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Fighting obesity often takes more than a wellness program. It may require evidence-based, intensive support by specialized clinicians and health coaches.

by | **Jennifer Lovejoy, Ph.D.**

As one of the primary risk factors for diabetes, heart disease and an assortment of other health conditions, obesity is indirectly one of the leading drivers of health care costs for the nation's employers. Obese workers cost U.S. employers an estimated $73.1 billion or more in health care costs and productivity losses each year.[1]

Many plan sponsors are offering full-blown, comprehensive wellness programs that include incentives for a range of activities, from participation in a wellness program to demonstration of progress in a health goal to actual improvement in a biometric value, such as body mass index (BMI), blood pressure and cholesterol.

Some employers are going as far as increasing employee health insurance premiums and deductibles if employees don't participate in or achieve stated goals of wellness programs, including reducing their weight or BMI.[2] A *Wall Street Journal* article included a number of examples, such as Michelin, which charges $1,000 for large waistlines.[3] Though most employers have not adopted stringent penalties yet, a growing number indicate they are considering taking such actions.

Many multiemployer plans that face cost restrictions are making room in their budgets for chronic care programs and incentives. As many of them comprise multiple small employers, they are challenged with finding ways to encourage a culture of health that encompasses engagement with healthy behavior change. They may face resistance by skeptical plan participants who view wellness programs as an expense that increases their premiums and an intrusion into their privacy.

However, there is no doubt among plan sponsors that something needs to be done to curb obesity in the workplace.

Obesity Major Cause of Chronic Disease

Two-thirds of the adult population (and two-thirds of the workforce) are overweight, and one-third of Americans are obese, putting them at increased risk for many serious ailments including type 2 diabetes; heart disease; hypertension; osteoarthritis; stroke; gallbladder disease; and endometrial, breast, prostate and colon cancers.[4]

In the United States alone, it is estimated that obesity is associated with 39 million lost work days, 239 million restricted activity days, 90 million bed days and 63 million physician visits per year.[5] U.S. health care costs continue to skyrocket, and much of the rise can be attributed to the increase in chronic diseases associated with obesity, such as diabetes, hypertension and pulmonary conditions.

Absent more often than workers of a healthy weight, the most obese men take 5.9 more sick days a year; the most obese women, 9.4 days more.[6] Obesity-related absenteeism costs employers as much as $6.4 billion a year.

However, absence from work isn't the only issue employers must contend with when it comes to obese employees. Researchers note that obesity-related *presenteeism*—being physically present but mentally absent on the job due to pain and other physical complications of obesity—costs employers

an estimated annual $30 billion.[7] People who are overweight and obese visit the doctor more often, spend more on emergency room visits and hospital admissions, and experience more presenteeism and absentee days from work.[8]

A Thomson Reuters study that looked at risk factors within a global pharmaceutical company found that people with high biometric lab values (such as being obese, having high blood pressure and having high blood glucose) have much higher rates of presenteeism than employees without these risk factors.[9]

The Problem for Employers

Despite a $40 billion weight-loss industry, it is clear that present attempts by numerous weight-loss companies to curb the obesity epidemic are not working. With all the choices that are available, it seems surprising that the obesity epidemic continues to worsen. Employers are bearing much of the financial burden of the problem and associated costs.

People everywhere are counting calories, counting carbs or cutting back on sugar—so why do they continue to gain weight? Unfortunately, most commercial diets and programs are not helpful for the long term. They often recommend unsustainable, deprivation-based approaches involving strict calorie restriction.

They do not take into account biological and behavioral science or address underlying cognitive issues such as depression or food as a coping mechanism that can sabotage plans for long-term change. They also tend to focus on one type of activity, such as cutting out carbs or counting calories, rather than combining a variety of measures that focus on a more holistic experience based on each person's preferences.

Sadly, many people determine that they have "failed" in their attempts at weight loss when in reality they have not been provided the tools they need to learn how to make healthier decisions for the long term.

Wellness Programs Not Complex Enough

Employer-sponsored wellness programs, though necessary to provide supportive environments conducive to sustained weight loss, are not enough by themselves to handle the complexity of obesity. Plan sponsors that are serious about reducing obesity in their populations need to look at obesity as a chronic condition like diabetes or heart disease, which requires evidence-based, intensive support by specialized clinicians and health coaches.

Wellness activities, which typically focus on healthy behavior change recommendations, will not help people who are seriously struggling. What drives eating behaviors that lead to excess weight are habitual thought patterns and emotions that can be altered or improved with the right cognitive adjustments, as well as specific knowledge about the skills and strategies needed to lose weight and keep it off. While some obese people may need psychotherapy, the majority of people working on weight loss primarily need more education, tools and support.

