Small Business: The Growing Employee Dilemma

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Executive Summary

With prosperity comes a high standard of living brought about by technological innovations and advances in science and medicine. But a sedentary lifestyle and poor eating habits are also frequent consequences of prosperity. Studies show that roughly a third of the US labor force is obese, with another third being overweight. This situation is creating many challenges for employers, primarily in the realms of health care and productivity. Unhealthy employers are unproductive employees (or at least less productive). Furthermore, research has shown that obese miss more work due to sick occurrences, which burdens both their employees and co-workers, but also forces health care providers to raise their rates and premiums. To combat these and other obesity-related problems, many employers are instituting efforts to educate employees about obesity and providing exercise opportunities as part of their worksite health promotion campaign. Simple and practical health promotion programs are readily available from various government agencies, universities, community colleges, extension offices and on the web for any size business to adopt. In the long run, the question becomes: How much economic impetus will obesity devour?
**Introduction**

Television land is a wonderful place. Almost everyone there has a good job, leads an exciting life, and is slim, thin, and trim. But sadly, TV land does not reflect reality, as the vast majority of us know. And the vast majority of people, especially in the US, are not slim, thin, and trim. In fact, there is a constant chorus from obesity experts, academic researchers, public officials, the media and even the business community, warning about the rapidly-expanding waistlines of our citizens.

But we are not simply gaining weight. We are becoming obese. In fact, many of us are becoming morbidly obese. And we are all experiencing the health-related issues and costs associated with it. But we are not alone. The rise in obesity knows no boundaries because it has been observed worldwide with the exclusion of the very poorest and war torn nations.

In this paper, we will present some very disconcerting facts about obesity, show how it is impacting the workplace, and then offer some suggestions for steps employers can take to help their employees battle this problem.

**Obesity Defined**

Body Mass Index or BMI is the standard and most common measure of obesity. Defined as the ratio of weight (kg) over of height squared (m$^2$), BMI provides an easily quantifiable and non-invasive estimate of body fat. For adults 20 years or older, a BMI score between 18.5 – 24.9 is normal; 25 – 29.9 is overweight, and greater than 30.0 is obese. (It must be pointed out that there is controversy surrounding this index. Many experts say it is too simple and gives misleading results. For instance, by the BMI metric, one in four NFL players can be classified as extremely obese [1]. But despite its flaws, the measure does provide a standard of comparison.)

**Obesity rate has doubled in the last 30 years**

According to the BMI metric, weight in the US has been increasing since the late 1970s. The most gain has been among people who can be classified as obese (Figs. 1 and 2). Just under 30% of the entire U.S. population is obese, as shown in Figure 1. Moreover, almost 7 out of every 10 people are either

![Figure 1](image)

**Figure 1.** Trends in adult overweight and obesity, ages 20-74 years.

(Note: Age-adjusted by the direct method to the year 2000 US Bureau of Census estimates using the age groups 20-29, 40-49 and 60-74 years
(Source: [www.cdc.gov/nchs/products/pubs/pubd/hestats/obese03_04](http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese03_04)).
overweight or obese. An encouraging finding is that these rates are not significantly different from those observed in 2003-2006 [2]. But clearly a lot more has to be done to achieve the government’s goal of 15% obesity rate as stated in the Healthy People 2010 initiative [3].

There are differences among regions of the country and groups of people in regards to obesity rates. As shown in Figure 2, Mississippi and West Virginia report the highest percentages of obese citizens. There also are differences among racial and ethnic groups. Women in racial or ethnic minorities are much more likely to be overweight and obese than are non-Hispanic white women. Mexican American males have higher rates of overweight and obesity than do Caucasian males. For all racial and ethnic groups combined, women of lower socio-economic status (income less than 130 percent of the government’s poverty threshold) are approximately 50% more likely to be obese than those of higher socioeconomic status [4].

