



Weight Control and Employees: One Size Doesn't Fit All

PRACTICAL GUIDANCE FOR IMPLEMENTING WEIGHT CONTROL PROGRAMS IN THE WORKPLACE

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INTRODUCTION

For some time, major employers have offered programs to help employees manage their weight, recognizing that overweight and obesity result in serious and costly medical conditions, lost productivity, and reduced quality of life for a growing number of their employees. Managing weight is a complex challenge for sedentary modern workers, whose jobs keep them in front of a computer screen or at office meetings for long periods of time, and whose after-hours devoted to family, friends, and social obligations are often hijacked by work-related emails and other digital tethers. For overweight employees at risk for obesity, even losing a small amount of weight can help; some experts say losing even three percent of one's weight has proven benefits. Losing five to ten percent of one's weight can improve blood pressure, blood cholesterol and blood sugars, and reduce the risk of developing chronic diseases related to obesity such as diabetes, along with their associated social burdens and costs.¹

The Need for Employer-Sponsored Weight Control Programs

Enlightened employers realize it makes sense to confront the challenge of weight control and obesity where adults spend most of their waking lives: in the workplace. However, it has been difficult to pinpoint what “works” in workplace weight control programs. While an overwhelming majority of employers surveyed by Northeast Business Group on Health (NEBGH) this spring reported that the issue of weight control was one of their top three concerns, they acknowledged they were only in the early stages of addressing the problem. In the absence of evidence-based programs that result in sustained weight loss, it is not surprising that less than half of employers surveyed reported having a treatment initiative currently underway, and three-quarters said they were not satisfied with the status quo.

While it may not yet be possible to identify weight control programs that work in the sense that vaccines work to eradicate disease, the problem of overweight and obesity is of such magnitude that committed employers and other stakeholders have forged ahead with workplace weight control programs that show promise. The purpose of this report is to provide information and practical advice for employers seeking to implement effective weight control programs. It is based on research, interviews, and an employer survey conducted by NEBGH's Solutions Center, combined with a structured multi-stakeholder roundtable of 19 executives representing employer organizations, health plans, and benefit consultants. Earlier work by NEBGH's Solutions Center on the topic of weight control served as the foundation for the project reported on here.

Using a Multi-Layered Approach

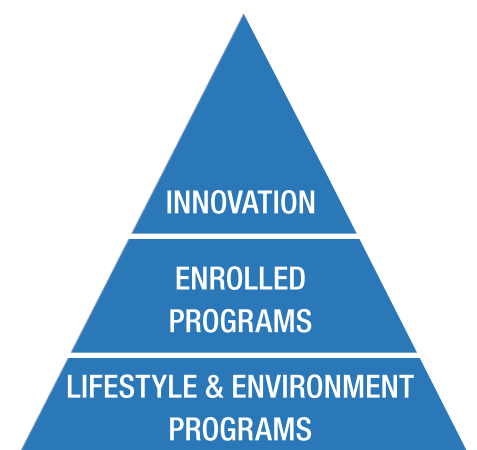
Employers need specific, actionable guidance on what elements to include in weight management programs to make them as effective as possible. This involves knowing the full spectrum of options that employers can incorporate, which are defined here as falling into two categories: core interventions and innovative interventions.

- **Core interventions** include traditional wellness programs that aim to change employee lifestyle and behavior through the use of health education, changes to the physical work environment, and enrollment-based programs.
- **Innovative interventions** comprise more uncharted territory, including digital health strategies, value-based insurance design, prescription weight control medications, and a surgical approach to weight control.

The wide variety of available interventions for weight control can be daunting, but because different strategies work for different employees,

finding ways to incorporate a range of options is crucial for employers to consider. The general consensus among experts and practitioners is that lifestyle approaches focusing on diet, exercise, and overall behavioral change are necessary components of programs for overweight individuals, even when a more intensive approach is also required for success. For some targeted populations, new prescription weight control medications have emerged as a promising element of an integrated weight control approach. For others, because of the severity of their obesity and the presence of other medical problems that would likely improve with weight loss, surgery may be an effective option.

As with individuals, one size does not fit all when it comes to weight management programs for employers. But though there is no universal formula, programs can be designed to have multiple layers, each of which can be customized to fit employers' preferences. A multi-layered approach to weight control begins with a foundation of employee education and a health-conscious work environment. Employers can then build on this with enrollment-based programs that further personalize weight management, and add on a final layer that provides access to new, innovative approaches to weight control. The diagram below highlights this multi-layered approach, emphasizing the opportunity to progressively enhance a base of well-explored core interventions with the use of more recently-developed strategies.



