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# What works in the workplace to promote wellness and improved health in the context of obesity?

## **What Works**

- 1. Realistic individual goals.

  Attaining and maintaining a 5 to 10% reduction in weight can produce significant health benefits. Setting realistic goals requires an understanding of individual histories, motivations, and circumstances.
- 2. Incentives for healthy behaviors.

  These include taking steps to improve awareness of personal health indices, making measurable improvements in nutrition and physical activity, and participating in an evidence-based weight management program.
- 3. Health outcome focus.

  Health-focused weight

  management relies on attainable

  goals with demonstrable health

  benefits that can be sustained

  over time.
- 4. Healthy workplace.

  A supportive environment that encourages employees to practice healthy behaviors is essential to good health outcomes. Opportunities to be physically active and access to good nutrition are essential.

# What Doesn't Work

- Arbitrary BMI Goals.
   BMI serves best as a measure of population health risks, not as marker for individual goals.
   Optimal health outcomes for different individuals come at distinctly different BMI values.
- 2. Incentives for outcomes that may be unattainable.

  An individual with a current BMI of 32 and history of severe obesity (BMI>40) will not be helped by penalties for failing to achieve a BMI<30.
- 3. Cosmetic outcome focus.

  For many, a focus on a cosmetic ideal sets unrealistic expectations and leads to a state of learned helplessness.
- 4. Weight bias & stigma.

  Pervasive weight bias makes
  obesity perhaps the most highly
  stigmatized common health
  condition. Research suggests that
  stigma makes obesity more
  resistant to treatment, reducing
  the likelihood of healthy
  behaviors.

## What's Needed

- Access to Treatment.
   Obesity is a complex metabolic disease that rarely improves without treatment. Personal motivation is necessary but seldom sufficient in the absence of access to evidence-based treatment.
- 2. Long-term outcomes.

  Short-term (6-12 month)

  improvements are readily

  attainable by a variety of

  interventions that may not

  predict long-term improvements

  in health status. Obesity is a

  chronic, relapsing condition that

  requires long-term follow-up.

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