



SAVE LIVES, SAVE MONEY

THE IMPACT OF DIABETES AND OBESITY IN THE WORKFORCE

A Call to Action for Employers

Sponsored by:



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health



Supporters:



SAVE LIVES, SAVE MONEY

THE IMPACT OF DIABETES AND OBESITY IN THE WORKFORCE

AGENDA

Welcome and Opening Remarks

- Neil Goldfarb, President & CEO, Greater Philadelphia Business Coalition on Health
- Kimberly Moore, MS, Health & Well-being Educator, University of Delaware Cooperative Extension, and President, Delaware Diabetes Coalition

The Burden of Diabetes and Obesity in Delaware and Nationwide

- Stephanie Belinske, MPH, Chronic Disease Epidemiologist, Delaware Division of Public Health

Why Diabetes and Obesity Prevention and Management Should Matter to Employers

- Lydia Wang, PharmD, Medical Account Associate Director, Novo Nordisk*

Value on Investment for Employers: Action Steps for Benefits Design and Implementation

- Neil Goldfarb, President & CEO, Greater Philadelphia Business Coalition on Health

Achieving Workforce Health Improvement and Cost Reduction: Employer Case Study

- Dany Bourjolly Smith, Benefits Director, City of Wilmington

Open Discussion

- Moderator: LeVar Johnson, Regional Account Executive, Novo Nordisk

Approved for 1.25 SHRM PDCs

REGISTRATION POLL RESULTS

	Does your employee benefits plan have wellness offerings, including programs such as nutrition counseling, weight management, fitness?	Does your employee benefits plan cover a diabetes prevention lifestyle program?	Does your employee benefits plan cover a diabetes management program?	Does your employee benefits plan cover anti-obesity medications?
Yes	75%	52%	62%	40%
No	11%	17%	9%	18%
Don't know	14%	31%	29%	43%

107 respondents from 65 organizations

OBESITY, PREDIABETES, AND DIABETES IN DELAWARE AND U.S.

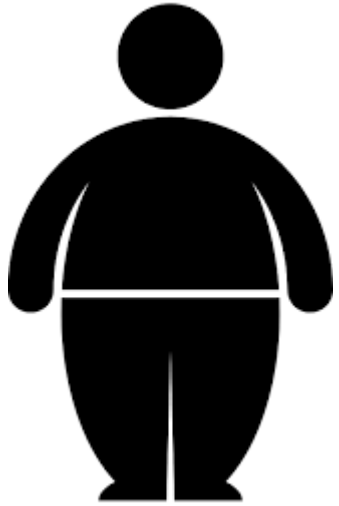
Stephanie H. Belinske, MPH

Chronic Disease Epidemiologist

Delaware Division of Public Health

Obesity Definition – BMI Categories

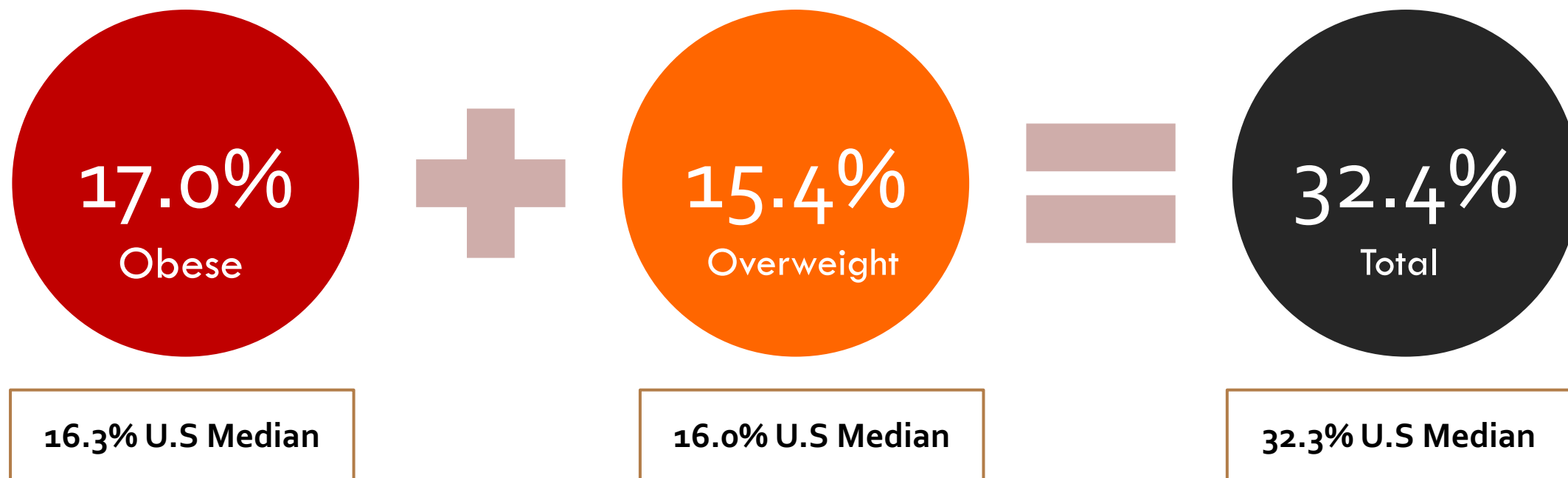
	Adults	Youth
Healthy Weight	18.5 – 24.9	<85%
Overweight	25.0 – 29.9	$\geq 85\%$ <95%
Obese	30.0+	$\geq 95\%$



OBESITY
is a
SERIOUS
CHRONIC DISEASE

-Centers for Disease Control and Prevention

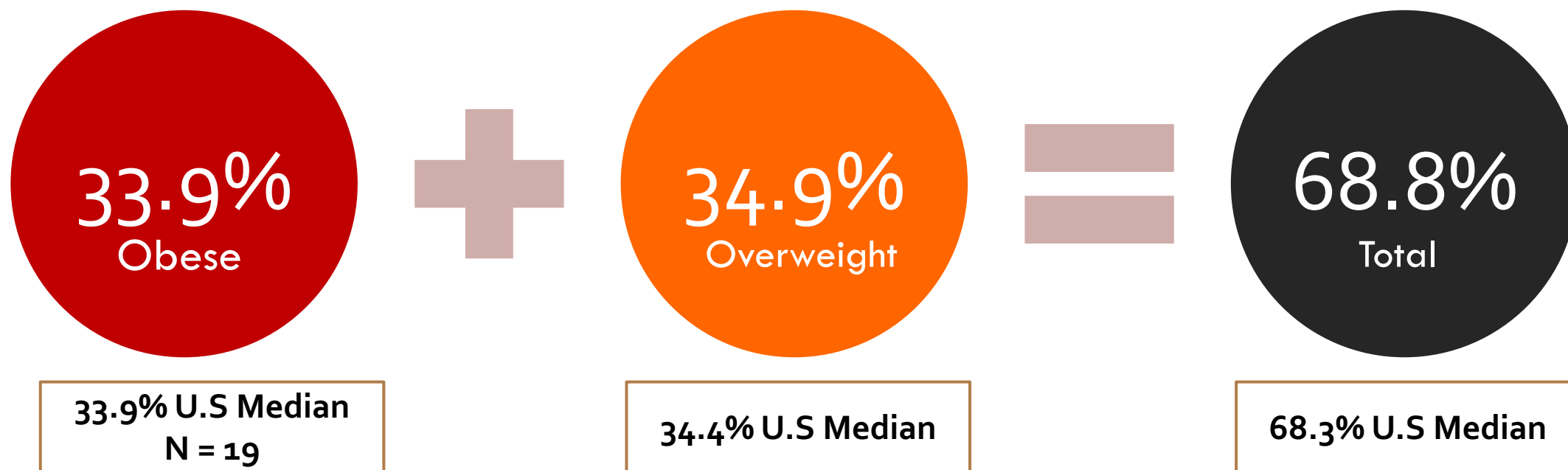
Obesity and Overweight Prevalence Among High School Students in Delaware, 2021



Number of obese and Overweight High School Students in Delaware, 2021



Obesity and Overweight Prevalence in Delaware Among Adults, 2021



Number of Obese and Overweight adults in Delaware, 2021



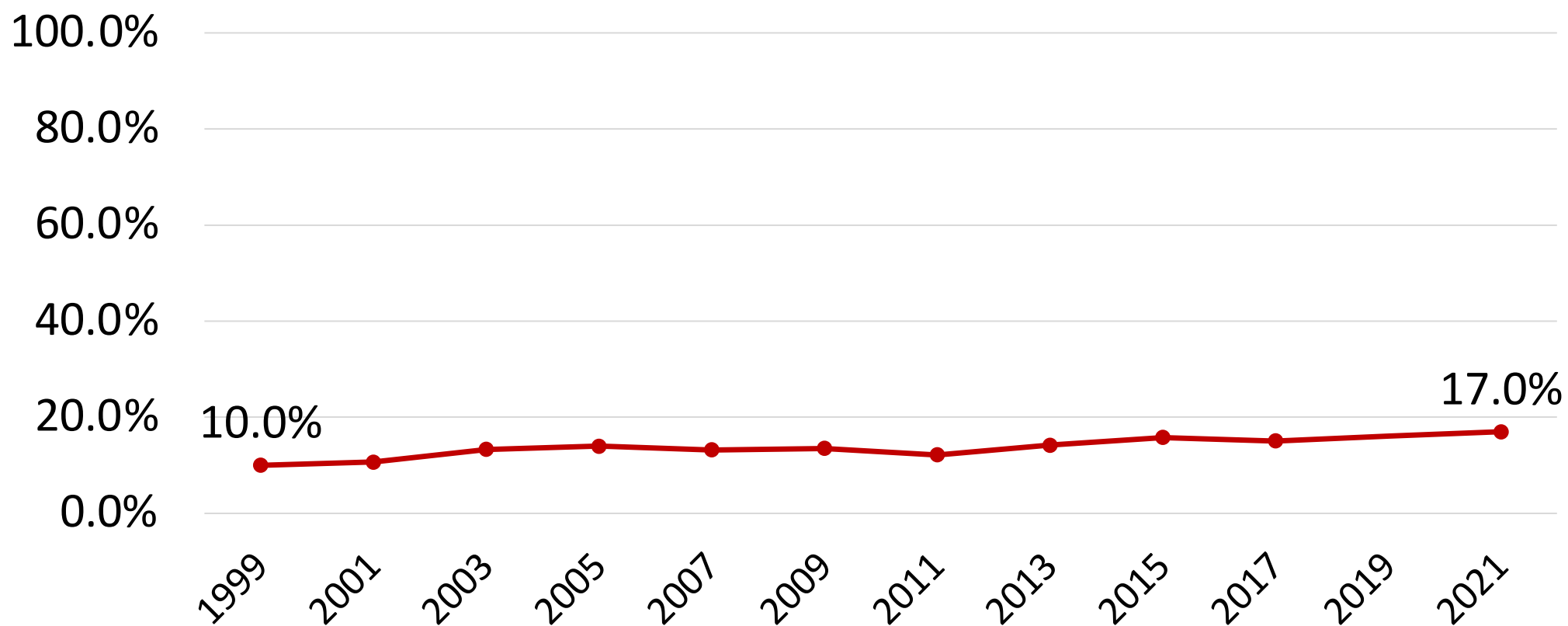
Total Number of Obese and Overweight in Delaware, 2021