Building an Employer Roadmap for Weight Control

As documented in the earlier phase of this project,² there are several indispensable elements of weight management programs that are necessary for both core and innovative interventions to succeed. First, senior leadership must commit to creating a workplace culture that supports healthy weight achievement. Next, employees must be engaged through communications that detail program offerings and incentives. Importantly, programs themselves must be designed to recognize the complex psychological aspect of losing weight and address not only stress, financial pressures, time management, and family burdens, but also the guilt and shame that often pose barriers to program engagement. Finally, weight control initiatives must be tailored to individuals' specific needs, which may involve integrating them with existing employer wellness offerings such as diabetes prevention or group sports or fitness programs.

Our research suggests that a significant amount of information is already available to employers about core weight control interventions. Consequently, this report is focused primarily on highlighting emerging, innovative strategies that allow employers to increase the effectiveness of those traditional weight control strategies. Core interventions provide a solid foundation for employee weight management, but innovative elements could greatly increase the success of these methods by filling in what is missing in the implementation and execution of current programs.



CORE INTERVENTIONS

Core interventions include the more traditionally-recognized elements of employer-sponsored weight control programs. These approaches fall under two categories: lifestyle and environment-based programs and enrollment-based programs.

Lifestyle & Environment-Based Programs

These approaches are designed to encourage healthy behaviors across the entire employee population through general educational outreach, linked to modifications of the physical and organizational environment of a workplace. More than three-quarters of employers with wellness programs offer lifestyle and environmental interventions related to weight management, including the following:³

- Educational programs to increase employees' awareness of lifestyle habits related to weight control such as emotional triggers for over-eating, portion control, and healthy grocery shopping and cooking techniques;
- Cafeterias and vending machines that stock low-priced, healthy options, as well as cafeterias featuring food labeling and portion control aids;
- On-site exercise facilities and modified work stations to encourage mobility and activity;
- Pedometers to promote fitness (employees who walk the required number of steps may receive an incentive);
- Peer-support groups for employees to share personal experiences and provide positive reinforcement.

Lifestyle and environment-based programs can be challenging for employers because their organizations must bear the cost of subsidizing these interventions for the entire employee population, even if only a subgroup is at high risk for developing obesity. Additionally, reductions in

healthcare spending may vary among organizations, and the benefits of these programs could take years to realize, although productivity gains may occur sooner. Nevertheless, these programs tend to be the most feasible and economical interventions for employers to undertake since they can be broadly administered.

Enrollment-Based Programs

Enrollment-based programs focus on obesity management among higher risk individuals who need a more personalized treatment plan. Employees are identified for programs based on biometric screenings or Health Risk Assessments (HRAs), and programs are administered on either a one-on-one or group basis. They can be offered in person, telephonically, or online. Programs typically include a mix of:

- Behavioral counseling and health coaching to provide support for program adherence and address the emotional and psychological aspects of weight control;
- Skill-building activities to educate participants on how to successfully incorporate lifestyle modifications and sustain behavioral changes;
- Personalized dietary and exercise instruction based on participants' needs and preferences.

Because of the stigma attached to being overweight or obese in the United States, engaging employees in enrollment-based weight loss programs can be difficult. Promoting them across multiple diverse locations is especially challenging, especially to employees who are not actively participating. However, for those that do participate, enrollment-based programs provide the opportunity to customize an action plan for weight loss that fits their lifestyle and preferences. The fact that these programs require active participation may also lead to higher engagement and sustainability of the concepts learned.

INNOVATIVE INTERVENTIONS

In addition to core strategies, several innovations in weight management have emerged, backed by growing evidence to support their effectiveness. These new approaches include digital tools that help individuals manage their weight, value-based benefits design, prescription weight control medications, and surgery. Altogether, these innovations help individuals sustain the lifestyle changes necessary to lose weight and access new clinical care strategies that build on those essential behavioral achievements.

Digital Health Applications

The individualized nature of weight control and the importance of making lifestyle changes to successfully lose weight have paved the way for digital health applications in weight management. The use of virtual technologies like the Internet and mobile devices using biometric tracking of key physiologic parameters such as weight and exercise intensity in the administration of weight loss programs is becoming more prevalent as tech-savvy employees of all ages make up more of the workforce.

The array of digital options now available for customization epitomizes a person-centered care approach to weight management. Using these tools, individuals can track their progress easily and conveniently. On their smartphones, for instance, they can receive text-based reminders and find apps for tracking physical activity and diet. New web-based capabilities that incorporate evidence-based behavioral strategies allow users to learn about their health issues and feel engaged in the management of their personal goals. Existing tools also provide individual feedback on results, virtual health coaching and behavioral counseling, access to remote self-monitoring, and a venue for “gamification” techniques such as virtual weight-loss competitions.

