COMMENTARY

Employers Should Disband Employee Weight Control Programs

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ABSTRACT

American corporations continue to expand wellness programs, which now reach an estimated 90% of workers in large organizations, yet no study has demonstrated that the main focus of these programs—weight control—has any positive effect. There is no published evidence that large-scale corporate attempts to control employee body weight through financial incentives and penalties have generated savings from long-term weight loss, or a reduction in inpatient admissions associated with obesity or even long-term weight loss itself. Other evidence contradicts the hypothesis that population obesity rates meaningfully retard economic growth or manufacturing productivity. Quite the contrary, overscreening and crash dieting can impact employee morale and even harm employee health. Therefore, the authors believe that corporations should disband or significantly reconfigure weight-oriented wellness programs, and that the Affordable Care Act should be amended to require such programs to conform to accepted guidelines for harm avoidance.

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Wellness programs have become nearly ubiquitous in larger organizations following the passage of the Affordable Care Act (ACA), which allows corporations to tie up to 30% of total insurance premiums to participation in corporate wellness programs and/or achievement of positive health outcomes.[1] Along with smoking, the most common target of this tie-in is overweight status. However, we find that most corporate weight control programs (and wellness programs generally) fail—using valid metrics, none have reported savings, long-term weight loss, or reduction in medical events over a sizable population for 2 years or more, accounting for dropouts and nonparticipants. Further, these "wellness" programs can adversely impact the morale and even the health of employees.

Even the premise that excess weight hampers productivity lacks evidence. We found that the Organisation for Economic Co-operation and Development countries and US states with higher productivity and growth generally also had higher rates of obesity. We are not positing causality, but rather observing that factors other than successful weight management of the workforce drive economic prosperity.

Neither Savings nor Weight Loss Itself Is Achieved in Workplace Wellness/Weight Reduction Programs

Wellness programs and weight loss programs need to be considered together when measuring savings because weight is the major target (along with smoking cessation, which has a low success rate) of these programs. It is reasonable to assume that wellness savings and obesity reduction savings should correlate closely, but corporations have not found savings in wellness programs. Since 2010, *Health Affairs* articles about wellness programs have documented no savings[2]—even in 1 case, in an organization that reported a significant reduction in its extraordinarily high rates of hospital admissions logically avoidable through wellness programs, such as heart attacks.[3] All known publicly claimed vendor savings claims have been prima facie invalidated on www.theysaidwhat.net.

Take-Away Points

Corporate weight control programs are ineffective at reducing weight; in addition, the nexus between weight loss and savings/productivity improvement is weak. Especially given the costs and potential harms of these programs, the authors recommend phasing them out altogether and reallocating resources towards creating a healthier work environment for everyone.

All vendors were notified of the questions and offered an honorarium to respond, but responses from the vendors in question have not been forthcoming.[4-6] Organizations whose wellness programs have been analyzed by RAND or *Health Affairs* have shown losses.[2,7] The sponsors of 2012's most lauded program and the recipient of numerous awards, the state of Nebraska, subsequently admitted data falsification.[8]

Weight loss itself is equally elusive. This conclusion can be reached on both micro and macro levels. On the micro level, no corporation has ever followed large numbers of employees over a long enough period to track recidivism. Moreover, only 1 published study, GEICO's, has ever controlled for self-selection. Results over the company's 18-week study period were sufficiently disappointing that GEICO declined to report actual weight changes, and rather reported just shifts in dietary composition, publishing the results in a European journal.[9]

Highmark Blue Cross's ShapeUp program is more typical of the way weight loss programs are measured. The program did not report weight change for nonparticipants, dropouts, or employees who gained weight or regained the weight they lost. (As is typical in corporate weight-loss reporting, these study design limitations were not disclosed.) Despite counting only active participants who succeeded in short-term weight gain, ShapeUp's program shifted only 163 of Highmark's 19,000 employees (0.86%) into lower weight categories[10]—which is perhaps even a lower percentage than random weight variation or regression to the mean would account for on its own. Oddly, this modest improvement was nonetheless considered a newsworthy event by ShapeUp.

