



Tipping the Scales on Weight Control:

New Strategies for Employers

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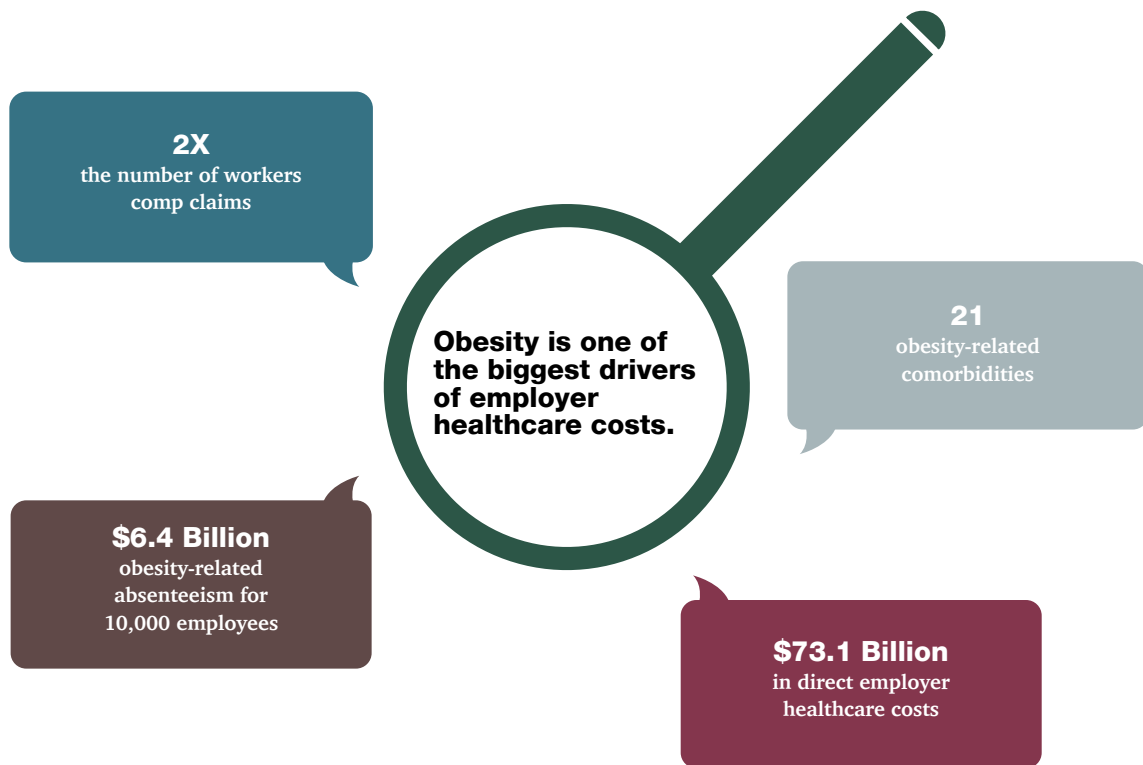
NEBGH's employer members report that weight control is a significant concern, and most rank it within the top three conditions that need to be addressed through workplace wellness or disease management programs. As new data emerges on linkages between obesity and high cost diseases such as cancer, employers face increasing pressures to implement successful weight control interventions.

Background

In 2014, NEBGH's Solutions Center completed a focused exploration to better understand employers' views about the urgency of addressing weight control issues in the workplace, and the extent to which current weight management programs are succeeding or failing, and why. A Solutions Center report released in October 2014, *Weight Control and Employees: One Size Doesn't Fit All*, highlighted employer frustrations about the ineffectiveness of their current weight control programs. NEBGH's report pointed to continued reliance by employers on traditional "one size fits all" strategies, regardless of the severity and longevity of overweight issues. These strategies included nutritional education, onsite healthy eating, subsidized gym memberships and exercise competitions, most without customization. Obstacles to success cited by employers included lack of employee engagement often fueled by stigma and embarrassment, the cost of implementing new programs coupled with uncertainty about ROI, and overall doubts about the effectiveness of a whole range of interventions. Moreover, many employers do not know how to effectively use their data to stratify populations and appropriately match interventions for specific subgroups.

Key Concern: Why Don't Employees Engage?

- Denial, stigma and general avoidance of the issue
- Questions about trust, privacy and confidentiality
- Budget constraints limiting program scope
- Inadequate communications and internal marketing
- Insufficient customization of programming to meet employees' personalized needs
- Low engagement among families and communities outside of the employer's "four walls"
- Mixed messages – failure of senior management to lead by example



Source:

Finkelstein, E. A., Dibonaventura, M. D., Burgess, S. M., & Hale, B. C. (2010). The Costs of Obesity in the Workplace. *Journal of Occupational and Environmental Medicine*, 52(10), 971-976.

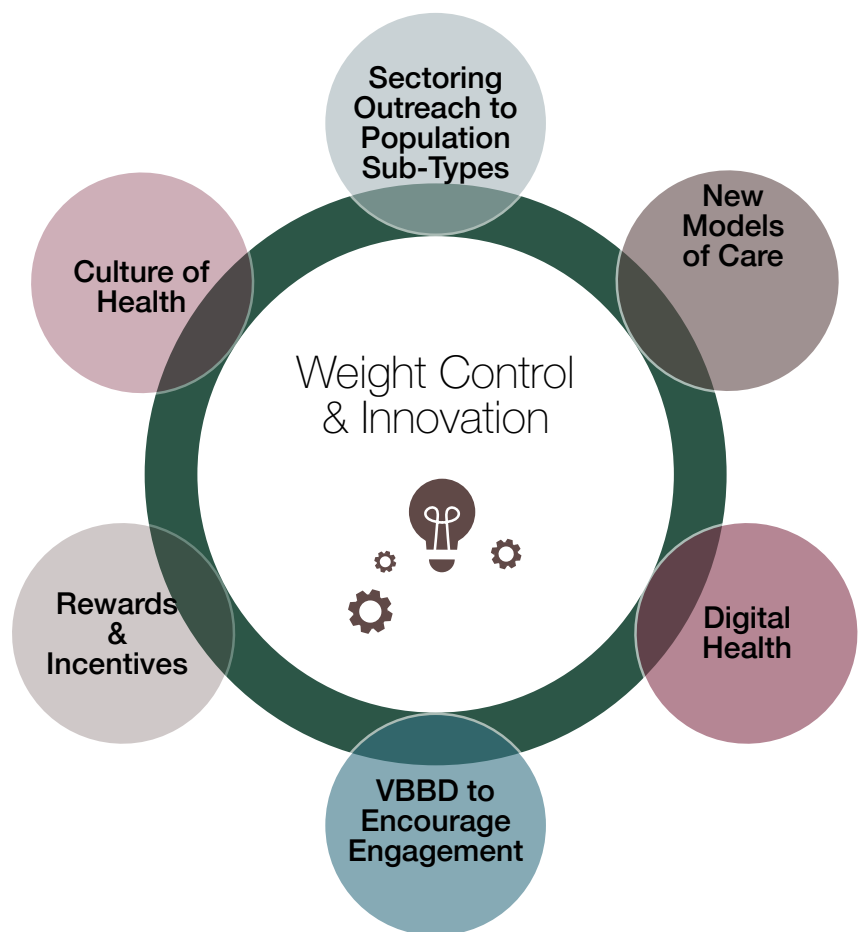
Li, Q., Blume, S. W., Huang, J. C., Hammer, M., & Ganz, M. L. (2015). Prevalence and healthcare costs of obesity-related comorbidities: Evidence from an electronic medical records system in the United States. *Journal of Medical Economics*, 18(12), 1020-1028.

What Really Works?

Not surprisingly, there is general consensus about lack of employee engagement as a key obstacle in making progress in the workplace fight against weight gain and obesity.

