



CALIFORNIA TASK FORCE ON Youth and Workplace Wellness

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POLICY RECOMMENDATIONS ON NUTRITION & PHYSICAL ACTIVITY: WORKPLACE POLICY

**CALIFORNIA WORKING FAMILIES POLICY SUMMIT
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INTRODUCTION

Contrary to California's healthy reputation, our state has one of the fastest growing rates of obesity among working-age adults in the nation.¹ Well over half of California's adults are overweight or obese.² Inactivity, overweight and obesity cost the state an estimated \$24.6 billion a year in direct medical, lost productivity and workers' compensation costs.³ The majority of these costs are shouldered by public and private employers who see their insurance costs go up as productivity declines.⁴ Unhealthy workers require more medical care, take more sick days, and are less productive on the job. In fact, a recent study published in the December 2004 issue of the *Journal of Occupational and Environmental Medicine* found that the impact of obesity on worker health and productivity was equivalent to adding 20 years of age – obese workers in their mid 20s and 30s had work limitations and cardiovascular risk factors similar to those of normal-weight workers in their 40s and 50s.⁵

The good news is that the obesity epidemic is entirely preventable and does not require expensive medical interventions to remedy. Improving diet by eating more fruits and vegetables and increasing physical activity can help prevent the diseases brought on by inactivity and poor diet. An important way to advance the health of Californians is to develop programs and policies at worksites that support fruit and vegetable consumption and daily physical activity. We need to make it easy for workers to make healthy choices and eliminate the disparities of obesity among racial groups and low-income populations. Special emphasis needs to be given to reaching African American, Latino and low-income employees who suffer disproportionately high health risks related to obesity, and who are often excluded from worksite wellness programs which focus instead on higher wage earners.⁶ Working women also need to be the focus of worksite programs that promote good nutrition and physical activity because women are often likely to help their children, partners, and other family members adopt healthier lifestyles.

By making environmental and systematic changes, we can help make eating healthy and being physically active an easier and more socially acceptable choice. Given the range of emotional, health and financial consequences that impact obese and overweight individuals, their families, employers and society as a whole, we have a shared responsibility to act. We need to work collaboratively to develop and implement a comprehensive, proactive plan that focuses on prevention. Finally, money will be spent and costs will be incurred no matter how we address this epidemic. The choice is ours. We can either spend our funds managing the disease *consequences* of obesity, or we can spend *one-fifth* of these funds to help Californians become healthy, fit and productive workers. We recommend the latter.

POLICY OBJECTIVE #1

Increase access to healthy food options at work.

Background

Worksites are a viable place to promote healthy behaviors because more than 70 percent of working-age Californians are employed.⁷ Furthermore, Californians spend so many of their waking hours on the job that achieving healthy eating habits and reaching physical activity goals is virtually impossible without addressing these issues at work. Without access to fruits and vegetables on the job, a working adult would have to eat one to two servings of fruits or vegetables every waking hour after work in order to meet the recommended 5 to 9 servings a day. This might help explain why only 27 percent of Californians report meeting this goal.⁸

Recommended Actions

The State of California should become a model employer and offer employees access to healthy foods at work by implementing some or all of the following recommendations:

- A. Ensure that 50% of vending machine and 30% of other worksite food choices meet SB 19 or similar healthy nutrition standards.
- B. Provide and post nutrition information for foods served at the worksite.
- C. Provide healthy food choices at company meetings and events.
- D. Arrange for on-site farmers' markets or produce trucks to come to worksite locations.

POLICY OBJECTIVE #2

Increase access to physical activity options at work.

Background

According to the World Health Organization, "Workplace physical activity programs in the USA can reduce short-term sick leave (by 6 to 32 percent), reduce health care costs (by 20 to 55 percent), and increase productivity (by 2 to 52 percent)."⁹ Furthermore, according to a 2003 analysis published in the *American Journal of Health Promotion*, every dollar a company spends on a wellness program yields an average net benefit of \$5.60 in lower healthcare costs, decreased workers' compensation expenses and fewer sick days. Improved productivity and morale are bonuses.¹⁰

Recommended Actions

The State of California should become a model employer and establish physical activity opportunities at state worksites by implementing some or all of the following recommendations:

- A. Allow flexible work schedules so employees can more easily exercise during their off hours or extend lunch periods to allow time for physical activity.
- B. Make worksite stairwells accessible, clean and safe, and promote their use.
- C. Provide secure and free bike storage for those employees who choose to bike to work.
- D. Offer changing space and lockers for employees who want to exercise at lunch.
- E. Build physical activity and stretch breaks into meetings.

ENDNOTES

¹ Behavioral Risk Factor Surveillance System. 1991-2001. *Prevalence of Obesity Among U.S. Adults by State*. Centers for Disease Control and Prevention [On-line]. Available at: http://www.cdc.gov/nccdphp/dnpa/obesity/trend/pre_reg.htm.

² California Data – California Behavioral Risk Factor Survey, 2002 data. Survey Research Group, Cancer Surveillance Section, California Department of Health Services, 2003.

³ California Department of Health Services, Cancer Prevention and Nutrition Section and Epidemiology and Health Promotion Section. *The Economic Burden of Physical Inactivity, Overweight and Obesity in California*. Report to be published 2005.

⁴ Aldana, S.G. et al. (1993). *Influence of a Mobile Worksite Health Promotion Program on Health Care Costs*. *American Journal of Preventive Medicine* 9(6), pg. 378.

⁵ Hertz, Robin et al. (2004). *The Impact of Obesity on Work Limitations and Cardiovascular Risk Factors in the U.S. Workforce*. *Journal of Occupational and Environmental Medicine*. Volume 46, Issue 12, pg. 1196.

⁶ U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. U.S. Government Printing Office, 2nd ed. 2000.

⁷ University of California, San Francisco Institute for Health Policy Studies, 1999 California Work and Health Survey Data. Press Release: Health Plays a Crucial Role in California Labor Market, According to UCSF Researchers [On-line]. September 6, 1999. Available at:

<http://media.ucsf.edu/ucsf/newsitem.nsf/20eb52fe59c7e8c288256a540001ac1b/04F9331A707241E9882567E1007540AF?OpenDocument>.

⁸ California Behavioral Risk Factor Survey, 2002 data. Survey Research Group, Cancer Surveillance Section, California Department of Health Services, 2003.

⁹ World Health Organization (2003). *Economic Benefits of Physical Activity*. Noncommunicable Disease Prevention and Health Promotion [On-line]. Available at: www.who.int/hpr/physactiv/economic_benefits.shtml.

¹⁰ Anderson, David et al. (2004). *Research and Evaluation Results*. *American Journal of Health Promotion*. Volume 19, Issue 12, pg. 148.