

Weight Management in the COVID-19 New Normal

September 23, 2020 | 1:00 - 2:00 PM

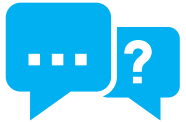
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Webinar Procedures



All lines will be muted



Please submit all questions using the “Q&A” dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



The recording and a PDF of the slides will be shared



Q&A

You have no question.

What h

☐ Send Anonymously Send



Angela Fitch, MD, FACP, FOMA

*Associate Director, Massachusetts General Hospital Weight Center
Faculty, Harvard Medical School*



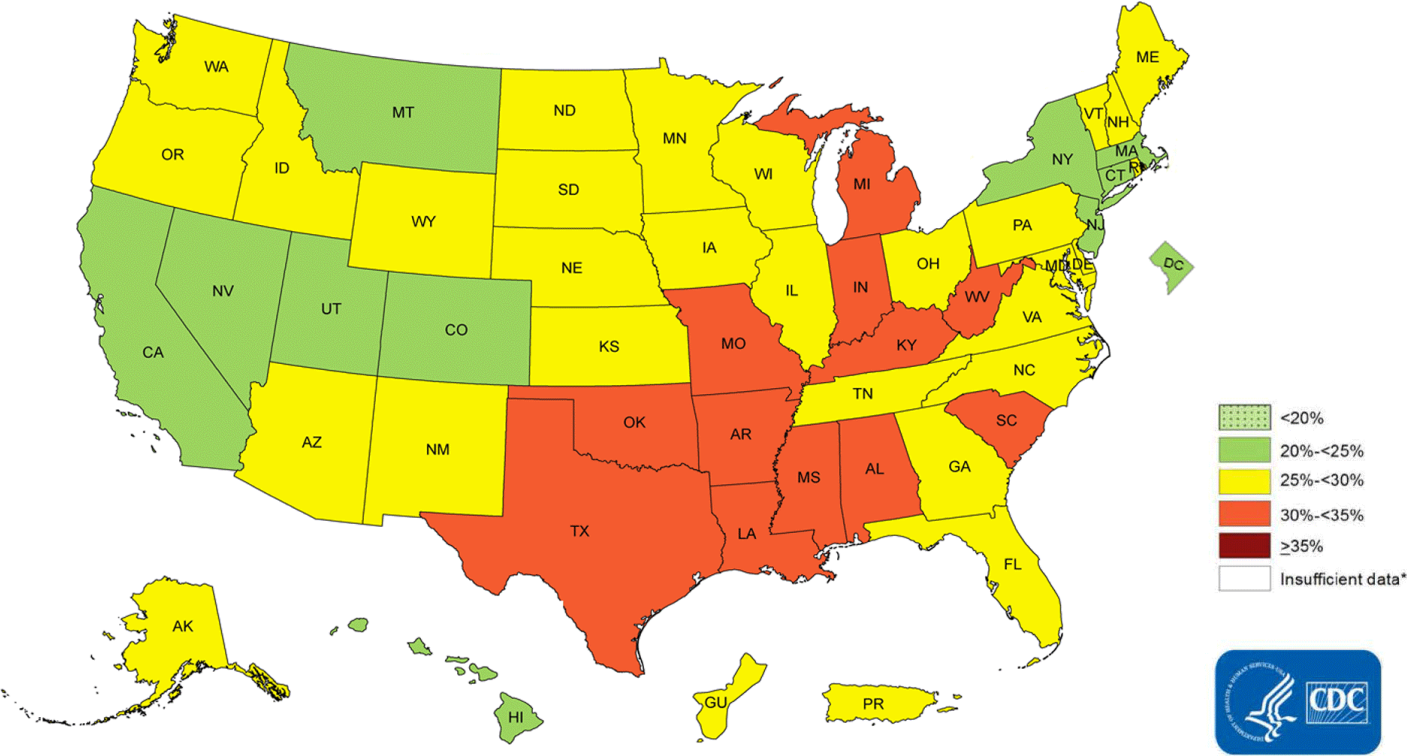
Dr. Mark Cunningham-Hill

*Medical Director
NEBGH*

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS

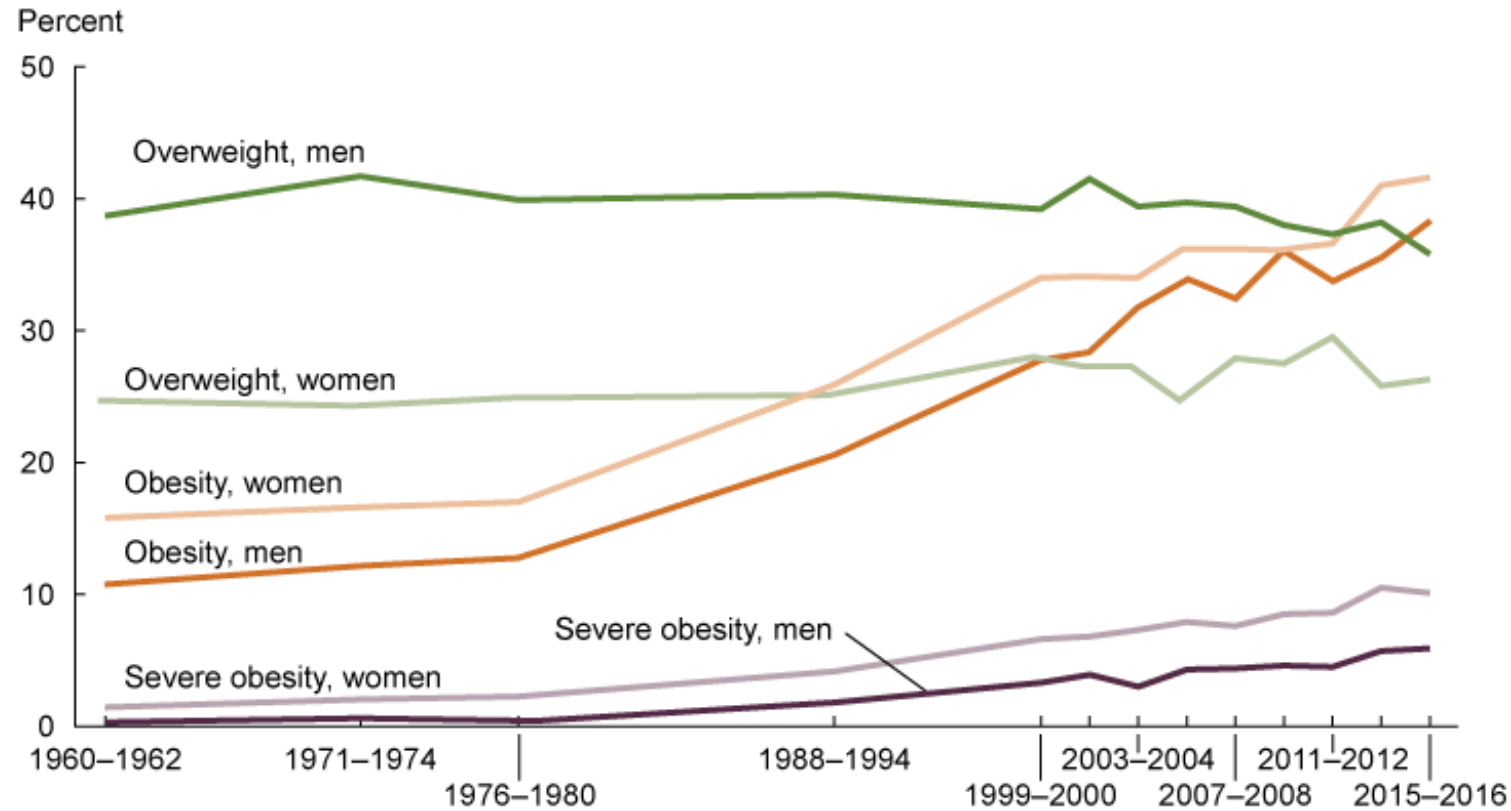
†Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

2011 2012 2013 2014 2015 2016 2017 2018 2019



*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

Figure. Trends in overweight, obesity, and severe obesity among men and women aged 20–74: United States, 1960–1962 through 2015–2016



NOTES: Data are age adjusted by the direct method to U.S. Census 2000 estimates using age groups 20–39, 40–59, and 60–74. Overweight is body mass index (BMI) of 25.0–29.9 kg/m²; obesity is BMI at or above 30.0 kg/m²; and severe obesity is BMI at or above 40.0 kg/m². Pregnant women are excluded from the analysis.

SOURCES: NCHS, National Health Examination Survey and National Health and Nutrition Examination Surveys.