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

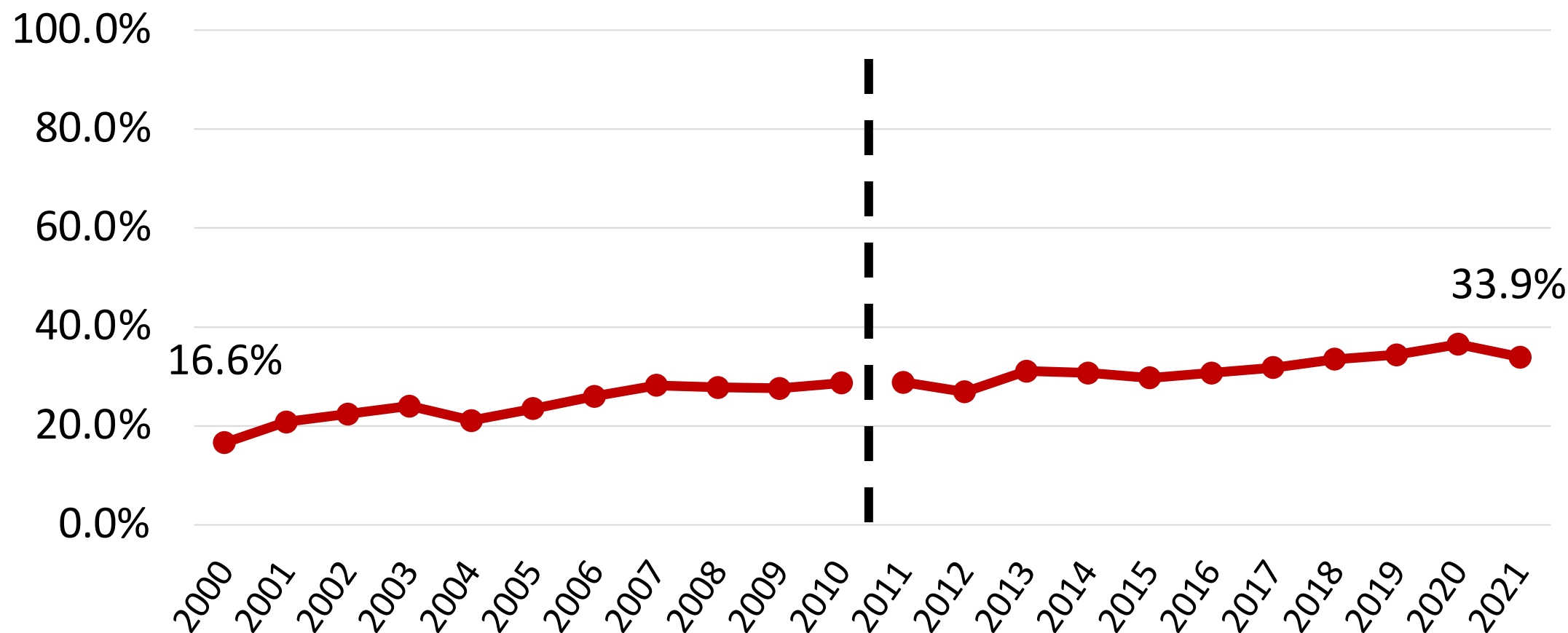
Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

High School Obesity Prevalence Trend in Delaware, 1999-2021

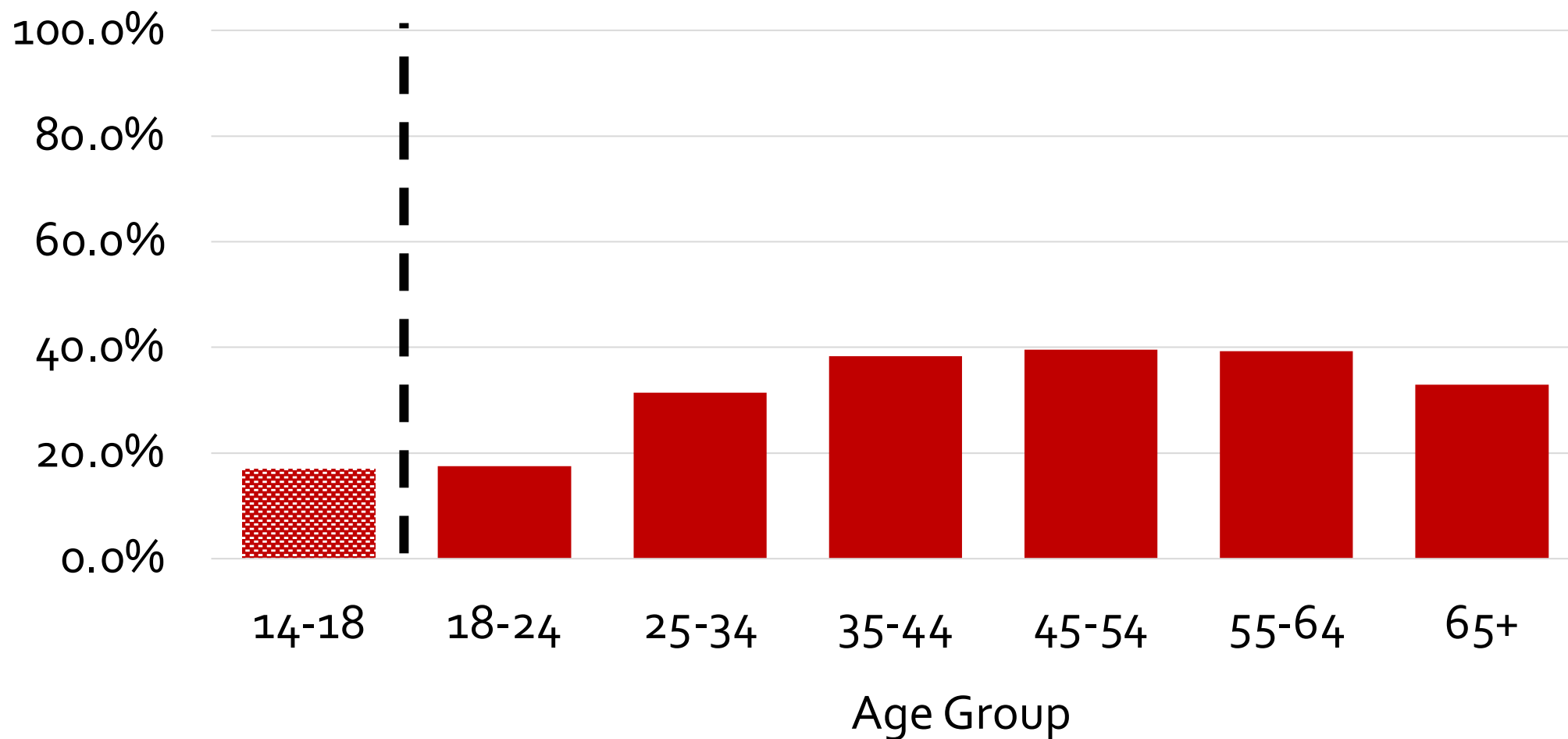


Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 1999-2021

Adult Obesity Prevalence Trend in Delaware, 2000-2021



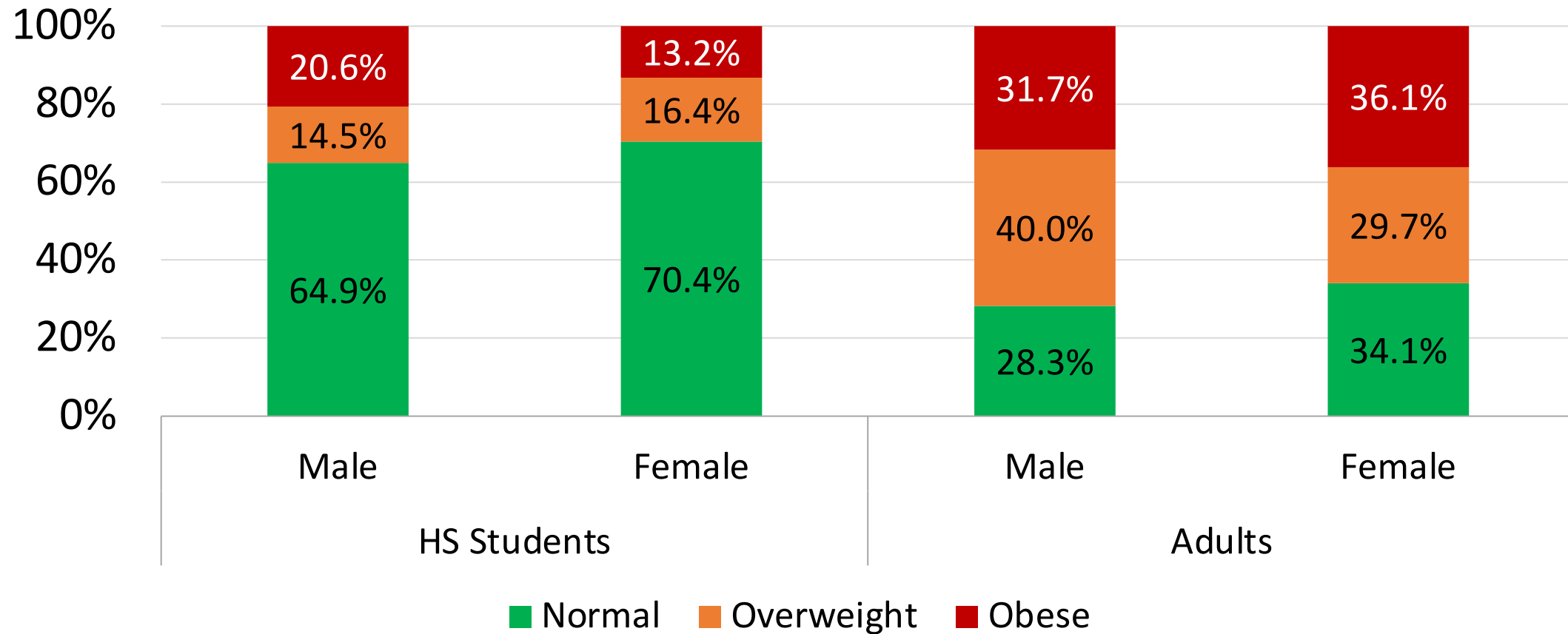
Obesity Prevalence in Delaware by Age, 2021



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

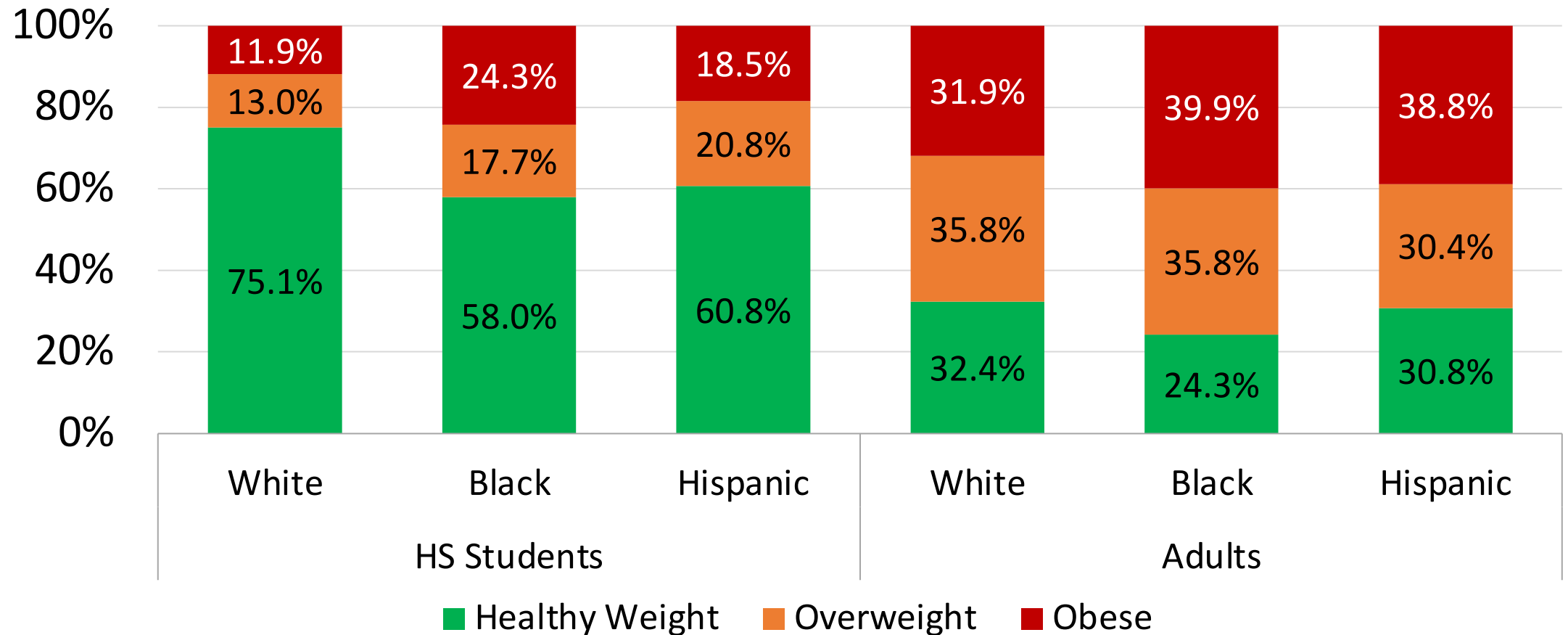
Weight Category by Age Group and Sex, 2021