![Obesity Trends* Among U.S. Adults](image)

Figure 2. Obesity trends among US adults for the year 1991, 1998 and 2006

[*BRFSS, Behavioral Risk Factor Surveillance System at [www.cdc.gov/brfss](http://www.cdc.gov/brfss)*]

Weight gain results from a combination of factors

There are a number of “obesogenic” factors that cause uncontrolled weight gain [5] such as:

- **Food Availability and Type:** For years, the amount of food eaten at home has steadily decreased as people more and more eat in restaurants. The average daily calorie intake has increased by about 300 calories per person since 1984 [6].

- **Transportation Modes:** The availability of affordable automobiles has a profound impact on our lifestyles too. Gone are the sidewalks where people used to walk to go to stores and schools and the other safe routes where children could ride their bikes.

- **Physical Activity Levels:** The proliferation of TV, videogames and game consoles, and other technological gadgets designed to make chores easy and simple and life comfortable, has in one form or another contributed to inadequate physical activity. Instead of playing ball games in the backyard, we play in on our Xbox.
Related Shifts in Lifestyle and Diets

Aside from the above usual suspects, it should be noted that certain behavioral problems and physical illnesses—along with the medications used to treat them—can greatly increase the likelihood of obesity in an individual. Overindulgence of "comfort foods" to combat depression, stress, or nicotine addiction can trigger abnormally high levels of cortisol, resulting in abdominal obesity (which is strongly associated with type II diabetes, cardiovascular disease, and stroke) [7]. Hypothyroidism and Cushing's Syndrome also raise cortisol levels while dropping levels of thyroid hormone. Hormonal imbalances caused by these and other illnesses can decrease metabolic rate and lead to weight gain, as can certain medications [8].

Furthermore, it has been observed that obesity runs in the family. Studies on twins and adoption have supported the role of genetic factors on obesity. Recently, a British team has identified a particular variant of a gene linked to obesity. People who inherit copies of the gene's variant were more likely to be overweight than those who did not [9].

Economic Costs of Obesity

In 1998, obesity and overweight conditions contributed as much as $78.5 billion ($92.6 billion in 2002 dollars) to the nation’s yearly medical spending (Table 1) [10]. A 2003 study found that obesity accounts for approximately 9.1% of the nation’s annual medical care expenses [11].

<table>
<thead>
<tr>
<th>Insurance Category</th>
<th>Overweight and Obesity</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket</td>
<td>$7.1</td>
<td>$12.8</td>
</tr>
<tr>
<td>Private</td>
<td>$19.8</td>
<td>$28.1</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$3.7</td>
<td>$14.1</td>
</tr>
<tr>
<td>Medicare</td>
<td>$20.9</td>
<td>$23.5</td>
</tr>
<tr>
<td>Total</td>
<td>$51.5</td>
<td>$78.5</td>
</tr>
</tbody>
</table>

Note: Calculations based on data from the 1998 Medical Expenditure Panel Survey merged with the 1996 and 1997 National Health Interview Surveys, and health care expenditures data from National Health Accounts (NHA). MEPS estimates do not include spending for institutionalized populations, including nursing home residents.


This huge cost is due largely to that fact that several diseases are reportedly linked to obesity [12] such as:

- Type 2 diabetes
- Heart disease
- Hypertension
- Osteoarthritis
- Sleep apnea
- Gallbladder disease
- Respiratory problems
- Stroke
- Endometrial, breast, prostate and colon cancer
- Poor female reproductive health
- Depression
Naturally, these health problems cost the employers of obese workers. There are 146.3 million people in the US labor force as of April 2008 [13]. Roughly one third of them are considered overweight and another third obese. It is estimated that the cost of obesity to US businesses in 1994 was about $12.7 billion [14], which is equivalent to $18.9 billion in 2008 dollars:

- $7.7 billion on health insurance
- $2.4 billion on paid sick leave
- $1.8 billion on life insurance
- $0.8 billion on disability insurance

Additionally, a longitudinal study from 1997 to 2004 found that obese employees filed twice as many workers’ compensation claims and paid seven (7) times more in medical costs ($51,019 vs. $7,503) than did their non-obese counterparts [15, 16]. Because of injuries resulting from slips or falls and lifting, these individuals were on sick leave thirteen (13) times more often than those in the normal weight range. Quoting directly from another study:

[An] obese worker costs a company an extra $1,432 each year in healthcare costs and $377 more due to absenteeism and presenteeism (the productivity-draining practice of coming to work when you are not feeling well[enough] to do so) [17].

