MILKEN INSTITUTE

# Modernizing Care for Obesity as a Chronic Disease

## A HOW-TO GUIDE FOR EMPLOYERS

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# About Us

## ABOUT THE MILKEN INSTITUTE

The Milken Institute is a nonprofit, nonpartisan think tank focused on accelerating measurable progress on the path to a meaningful life. With a focus on financial, physical, mental, and environmental health, we bring together the best ideas and innovative resourcing to develop blueprints for tackling some of our most critical global issues through the lens of what's pressing now and what's coming next.

## ABOUT MI HEALTH

MI Health bridges innovation gaps across the health and health-care continuum. We advance whole-person health throughout the lifespan by improving healthy aging, public health, biomedical science, and food systems.

## ABOUT PUBLIC HEALTH AT THE MILKEN INSTITUTE

The Public Health team develops research, programs, and initiatives to activate sustainable solutions leading to better health for individuals and communities worldwide. To catalyze policy, system, and environmental change in public health and to sustain impact, we approach our work in three interconnected areas: Prevention and Chronic Disease, Mental Health, and Health Equity.

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# Introduction

## OBESITY AS A PUBLIC HEALTH ISSUE: THE MILKEN INSTITUTE'S CALL TO ACTION

The Milken Institute has long addressed and elevated the pressing issue of obesity in the United States and its impact on health and the economy. As a country, we face an urgent need to develop and implement public health and health-care strategies that recognize obesity as a chronic disease, address disparities in multifaceted care, focus on person-centered solutions, and eliminate bias and stigma. There is no single approach. Rather, we need a heterogeneous, person-centered movement to achieve better overall health outcomes and alleviate the staggering economic burden of obesity on the US health-care system and the overall economy. Employers are an integral part of the solution to obesity.

Obesity has long been recognized as a public health issue impacting every segment of US society, including the workforce. Employers and employees are jointly affected by steadily rising obesity rates for both men and women and across all ages, racial and ethnic groups, and income levels. Obesity climbed from a rate of 30.5 percent of all adults in the National Health and Nutrition Survey (NHANES) of 1999–2000 to 41.9 percent in the 2017–2020 survey.[1]

As obesity rates have risen, so have those of associated diseases, such as diabetes, cardiovascular disease, and some cancers. Obesity presents a joint health and economic toll that negatively impacts individuals, families, communities, and employers through increased health-care costs and lost productivity. According to a study published in February 2024, for the year 2023, obesity and overweight among employees in the nonfarm, civilian workforce cost about $425.5 billion, including $146.5 billion in higher medical costs to employers ($89.8 billion) and employees ($56.7 billion), along with $242.6 billion in costs associated with absenteeism and presenteeism.[2] Most often considered in the aggregate, the impact of obesity is the sum of health and economic consequences experienced by those with the disease. It is critical to appreciate the population- and individual-level impacts of obesity simultaneously in order to explore the critical role employers can enact in improving access to, and benefit from, the prevention and care of obesity.

Recent developments in obesity diagnosis and treatment are bolstering confidence that obesity prevention and care are more than ever within reach. In 2013, the American Medical Association recognized obesity as a serious chronic disease.[3] Over the last decade, researchers and clinicians have gained a deeper understanding of the nature of obesity, finding evidence of a range of factors contributing to the development of—and the challenge of treating—the chronic disease. Such factors can be environmental, genetic, biological, and behavioral.

Further impediments to advances in obesity prevention and care are issues around weight-based stigma and bias, particularly as perceived in medical settings, popular culture, and beyond.[4] According to a study in 2023 by the Society for Human Resource Management (SHRM), 15 percent of employees assert that others made false assumptions about them because of weight at some point in their careers.[5] Today, employers, clinicians, and employees have access to a toolbox of obesity care options that is the most comprehensive ever, with a greater likelihood of success in prevention and care when well applied. Employers also have a wealth of economic data demonstrating the health and economic perils posed by obesity, together with the downside of not taking appropriate actions.[6] These data are of particular importance and interest to employers and all who benefit from a thriving, productive economy.

Employers were assured for years that implementing diet- and exercise-focused programs would be enough, but that has not proved to be the case. The science of obesity treatment and care has evolved significantly in recent years—setting a rapid pace for employers, and often clinicians, to track in real time. Employers must use increasing stores of evidence in obesity science to integrate comprehensive obesity benefits into health-insurance coverage. Lack of coverage is a major barrier to people living with obesity who could improve their health outcomes with access to a range of modern care options. Among care updates are **screening and prevention strategies, behavioral therapy, pharmacotherapy, bariatric surgery, and interventions such as nutrition and weight-maintenance coaching.**

It is important to note there is progress in comprehensive obesity-care coverage, and employers do opt in for anti-obesity therapies approved by the US Food and Drug Administration (FDA), but there is no standardized coverage for all these benefits.[7] From an employer's perspective, providing a comprehensive obesity benefit could enable a more resilient workforce by lowering the nearly quarter-trillion dollars in obesity-associated presenteeism and absenteeism, thus improving health outcomes.