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

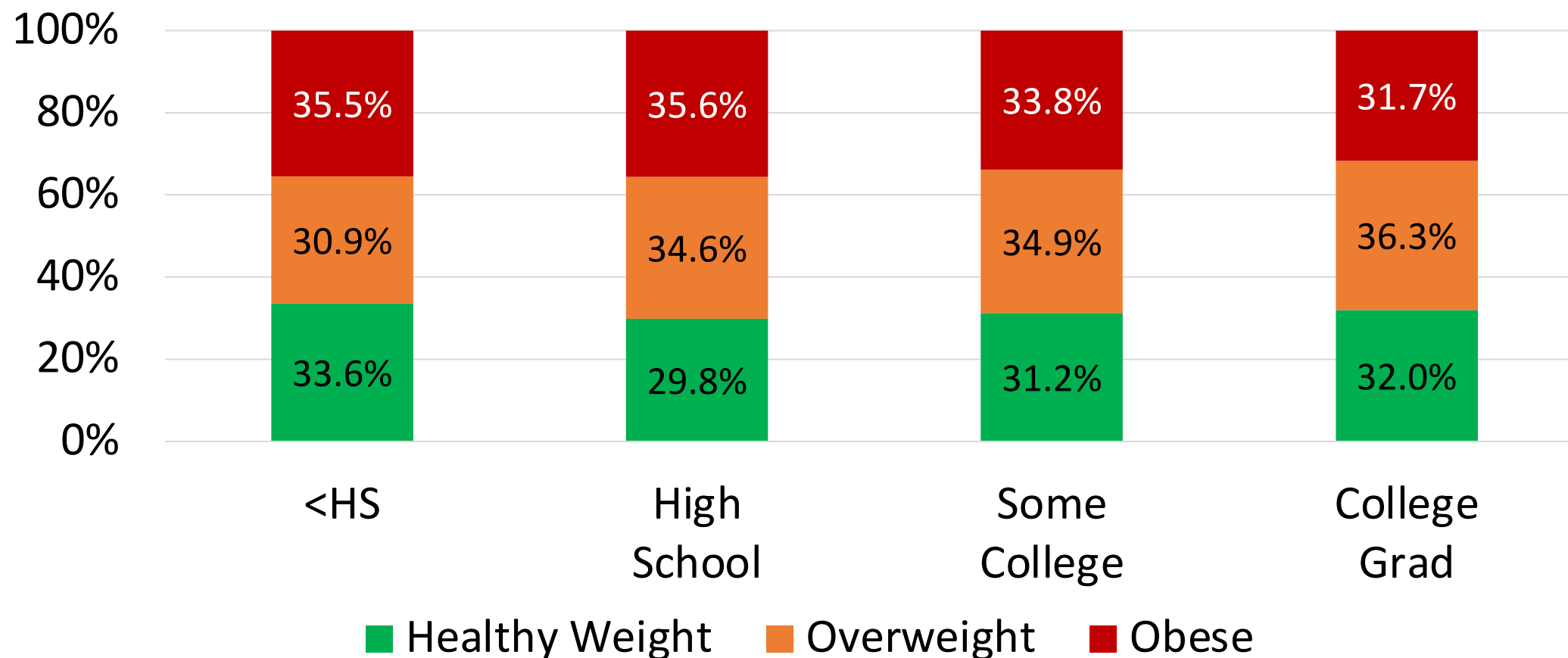
Weight Category by Age Group and Race/Ethnicity, 2021



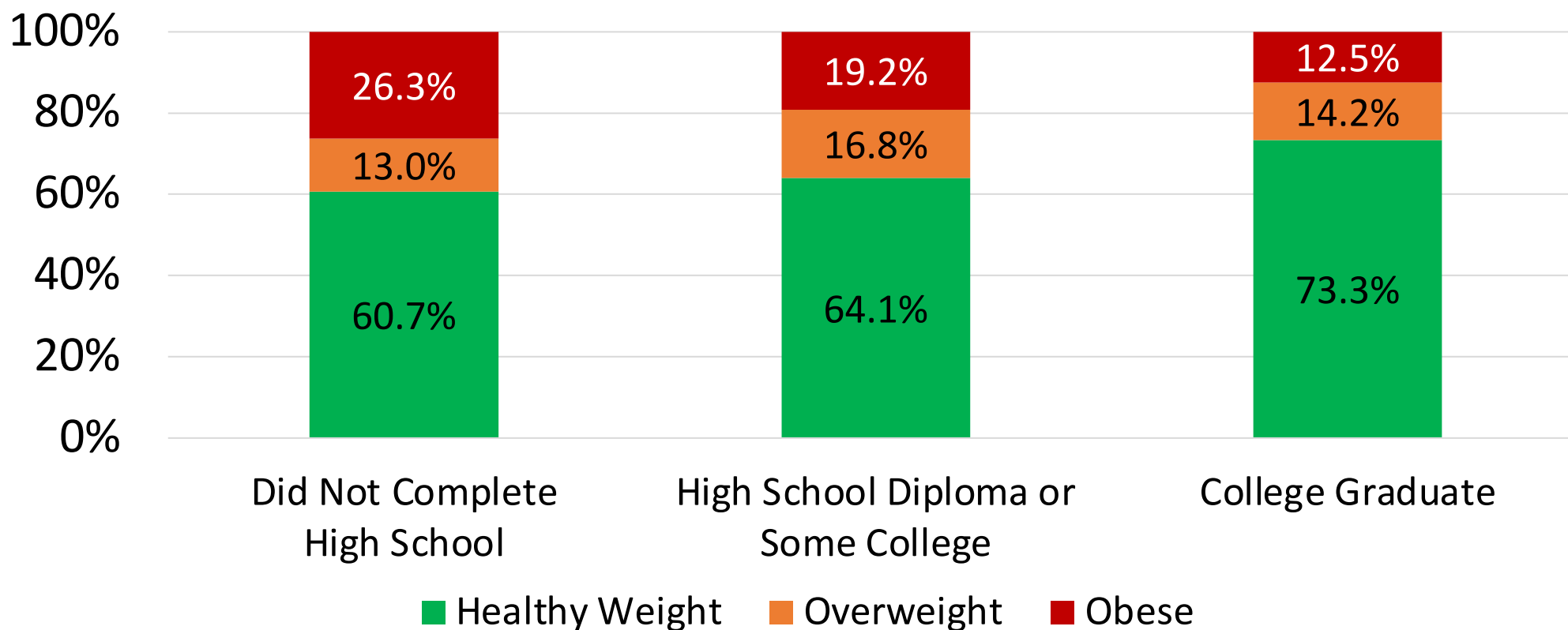
Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Source: Delaware Health & Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS), 2021

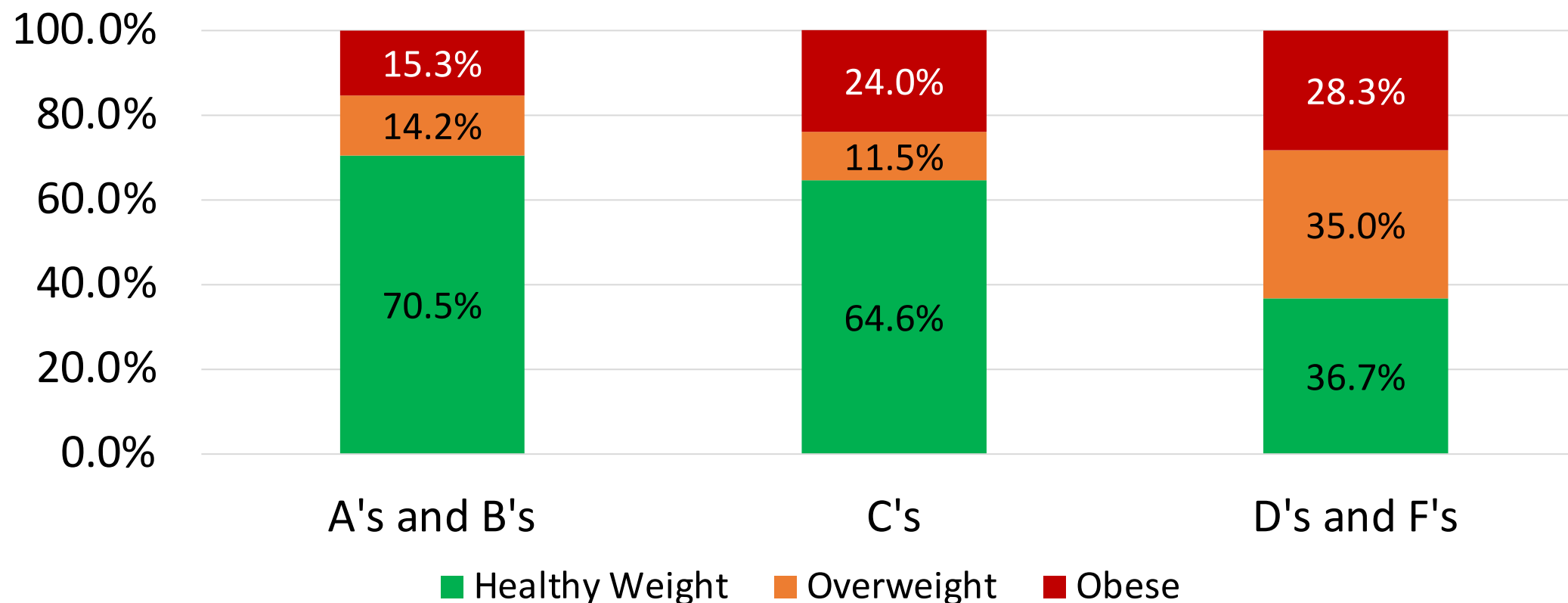
Adult Weight Category by Educational Attainment, 2021



High School Student Weight Category by Maternal Educational Attainment, 2021



High School Student Weight Category by Academic Performance, 2021



POLL QUESTION

How does the Delaware adult obesity prevalence compare to the national adult obesity prevalence?