Building on this earlier work, NEBGH launched a new initiative in late 2015 to more thoroughly investigate innovative approaches to weight control that benefits professionals could readily execute and measure. NEBGH staff sought to undertake a review of current innovative initiatives and those on the horizon by reviewing case studies and interviewing a series of employers, practitioners, benefits consultants and key opinion leaders. Not surprisingly, there is general consensus about lack of employee engagement as a key obstacle in making progress in the workplace fight against weight gain and obesity.

Critical considerations for increasing engagement include greater personalization to capture and respond to individualized clinical factors such as BMI and blood sugar, attention to behavioral factors like attitudes and beliefs, and establishing relationships that could serve as in-person or digital support networks. Using behavioral economics lessons to understand the roles that intellect and emotion play in behavior change is similarly important in designing rewards and incentives. And from a clinical perspective, as the healthcare delivery system moves toward person-centered care that emphasizes value rather than volume, it is increasingly important to figure out how to integrate weight control interventions into advanced primary care, onsite and near-site clinics and Centers of Excellence, and also how to incentivize care quality and performance via value-based payment strategies. There is a need for more data and greater understanding of more intensive weight control interventions such as medically-supervised weight loss, pharmacotherapy and bariatric surgery, so employers can expand access and communication about these interventions.



NEBGH convened a January 2016 workshop focused on workplace weight control issues that included more than 40 benefits and wellness professionals from large national and global, predominantly self-insured, employers from a variety of industries including finance, media and healthcare.

Employer Experiences:

During NEBGH's January 2016 workshop, presentations were conducted by fellow employers as well as experts in the field to help guide employers in implementing programs for their own employee populations based on critical success factors.

**Montefiore Medical
Center**

Aetna

**PSEG (Public Service
Enterprise Group)**

Montefiore Medical Center

The problem:

For health systems, overweight and obesity among employees can impact patient safety in addition to taking a toll on employee health and productivity. Montefiore Health System, the leading healthcare provider in the Bronx, wanted to do something to improve the health of overweight employees that would really make a difference.

The intervention(s):

Montefiore Health System addresses rates of overweight and obesity in its employee population through Associate Wellness in the Office of Community & Population Health. The core strategy at Montefiore is providing outreach, nutrition groups, counseling, skill building and healthy food environments for employees. Since 2012, more than 800 employees have seen a Registered Dietitian (RD) through Associate Wellness, part of the larger To Your Health! wellness initiative. In addition to individual appointments, an RD leads monthly and weekly group classes where employees learn about behavioral drivers of overeating and skills that promote a healthy lifestyle. In the recent cycle of a Montefiore 6-week program, average weight loss among participants was 2.6 pounds. As an accompaniment to its in-house programs, Montefiore also provides access to a wellness portal and other group-based lifestyle weight loss programs including Weight Watchers, Weight Watchers for Diabetes and the YMCA Diabetes Prevention Program (YDPP), which is provided onsite. Sixty percent of participants in a recent YDPP class lost more than 5% of their original body weight. The cost of these programs is either fully subsidized or subsidized up to 75%, and Montefiore is working to increase participation which varies by campus.

Montefiore has implemented workplace environment changes by introducing “tasting tables” at which all employees can taste and learn about healthy alternatives. And as a system-wide policy, Montefiore is part of the New York City Healthy Hospital Food Initiative, a voluntary effort led by the New York City Health Department to create a healthier food environment at hospitals. Healthy food options are always promoted through placement and marketing, and sugary drinks and candy have been removed from campuses.

Barriers:

With more than 28,000 employees, multiple locations and communication guidelines that limit outreach and promotion, continual awareness and high-touch engagement are challenges.