Delivery of information is one important digital application, and digital tools also provide opportunities

for capturing information. Technology can enhance the quality and speed of information exchange and collect relevant data for patient tracking and monitoring. One web-based program incorporates pharmacotherapy by giving patients’ doctors the materials and tools they need to deliver an evidence-based weight loss program that includes medication reminders. But like other technological breakthroughs, digital strategies in healthcare have their downside. Some tools and data tracking devices may be viewed as invasive. Tools requiring individuals to continually input data may be burdensome and time-intensive, causing employees stress and resulting in disinterest. For employees who work all day at computers, tools that require additional personal data entry may send conflicting messages about employers’ professed goals to encourage a healthy



DIGITAL ADVANCE

The nation’s largest publicly-operated managed care plan, L.A. Care, recently introduced a new digital weight control program for members of its public exchange based on features of the National Diabetes Prevention Program (NDPP).⁴ The federally-funded NDPP has demonstrated the effectiveness of a mix of online tracking and personal coaching, creating a standard for insurance, employer, and community-based interventions. L.A. Care members will use a program provided by DPS Health; it targets individuals at “moderate risk”: those who are overweight or obese and who have or are prone to developing chronic conditions like diabetes and hypertension. Through the program, participants have access to health content from trusted sources and opportunities to engage with peers and coaches.

work/life balance. And the proliferation and reach of technology devices can contribute to the isolation many feel in our digital world.

But for many users, digital tools, rather than face-to-face encounters, are the preferred method for weight management. Digital connectivity can provide privacy and anonymity for users, alleviating some of the emotion and stigma surrounding weight loss, and thereby increasing participation and engagement. Several studies have shown that web-based programs can be as effective as face-to-face follow-up, and can effectively increase the odds of weight loss when combined with the standard face-to-face intervention.

A study that took place from 2007 to 2010 and reported on in the January 2013 edition of JAMA Internal Medicine indicated that participants provided with personal digital assistants to self-monitor diet and exercise and who also received biweekly coaching calls for six months in addition to standard-of-care group treatment, lost a mean of 3.1% more weight than a control group attending the standard-of-care group treatments alone.⁵ The “mobile group” had a statistically-significant 6.5 times the odds of having lost 5% or more of their baseline weight at each post-baseline time point than the control group. The study concluded that “mobile connective technology holds promise as a scalable mechanism for augmenting the effect of physician-directed weight loss treatment.”

Convenient, familiar and easy-to-use digital tools may be useful developments that allow employers to achieve broad reach across increasingly dispersed workforces. These tools can offer personalized, tailored solutions for many individuals, and their daily use may engender new, healthier behaviors.

Value-Based Benefits Design

The identification of performance-based models of care is one way to steer employees toward high-performing providers who use evidence-based medicine to achieve good results. Employees are incentivized to utilize physicians and hospitals that deliver

good quality care by giving beneficiaries the economic incentive of reduced or waived co-pays. Providers themselves are rewarded for showing that they prioritize prevention, provide evidence-based services, and demonstrate good coordination of care with additional performance-based payments.

The application of value-based benefits design (VBBD) to weight control is appealing. As applied to weight control, this approach would require health plans to develop a benefits package that incentivizes employees to use providers with a proven track record of achieving weight control outcomes. Though VBBD may not reduce healthcare spending immediately, the strategy encourages selection of providers whose success with risk-factor reduction and chronic disease management will likely lead to medical cost savings and improved employee productivity over time.

VBBD has many benefits, but there are challenges to applying a performance-based model to weight control. Obesity is a complex and time-consuming issue, and providers are often uncomfortable with being measured on factors they do not feel they can control. Unlike other medical conditions that are addressed with a treatment or drug that is simply administered and monitored, weight management requires significant effort on the part of the individual to make behavioral and lifestyle changes. Even with prescription medications and surgery for weight loss, success can only occur when treatments are fully integrated into a comprehensive plan.

Key to the success of applying VBBD to weight control is staunch commitment on the part of both the patient and the provider to co-manage a weight management strategy. Additionally, employers must engage health plans in developing performance-based provider networks and negotiating performance-based rates. The benefits of applying VBBD to weight control may be difficult for employers to see in the immediate future, but steering employees to high-value, evidence-based care and providing coverage for clinical treatments for weight control can improve long-term health outcomes and lead to better management of chronic conditions.

The stigma and emotional issues associated with being overweight make it difficult for employers to figure out how to best help employees – and which interventions make the most sense. NEBGH's Solutions Center reached out to an industry expert who helps guide employers when it comes to making these decisions.

WEIGHING THE ROLE OF THE EMPLOYER IN EMPLOYEE WEIGHT CONTROL

Christian Moreno, Vice President of Health Risk Solutions, Lockton Companies

When employers tackle health issues like weight control, they need a strategy that produces better health outcomes and justifies their company's investment. But as employers consider the varying pieces of a weight management program — including engagement strategies, health plan offerings and provider involvement — the question arises: What — really — is the role of the employer in weight control?

Christian Moreno, Vice President of Health Risk Solutions at Lockton Companies, has been helping employers craft healthcare and wellness strategies for over 15 years — both internationally and domestically. In working with clients, Moreno puts a special emphasis on integrating wellness strategies and benefits program design to control companies' costs and improve their bottom line.

