MILKEN INSTITUTE

Obesity in the Workplace: What Employers Can Do Differently

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We leverage the expertise and insight gained through research and the convening of top experts, innovators, and influencers from different backgrounds and competing viewpoints to construct programs and policy initiatives. Our goal is to help people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities.

ABOUT THE CENTER FOR PUBLIC HEALTH

The Milken Institute Center for Public Health develops research, programs, and initiatives designed to envision and activate sustainable solutions leading to better health for individuals and communities worldwide.

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INTRODUCTION

The Milken Institute Center for Public Health (the Center) focuses on chronic disease research, policy evaluation, and thought leadership by convening experts and stakeholders. As part of this work, the Center aims to change the public's perception of obesity from a personal lifestyle failure to a chronic, costly, and progressive disease needing prevention and treatment. The Center's "Obesity in the Workplace" project began with a private, off-the-record session at the Milken Institute's Future of Health Summit in Washington, DC, on October 29, 2019. The session, "Obesity in the Workplace: What Employers Can Do Differently," brought together obesity advocates, government and corporate leaders, startup founders, and academics interested in addressing obesity in the workplace. It marked the beginning of the Institute's work to consolidate best practices for employers to reduce the prevalence of obesity and support healthier lives in their employees.

To supplement the findings from this session, the Center contacted each participant for a follow-up interview. The Center conducted 22 interviews from November 18, 2019, to January 17, 2020. Each interview lasted 15-30 minutes and focused on four key questions:

1) ***What are successful strategies that employers are using to address obesity in the workplace?***
2) ***What is the most pressing challenge to creating effective obesity programs in the workplace?***
3) ***What are quick wins that employers could implement to address obesity?***
    a. ***Follow-up: In other words, where can employers start?***
4) ***What is needed for your employer (or an example employer) to implement these strategies?***

Once COVID-19 began to accelerate in the United States, the Center updated this report to respond to the changing workplace—transitioning to a permanent work-from-home setup, creating safety restrictions in the office, and recognizing other ways the workplace has changed. The Center reached out to experts for their insights regarding how COVID-19 will alter the way employers can create a healthy environment in obesity care and prevention. COVID-19 has changed how employers can promote employee wellness; therefore, this report offers insights on obesity management in the current environment of remote work, new office layouts, and closed-down or limited capacity health facilities.

The themes that emerged from these interviews and follow-ups, along with the findings from the private session and supplemental research by the Center, informed our conclusions and recommendations. This report aims to consolidate the current knowledge on obesity in the workplace while setting the stage for comprehensive and achievable next steps for employers.

EXECUTIVE SUMMARY

Obesity is a chronic, progressive disease affecting over 40 percent of US adults—the highest prevalence in history.[1] Studies show that the high rate of obesity affects the workplace through higher health-care costs and lost productivity, strengthening the case for employers to implement programs that address the disease. Given the direct impact on the workplace and the capacity for employers to support their employees, the workplace is a critical intervention point for addressing obesity and promoting overall health.

Participants in the Milken Institute "Obesity in the Workplace Session" and subsequent key interviews (referred to in this document as "interviewees") believe that no strategies by employers to reduce obesity in their workforce have emerged as widely or notably successful. Furthermore, employers rarely pair their workplace wellness and obesity care interventions with evaluation efforts to monitor long-term results. Without longitudinal data, employers struggle to identify successful strategies that can be scaled internally or externally, having few examples of what has worked for similar organizations. The most common challenges are a lack of awareness of the financial impact of obesity and of the need to classify obesity as a disease, as well as a profoundly ingrained stigma and bias about weight.

Once employers better understand obesity as a disease and the associated stigma, they can pursue a tailored approach to address obesity in their workplaces.