To give employees the best chance for success, wellness programs should be paired with a comprehensive weight-management program that will not only support and supplement healthy behavior change, but also teach employees the best practices and skills needed to achieve and maintain lifelong health. Generalized programs are often too broad and too shallow to guarantee lasting changes.

An effective comprehensive program will:

- **Focus on overall health and long-term weight goals.** Rather than promising quick fixes or short-term weight loss, an effective program will prepare people to be healthy for the rest of their lives.
- **Focus on reduction of cardiometabolic risk**. Teaching people how to lower their risk of having diabetes, heart disease or stroke as well as lose weight will ensure a holistic approach that encourages overall health and long-term results.
- **Come from an evidence base that is biological, behavioral and psychological.** Most programs use only methods developed from behavioral science, which does not address the underlying cognitive issues that can sabotage plans for behavior change or the underlying biology that works against weight loss.
- **Teach people lifelong skills.** A comprehensive program will provide participants with the tools they need to face any unhealthy situation they encounter in the future and will teach them skills that will last them far beyond the time they spend with the program.
- **Emphasize engagement.** Many people grow tired of information-only programs that provide details on "what to do" but not "how" to change their behaviors and "why" they'll be set up for long-term results. A successful program will keep participants

engaged in a continuous journey of education and interactivity so that they stick with the program and gain a complete understanding of how to obtain long-term health through behavior change.

Why Incentives Generally Don't Work

Many employers provide financial incentives to lose weight. As of 2013, 62% are providing financial rewards for employees who participate in health management programs while a growing number (16%) are aligning their awards to biometric values like cholesterol and glucose levels, BMI and tobacco use.[10]

Unions representing large employee groups are also on board with implementing health and wellness programs with incentives to lose weight. But in the multiemployer arena, such incentives can face resistance from union members and their representatives because of limited budgets and concern about reducing out-of-pocket costs and maintaining hard-won benefits.

Providing incentives to complete discreet activities, such as coaching calls or online activities focused on quitting smoking, increasing physical activity or even improving a biometric value, can significantly increase a person's motivation to engage with their health. It's tempting to think that the same might work for weight loss, but it's not the case.

For instance, there are several important differences between losing weight and quitting smoking. First, losing weight and maintaining weight loss require changing multiple behaviors related to food, physical activity and stress management. Of these, behavior change related to food is often the most challenging, because people must continue to eat to survive. Tobacco use, on the other hand, is not a necessity.

Second, although addiction to nicotine is difficult to overcome, once someone has decided to quit and receives the right kind of support (e.g., counseling and cessation medications), he or she can quit in a relatively short time and have the potential to become an "ex-smoker" in a matter of weeks. On the other hand, losing weight is a long-term proposition. It takes a minimum of three to six months, depending how much weight one has to lose. And maintaining weight loss requires lifetime vigilance and active behavior modification. Given these differences, it is not evident that employer incentives that may work for a behavior like tobacco use will have any effect on helping people lose weight and keep it off.

Any plan sponsor that takes steps to improve the health of its workforce and address the serious societal problem of obesity should be commended. Yet the approaches most take raise issues related to weight bias and whether obesity is a fair indicator of health.

Incentives May Be Perceived as Weight Bias

Although there are limited laws addressing obesity discrimination, an obese man in Missouri recently filed a lawsuit against a car dealership for firing him because of his weight.[11] His former employer claimed that his "severe obesity" kept him from being able to walk, a necessary function in his role as general manager.[12] Is this a precursor of more to come as plan sponsors become more assertive about finding ways to make their obese and overweight employees lose weight?

People who are overweight and obese are often targets of weight discrimination and weight bias, whether at the workplace, in health care settings, at home or in social settings. A survey of more than 2,400 overweight adults found that 43% experienced weight stigmatization from employers, and 54% reported weight bias from co-workers.[13]

Weight bias specifically refers to negative attitudes shown toward overweight individuals that affect their interpersonal interactions in a detrimental way. A person who is stigmatized because he or she is overweight or obese is ascribed negative stereotypes that increase vulnerability to unfair treatment, prejudice and discrimination.

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<< bio



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Some people have proposed that discrimination and inequality based on weight are a step in the right direction toward the amelioration of the obesity epidemic. Yet there is no evidence to suggest that stigma is helpful to behavior change. In fact, research shows that stigma is not the solution for weight loss and impairs quality of life for those affected. When employers impose additional penalties, such as fees for a higher BMI, this may reinforce the stigma and discrimination that already exists against obese individuals.

