



SCALE OF THE CHALLENGE

OBESITY AND THE
LABOUR MARKET

Jamie O'Halloran
and **Chris Thomas**

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IPPR
8 Storey's Gate
London
SW1P 3AY
E: info@ippr.org
www.ippr.org
Registered charity no: 800065 (England and Wales),
SC046557 (Scotland)

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ABOUT THE AUTHORS

Dr Jamie O'Halloran is a senior research fellow at IPPR

Chris Thomas is a principal research fellow at IPPR

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SUMMARY

Obesity has a well-known and profound impact on people's health. It is a cause of type 2 diabetes, coronary heart disease and some forms of cancer. Despite this, and in the context of poor population health overall, the UK has higher obesity rates than peer countries and has struggled to commit to decisive policy intervention.

Yet, less research has looked at the impact of obesity on prosperity. Our findings suggest a correlation between obesity and economic inactivity. Areas with high obesity rates tend to have high rates of people not participating in the workforce. This implicates obesity in the UK's current economic participation challenges – economic inactivity rates due to sickness are currently at record levels.

Additionally, obesity affects the productivity and wellbeing of people in work. We find people with obesity are more likely to attend work while sick, leading to increased rates of working through sickness ('presenteeism'). This can have a productivity impact – bad for both businesses and, given the link between productivity and living standards, workers. And the literature shows persistent presenteeism itself can also have health consequences in the long-term.

Obesity is not a personal responsibility – it is caused by working conditions, changes in the built environment and our broken food system. Specifically, our findings suggest that current working conditions may exacerbate the prevalence of obesity, as individuals struggle to prioritize their health amid demanding schedules and limited resources for healthy lifestyle choices. Health and work can exist in a vicious or virtuous cycle, but this finding suggests work is increasing obesity rates, which in turn are undermining work performance.

We find the public are ahead of politicians: they want government intervention and a break from failed policies focused on individual responsibility. There is strong public support for more intervention, including greater regulation, taxation, and reporting, in industries that significantly impact public health. This presents an opportunity for more ambitious policymaking aimed at achieving significant improvements in public health.

Drawing from previous IPPR research, our core policy recommendation is based on developing a whole society approach. We define this as making obesity (and health) everyone's business, in place of a focus on individual responsibility – with public services, government, businesses, employers and civil society all pulling the levers available to them. Just as the government has shown ambition on a smoke-free generation, our health, economic and individual prosperity demand similar ambition on obesity. Recommendations for policymakers include the following.

- **Education:** We need to see improved quality of school meals and for them to be free for all.
- **Employers:** Need to expand flexible working, support healthy work life balance, pay fair wages, provide good working conditions and access to healthy food in the workplace.
- **Investment:** Increase funds flowing into anti-obesity innovations, not obesogenic ones.
- **National government:** Provide funding to enable innovation and intervention, levy health harming products and regulate to ensure transparent data.
- **Local government:** Need to see increases in funding from government to public health grants, expand weight management programmes.
- **NHS:** Expand clinical interventions where appropriate within NICE guidelines.