With weight management in particular, Moreno says, one of the roles of the employer is to “facilitate” weight loss — not to call out employees directly. Though weight management programs have not yet demonstrated high levels of success in employer settings, the construct of a workplace wellness program, replete with incentives or penalties, can nevertheless provide a structure to nudge employees in the right direction. For instance, increasing numbers of employers are now charging employees higher health premiums for unhealthy conditions due to obesity, which “pulls the economic strings” and incents the right behavior.

But Moreno thinks employers must do more to make sure their programs are robust and comprehensive in providing employees with the resources they need to get a handle on their weight. Though fashioning an effective incentive structure is an important aspect of designing a weight management program, providing access to new clinical and programmatic strategies in the market is also critical. This includes access to medications, including weight control as part of a “performance target” within contracts for primary care practices that employers guide employees to through benefit design incentives, and/or the use of comprehensive “centers of excellence” bariatric surgery facilities for employees for whom a surgical approach could be lifesaving.

The key to effective weight control is recognizing that “one size does not fit all” and that in addition to sound and proven behavioral support for weight loss, other clinical approaches should be considered for certain patients. Weight control medications, for instance, have been slow to gain steam with employers, and Moreno feels this is largely because many employers consider obesity a “lifestyle problem” instead of a medical issue. Additionally, the drugs that are available have been marketed as “weight loss” medications, and employers have not necessarily evaluated the economic impact of disease burden avoidance associated with the weight loss in the clinical trials of these new Rx therapies. Thus, employers will want to evaluate the financial feasibility in covering these kinds of treatments given significant plan sponsor specific variables such as employee turnover and disease burden.

Moreno says providers play an important role in weight control because they have relationships with their patients that allow them to address the issue more directly. Plus, as physicians make the transition to high performance networks, health interventions move toward population health management, and technology gets integrated across the spectrum, the physician will be most incentivized to manage/improve the patients' health. But as health plan sponsors and bearers of financial risks associated with deteriorating health, employers are in a critical position to ensure that their weight management strategies provide employees with a spectrum of effective services and treatments.

Prescription Medications

In recent years, the status of obesity has shifted from that of a “lifestyle” problem to that of a medical condition. In 2013, the American Medical Association officially recognized obesity as a disease. And in March of 2014, the U.S. Office of Personnel Management (OPM) released a letter to all Federal Employees Health Benefits (FEHB) carriers stating that “drug therapy can assist obese adults who do not achieve weight loss goals through diet and exercise alone.”⁶ The letter went on to further state that “excluding weight loss drugs from FEHB coverage on the basis that obesity is a ‘lifestyle’ condition and not a medical one or that obesity treatment is ‘cosmetic’ — is not permissible.” Shifting attitudes regarding obesity are also due to the federal government’s increasing awareness of the fact that the incidence and cost of diabetes are skyrocketing — a burden largely borne by Medicare,⁷ but one that also concerns employers. If obesity can be controlled, the costs of diabetes and other related conditions would be far less.

In 2012, the FDA approved two new weight loss medications, and one more was approved in September 2014. Physicians and employers have been slow to embrace medication as a possible solution to the problem of obesity, in part because previous generations of weight loss drugs have exhibited adverse effects. In addition, medications for obesity often face financial barriers. Millions of Americans potentially qualify for weight loss pharmacotherapy under evidence-based guidelines, but many private insurers are inconsistent in providing reimbursement for them.

In addition to developing new weight management drugs, the medical research community has gained a better understanding of how these medications should be used. A body mass index (BMI) between 25 and 30 is categorized as overweight, while 30 or over is obese;⁸ following certain medical guidelines, those with a BMI between 27 and 30 with complications, or a BMI over 30 with no complications, are eligible to receive medication. Unlike drugs for other conditions that can stand alone as treatments, weight loss medications are most effective when used in conjunction with behavioral therapies and dietary

In its recent survey of employer members, NEBGH found that many are unsure about whether medications for weight control should be included in covered benefits. NEBGH’s Solutions Center reached out to a respected clinical expert for some answers.

UNDERSTANDING THE OPPORTUNITY FOR WEIGHT CONTROL MEDICATIONS

Louis Aronne, MD, Sanford I. Weill Professor of Metabolic Research, Weill-Cornell Medical College

Though the medical community has made great strides in learning more about weight control drugs and recognizing the new ways in which they can be safely used, the idea of using medication to battle obesity has been slow to take hold. Some research experts in weight control, however, hope this will change.

Louis Aronne, MD, Sanford I. Weill Professor of Metabolic Research at Weill-Cornell Medical College, believes that for certain patients, prescription medication is an important adjunct to behavioral treatment for weight control. The former president of the Obesity Society and a Fellow of the American College of Physicians, Aronne also directs the Comprehensive Weight Control Center, a state-of-the-art, multidisciplinary obesity research and treatment program.