Interviewees recommended several approaches that employers can implement to improve health culture in the workplace. All approaches involve internal research, education, and the use of inclusive language. Once employers better understand obesity as a disease and the associated stigma, they can pursue a tailored approach to address obesity in their workplaces. This effort starts with an internal assessment, followed by specific interventions to address the culture and accessibility of food, physical activity and sedentary time, and obesity treatment options via health-care plans. Interventions can also address factors that contribute to obesity, such as stress, poor sleep, and other wellness measures as part of work-life balance initiatives. In the era of COVID-19, maintaining a healthy work-life balance is arguably more challenging but even more crucial than before. Any intervention must be paired with a commitment to long-term evaluation to identify best practices that can scale to similar employers. Interviewees believe that if employers commit to covering the full range of prevention and treatment while responding to the unique needs of their workplace, then they will reduce the prevalence of obesity among their employees and promote a health-focused workplace culture.

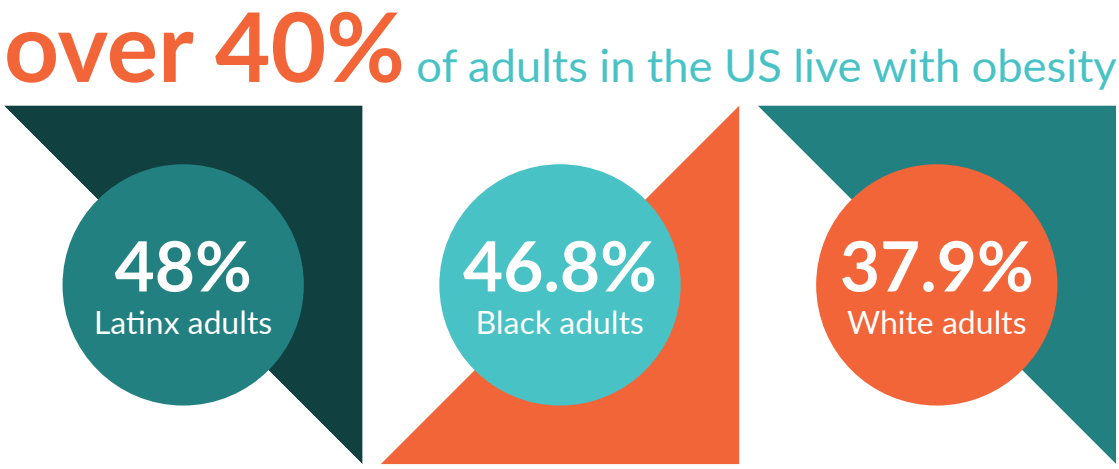
Ultimately, changing the culture of workplace wellness depends on employers taking risks, informed by the best available evidence, to design, implement, and evaluate workplace interventions. Employers are still adjusting to the changing workplace as a result of COVID-19; nonetheless, they can still identify the interventions that best address obesity in their specific workforce. As best practices emerge, more employers will be able to base their interventions on proven models that demonstrate value and a marked improvement in employee health, as well as a general workforce that denounces obesity stigma. Collaboration among employers, drawing on diverse strategies and experiences, is a promising path forward.

PART I

Obesity in America and the Microcosm of the Workplace

THE PREVALENCE AND SCIENCE OF OBESITY

More than 40 percent of adults in the US live with obesity. This striking statistic marks the highest prevalence of obesity in national history; over the past 30 years, the number of US adults with obesity has increased by 70 percent.[2] The prevalence of obesity is significantly higher among non-White demographic groups, indicating how social determinants of health contribute to persistent, widespread health inequities. Almost half of Latinx adults (48 percent) and Black adults (46.8 percent) have obesity, compared to 37.9 percent of White adults. Black women have the highest rate of obesity in the US at 54.8 percent.[3]



