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

1. **Arbitrary BMI Goals.**
   BMI serves best as a measure of population health risks, not as a 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

1. **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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References: