

# Employer Collaboration on Obesity as a Population Health Imperative

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According to the newly-released 2016 County Health Rankings and Roadmaps from the Robert Wood Johnson Foundation ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)), 29% of the adult population in Pennsylvania is obese. The health and economic impacts of obesity are already well-recognized.

Obesity is an independent risk factor for most other chronic diseases, including diabetes, coronary heart disease, stroke and many cancers (<http://www.cdc.gov/healthyweight/effects/>).

In recent years, many employers, especially those that are self-funded (those that carry the financial risk of an unhealthy population or high-cost individual cases), have implemented wellness programs that incorporate a focus on healthy eating and physical activity in hopes of stemming the prevalence of obesity, preventing diabetes and other chronic conditions, improving workforce health and productivity, and lowering the costs of care.

Traditionally, each employer works individually, with their benefits consultant, and one or more selected wellness vendors (including health plan wellness offerings) to

address the health risks of their workforce.

The Greater Philadelphia Business Coalition on Health (GPBCH, [www.gpbch.org](http://www.gpbch.org)), established in 2012, brings together employers in Southeastern Pennsylvania, Southern New Jersey and Delaware with the mission of improving employee health and productivity, and ensuring that when care is needed it is accessible, affordable, high-quality and safe. As of spring of 2016, GPBCH has 45 employer members, representing 750,000 covered lives in the Greater Philadelphia region, and 1.5 million lives nationally.

In 2013, GPBCH was invited to participate in the Philadelphia Health Initiative, a multi-stakeholder effort funded by Sanofi in order to address the obesity epidemic in the Philadelphia region. With support from Sanofi, GPBCH established the Diabetes Prevention Learning Collaborative (DPLC), with the goal of bringing employers together to identify and implement best practices for reducing obesity and other diabetes risk factors, in order to prevent the onset of diabetes and improve employee health and well-being. The Coalition issued a call for participants among its employer members at the time the DPLC was being formed. Requirements to participate in the DPLC included the following:

- Attending monthly in-person and telephonic meetings
- Participating in meeting discussions by sharing

experiences and ideas with other DPLC members

- Sharing data using standardized metrics for comparison and benchmarking across DPLC participants, and tracking progress over time in reducing obesity and diabetes risk
- Developing a customized action plan for addressing diabetes risk in the population, using a standardized format provided by DPLC staff
- Providing periodic updates at DPLC meetings on progress in implementing the customized action plan, and lessons learned

At the time the invitation to participate was issued, eleven of GPBCH's twenty-six employer members expressed interest and signed participation agreements.

Over the next two years, monthly meetings were scheduled and held, incorporating participant education, data sharing, and discussion of activities, accomplishments, best practices and barriers to implementation. The DPLC staff developed a Resource Guide for participants, summarizing a range of tools, approaches and information available to employers to help develop and implement plans that address obesity, including physical activity and healthy eating strategies. Nine of the 11 participants submitted a customized action plan for more aggressively addressing obesity, and agreed to have their plans shared with the other participants.

The action plans were viewed as works in progress,

subject to revision as new information became available (including best practices shared by other DPLC participants, and other tools and approaches identified by participants, staff and external speakers). For example, following a presentation from the National Association of Chronic Disease Directors, and the American Association of Diabetes Educators, DPLC participants became aware of the CDC's Diabetes Prevention Program (DPP), and began to discuss how to bring the DPP to the workplace. The group subsequently has discussed how to overcome barriers to DPP implementation, such as health plan resistance to credentialing providers and processing claims, issues in implementing the program for shift workers and a geographically-dispersed workforce, as well as pros and cons of offering DPP classes onsite (versus in community sites such as neighborhood YMCA's). As a result of DPLC discussions, three of the participants implemented a DPP pilot, and five additional participants remain interested in implementing a program if the identified barriers can be resolved.

In the fall of 2015, when the initial funding came to an end, DPLC members were asked if they were interested in continuing to collaborate. Nine of the 11 participants expressed interest in continuing to meet, and agreed to open the group, renamed the Obesity Interest Group, to other members. As a result, three additional employers joined the group. The Obesity Interest Group continues to meet quarterly. In 2016, priorities will include: continuing

to update the resource guide and making members available of best practices as identified by researchers, population health experts and other employers; fostering continued implementation of the DPP; and seeking to evaluate the impact of activities on weight.

Although evaluation has been limited to structure and process measures, including the number of participants, participant attendance at meetings, and development and implementation of customized action plans, employer response has been positive and participants have expressed appreciation for the overall approach. The group recognizes that there is no “silver bullet” for addressing obesity, and that subgroups of employees have different needs. Benefit designs therefore need to consider behavioral, pharmacologic and surgical options. Given the complexity of tackling obesity as a population health imperative, a shared learning model bringing multiple employers together, appears to have helped foster identification and implementation of best practices.