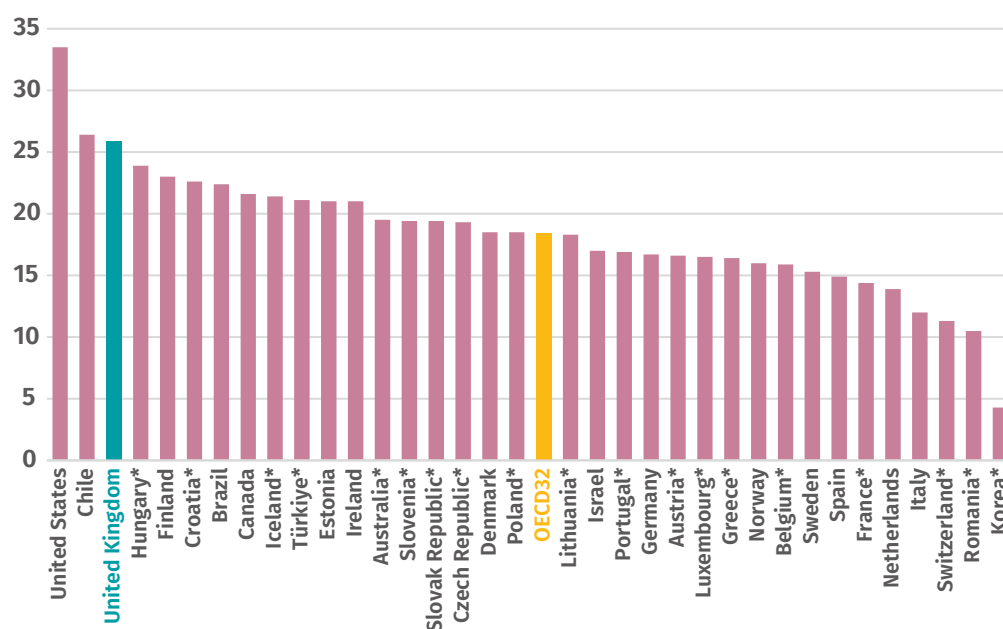
1. INTRODUCTION

Obesity has a profound impact on people’s lives: from a higher likelihood of both acute and chronic diseases to reduced sleep and lower wellbeing (Kivimäki et al 2022). It also has significant mental health effects - people who have obesity also struggle with issues related to their mood, self-esteem, quality of life, and body image (Sarwer and Polonsky 2016).

As a result, it should worry us that it is also highly prevalent in the UK – as of 2021 over a quarter of adults have obesity (OECD 2023). This is the third highest rate in the OECD, behind only the USA and Chile.

FIGURE 1.1: THE UK HAS THE THIRD HIGHEST PROPORTION OF PEOPLE WITH OBESITY IN THE OECD

Self-reported proportion of people with obesity, adults, 2021 (or nearest year)



Note: *indicates data between 2017-19.

Source: OECD (2023)

However, even these worrying national trends obscure large inequalities. Obesity is not spread evenly across our society. Instead, some groups suffer more than others – especially those living in more deprived areas. More than three in 10 adults have obesity in the most deprived parts of England compared to close to two in 10 of adults in the least deprived (NHS Digital 2023).

While the impact on health outcomes and equity are perhaps the most important reason to care about obesity in the UK, it does not undermine this fact to point out that it also has serious economic ramifications. Recent estimates put the total cost of obesity to be £98 billion a year (Bell et al 2023).

These costs include productivity losses due to sickness absence rates being higher for those with obesity. In this report we evidence that obesity has wide-reaching implications, affecting health-related productivity losses in work and labour supply.

However, there has been less research on the specific channels through which obesity interacts with the labour market. Over the last three years, as the data shows sickness barring greater numbers from economic participation, the link between health and the economy has garnered more interest from policymakers. As such, understanding the role of obesity within this is one useful way to ascertain the case for bolder policy solutions and greater investment. This report provides new evidence and detail.

BOX 1.1: DEFINING OBESITY

Common with most studies of this kind, we define obesity as a body mass index (BMI) greater than or equal to 30.

The causes of obesity are complex and are determined by many different factors such as human biology, growth and development early in life, eating and physical activity behaviours, people's beliefs and attitudes, and broader economic and social drivers (Butland et al 2007).

2. INSIGHT ONE: OBESITY AND LABOUR SUPPLY

Existing literature - including from the UK - suggests that obesity is associated with lower wages and a lower likelihood of being employed (Averett 2019). In this report we add to the literature by investigating economic participation and obesity.

Since the Covid-19 pandemic we have seen changes within our labour market. One concerning change is that of economic participation; we have seen increases in economic inactivity driven by changes in the number of people who are economically inactive due to long-term sickness – which has reached historic highs (ONS 2024a).

We find a link between economic participation and rates of obesity;¹ areas with high rates of obesity also have high rates of economic inactivity. There are likely to be many factors for this. It may be the case that people's obesity is not enabling them to work, but it also may be the case that those who are economically inactive struggle to be able to afford to eat healthily or exercise, which may be contributing to high rates of obesity in these areas, or it may be a combination of the two.

We find that the top 50 parliamentary constituencies with the greatest proportion of people living with obesity account for 8 per cent of the population, but 12 per cent of the number of people living with obesity and 9 per cent of the population who are economically inactive. This highlights that there are pockets where there are high proportions of people with obesity and economic inactivity (figure 2.1).