Children with Obesity

7 hours

spent daily in front of TV or computer screens



1 in 3

children and teens age 2 to 19 are considered overweight or obese



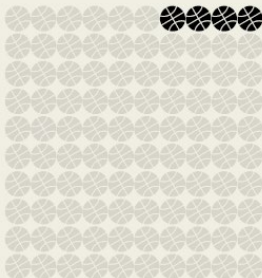
2 out of 3

don't get any daily physical activity

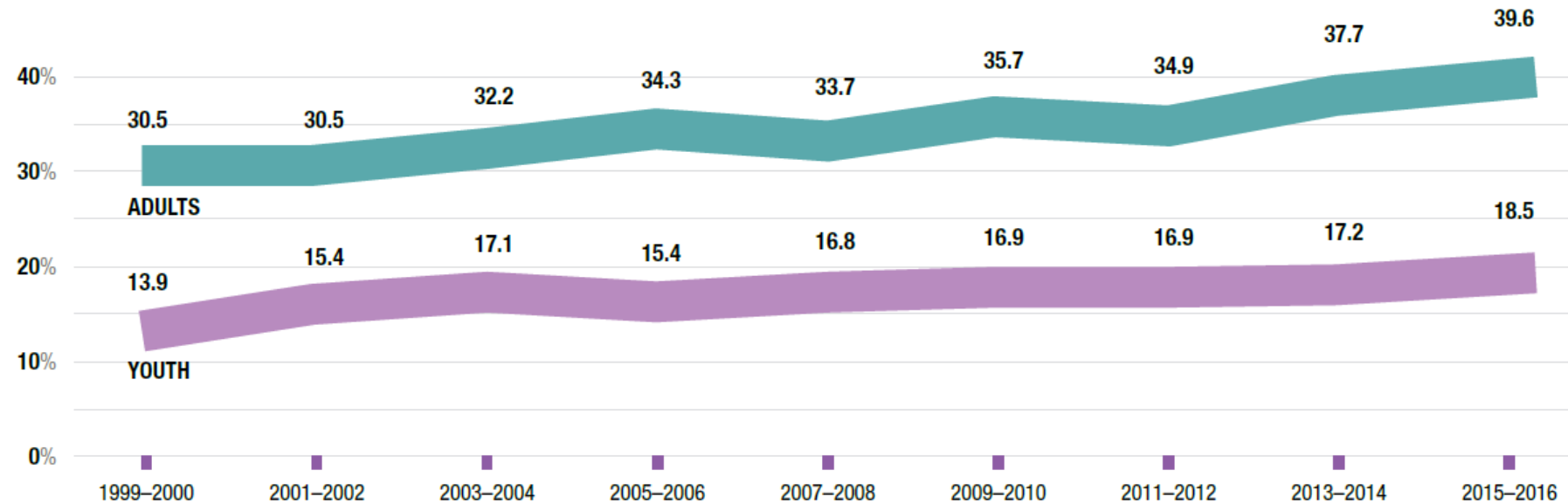


96%

of elementary schools offer no physical education



OBESITY ON THE RISE IN THE U.S.



Significant increasing linear trend from 1999-2000 through 2015-2016.

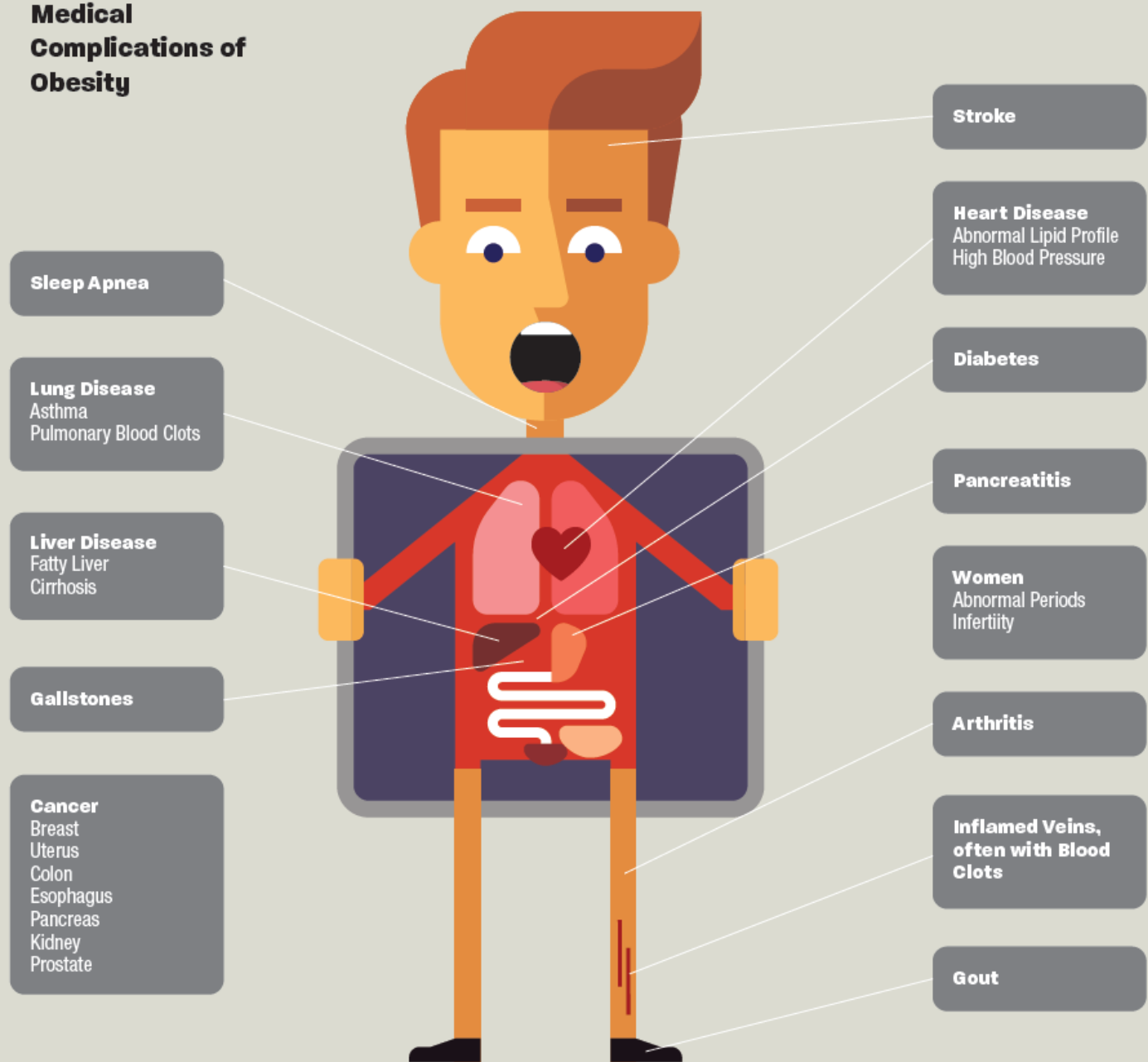
NOTES: All estimates for adults are age adjusted by the direct method to the 2000 U.S. census population using the age groups 2-39, 40-59, and 60 and over.

Access data table at: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#5.

SOURCE: NCHS, National Health and Nutrition Examination Survey, 1999-2016.

Health Impacts Associated with being Obese

Medical Complications of Obesity



Some studies have shown that obesity is also associated with lower wages and lower household income. Lost wages from days missed from work are also a cost to employees.¹⁷



30%

Personal Health Costs

Medical care

Pharmaceutical costs

70%

Health-related Lost Productivity Costs

Presenteeism

Absenteeism

Direct Medical Costs

- Higher medical costs - \$1,429 per year
- Increased use of healthcare services with higher BMI
- Obesity is associated with greater prevalence of other high-cost conditions including diabetes, cardiovascular disease and musculoskeletal conditions.