Employers are uniquely positioned to drive environmental changes in the approach to health and health care. This How-To Guide—written with input from key decision-makers from all sectors within small, medium, and large-sized employers throughout the United States—is intended as a call to action and a resource for employers to accelerate the shift toward comprehensive, person-centered approaches to obesity care. To this end, the guide outlines promising opportunities and insights for informed action on comprehensive obesity care for employee populations.

## METHODOLOGY

Throughout 2023, the Milken Institute's Public Health team conducted a landscape analysis to uncover gaps in obesity care and identified areas where employers could initiate actionable change through better prevention, diagnosis, and treatment of the disease.

On concluding the landscape analysis, the Milken Institute engaged a diverse group of thought leaders across the ecosystems of research, technology, care delivery, public health, employers, policymakers, and advocacy. After participation in a series of intake interviews, the goals and initiatives of more than 20 employers across industries were cataloged and analyzed. Next, the Institute curated a cross-sectoral roundtable with nearly three dozen attendees to further discuss insights, barriers, and opportunities related to establishing comprehensive obesity care for employees. The recommendations and strategies outlined in this report are distilled from this multifaceted approach and reflect prominent themes that surfaced throughout the landscape analysis, interviews, and roundtable.

This work builds on the Institute's previous efforts to address the public health and economic implications of obesity. For more background, refer to *Obesity in the Workplace: What Employers Can Do Differently*; *Weighing Down America (2020 Update): A Community Approach against Obesity*; and *America's Obesity Crisis: The Health and Economic Costs of Excess Weight*.

# The Case for Employer Investment in Comprehensive Obesity Care

## SOCIAL AND ECONOMIC COSTS OF OBESITY

Solving the problem of obesity has historically been presented as a social and moral obligation. However, there is an increasingly compelling economic argument as well due to obesity's devastating impacts on the economy and workforce.

Last year, GlobalData published the results of a study that estimated the economic impact of obesity for a population of a million people, including the impact on state tax revenue collections and costs. The results showed that in 2022 per million population, obesity reduced economic activity by $1.3 billion, lowered state tax revenues by $60.8 million, increased state costs for Medicaid, public assistance, and state government health insurance by $83.5 million, and raised health-related absenteeism and employer disability costs by $134 million annually. Additionally, the 9,500 adults per million absent from the workforce because of obesity included 7,900 additional unemployed and 1,600 due to premature deaths.[8] Note that these numbers are average estimates and vary based on location according to obesity prevalence and socioeconomic averages.

Additionally, economic disparities have worsened along with rising obesity rates. According to the NHANES data for 2017–2020, Black Americans have the highest rate of adult obesity (49.9 percent), followed by Latino (45.6 percent), White (41.4 percent), and Asian (16.1 percent) adults. There is also a significant overlap (43.9 percent) between obesity rates and adults living in households with incomes below 130 percent of the federal poverty level.[9] Black Americans, who experience poverty at 1.8 times the rate of the general population, are disproportionately affected by obesity.[10] Black women have the highest rates of obesity in the country and, besides being more vulnerable to structural racism, they face the increased burden of cultural bias and stigma associated with obesity.[11]

In terms of participation in the workforce, weight-based bias and stigma manifest in the form of lower hiring rates and lower pay, among other factors. According to the GlobalData study published in February 2024, obesity reduces women's earnings by 9 percent relative to women with healthy weight.[12]

Not only is obesity a high-cost disease, but it impacts the earning potential and social mobility of employees, their families, and the communities they live in. When obesity rates remain high, everyone suffers due to forgone economic activity. Employers are uniquely positioned to help resolve this issue through benefit design and offerings to employees. Through judicious benefits purchasing, employers can shift benefit offerings away from addressing obesity as the primary responsibility of the individual and toward confronting obesity as a chronic disease with programs that support a holistic, person-centered approach to prevention and treatment, in turn shaping new societal and environmental norms.