- a. Lower
- b. Higher
- c. About the same

Obesity as a Risk Factor



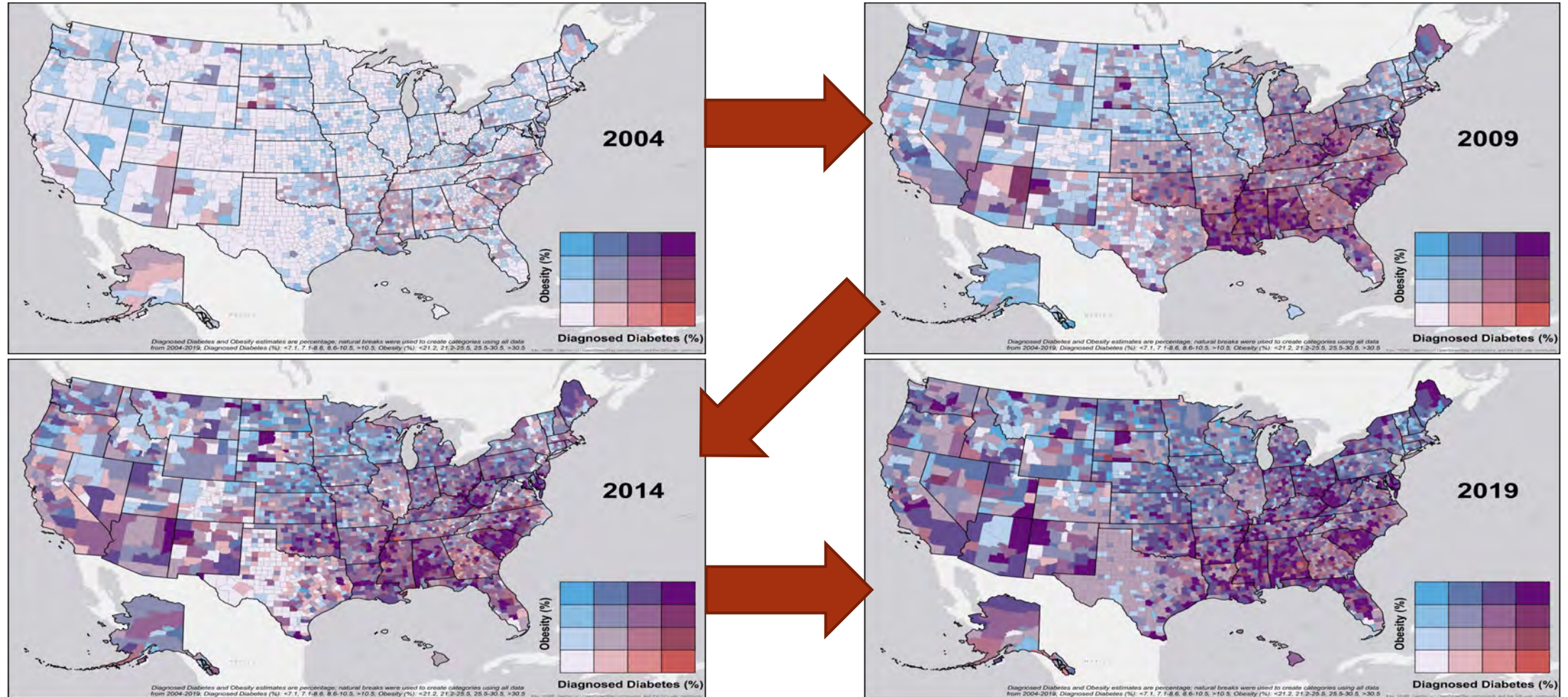
Cancer

Diabetes

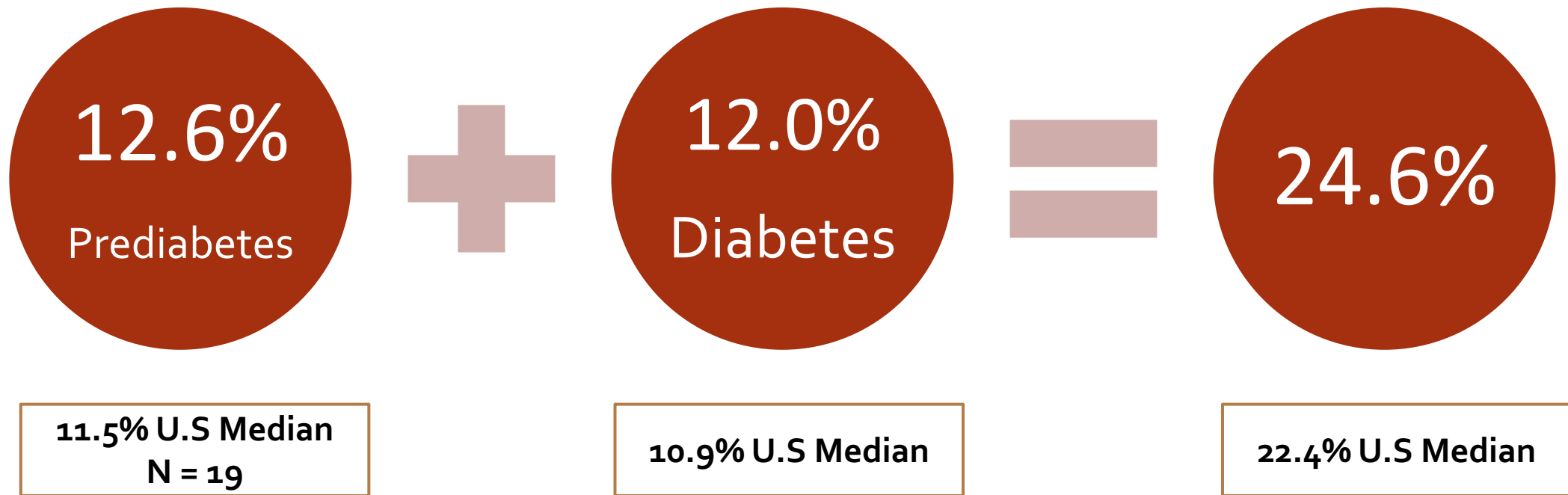


**Heart
Disease**

Diagnosed Diabetes vs. Obesity by County Among US adults

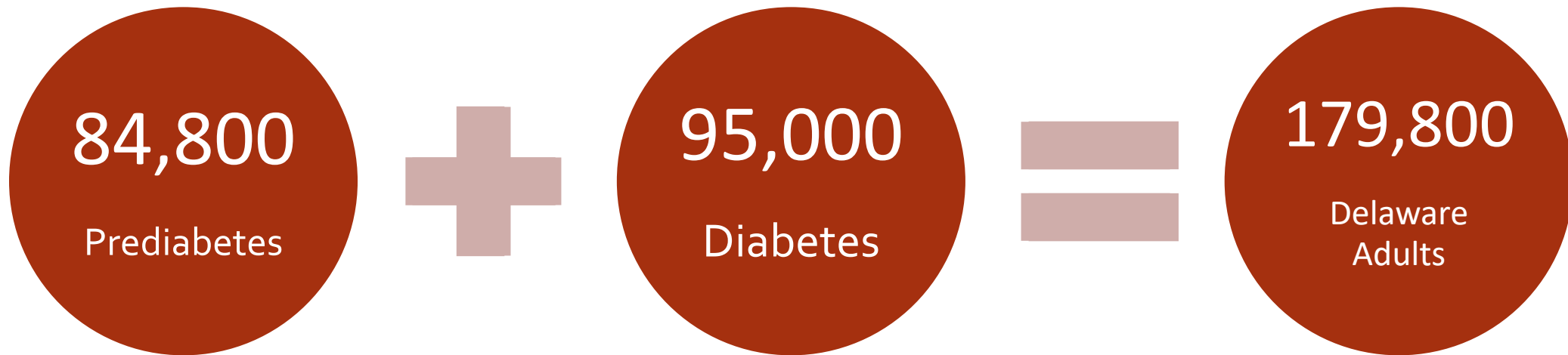


Prediabetes and Diabetes Prevalence in Delaware and the U.S., 2021

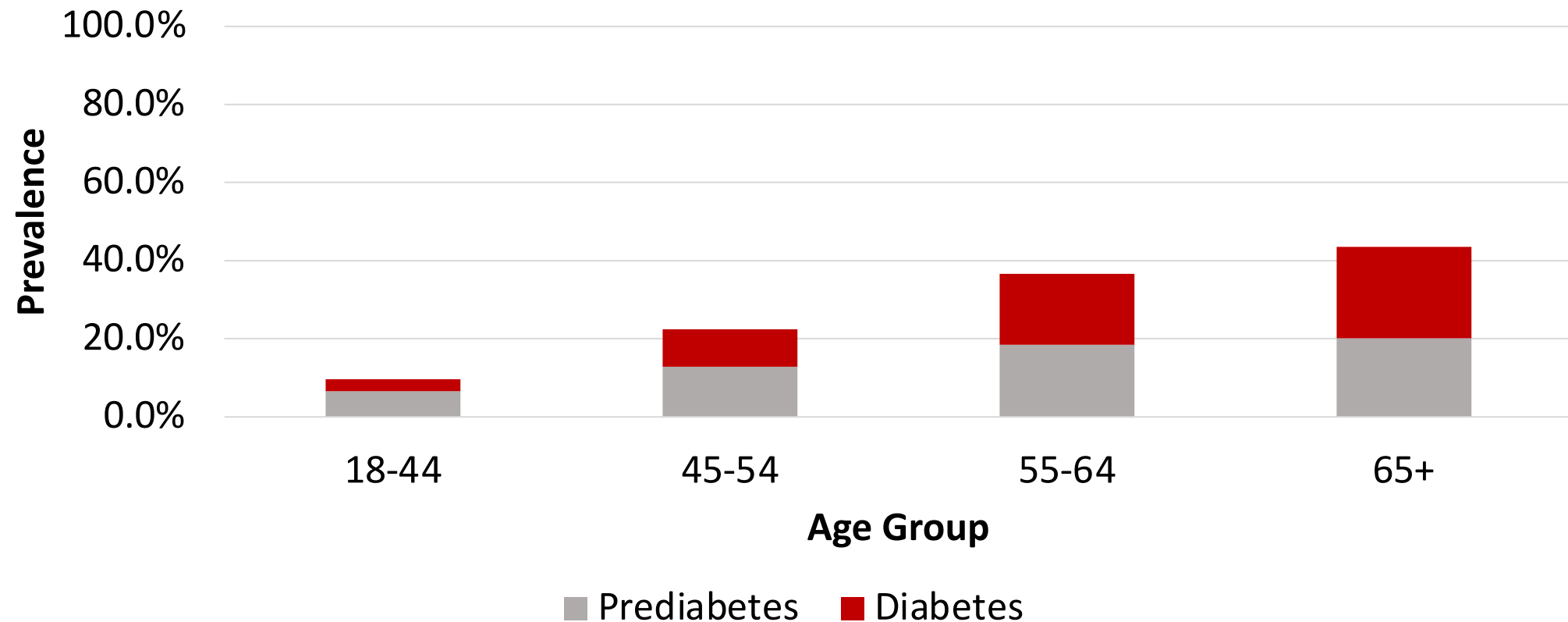


Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Estimated Number of Delaware Adults Prediabetes and Diabetes, 2021

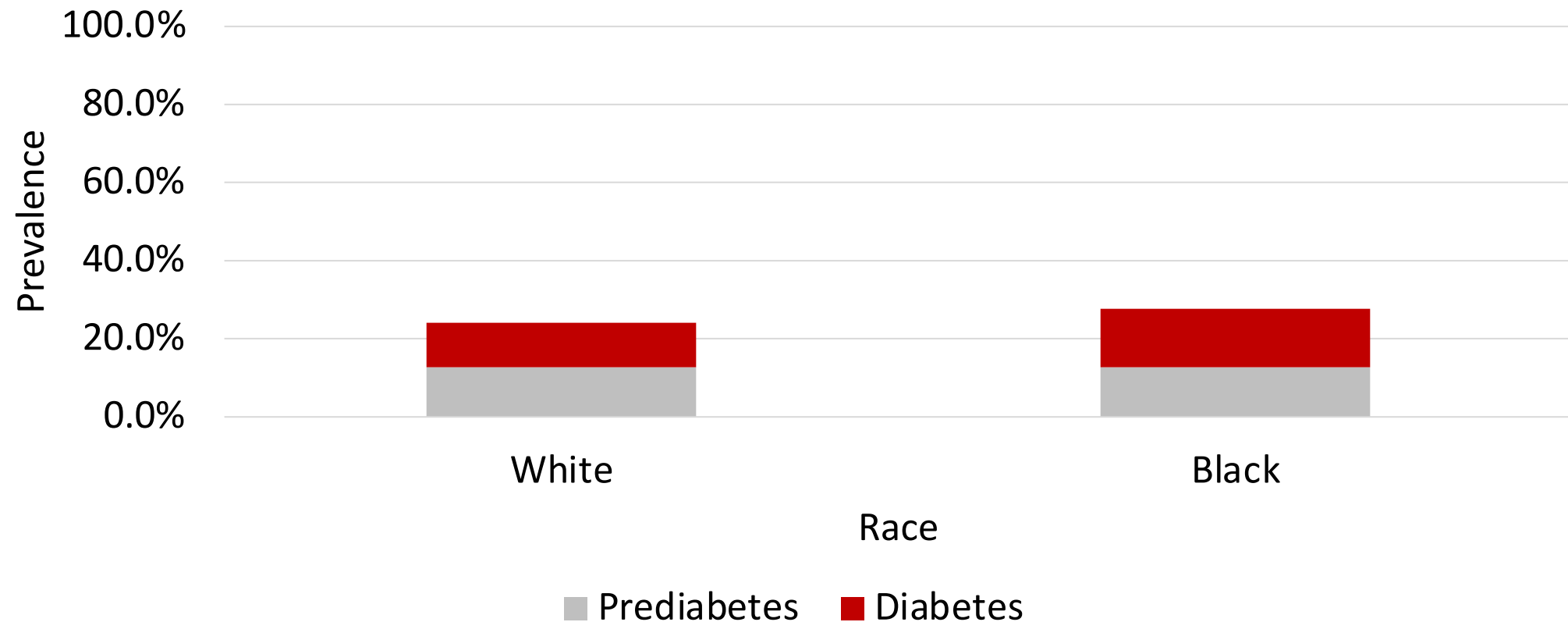


Prediabetes and Diabetes Prevalence by Age, 2021



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Prediabetes and Diabetes Prevalence by Race, 2021