These are not the only obesity-related company expenditures. Some 8% of private employer medical claims are due to overweight and obesity [11]. Obesity-related disabilities cost employers an average of $8,720 per claimant per year for wage indemnity [18]. Moreover, the lifetime medical costs for 20-year-olds are higher ($5,000 to $21,000 more for overweight and $15,000 to $29,000 more for obese) than for normal weight individuals [19]. In addition to the dollars directly spent on these claims, there are ancillary costs such as:

- lost productivity
- the additional burden placed on other employees to perform the duties of the sick or injured worker
- overtime pay to other employees to make up for the lost work hours
- hiring and training of replacement employees
- initiating a program of cross-training so that no one employee’s absence critically impacts the business.

There are also the costs of health and safety issues related to replacing uniforms, furniture and equipment and other physical barriers to accommodate the larger employees. Finally, obesity is associated with 39 million lost work days and 239 million restricted-activity days [20].

Other Costs

Let us be honest: many of us are “uncomfortable” in the presence of heavy individuals. We hold certain “beliefs” about the obese. For instance:

Employers see their overweight workers as poor role models; they describe overweight employees as lazy, sloppy, lacking in self-discipline, less competent and less conscientious. Women in the workplace bear a disproportionate amount of this impact [21].

But weight discrimination is not limited to a gender or age or ethnic group. Overweight applicants have difficulty in getting job interviews. If they succeed in getting hired, they have a lower chance of being
promoted, and sometimes in even holding on to their jobs [21, 22, 23]. It should not be surprising to find that obese employees often earn less than their counterparts [23, 24].

These indirect costs can also be quite significant. To illustrate this, consider the legal implications of obesity discrimination. Some people have successfully claimed obesity-related conditions under the ADA (Americans with Disability Act) or in some cases local and state law [22, 25]. Thus, it is in the best financial interest of everyone to implement some form of health promotion, if only to curtail the ever-increasing expenses of excess weight.

**Affordable Health Promotion Strategies**

Obviously, workplace obesity presents a dilemma for the entire business community. Yet many employers are reluctant to take steps to help their workers achieve and maintain a healthy weight. For small businesses, it is the lack of cash and expertise that discourage the creation of health promotion campaigns. The facts that employees are likely to switch jobs every 4 - 5 years; that the detrimental effects of obesity tend to be manifested later in life [19]; and the fairly common belief that obesity is a self-inflicted condition, also contribute to the hesitancy of many executives to assign a high priority to this issue.

Yet there are numerous other reasons why companies – even the smallest – should be vitally concerned about helping employees battle the bulge. The most obvious reason is cost. But health promotion efforts are simply the “right” thing to do. Businesses have a social responsibility not only to themselves, but also to their communities. A business is a citizen of its community just as an individual is. It benefits from this membership, as do as individuals; just as individuals must pay back to the community, so too must each business. Enhancing the health and well-being of employees is an excellent way to give back, especially when these healthy employees help their own children to be healthier. This parental influence takes on added significance when the obesity trends of children and adolescents are considered. About 32% of children are overweight, 16 percent are obese and 11 percent are extremely obese [26]. Obese children will be the obese workers of the future if nothing is done to contain this problem.

Fortunately, there are inexpensive resources available to employers who want to attack the weight problem among their employees. Several of these are reviewed in the following pages of this paper. While none of these can be considered a “silver bullet,” they do give the company an excellent starting point for a health promotion campaign.

