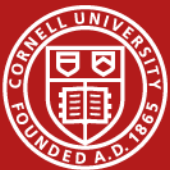




Community-Based Interventions for the Promotion of Healthy Body Weights  
ISBNPA Satellite Workshop in Calgary, Alberta, Canada, May 20, 2008

# Obesity Prevention in Worksites: Interventions in Context

Carol M. Devine, PhD, RD



Cornell University  
Division of Nutritional Sciences

# Outline

- Why worksites?
- The context of work – a social ecological model
  - Interpersonal
  - Organizational
  - Neighborhood/Community
- Challenges and Opportunities
  - Interventions
  - Evaluations
  - Methodology

# Why worksites?

- Reach: 62% of North American adults
- Exposure: More than half of waking hours
- Sustainability: Potential for long term engagement
- Existing channels of communication
- Social support networks

# Work and the Cost of Obesity

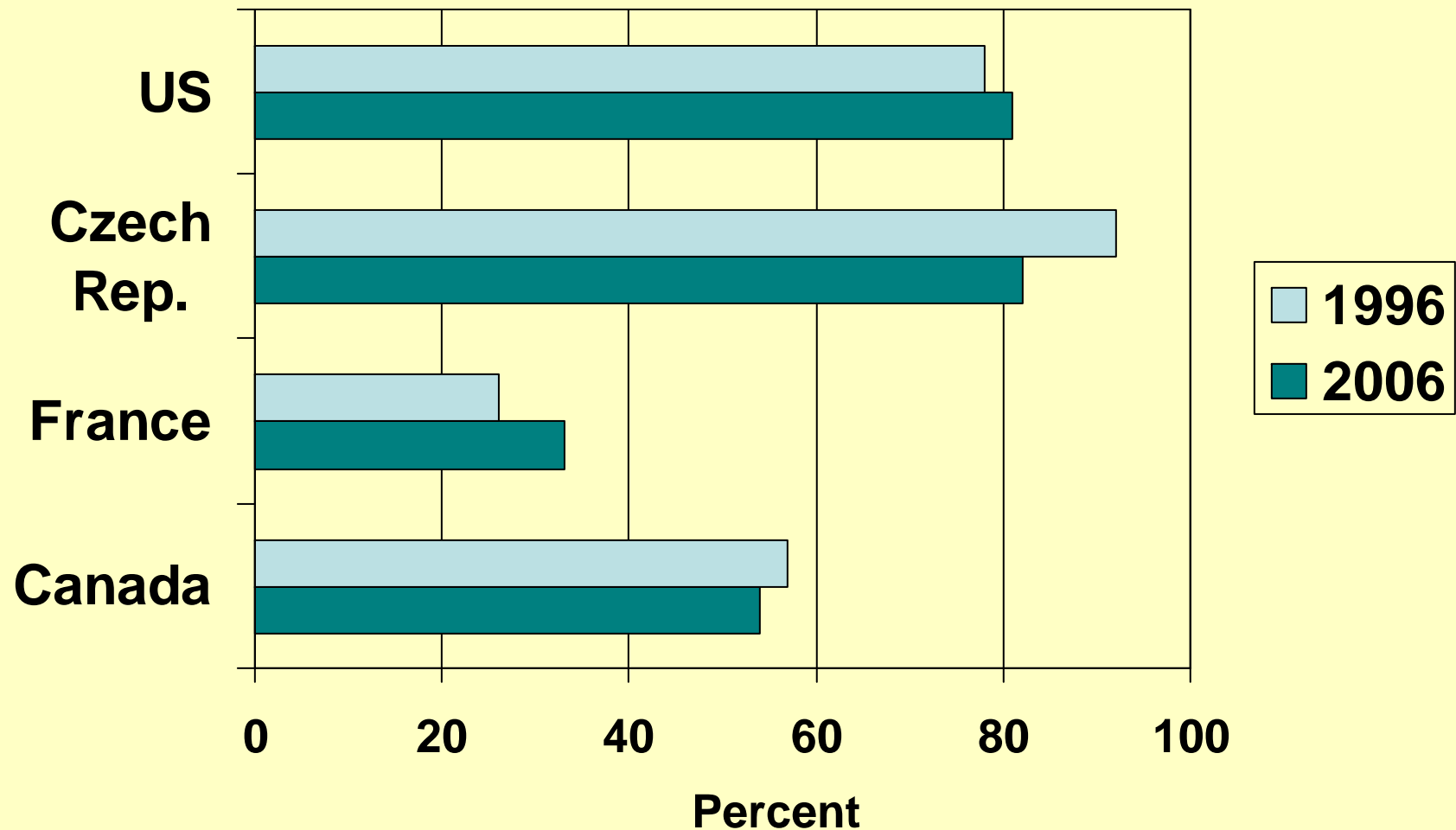
- Obesity has been associated with
  - Higher absenteeism
  - More accidents
  - Increased health care use
  - Increased health costs/claims
  - Decreased productivity
  
