Using STOP Obesity Alliance's Guide to Policy and Program Solutions (GPS) to Drive Policy

Dear State Leader,

Welcome to the second installment of the Strategies to Overcome and Prevent (STOP) Obesity Alliance's "Obesity and the States" bulletin. In this edition, we highlight the Obesity GPS, the first navigation tool developed to guide public and private decision makers as they evaluate the routes they may take toward curbing the obesity epidemic. The Obesity GPS was created by the STOP Obesity Alliance in an effort to help policymakers utilize the recommendations developed by the Alliance to address obesity.

The Obesity GPS is a set of multi-layered questions that policymakers can apply in the development or evaluation of obesity-related programs or proposals: specific programmatic interventions, policies aimed at health care professionals, or research initiatives. The Obesity GPS highlights the important questions that decision makers should consider related to overweight and obesity.

The STOP Obesity Alliance is a collaboration of consumer, provider, government, labor, business, health insurers and quality-of-care organizations united to drive innovative and practical strategies that combat obesity and foster change in society's perceptions of, and approaches to, preventing and treating obesity in the context of the real-world environment in which we live.

The STOP Obesity Alliance's research and outreach efforts, of which the Obesity GPS is a part, focus on informing public and private sector decision makers on the magnitude of the obesity epidemic and possible pathways forward. As such, the Alliance's recommendations are grounded in three main principles: 1) Reducing overweight and obesity is about improved health, not appearance; 2) The work to end obesity begins, but does not end, with personal responsibility; and, 3) Prevention and intervention go hand in hand.

The recommendations (listed on pages 2 and 3) are the foundation for the Obesity GPS. In this bulletin, we provide an example of how the Obesity GPS can be used by policymakers through a review of existing wellness incentive programs in four states: Florida, West Virginia, Rhode Island and Idaho.

We hope that the information included in this bulletin will be helpful to you and we look forward to hearing any feedback.

Best,

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STOP Obesity Alliance Policy Recommendations

The Alliance's policy recommendations focus on five key areas where both the private and public sectors can impact the nation's ongoing struggle with obesity and are the foundation of the Obesity GPS.

Recommendation One: Redefine Success

Most individuals who are overweight or obese and many of their health care providers have unrealistic weight-loss goals and few succeed in achieving those goals. In fact, research has demonstrated that a 5 to 10 percent sustained reduction of current weight is associated with major improvements in key health areas including: diabetes, lipid blood levels, and even mortality.[1] This level of weight loss may be more achievable and, coupled with the health improvements that result, could focus the dialogue on obesity toward healthy outcomes and shift from unrealistic, cosmetic goals. Therefore, the Alliance recommends that a successful weight-loss intervention be redefined as one that can lead to a 5 to 10 percent sustained weight loss and that this standard be used as a key measure to judge the effectiveness of such interventions.

Recommendation Two: Encourage Innovation and Multifactorial Interventions to Strengthen the System of Care for Overweight and Obesity

If an individual reaches a BMI of 40, or 35 with co-morbidities, bariatric surgery may be an effective treatment option to consider. Currently, there are limited effective weight-loss tools available and consequently, there is an urgent need to develop, test, and evaluate interventions that include multiple components (personal trainer + diet, + drugs, or surgery + behavioral treatment + diet, etc.) among diverse populations at lower levels of overweight and obesity before co-morbidities develop. Additionally, there must be a greater focus on motivating payers, insurers, and employers to encourage innovation, to educate health care professionals, and to open up a dialogue with patients around these treatments and disease management interventions.

Recommendation Three: Address and Reduce Stigma as a Barrier to Improving Health Outcomes

There is no evidence that stigmatizing overweight and obese individuals motivates them to lose weight. In fact, stigmatization may postpone and even prevent these individuals from seeking treatment that could improve their health. While personal responsibility is an important consideration for success, until recently, the discussion surrounding obesity has begun and ended with personal responsibility. To address the epidemic more effectively, the conversation must deal with broader societal barriers to reducing obesity. For example, academic literature shows that there is a correlation between socioeconomic status and obesity.[2] However, this factor had traditionally been overlooked in discussions on personal responsibility. Therefore, there must be a greater focus on cultivating a positive environment in order to increase awareness of the environmental and individual causes of obesity, which will likely reduce the stigma of being obese and its position as a barrier to successful treatment.

Recommendation Four: Broaden, Intensify, and Coordinate the Research Agenda for Obesity

Currently, most contributing factors of obesity are examined separately, with little research or agreement on how they influence each other. As the obesity epidemic continues, there is an ever-increasing need for enhanced collaborative effort among both governmental and non-governmental entities to study all of the important factors contributing to the obesity epidemic and how they interact with each other. Additionally, the research agenda should examine both the factors and impacts of obesity as it relates to: health services, socioeconomics, the health care system, benefit design, environmental factors/costs, and other broad issues that affect the epidemic, such as the complex interplay of biological, genetic, behavioral, cultural, environmental, societal, policy, and economic factors.