Indirect Productivity Costs

- **Absenteeism:** \$3.38 billion to \$6.38 billion per year
- **Sick Days:** Compared with healthy weight individuals, severely obese men take 5.9 more sick days a year and severely obese women, 9.4 more
- **Presenteeism:** The annual productivity cost of obesity-related presenteeism is \$30 billion
- **Disability:** Average annual disability costs are \$55 higher for the average overweight employee and \$349 higher for the average obese worker
- **Workers' Compensation:**
 - Twice as many workers' compensation claims
 - 7 times higher medical costs from those claims
 - Lost 13 times more days of work from work injury or work illness



MASSACHUSETTS
GENERAL HOSPITAL
WEIGHT CENTER

Obesity: A disease to treat seriously

Angela Fitch, MD, FACP, FOMA

Associate Director Mass General Weight Center



HARVARD
MEDICAL SCHOOL

Disclosures

Angela Fitch, MD

Bariatric/SetPoint Health Advisory Board

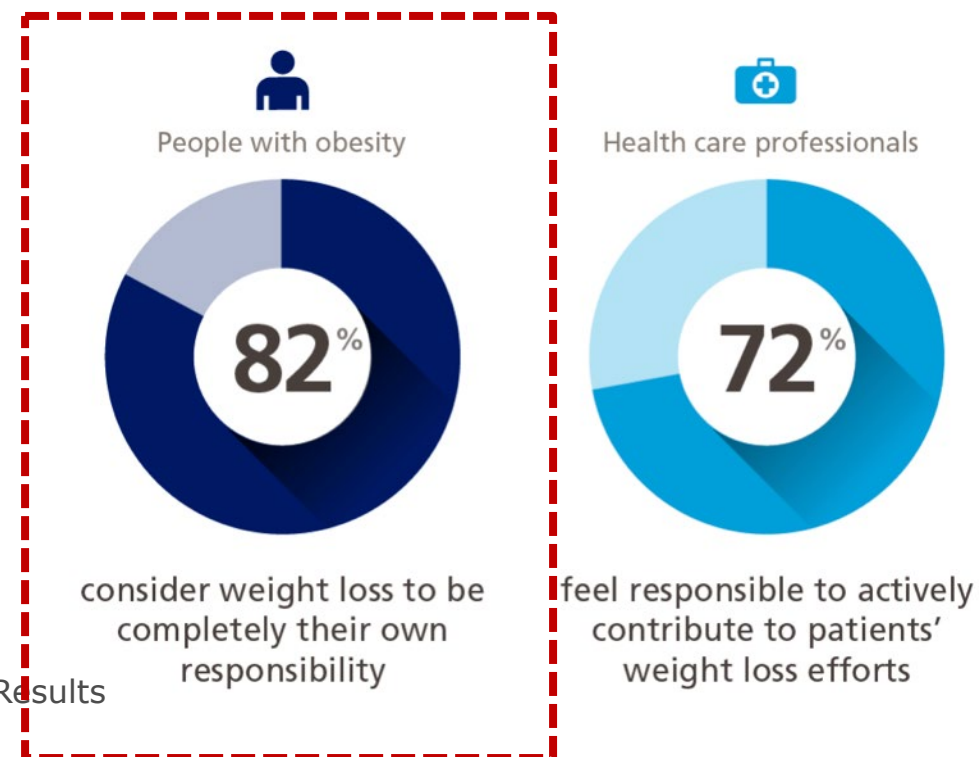
Phenomix Advisory Board

Ms Medicine Advisory Board

Gelesis Advisory Board

Ultimate Challenge

% that believe obesity "is a disease"



Obesity

is a chronic treatable
multifactorial disease

- Obesity Definition
 - a disease in which excess body fat has accumulated to a level that may have an adverse effect on health.
 - Class 1. BMI 30-34.9
 - Class 2. BMI 35-39.9
 - Class 3. BMI ≥ 40

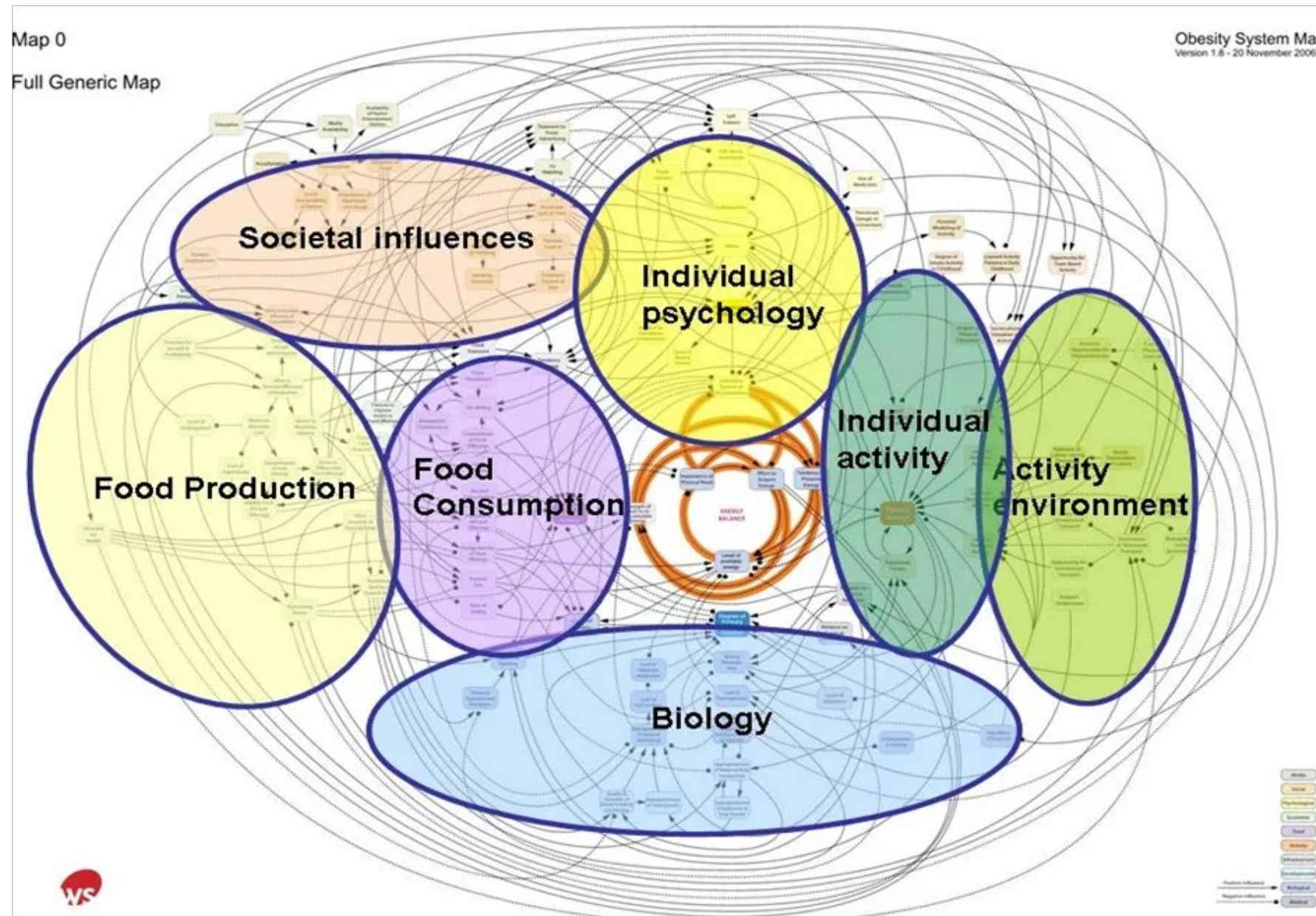


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Map 0

Full Generic Map

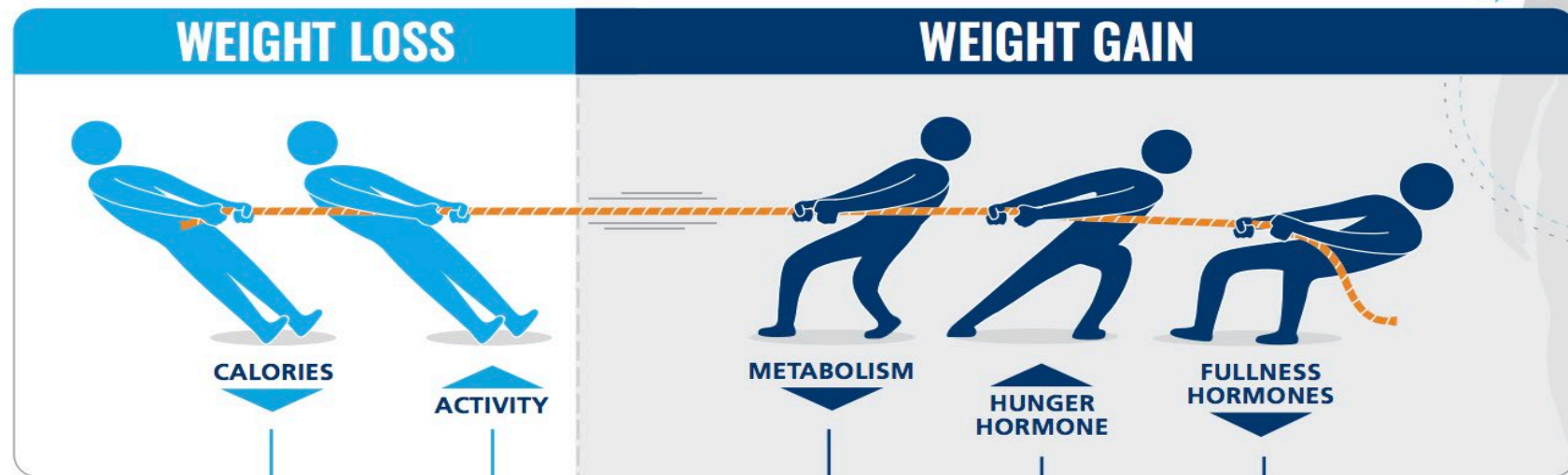
Obesity System Map
Version 1.6 - 20 November 2006



<https://obesitycanada.ca/snp/its-complicated-systems-science-and-obesity/>



The “Tug-of-War” of Weight Management



Decreased Calories

People may see results when they limit calories, by reducing the size of meals, for example.