Success factors:

- **Convenience and Cost:** As a health provider, Montefiore is able to leverage its expertise in delivering comprehensive care to patients by providing many of those same services to associates. The fact that the services are onsite, and that most are free or highly subsidized even if they are delivered by an external partner, make services easier to access.
- **Highly Personalized:** One-on-one dietitian coaching is highly personalized and small group programs are tailored to the needs and goals of participants.
- **Engagement:** Montefiore’s marketing language and tools are strategic and targeted, utilizing multiple institution-wide modalities as well as campus-specific communication.
- **Social Support:** Ongoing dietitian coaching groups provide structure and a supportive peer environment.
- **“Normalized” Healthy Eating:** Montefiore has adopted a portion controlled, whole food, 100% whole grain standard for all food items prepared for patients. The same standard applies in cafeterias and other retail locations for visitors and associates, and within its internal catering services. By promoting healthier food options, Montefiore establishes healthy eating as the norm instead of stigmatizing unhealthy behaviors.

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The problem:

Metabolic syndrome (MetS) is a cluster of conditions associated with overweight that includes high blood pressure, high blood sugar, excess body fat around the waist and abnormal cholesterol. Employees with MetS have higher risk for heart disease, stroke and diabetes, and typically have lower workplace productivity and 1.6 times higher annual health costs. Waist circumference is the greatest risk factor for MetS.

The intervention:

Commercial insurance carrier Aetna partnered with Canadian-based vendor Newtopia to develop a virtual coaching intervention for MetS. Newtopia provides employees with personal coaches through an online portal, mobile apps, phone, video chat, etc. Unique from other virtual coaching programs, Newtopia includes a voluntary genetic saliva screening kit to test for three genetic markers of obesity. Genetic results, in addition to an online personality assessment, introduce a personalized nutrition and activity plan, and coaching specific to each user's profile.

Aetna piloted the program with 445 participants. More than 50% of the participants who initially enrolled in the program sustained engagement for an entire year. Three quarters of participants lost weight at an average of 10 pounds after one year, with improvement of triglycerides and HDLs. In addition to weight loss, Aetna employees who participated in the program generated savings of \$122 per participant per month in healthcare costs, compared to the control group.

Barriers:

Due to budget resource constraints, Aetna could not offer the program to all eligible employees.

Success factors:

- **Genetic Testing:** The inclusion of genetic markers shifts some burden from an individual's lifestyle behaviors ("blame"), potentially increasing readiness for change and engagement.
- **Highly Personalized:** Each participant's genetic and personality profile generates a program and a coach.
- **Company Culture:** Aetna employees are accustomed to sharing health data and behaviors. There is trust between the employer and employee.

Genetic Testing: The inclusion of genetic markers shifts some burden from an individual's lifestyle behaviors ('blame'), potentially increasing readiness to change and engagement.

The problem:

In some industries, overweight and obesity more obviously affect a company's operations and bottom line. In 2014, PSEG, a New Jersey-based utility company, created a well-being steering committee to understand the total burden of overweight and obesity from different business disciplines. In a utility company, certain workers must pass standard physical assessments for recertification of their commercial driver's license (CDL) and respirator fit testing. PSEG's employees have an average age of 48, are 85% male, 73% overweight or obese, and work in a highly technical environment. Data from the steering committee revealed that employees with higher BMIs were 30% more likely to have safety issues and 47% more likely to file a workers compensation claim. The steering committee chose to focus on weight as a way to better control health related costs and improve overall employee well-being.

The intervention:

PSEG partnered with Retrofit to provide targeted weight management coaching to employees. Retrofit coaches were set up to educate and enroll eligible employees during the standard annual physicals for safety regulations required of utility workers.

Eligibility for the Retrofit program required employees to have a BMI of 30 or above and commit to at least one year of the program. The first six months focuses on weight loss and the second six months on habit formation. Participants have a coach with whom they meet one on one, either in person or via video, according to their preference. Participants also received an activity tracker and wireless scale. One hundred and twelve employees enrolled from eight different sites and 92 have sustained participation; after just four months, 89% of the group lost weight. Since enrollment began in September 2015, a total of over 800 pounds has been lost collectively. Five employees moved out of the morbidly obese category into a lower risk group.