Obesity is a chronic, progressive disease with 236 complications and comorbidities, and now with the addition of COVID-19, that number has risen to 237.[4] People with obesity have a greater risk of developing type 2 diabetes, certain types of cancer, and cardiovascular diseases, including heart disease and hypertension.[5] A growing body of research shows that people with obesity are at greater risk of suffering from severe COVID-19 complications and hospitalization.[6] Critical for consideration in the workplace, new data demonstrates that for individuals under the age of 65, the bulk of the workforce, obesity is the most common underlying condition in COVID-19 associated hospitalization, more common than hypertension, diabetes, or cardiovascular disease.[7] Sleep apnea, though not always listed as a major complication of obesity, affects 45 percent of people living with obesity.[8] Researchers continue to discover the interconnectedness of obesity and mental health, with each condition potentially exacerbating the other.[9] The complexity of obesity and its association with other chronic diseases results in an estimated annual economic burden of $1.72 trillion ($480.7 billion in direct health-care costs and $1.24 trillion in indirect costs due to lost productivity). In sum, these costs equal 9.3 percent of the US gross domestic product.[10] Over the next 30 years, spending on treatment of obesity-related complications could reach an annual outlay of almost $655 per person, amounting to 14 percent of US annual health-care expenditures.[11]

Despite the robust body of research on the causes and effects of obesity, this disease is often inaccurately characterized as a lifestyle failure that stems from poor individual choices about nutrition and physical activity. Diet and exercise are contributors, but as participants and interviewees reiterated, a variety of genetic, metabolic, hormonal, and systemic factors also predispose people to a higher risk of obesity. Without a system that provides access to healthy foods and a safe environment for physical activity, people cannot consistently make healthy lifestyle choices that either prevent obesity or reduce the severity of the disease. The outbreak of COVID-19 has further complicated the public's perception and understanding of obesity, with greater stigma attached to the disease. With the disruptions in everyday routine, people are increasingly expressing concern about gaining weight with stigmatizing social media references to the "quarantine-15." These social media portrayals can exacerbate the untrue stereotype that people with obesity are lazy, slovenly, and lacking in self-control, while also implying that having a higher body weight is intolerable.[12]

Despite the robust body of research on the causes and effects of obesity, this disease is often inaccurately characterized as a lifestyle failure that stems from poor individual choices about nutrition and physical activity.

To combat the mischaracterization of obesity as a lifestyle failure, the global medical community has increased its efforts to understand obesity as a disease. The American Medical Association, World Health Organization, National Institutes of Health, Centers for Medicare and Medicaid Services, Obesity Society, Institute of Medicine, and American Association for Clinical Endocrinology have all classified obesity as a disease.[13] This acknowledgment represents a shift by physicians and public health officials to make comprehensive prevention and treatment options for people living with obesity a priority. These options include pharmacotherapy and surgical intervention over typically inadequate general lifestyle recommendations—that is, blanket behavioral prescriptions of "better diet and exercise." During the past decade, as one interviewee summarized, employers started a workplace wellness movement to address health and obesity in their employee populations—but oftentimes, the approach included only behavioral support and not medical intervention targeted at long term disease remission.

THE CASE FOR ADDRESSING OBESITY IN THE WORKPLACE

Before the outbreak of COVID-19, interviewees shared a common belief that the workplace is an effective setting in which to launch wellness and obesity initiatives. Reports from early 2020 state that most adults spend one-third of their lives, or

90,000 hours, at work.[14] The workplace as the world once knew it has changed dramatically since the outbreak of COVID-19, but the urgency to address obesity in the workplace has arguably grown stronger. For many employees, the workday now consists of no commute (and therefore no opportunity for active forms of transit), prolonged periods of sitting and staying home, and other changes in one's diet and exercise routine.

For the essential workers who have continued to go to the workplace, or for workers who will soon be transitioning into in-person work, it is important to minimize the risk of chronic diseases, such as obesity, given the strong correlations between underlying chronic conditions and severe COVID-19 associated illness. All employers and employees are beginning to adapt to a new normal where workplace health and wellness promotion, in whatever form that may take, can help mitigate the devastating impact of the pandemic.

Health has always carried significant financial considerations in both a pre-COVID-19 and post-COVID-19 world. From a business perspective, employers are motivated to promote a healthy workforce to maximize productivity and reduce medical expenditures. Obesity has a quantifiable impact on business operations through both direct and indirect costs. Obesity is associated with higher health-care costs for the chronic care that employees with obesity require—a phenomenon that is not new or surprising, given the many complications and comorbidities of obesity.[15] Obesity is also associated with lost productivity via higher rates of absenteeism, short-term disability, and higher workers' compensation claims when not addressed with comprehensive care options.[16] The body of research on obesity in the workforce continues to grow, and interviewees acknowledged the need to include business executives and human resources professionals in the conversation to underscore the importance of addressing obesity in the workplace.

