



Employer Attitudes Toward Obesity Benefits Coverage



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INTRODUCTION

Obesity prevalence in the U.S. has increased over the past two decades. The misconception that obesity is the result of a lack of willpower and poor lifestyle choices rather than a condition driven by **complex biological processes** may explain why treatment and the coverage of treatments have been overlooked.

We are interested in the intersection of **insurance coverage decisions** and **obesity stigma** in employers. Weight bias literature finds that providing information about the **uncontrollable causes** of obesity improves attitudes toward individuals with obesity. In this study, we explore the potential impact of informing employers about the **biological causes** or **financial implications** of obesity.

METHODS

Employers were randomized to one of three conditions:



Survey 1:
Obesity Prevalence



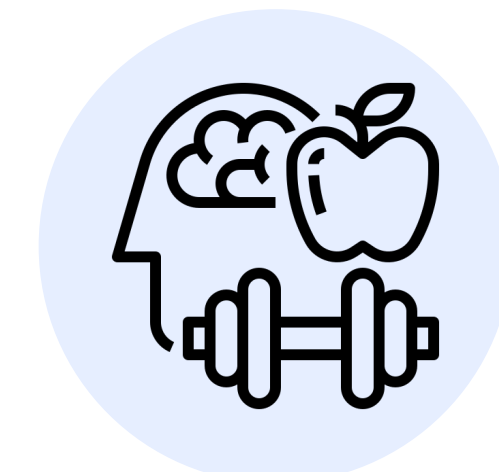
Survey 2:
Obesity Prevalence + Financial Implications of Obesity



Survey 3:
Obesity Prevalence + Physiology of Obesity

HYPOTHESIS

Participants were asked to what extent they believe their organizations should cover the following obesity treatments:



Behavioral Therapy



Anti-Obesity Medications

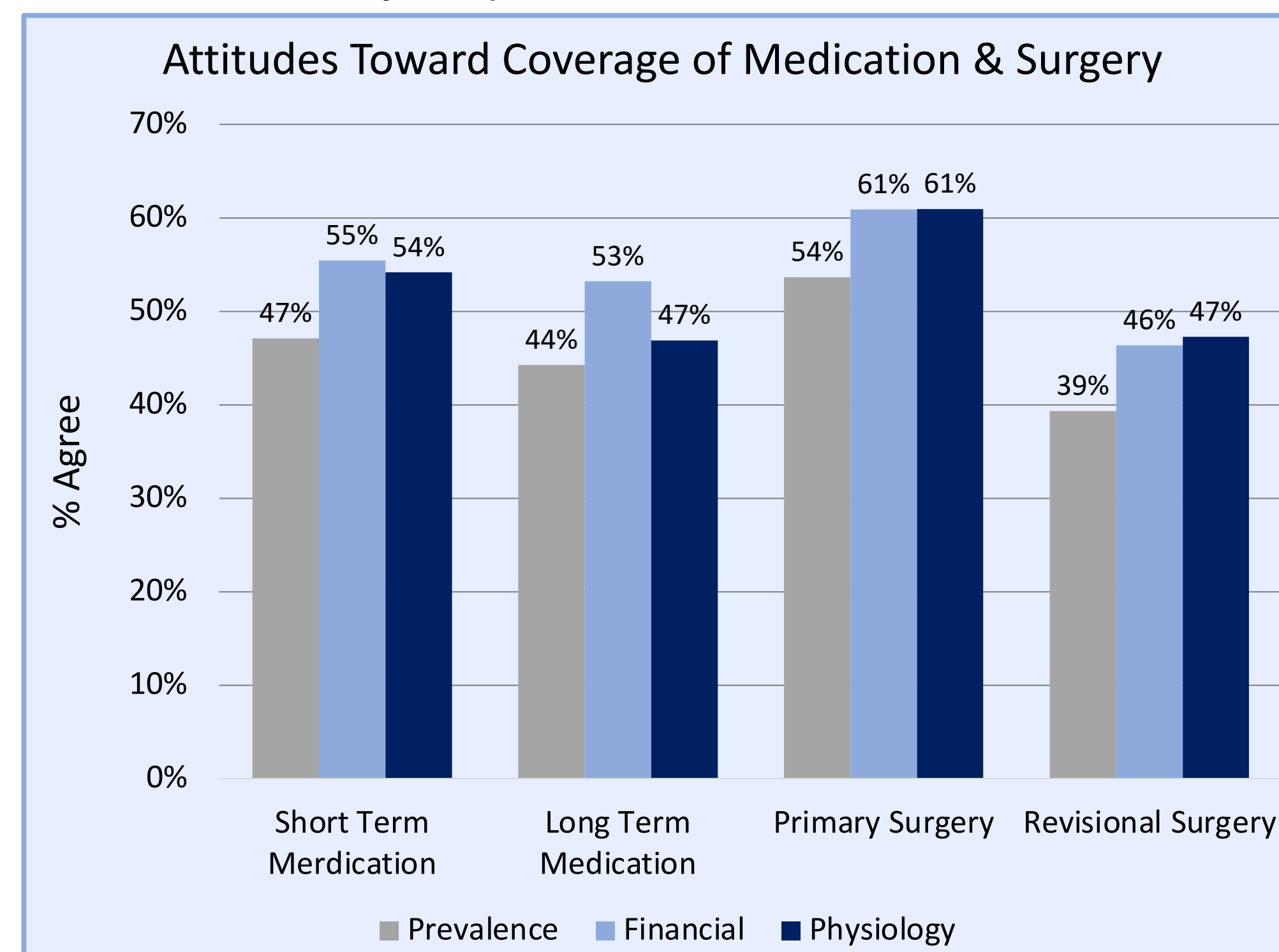


Bariatric Surgery

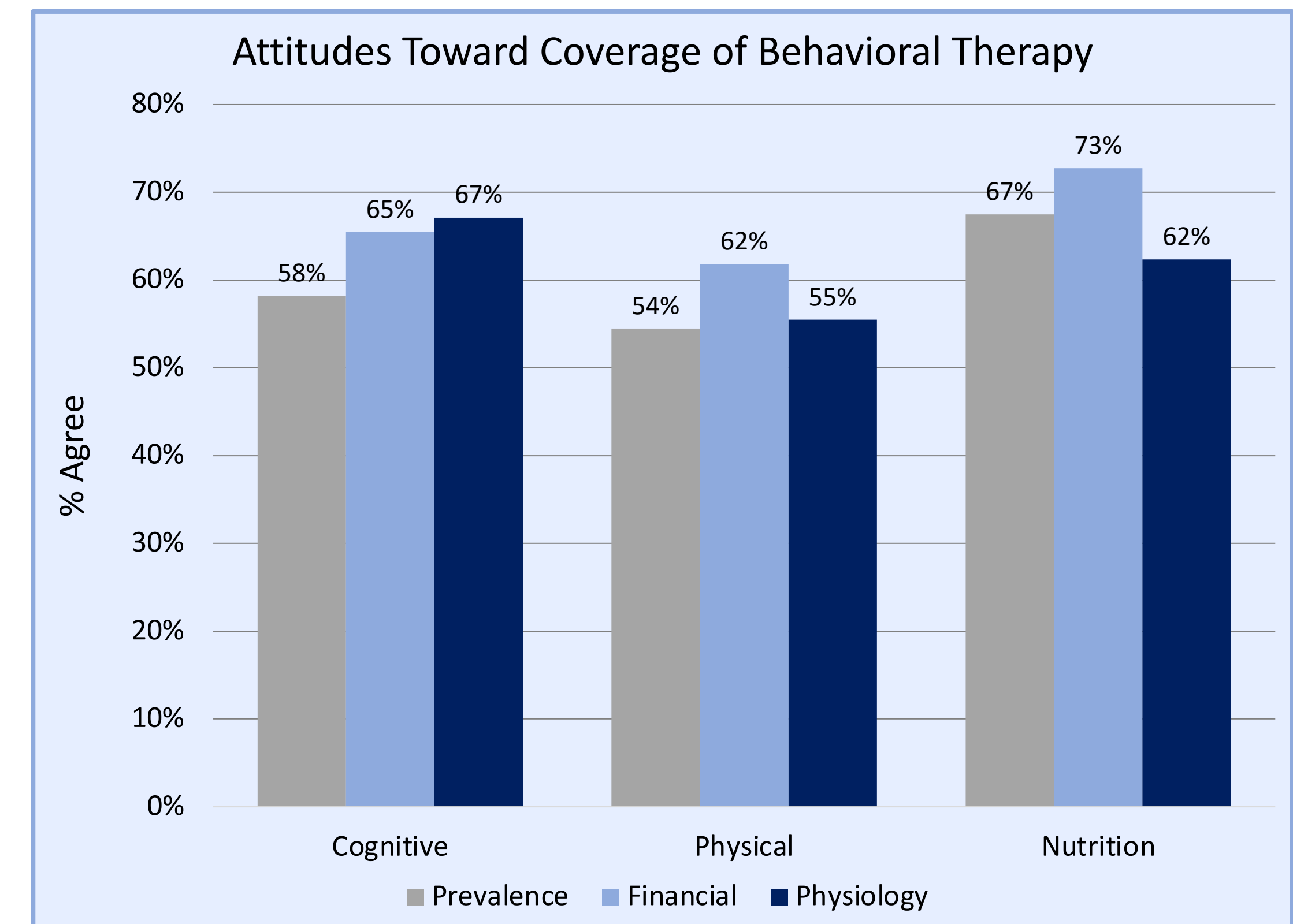
We hypothesized that employers would be more likely to support covering **behavioral therapy, anti-obesity medications, and bariatric surgery** when presented information on **financial implications** and **physiology of obesity** than **obesity prevalence** alone.

RESULTS

Total # of survey responses: **385**



Five-point end-anchored Likert scales assessed agreement, in which 1 meant "do not agree at all" and 5 meant "completely agree." Responses of 4 or 5 were coded as "agree" and are reported as such.



SUMMARY

The preliminary suggest that employers are more likely to support coverage of all treatments when presented information on financial implications and physiology of obesity than prevalence alone. One interesting result is that employers were less likely to support a nutrition component of behavioral therapy when presented information on physiology of obesity than prevalence alone; included in the brief passage participants were shown, the text defined "obesity as a chronic disease with many causes **beyond an individual's control.**" Although we have yet to finish collecting responses, these preliminary results are promising.

ACKNOWLEDGEMENTS

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