Full launch strategy:

High touch, personalized and convenient, Retrofit was very effective in engaging high-risk employees, but PSEG was concerned about whether Retrofit would be as successful in engaging the total population. It could prove costly, given that the employee population is 73% overweight. In order to scale the pilot, PSEG decided to target the most at-risk employees with a BMI of 35 or greater during the first year of a three year contract. As the program rolls out there will be opportunities to modify program requirements to help meet strategic program goals.

Success factors:

- **Business Case:** PSEG used its data to demonstrate need and identify a strong enough business case to obtain executive leadership, management and union buy-in.
- **Motivated Employees:** It is clear to employees, as well as to PSEG, that overweight can be a barrier to overall job performance and safety. That recognition is likely to increase motivation and sustain engagement.
- **Tracking of Results:** Each employee in the pilot received a Fitbit, wireless scale and either virtual or in-person coaching. Employees weighed in an average of 2.7 times per week, and averaged 5,000 steps per day.

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Key characteristics
of weight control
interventions leading to
successful employer
experiences:

- **Data Driven:** Understanding an employee populations' prevalence and risk for overweight and obesity can help employers develop a business case often necessary to receive funding and approval for obesity and weight control programs.
- **Inclusive:** The greatest potential savings comes from preventing people from moving up a BMI risk category. Many weight control interventions for managing overweight are also appropriate for reducing risk and maintaining a healthy weight. Ensure that basic interventions like healthy eating options are available to all employees, in addition to targeting sub-groups with additional interventions.
- **Convenient:** Employees are more likely to engage when programs have few barriers to enrollment and participation. Provide employees access to programs where they are: at work, in their community or remotely through mobile health apps.
- **Personalized:** Personalize employee experiences when possible through targeted communication campaigns for specific programs or work with implementing partners who can curate personalized interventions, such as one-on-one health coaching or personal data and goals tracking.

Expert Perspectives

Arnie Joseph

CEO of Chroma Health Solutions and Co-Chairman of the Communications Subcommittee at the U.S. Department of Health and Human Services:

- Before launching a wellness or weight loss intervention, it is important to understand your target audience's beliefs and behaviors towards health. Conducting ethnographic research is an effective strategy to gain understanding.
- Research demonstrates that the interventions that are the most successful tend to be those that take the target audience's socio-cultural beliefs and behaviors towards health into account. Analyses also demonstrate that ineffective interventions tend to reflect the culture of the intervention's sponsor more than that of the target audience.

Gary Foster, Ph.D.

Chief Scientific Officer of Weight Watchers:

- Overweight and obesity is over-psychologized. The often prevailing assumption of overeating linked to underlying behavioral issues is questionable. Emotional issues, such as anxiety and depression, have been successfully addressed with no impact on overeating and weight gain.
- Overeating is more often a response to external stimuli and developed habits (such as eating while watching television) than it is emotional in nature. Boredom, procrastination and lack of fulfillment are more often the culprits.
- To be successful, weight control interventions should emphasize teaching people skills that enable them to change their reactions to stimuli and find fulfillment in other ways.

Shawna Dodds

VP Product Development, Cigna:

- Employers know a “one-size fits all” approach for program offerings is ineffective, and the same is true of communications designed to foster engagement.
- To engage members, Cigna is applying marketing and retail principles to target individuals based on persona profiles pulled from available data.
- Employers would benefit from working with their health plans to use data to target employees with tailored communications strategies and program offerings. Demographic data, claims data and past program engagement data should be studied.

NEBGH asked three experts – each representing different types of organizations that offer weight control interventions to employers – to discuss the difficulty of achieving sustained employee engagement.

Employers would benefit from working with their health plans to use data to target employees with tailored communications strategies and program offerings.

A Medical Opinion

Louis J. Aronne, M.D.