Interviewees highlighted the importance of obesity care as one component of organizational financial wellness, a reality that applies to responding to and mitigating the impacts of COVID-19. However, they expressed concern that addressing obesity solely as a means to reduce health-care costs and boost business operations can be stigmatizing and dehumanizing. Framing workplace wellness and obesity care only as a positive return on investment (ROI) minimizes the more significant impact on employee culture, acceptance, and inclusivity that comes with comprehensive obesity care and support. However, in terms of budgeting and employer buy-in, it is common for businesses to invest in many things, including the prevention and treatment of several other diseases, to improve workplace environments without justifying costs through an ROI study.[17]

PART II

Current State of Obesity in the Workplace: Standard Worksite Wellness

WHAT EMPLOYERS HAVE TRIED

The overall landscape of workplace obesity programs is, as described by interviewees, characterized as standard worksite wellness. Interventions include weight-loss competitions, financial incentives to reduce body mass index (BMI), office-wide trips to farmers' markets, lunchtime walks, activity trackers and step counters, and other opt-in programs mainly focused on behavior change. These generic offerings, when available, are intended to both prevent obesity and to treat employees already living with obesity. A 2018 literature review of obesity in the workplace, conducted by the American College of Occupational and Environmental Medicine (ACOEM), found that these lifestyle modification interventions in the workplace can produce modest weight losses and improvements in weight-related health problems; however, sustained engagement and long-term results were uncommon.[18] With the accelerated transition to remote work in response to COVID-19, these generic wellness offerings become infeasible in many workplaces if they can't be translated to a virtual option—and even if they can, whatever impact these programs were having might be greatly altered.

Employers might also offer obesity treatment through employer-based health-care coverage, but across the board, coverage is highly inconsistent and rarely comprehensive. The main themes from conversations at the Milken Institute's private event, as well as the follow-up interviews, centered on the implications of these treatment gaps. Health-care plans vary significantly by company, and even the relatively comprehensive plans fail to cover the full range of obesity treatments—that is, nutritional and behavioral counseling, pharmacotherapy, and bariatric surgery, including the expectation of long-term disease treatment that is typically covered for other similar serious chronic progressive diseases like diabetes. When health-care coverage is not comprehensive, employee utilization is low or virtually zero. Further, poor communication about available coverage options can contribute to a low utilization rate.[19] For these reasons, interviewees believe that no exemplary employer-initiated obesity treatment practices have emerged.

Because of the well-documented link between obesity and the increased risk of COVID-19 complications, obesity has been brought to the forefront of health considerations for employers.

Addressing obesity through workplace interventions in the age of COVID-19 has posed unprecedented challenges. As one interviewee said, because of the well-documented link between obesity and the increased risk of COVID-19 complications, obesity has been brought to the forefront of health considerations for employers. However, employers still do not know the best way to support their employees

living with obesity, and employers are searching for innovative ways to change the culture of workplace health to adapt to our new world. Employers have tried small interventions to promote an engaged and active workday, such as mandating that employees turn on their camera during video calls, which can help promote a routine for employees. An interviewee noted that there have been increased virtual workout offerings, notably with increased yoga and meditation instruction. In health-care offerings, employers have tried increasing telehealth options as the primary way to access medical support. It's difficult at this point to gauge the impact of these interventions, but employers need to continue to monitor their outcomes as COVID-19 changes the nature of workplace health.

To date, obesity programs in the workplace have failed to meet people where they are. They promote impersonal behavior change rather than provide employees with tailored support. The consensus among experts is clear: Interventions commonly characterized as targeting "worksite wellness" have not adequately demonstrated improved health outcomes.

BARRIERS PREVENTING SUCCESS

For many workplace wellness programs, data on the effectiveness in preventing and treating obesity are limited or nonexistent. This lackluster commitment to evaluation has caused some interviewees to question whether the programs are mere attempts to improve optics—a "checking of the box" to show an outward commitment to employee health but perhaps not a genuine commitment to achieving results.

perceived their wellness programs as helpful

As gleaned from interviews, the lack of employee engagement in workplace wellness programs has been a persistent concern for employers and has been the focus of employer benefit studies. The "Awareness, Care, and Treatment In Obesity MaNagement" (ACTION) study, conducted in 2015, found that a major barrier to engagement is misaligned perceptions of the wellness offerings: 72 percent of employers perceived their wellness programs as helpful, compared to only 17 percent of employees with obesity.[20] Further, the pervasive issue of weight stigma has prevented the effectiveness of many workplace interventions. A 2016 study by the Northeast Business Group on Health showed that weight stigma is

a major contributing factor to low employee engagement, complicating efforts by benefits professionals to implement weight control programs. Other contributing factors include confidentiality concerns, limited program scope, lack of program customization, inadequate communication about offerings, and failure of senior management to lead by example.[21] It is unclear, in the era of COVID-19, how engagement in workplace wellness programs might change. Engagement could increase, given increased concern over personal health, but the additional burdens from the pandemic could mean less free time that employees have for these programs.

An interviewee noted that the biggest change for employers attempting to support their employees is an unprecedented lack of outreach and engagement opportunities. For employers with onsite gyms and clinics, for example, these resources are no longer easily accessible or even safe for their employees. Many employees choose to skip wellness checks out of fear of contracting COVID-19—and while this reduces the risk of COVID-19 exposure, the unintended consequence is a lack of engagement with employee health and potential failure to address current health conditions needing treatment. For employers who provide healthy meals onsite, this touchpoint is also lost in the era of remote work.

Beyond the loss of intervention points, interviewees explained that even relatively effective programs struggle with the issue of stigma. Workplace programs can be stigmatizing and isolating to employees with obesity. Financial weight-loss incentives can be perceived as dehumanizing the struggle against obesity while shaming people who cannot reach their weight loss goals without additional support. People with obesity experience stigma in their everyday lives, and stigmatization has only been exacerbated during the pandemic with extensive news coverage about the risks of having obesity for those who contract COVID-19.[22]

Overall, the top challenges reported by interviewees to effectively addressing obesity in the workplace are lack of engagement by employees and lack of buy-in from upper management decision makers, perpetuated by weight stigma in the workplace, and a lack of awareness. The issue of awareness can be framed in two parts: 1) lack of awareness of how obesity impacts the business financial bottom line, and 2) lack of awareness that obesity is a disease, leading to a lack of urgency in addressing through prevention and treatment.

PART III

Moving beyond Worksite Wellness: Paradigm Changes for All Employers

OVERARCHING PREREQUISITES: PROMOTE AWARENESS, REDUCE STIGMA

While these interviews were conducted before the outbreak of COVID-19, the Milken Institute Center for Public Health believes these findings are applicable to obesity prevention and treatment in the era of COVID-19. Addressing the misunderstandings and stigmatization of obesity is a prerequisite to ensuring sustained and effective obesity care in all settings.

Awareness

Interviewees asserted that employers' lack of awareness might explain their limited interest in implementing comprehensive workplace wellness programs. Or, even with awareness, they may not understand how to implement the program. Therefore, employers should be encouraged to better understand the effects of obesity by, for example, reviewing the existing literature, designating an internal benefits professional or external vendor to research and monitor the costs of obesity in their workplace, and seeking partnerships or educational opportunities with obesity advocacy organizations. As previously stated, this kind of internal evaluation of financial returns is one consideration among a larger understanding—investing in a healthy workplace environment is valuable beyond the basic ROI—but is still a critical consideration for employers. With an in-depth understanding of the extent to which obesity affects their business operations, they can then take appropriate action.