**The National Business Group on Health (NBGH)**

This non-profit organization (http://www.businessgrouphealth.org/) is devoted exclusively to representing large employers' perspectives on national health policy issues, and to assisting its members in addressing important health care problems. Because NBGH members are primarily Fortune 500 companies and large public sector employers, its focus is on the needs and issues of major corporations.

But there is considerable free material on their website that can help small employers in addressing health issues such as obesity. One such free tool is the Obesity Cost Calculator. This program allows you to determine the percentage of your workforce that is overweight and obese, and the costs these conditions are imposing on the company. It has features which allow the user to compare with his/her industry on a state or regional basis. Instructional articles pertaining to obesity in children, and what employers can do to this address this problem, also can be found here. All in all, this is a very good website with a wide array of free, health-related information.
The American College of Occupational and Environmental Medicine (ACOEM) provides a free, easy-to-follow and implement health promotion strategy known as the Labor Day Checklist [27]. This strategy consists of three interrelated prongs:

I. The Educational Prong: The basic objective of this part of the strategy is to help employers and employees learn the basic principles of attaining and maintaining healthier weight. The employer provides educational material on the health risks of being overweight, along with information on how to eat healthier, and encourages physical activity. This information can be conveyed by poster displays, as shown in Figures 3 and 4. The former figure shows the daily dietary requirements and portion size estimates based on familiar items we use daily. The latter (Fig. 4) shows the calories expended for everyday activities such as walking, swimming, and running.

(Another helpful chart/poster is shown in Appendix A. Although developed for children, it offers good advice for adults, too. It classifies food items as “GO”, “SLOW” and “WHOA” corresponding to foods that can be consumed almost anytime, sometimes or once in a while, respectively [28].)

The USDA MyPyramid.gov (www.mypyramid.gov/pyramid/calories_used.html) has an extensive collection of materials that can be used for educational purposes. (We will talk more about this site later in the paper.)
II. The Work Environment and Physical Activity Prong: The objective here is to make policy changes in the work environment that will lead to more physically-active employees. One easy-to-make change is to encourage employees to use stairways instead of elevators. This includes such simple and inexpensive things as placing signs near elevators and stairs that highlight the health benefits of taking the stairway. Another simple approach is to discourage employees from eating at their desks. Not only can this help reduce the intake of “junk” food, but even a short walk to the lunch room or break area can be helpful. A not-so-obvious approach is to have at least one casual dress day a week. We know that employees tend to be more physically active when they are dressed casually.

There are several other ways that employers can put this activity into action. For instance, the organization could take advantage of a wonderful (and basically painless) exercise known as walking. Employees could be given pedometers so they can monitor the number of steps/miles they walk daily. For reference, the following are the recommended pedometer steps needed by healthy adults [29]:

1) Under 5000 steps/day may be used as a "sedentary lifestyle index."
2) 5,000-7,499 steps/day is typical of daily activity excluding sports/exercise and might be considered "low active."
3) 7,500-9,999 steps/day likely includes some exercise or walking (and/or a job that requires more walking) and might be considered "somewhat active."
4) 10,000 steps/day indicates the point that should be used to classify individuals as "active."
5) More than 12,500 steps/day are likely to be classified as "highly active."

According to Paul McKenna of The Learning Channel’s (TLC) I Can Make You Thin program, “only 2,000 extra steps a day can make the difference between being overweight and being thin! [30].” Let us put 2,000 steps into perspective. Experts say it takes 20 minutes for a typical adult to take 2,000 steps, and that 2,000 steps equal one mile. So for an investment of only 20 additional minutes a day spent walking, an overweight adult can become much thinner. Moreover, it is not difficult to find 2,000 additional steps in a day. Employees can do this by walking back and forth to their colleagues’ desk instead of emailing and texting; using the stairways instead of elevators; taking a short stroll after lunch. Some companies have even resorted to enforcing pedestrian-friendly campuses by making their employees park further away from their offices. There are surely other creative ways to make this happen.