The body, Aronne says, is a complicated system in which many factors can contribute to weight gain. Research shows that obesity may have less to do with willpower and more to do with physical changes to our brains. Injury to the hypothalamus, for instance, can make it difficult for some people to gain control over their weight, and environmental changes and nerve damage can lead to degradation of brain signals that would tell the body to lose weight. Recently, researchers have targeted brain signaling with the development of new medications — a potentially important advance in the battle against obesity.

Though the outlook on these new drugs is generally positive, uncertainty as to which patients would benefit most and how best to include medication as part of a comprehensive approach to weight control have been barriers to more widespread use. In addition, most insurance companies are hesitant to cover obesity medications, and physicians do not tend to code for obesity because it has not been covered to date. There have been a lot of misunderstandings about how these treatments work and what they do, Aronne says, and uptake in the use of weight control medications is not going to happen overnight. Currently, only four to five obesity medications are approved for use, but once there are more alternatives and more people have access to treatment, he believes obesity will become more manageable, especially when the drugs are offered in conjunction with behavioral therapies.

More people are starting to accept obesity as a medical issue for which pharmaceuticals may play an important role, in part because of the federal government’s recent rulings prohibiting obesity exclusions in federal employees’ health plan policies addressing access to weight control medication. The interconnectedness of obesity with diabetes and other conditions has also contributed to this shift in outlook. Altogether, Aronne says, a combination of changing attitudes, recognition of the complex behavioral issues that need to be effectively addressed, plus expansion of coverage for weight control medications and other developing therapies and treatments, will dramatically help in controlling the obesity epidemic.

guidelines. As such, the FDA approves weight loss drugs as part of a program that includes diet and exercise. For employers, this means that the incorporation of medications into an overall weight loss strategy will require more than just adding pills to the formulary: employers must offer and make employees aware of supportive behavioral programs that offer guidance and counseling.

Weight loss drugs may be particularly useful for treating those with complications related to obesity, including cardiovascular disease and diabetes — dangerous conditions for employees and costly chronic conditions for employers — and consequently are emerging as important adjuncts to behavioral treatment for managing weight loss in certain patients. With the rising prevalence of obesity and the cost of conditions related to it, employers should consider including appropriate access to these pharmaceuticals in their overall weight management strategy.

Surgical Approach

For patients who are severely obese, bariatric surgery is an effective intervention for losing weight, increasing life expectancy, and alleviating other co-morbidities. In order to be eligible for the procedure, individuals must be clinically diagnosed as “very severely obese” (having a BMI over 40), or “severely obese” (having a BMI between 35 and 40) with other co-morbidities like heart disease or diabetes. Like any surgical procedure, bariatric surgery has its risks and challenges. Mortality rates vary, depending on the health of the individual and the exact type of bariatric surgery performed.⁹ Between

10-20% of patients may require follow-up operations resulting from post-operative complications. After the operation, individuals must undergo lifelong medical monitoring to prevent future complications.¹⁰

But two new takes on bariatric surgery are worthwhile for employers to consider when determining how to handle severe obesity in their employee populations. First, bariatric surgery is now viewed to be most effective when delivered within the context of an integrated program that provides the patient with comprehensive care. Additionally, facilities offering bariatric surgery are now continually evaluated on outcomes, enabling employers to select them according to the outcomes-based value they deliver.

Following bariatric surgery, patients need support from a multi-faceted and integrated program that will provide them with guidance on diet, physical activity, and behavioral supports. The Centers for Medicare and Medicaid Services (CMS) released guidance on bariatric surgery that called for centers to offer services such as specialized nursing care, dietary instruction, counseling support groups, exercise training and psychological assistance.¹¹ These programs provide individuals undergoing the procedure with guidance and education on how best to sustain a healthy lifestyle following the surgery.

Providing coverage for bariatric surgery at medical facilities that are designated

as Centers of Excellence (COEs) is also an important step toward guiding employees to high-performing facilities. In 2012, the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery combined their accreditation programs to form the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

In order to become an accredited surgical center, facilities must undergo a review process to show they can maintain certain standards of practice and levels of resources. Accredited facilities must perform a certain number of surgeries per year and report their outcomes to the MBSAQIP database. Health plans can also provide support in steering patients to COEs for bariatric surgery. Some plans go so far as to require the use of COEs, while others offer financial incentives or encouragement through communications materials.

Using integrated programs that provide multi-disciplinary support services to patients and an outcomes-based approach to bariatric surgery, employers can provide effective treatment for the subset of the employee population who would benefit most.



MEASUREMENT AND EVALUATION

Evaluating weight management programs and weighing their costs and benefits can be as complex as weight management itself. Poor health, which is sometimes accompanied by obesity, can affect many aspects of employees' lives, including the amount of time they take off, their productivity, their presenteeism, and their loyalty to the organization. Scorecards that incorporate these considerations must be developed to understand how weight control could affect these factors.