Recommendation Five: Encourage Physical Activity for Improved Health

Independent of weight, physical activity has significant and widespread health benefits. Studies show that those with excess weight and poor fitness have the highest risk of premature death and disease, but those with high fitness levels, irrespective of the presence of overweight or obesity, have lower rates of chronic disease and premature death compared to those with poor fitness levels. Therefore, focusing efforts on increasing physical fitness can have wide-ranging benefits. Additionally, these measures can be evaluated and assessed using objective and reproducible methods, thus improving the current knowledge about treatments for overweight and obesity. Interventions must emphasize physical fitness, independent of current weight, in order to improve health, as well as a focus on creating and/or improving environments conducive to safe physical activity.

Exploring Wellness Incentive Programs with the Obesity GPS

The Obesity GPS provides a step-by-step guide to applying the Alliance's policy recommendations to review an existing or proposed policy or program. The Obesity GPS also provides a question matrix that can guide private and public sector decisions makers as they determine the most successful routes towards reducing obesity. The Obesity GPS is divided into five sections that each include questions to consider when examining a policy or program:

- Redefining Success
- Encouraging Innovation and Multifactorial Interventions
- Creating Positive Attitudes and Approaches
- Focusing and Coordinating Research Efforts
- Promote Physical Fitness and Use It as an Indicator of Wellness*

To demonstrate how policymakers can use the Obesity GPS, we have reviewed existing wellness incentive programs in four states: Florida, West Virginia, Rhode Island and Idaho. ** In Florida and West Virginia, we applied the publicly available information regarding the wellness incentive programs implemented in the states' Medicaid programs. For Rhode Island and Idaho, we applied the Obesity GPS to the wellness incentive programs of each state's employee health benefit program. All four of these states' programs offer some type of wellness incentives, but differ in the behaviors rewarded and the way individuals can use the rewards. The tables below summarize each state's wellness incentive program features.

** Section 5: Promote Physical Fitness and Use It as an Indicator of Wellness was recently added as of the date this bulletin was published and is not reflected in the online version of the Obesity GPS.*

***Only publicly available information about these programs was utilized. The analysis is not intended as an assessment of the quality or success of the programs but rather as an illustration of how the Alliance's recommendations can be applied to an actual program to aid decision makers' conversations and planning.*

Summary of Wellness Incentives Program Features in Florida & West Virginia Medicaid Programs

	Florida **Enhanced Benefits Reward$ Program[3]**	**West Virginia** **Mountain Health Choices' Enhanced Benefits Program[4,5]**

Summary of Wellness Incentives	*Beneficiaries can receive up to $125 for engaging in:*
	
	• Wellness behaviors
	  ○ Adult BMI assessments;
	  ○ Checkups: Dental; Vision; Well-child visit
	  ○ Childhood immunizations; Flu vaccines
	  ○ Cancer Screenings: Mammograms; Colorectal Screenings
	• Programs that seek to change fundamental lifestyle behaviors
	  ○ Initial and six month participation in:
	  ▪ Disease Management Programs
	  ▪ Exercise program-with 6 months of success
	  ▪ Smoking Cessation-with 6 months of success
	  ▪ Weight Management-with 6 months of success
	• Appropriate use of the health care system
	  ○ Those who do not skip any primary care appointments
	  ○ Those who comply with prescribed maintenance medications
	
	Points can be used as vouchers to purchase approved pharmacy products or services not otherwise covered by Medicaid.
		After completing a wellness plan, patients are enrolled in an enhanced benefits plan, in which they are expected to:
		
		• Engage in appropriate use of the health care system
		  ○ Show up on time to any and all doctor's appointments
		  ○ Comply with doctor recommendations and prescribed medication regimens
		  ○ Avoid unnecessary emergency room visits
		
		• Wellness Behaviors
		  ○ Participate in health care screenings
		  ○ Adhere to health improvement programs directed by their health care providers
		
		If the patient does not complete a wellness plan or does not adhere to the above requirements after completing such a plan, he or she is removed from the enhanced plan and enrolled in a basic coverage plan which reduces or eliminates certain benefits.