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2021

Risk Factors

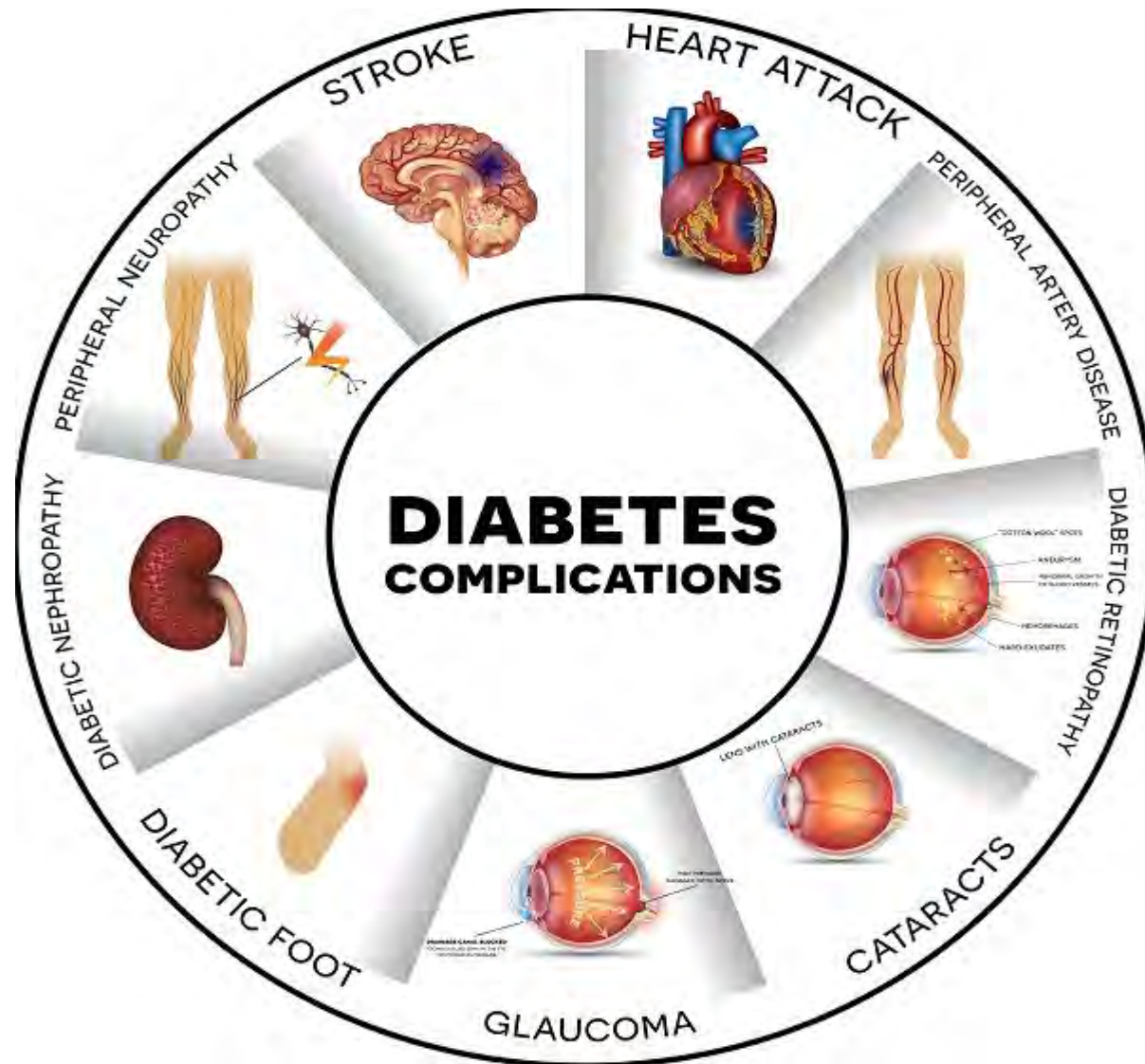


- **Prediabetes**

- Overweight
- 45 years or Older
- Family History
- Physical Inactivity (<3x/week)
- Gestational Diabetes
- Polycystic Ovary Syndrome (PCOS)

- **Diabetes**

- Prediabetes
- Overweight
- 45 years or Older
- Family History
- Physically Inactivity (<3x/week)
- Gestational Diabetes
- Non-Alcoholic Fatty Liver Disease



COMPLICATIONS

Source: Umass Diabetes Center of Excellence. (2020, August 11). Diabetes: Avoiding Complications. Retrieved February 24, 2021, from <https://www.umassmed.edu/dcoe/diabetes-education/complications/>

POLL QUESTION

Which of the following are risk factors for type 2 diabetes (check all that apply)?

- a. Overweight
- b. Underweight
- c. Family history
- d. Work history
- e. Age 45 years or older

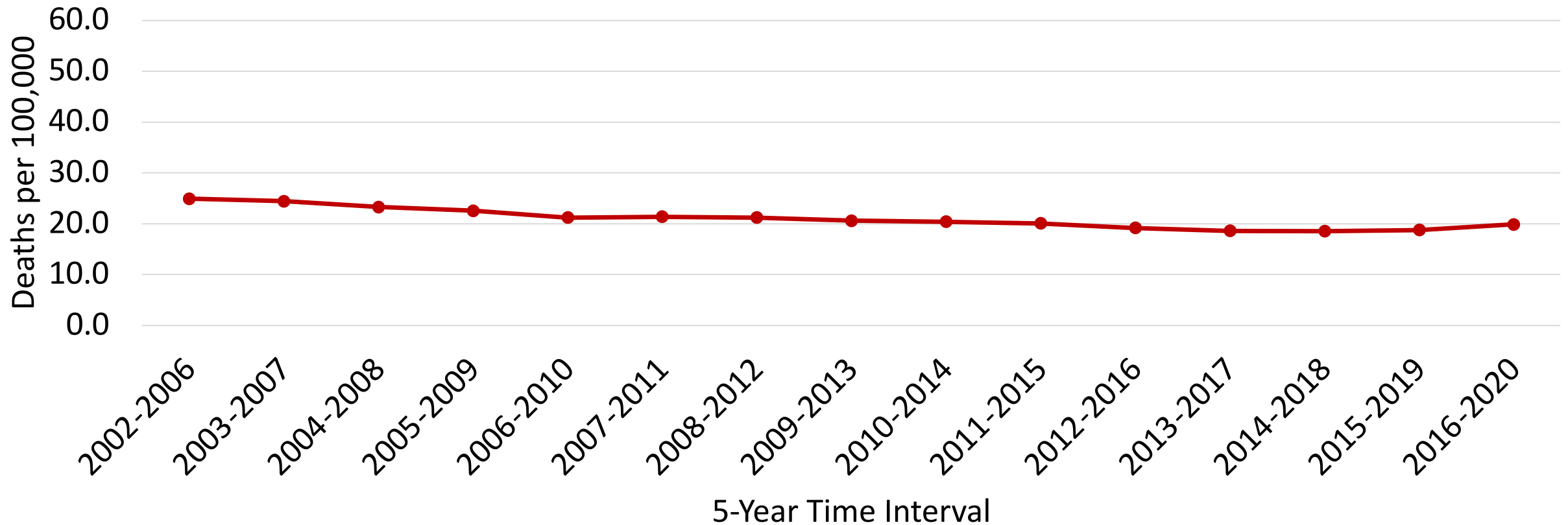
Hospital Discharges in Delaware, 2019

	Number of Discharges	Percent of Discharges*	Average Length of Stay	Mean Total Charges
Diabetes with Complications	2,366	43.8%	6.2 days	\$35,312
Diabetes without Complications	17	0.3%	3.1 days	\$21,285

*Of all Endocrine, nutritional & metabolic diseases, & Immunity disorders (Total for category = 5,400 discharges)

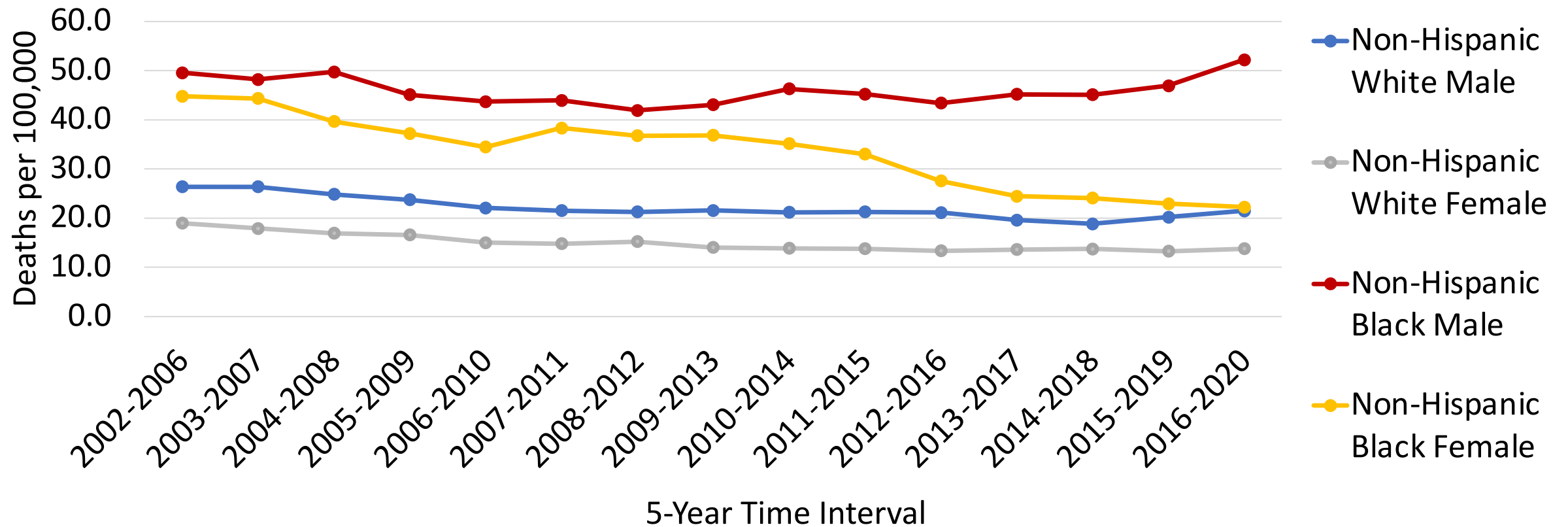
Source: Delaware Health Statistics Center. Delaware Hospital Discharge Report, 2019. Delaware Department of Health and Social Services, Division of Public Health, 2022.

Delaware Diabetes Age-Adjusted Mortality Rates, 2002-2020



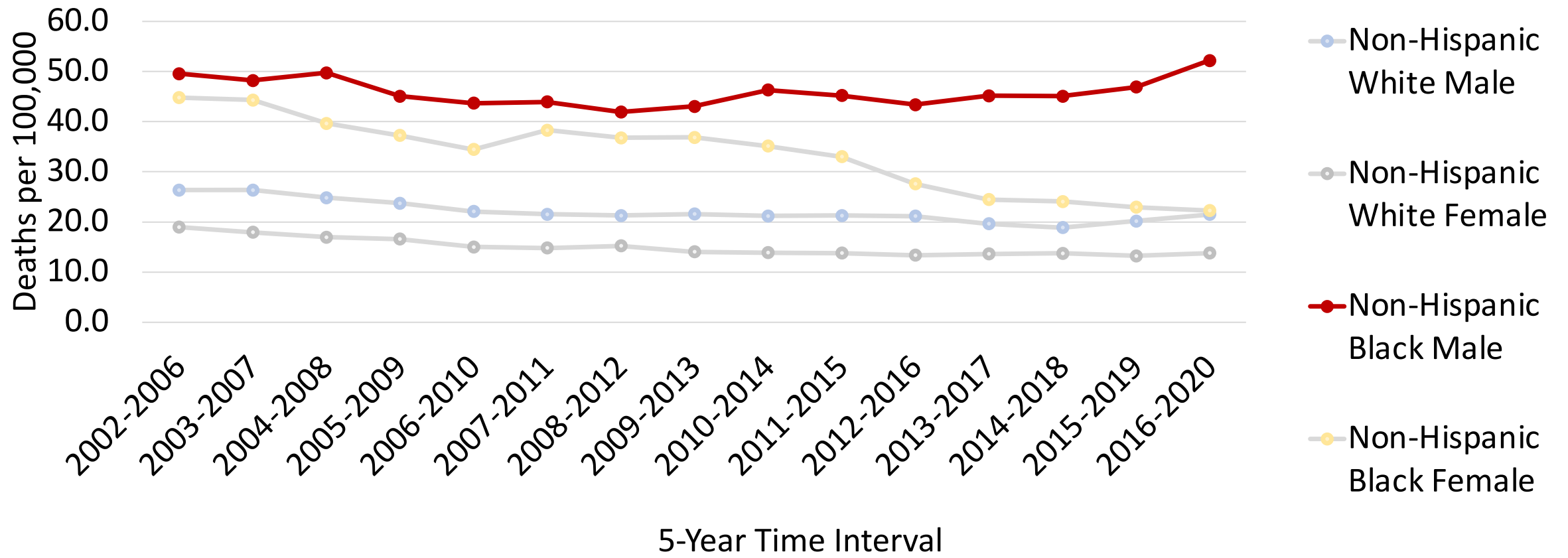
Source: Delaware Health Statistics Center. Delaware Vital Statistics Executive Summary Report, 2019. Delaware Department of Health and Social Services, Division of Public Health, 2022.