  - ROI for health promotion programs
    - Median \$3.14 to \$1.00

Wellness Council of America ([www.welcoa.org](http://www.welcoa.org))

# Work Conditions and Obesity

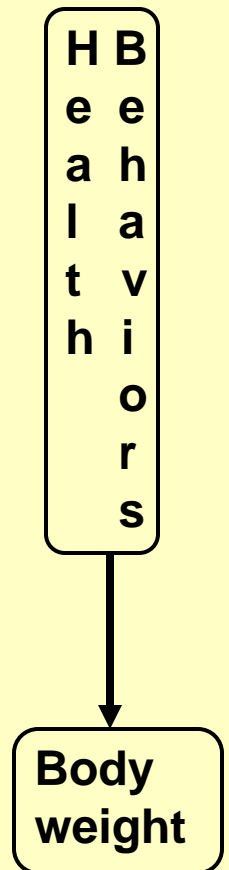
- Obesity and weight gain associated with:
  - Long work hours/Overtime work  
(Shields, 2000; Lallukka, 2008; Nakamura, 1998)
  - High work demands (Hellersted, 1997)
  - Job title, job status (Netterstrom, 1991; Ball, 2002)
  - High job strain (Wamala, 1997; Brunner, 2007)
  - Work fatigue (Lallukka, 2005)

# Proportion Working $\geq 40$ Hours/Week



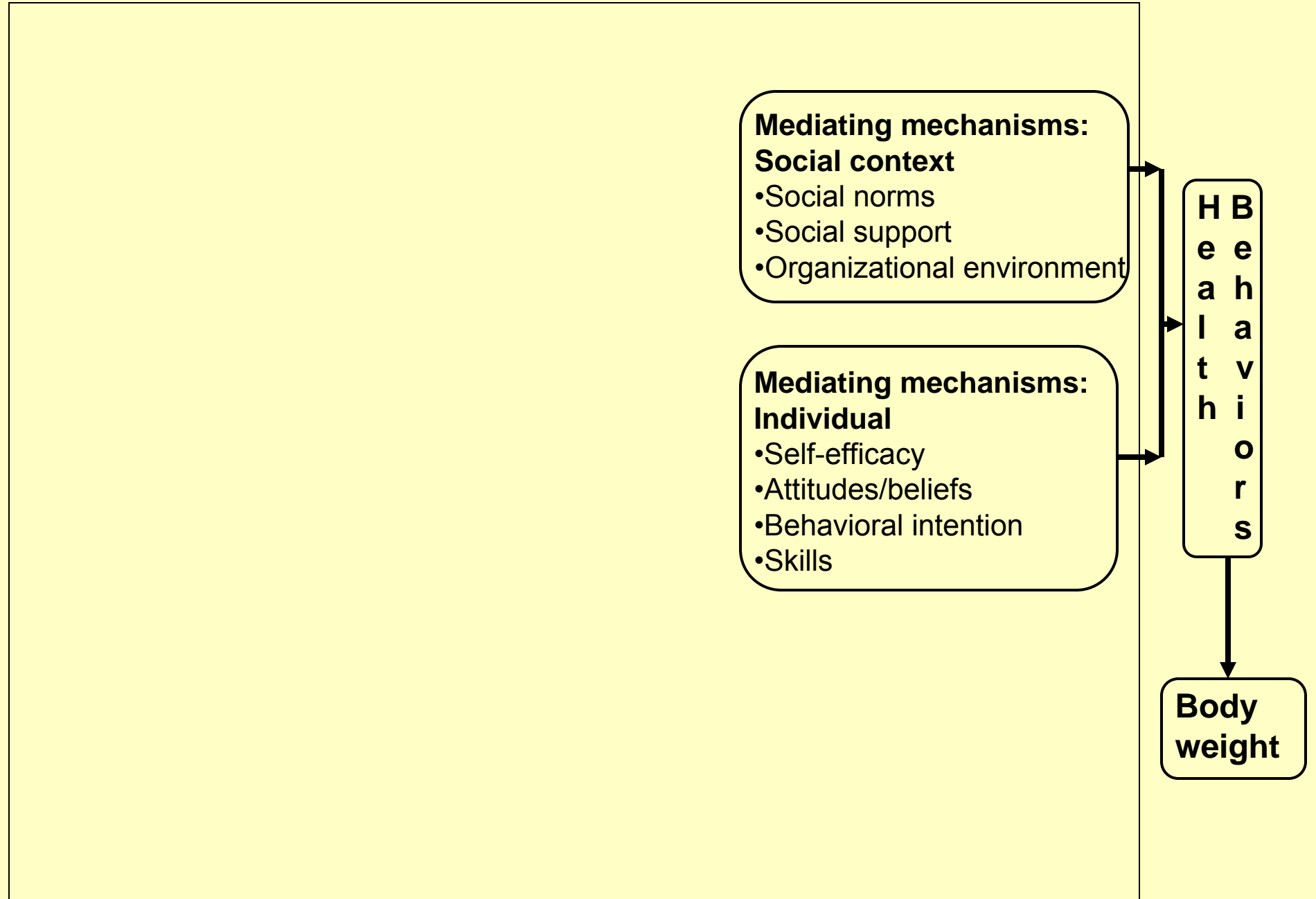
# The context of work: a social-ecological model