Director of the Comprehensive Weight Control Center, Weill-Cornell Medicine

In 2013, the American Medical Association officially recognized obesity as a disease, officially shifting the status of obesity from that of a “lifestyle” problem, to a medical condition. Dr. Lou Aronne shared the results of his research and work with patients.

- Once BMI reaches a certain point, a person’s physiology – the hypothalamus, in particular – is damaged, making it easier to gain weight – and harder to lose weight – from that point forward. Many other factors contribute to weight gain including sleep deprivation, many medications including antihistamines and sleep aids that contain them, some diabetes medications such as sulfonylureas and insulin, blood pressure medications such as beta blockers, and medicines for depression and mood.
- People with BMIs in the 25 – 30 range should be targeted with a full range of interventions to avoid further weight gain and additional hypothalamic injury.
- Lack of coverage for treatments for weight loss – including medical visits for overweight treatment, behavioral health intervention, anti-obesity medications and bariatric surgery – is the single biggest obstacle to dealing effectively with overweight and obesity at the employer level. Reimbursement for anti-obesity medications differs from that for diabetes medications, but it should not. As stated by Dr. Aronne, “The quickest way to get a claim rejected is to code for obesity.”
- Primary care physicians have not been trained to treat overweight and obesity effectively. Overweight and obesity data should be included in quality metrics to measure population health for primary care patient populations.
- Employers can play an important role by changing their messaging, increasing access to treatments via benefit design, and exerting their leverage with the delivery system to align with evidence that obesity needs to be treated as a medical disorder.
- Understanding and effectively communicating the physiological basis of weight gain and the damage excess weight causes will increase the chances of effectively addressing it, and also help in reducing the stigma associated with it.

Key recommendations
from weight control
program experts:

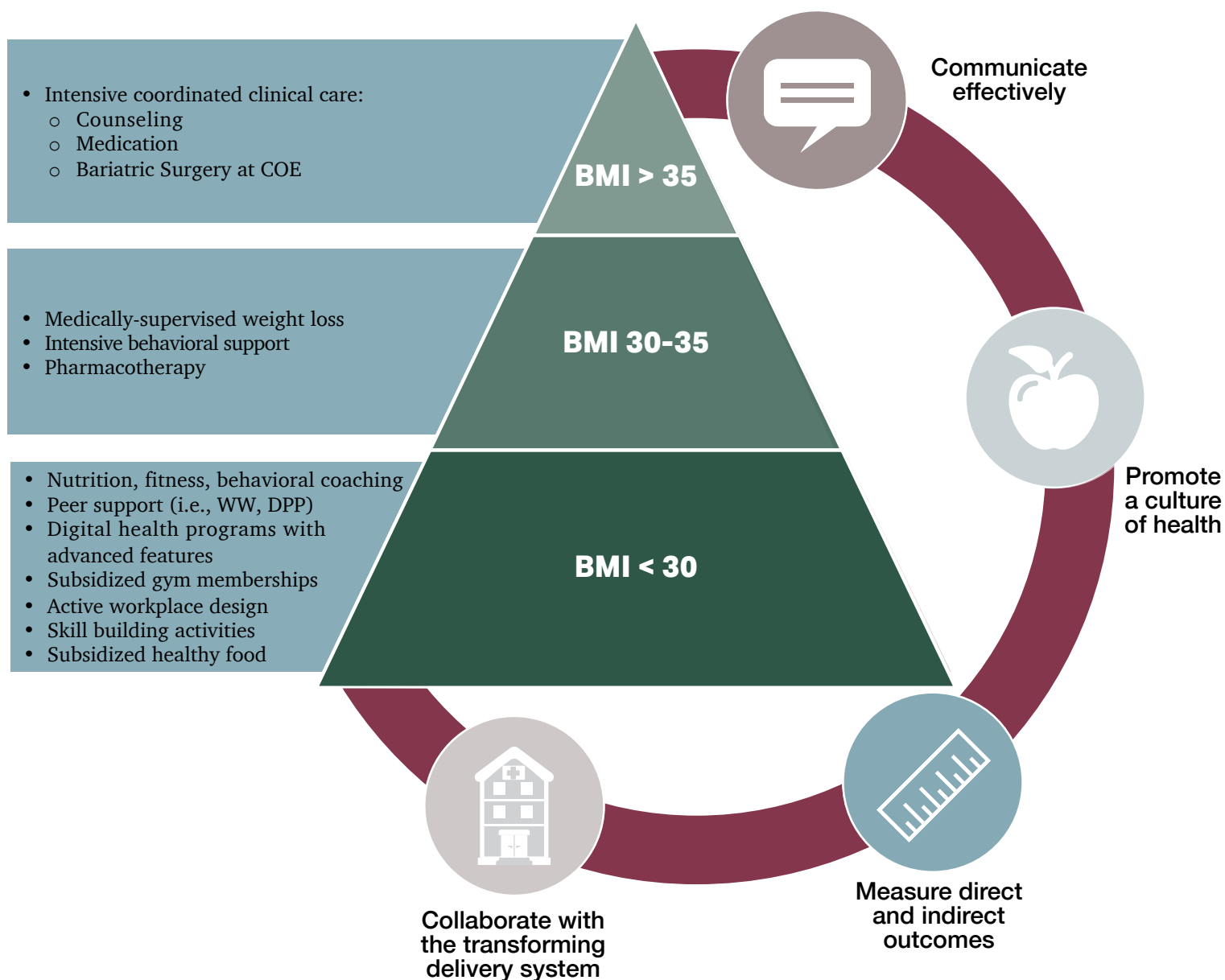
- Target and personalize messaging using available data.
- Provide programs and messaging that take into consideration a specific population's cultural norms.
- Teach skills to overcome internal and external cues that lead to overeating.
- Consider access to medically-supervised weight loss for appropriate population segments.
- Don't wait – design interventions for employees with emerging weight issues to avoid bigger problems in the future.

