity, Obesity Stigma & Employment

Obesity Stigma at Work: Improving Inclusion and Productivity

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PRESENTATION OUTLINE

- Obesity stigma & discrimination in the labour market & at work
- Two specific challenges:
 - *The obesity 'wage penalty' for women*
 - *Worksite health promotion & the internalisation of stigma*
- What can employers, HCPs & policymakers do to improve work outcomes for people living with obesity?

THE LAST 'ACCEPTABLE' FORM OF STIGMA?

- Forty-five per cent of UK employers say they are less inclined to recruit candidates living with obesity
- People living with obesity have lower starting pay, lower hiring success and lower co-worker ratings
- They are frequently regarded as having less willpower & resilience, and less likely to be regarded as able leaders or to have career potential
- Women living with obesity, in particular, are less likely to get customer-facing jobs – faring poorly in the so-called '*aesthetic labor-market*'

WEIGHT-BASED STIGMA AND EMPLOYMENT



IN A STUDY, WOMEN WHO WERE LIVING WITH OVERWEIGHT AND OBESITY

25%

REPORTED EXPERIENCING JOB DISCRIMINATION BECAUSE OF THEIR WEIGHT

54%

REPORTED WEIGHT-BASED STIGMA FROM THEIR CO-WORKERS OR COLLEAGUES

43%

REPORTED WEIGHT-BASED STIGMA FROM THEIR EMPLOYERS OR SUPERVISORS



RESULTS FROM THE NATIONAL SURVEY OF MIDWIFE DEVELOPMENT IN THE US FOUND THAT EMPLOYEES LIVING WITH OBESITY HAD

OVERWEIGHT

12x

OBESITY

37x

SEVERE OBESITY

100x

TO REPORT EMPLOYMENT DISCRIMINATION



WOMEN WERE

16x

WEIGHT RELATED DISCRIMINATION THAN MALES.

MORE LIKELY TO REPORT



26%

OF PEOPLE LIVING WITH OBESITY

AND

31%

OF PEOPLE LIVING WITH SEVERE OBESITY

HAD EXPERIENCED DISCRIMINATION IN THE WORKPLACE

WEIGHT-BASED STIGMA AND EMPLOYMENT

- Weight-based stigma in employment is pervasive and there is research suggesting that this happens at every stage of the employment cycle:
 - Recruitment and selection
 - Developing employee relationships and wellbeing
 - Pay, progression and promotion
 - Employment retention
 - Unemployment

THE OBESITY WAGE PENALTY

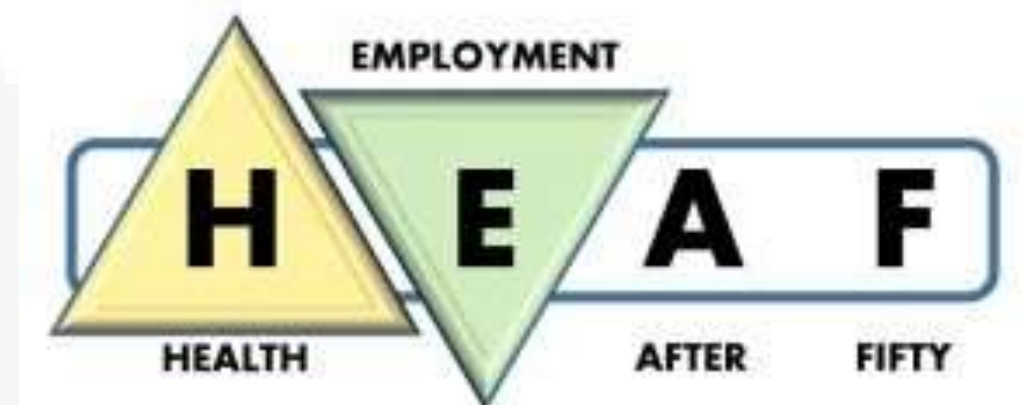
- A 2016 review for the UK government identified a 10% wage gap between people living with obesity and those with average weight (Dame Carol Black)
- But what are the factors contributing to this gap and what is the direction of causality?
- Research on the ‘social determinants’ of health (eg Marmot et al, 2020) identifies links between poverty, employment, health inequalities and obesity
- At the same time, living with obesity is linked to lower wages, lower household income through the lifecourse because of gaps in education, poorer health and employment discrimination
- Our review aimed to shed more light on the wage penalty, its causes & impact