*Adapted with permission from Sorensen et al. Preventive Medicine 2003*  
[www.sciencedirect.com/science/journal/00917435](http://www.sciencedirect.com/science/journal/00917435)

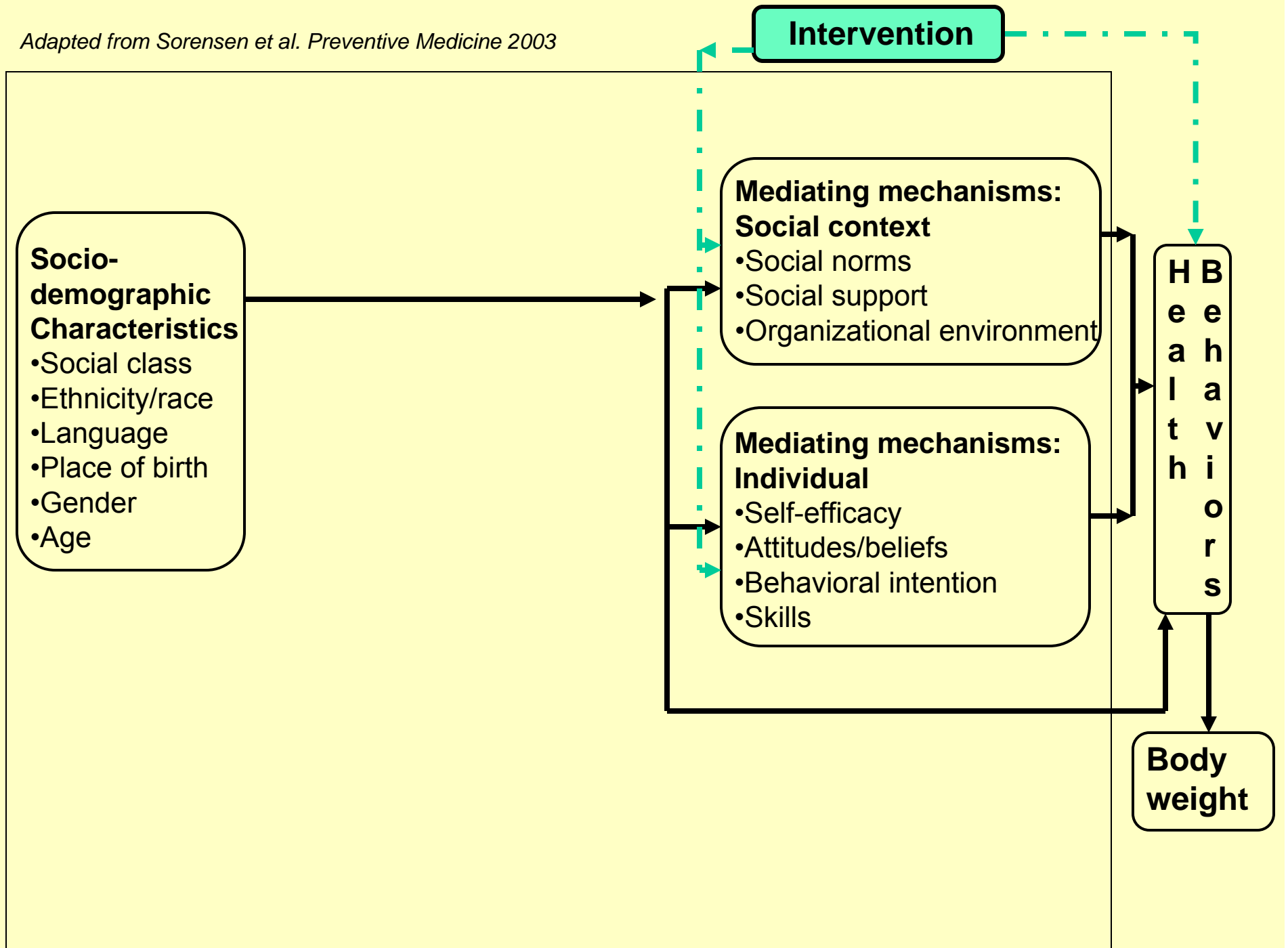




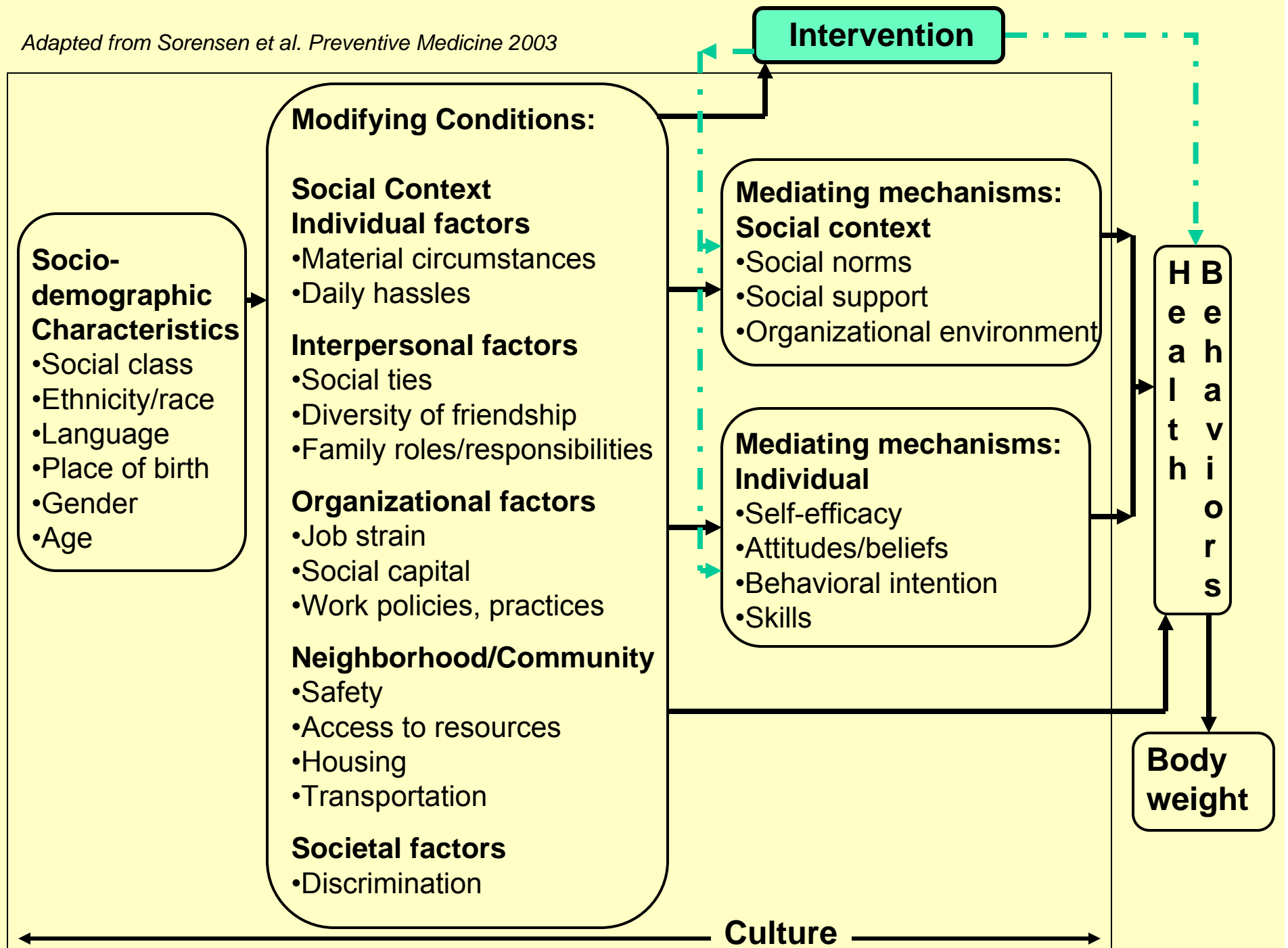
Adapted from Sorensen et al. Preventive Medicine 2003