Measuring Effectiveness

Measuring effectiveness is closely tied to the type of data that employers are able to collect. This data typically falls into one of two categories: tracked data and self-reported data. Tracked data can be collected from voluntary employee participation in screenings or from completion of Health Risk Assessments (HRAs). Though self-selection bias could make this data a less reliable measure of program effectiveness, it provides a format for collecting standard data points. Self-reported data greatly reduces the

administrative burden for employers, but the information collected could be unreliable if people do not report their data accurately.

In order to evaluate the programs' cost impact from a health insurance perspective, employers must analyze claims data to supplement HRA results. Results from employee populations can also be compiled and compared to those of similar-sized corporations with wellness initiatives. Many employers hire third parties to assist in the collection and evaluation of this data.

Finally, employers can set goals aside from insurance cost controls against which program effectiveness can be assessed. These may include participation rates in programs, completion rates for specific weight control activities, or achievement of weight-related outcomes.

Weight loss maintenance for twelve months or more is generally viewed as the best measure for evaluating weight management programs, and most employers expect to realize the benefits of their investments within three to five years.

Measuring Return on Investment

From a cost perspective, the potential benefits of weight management programs include reduced medical spending, reduced workers compensation and life insurance costs, improved productivity, and reduced absenteeism. These benefits will vary by employer based on rates of turnover over time, the relative health of the employee population, and the share of medical costs assumed by each employer. Self-insured employers, for instance, will realize the greatest savings from reduced medical costs.

The costs of these programs will also vary depending on how many individuals are targeted. Some companies may choose to target high-risk individuals, while others will include all employees. Additionally, expenses will vary based on the level of intensity of the interventions. Programs providing one-on-one coaching, for instance, may cost more than broad-based programs.

CONCLUSION

Achieving success in a workplace weight control program can be challenging. But by offering a spectrum of integrated treatment options, employers can create a comprehensive strategy whose components work together to improve employee engagement and increase program effectiveness.

The multi-layered approach begins with core programs. First, a focused effort on environmental modifications and educational efforts in the workplace will help employees make healthy behavioral changes. This base is the critical foundation on which the next core intervention, enrollment-based programming, is built. Giving employees access to enrollment-based weight control programs is a helpful way of providing them with a targeted plan that is conducive to their lifestyle and fosters sustainability of their new healthy habits. The final layer is made up of emerging programs including digital health technologies, value-based benefits design, prescription medication, and a surgical approach to weight loss. These interventions show great promise in improving the effectiveness of core weight management programs in the workplace, but as there are relatively few examples of how they can be best offered as an integrated set of offerings, a systematic approach to exploring them may be worthwhile, and could include the following six steps:

- Evaluate each of the categories of innovative approaches to weight control, identify opportunities and set specific goals;
- Achieve senior leadership support, including budgetary commitments, making it clear that to achieve “break-through” results, a certain amount of risk taking may be needed;
- Select specific program “types” from among each of the prioritized innovations approaches, evaluate vendors, and make preferred choices;

- Craft and launch a communication campaign to employees to educate and engage them with these new approaches, recognizing that some employees may not be receptive but that the majority likely will be;
- Launch innovative initiatives and link together as a program “set,” integrated with other health and wellness efforts;
- Measure and monitor progress and outcomes, making adjustments as needed.

Each of these steps to explore and embrace innovative approaches to weight control should be informed by input from the full range of stakeholders at the workplace, in some cases achieved by the formation of a workplace advisory council or board. That council can “weigh in” (pun intended!) on issues as diverse as cafeteria healthy food strategies to the specific range of economic incentives offered to those who achieve pre-set weight loss goals, to the application of digital engagement strategies and Centers of Excellence availability.

Although challenging, NEBGH believes that the workplace is a critical arena for delivering health enhancing programs that offer significant benefit to employees while also delivering “bottom line” benefit to employers. Following a well-constructed plan, informed by expert guidance and public health consensus and guided by the continuous evaluation of metric-driven goals and objectives, puts success within reach, and with benefit to all stakeholders.



NEBGH'S SOLUTIONS CENTER SURVEY: THE EMPLOYER PERSPECTIVE ON WEIGHT CONTROL

How do employers think about weight control? What types of weight control programs do employers offer, and how successful are they? What are the biggest barriers to success?