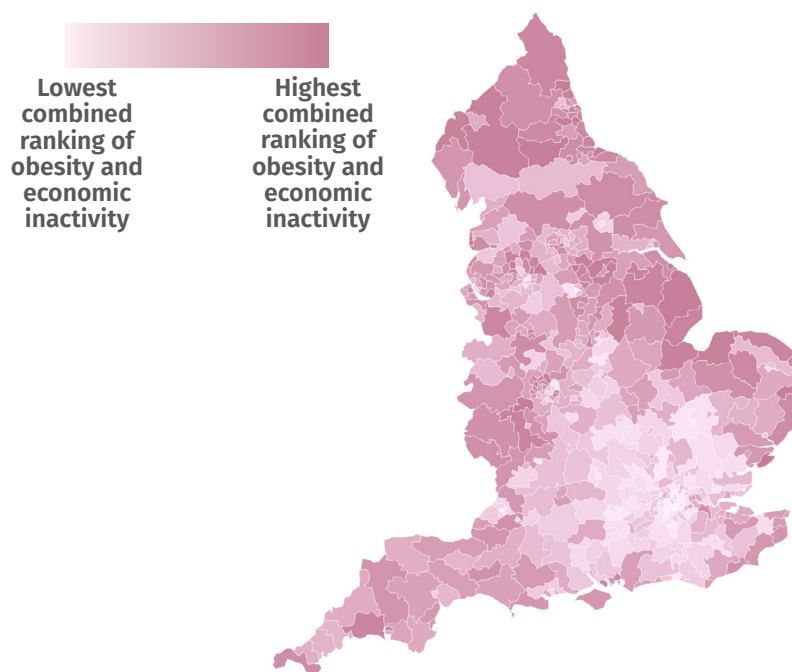
When we combine the ranks of the constituencies rate of obesity and inactivity, we find that southern constituencies typically have lower combined ranks than other parts of the country – this highlights the health and economic inequalities between differing parts of England.

¹ A linear regression found a statistically significant and meaningful correlation (R^2 of 0.2) between the proportion of people who are economically inactive and the proportion of people living with obesity by parliamentary constituency.

This analysis shows that obesity has a role to play in economic inactivity, but we are unable to determine if it is a causal factor. Though this work further highlights that health and the economy are certainly interlinked. Previous IPPR analysis found that poorer self-assessed health is also correlated with increased likelihood of economic inactivity (Poko-Amanfo et al 2024).

FIGURE 2.1: AREAS WITH HIGH RATES OF OBESITY ALSO HAVE HIGH RATES OF ECONOMIC INACTIVITY DUE TO LONG-TERM SICKNESS

English parliamentary constituencies by combined ranking of rates of economic inactivity and obesity 2021/22



Source: IPPR analysis of ONS (2024b) and NHS Digital (2023)

3. INSIGHT TWO: OBESITY AND THOSE IN WORK

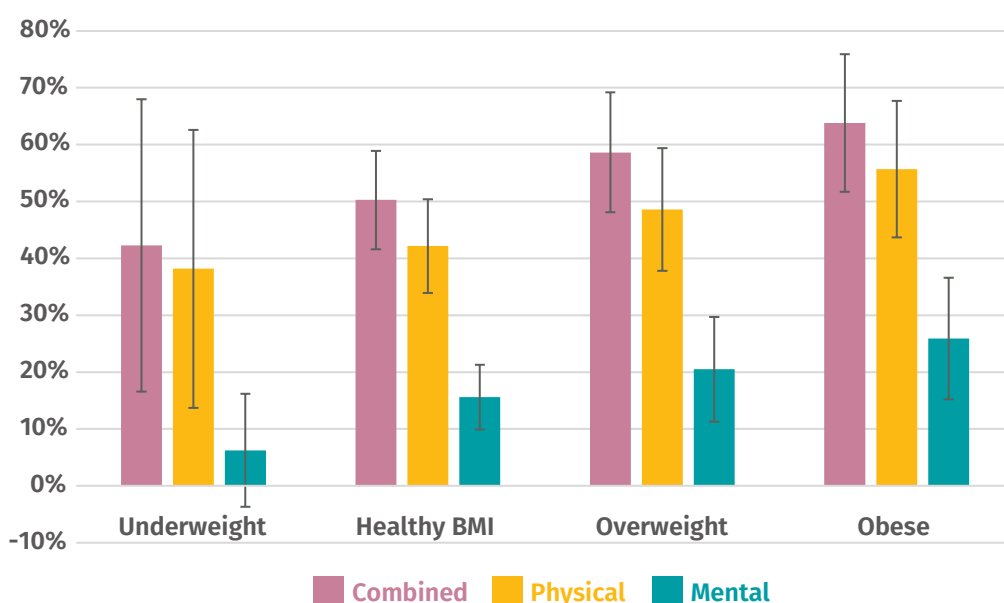
Health and productivity are closely intertwined. There are two primary ways in which health can affect productivity. First, poor health or illness can lead to absenteeism from work. Second, unmanaged and unaccommodated health issues may decrease productivity while at work, known as presenteeism. We define this as the negative impact of working through sickness - one of these negative impacts is productivity losses. It is widespread in the UK.