Delaware Diabetes Age-Adjusted Mortality Rates by Sex and Race, 2002-2020



Source: Delaware Health Statistics Center. Delaware Vital Statistics Executive Summary Report, 2019. Delaware Department of Health and Social Services, Division of Public Health, 2022.

Delaware Diabetes Age-Adjusted Mortality Rates by Sex and Race, 2002-2020



Source: Delaware Health Statistics Center. Delaware Vital Statistics Executive Summary Report, 2019. Delaware Department of Health and Social Services, Division of Public Health, 2022.



Disparities in Delaware

- Prevalence Disparities for Prediabetes
 - Advanced Age
 - Disability
 - Overweight and Obese
- Prevalence Disparities for Diabetes
 - Advanced Age
 - Black
 - Disability
 - Overweight and Obese

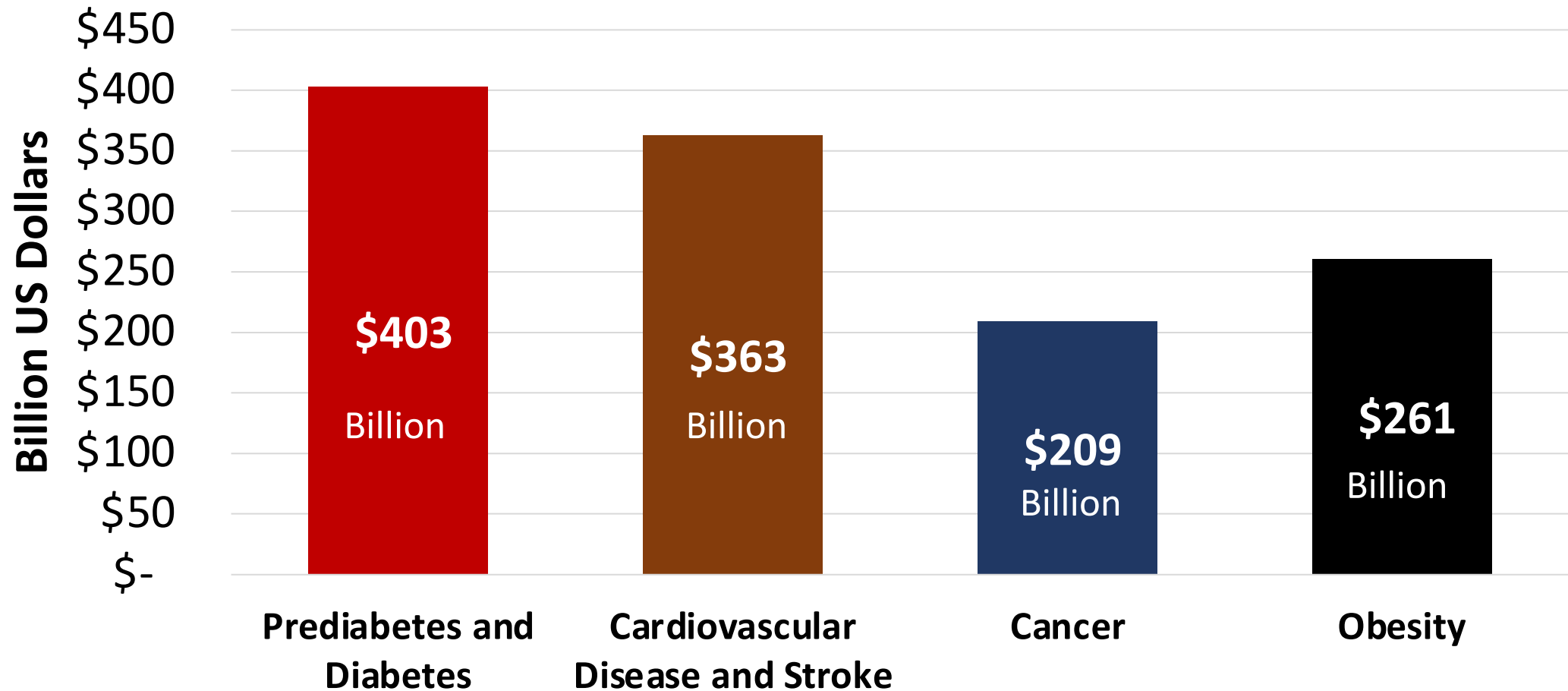
State Annual Economic Burden by Diabetes Category, 2017 (millions of dollars)

	Medical Costs				Indirect Costs		
	Diabetes	Undiagnosed DM	Prediabetes	Gestational Diabetes	Diabetes	Undiagnosed DM	Total Costs
Delaware	703	66	137	4	279	36	1,224
Total U. S.	273,269	19,841	43,391	1,558	89,929	11,886	403,874

Note: State numbers might not sum to national totals due to rounding.

Source: Dall, T., Yang, W., Gillespie, K., Mocarski, M., Byrne, E., Cintina, I., et. al. (2019, September 01). The economic burden of elevated blood glucose levels in 2017: Diagnosed and undiagnosed diabetes, gestational diabetes mellitus, and prediabetes. Retrieved February 21, 2021, from <https://care.diabetesjournals.org/content/42/9/1661.abstract>

NATIONAL OBESITY COSTS ESTIMATES



**“Much of the aggregate
national cost of obesity,
\$260.6 billion,
represents external costs,
providing a rationale for interventions to
prevent and reduce obesity.”**

Cawley et al., 2021

What Is Obesity?

Obesity is a chronic but treatable disease associated with excess weight. For people living with obesity, there is more to weight management than just the pounds you can see.

Numbers count

When people think of obesity, they may tend to think of it in terms of pounds—how much a person weighs. **But obesity is not just about the pounds.**

Healthcare providers use 2 screening tools to estimate weight status in relation to potential disease risk:



- 1. Body mass index (BMI)**—BMI is a measurement that can point to unhealthy weight in adults and is calculated using your body weight and height. Knowing your BMI can give you a place to start when talking with a healthcare provider about your weight. A helpful calculator for finding your BMI can be found at https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html



- 2. Waist circumference**—This is the measure of your body around your waistline, just above your hip bones. For adults, a man may be at a higher risk of developing weight-related conditions if his waist circumference is more than 40 inches. For a woman (non-pregnant), that measurement is 35 inches

The higher a person's BMI and waist circumference is, the higher his or her risk of weight-related complications

How widespread is obesity?

Approximately 108 million adults have obesity in the US and the prevalence is growing.

If this trend continues, it is projected that nearly half of the US adult population will have obesity by 2030



Meet Donna

Donna spent 3 decades trying fad diets before finally achieving lasting success with the help of her healthcare provider.

"I didn't realize that there were other people that suffered like that, and I didn't realize that there was something I could do about it. I've learned now that obesity is a disease."

What Is Obesity?

Factors that affect weight management

Different factors—from a person's genes to his or her environment—have an impact on how they gain weight.



Appetite signals



Genetics



Behavior



Environment

Focus on your goals

Remember that weight management is an investment in yourself and your well-being—one that can have benefits now and later. Consider these practical tips to help you focus on your weight-management goals.



Your goals are unique. Set goals that are meaningful to you. Some people may want to lose weight so they look better. Others may be in it for the health benefits. Think about what you want to get out of your weight-loss goals



Set goals that you can achieve. Be sure that any goals you set for yourself are ones you can attain. If you set your goals too high, you may get discouraged and give up

Weight regain

If you have repeatedly tried to lose weight and the results don't seem to last, you're not alone. People with excess weight generally make 7 serious attempts to lose weight. Many lose weight at first, but the weight can return.

Ever wonder why it can be so hard to keep the weight off? You and your healthcare provider can work on a plan to manage weight for the long term.

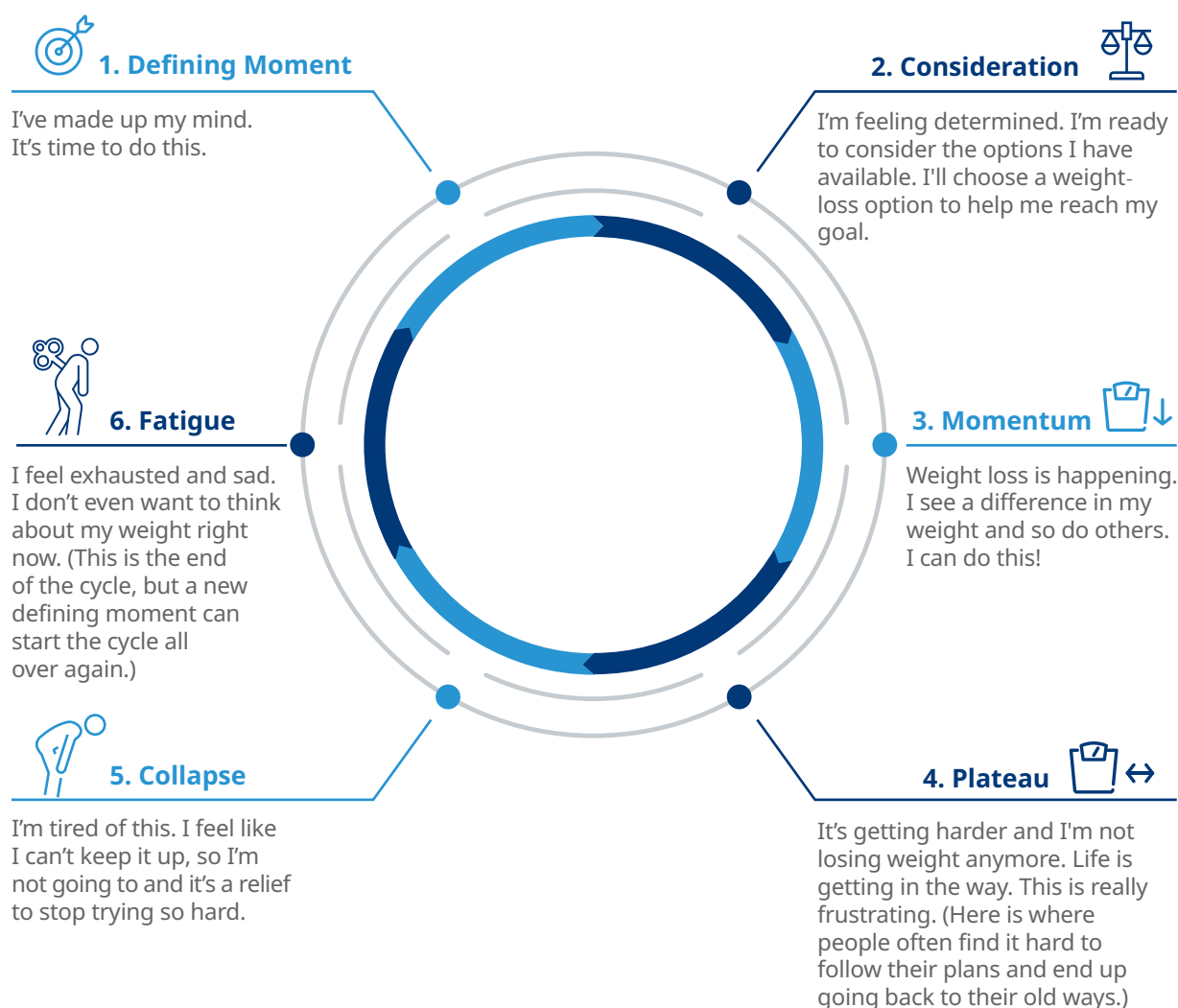
Did you know that losing 5% to 15% of your weight can improve some weight-related conditions such as heart disease and type 2 diabetes?
Talk with your healthcare provider about your weight today.

For more information please visit www.TruthAboutWeight.com.

Are You Stuck in the Weight-Loss Cycle?

You've tried over and over again. It never seems to get any easier. The results never seem to last.

People may get caught in a cycle that begins when they decide to take action but often ends when they get discouraged as it gets harder to lose weight.



With help, the weight-loss cycle can be broken!