Increased Activity

And find ways to increase physical activity, like taking regular walks around the block. But the body reacts to weight loss by trying to regain weight.

Slower Metabolism

Metabolism (burning calories) slows down and gets more efficient, requiring fewer calories to do its job.

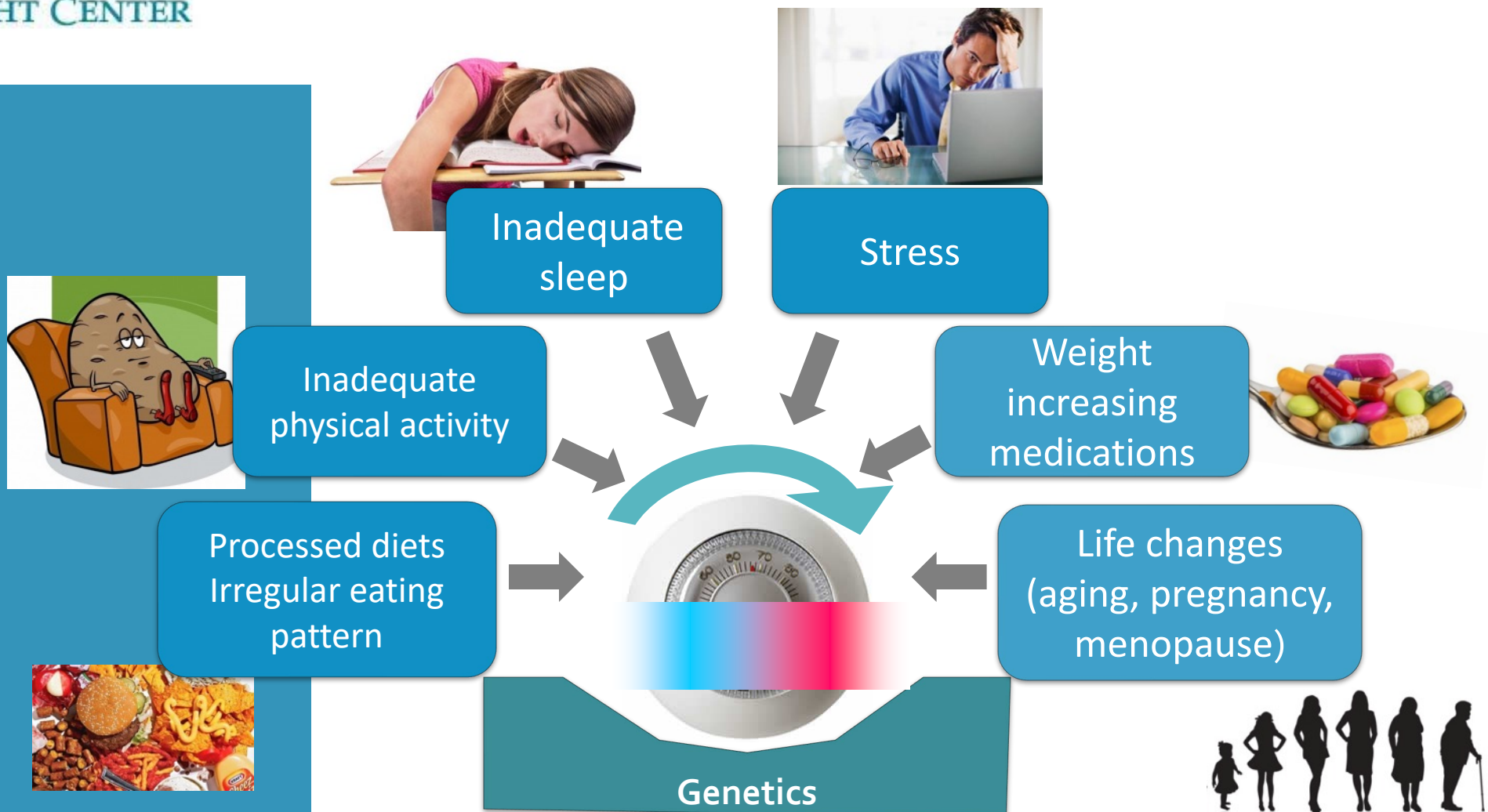
Increased Hunger Hormone

Hormonal signals can also change. The body increases a hunger hormone, called the ghrelin hormone, which tries to get you to eat more calories.

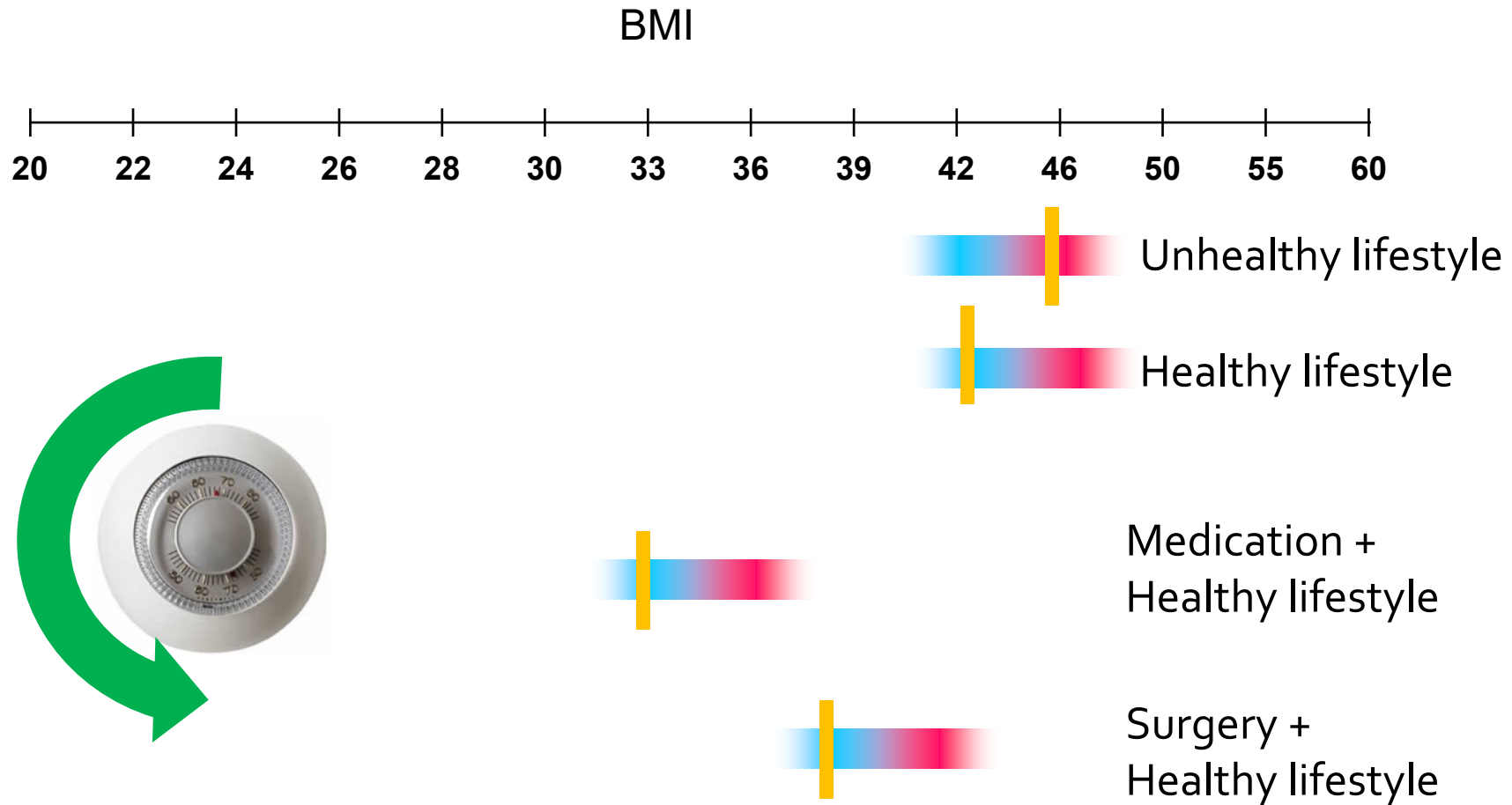
Decreased Fullness Hormones

And the hormones that tell the brain it's time to stop eating, the “feeling full” signals, decrease. *These are just some of the factors that make weight regain so common.*