Summary of Wellness Incentives Program Features in Rhode Island & Idaho State Employee Health Benefits

	Rhode Island Rewards for Wellness[6]	**Idaho Weight Management Incentive Program[7]**

Summary of Wellness Incentives	*Participants can obtain up to $500 per year for engaging in the following wellness behaviors:*
	• Complete "benefits 101" Online Tutorial ($50)
	  ○ Information about important health and wellness benefits and how to access them
	• Physical Activity
	  ○ Complete the 5-week Physical Activity Challenge ($100)
	• Smoking Cessation
	  ○ Certify Non-Tobacco Use or Complete 3 Tobacco Cessation Counseling Sessions ($100)
	• Blood Pressure
	  ○ Obtain blood pressure screening with results less than or equal to 140/90 or consult with a physician on the need for a treatment plan ($100)
	• Weight Loss
	  ○ Obtain a Body Mass Index (BMI) screening with a BMI of less than 30, or take action to lower your BMI ($100)
		Participants can obtain up to $200 for weight loss:
		Individuals will receive a financial reward for:
		• Losing at least 10% of his or her current weight in the first six months ($100)
		• Maintaining that 10% weight loss for an additional six months (additional $100)
		• Reaching that 10% weight loss after 12 months ($100 with no opportunity for an additional $100 for maintenance)
		Individuals are also rewarded for participating in a tobacco cessation program
		• $10 co-pay for quit aids
		Individuals may join one of the following weight loss programs:
		• Jenny Craig;
		• Weight Watchers; or
		• A physician led weight-loss program

Section 1: How will this policy or program define success for participating individuals, populations, or organizations?

States must consider many factors (e.g., cost, beneficiaries' or enrollees' needs, provider participation, federal requirements, etc.) when making changes to their Medicaid programs. The decision about whether to establish wellness incentives or what types of incentives is no exception. At the outset, it is state officials who define what "success" means for purposes of the program. In looking to implement the programs, state officials may simply be searching for ways to save money in the short- or long-term. In other cases, state officials may be exploring new methods for improving the health of the state's population by incentivizing healthy behaviors. Finally, it may be that Medicaid policymakers have noted that those enrolled in the program could benefit from a program aimed at improving and incentivizing healthy eating, physical activity, and achieving or maintaining a healthy weight.

These decisions may be more challenging in the Medicaid context because states have only just begun to incorporate wellness incentives into their programs, despite the spike in their implementation among private health plans and employers, and because "defining success" for the state, the population, or the participating individuals is challenging. In order to facilitate these conversations, the Obesity GPS presents the following questions to address whether or not a program sets and reaches its targets for success.

1. **Does it define success by evaluating the effect it has on the health and/or productivity of communities or populations?**
2. **Does it define success based on real health outcomes and sustained weight loss?**
3. **Does it define success by addressing many aspects of health?**

The publicly available materials from Florida, West Virginia, Rhode Island, and Idaho did not indicate whether their overall goals were to: (1) create cost savings; (2) increase the health of the overall Medicaid and state employee population; (3) increase the number of individuals receiving more appropriate services and improve individual health outcomes; (4) achieve some other goal or objective; or (5) achieve a combination of the other goals. Defining the goals and the metrics by which success will be measured can help policymakers improve the design of the program on the front-end and support the program's implementation in the long run.

However, it is worth noting that two of the state employee wellness programs include tools to measure the impact of the programs on the individual level. In Rhode Island,

individuals participate in a five-week physical activity challenge, obtain a blood pressure screening and are considered "successful" upon achieving results in a normal range, and/or obtaining a BMI screening with a BMI of less than 30. Idaho's program measures the impact and success of the program on the individual level by losing 10 percent of current body weight in six months and/or maintaining that level of weight loss for an additional six months.

Section 2: How will this policy or program encourage innovation and multifactorial interventions in obesity prevention and treatment?

When considering whether the program or policy achieves a multifactorial approach to interventions and preventive treatment for obesity, the GPS includes the following guiding questions:

1. **Does it promote ways to reduce weight-related health risks, like diabetes and cardiovascular disease, through multifactorial interventions?**
2. **Does it provide positive incentives for health care professionals, employers, and/or individuals to engage in evidence-based weight management programs?**
3. **Does it offer a comprehensive approach addressing many aspects of health including mental and physical well-being?**
4. **Does it involve multiple sectors in non-traditional partnerships?**
5. **Does it include provisions that address health disparities?**
6. **Does it dispel misinformation and provide factual messages about the causes of overweight and obesity through various communications channels?**

While there was not much publicly available data to address this principle, it is known that Florida, Idaho, and Rhode Island structure their programs to consider the co-morbidities and risks frequently associated with overweight and obesity. Specifically, Rhode Island's employee wellness program promotes the reduction of hypertension and cardiovascular disease by requiring participants to obtain blood pressure screenings and by encouraging physical fitness. Idaho's program encourages participants to take part in Weight Watchers and/or Jenny Craig. Florida encourages program participants to obtain health screenings for blood pressure and for certain cancers and to participate in disease management programs.

Section 3: How will this policy or program reduce stigma and create positive attitudes and approaches when treating or discussing obesity?

State policymakers should recognize that obesity is a highly stigmatized condition, with obese individuals facing multiple forms of prejudice and discrimination in all aspects of life, from employment to health care to education, etc.[8] Both patients and clinicians often have unrealistic expectations of "successful" weight loss.[9] The Obesity GPS questions below guide policymakers in ensuring policies recognize obesity as a medical, rather than cosmetic, condition and seek to ensure clinicians are knowledgeable about evidence-based best practices.