People with excess weight generally make 7 serious attempts to lose weight. Losing weight is a challenge, but maintaining those results can be just as hard—creating a weight-management plan with your healthcare provider can help. **Learn more at [TruthAboutWeight.com](https://www.truthaboutweight.com).**

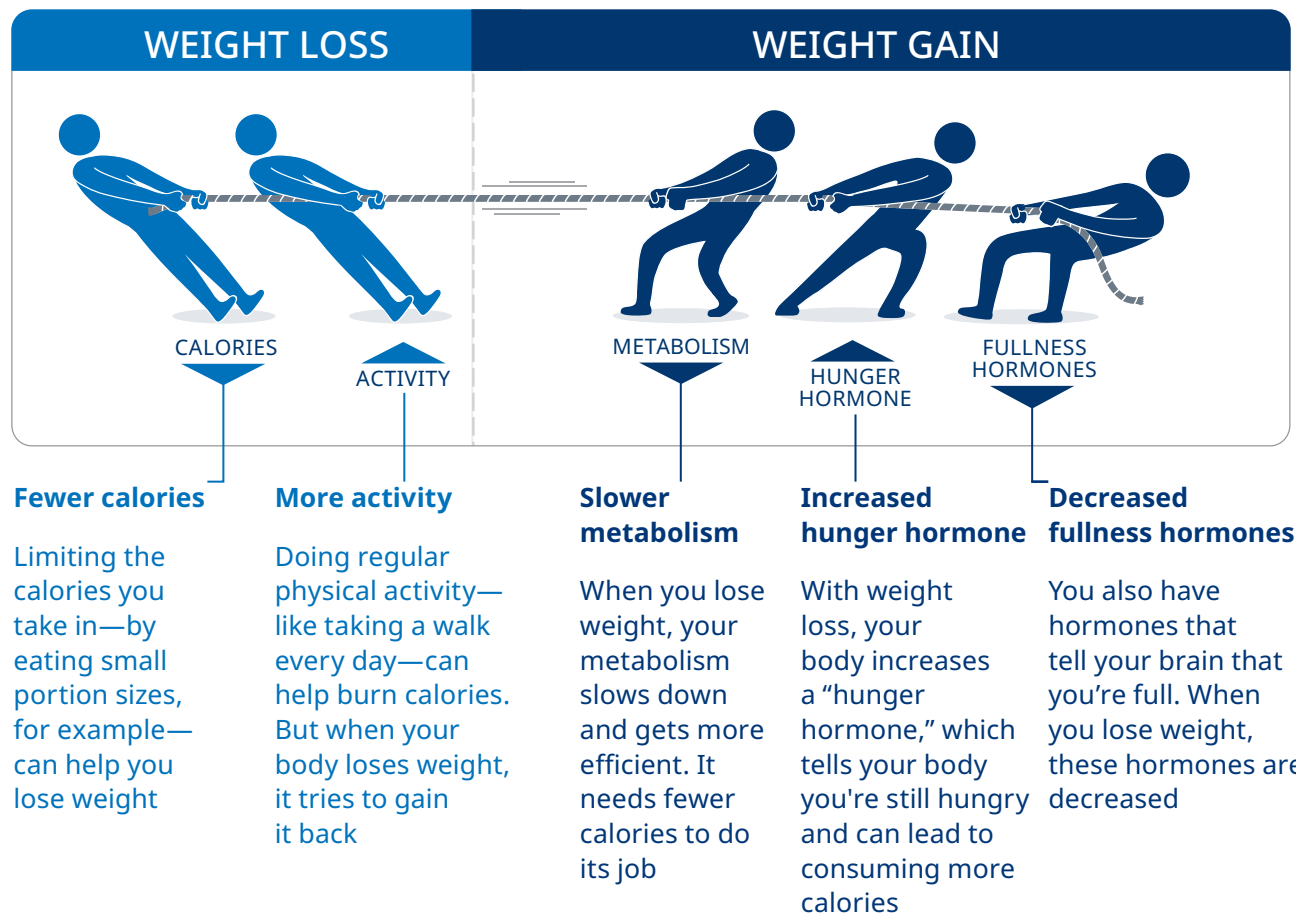
The Tug-of-War of Weight Management

The body's response to weight loss makes it hard to maintain progress

Science shows that after losing weight, the body tries to put it back on.

Following weight loss, the body's metabolism slows down and appetite hormones change, making you feel more hungry and less full.

Here is how it works:



In a person with obesity, the body will try to put the weight back on for at least 12 months after weight loss

While healthy eating and increased physical activity are important, for many people it may not be enough to keep the weight off. Talk to your doctor to see how this may be affecting your efforts to lose weight.

For more information, please go to www.TruthAboutWeight.com.

Evaluating your health plan's/PBM's obesity offerings

As you begin to develop your comprehensive request for proposal (RFP) for the annual renewal of your employee insurance offering, it's important to include the right information to ensure your employees with obesity receive the benefits they need.

Consider using all or some of the questions below in the obesity section of your RFP to assess the offerings at your health plan or with your Pharmacy Benefit Manager (PBM). It may be beneficial to share this document with your Employee Benefit Consultant when working together to develop your RFP.

1 Describe your organization's strategy for integrating obesity management into your overall medical management focus.

2 What methodology or rationale do you use to evaluate interventions?
– What role, if any, do anti-obesity medications (AOMs) play in these interventions?

3 Define your organization's overall program goals for obesity interventions. How do you plan to measure program effectiveness for obesity interventions?

4 Describe the evidence and clinical rationale you use to address pharmacology and surgical procedures for individuals with obesity. Please include any relevant interventions beyond typical diet, exercise, and supervised diet offerings.

5 What data capture systems do you use to identify members with obesity or high-risk members with obesity who may benefit from care consultation or support?

6 What methodology do you use to assess population risk by body mass index (BMI)?
– How do you prioritize an individual's health care needs based upon risks associated with high BMI and obesity-related comorbidities?
– How do you define the characteristics of a "high-risk" population with obesity?

7 Describe all support programs you currently have in place for high-risk individuals with diabetes, cardiovascular disease, respiratory disease, and musculoskeletal conditions.

8 Do you have a support program for obesity? If not, how do you plan to address clinical weight-loss needs?

9 What resources do you routinely dedicate to member education, including development of materials, personal education, screening, and urging participation in weight-loss programs?

10 What resources do you dedicate to healthcare professional education and guideline development to ensure individuals with obesity are referred appropriately or triaged for appropriate weight-loss intervention?

11 What capabilities do you have in place to track weight-loss program components and integrate outcomes to evaluate effectiveness on both a population and member level?

12 Describe your formulary strategy for obesity (ie, AOMs):

- If AOMs are not covered, why not? Do you have plans to cover AOMs in the future?
- If AOMs are restricted (ie, through prior authorizations), what methodology or evidence do you use to limit access?
- What criteria will you incorporate to ensure that AOMs are appropriate and affordable for employees who need them?

Should you have any additional questions, do not hesitate to contact your Novo Nordisk Account Manager.

Interested in learning more? Visit www.NovoNordiskWORKS.com

ACT NOW!

Add anti-obesity medication coverage to your organization's weight-management program

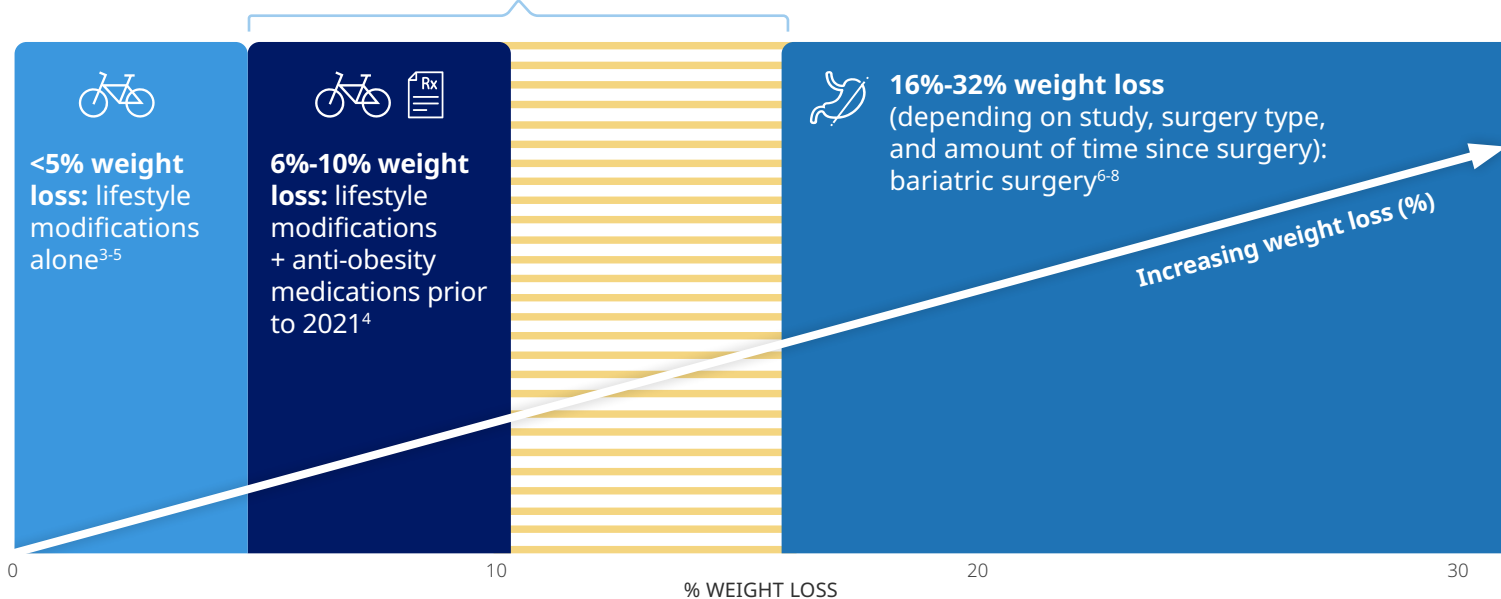


Employers Confront Workforce Health and the High Costs for Employees With Obesity

The cost of obesity-related absenteeism* among full-time employees in the United States is expected to be **\$10.4 billion** in **2021**.^{1,2,a}

Adding anti-obesity medications to a comprehensive weight-management program may provide an additional option for employees who have obesity and may address a gap in coverage between lifestyle modifications and bariatric surgery

A gap in coverage exists between lifestyle modifications and bariatric surgery



Weight regain is common following initial weight loss from dietary and behavioral interventions, demonstrating an unmet need for sustained weight-loss management.^{8,9}

*Based on the total loss in productivity due to obesity-related absenteeism.

^aCosts were calculated in 2012 US\$ and adjusted for inflation in 2021.

AACE, American Association of Clinical Endocrinology; ACC, American College of Cardiology; AHA, American Heart Association; TOS, The Obesity Society.



AHA/ACC/TOS and AACE **evidence-based guidelines indicate that obesity management warrants a stepwise approach**, which may include pharmacotherapy.^{4,8}

Opt in to the value of adding anti-obesity medication coverage to your organization's weight-management program

Employers can help to increase the recognition of obesity as a serious, chronic, and progressive disease and take action to drive proactive care and weight management for employees with obesity

STEP 1 | Engage stakeholders, both internal and external to your organization, who manage benefit design, such as an employee benefits consultant, pharmacy benefits manager (PBM), or health plan

STEP 2 | Ensure your health plan benefits and pharmacy plans cover anti-obesity medications

Remove any health plan benefit exclusions that deny anti-obesity medication coverage	Find and remove PBM "Not Covered" barriers to anti-obesity medication coverage	Review the selected PBM prior authorization (PA) criteria	Remove or minimize financial access barriers caused by tier placement
<p>➔ Find and review the "Summary Plan Description" for your current health plans and find the "Exclusions" section that may have language that excludes anti-obesity medications from coverage</p> <ul style="list-style-type: none"> Example of "Exclusions" language that denies anti-obesity medication coverage: "No benefits shall be payable under this Plan for the following: Any loss, expense, or charge which results from any treatment of obesity (except for surgery to treat morbid obesity)." <p>➔ Exclusions in current health benefit plans that prohibit anti-obesity medications must be canceled, struck, removed, or precluded by means of a rider to the current policy</p>	<p>➔ Locate documents from your PBM that detail coverage information for therapeutic categories and individual medications (ie, "Plan Design Document" or "Benefit Specification Form")</p> <p>➔ Within those documents, find where you can instruct your PBM to cover anti-obesity medications by checking the appropriate "Yes" checkbox</p>	<p>➔ Review for appropriate anti-obesity medication coverage (eg, no step therapy through other anti-obesity medications)</p>	<p>➔ The last step is to examine your formulary and make sure anti-obesity medications are not in a formulary tier that has financially prohibitive copays or coinsurance</p>

STEP 3 | Communicate the change in coverage to your employees



Adding anti-obesity medication coverage to your benefits offering may be an effective strategy for reducing obesity-related costs¹⁰⁻¹² and **highlights your commitment to helping your employees** achieve their health and wellness goals.