According to Vitality's Healthiest Workplace survey (Vitality 2024), British businesses lost 44 days per employee due to presenteeism and six days due to absenteeism on average in 2023. This is equivalent to 1.4 billion and 200 million days lost respectively.

It seems intuitive that obesity would play a significant role in affecting individuals' productivity in the workplace. To explore this hypothesis, IPPR and YouGov conducted a national representative survey examining the relationship between weight, diet, and work (see box 3.1). Our findings indicate that individuals living with obesity are more likely to attend work while sick compared to those with a healthy weight, as illustrated in figure 3.1.

FIGURE 3.1: PEOPLE LIVING WITH OBESITY ARE MORE LIKELY TO ATTEND WORK WHILE SICK DUE TO BOTH PHYSICAL AND MENTAL HEALTH CONDITIONS

Predicted probabilities of attending work while sick due to physical and mental conditions and total by BMI and 95 per cent confidence intervals



Source: IPPR analysis of YouGov polling data

Our findings indicate a notable prevalence of individuals attending work while sick, particularly among those with obesity. In our study, more than six in 10 individuals with obesity reported attending work while sick in the last four weeks, in contrast to four in 10 among those with a healthy weight, after controlling for age and gender.

BOX 3.1: SURVEY METHODOLOGY

All data was collected by YouGov Plc. Total sample size was 2,041 adults – fieldwork was undertaken between 20-21 December, 2023. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

For the analysis focusing on obesity and work the sample size was 314 – after dropping individuals who did not respond to the question on their height and weight and dropping those not in paid employment. 23 per cent (74) of whom were living with obesity, 29 per cent (93) were overweight, 43 per cent (136) were healthy weight and 5 per cent (16) were underweight.

We used logistic regressions to measure the association of obesity to various outcomes. In the regressions we control for age and its square and gender. We find that the obesity variable is statistically significant at the 10 per cent level across the analysis.

Going to work while not feeling well is not by itself a problem – issues arise when people feel that their health negatively impacts their work performance. As such, we asked people whether they felt their health impacted different aspects of their work. Individuals with obesity reported similar prevalence of their health impacting work to those with a healthy weight: nine in 10 reported that attending work while sick impacted their work across at least one of the dimensions of quality, quantity, or type.

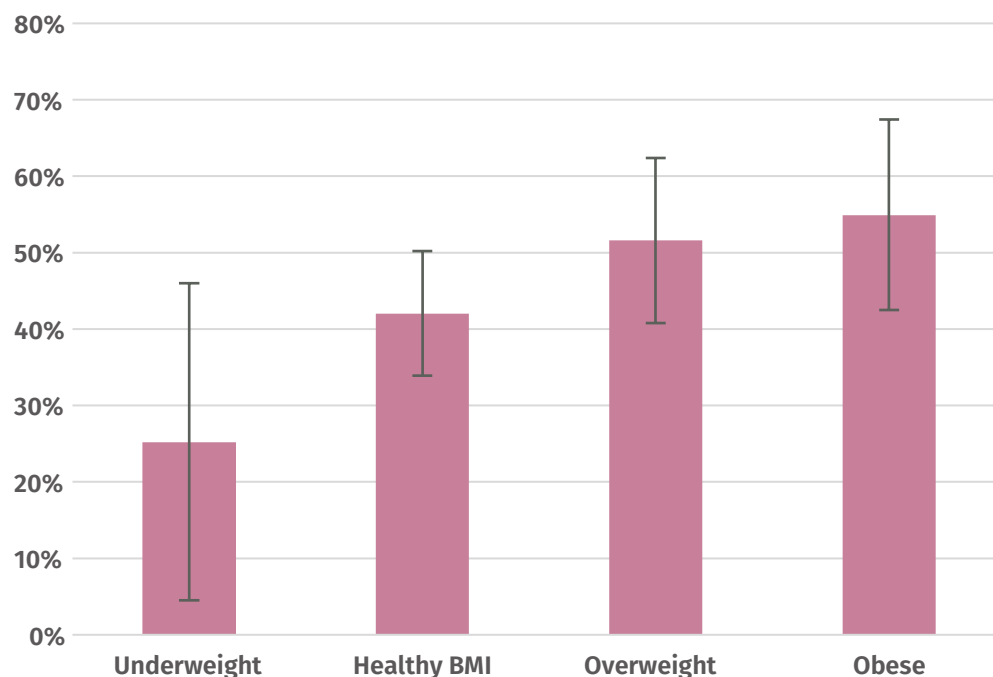
By combining our findings on the prevalence of attending work while sick and its impact on work performance, we conclude that individuals with obesity are more likely to experience negative impacts of working through sickness – as shown in figure 3.2. 55 per cent of people living with obesity find that their health impacts their work compared to 42 per cent of those of a healthy weight.