WHAT THE RESEARCH SAYS (1)

- Overwhelming evidence that the wage penalty affects women far more than men – some estimate the gap to be up to 20% with an average of 9-13%
- Not just annual earnings – strong evidence of a lifecourse impact from childhood to adulthood
- Women living with obesity at 16 have 34% lower household incomes at the age of 42

WHAT THE RESEARCH SAYS (2)

- Women's earning peak at a BMI 20-22 then decrease as BMI increases – one study found that a 1 point increase in BMI led to a 4% drop in income within 4 years
- Mothers living with obesity earn almost 7% less than mothers of average weight – one study found that single mothers living with obesity face a wage penalty of 7.6% per child
- Older women with BMI over 40 are more likely to have extended periods of sick leave and to leave employment early – controlling for age & other health factors, stigma & discrimination play an important explanatory role*



EXPLAINING THE WAGE PENALTY

- Human Capital differences
- Lifecourse barriers
- Health differences
- Stigma and Discrimination

WAGE PENALTY – COUNTING THE COST

Four UK-based scenarios (based on average earning & 30% prevalence of obesity):

- A 2% wage penalty - £500 reduction in annual earnings per woman - **£2.3bn** each year
- A 5% wage penalty – £1,250 reduction in annual earnings per woman - **£5.75bn** each year
- A 9% wage penalty - £2,250 reduction in annual earnings per woman - **£10.35bn** each year
- A 13% wage penalty – £3,250 reduction in annual earnings per woman - **£14.95bn** each year

WORKPLACE HEALTH PROMOTION

- Well intentioned workplace health promotion programmes with a nutrition, exercise or weight management element may inadvertently reinforce obesity stigma
- Can reinforce the belief that overweight and obesity can be resolved through the exercise or by eating less and moving more and that these are mainly achievable by greater application and willpower on the part of the individual
- May cause some people living with obesity to internalise the stigma they experience in wider society - can make them reluctant to participate in workplace programmes or fail to access support, weight management advice or psychosocial help from which they might otherwise benefit*
- Encouraging competition or using incentives can produce negative outcomes for some workers living with obesity




WHICH POLICY 'LEVERS' TO PULL?

- Categorise obesity as a disease?
- Make obesity a 'protected characteristic' under Equalities legislation?
- Allow NICE to include work participation & the 'societal perspective' in HTA of medical interventions?
- Include employment status of subjects in all clinical trials?
- Develop & trial 'work instability' measures for people living with obesity & multi-morbidities?
- Weave employment outcomes & work as a clinical outcomes into the Obesity Strategy?

REDUCING STIGMA – KEY ACTORS

- Government
- Employers
- Healthcare professionals
- Media

FURTHER INFORMATION

- For more information, feel free to email me at:
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- Follow us on 
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Novo Nordisk has provided funding to the Institute for Employment Studies (IES) to undertake the creation of the PURPOSE programme, including the creation, development and delivery of this presentation. Novo Nordisk has had no influence over the planning or content of this presentation. IES retains full and final editorial control over this presentation and all aspects of the PURPOSE programme

REFERENCES

Bajorek Z and Bevan S, *Obesity Stigma at Work: Improving Inclusion and Productivity*, Brighton, Institute for Employment Studies, 2020.

Linaker CH, D'Angelo S, Syddall HE, Harris EC, Cooper C, Walker-Bone K, Body Mass Index (BMI) and Work Ability in Older Workers: Results from the Health and Employment after Fifty (HEAF) Prospective Cohort Study, *International Journal of Environmental Research and Public Health*. 2020;**17**:1647.

Marmot M, Allen J, Boyce T, Goldblatt P and Morrison J, *Health Equity in England: The Marmot Review 10 Years On*, London: Institute for Health Equity, 2020.

Täuber S, Mulder LB, Flint SW, The impact of workplace health promotion programs emphasizing individual responsibility on weight stigma and discrimination, *Frontiers in Psychology*, 9, 2020.