## UNIQUE MOMENT FOR EMPLOYERS AND VARYING STAGES OF READINESS

Employers have long had the unique power to impact the way we approach health and health care. The most recent example is the increased attention to mental health seen during the COVID-19 pandemic. In the midst of the pandemic and even afterward, when COVID-19 was no longer considered a national and global emergency, employers cited

long-term mental health as their top health-care concern.[13] We saw a wide-scale call to action to address stigma around the topic, increase the accessibility of mental health resources, and ensure that mental health resources were provided to employees in the workplace.

Similarly, in recent years, employers have been faced with demands for benefits that cover comprehensive obesity care. A survey by the Obesity Action Coalition found that 44 percent of people with obesity would change jobs to gain coverage for treatment.[14] Another survey conducted by the Kaiser Family Foundation found that 80 percent of American adults believe that insurance companies should cover the cost of weight loss drugs for adults with obesity.[15] As of 2023, according to the International Foundation of Employee Benefit Plans, only 27 percent of US employers covered prescription drugs for weight loss, 59 percent covered bariatric surgery, and 76 percent offered a disease management program.[16] These numbers are not high enough to address the direct and indirect costs of obesity effectively at a systemic level.

Employers must also understand that the costs of obesity extend beyond harmful impacts on individuals, their families, and the workplace. In particular industries, the effects of obesity-related absenteeism and presenteeism can be felt universally, particularly if there are shortages of employees due to their chronic obesity. For example, according to a 2014 study published in the *American Journal of Medicine*, obesity rates tend to be higher in the health-care, social assistance, and public administration industries, as well as in architecture and engineering, community and social service, protective services, and office and administrative-support occupations. A high prevalence of obesity is particularly concerning in groups such as health-care workers, who play a vital role in the frontline of public health emergencies.

And yet, the massive economic shifts we are seeing because of obesity have changed some companies' cultures and attitudes toward whole-person health (the person-centered, integrated approach to health) and benefits offered to employees. While more employers are warming to the reality of treating obesity as a chronic disease that heightens the risk of other conditions (such as high blood pressure, type 2 diabetes, some cancers), many employers are at a loss about the next steps to address obesity in the workforce. Lacking information and the confidence to navigate endless sources of information and strategies in addressing overall health-care costs, employers and employees are challenged with negotiating wide gaps in coverage for advanced therapies, weight management programs, and other medical and lifestyle interventions that, if addressed, would reduce national health-care costs, bolster the economy, and vastly improve individual well-being.

Some employers are constrained by the types of benefits they can offer on the basis of size, revenue, and the industry they belong to. Large employers are more likely to offer comprehensive obesity benefits than small employers, but despite having access to a bigger pool of resources, only two-fifths of large employers cover newer chronic weight-management medications—one of the many tools available—for the treatment of obesity, while an additional 19 percent of large employers are considering coverage.[17]

Human resource benefits managers and the C-suite are first in line in determining the health needs of their workforce. These leaders can catalyze the paradigm shift away from obesity as an individual shortcoming and toward its recognition as a chronic disease, thereby making it a collective organizational priority. This change needs both top-down and bottom-up approaches to succeed, and it will fail unless employees are empowered to take action concerning their health—with the right providers, tools, and support—and fully understand the options available to them.

## CASE STUDY

### OBESITY CARE COVERAGE:
### An Example of Employer Readiness

- The US Office of Personnel Management (OPM) is the chief human resources agency and personnel policy manager for the federal government. OPM manages health insurance benefits for more than 8.2 million federal employees, retirees, and their families. More than 67 Federal Employee Health Benefit (FEHB) plans exist, with an annual premium value of $59.5 billion.
- In 2014, OPM first encouraged FEHB plans to cover obesity benefits, while also prohibiting FEHB plans from excluding coverage based on the belief that obesity is a lifestyle condition or that treatment for obesity is cosmetic.
- In 2023, OPM guidance became more explicit: Plan proposals for the 2023 plan year would be "reviewed for elements to reduce impacts of obesity in children and adolescents, access to anti-obesity medications, communication efforts, and billing and coding use and education of staff." As part of the guidance, OPM stated that FEHB "must have adequate coverage of FDA-approved anti-obesity medications on the formulary to meet patient needs and must include their exception process within their proposal."
- OPM comprehensive obesity snapshot:
    - Preventive services
        - Adults: behavioral counseling for healthy diet and physical activity
        - Children and adolescents: obesity screening
    - Treatments
        - Multicomponent behavioral interventions
        - Anti-obesity medications
        - Bariatric/metabolic surgery that leads to sustained weight loss

*Source: "Federal Health Plans Step Up Coverage of Obesity Treatment," STOP Obesity Alliance, accessed March 11, 2024, https://stop.publichealth.gwu.edu/LFD-apr22.*

# Opportunities for Action

The insights in this How-To Guide are intended for key decision-makers within workplaces—be they small, medium, or large employers—as they navigate the modernization of obesity care. We've learned that the most common pitfall for employers is the lack of information, tools, and leadership buy-in to devise and implement a plan for comprehensive obesity care.