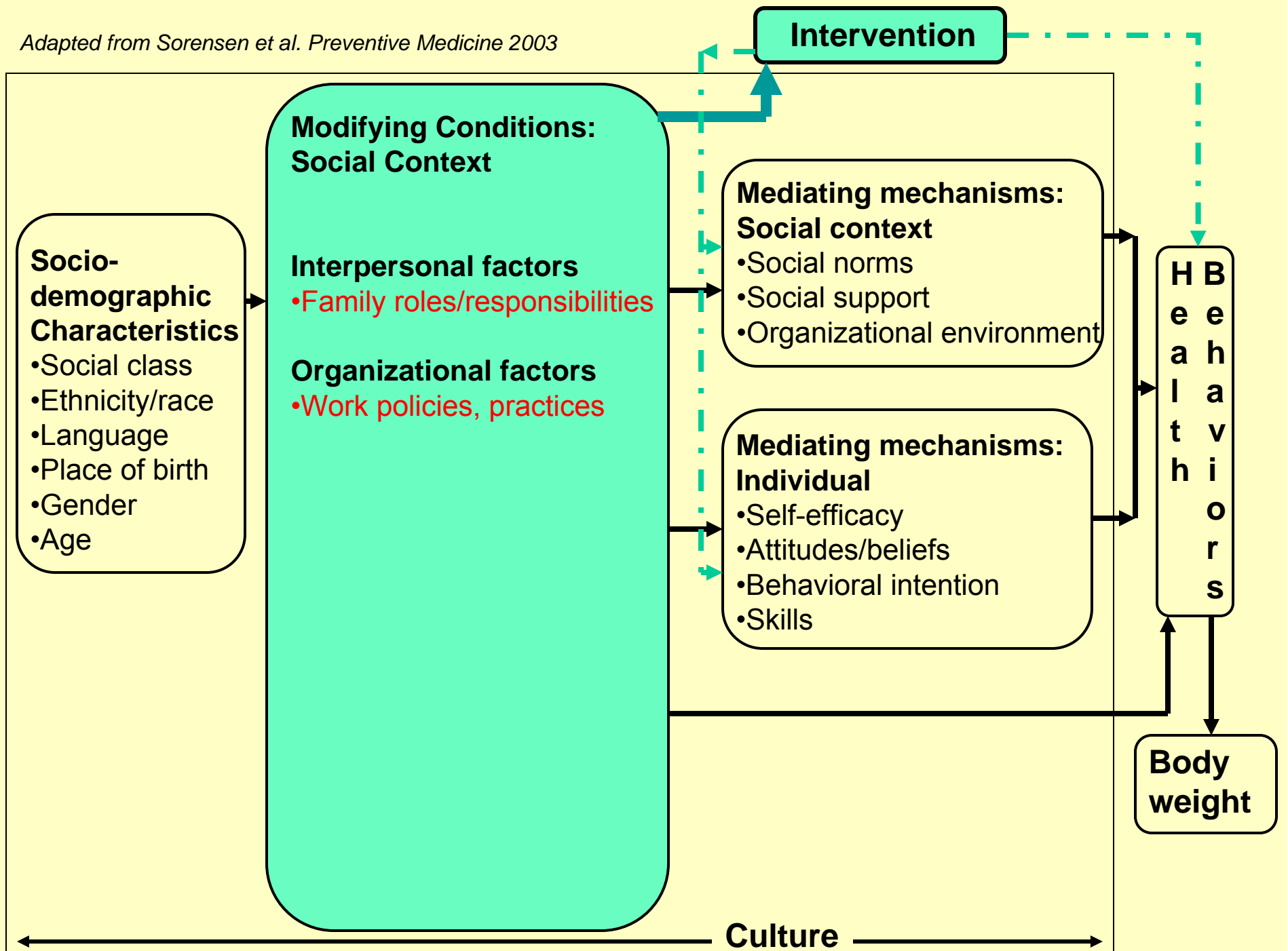
Adapted from Sorensen et al. Preventive Medicine 2003