To demonstrate this disparity in the likelihood using recent obesity data from NHS Digital (2024) - we project that over a four-week period, approximately 2.2 million people with obesity in England find that their health impacts their work, compared to 2.1 million individuals who are not living with obesity or are overweight.

This stark contrast highlights the significant burden of working through ill-health among those living with obesity, who account for 26 per cent of the population, compared to 36 per cent who are not living with obesity or overweight.

FIGURE 3.2: PEOPLE LIVING WITH OBESITY FIND THAT THEIR HEALTH IMPACTS THEIR WORK AT A HIGHER RATE THAN THOSE OF HEALTHY WEIGHT

The estimated likelihood of attending work whilst sick and one’s health impacting their work by BMI with 95 per cent confidence intervals



Source: IPPR analysis of YouGov polling data

In short, we find people with obesity are more likely to attend work whilst sick and are more likely to find that their health impacts their work. This state of affairs that is neither pleasant for the individual, good for business, or helpful for the economy as a whole. We suggest obesity is a sensible priority for policymakers interested in economic, health and wellbeing policy respectively – or the interaction of the three.

4. INSIGHT THREE: PEOPLE'S EMPLOYMENT MAY BE CONTRIBUTING TO ILL-HEALTH

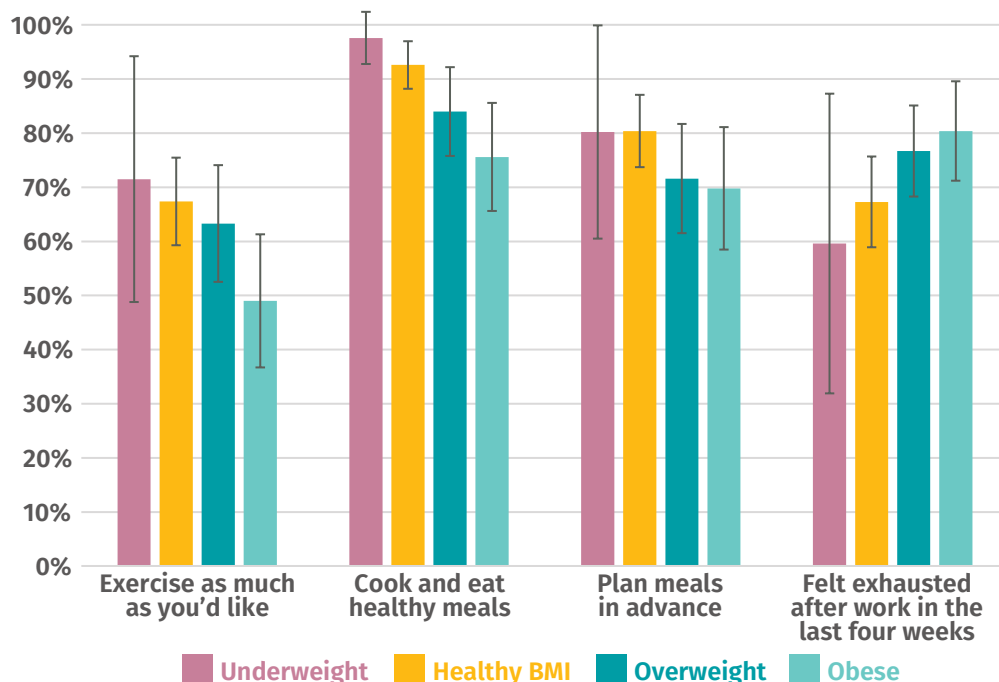
If obesity is causing harm to wellbeing, health and the economy, there is a strong case for greater intervention from policymakers. In contrast to policy that focuses on individual responsibility and ascribes blame, we suggest the focus needs to be on the environmental and socioeconomic factors that cause obesity. And given we have shown business stands to benefit from obesity policy, that should extend to ensuring work and workplaces do not cause obesity and support employees to maintain or regain a healthy weight.