In analyzing the insights shared throughout this initiative, the Milken Institute has identified a core set of opportunities for action centered around education, culture change, benefits planning, advocacy, and public policy as forces for change. These recommendations are presented with the understanding that employers are at varying stages of readiness to adopt these changes. Experts agree that no step is too small. Key opportunities and strategies are described below and paired with suggestions for employers of all types and stages of readiness as they advance their priorities related to providing comprehensive obesity care and sparking deeper conversations to help foster healthy, productive workforces.

## EDUCATION

### Opportunity

Increase awareness and understanding of obesity as a chronic disease and its economic and social impacts on the workplace. Deepen knowledge of the full range of tools in the employer's toolbox for providing comprehensive obesity care.

### Insights

- It is important that employers and employees understand obesity as a highly prevalent chronic disease characterized by excessive fat accumulation or distribution, which presents a risk to health and requires lifelong care. Virtually every system in the body is affected by obesity. Major chronic diseases associated with obesity include diabetes, heart disease, and cancer.[18] Obesity is a disease with a range of root causes, including, but not limited to, conditions associated with genetics, biology, social determinants of health, and lifestyles.[19]
- Evidence shows that obesity must be addressed through whole-person health approaches that prioritize the holistic well-being of individuals, addressing physical, mental, emotional, and social aspects of health. When implemented effectively in the workplace, these approaches contribute significantly to building a resilient workforce. For managing obesity, programs must extend beyond traditional offerings like healthy dining options and complementary fitness plans to encompass lifestyle and behavioral interventions among an

array of health mediations that are covered under health benefits plans and supervised by medical experts.

- Employers' and employees' knowledge gaps about comprehensive modern obesity care must be closed. A range of tools that include screening and prevention, intensive behavioral therapy, pharmacotherapy, bariatric surgery, and weight-maintenance programs traverses the spectrum of evidence-based options, all of which should be accessible to employees through employer-sponsored health care.
- Given the crucial effects whole-person health approaches can have on workforce resilience, employers should seize opportunities for employees to feel supported in all aspects of their health, which may further enhance workers' engagement and productivity.

## Proposed Actions

- Leverage educational resources to understand the biology of obesity, a complex topic that delves into aspects of physiology, metabolism, genetics, and behavior.
- Create platforms giving employees easy access to current evidence-based information for learning and knowledge-building about obesity as a chronic disease. Examples of content publicly available include:
  - The Obesity Medicine Association's podcast series, Obesity: A Disease, provides insights into the biology and management of obesity.
  - The National Institute of Diabetes and Digestive and Kidney Diseases offers comprehensive information on obesity, its causes, and related health risks.
  - The Obesity Society provides person-centered informational pages on its website created by obesity experts who regularly update content and materials to reflect the latest obesity-related information.
- Prioritize the creation and launch of employee training programs and resources focused on obesity that consider the audience, scope, and format that best align with workforce objectives. The educational and resource needs of leaders in employee benefit decision-making and corporate culture-influencing roles will differ from those of employees seeking more generalized information on the basics of obesity. Leaders in the C-suite and human resources must have a firm understanding not only of obesity as a disease but of its economic and social impacts on the workplace.
- Ensure that educational and training resources offered to employees define the concept of "comprehensive modern obesity care" and identify and explain the full range of tools available in the obesity care toolbox. Understanding the care options an employer can offer—depending on size, budget, and the average

tenure of employees—is a pivotal step in employer engagement to modernize care for obesity as a chronic disease.

- Assess and consider modernizing obesity prevention and care options to make comprehensive obesity care available for employees and covered beneficiaries. Such comprehensive care includes screening and prevention, behavioral therapy, pharmacotherapy, bariatric surgery, and interventions like nutrition and weight-maintenance coaching.
- Collaborate with respected education and advocacy organizations, such as the Obesity Action Coalition, the STOP Obesity Alliance, the Obesity Medicine Association, and the Obesity Society, to leverage their current materials in support of employers and the modernization of obesity care and to offer workshops and seminars tailored to employers' specific needs.

## Opportunity

Educate about the existence and negative impact of weight-based stigma and bias associated with obesity. Lead by example to eliminate stigma and bias within the workforce.