Adapted from Sorensen et al. Preventive Medicine 2003



Adapted from Sorensen et al. Preventive Medicine 2003



# Data Sources

- **Work-Family integration and the diets of urban, low-wage working parents**
  - **A qualitative/quantitative methods development study** (Devine et al., SS&M 2006)
- **Images of a Healthy Worksite**
  - **Formative research for an environmental intervention in a large industrial worksite**  
(Devine, et al., Obesity, 2007)

## *Interpersonal*

# Work ↔ Family Spillover



- Positive and negative feelings, attitudes, and behaviors carried over from one role into another (Googins, 1991)
- Negative Work → Family Spillover associated with
  - Increased alcohol use (Grunberg, 1998)
  - Fewer meals eaten (Doumas, 2003)
  - A limit on food choices and a source of dissatisfaction and guilt (Devine et al., *SS&M*, 2003)
  - Low fruit and vegetable intake among construction laborers (Devine et al., *AJHP*, 2007)

## *Interpersonal*

# Food Choice Coping Strategies of Working Parents

- Parents use food choice coping strategies to:
  - Manage stress and fatigue
  - Reduce time and effort for meals
  - Reduce expectations for food and meals
  - Trade off food and eating against other priorities

Devine et al., SS&M 2006

## *Organizational*

# Characteristics of low-wage working parents in pilot study

- Long hours
  - Usually  $\geq 45$  hours/week
  - Overtime often
  - Second job
- Non-standard hours/weeks
  - Hours
  - Schedule
  - Varied schedule
- Low job satisfaction
- At job <1 year



## *Organizational*

# **Parents working long hours & non-standard hours/weeks**

- Used strategies such as
  - Food prepared/eaten away from home
  - Skipping meals
  - Speeding up meals

# Organizational

## Images of a Healthy Worksite: Formative Research

- Stress-related eating – multiple layoffs
  - “doing the work of 5 people”
  - “It’s like a quick pat on the shoulder or something like that. You’ve kept up with your day; you’ve done a great job, here have a cookie”
- Organizational culture rewards working through breaks
  - “You’re supposed to take one [a lunch break] but it’s not worth it”
  - Personal food pantries
- Organizational culture a barrier to walking
  - Look like you are going to a meeting
- Obesity prevention at the worksite
  - Desire for programs, but I don’t want my company to know what I weigh

(Devine et al., Obesity, 2007)