In May 2014, NEBGH's Solutions Center surveyed member employers who represented more than 600,000 employees of primarily large, self-insured national organizations. Respondents overwhelmingly (69%) listed weight control/obesity as one of their top three concerns, but

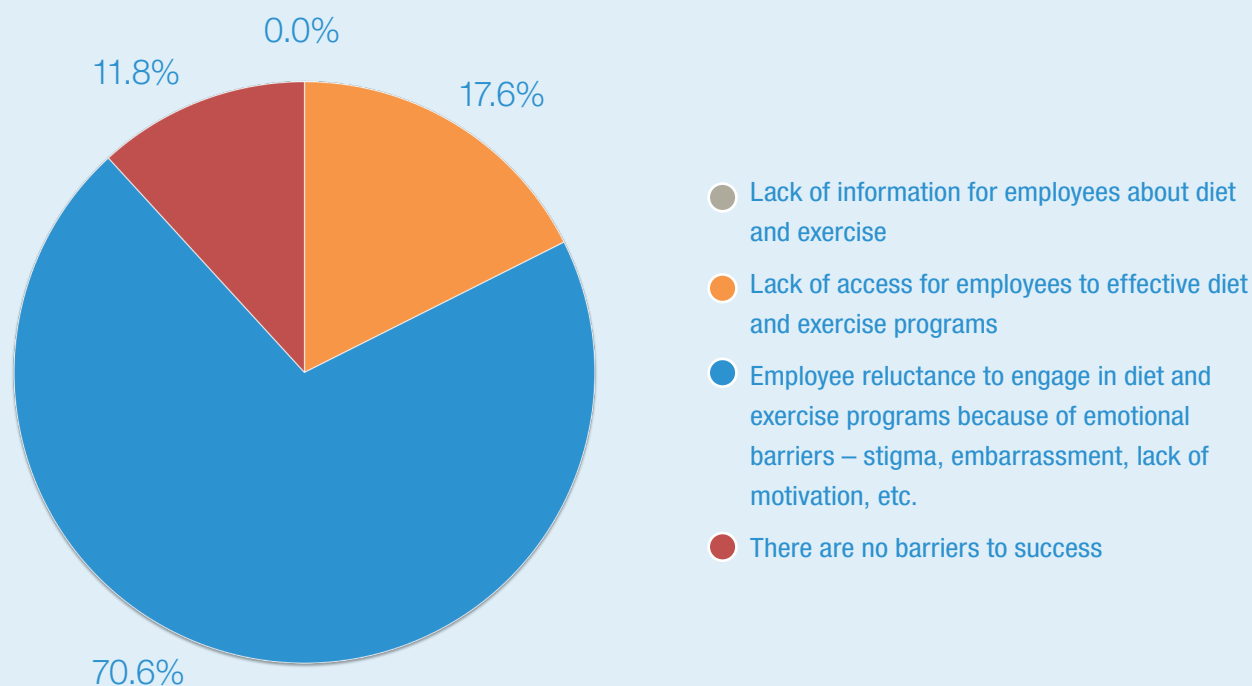
less than half (42%) have a weight control initiative underway in their organization, and more than three-quarters (80%) are less than satisfied with their organization's programs or lack thereof.

Only 32% of respondents said they identify employees who are obese and/or who need help controlling their weight. Those that do use a range and/or a combination of methods for doing so, including health risk assessments, biometric screenings, and claims data.

Most rely on employees themselves volunteering or indicating interest in participating in weight control programs.

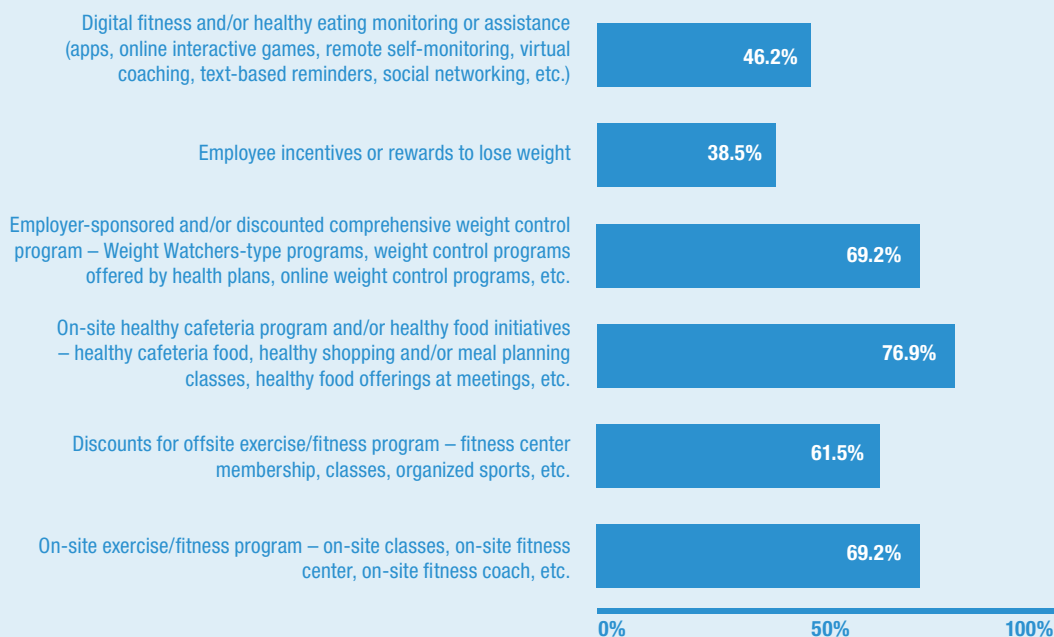
Employee emotional barriers are considered the biggest obstacles to implementing a successful weight control program in the workplace:

Which of the following do you consider the biggest barrier to implementing a successful weight control program in the workplace?