### Insights

- The results of scientific research have demonstrated that obesity is a complex, chronic, multifactorial, and manageable disease, rather than a failure of willpower or a personal moral failing.[20] Organizational leaders—and their employees—must be educated to accept this concept.
- Misconceptions of obesity have fueled weight bias and stigma that have become pervasive in individuals with obesity, among the workforce, and even among medical and other health-care providers. Correcting this misunderstanding is a step in the right direction toward confronting stigma and eliminating bias in the workplace. Weight bias and stigma, which often entail harmful stereotypes, are dehumanizing and damaging to people living with obesity. Often, decision-makers in workplaces haven't heard firsthand accounts of what life is like for employees who live with obesity, particularly around experiences in health-care and workplace settings.
- Results of studies show that obesity has been associated with social disconnection, restriction in movement, activities, and opportunities, depression, stress, low self-esteem, judgment by self and others, and blame.[21] The evidence provided in these studies suggests that understanding the lived experience of obesity is essential to combat harmful narratives and boost the effectiveness of treatment.

## Proposed Actions

- Review and broadly apply the Obesity Bill of Rights in the workplace.

### The Obesity Bill of Rights

**The Obesity Bill of Rights provides the right to:**

- accurate, clear, trusted, and accessible information;
- respect;
- autonomy to make treatment decisions;
- treatment from qualified health providers;
- person-centered obesity care;
- accessible obesity care and services from health systems;
- high-quality obesity care; and
- financial coverage for obesity treatment.[22]

- Increase understanding of the journey a person with obesity must take toward improved health status using up-to-date resources such as the Journey for Patients with Obesity roadmap by the American Association of Clinical Endocrinology.
- Adopt a no-tolerance policy that prohibits weight discrimination and apply a lens of diversity and inclusion when considering how to accommodate people with larger bodies. Some examples of accommodations include modifying office furniture, workstations, and/or equipment.
- Ensure workplace activities are inclusive for people of all body sizes.
- Elevate the person instead of the condition when discussing or referencing obesity by using person-first language (e.g., people living with obesity) and display messaging to the employee base and broader community on obesity as a chronic disease and the impacts of its associated stigma.
- Invest in employee training to combat obesity stigma in the workforce. Offer weight-based bias training to all staff, with special attention to C-suite and hiring managers, using tools such as Weight Bias in the Workplace: Information for Employers.
    - Leverage other person-first resources from respected education and advocacy organizations, such as the Obesity Action Coalition, the STOP Obesity Alliance, the Obesity Society, the Obesity Medicine Association, the

American Society for Metabolic and Bariatric Surgery, and the Academy of Nutrition and Dietetics, to gain a deeper understanding of what it's like to live with obesity.

  - Call attention to the harmful and hurtful effects of joking about or using slang related to obesity and body size.

- Ensure employees have access to mental health resources to work on internalized shame associated with obesity in tandem with other health-care and lifestyle interventions.
- Help lift guilt or shame associated with obesity among the workforce by creating an open dialogue, treating obesity as the complex chronic disease it is, and providing standardized benefits that employ whole-person-health approaches.
- Do not add to stigma and bias by requiring employees to adopt additional lifestyle intervention strategies to gain access to medical treatment.

# CULTURE CHANGE

## Opportunity

Create a culture of health and well-being in the workplace.

### Insights

- For people living with the chronic disease of obesity, the experience can often feel isolating. Employers may play a role, intentionally or unintentionally, in fueling perceptions. Some employers assume the people they employ have a sophisticated understanding of weight and health, but this may not always be the case.
- Personal understanding of weight and its association with health varies greatly according to geographic location, income and education levels, and corresponding cultural norms, ease of access to nutritious foods, among other factors. According to a recent Milken Institute report, at least 88 percent of adults living in the US have health literacy that is inadequate to navigate the health-care system and promote well-being.[23]
- Obesity can be a sign of deeply rooted health and racial inequities linked to income levels, education, and geographic location, among other factors. As such, it will require a large, internally driven paradigm shift to begin to change the norms and perceptions around obesity among and within the workforce and solutions proposed to cater to the unique needs of people who seek treatment. Moving the needle on ensuring that more inclusive care is available will create a trickle-down of benefits to employers, employees' families and beneficiaries, and the overall health and resiliency of the community.

- Not all workplaces are equal, and strategies for shifting toward a culture of health must be tailored to individual circumstances. Employers might ensure special considerations for employees who don't report to a physical office location or who work unusual hours, for example.