Interviewees explained that employers also tend to be unaware of the need to evaluate a program's effectiveness thoroughly. Upper management must be committed to rigorous, long-term evaluation of interventions and their direct association with employee weight loss and improved health outcomes. Opportunities exist to partner with research institutions to evaluate such programs, with findings guiding future efforts and adding to the evidence base on employer-led obesity interventions. If employers see concrete evidence of a program's success, there is reason to believe other employers would be more willing to implement a program.

Stigma

Increasing awareness of obesity as a disease, on its own, is a critical step toward addressing weight stigma. Understanding obesity as a disease, not as a lifestyle

Employers can use people-first language to address obesity stigma.

failure that can be concluded from someone's BMI, is also necessary to address the increased stigmatization of people with obesity in the era of COVID-19. Employers can use people-first language

means referring to the person first and their condition second—using language such as “a person with obesity” or “an employee living with obesity” rather than “an obese person” or “an obese employee.” Using people-first language when referring to individuals with obesity is an initial step to viewing obesity as a disease that affects people, rather than inappropriately labeling individuals. As reinforced by interviewees, employers can also offer modules or sessions to educate their workforce on weight bias and discrimination, potentially as part of broader diversity and inclusion training. In addition, they can consider how simple office changes can reduce weight stigma, such as with proper equipment (i.e., larger office chairs, office chairs without arms, and adjustable desks) and space to accommodate employees with obesity.

These prerequisites are interconnected—reducing stigma improves awareness, and improving awareness reduces stigma. Changing the paradigm of how the public views obesity with small, tangible steps can pave the way for comprehensive interventions while creating the foundation for a more inclusive and healthier workplace culture.

Employers’ commitment to reducing obesity stigma among their current employees will also reduce weight bias in their hiring process—a phenomenon supported by a vast body of research.[23]

Employers’ commitment to reducing obesity stigma among their current employees will also reduce weight bias in their hiring process—a phenomenon supported by a vast body of research.[23] Addressing obesity in the workplace to promote an overall culture of inclusion is critical to ensuring that applicants with obesity are less likely to face discrimination and can receive fair and equitable consideration.

NO SILVER BULLET FOR EMPLOYERS

Interviewees agreed that employers must recognize that no silver bullet exists to address obesity in the workforce. One intervention alone will not prove effective in treating and reducing obesity. For example, changes to the workplace food culture will not have a measurable effect unless paired with interventions to improve the physical activity environment, while supported with benefits and health-care plans that provide necessary obesity care. The 2018 literature review and expert panel convened by the American College of Occupational and Environmental Medicine (ACOEM) supports this position—employers should adhere to a set of basic recommendations in both prevention and treatment, including a thorough workplace wellness program and comprehensive treatment options.[24] Obesity programs should be tailored to address the complex nature of obesity as a disease.

Almost all interviewees challenged the notion of "quick wins" to address obesity, arguing that such phrasing minimizes the complexity and comprehensive nature of effective obesity prevention and treatment efforts. Quick wins can be interpreted as shortcuts rather than long-term commitments to obesity care. Although there are no quick wins, there are recommended first steps in prevention and treatment. The following section describes the steps that employers can take to craft workplace wellness programs customized to the needs of their employees and overarching workplace environment, including the evolving workplace setting as the world continues to respond to COVID-19. In this uncertain environment and a new age of workplace health, a comprehensive approach is even more crucial.

PART IV

Creating a Tailored Approach: Where Can Employers Start?

ASSESSMENT

All interviewees recognized the need for tailored approaches to address obesity in the workforce. A successful strategy for one employer may not work for another, depending on employer size, employee population, business operations, and other capacity considerations. Addressing obesity in the workplace remains a trial-and-error process. Current general workplace wellness programs are ineffective, and employers can use available evidence to build comprehensive strategies suited to their workplace. To that end, a targeted approach begins with assessments of employee needs and employer capacity.

An assessment of employee needs involves some version of internal landscape analysis, including a survey of all employees to gauge their understanding of workplace wellness programs and their level of interest in participating in them. If workplace wellness activities are already in place, to what extent are they used, and which employee populations are they reaching? To what extent are employees utilizing the obesity-care options available through an employer health plan? How have employee needs changed after the outbreak of COVID-19, and how has their relationship with wellness offerings changed?