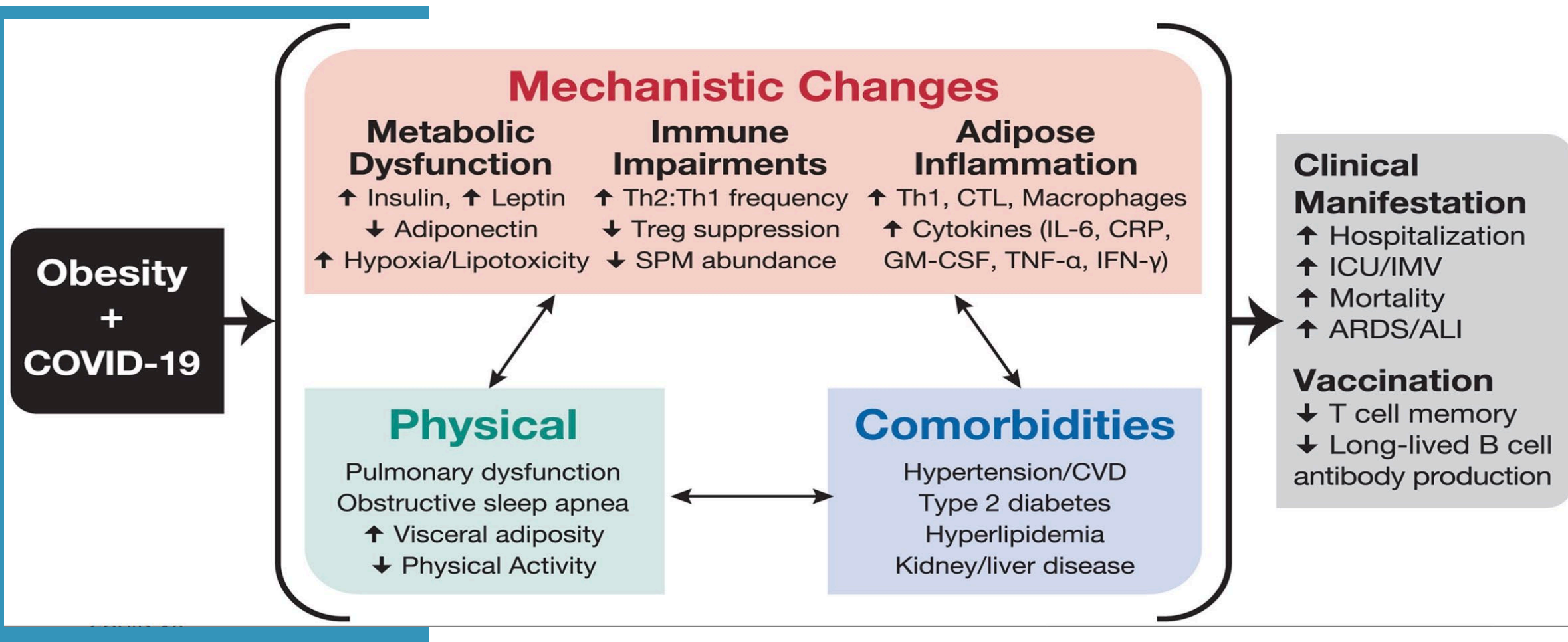
Set Point Factors



Effective treatment works by changing “set point”



COVID-19 and Obesity



COVID-19 ASSOCIATED HOSPITALIZATION RELATED TO UNDERLYING MEDICAL CONDITIONS

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED
SITUATIONS



CLOSE / PHYSICAL
CONTACT



ENCLOSED SPACE



DURATION
OF EXPOSURE

RISK FOR HOSPITALIZATION IF YOU HAVE ANY OF THESE CONDITIONS AND
GET COVID-19 COMPARED TO PEOPLE WITHOUT THE CONDITION(S).



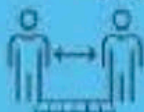
Data has shown that racial and ethnic minority groups with the referenced conditions are at even higher risk for severe COVID-19 illness. Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

*Conditions include asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COPD.

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING
(6 FT GOAL)



HAND HYGIENE



CLEANING AND
DISINFECTION



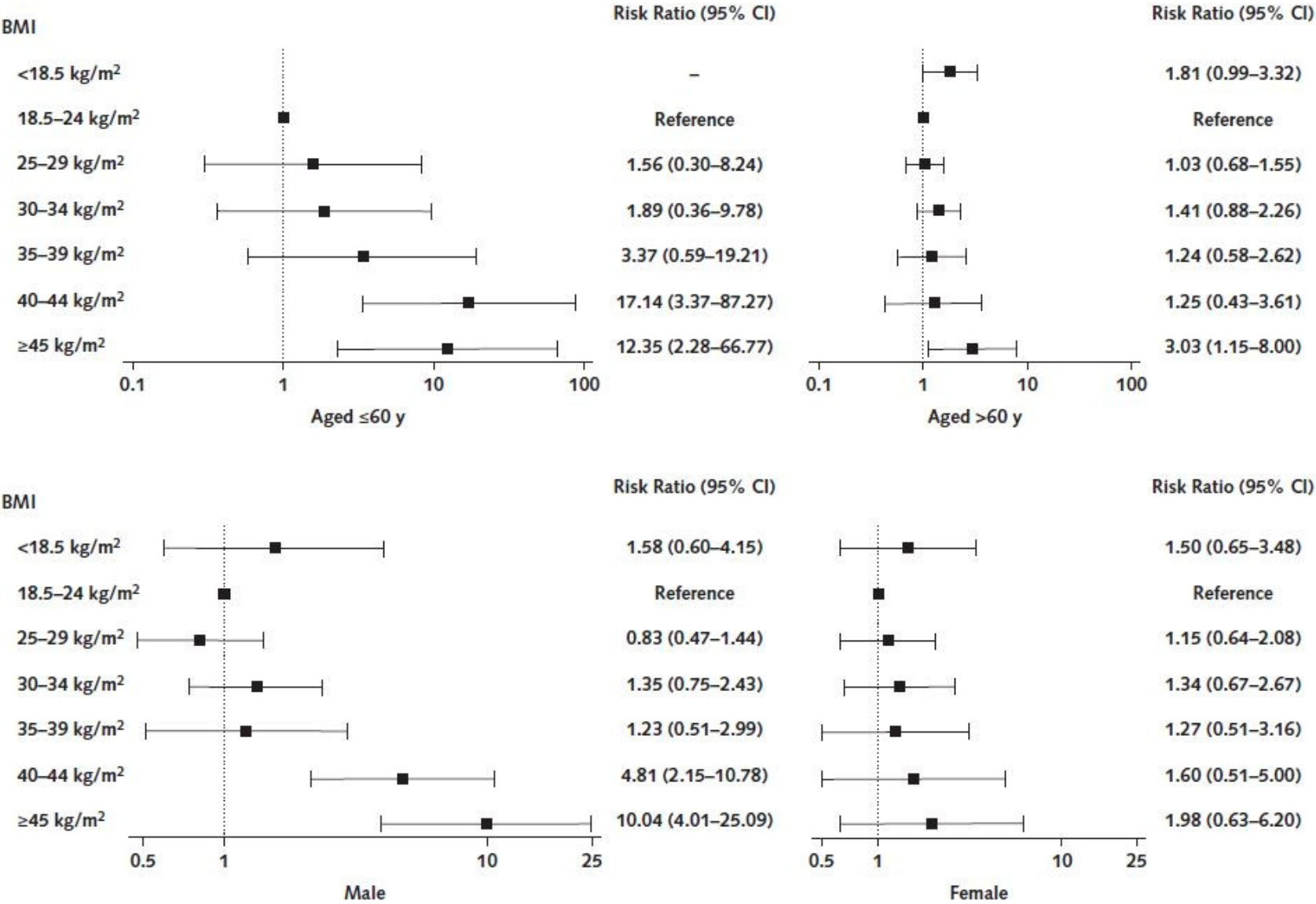
ALTHOUGH RISK GENERALLY INCREASES WITH AGE, ALL INDIVIDUALS
SHOULD ROUTINELY TAKE ACTIONS TO REDUCE RISK OF INFECTION
AND AVOID ACTIVITIES THAT INCREASE COMMUNITY SPREAD.

cdc.gov/coronavirus

Source: Ke JY, Danilov ML, Tiew M et al. 2020.