NEBGH's Weight Control Pyramid: A Framework for Employers

When it comes to weight control interventions, one size truly does not fit all. Segmenting employee populations according to Body Mass Index (BMI) can help employers evaluate programs and benefits most appropriate for targeted sub-sets. Employers would benefit from using their data to drive specific interventions, and in turn, collecting more data on the impact of those interventions could support the business case for additional and/or broader application of programs that work. Providing easy access to a solid base of nutrition, fitness and skill-building activities will support all employees, including those with BMIs below 30. The stigma of participating in these activities is reduced by virtue of their inclusiveness. Sub-sets higher in the pyramid may need to be targeted with more intensive interventions. Changes in the healthcare delivery system, along with increasing recognition of overweight as a medical issue, will help provide greater access to the interventions for employees who really need them.

Weight Control

Framework for Employers: Benefits and Programs



Tipping the Scales: Observations

Overweight and obesity comprise an epidemic nationwide, and it's no surprise that employers struggle to find and effectively implement solutions to the problem within their own populations. Because there are so many factors at play – physiologic, behavioral, emotional, environmental and cultural – there are no easy answers. Some employers experience success with targeted, personalized pilots, and these experiences may lead to programs that can be applied more broadly. For example, the introduction of a wide array of new digital tools and social platforms has led to virtual coaching programs and innovative weight management-oriented networks that can be effective. The advent of onsite and near site clinics, as well as telehealth, opens the door to more convenient employer-driven medically-supervised weight loss programs.

A transforming healthcare delivery system, with advanced primary care at its foundation, may help ensure that BMI is considered central to a person's overall health. Primary care clinicians should be trained to identify those at risk for obesity, as well as obesity-related comorbidities. Clinicians should also have access to a range of weight management referrals and resources so appropriate treatment based on BMI can be recommended. And as new value-based and accountable payment models emerge, BMI screening and follow-up should be among core measures determining shared savings and risk-based payments for providers. It may also be that new research into the physiology of weight gain and weight loss will uncover new interventions.