ShapeUp is not alone. The wellness "industry standard" *modus operandi* is to report only successes and not failures. Wellness Coaches USA reports: "The average employee who lost weight lost over 12.1 pounds," without disclosing the percentage of employees who participated or the percentage of employees who lost weight and kept it off.[11] Cigna guarantees that some employees will lose weight (and reduce other risk factors), without offsetting this positive directional change with employees who gain weight.[12]

On the macro level, obesity and obesity-related medical events should be declining in the employer-insured population, if these programs are working as advertised given the number of employees with access to them.[13] However, to date, the only major population cohort to possibly show a reduction in obesity over the decade in which wellness programs exploded is young children—a cohort excluded from all corporate wellness programs.[13] Likewise, as a percentage of total admissions, wellness-sensitive medical events requiring hospitalization have declined at higher rates in the Medicaid and Medicare populations, which have little if any access to corporate wellness programs, than in their commercially insured counterparts.[15]

Consistent with all prior research showing that sustained weight reduction on a large scale is not possible, the conclusion is that alleged successes misrepresent true outcomes and that corporations are no more successful at weight control than individuals.

Category of insurance	Decline in wellness-sensitive admissions as a percentage of total nonbirth event admissions since 2001
Public (Medicare and Medicaid)	19.7%
Private	17.9%

Further, contradicting subjective polling data[16] and a study of self-reported work limitations published in the *American Journal of Health Promotion*[17] show there is no objective correlation between obesity and manufacturing productivity[18,19] or obesity and economic growth among the Group of Twenty (G20) nations.[20]

Obesity-Focused and Other Wellness Programs Harm Morale and Corporate Culture

Weight reduction programs may also adversely affect morale. Employees usually resist corporate wellness programs that involve surveys, weigh-ins, and screens. This can be inferred by observing employee revolts against wellness programs,[21,22] documented in a Cornell study showing a revealed preference that people prefer to pay more for a health benefit without a wellness plan,[23] and by the increasing financial incentives—now averaging $594 per employee per year[24,25]—needed to drive participation. There is also the impact on morale for the many people who drop out[26] or who resent corporate intrusion.[7]

Next is the impact on corporate culture: wellness programs generally create obvious incentives to lie when answering such questions as, "How often do you drive drunk?" At Penn State, employees encouraged one another to lie.[27] Likewise, fitness tracking foments a surveillance-state mentality that encourages cheating,[28] and wellness vendors may also cheat to improve the appearance of their outcomes.[29] An e-book published in 2014 by wellness coordinators describes the pressure they feel to lie about results.[30] Instead of creating a culture of health, wellness programs can create a culture of deceit.

Obesity Programs Cause Health Hazards

Finally, and most importantly as a policy matter, there are health hazards in "wellness." First, the possibilities of overdiagnosis and overtreatment exist.[31,32] While virtually every wellness program prescribes annual blood draws on all employees to screen for various conditions (and employees forfeit money by refusing to participate), there is no blood-based screen that the US Preventive Services Task Force recommends being done annually on all working-age adults, because overscreening can potentially cause harm through overdiagnosis and overtreatment—and it also increases cost. For some of the most common conditions, the appropriate screening is every 5 years.[33,34]

Popular but ineffective[35] "biggest loser" contests, as well as pay-per-pound-lost programs,[36] create a direct and negative health impact by humiliating people and encouraging crash dieting.[37] In addition, it is easy to imagine that a participant in a corporate weight screening program could, to boost his "results," binge before the initial weigh-in and crash diet before the follow-up weigh-in.

Put These Programs to Rest

It is time to end coercive or financially based wellness programs focused on weight issues. There is no evidence that these programs work, but ample evidence exists that they are a morale-reducing and expensive distraction from the business of business. To avoid such hazards, the ACA should be amended to require programs to operate consistent with established guidelines for weight control programs—meaning removing all express or implied incentives to crash diet.

Instead, employers could subsidize healthy food options in workplace cafeterias, give employees an extra break designated for taking a walk, or reimburse fitness memberships. Programs such as these may improve health, but most importantly, they do no harm, which would make them an improvement over the typical program now in operation.

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eAppendix. 22 Language and Sites

The conclusion that there is no prima facie relationship between obesity and economic productivity, particularly in the industrialized world and in the United States by state, derives not from a single source, but from a proprietary analysis of data from three sources.

These sources are:

1. The Organization for Economic Cooperation and Development's (OECD's) data on "Labor productivity in the total economy, at http://stats.oecd.org/Index.aspx?DatasetCode=PDYGTH
2. OECD's glossary of terms, at https://stats.oecd.org/glossary/detail.asp?ID=4819, and OECD's data on manufacturing at http://oecd.270a.info/code/1.0/CL_STAN08BIS_IND/1537.html
3. The CIA World Factbook Country Comparison of Adult Obesity by Country, at https://www.cia.gov/library/publications/the-world-factbook/rankorder/2228rank.html.

The data from these sources was aggregated and analyzed to arrive at this conclusion. Data tables and charts are available from the author.