As such, we test the extent to which people's work is affecting their BMI – rather than just how their BMI is affecting their work. We find that people with obesity are more likely than those of a healthy weight to find that their job often leaves them exhausted and not able to improve their health either through food or exercise.

Eight out of 10 people with obesity feel exhausted after work – compared to less than seven in 10 of those with a healthy weight. This is in turn likely to impact what people with obesity feel that they can achieve after work. We find that they are less likely to feel that they have the time to exercise as much as they like, less likely to have the time to cook and eat healthy meals and less likely to plan meals in advance. One factor that may be contributing to this is that people living with obesity are more likely to be living in the most deprived areas (NHS Digital 2023), and may not be able to afford to engage in these types of behaviours.

FIGURE 4.1: PEOPLE LIVING WITH OBESITY ARE LESS LIKELY TO HAVE THE TIME TO ENGAGE IN HEALTHY BEHAVIOURS AFTER WORK

Predicated probabilities and their 95 per cent confidence intervals for feeling exhausted after work in the last four weeks, exercising as much as one would like, cooking healthy meals and planning meals in advance



Source: IPPR analysis of YouGov polling data

5. INSIGHT FOUR: THE PUBLIC SUPPORT INTERVENTIONS TO IMPROVE PEOPLE'S HEALTH

In recent years, there have been notable disparities between business leaders, the public, and the media regarding policies aimed at addressing potentially unhealthy aspects of our society, such as smoking, drinking, gambling, and obesity (Bhattacharya and Chami 2023).

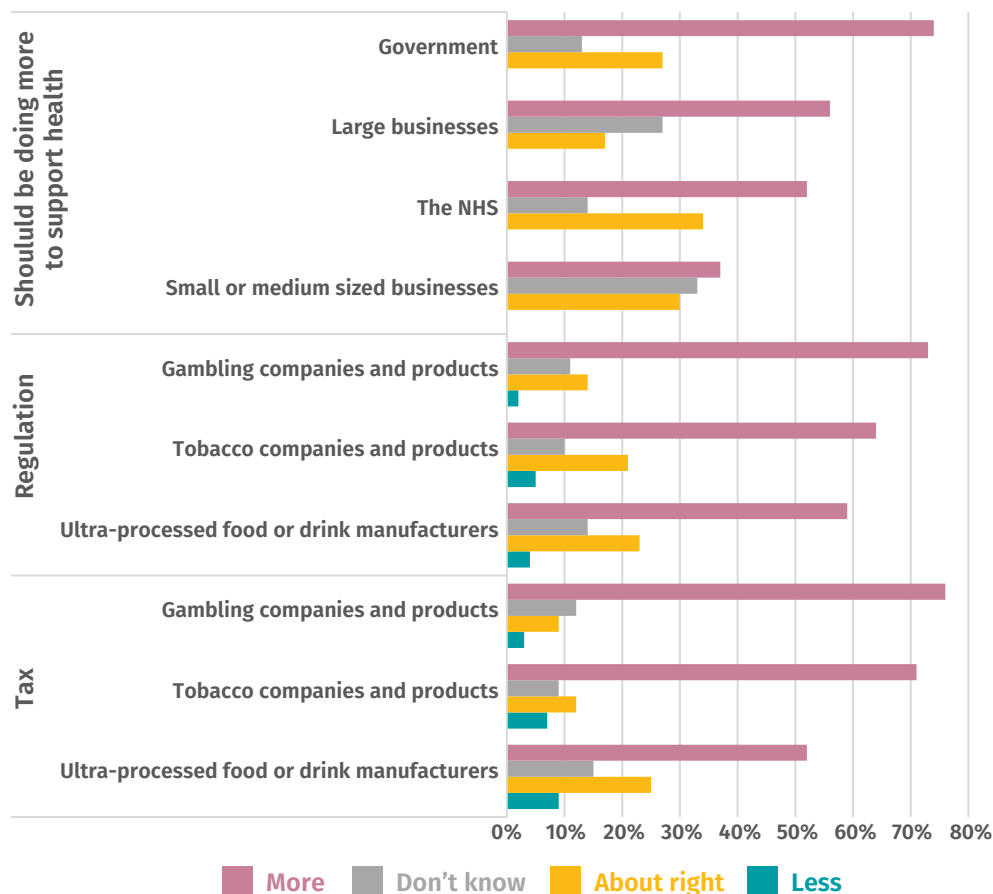
Despite growing concerns, there appears to be a reluctance among politicians to intervene more decisively in this space. This hesitance is particularly evident in obesity policy, where the predominant approach has been to rely on individual behaviour change rather than shaping the broader environment. This approach has yielded limited results over the past three decades (Theis and White 2021).

