Population Health Matters

It Takes A...Workplace! Insights from an Employee Weight Loss Program

Over two-thirds of U.S. adults are considered overweight or obese,1 putting them at increased risk to develop health conditions such as type 2 diabetes, hypertension and cardiovascular disease.² Health care spending for obese adults under the age of 65 is estimated to be 36% higher than for normal weight adults.3 With increased health expenses, employee absenteeism and loss of productivity, obese individuals are more costly to employers.4 Addressing obesity is part of a long-term solution for improving health and many have identified the workplace as a prime setting for interventions.5-6 Currently, published literature about worksite wellness initiatives focus on the implementation and evaluation of randomized trials. These include testing the use of incentives, 7 increasing physical activity, 8 and interventions in workplace cafeterias.9 While broad recommendations for workplace wellness initiatives are available, there is a need for employers to share specific weight loss interventions to provide more comprehensive population health solutions.

In 2009, the Benefits and Wellness Department at Einstein Healthcare Network started 'Greatest Loser,' a voluntary program for employees who wanted to lose weight. Loosely based off the television show 'Biggest Loser,' the competition rewards those who lose the greatest percentage of body weight over a 10-week period. The Greatest Loser program has an approved budget to advertise throughout the network, to offer participants tools for the competition (e.g. notebooks for capturing weights) and to provide prizes. In addition, through cultivating relationships with outside vendors, generous donations have been made by grocery stores, fitness centers and food companies to provide giveaways to participants throughout the competition. Since its inception, the program has evolved into a

wellness program that integrates incentives, education, and resources to encourage employees to become more conscious of their health status and achieve any amount of weight loss.

Employees enter the competition as either an individual or as a team, depending on personal preference. During enrollment, they also select a fellow employee (from a provided list of weighers) who is responsible for recording all weights collected during the program. Participants have official weigh-ins every other week, with optional weekly weigh-ins offered. At the end of the competition, substantial cash prizes are awarded to the male, female, and two-person team who lose the greatest percentage of body weight. In 2014, to engage employees interested in adopting healthier behaviors or losing smaller amounts of weight, additional challenges were offered, including weight (i.e., setting a goal of losing 10 pounds in 10 weeks) and behavior-specific tasks (e.g., taking the stairs every day, giving up sugar-sweetened beverages) was also set at each weigh-in. This past year, a survey of participants revealed that these challenges were named the most helpful and motivating aspects of the competition.

The Greatest Loser combines multilevel support (individual, interpersonal, institutional and community factors) to motivate employees to make healthier choices. According to the ecological model of health, ¹⁰ these factors are essential targets for achieving population health improvement. Each level is a focus of the program and helps to engage employees while at work and at home. To address individual support, participants receive daily actionable tips either by email or text, weekly newsletters, and an electronic copy of an employee-designed healthy eating cookbook. Various surveys are

sent out during the 10 weeks to test individual knowledge, attitudes and behaviors for successful weight loss.

Greatest Loser utilizes the value of interpersonal relationships, both inside and outside the workplace, for weight loss. In the workplace, the team of 50 weighers is offered a motivational interviewing training (before the competition starts) to help maximize interactions with participants. Once the competition begins, weighers meet with participants to offer support, to motivate, and to provide giveaways. At the first weigh-in, participants are given a notebook, complete with weigh-in dates, discounts, and other pertinent information. They are encouraged to bring it to all weigh-ins to record weights throughout the competition, with weighers also using the notebook to acknowledge weight loss. In 2014, recognizing the critical role of social support from family members, the program expanded to allow employees to enter the program with their spouses or partners.

Additional internal and external resources are promoted to offer convenient options for weight loss at the institutional level. On-site fitness classes, such as Zumba, line dancing and yoga, are offered at varying times, both during and after work hours, with the first session of each free of charge. A hospital dietitian offers an in-person workshop once a week to answer healthy eating questions and is available by email; a psychologist, formally trained in motivational interviewing, offers weight loss counseling to those interested. Both provide these services voluntarily.

To provide support to participants in the community, Einstein collaborates with fitness center locations (convenient to employees and their families) to offer weigh-ins for

CONTINUED ON PAGE 2



Population Health *Matters*

night and weekend employees, as well as participating spouses or partners. Over 20 vendors provide employees special discounts on fitness related goods (such as memberships and personal training sessions) as well as wellness and food services (such as bags of groceries and fruit arrangements).