III. The Food Choices Prong: We are what we eat. And our size greatly reflects the size of our meals and snacks, including those on the job. The bottom line is straightforward: Workplace eating habits have been found to contribute to obesity. Consider the results of a recent survey [31]:

- 72% of the surveyed employees ate an unhealthy snack (e.g., chips, candy) at least once a week at work; 27% did it 3 or more times a week.
- 22% of Gen Y (18-27 yr old) employees ate unhealthy snacks more than 5 times a week; 9% of Baby Boomers (over 45 yr old) did this and so did 13% of Gen X (28-44 yr old).
- Only 42% of employees have access to healthy foods in their cafeterias and vending machines
- Gen X spent about 40% of their time at their desk compared to 27% for Gen Y and 30% for Baby Boomers.
- 45% of Gen X employees stated that work-related stress impacted their eating habits, compared with 35% of Gen Y and 32% of Baby Boomers.
These are (or should be) disturbing numbers. But they do emphasize the need to offer healthy food choices at meetings and other employee events and to provide nutritional information about the food served in cafeterias. And by all means, nutritious foods and beverages should be available at the vending machines. For us Southerners, that might mean limiting our consumption of favorites such as fried chicken and catfish, slaw, hush puppies and French fries. And instead of sweet tea, we should have a glass of water.

A particularly nice feature of the Labor Day checklist approach is that it is multifaceted. We know that obesity is multifaceted and can only be addressed with a multi-component health promotion approach. Individual components (e.g., diet alone) can lead to weight loss. But the greatest success comes when the program contains a number of different activities and approaches that address the individual’s entire lifestyle [32].

We also know worksite programs are more successful when they require the participant’s long-time commitment (e.g., personal health risk assessment tools, nutrition counseling, personal physical activities, custom websites), instead of being passive or oriented toward one-time activities (e.g., pamphlets, newsletters, and health fairs) [33].

**MyPyramid.gov**  
This website was developed by the U.S. Department of Agriculture. As stated on its homepage, this site “offers personalized eating plans, interactive tools to help you plan and assess your food choices, and advice to help you:

- Make smart choices from every food group.
- Find your balance between food and physical activity.
- Get the most nutrition out of your calories.
- Stay within your daily calorie needs.”

There are a number of very useful features here. One is the MyPyramid tracker that provides an in-depth assessment of the user’s diet quality and physical activity status. Another helpful part is the Menu Planner. Here the user plans out his/her daily menu, and the website reveals how many calories are in that menu, and how the menu compares to recommended levels of grains, vegetables, fruit, milk, and meat and beans.

All in all, this is a very good, free tool employers can use to help their workers better balance their diets and levels of physical activity. And let us emphasize one more time: **It is free.**

At first glance, it is easy to dismiss web-based sites as “gimmicky” and to question whether they can actually help users. Surprisingly, perhaps, there is evidence that these sites can be effective. Kaiser Permanente, the largest managed care organization in the U.S., has moved obesity to the top of its clinical priority list [34]. In addition to the more traditional lifestyle management programs, Kaiser has developed a number of web-based resources for both clinicians and patients.

The web-based patient resource uses computerized, artificial intelligence to serve as a surrogate nurse counselor working with a patient on a one-to-one basis. Based on the results of the counselor-patient “interview,” an individualized weight loss plan is developed to meet the specific needs of that employee. So far, the results of this program are quite encouraging, as 47% of the 75,000 participants have dropped by one BMI point, and 16% have dropped a full BMI level [34].
Other Sources of Help

It is of course understandable that small businesses would rather use their limited resources in growing their companies rather than anything else. But there is help available from various non-profit agencies, local colleges and universities, government agencies and other industrial professional organizations that are at little or no cost. A few of these sites are listed in Appendix B.