An employer capacity assessment involves an internal inventory of the potential intervention points available to the employer. For example, for employees who are still doing in-person work, does the employer offer food through a cafeteria or events in a safe and accessible way? Does the employer have current workplace wellness contracts with external vendors, and is the employer financially committed to these programs? In benefits policies, what health insurance coverage does the employer already offer to meet the needs of a person with obesity, and does capacity exist to work with the insurer to expand the coverage? The inventory should also include an assessment of the utilization of all intervention points compared to the number of employees that would qualify for care. For example, if 40 percent of the workplace population struggle with obesity, and the employer provides pharmacotherapy options for treatment, how many employees are using this resource? The employer can use the data from this workplace scan to create a long-term plan for intervention that can fill the current gaps in obesity care in the workplace. Given the recent change from the physical workplace to working from home for many employees, assessments can evaluate staff locations (e.g., working remotely, in the office, etc.), and results can inform interventions to promote health based on employee working location.

Leading health organizations have already developed assessment tools to help employers assess the overall health culture in their workplace. For example, the American Heart Association offers a comprehensive organizational self-assessment tool, the Workplace Health Achievement Index, to evaluate the culture, structure, processes, and outcomes of an organization's current workplace health program,

including obesity care.[25] The Centers for Disease Control and Prevention also offers a Worksite Health ScoreCard, designed to help employers assess whether they have implemented evidence-based health promotion interventions. This ScoreCard includes assessment sections on weight management and several other disease states and risk factors associated with obesity.[26]

PREVENTION: CHANGING THE DEFAULT OPTION

Interviewees explained that prevention efforts could be sustainable and effective with structural, environmental supports that promote health in the workplace. A culture of healthy eating in the workplace, both in-person and remotely, is a critical aspect of obesity prevention because, as stated by one interviewee, "You can't outrun or out-exercise a bad diet," stressing the importance of nutrition on metabolic health. Employers can use their influence in institutional food procurement to make the healthy option the default option. This effort includes subsidizing healthy options, showcasing healthy food options in the workplace cafeteria, or placing healthy snack options at eye level in workplace vending machines. With COVID-19 changing the in-person intervention points in the workplace for many employees, employers need to consider new ways to promote nutrition while employees are at home. One interviewee suggested subscriptions to healthy eating delivery services. It's unclear how effective these interventions will be in a remote world of work, but it is essential for employers to try new options to continue to support a healthy and sustainable culture of nutrition at home.

Some current workplace wellness offerings also promote physical activity, such as lunchtime walks or gym vouchers. Employers can encourage active lifestyles within their office environment—for example, accessible and inviting stairwells or standing desk options—for employees doing in-person office work. Employers can also promote active commuting options, such as biking or public transit stops, that require some amount of walking. These options are only relevant if employees use them, which reinforces the need for employers to monitor employee uptake of programs consistently and to look for identifiable patterns in employee engagement.

In addition, unless obesity prevention is paired with comprehensive treatment, these interventions may fail to reach employees most in need of care. For employees now working remotely, the same situation applies as with nutrition—while it's not possible for employers to have all the data on the effectiveness of these programs yet, it's critical to support their employees trying to engage in an active lifestyle. This could include partnering with fitness companies for the distribution of at-home exercise equipment, as one example cited by an interviewee.

Obesity prevention extends beyond the workplace, and employers can take a stance on critical community investment and policy issues to contribute to their workplace culture of health. Businesses are becoming more aware of the effects of

social determinants on their workforce, and as a result, public-private partnerships with public health agencies are forming to address them. Employers with an interest and the capacity to engage in these types of community partnerships should begin by developing a strategic list of local partners for outreach. Many business-public health partnerships are formed by focusing on the common goals of worksite health policy and community health policy. These community initiatives can be replicated elsewhere to ensure that the success of workplace programs can be sustained in the surrounding environment, so prevention efforts extend beyond the four walls of the workplaces.[27]

Stress, lack of sleep, and other risk factors can contribute to an individual's risk of obesity, and the pressures of the workplace can exacerbate these factors, particularly with the unprecedented stress of working during a pandemic.