Over 1,100 Einstein employees signed up for the Greatest Loser 2014 (almost 14% of the total Einstein workforce), with close to 40% completing the competition (or half of all employees who came to the first weigh-in). In total, almost 3,000 pounds were lost and 355 participants lowered their Body Mass Index (BMI). Most of this reduction happened within the BMI categories; however, 47 participants successfully lowered their BMI by a full category (e.g. going from 'obese' to 'overweight'). Last year, we evaluated participants before and after the competition. We used a survey to assess lifestyle changes including, but not limited to, physical activity levels (using the International Physical Activity Questionnaire [IPAQ]) and perceived support from family and friends/coworkers (using the Social Support for Diet and Exercise). The IPAQ uses 3 questions to assess the

number of times per week spent walking and performing moderate and vigorous exercise. The Social Support for Diet and Exercise rates the perceived support for adaptation of new dietary behaviors and exercise routines, respectively, by family members and friends/ coworkers. Over 600 participants responded to the pre-competition survey and almost 400 responded to the post-competition survey, with 236 employees responding to both. Of these, almost forty percent (39.3%) reported an increase in days per week spent walking for 30 minutes or more; 37% increased the frequency of days per week engaging in moderate-intensity exercise; and over onethird increased the frequency of days per week engaging in vigorous-intensity exercise. Two-thirds of employees reported an increase in the social support from family and friends/ coworkers when attempting to implement dietary changes. Half of employees also reported an increase in the support received from family and friends/coworkers when implementing new exercise routines. These increases in social support may be evidence of adaptation of healthier behaviors both inside and outside the workplace.

Worksite weight loss initiatives can be designed to help employees succeed in losing weight. This requires fostering a supportive workplace environment, including education, incentives, and increased access to skilled professionals and outside resources to make it both possible and easier for employees to adopt healthy living behaviors. Einstein has created an infrastructure that encourages and motivates employees to adopt healthier lifestyles. Moving forward, the program hopes to expand to weight maintenance to focus on sustained weight loss, identify which employee characteristics are associated with greater drop-out rates in order to provide additional tailored support, and continue to develop and cultivate collaborations with outside vendors.

Brook Singletary, MSW

Center for Urban Health Policy and Research Einstein Healthcare Network SingletB@einstein.edu

Adeena Menasha, MPH candidate

Benefits and Wellness Department Einstein Healthcare Network TollA@einstein.edu

REFERENCES

- 1. National Institutes of Health: National Heart, Lung, and Blood Institute. What are the Health Risks of Overweight and Obesity? Health Information for the Public. http://www.nhlbi.nih.gov/health/health-topics/topics/obe/risks.html. July 13, 2012. Accessed September 19, 2014.
- 2. American Heart Association. Obesity Information. http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp. Updated February 27, 2014. Accessed December 19, 2014.
- 3. Heinen L, Darling H. Addressing obesity in the workplace: the role of employers. Milbank Q. 2009:87(1):101-122.
- 4. Harvard School of Public Health. Obesity Prevention Source. http://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/. Accessed September 19, 2014.
- 5. Kolasa KM, Dial J, Gaskins S, Currie R. Moving toward healthier-eating environments in hospitals. *NutrToday*. 2010;45(2):54-63.
- 6. Quintiliani L, Poulsen S, Sorensen G. Healthy eating strategies in the workplace. Int J Workplace Health Manag. 2010;3(3):182-196.
- 7. Kullgren JT, Troxel AB, Loewenstein G, Asch DA, Norton LA, Wesby L, et al. Individual- versus group-based financial incentives for weight loss: a randomized, controlled trial. *Ann Intern Med.* 2013;158(7):505-514.
- 8. Kerr N, Yore M, Ham S, Dietz W. Increasing stair use in a worksite through environmental changes. Am J Health Promot. 2004;18(4):312-316.
- 9. Lowe MR, Tappe KA, Butryn ML, Annunziato RA, Coletta MC, Ochner CN, Rolls BJ. An intervention study targeting energy and nutrient intake in worksite cafeterias. *Eat Behav.* 2010;11(3):144-151.
- 10. Sallis JF, Owen N et al. Ecological models of health behavior. In: Glanz, K, Rimer, BK, Viswanath, K, eds. *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco, CA: Jossey-Bass; 2008:465-485.