The Bottom Line

The “bottom line” is that U.S. workers’ “bottom lines” are expanding at an incredibly rapid rate. This fact is costing employers and our economy billions upon billions of dollars, not to mention the medical complications experienced by the overweight and the obese. Thus, worksite health promotion programs are growing in use, and are proving to be sound investments. Businesses who offers them foster loyalty; enjoy greater work satisfaction; have increased productivity levels; experience fewer accidents; and have higher employee morale. Thus, in the long run, they do help the company’s bottom line [35].
REFERENCES


[31] “As Obesity Rates Continue to Rise, Is the Workplace a Source of or Solution to Unhealthy Lifestyle Habits?” Article. BNET Business Network Business Wire Sept 17, 2007 at findarticles.com/p/articles/mi_m0EIN/is_2007_Sep_17/ai_n19521012 (May 30, 2008)


**APPENDIX A**

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**We Can! GO, SLOW, and WHOA Foods**

Use this chart as a guide to help you and your family make smart food choices. Post it on your refrigerator at home or take it with you to the store when you shop. Refer to the *Estimated Calorie Requirements* to determine how much of these foods to eat to maintain energy balance.

- **GO Foods**—Eat almost anytime.
- **SLOW Foods**—Eat sometimes, or less often.
- **WHOA Foods**—Eat only once in a while or on special occasions.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>GO (Almost Anytime Foods)</th>
<th>SLOW (Sometimes Foods)</th>
<th>WHOA (Once in a While Foods)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nutrient-Dense</td>
<td>Calorie-Dense</td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>Almost all fresh, frozen, and canned vegetables without added fat and sauces</td>
<td>All vegetables with added fat and sauces, oven-baked French fries; avocado</td>
<td>Fried potatoes, like French fries or hash browns; other deep-fried vegetables</td>
</tr>
<tr>
<td><strong>Fruits</strong></td>
<td>All fresh, frozen, canned in juice</td>
<td>100 percent fruit juice; fruits canned in light syrup; dried fruits</td>
<td>Fruits canned in heavy syrup</td>
</tr>
<tr>
<td><strong>Breads and Cereals</strong></td>
<td>Whole-grain breads, including pita bread; tortillas and whole-grain pastries; brown rice; hot and cold unsweetened whole-grain breakfast cereals</td>
<td>White refined flour bread, rice, and pasta; French toast; taco shells; centenarian; biscuits; granola; waffles and pancakes</td>
<td>Croissants; muffins; doughnuts; sweet rolls; crackers made with whole grain; sweetened breakfast cereals</td>
</tr>
<tr>
<td><strong>Milk and Milk Products</strong></td>
<td>Fat-free or 1 percent low-fat milk; fat-free or low-fat yogurt; part-skim, reduced-fat, and fat-free cheese; low-fat or fat-free cottage cheese</td>
<td>2 percent low-fat milk, processed cheese spread</td>
<td>Whole milk, full-fat American, cheddar, Colby, Swiss, cream cheese, whole-milk yogurt</td>
</tr>
<tr>
<td><strong>Meats, Poultry, Fish, Eggs, Beans, and Nuts</strong></td>
<td>Trimmed beef and pork; extra lean ground beef; chicken and turkey without skin; tuna canned in water; baked, broiled, stewed, grilled fish and shellfish; beans, split peas, lentils, tofu; egg whites and egg substitutes</td>
<td>Lean ground beef, broiled hamburgers; ham; Canadian bacon; chicken and turkey with skin; low-fat hot dogs; tuna canned in oil; peanut butter; nuts; whole eggs cooked without added fat</td>
<td>Untrimmed beef and pork; regular ground beef; fried hamburgers; ribs; bacon; fried chicken; chicken nuggets; hot dogs; lunch meats; pepperoni; sausage; fried fish and shellfish; whole eggs cooked with fat</td>
</tr>
<tr>
<td><strong>Sweets and Snacks</strong>*</td>
<td>Ice milk bars; frozen fruit juice bars; low-fat or fat-free frozen yogurt and ice cream; fig bars; ginger snaps; baked chips; low-fat microwave popcorn; pretzels</td>
<td>Coffee and cakes; pies; chocolate cake; ice cream; chocolate; candy; chips; buttered microwave popcorn</td>
<td></td>
</tr>
<tr>
<td><strong>Fats/Condiments</strong></td>
<td>Vinegar; ketchup; mustard; fat-free creamy salad dressing; fat-free mayonnaise; fat-free sour cream</td>
<td>Vegetable oil, olive oil, and oil-based salad dressing; soft margarine; low-fat creamy salad dressing; low-fat mayonnaise; low-fat sour cream</td>
<td>Butter; stick margarine; lard; salt pork; gravy; regular creamy salad dressing; mayonnaise; tarter sauce; sour cream; cheese sauce; cream sauce; cream cheese dips</td>
</tr>
<tr>
<td><strong>Beverages</strong></td>
<td>Water, fat-free milk, or 1 percent low-fat milk; diet sodas; unsweetened ice tea; diet fruit tea; lemonade</td>
<td>2 percent low-fat milk, 100 percent fruit juice; sports drinks</td>
<td>Whole milk; regular sodas; calorically sweetened soft drinks; fruit drinks with less than 100 percent fruit juice</td>
</tr>
</tbody>
</table>