### Proposed Actions

- Assess where employers can lead in modeling healthier habits and lifestyle choices, starting with basic questions. An employer may choose to pair comprehensive medical care available through robust benefits offerings with supportive lifestyle-intervention programs, such as more nutritious on-site dining options or tips for preparing wholesome meals at home.
- Build a culture of health and well-being by creating a psychologically safe workplace through modeling empathetic leadership. According to a Milken Institute report on gaps in employer mental health resources, empathetic leaders respond to the current—and anticipate the future—needs of their employees and encourage the use of workplace resources through the promotion, normalization, and prioritization of health.[24]
- Provide employees with the flexibility to attend medical appointments, make confidential calls, and take advantage of other customized solutions that meet the needs of the unique workplace and environment.

## Opportunity

Be mindful of young adults in the workforce and ensure their representation when considering measures to address obesity in the workplace.

### Insights

- There are currently five generations in the workforce, each with unique needs. According to the Economic Policy Institute, the largest employers of young people (ages 16–24) are in three industries: leisure and hospitality, retail, and education and health services.[25]
- While not all young adults may take advantage of employer benefits, there are gaping holes when it comes to their inclusion in building a healthy workplace culture. According to the Society for Adolescent Health and Medicine, "Young adulthood is a unique and critical time of development where unmet health needs and health disparities are high."[26] Therefore, targeted interventions and inclusion are vital to improve the rates of obesity in this population.
- Young adults are half as likely to have obesity as middle-aged adults, but still, their numbers are rising and require prompt attention.[27]

## Proposed Actions

- Consider the specific needs of the younger workforce, particularly Gen Z and millennials when it comes to obesity prevention and treatment, and include these generations in conversations regarding obesity and other health-related discussions.
- Recognize that digitally enabled generations may prefer "digital-first" pathways to obesity care. Explore this option to promote increased engagement and sustainable change, when appropriate.
- Seize the opportunity to combat misinformation, to educate, and to ensure the health of young adult populations with regard to obesity. Young adults need information from trusted sources. According to the 2024 Edelman Trust Barometer survey findings, some workers view their employers as the most trusted institutions.[28]

# STRATEGIC BENEFIT DESIGN PLANNING

## Opportunity

Address barriers to access to high-quality, efficient, and evidence-based obesity care. This includes obesity medicine specialists, clinics, centers of excellence, and telemedicine options.

## Insights

- In many states across the country, advanced obesity care options are most easily available to people with economic and social privilege. Not many people know that more than 8,200 clinicians in North America are certified by the American Board of Obesity Medicine (ABOM).[29] Most of these doctors practice in urban areas, however, and are in high demand.
- For people who are unable to access a specialist in person, telehealth options offer access to effective, lower-cost care. Fortunately, many states have implemented parity regulations that require insurance companies to cover telemedicine visits the same way they cover in-person visits.[30]
- As with many chronic diseases, most obesity care is provided in the primary care setting. Employers can continue to advocate for uptraining and support for primary care clinicians, aiding in broader access to modern obesity care.
- Review the critical role mental health and nutrition professionals play in comprehensive obesity care. Ensure access to these professionals in support of optimal outcomes.

## Proposed Actions

- Implement clear conditions and qualifications for advanced obesity management, targeting the medically eligible and those with the greatest need.
- Work with health plans to ensure primary care physicians are trained and supported with appropriate reimbursement for the full spectrum of obesity care.
- Contract with vetted obesity management specialists and centers of excellence to ensure individualized and appropriate obesity treatment and care.
- Help employees identify the obesity medicine specialists, primary care, mental health, nutrition, exercise support, and other professionals and programs to which employees have access under the organization's health plan. Make this list easily accessible to all employees.
- Offer technology-enabled, evidence-based care when appropriate to support employees physically and emotionally, and to reduce the stigma they may otherwise feel in a brick-and-mortar care setting.
- Advocate efficient, evidence-based approaches, such as clinical care pathways, to overall obesity care, improving the value of investments in comprehensive obesity care.[31]

# Opportunity

Move beyond wellness programs and integrate obesity benefits into overall coverage, ideally by providing a comprehensive obesity benefit.

## CASE STUDY

# A Comprehensive Obesity Benefit as a Guide for Employers on the Core Components of Obesity Care

*Designed by the STOP Obesity Alliance at the George Washington University, Washington DC*

**Key Finding**: Implementing a Comprehensive Obesity Benefit can help employers increase access to and utilization of comprehensive obesity care by employees

- The STOP Obesity Alliance found that the fragmented health-care system in this country makes it difficult to know what care is available and how much it costs.
- In response to these issues, the STOP Obesity Alliance, located within the Milken Institute School of Public Health at George Washington University, designed a comprehensive obesity benefit, which was informed by input from experts and key stakeholders, including representatives from large employers, health-care plans, payers, patients, and providers. The resulting recommended benefit design is broadly consistent with current evidence-based treatment guidelines that can support clinically significant weight loss among people with obesity and provides guidance on the appropriate number, scope, duration, and delivery of obesity-related benefit offerings.