Meanwhile, the sharing of employer experiences with weight control interventions is a critical part of finding “what really works” when it comes to workplace weight control programs. NEBGH will continue to facilitate these discussions and educate our members as new developments emerge.

Trends employers
should keep an eye on:

- There is growing prevalence of person-centered care models using value-based payments geared to weight control metrics.
- Rewards and incentives for weight control are being integrated with benefit design as part of consumer-directed health plans.
- There is an explosion of digital tools for weight control that employers can provide access to.
- There is an increased understanding of emotional factors and behavioral cues that need to be addressed as part of weight control efforts.
- Onsite and near-site clinics can promote medically-supervised weight loss and an overall culture of health.

About NEBGH

Northeast Business Group on Health (NEBGH) is an employer-led coalition of healthcare leaders and other stakeholders that empowers its members to drive excellence in health and achieve the highest value in healthcare delivery and the consumer experience.

About NEBGH's Solutions Center

The Solutions Center is NEBGH's unique data-gathering and discovery platform for developing initiatives that can “move the needle” when it comes to critical healthcare issues. Focused on employers as a catalyst for change, the Solutions Center's mission is to identify the most promising, innovative opportunities for improving health outcomes, and create a framework with the potential for transforming results and changing the national dialogue.

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The authors are solely responsible for the conduct, research, analyses, and content of the manuscript.



Roundtable Panelists and Speakers

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Mary Beese, Director, HR Benefits, New York City Transit Authority; Cathy Candelario, Benefits Manager, Eisai, Inc.; Ryan Chamberlain, Internal Communications Manager, Westchester Medical Center; Vincent De Cicco, Manager of US Benefits, Bayer; Arthur Dresdale, MD, Senior Medical Director, Aetna; Kate Fallon, Benefits Chief of Staff, 1199SEIU Benefit and Pension Funds; Deborah Gainor, Analyst, New York City Transit Authority; Rebecca Guest, MD, Associate Medical Director, Memorial Sloan Kettering Cancer Center; Nicole Hallissey, Employee Wellness Nutritionist, Memorial Sloan Kettering Cancer Center; Gretchen Halstead, Service Excellence Officer, Westchester Medical Center; Elyse Jaworski, Health and Wellness Manager, Thomson Reuters; Virginia Koenig, Associate Director of Benefits, NYU Lutheran Medical Center; Mei Kong, Assistant Vice President, Patient Safety, NYC Health + Hospitals; Krystle Kontoh, Wellness Coordinator, Memorial Sloan Kettering Cancer Center; Jennifer Lee, Director of Health and Wellness, Prudential; Missy Popp-Lloyd, Director of Employee Engagement and Implementation, Retrofit; Erica Lokshin, Employee Wellness Nutritionist, Memorial Sloan Kettering Cancer Center; Niha Malcomson, Project Manager, Employee Wellness, Northwell Health; Jenna Mandel-Ricci, Vice President, Regulatory and Professional Affairs, Greater New York Hospital Association; Candice Martin, Benefits Specialist, MetLife; Jennifer McCarthy, MD, Goldman Sachs & Co., Michelle Milgrim, Manager, Health Promotion, Northwell Health; Myrtho Montes, MD, Medical Director, VP Health and Wellness, Prudential; Daniela Neman, Nutritionist, Wellness Specialist, Columbia University; Lyn-Marie Pilgrim, VP Benefits Design and Strategy, JPMorgan Chase & Co.; Jaimie Servidio, Analyst, PepsiCo; Danielle Shanes, VP, Global Benefits, NBA; Jessica Shapiro, Associate Wellness Dietitian, Montefiore Medical Center; Cynthia Tobia, Director of Compensation and Benefits, Horizon Blue Cross Blue Shield of New Jersey; Geri Wurman, Health and Wellbeing Coordinator, New York – Presbyterian Hospital; Vanita Yogeshwar, Director, Patient Safety and Employee Safety, NYC Health + Hospitals

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