Stigmatization can also lead to an avoidance of exercise or overeating as a coping mechanism. Such behaviors can lead to further weight gain, lower rates of weight loss and higher drop-out rates from weight-loss treatment programs.[14]

Studies show that financial incentives can result in small, short-term weight losses. For instance, in a study by the University of Pennsylvania's Center for Health Incentives, two groups that received an incentive lost three times more weight than those in the control group.[15] However, once the study ended, participants in the two groups regained most of the weight in just three months.

Not All Obese People Unhealthy

Here's where benefits and even health care leaders get into difficult discussions and debate: Just because the American Medical Association (AMA) says obesity is a disease doesn't necessarily mean it's a position that is medically or scientifically supportable by all clinicians. Even though the classification of obesity as a disease is not a legal pronouncement in the strictest sense of the word, it will lead to legal disputes that include questioning whether obesity is a true indicator of health. This could pose challenges for employers that penalize for higher BMI ranges or provide incentives for weight loss in the future.

A *Health & Science* article titled "If Obesity Is a Disease, Why Are So Many Obese People Healthy?"[16] reports that while a higher BMI is associated with a greater risk of cardiometabolic abnormalities, as measured by blood pressure, triglycerides, cholesterol, glucose, insulin resistance and inflammation, nearly a quarter of "normal weight" people also have metabolic abnormalities, and more than half of overweight and almost one-third of obese people have normal profiles.

Following this logic, one might ask whether employers will begin to impose financial penalties on employees with any kind of high-risk condition. The point is that BMI should be used in conjunction with additional health indexes in making accurate determinants of an individual's health and its impact on employer medical and productivity costs.

What Plan Sponsors Can Do

If plan sponsors want to be successful in helping participants address obesity, not only do they need to be prepared to add an evidence-based comprehensive weight-management program to their wellness benefit, but they also need to focus on developing a culture of health that facilitates healthy behavior change.

Multiemployer health plan trustees can find ways to compensate for not having one environment to manage by incorporating newsletters; promotional campaigns that may include fliers, posters and e-mails; and health promotion events and health challenges. Another tactic to consider is encouraging worker colleagues to become wellness ambassadors—encouraging their friends and fellow workers to adopt healthier lifestyles.

The goal is to create a workplace setting where being healthy is the "default" rather than the rare exception. Examples of workplace cultural adjustments that can make a difference for employees include:

- Offer healthy food at worksite cafeterias and in break room vending machines.
- Provide healthy foods and water at workplace meetings or celebrations instead of sweets or other unhealthy foods and beverages.
- Offer consultations or counseling with dietitians to help employees identify how they can make improvements in their eating habits.
- Provide exercise and yoga classes for free on campus; encourage employees to take walks with their colleagues.
- Create an environment that encourages physical activity, e.g., renovating stairwells and subsidizing gym memberships.
- Avoid singling out or penalizing those who are overweight.
- Incorporate a range of support tools including online health coaches, online programs, mobile apps and even social media to offer encouragement and support and build a team of workplace colleagues all committed to better health.

Respect and Encourage Employees

The key to any healthy worksite initiative, whether focused on weight loss, tobacco cessation or reducing any other type of high-risk factor for chronic disease, is that each employee should be made to feel respected and valued as an individual with unique needs. Before offering incentives to employees to encourage them to reduce their BMI or to improve biometrics such as blood pressure and cholesterol, plan sponsors should consider the fact that these measures can be largely genetically determined and out of the control of the individual.

Plan sponsors should consider incentives for demonstrating motivation for making long-term positive behavior change, such as completing a health evaluation, consulting a dietitian, measuring blood pressure or cholesterol, reducing soda consumption, eating more fruits and vegetables, or exercising regularly.

If employees don't feel supported or empowered to make healthy changes, it is unlikely their efforts will be effective. Plan sponsors need to provide support, education, advice and a comprehensive range of tools rather than instill shame and stigma, and ensure their goal is to fight obesity, not people who are obese.

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takeaways >>

- Obesity indirectly is one of the leading drivers of health care costs for the nation's employers.
- Many plan sponsors offer wellness programs that include incentives for a range of activities, including improving body mass index (BMI).
- Some employers are increasing health insurance premiums and deductibles if employees don't participate in or achieve stated goals of wellness programs, including reducing their weight or BMI.
- Wellness programs, though necessary to provide support for sustained weight loss, are not enough by themselves to handle the complexity of obesity.
- Financial incentives to curb obesity often don't work and could be perceived as weight bias.
- To successfully combat obesity, employers may need to add an evidence-based, comprehensive weight-management program to wellness offerings and develop a culture of health.