The following five elements make up the comprehensive obesity benefit:

**Screening and Prevention**

- All adults should be screened annually for obesity, changes in weight status, and patients' body-weight concerns associated with an eating disorder.

**Intensive Behavioral Therapy**

- Intensive behavioral therapy should be made available for people with obesity (body mass index, or BMI, greater than or equal to 30) and must include cognitive, physical activity, and nutrition components.

**Pharmacotherapy Support**

- Benefits should cover all US FDA-approved short- and long-term medications, prescribed with behavioral interventions.

**Bariatric Surgery**

- A primary bariatric procedure for persons with a BMI of 35 (or 30 with a weight-related comorbidity) should be covered. Primary bariatric procedures should include, but not be limited to, laparoscopic sleeve gastrectomy, Roux-en-Y gastric bypass (named for the

French surgeon who devised the procedure), and biliopancreatic diversion with duodenal switch. The plan should cover one revisional procedure to correct complications or when inadequate weight loss is achieved despite adherence to the prescribed postoperative treatment regimen.

**Weight Maintenance**

- Strategies to prevent and mitigate weight regain are integral to the success of the obesity care plan. Benefits should include monitoring, prevention, follow-up, and intervention for relapse.

*Source: Christine Gallagher and Julie Ording, "A Comprehensive Obesity Benefit as a Guide for Employers on the Core Components of Obesity Care: Guidance from the American College of Occupational and Environmental Medicine (ACOEM) Roundtable on Obesity," Journal of Occupational and Environmental Medicine, 65(12), (December 2023): e808–e811, https://journals.lww.com/joem/fulltext/2023/12000/a_comprehensive_obesity_benefit_as_a_guide_for.26.aspx.*

# Opportunity

Use a data-driven approach to make better decisions about benefits that meet employee needs.

## Insights

- The authors of a *Harvard Business Review* study concluded that the employers best able to attract and retain talent are those that offer benefits addressing the evolving needs of their employees.[32] Using demographic data is a proven way of putting together a benefit package that meets employees' needs. Trust for America's Health has compiled a heat map of adult obesity rates by state.[33]
- Benefits managers who better understand a workforce's composition and unique needs can make more informed decisions on where to invest benefits dollars, recognizing that every employee and covered dependent should have the right to access comprehensive obesity care—no matter where they live.

## Proposed Actions

- Introduce a practice of benchmarking employee benefits within the employer sector and geographic region.
- Improve understanding of employees' needs by proactive engagement, active listening, and using survey opportunities and/or focus groups.

## Opportunity

Support the accelerated development and implementation of strategies that prioritize and reward high-value obesity prevention and comprehensive treatment.

### Insights

- At its core, value-based care encourages chronic disease prevention and management by improving health outcomes for individuals and communities through evidence-based clinical decision-making and by reducing the duplication of health services. Payers financially reward providers that deliver care efficiently and perform well against pre-established quality outcome measures.
- With innovation creating promising opportunities for a range of medical and nonmedical interventions to support comprehensive obesity care, the case and momentum for value-based obesity care are strong.

### Proposed Actions

- Diverse stakeholders across the US health system should align around and actively adopt a shared vision for high-value comprehensive obesity care, providing affordable, high-quality health care to all employees, regardless of where they reside.
- Employers should seek to work with their health insurance carriers to review network and plan-design offerings using a holistic approach aligned with the organization's stage of readiness and enabling employer opt-in for all forms of modern obesity care.

# PUBLIC POLICY

## Opportunity

Keep a finger on the pulse of public policy developments related to obesity. Align organizational values, benefits, and external engagement accordingly.

### Insights

- Public policy is the foundation for business creation, growth, and overall economic and social prosperity. Advocacy is taking action to support people most at risk in society so they are empowered to have their voices heard on issues important to them.

- Employers must recognize that good public policy and advocacy strengthen business and catalyze action on important issues, including obesity.
- Obesity has long been a topic of concern for lawmakers; bipartisan legislation—the Treat and Reduce Obesity Act (TROA)—was reintroduced in the US Senate and House of Representatives in 2023.[34]
- TROA is designed to treat and effectively reduce the harmful impact of obesity in older Americans by improving Medicare beneficiaries' access to providers equipped to administer intensive behavioral therapy under Medicare Part B and by providing Medicare Part D coverage for FDA-approved medications to treat obesity.
- Experience has shown that securing Medicare coverage can have a significant ripple effect on coverage in private health plans and other public programs across the country. In 2006, the Centers for Medicare & Medicaid Services issued a National Coverage Decision authorizing Medicare coverage for metabolic and bariatric surgery.[35] Today, nearly all state employee health plans and Medicaid programs cover these services, and the downstream effect helps improve members' health before they enter the Medicare program as older adults.
- Similarly, states are assessing access to FDA-approved medications to treat obesity in Medicaid, state-regulated health plans, and state-sponsored insurance programs for state employees and their covered family members.