Beyond nutrition and physical activity, employers can improve the culture of health with interventions to promote a healthy work-life balance. Stress, lack of sleep, and other risk factors can contribute to an individual's risk of obesity,[28] and the pressures of the workplace can exacerbate these factors, particularly with the unprecedented stress of working during a pandemic. If employees receive support from their employers to embrace healthy lifestyles outside of work, with proper stress management and adequate sleep, employers can influence obesity prevention even after the workday ends.

TREATMENT: COMPREHENSIVE AND CONSISTENT

Obesity treatment includes many of the critical aspects of prevention; interventions for weight loss and management overlap with interventions for obesity prevention and healthy weight maintenance.[29] However, people living with obesity require additional health-care options for treatment. All interviewees recognized the necessity of offering health-care plans that cover the full range of obesity treatment options, with tiers based on the intensity of treatment. These tiers include behavioral counseling, anti-obesity medications, and bariatric surgery and should be based on the severity of the disease and the treatments for which the patient qualifies.

Currently, only one percent of individuals with obesity who qualify for either medication or surgery receive these successful long-term treatments.[30] Treatment gaps were further explained by interviewees; obesity health-care coverage often fails to cover all necessary steps of surgery recovery, deterring employees from utilizing this option and thereby rendering it ineffective and exclusionary. To improve treatment use and effectiveness, interviewees believe that employers must cover

all medically necessary steps. Studies also support the establishment of an onsite clinic for chronic disease detection and treatment, when employers can afford the initial startup cost. Onsite clinics are intuitively useful for disease treatment, but when also staffed with health coaches, health educators, exercise physiologists, and nutritionists, onsite clinics can further contribute to a workplace culture of health and safety.[31] Even before the onset of COVID-19, onsite clinics were becoming increasingly common, and an interviewee speculated that the workplace would see more onsite clinics in the future. In health-care offerings, employers should continue to explore telehealth opportunities to support their employees with obesity. One interviewee expects that employers will increasingly explore care options, such as medication managers and employee-care partnerships with vendors, to increase employee engagement in a remote work world.

The STOP Obesity Alliance at George Washington University created a guide for developing a comprehensive benefits package for outcomes-based obesity treatment in adults. The guide identifies core components of a package, which are essential for evidence-based treatment of obesity, and expanded components, which are recommended based on anecdotal or emerging evidence.[32] This guide serves as an example of the kinds of tools that can inform employers as they craft or expand their benefits plans. Even if an employer is not in the position to expand its benefits offerings, it can still clearly communicate the covered obesity services to employees. Interviewees acknowledged that low employee engagement in treatment options might stem from a lack of awareness about the available options.

These options combined can foster appropriate communication, employee and employer ownership, and adoption of a positive workplace health and wellness culture.

PART V

Conclusion and Next steps

Although there is no panacea, interviewees suggest that employers address obesity in their workplaces with small changes that add up to a comprehensive approach. With a comprehensive plan and measurable goals to demonstrate employee and financial health, employers will begin to change the prevailing approach surrounding obesity in the workplace.

This report consolidates the suggestions and expertise from thought leaders and advocates in the field of obesity and workplace health and updates the findings to respond to the changing environment from COVID-19. Although there are steps that employers can take now, additional research is needed to identify evidence-based strategies for employers to address obesity in their workplaces. Employers with the capacity for intervention and data gathering should pilot comprehensive and individualized obesity-care programs, moving beyond standard worksite wellness activities to a comprehensive approach of prevention and treatment. As they gather data on their programs, they will contribute to the evidence base about best practices.

Call to Action

As the Milken Institute Center for Public Health continues the Workplace Obesity Project, we hope to engage with employers that are interested in developing and implementing innovative programs on this urgent matter. If interested, contact Elle Alexander at the Center for Public Health ealexander@milkeninstitute.org.

ENDNOTES

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