*Though some of the foods in this row are lower in fat and calories, all sweets and snacks need to be limited so as not to exceed the daily calorie requirements.

**Vegetable and olive oils contain no saturated or trans fats and can be consumed daily, but in limited portions, to meet daily calorie needs. (See Sample USDA Food Guide and DASH Eating Plans at the 2,000-calorie level nutrition plans).**

Source: Adapted from GTFCH, Coordinated Approach to Child Health, 4th Grade Curriculum, University of California and Foghorns, Inc. 2002.
APPENDIX B
Resources

Publications:

**Workplace Health Promotion Information and Resource Kit**


A practical workplace health promotion kit and source of free or low-cost help and information developed by the University of California Irvine Health Promotion Center.

**2004 ACOEM Labor Day Checklist Controlling Obesity in the Workplace**


A simple check list of what employers and employees can do to fight obesity, prepared by the American College of Occupational and Environmental Medicine (ACOEM).

**Healthy Workforce 2010 An Essential Health Promotion Sourcebook for Employers, Large and Small**


A sourcebook providing an overview of the Healthy People 2010 Initiative, a worksite health promotion program and numerous resources related to worksite health promotion programs prepared by the Partnership for a Healthy Workforce Partnership for Prevention.

**The Step-by-Step Guide to Successful Workplace Wellness Programs**

http://www.hopehealth.com/FreeReports.asp

A comprehensive workplace wellness program guide prepared by HOPE Health.

Websites:

Center for Disease Control and Prevention (CDC):

a. **Division of Nutrition, Physical Activity and Obesity (DNPAO):** http://www.cdc.gov/nccdphp/dnpa/
   
   Search this site for information on nutrition, physical activity and obesity, including links to other sites promoting nutrition and physical activity.

b. **Healthier Worksite Initiative:** http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/
   
   A collection of information, resources, and step-by-step toolkits on health promotion.

United States Department of Agriculture (USDA)

a. **Center for Nutrition Policy and Promotion (CNPP):** http://www.cnpp.usda.gov
   
   Search this site for dietary guidance/guidelines for US consumers, including links to other related government sites.

b. **Nutrition.gov:** http://www.nutrition.gov/nal_display/index.php?info_center=11&tax_level=1
   
   A gateway to reliable information on nutrition, healthy eating, physical activity, and food safety and links to interesting sites.
The Association of State and Territorial Health Officials (ASTHO)

http://www.astho.org/?template=tobacco_settlement.html

Learn about the Prevention and Health Promotion policies, activities and programs supported by the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia.

United States Department of Health and Human Services Office of the Surgeon General

http://www.surgeongeneral.gov/

Read on the US Surgeon General’s recommendation to the public about physical activity and obesity.

The Council of State Governments (CSG) Healthy States: http://www.healthystates.csg.org/

Search for talking points, legislator policy briefs, newsletter and State Official’s Guide to Wellness advocated by the partnership of The Council of State Governments, the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.