## Potential Actions

- It is important to monitor the pulse of active federal legislation, such as TROA, and advocacy campaigns to inform organizational action on obesity benefits. This goes beyond federal-level activity to state- and locality-based activity where there are bills and health-plan policies centered on employees' health and the communities where employers operate.
- Employers can support public policies in various ways, including:
    - identifying specific, state-level policies that align with employers' values and goals related to employee health and wellness;
    - exploring opportunities to join business groups and alliances that have resources and experience in advocating policy changes;
    - supporting research and analysis that provide evidence and data to support policy positions and recommendations; and
    - investing in community programs and initiatives that align with organizational priorities and advance social responsibility.

- Collaborative initiatives that bring stakeholders together across the community can lead to collective empowerment, resulting in positive change. A new campaign, EveryBODY Covered empowers women of diverse backgrounds to urge employers, insurers, and elected officials to ensure coverage for the full range of evidence-based obesity care.

# Conclusion

The opportunities described above are intended to stimulate ideas for action around tangible first—or advanced—steps tied to stages of readiness addressing obesity in the workforce. This list is by no means exhaustive. We cannot let the quest for perfection obstruct progress; no first step is too small. Employers face a unique moment when obesity is making the most harmful impacts we've ever seen on the economy, organizational sustainability, and health outcomes. Fortunately, we have more proven, evidence-based tools to confront obesity than ever before.

Employers can only benefit from leveraging the tools in the obesity-care toolbox to help employees navigate their health and health care confidently and without shame. The Milken Institute Public Health team stands ready to help employers advance the recognition of obesity as a chronic disease and implement sustainable, person-centered, and future-facing solutions to obesity in the United States.

# Glossary

**Comprehensive obesity benefit** identifies evidence-based obesity treatment modalities that can support clinically significant weight loss in people with obesity and provides guidance on the appropriate amount, scope, duration, and delivery of obesity-related benefits. Five components make up the comprehensive obesity benefit: screening and prevention, intensive behavioral therapy, pharmacotherapy, bariatric surgery, and weight-maintenance strategies.[36]

**Health literacy**, newly re-termed "personal health literacy," is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.[37]

**Obesity** is a highly prevalent chronic disease characterized by excessive fat accumulation or distribution, presenting a risk to health and requiring lifelong care. Virtually every system in the body is affected by obesity. Serious chronic diseases associated with obesity include diabetes, heart disease, and cancers.[38]

**Person-centered care** refers to integrated health-care services delivered in a setting and manner responsive to individuals and their goals, values, and preferences, in a system that supports provider–patient communication and empowers those receiving care and their care-providers to make effective care plans together.[39]

**Structural racism** refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. Such patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.[40]

**Technology-enabled care** is a collective term for telecare, telehealth, telemedicine, mobile (m)-, digital-, and electronic (e)- health services.[41]

**Value-based care** is health care designed to focus on the quality of care, provider performance, and patient experience. The "value" in value-based care refers to what an individual values most.[42]

**Weight bias** comprises negative attitudes, beliefs, judgments, stereotypes, and discriminatory acts aimed at individuals simply because of their weight. It can be overt or subtle and occur in any setting, including employment, health care, education, mass media, and relationships with family and friends. It also takes many forms: verbal, written, media, online, and more. Dehumanizing and damaging, weight bias can lead to adverse outcomes in physical and psychological health and promotes a social norm that marginalizes people.[43]

**Weight stigma** refers to discriminatory acts and ideologies targeting individuals because of their weight and size. Weight stigma stems from weight bias.[44]

**Whole-person health** requires attention to the whole person—not isolated organs or body systems—and consideration of the multiple factors underlying health and disease. Such attention means helping and empowering individuals, families, communities, and populations to improve their health in multiple, interconnected biological, behavioral, social, and environmental areas. Instead of focusing on a specific disease, whole-person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.[45]

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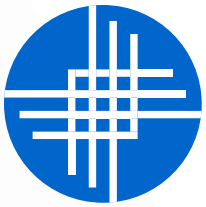
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