1. **Does it encourage realistic expectations for successful health outcomes by encouraging 5-10 percent sustained weight loss as an appropriate benchmark and judge interventions accordingly?**
2. **Does it allocate clinicians the tools and time necessary to have a productive conversation with patients?**
3. **Does it help clinicians communicate more effectively what an appropriate success level is for an individual?**
4. **Does it encourage training of health care clinicians in effective evidence-based interventions?**
5. **Does it help address obesity in a primary care setting?**

With respect to this recommendation, none of the states clearly address the issue of stigma in their publicly available information. However, Idaho provides incentives to state employees for achieving and maintaining a 10 percent weight loss.

Section 4: How will this policy or program focus and coordinate obesity research efforts?

As state policymakers know, research is an increasingly important component of any program or policy. Establishing an evidence base that supports a program and demonstrates its success is often fundamental to ensuring its funding, particularly in this very difficult budgetary and fiscal climate. The Obesity GPS includes the following guiding questions to assist policymakers in evaluating the research component of obesity efforts.

1. **Does it help to create an evidence base that payers, professionals, health care professionals and researchers can use to assess the value of an intervention?**
2. **Is there an evaluation component that captures what program participants learned?**
3. **Does it call for additional assessment on interventions related to overweight and obesity?**
4. **Does it foster the development and dissemination of best practices that translate successful or promising interventions to real-world practice including schools, worksites, and clinics?**
5. **Does it encourage research that demonstrates how access and affordability of care issues in both the public and private sectors affect obesity and its co-morbidities?**

None of the states we reviewed specifically addressed a research component to their programs in the information that was available. State policymakers collaborate often with researchers, academic institutions or outside evaluators to assist in performing this function and this information is frequently not shared with the public until the research or evaluation is complete.

Section 5: How will this policy or program promote physical fitness and use it as an indicator of health independent of weight loss?

There is a growing body of evidence that suggests that physical fitness, independent of weight loss, is an important indicator of health. [10] In the past, wellness incentive programs that included a fitness component frequently tied this to a weight loss requirement or goal. However, states should consider incentivizing physical fitness as an independent consideration. The Obesity GPS includes the following questions for determining whether a program is promoting fitness as a measure of health status, regardless of whether a participant loses weight.

1. **Does it provide positive incentives to engage in or develop interventions that promote physical fitness?**
2. **Does it provide provisions to develop and improve environments that encourage and support physical fitness?**
3. **Does it incentivize and reward physical fitness independent of weight or weight loss?**

Only Rhode Island addresses physical fitness in its state employee benefit wellness incentive program. Rhode Island's program rewards employees who participate in a five-week physical activity challenge without any specific requirements for weight-loss achievement, promoting and encouraging sustained physical fitness.

Conclusion and Recommendations

A state's decision to establish a wellness incentive program is likely one component of its larger efforts to address the obesity epidemic. However, these programs are emblematic of the many complicated decisions policymakers must make. Often times these decisions come with repercussions such as decreased funding in other areas or pressure to demonstrate a measurable outcome, without access to experts who can help guide decision making with sound science and data. To that end, state policymakers may also consider the following to help assist policy and program development:

Focus on rewarding good behavior versus punishing bad behavior

Florida, Rhode Island, and Idaho all reward individuals for good behavior. Conversely, West Virginia utilizes a negative incentive. The state removes participants from the enhanced Medicaid benefit plan for failing to adhere to the wellness incentive program standards.

Punishing bad behaviors places blame on the individual, and may inadvertently increase stigma toward the individual. The STOP Obesity Alliance encourages policymakers to focus on creating an environment where individuals and families are encouraged to engage in healthier behaviors and given the appropriate tools to make good choices.

Focus on multiple health behaviors, independent of weight loss

Both Florida's Medicaid plan and Rhode Island's state employee health plan reward individuals for a variety of healthy behaviors and track multiple indicators of the co-morbidities commonly associated with overweight and obesity (e.g., diabetes, hypertension, cancer, etc.). In doing so, both states emphasize a multifactorial approach to weight loss, which is likely to have the greatest impact on the health of the individuals and families participating, as well as result in the best return on investment for the programs.

Redefining "success"

Programs should define success so that participants and policymakers understand at the outset the goal of the program. The STOP Obesity Alliance encourages policymakers to define success in terms of health and emphasizes the need for achievable goals for individuals, families, and programs. For example, a weight loss of 5- 10 percent[11] results in measurable improvements in health and may be more realistic for some than defining success as a "normal" BMI. Moreover, defining success to include improvements in health as opposed to weight loss will encourage healthy behaviors and, therefore, improved health in the long term.

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