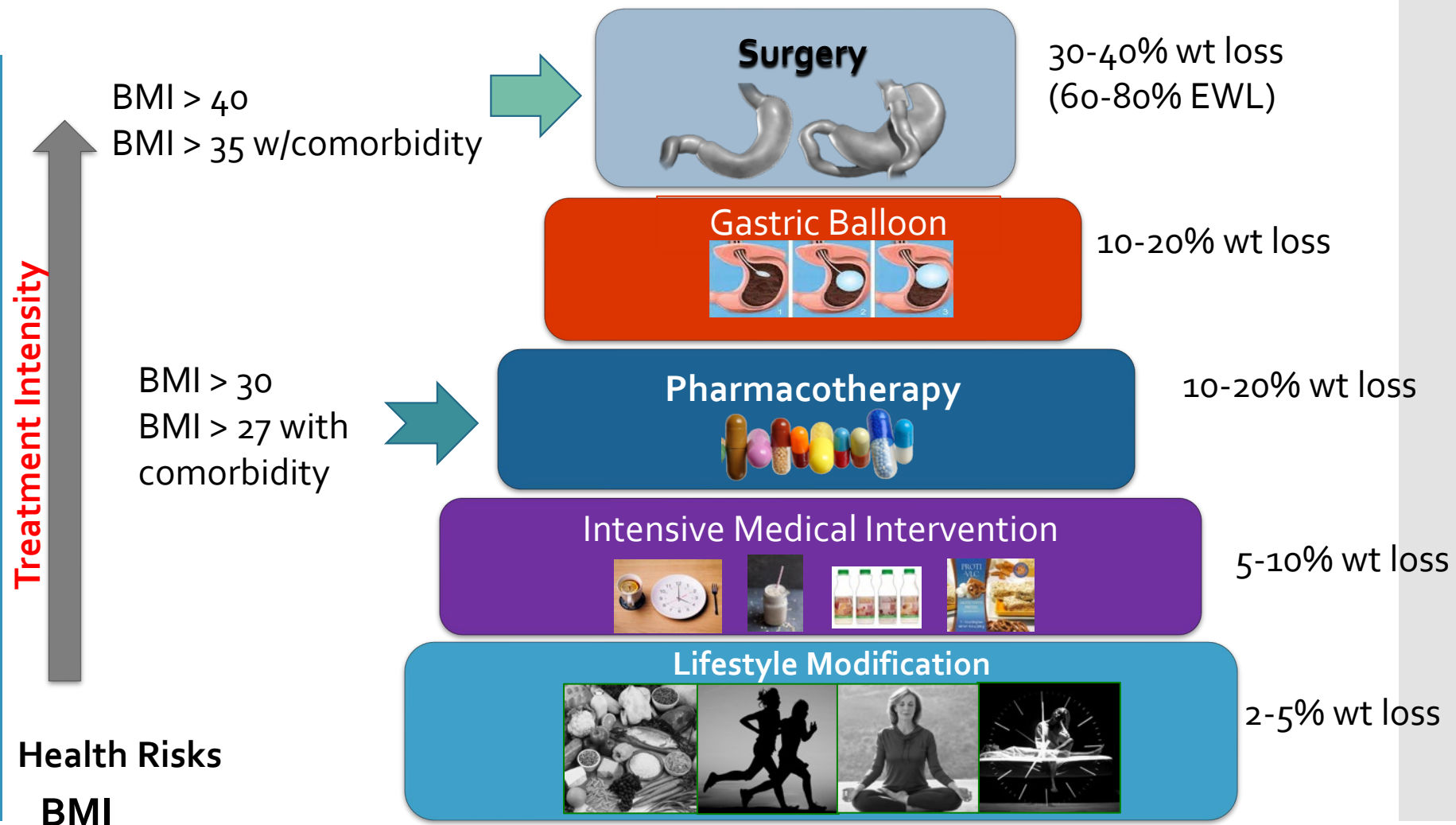
CS319360-A.08/08/2020

Risk of death from COVID-19



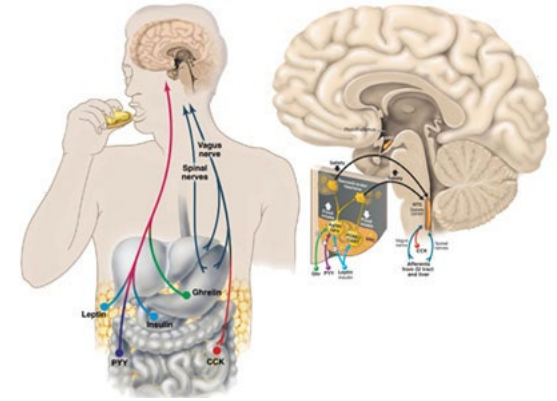
Obesity Treatment Pyramid

Treatment Challenges




What works for obesity treatment?

- **S**tructure
 - Programs, meal replacements
- **A**ccountability
 - Programming, follow up visits, virtual care, technology
- **M**etabolic alterations to promote fat loss
 - Surgery, medications, dietary patterns, exercise intensity, sleep
- **E**nvironmental stimulus control
 - Meal replacements, CBT, Acceptance based therapy

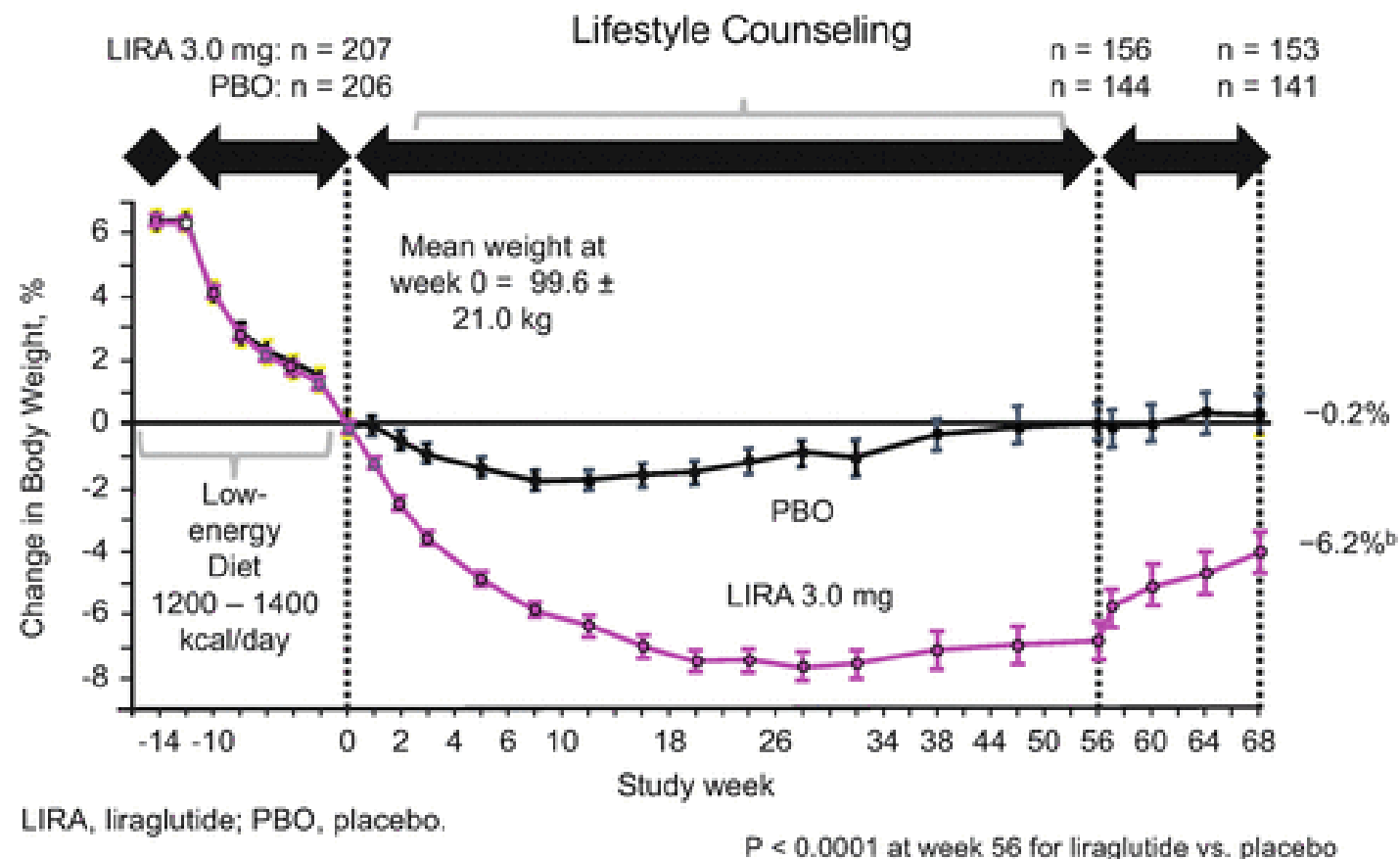




Weight maintenance and additional weight loss with liraglutide after low-calorie-diet-induced weight loss: The SCALE Maintenance randomized study

T A Wadden , P Hollander, S Klein, K Niswender, V Woo, P M Hale & L Aronne on behalf of the NN8022-1923 Investigators⁸

International Journal of Obesity **37**, 1443–1451 (2013) | [Download Citation](#)



Weight loss by intervention

Weight loss %	% of patients in behavior programs (WW, IBT) (Virta LCKD)	% of patients with surgery at 10 years ³	% patients on liraglutide 3mg (Saxenda®) (Plus Bmod & MR)	% patients on semaglutide 0.4mg daily ¹ Phase II trial for obesity	% patients on phentermine/topiramate 15/92mg (Qsymia®)	% patients on bupropion/Naltrexone (Contrave®) (Plus Bmod)
> 5%	48% ² (78%)	96.6%	63% (74%) ⁵	80%	67%	42% (66%) ⁴
> 10%	25% ² (54%)		33% (52%) ⁵	65%	47%	21% (41%) ⁴
> 15%	12% ⁵		(36%) ⁵		32%	10% (29%) ⁴
> 20%	10% ³	72%	6%	40%		
> 30%	4% ³	40%				

1. O'Neil PM, Birkenfield AL, McGowan B, et al. A randomized, phase II, placebo-and active-controlled dose-ranging study of semaglutide for treatment of obesity in subjects without diabetes. Presented at the 100th Annual Meeting of The Endocrine Society, Chicago, Illinois; March 18, 2018. Abstract OR12-5.