For respondents that do have a weight control/obesity initiative underway — or plan to initiate one — most cited on-site healthy eating as one component, but a variety of others were also noted:

If you DO have a weight control/obesity treatment initiative underway or plan to initiate one, which of these components do you/will you include? (choose all that apply)



Nearly 90% of respondents said their organization's health insurance benefit design covers bariatric surgery for obese employees, and the majority of them direct or incentivize employees toward Centers of

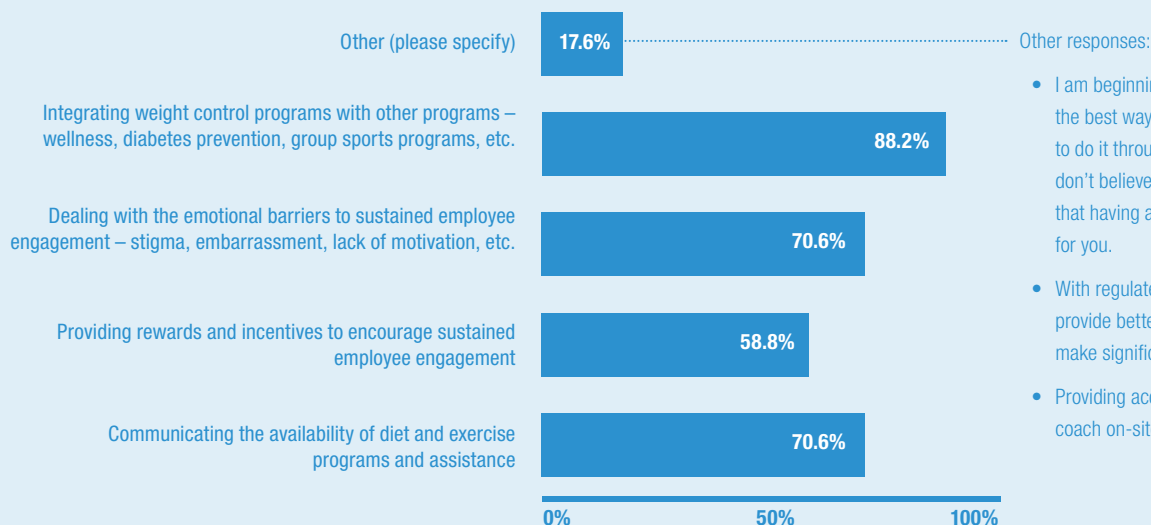
Excellence (COEs) if they are considering bariatric surgery.

Slightly more than half of employer organizations surveyed have benefit designs that cover pharmacotherapy for weight

issues. The same proportion of respondents indicated they are unsure about whether pharmacotherapy for weight control/obesity should be covered — less than a quarter said it is "an essential component."

Integrating weight control with other programs like wellness, diabetes prevention, and group sports programs is viewed as the most important key to implementing a weight control program that really works:

What do you believe are the most important keys to implementing a weight control program that really works? (choose all that apply)



Other responses:

- I am beginning to believe that the best way to attack obesity is to do it through co-morbidities. I don't believe that people believe that having a high BMI is "bad" for you.
- With regulated testing — need to provide better solutions that can make significant change.
- Providing access to a health coach on-site.

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About NEBGH

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

Collaboration is the key to everything we do. As an independent, trusted partner to all of our constituencies, NEBGH is in the unique position of bringing together diverse interests to work in pursuit of common goals. We're active in New York, New Jersey, Connecticut, and Massachusetts, and our members include large, national employers representing two million+ working Americans. In addition to employers, membership includes major health plans, health systems, benefit consultants, and suppliers of healthcare-related products and services — all speaking with one voice for quality, accountability, and value in healthcare.

About NEBGH's Solutions Center

The Solutions Center is NEBGH's unique data-gathering and discovery platform for developing initiatives that can really "move the needle" when it comes to critical healthcare issues. Focused on employers as a catalyst for change, 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.

Key to the Solutions Center's methodology is "real-time data collection"— a proprietary process wherein a cross-section of employers, health plans, benefit consultants, and other stakeholders convene in a structured roundtable setting to gather information about existing knowledge, tools, and approaches; surface and articulate issues of key concern and interest from the employer perspective; and generate new ideas worthy of further, more in-depth investigation. Few other organizations are capable of bringing together major stakeholders with such diverse interests and facilitating an "activated community" in which these stakeholders work cooperatively in pursuit of a common goal. Through this process, information often not accessible

elsewhere is captured, and innovative ways of addressing healthcare issues are formulated through the spontaneous exchange of experiences and ideas.

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