Our polling underscores a clear sentiment among the public: more than three in four individuals feel that the government should be doing more to support health. The continuation of the strategy of putting greater onus on the individuals is seemingly not a popular choice. There is a significant public appetite for more assertive

interventionist measures. Importantly, these policies have the potential to yield substantial impact and even generate additional revenues (Bhattacharya 2023).

FIGURE 5.1: PEOPLE THINK THE GOVERNMENT SHOULD BE DOING MORE AND SUPPORT GREATER REGULATION AND TAXATION

Proportion of people supporting higher or greater regulation and taxation



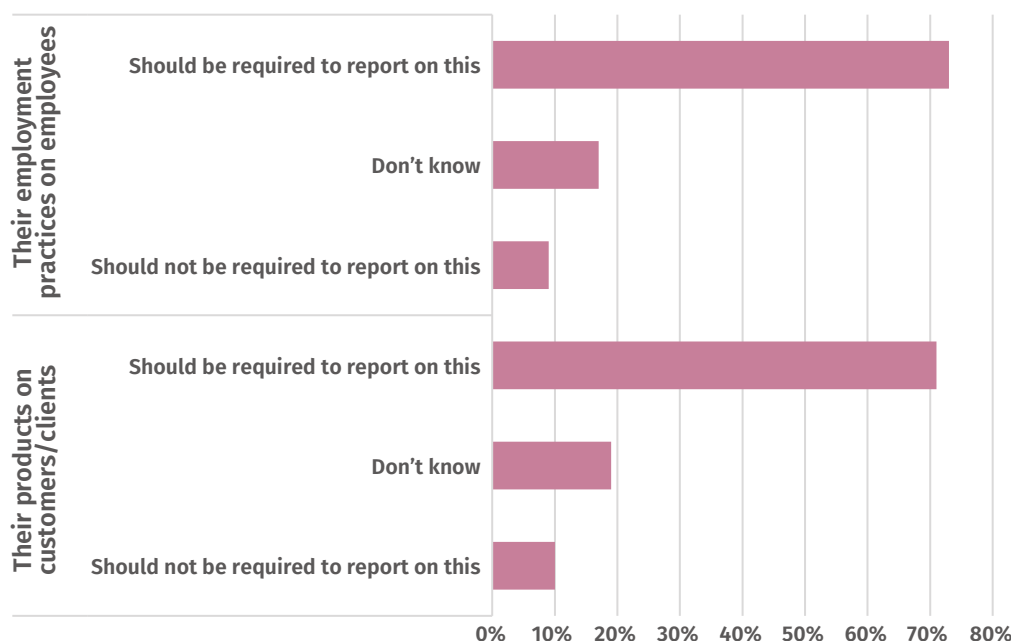
Source: IPPR analysis of YouGov polling data

When we examine the specific interventions desired by the public, we uncover substantial support for regulation, taxation, and reporting measures. More than seven in 10 individuals support increased taxation for tobacco and gambling, with around half supporting similar measures for ultra-processed foods. Additionally, nearly six in 10 respondents endorse greater regulation of ultra-processed foods, with over six in 10 supporting similar measures for tobacco and over seven in 10 for gambling. This widespread support shows a significant demand for more interventionist policies.

Furthermore, our research reveals significant support for firms being mandated to engage in more public reporting. Over seven in 10 individuals believe that companies should be required to disclose not only their employment practices but also details about the products they are selling. This underscores the public's expectation for greater transparency and accountability from businesses more generally, including those in the food and drink industry.

FIGURE 5.2: THERE IS SIGNIFICANT SUPPORT FOR PUBLIC REPORTING OF EMPLOYMENT PRACTICES AND PRODUCTS

Proportion of people that feel that firms should be reporting on their employment practices and their products



Source: IPPR analysis of YouGov polling data

6. POLICY RECOMMENDATIONS: A WHOLE SOCIETY APPROACH

Drawing from previous IPPR research, our core policy recommendation is based on developing a whole society approach. We define this as making obesity (and health more widely) everyone’s business, in place of a focus on individual responsibility. National and local government, businesses, civil society, investors and public services should pull all the levers available to them to tackle the environmental and socioeconomic causes of obesity.