2. Lancet. 2011 Oct 22; 378(9801): 1485–1492.

3. JAMA Surg. 2016 Nov 1;151(11):1046-1055.

4. Obesity (Silver Spring). 2011 Jan; 19(1): 110–120.

5. Obesity (Silver Spring). 2019 Jan;27(1):75-86

> [JAMA Intern Med.](#) 2020 Jul 1;180(7):952-960. doi: 10.1001/jamainternmed.2020.1321.

Effects of a Workplace Wellness Program on Employee Health, Health Beliefs, and Medical Use: A Randomized Clinical Trial

Julian Reif ^{1 2}, David Chan ^{2 3 4}, Damon Jones ^{2 5}, Laura Payne ⁶, David Molitor ^{1 2}

Conclusions and relevance: This randomized clinical trial showed that a comprehensive workplace wellness program had no significant effects on measured physical health outcomes, rates of medical diagnoses, or the use of health care services after 24 months, but it increased the proportion of employees reporting that they have a primary care physician and improved employee beliefs about their own health.

What employers CAN DO:

- Cover anti-obesity medications and lifestyle support programs
- Anti-obesity medications should be included in all insurance packages
 - Do not put up with additional cost for coverage! (Insurers: Stop carving out obesity coverage)
- Support healthy employee lifestyle habits (stress reduction, sleep, healthy whole food choices)
- Encourage employees to seek out obesity treatment and support the chronic disease model of care
 - It's your chemistry, NOT your character!
- Work to reduce weight bias and stigma
 - Use person first language: people with obesity, not obese people
- Support TROA (Treat and Reduce Obesity Act) and local Medicaid coverage for obesity treatment
- Share the Obesity Action Coalition materials with employees



Tools and Resources

State Obesity Fact Sheets

Support for Your Organization: Implementation Tools

View the following list of materials to learn how to implement chronic weight management benefit programs.

Quickly share several resources with others by using the “email” button below.

Calculate the cost of obesity

Use the metrics below to analyze the financial impact obesity has on absenteeism and presenteeism in your organization to determine the importance of managing this disease

▶ If you do not know the breakdown of your workforce’s BMI, consider filling in only the information for Class I to create a benchmark. If you know the cost of obesity per employee in your organization, replace the approximate costs with your company-specific numbers for a more accurate representation.

OBESITY | The approximate cost of obesity in your organization

🔄 RESET	YEAR			YEAR		
	CLASS I (BMI 30-34.9 kg/m ²) ⁴	CLASS II (BMI 35-39.9 kg/m ²) ⁴	CLASS III (BMI ≥40 kg/m ²) ⁴	CLASS I (BMI 30-34.9 kg/m ²) ⁴	CLASS II (BMI 35-39.9 kg/m ²) ⁴	CLASS III (BMI ≥40 kg/m ²) ⁴
🧑	\$ 3,709	\$ 4,329	\$ 4,726	\$ 3,709	\$ 4,329	\$ 4,726
	# employees	# employees	# employees	# employees	# employees	# employees
MALE COSTS ^{5,a}	\$0	\$0	\$0	\$0	\$0	\$0
🧑	\$ 4,261	\$ 4,981	\$ 5,315	\$ 4,261	\$ 4,981	\$ 5,315
	# employees	# employees	# employees	# employees	# employees	# employees
FEMALE COSTS ^{5,a}	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL COSTS	\$0	\$0	\$0	\$0	\$0	\$0

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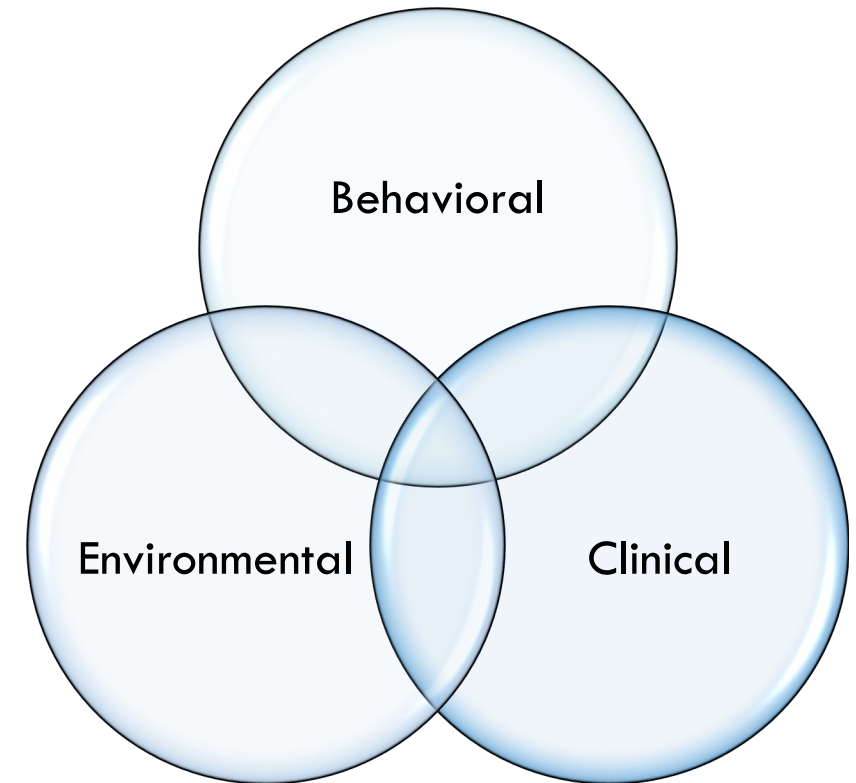


Questions?

Thank You!
afitch@mgh.harvard.edu

The Employers Role

- Adults spend a substantial amount of time at work
- Workplace social networks and the workplace influences are among some of the strongest drivers of behavior
- Employers generally provide health insurance
- Employers bear the cost and productivity implications related to unhealthy weights
- Employers want to help keep employees healthy and happy on and off the job.



New Thinking About Weight Management

OLD THINKING	NEW THINKING
Losing weight is just a matter of individual discipline and willpower.	Overweight and obesity are a result of a complex mix of individual, social and environmental factors. Many people need help and support to lose weight.
One-size-fits-all interventions	Tailored approaches to both individuals and organizations
Limited in scope to treatment and later stage interventions	Focused on prevention and sustained behavior change
Siloed programs that focus on weight loss	Programs are embedded into overall employee wellness programs and culture of health.
Heavily focused on conscious mechanisms, which individuals participate in or engage with (e.g., education, goal-setting, material incentives)	Add <i>subconscious</i> mechanisms that alter the environment, sometimes in ways that might not even be detectable (e.g., change in available options, shift in social norms, reduced portion sizes). ⁶⁶
Reliance solely on programs, policies, and environmental modifications	Recognition that clinical medications and surgery might also be needed for certain people.
Build it and they will come.	Employee involvement, communication, promotion and leadership support are vital.