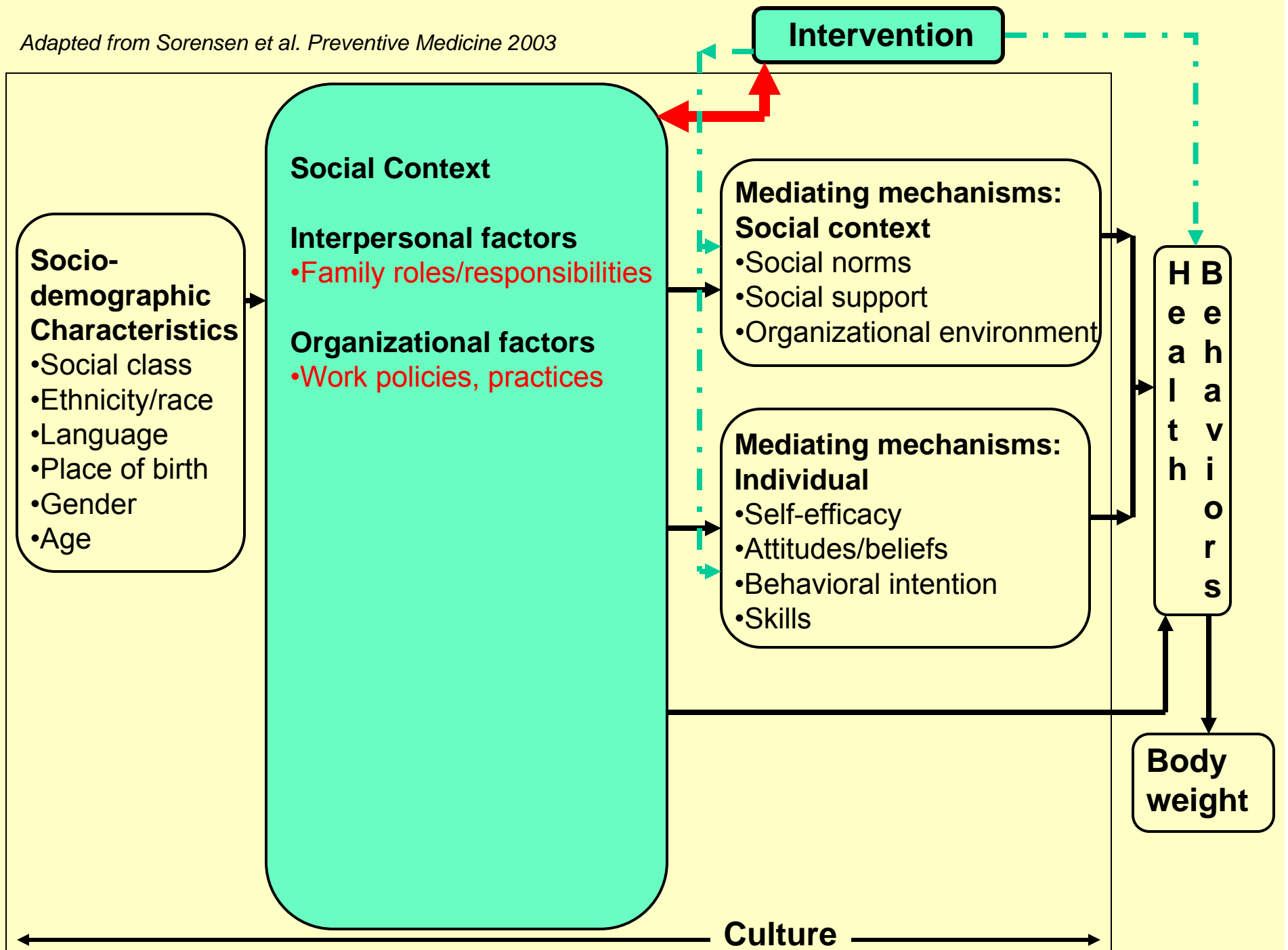
## *Organizational*

# Managers Perspectives: Barriers to Worksite Health Promotion

- No employee time
- No staff time
- Production conflicts
- Cost
- Space
- Lack of management interest
  - 41% think worksites should encourage employees to make healthy lifestyle choices



Adapted from Sorensen et al. Preventive Medicine 2003



## *Interpersonal*

# Challenges and Opportunities

- **Intervention**

- Encourage family participation

- **Evaluation**

- Assess family characteristics
- Who benefits? – how do outcomes vary by combined work and family conditions?
- Measure dietary behavior and physical activity across the whole day, not just at work
- Cost and time for assessment
- Working parents resonate with issues of work-family balance

# Challenges and Opportunities

- **Intervention**

- Consider work hours & schedules as design elements
  - International comparisons
- Include stress reduction
- Tailoring versus standardization
  - Effectiveness (Did it work in ideal conditions?)
  - Efficacy (Will it work in real life?)
- Engage worksite leaders for efficacy and sustainability

## *Organizational*

# Challenges and Opportunities

## **Evaluation**

- Measure job hours, schedule, satisfaction
- Tailoring creates challenges for evaluation
- Assess impacts that matter to employers:  
e.g. productivity, time
- Measure both the physical environment as well as engagement with that environment

## *Organizational*

# Challenges and Opportunities

- Evaluation
  - Privacy and obesity: whose responsibility?
    - social stigma vs. public health benefits
  - A constituency for weight gain prevention?
  - Measure food choice strategies (e.g. missed meals, eating while working, grabbing snack) as well as dietary intake
  - Reach vs. enrollment



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Cornell University  
Division of Nutritional Sciences