Reducing obesity rates means fixing our food system. The food industry is still struggling to be encouraging of good health. Families on the lowest incomes would have to spend half of their disposable income to adhere to government-recommended healthy diets (Goudie 2023). Children from disadvantaged backgrounds are disproportionately affected by obesity, with rates more than doubling compared to their more privileged peers before even starting school (Fitzsimons and Bann 2020). This disparity is exacerbated by the widespread availability and affordability of unhealthy food options within the current system.

We need to make the food we have access to healthier. Therefore, we need to incentivise greater emphasis on reformulation across the whole food industry.

The sugary drink levy is a good example of what can be achieved: total sugar sold in soft drinks fell by 35 per cent from 2015 to 2019 (Tedstone 2019), it led to reductions in childhood obesity (Rogers et al 2023) and ultimately businesses were not harmed (Law et al 2020). It is a policy that has significant public support (Pell 2019) and aligns with our findings from insight 4, which showed that people want to see the government doing more to support health.

FIGURE 6.1: WE NEED TO SEE A WHOLE SOCIETY APPROACH TO TACKLE OBESITY AND ITS CAUSES

Examples of actors and levers that can be used to tackle obesity and its causes



Source: Author's analysis

Evidence from the current levy indicates that the most deprived groups experienced the most significant decline in obesity rates (Rogers et al 2023), suggesting that policies can be designed to address health disparities without disproportionately burdening economically disadvantaged populations. It also spurred innovation in the industry (Dickson et al 2021), and notably, not adversely affected businesses (Law et al 2020). As such, the expansion of the levy to other foods will likely lead to further gains with limited costs.

The food industry will play a significant role in ensuring that we become a healthier nation – though we still need a wider societal approach to maximise the gains. This includes the NHS, local government, schools, employers and investors – examples of policies across these actors which will help to ensure obesity is less prevalent in the future can be found in figure 5.1.

Government procurement can have an important role in driving change. One example of this could be seen in schools, where the food currently provided is not conducive to good health as nearly two-thirds of it is ultra-processed (Parnham et al 2023).

The government has the ability to really drive providers to offer healthier food – they can do this by strengthening regulations on food quality and ensure that all schools are subject to them. Further to this we want to see universal provision of free school meals.

There are several exciting clinical trials and medicines that could also be used in tandem with other policy changes. It is important that people who could benefit from novel obesity treatments have access. However, it is equally important that treatment is not our only option: expanding cure, without tackling the causes of why obesity rates have risen so sharply in just a few decades, is likely to be the most expensive available option.

In insight 3, we demonstrated how people’s work can contribute to their risk of obesity. We need to see changes in employment cultures that ensure that work is good for our health – this includes increasing flexible working, ensuring a good work life balance, fair and decent pay and conditions and access to affordable and healthy food at work.

Lastly – we need to ensure that we are supporting and investing in healthy industries and products. The current food system is presently very opaque. Only a handful of major retailers, caterers, or restaurant chains provide public reports on sales of healthy foods, fruits, vegetables, and animal vs plant-based proteins (Goudie 2023).

Access to comprehensive data would not only help investors to make healthier investments but also allow for better monitoring of the industry and enable policymakers to assess the effectiveness of interventions, as well as to establish benchmarks to determine progress. As found in insight 4, there is substantial support for greater transparency and reporting across all businesses.

7. CONCLUSION

This report highlights the multifaceted challenges posed by obesity, impacting both individuals and the broader economy and society. Our analysis reveals that obesity not only affects the health and wellbeing of individuals but also has substantial implications for workforce size and productivity, suggesting that previous economic estimation of the cost of obesity may have underestimated its true cost.

Moreover, our findings indicate that current working conditions may exacerbate the prevalence of obesity, as individuals struggle to prioritize their health amid demanding schedules and limited resources for healthy lifestyle choices.

Importantly, our polling data demonstrates strong public support for more interventionist policies, including greater regulation, taxation, and reporting, in potentially health harming industries that have a significant impact on public health. This presents an opportunity for more ambitious policymaking aimed at achieving substantial health improvements.

However, addressing obesity requires a comprehensive societal approach beyond targeting specific industries. There is a clear mandate from the public for the government to play a more active role in supporting health, and achieving a healthier nation requires collaboration among various stakeholders, including employers, government at both local and national levels, educational institutions, the healthcare system, and investors.

By working together, we can strive towards improving the nation’s health and wellbeing, ensuring a healthier future for all.

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