5-Step Approach For an Effective Holistic Weight Management Strategy

Step 1 – Gain a Better Understanding of Weight Management Challenges

Step 2 – Assess What's Working and What's Not

Step 3 – Refresh Your Weight Management Tactics and Strategies

Step 4 – Boost the Likelihood of Program Success

Step 5 – Evaluate Your Outcomes

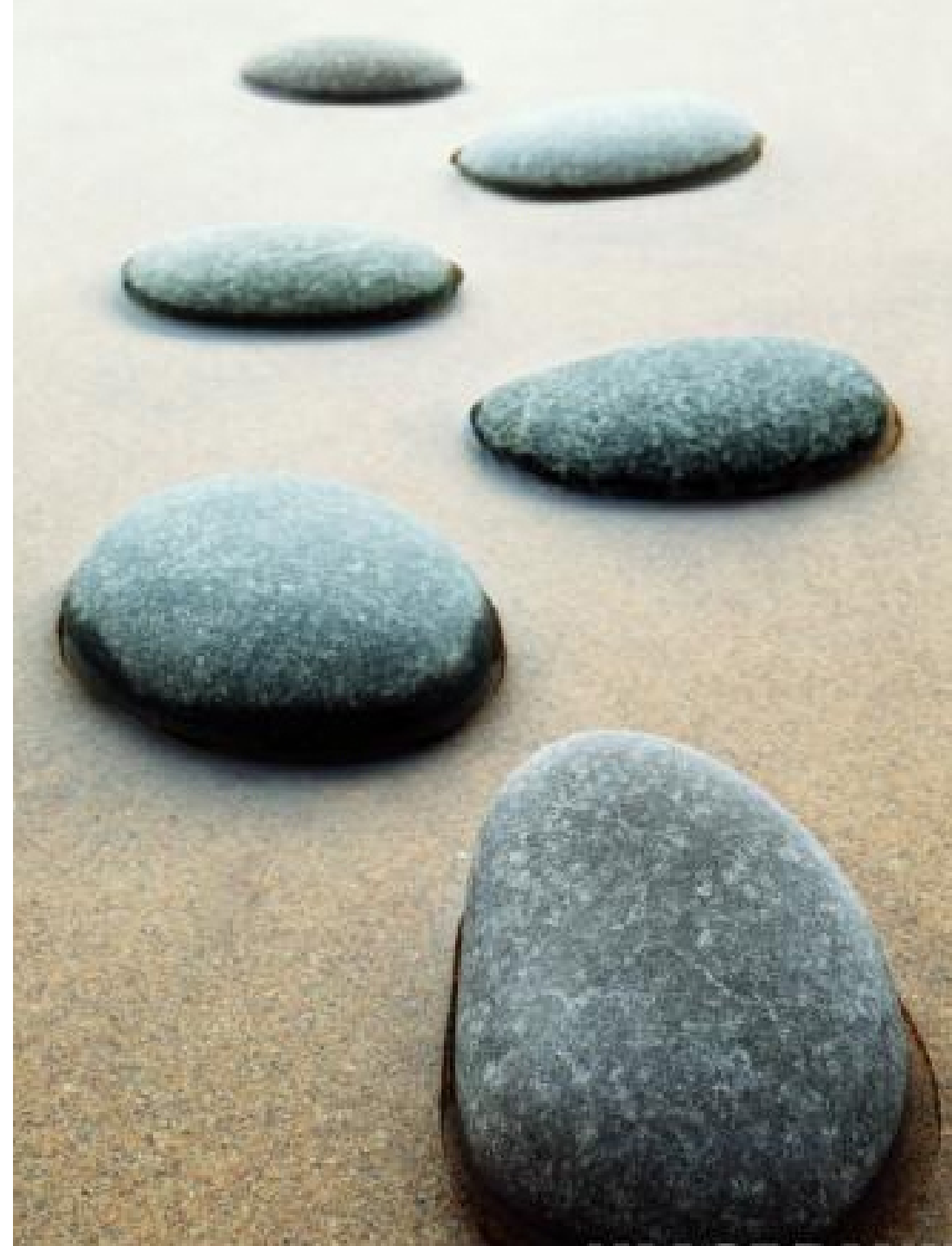


Step 1 – Gain a Better Understanding of Weight Management Challenges

- What is unique about your employees that may increase risks of excess weight gain?
- What are some of the organizational barriers to successful implementation?
- What is the current data on people with obesity and related health conditions and costs?

Step 2 – Assess What's Working and What's Not

- What is my organization's overall weight management strategy?
- What weight management and wellness programs are currently in use?
- Are employees aware of and using these programs?
- How effective are these programs?
- Does the workplace environment and culture support healthy behaviors?



Encouraging Healthy Eating and Physical Activity Wherever People are Working

WORKPLACE INTERVENTIONS



Nutrition:

- Availability of healthy food
- Nudges to eat healthy
 - Price – promotion – positioning
 - Portion size
 - Convenience
- Healthy meeting food



Movement:

- Onsite fitness
- Inviting stairwells
- Walking meetings
- Active furniture
- Support for active commuting
- Workplace design

WORK-FROM-HOME (WFH) INTERVENTIONS



Nutrition:

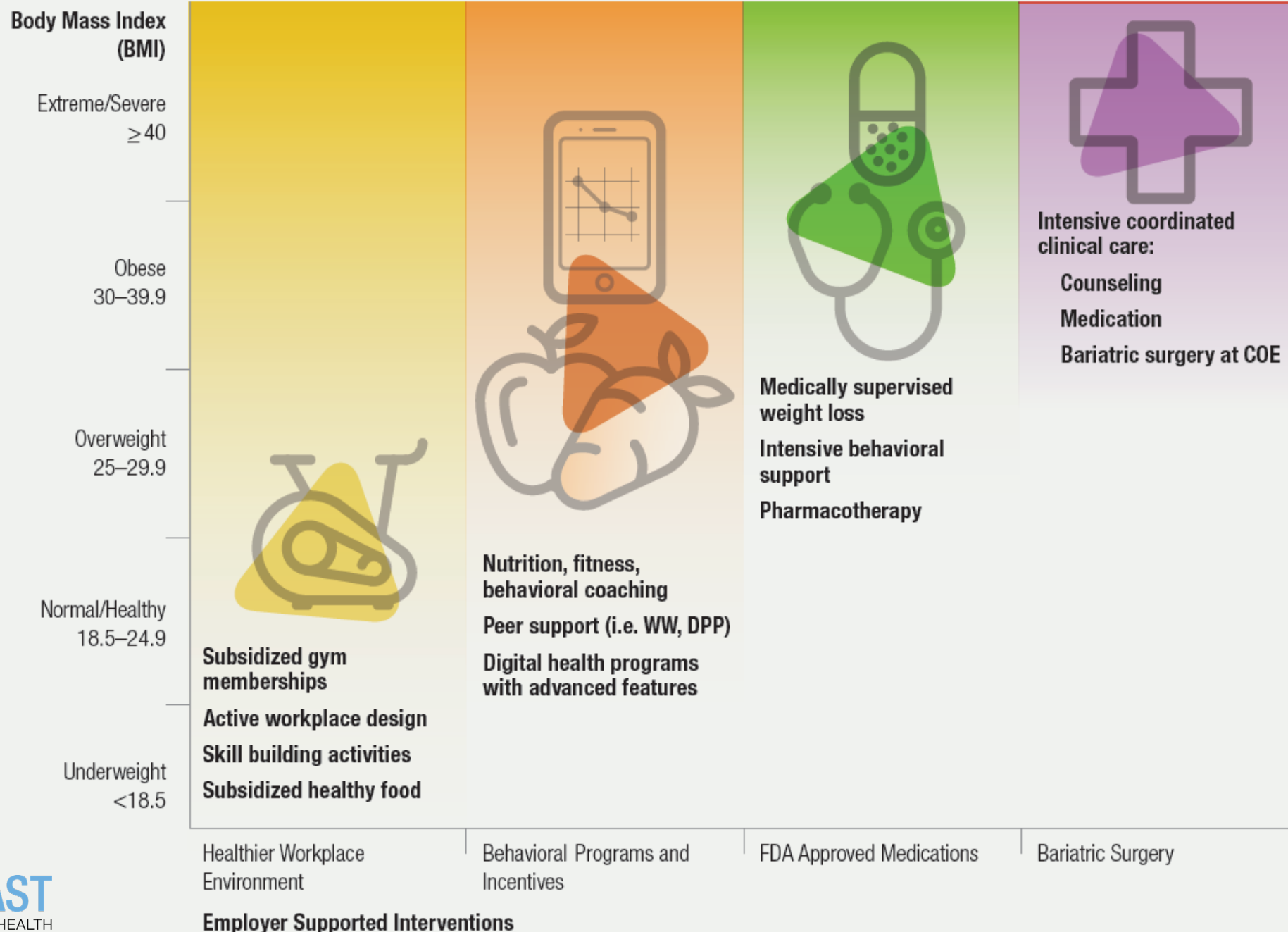
- Provide coupons for specific foods, or free or subsidized subscriptions to healthy food delivery
- Digital Tools
- Education e.g. virtual healthy cooking demonstrations
- Zoom healthy snacking tips



Movement:

- Generic fitness perks
- Movement challenges
- At home sit/stand desks
- Guidance on including movement in workday
- Virtual exercise classes
- Digital tools

Increasing Weight and Related Health Interventions



Step 4 - Boost the Likelihood of Program Success

- Involve Employees
- Get Support from Leadership
- Form Effective Partnerships
- Communication

Step 5 – Measure Success

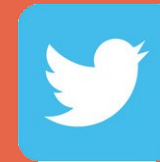
- Process measures
- Behavioral outcomes measures
- Health outcomes measures
- Cost outcome measures
- Productivity outcome measures





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- **Nov. 9:** A Coronavirus Discussion with Master Virus Hunter Dr. W. Ian Lipkin