References: 1. US Bureau of Labor Statistics. CPI inflation calculator. Accessed August 9, 2021. https://www.bls.gov/data/inflation_calculator.htm 2. Andreyeva T, Luedicke J, Wang YC. State level estimates of obesity-attributable costs of absenteeism. *J Occup Environ Med.* 2014;56(11):1120-1127. 3. Dunkley AJ, Bodicoat DH, Greaves CJ, et al. Diabetes prevention in the real world: effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes and of the impact of adherence to guideline recommendations: a systematic review and meta-analysis. *Diabetes Care.* 2014;37(4):922-933. 4. Garvey WT, Mechanick JI, Brett EM, et al; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203. 5. Franz MJ, Boucher JL, Rutten-Ramos S, VanWormer JJ. Lifestyle weight-loss intervention outcomes in overweight and obese adults with type 2 diabetes: a systematic review and meta-analysis of randomized clinical trials. *J Acad Nutr Diet.* 2015;115(9):1447-1453. 6. Sjöström L. Review of the key results from the Swedish obese subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery. *J Intern Med.* 2013;273(3):219-234. 7. Courcoulas AP, Christian NJ, Belle SH, et al. Weight change and health outcomes at 3 years after bariatric surgery among individuals with severe obesity. *JAMA.* 2013;310(22):2416-2425. 8. Jensen MD, Ryan DH, Apovian CM, et al; American College of Cardiology/American Heart Association Task Force on Practice Guidelines; The Obesity Society. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation.* 2014;129(suppl 2):S102-S138. 9. Wadden TA, Butryn ML, Wilson C. Lifestyle modification for the management of obesity. *Gastroenterology.* 2007;132(6):2226-2238. 10. Pantalone KM, Smolarz BG, Ramasamy A, et al. Effectiveness of combining antiobesity medication with an employer-based weight management program for treatment of obesity. *JAMA Netw Open.* 2021;4(7):e2116595. 11. Cawley J, Meyerhoefer C, Biener A. Savings in medical expenditures associated with reductions in body mass index among US adults with obesity, by diabetes status. *Pharmacoeconomics.* 2015;33(7):707-722. 12. Kabiri M, Ward AS, Ramasamy A, et al. Simulating the fiscal impact of anti-obesity medications as an obesity reduction strategy. *Inquiry.* 2021;58:46958021990516.





Value on Investment for Employers: Action Steps for Benefits Design and Implementation

Neil Goldfarb
President & CEO
Greater Philadelphia Business Coalition on Health



The Greater Philadelphia Business Coalition on Health seeks to increase the value of health benefit spending for the region's employers. We do this by improving workforce and community health, increasing healthcare quality and safety, and reducing healthcare costs.

The Coalition represents employer interests in working with health plans, healthcare providers, benefits consultants, suppliers and other system stakeholders to address population health priorities and to ensure that when healthcare is needed it is accessible, affordable, equitable, high-quality, and safe.

GPBCH represents 750,000 lives locally and over 1.5 million lives nationally, serving employers in southeastern Pennsylvania, southern New Jersey and Delaware.

OBESITY IS...

- 4X as prevalent as diabetes
- A clinical diagnosis with genetic etiology (it's not just lifestyle)
- An underlying risk factor and cost driver for...
 - COVID-19
 - Cardiovascular Disease
 - Diabetes
 - Cancer

AND YET, MOST EMPLOYERS...

- Are not measuring obesity prevalence in their population
- Have under-invested in managing obesity
- View coverage of pharmacologic treatments for obesity through a different lens than pharmacologic treatments for other genetic/lifestyle diseases and conditions (e.g. hypertension, hyperlipidemia)
- Place significant restrictions on access to lifestyle, pharmacologic and surgical treatment

ADDRESSING OBESITY AS AN EQUITY ISSUE

- Obesity disproportionately affects people of color
- Social determinants of health contribute significantly to likelihood of obesity
- People with obesity face stigma: it is not just “lack of control”
- Obesity is treated differently than every other chronic disease

Challenges to Body Mass Index (BMI) as the Gold Standard

- Doesn't account for racial and ethnicity differences, and doesn't consistently predict risk of metabolic disease
- Doesn't do a good job differentiating muscle mass and fat
- Doesn't account for waist circumference and body shape

SO...Still important, but needs to be combined with other measures such as blood pressure, lipids, muscle mass, waist circumference...

BMI	Weight classification
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 or higher	Obese

$[\text{Weight in pounds} / (\text{height in inches})^2] \times 703$

So, What Should Benefit Design for Obesity Include?

1. Prevention and healthy lifestyle promotion
2. Case identification and data management
3. Provider network support and referral
4. Mental health service support
5. Pharmacologic Benefit – coverage of anti-obesity medications (AOM'S)
6. Surgical Benefit
7. Recognition of social determinants of health and health equity
8. Follow-up support

1. Prevention and Healthy Lifestyle Promotion

- Offer and promote nutritional counseling (Registered Dietitian)
- Offer and promote the **National Diabetes Prevention Program**
- Ensure that vending and cafeteria have healthy offerings, competitively priced
- Promote health plan gym/physical activity credit
- Create and promote use of clean, safe, accessible stairwells
- Explore availability of walking trails
- Consider creating walking groups and/or local champions
- Promote physical activity at home (e.g. Walk With Ease)

2. Case Identification and Data Management

- Have health plans and benefit consultants report on obesity prevalence using obesity code, as well as obesity correlates such as hypertension and hyperlipidemia
- Ask health plans how they are promoting physician coding of obesity
- Consider HRA or other survey-based methods to identify cases
- To the extent data are available, segment the population with obesity by demographic characteristics (age, gender, race/ethnicity)
- Examine differences in utilization and cost for people with and without obesity

3. Provider Network Support and Referral

- Ask health plans whether and how they assess PCP ability to manage obesity within their practice
- Identify weight management specialists in your plan network (e.g. discuss with plan, review Obesity Medicine Association directory)
- Review information on how plans reimburse physicians for weight management services
- Educate providers and employees/consumers on weight management support services offered through the plan (e.g. RD services, DPP)

5. Rx Benefit

- Cover **all** AOMs, with prior authorization, for people with BMI>30, or BMI>27 with co-morbid conditions
 - Consider limiting prescribing privileges to obesity medicine specialists (in-person or telemedicine consult)
 - Require concurrent participation in a lifestyle change program
 - Ensure that someone is monitoring adherence
 - Discontinue if clinically meaningful weight loss is not achieved (e.g. for several AOMs this is specified as at least 4% of body weight lost within 12 weeks)

6. Surgical Benefit

- Confirm health plan criteria for selection of Centers of Excellence based on experience, outcomes, and costs...or carve out
- Review which procedures are covered; consider dropping coverage for gastric banding
- Consider lifting or minimizing waiting period restrictions for
- Provide behavioral health and lifestyle counseling and support not only in the eligibility phase but post-surgery
- Promote minimally-invasive (laparoscopic) procedures where clinically appropriate
- Review how providers are paid; look for episode-based payments that include follow-up care

PREVENTING DIABETES MAKES SENSE FOR EMPLOYERS

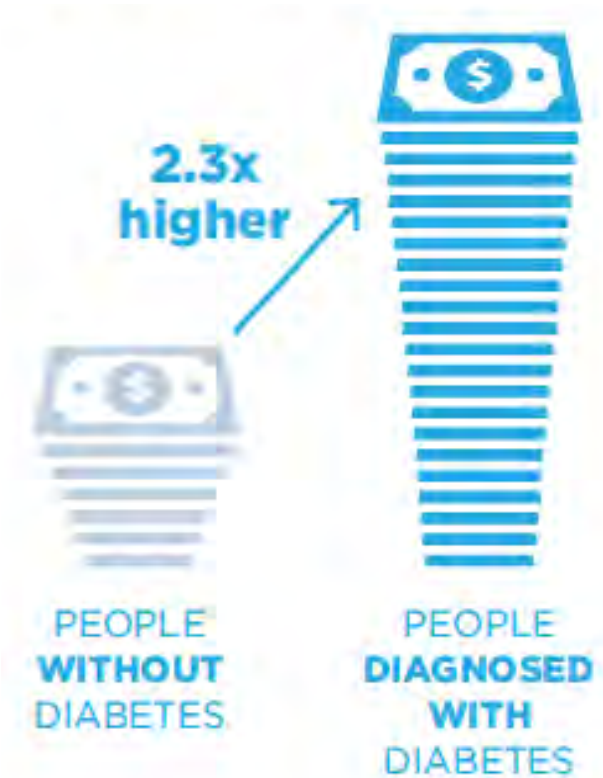
Diabetes is the **COSTLIEST** disease in the U.S. at **\$327 BILLION** in 2017 and contributes to **reduced productivity and absenteeism**.

Cost of care for people with diabetes is **2.3 times more** than for those without diabetes.

Annual medical expenditures in 2017 were **\$16,750 per person** diagnosed with diabetes.

Annual medical expenditures were **\$7,151 per person** without diabetes.

AVERAGE MEDICAL EXPENDITURES



Estimate costs and benefits for your workplace using CDC's return on investment (ROI) calculator: <https://nccd.cdc.gov/Toolkit/DiabetesImpact>

OFFERING THE NATIONAL DIABETES PREVENTION LIFESTYLE CHANGE PROGRAM IS COST EFFECTIVE

TWO WAYS TO ASSESS VALUE

ROI
(RETURN ON INVESTMENT)
NET SAVINGS
(FROM CHANGES IN UTILIZATION)
PROGRAM COSTS

VOI
(VALUE ON INVESTMENT)
↑ Employee productivity
Job satisfaction
Employee engagement
Employee retention
↓ Absenteeism
Presenteeism

The National DPP lifestyle change program allows payers to **avoid the high cost of type 2 diabetes** through delaying or preventing the onset of type 2 diabetes among covered individuals. The program provides **direct financial benefits** in the form of lower health care costs by preventing diabetes, and **indirect financial benefits** such as increased productivity and satisfaction among employees. One study of commercially insured adults found:

\$8,015

Increase in Medical Expenditures

over a 3-year period for individuals with prediabetes who developed diabetes compared to individuals with prediabetes who did not

(Year 1: **\$2,469**; Year 2: **\$3,193**;
Year 3: **\$2,353¹**)

VS.

\$500

Cost of the National DPP

lifestyle change program per participant, per year²

Note: Even without any lifestyle changes, not all individuals with prediabetes will progress to type 2 diabetes

Potential VOI for Employers Covering the National DPP Lifestyle Change Program

Direct Financial Benefits

- Lower health care costs
- Lower workers' compensation costs
- Lower safety costs

Additional Financial Benefits

- Better job performance
- Decreased absenteeism
- Higher employee engagement
- Increased team and leadership effectiveness
- Lower turnover
- Enhanced recruitment
- Increased job satisfaction
- Avoided and delayed chronic illness and disability
- Better customer service
- Less retraining



- Evidence-based, structured, consistent curriculum content
- Program providers are “recognized” by the Centers for Disease Control
- Facilitated by a trained LIFESTYLE COACH
- Provides one year of peer support and health coaching with a total of 26 sessions available to participants.
- Focuses on long-term behavior change for healthier choices – eating, activity, and stress management - to promote weight loss and maintenance.

What is the National DPP?

The National Diabetes Lifestyle Change Prevention Program – or National DPP – is a partnership of public and private organizations working to prevent or delay type 2 diabetes.

Lifestyle Change Program

The lifestyle change program that is part of the CDC-led National Diabetes Prevention Program is proven to help prevent or delay type 2 diabetes. It is based on research that showed:

58%

58% lower incidence of type 2 diabetes after weight loss of 5 to 7% body weight achieved by reducing calories and increasing physical activity to at least 150 minutes per week

71%

71% reduced incidence of type 2 diabetes for people 60 and older

27%

27% lower incidence of type 2 diabetes in lifestyle change program participants after 15 years



1 in 3 U.S. adults has prediabetes.
You can lower the risk for your workforce.

healm

Help your employees live longer, happier, and healthier lives.

Healm gives you the tools to design and implement an effective diabetes prevention program benefit for your employees. Onboarding is easy, and this free platform is designed to save you time and money. Healm guides you every step of the way through selection, approval, and implementation.

The National Diabetes Prevention Lifestyle Change Program
We'll help you offer a program recognized by the CDC to prevent or delay type 2 diabetes.

Customized Platform Help
We take care of you so you can take care of your employees. From start to finish, we'll help address any problems along the way.

Measure Plan Impact
We'll help you stay organized and on track to meet all of your goals and measure success over time.

Streamlined Experience
We did all the hard work so you can take all the credit. Healm prioritizes people over process with an intuitive, easy to navigate platform.

WHY SHOULD TYPE 2 DIABETES PREVENTION BE A PRIORITY FOR EMPLOYERS?
Take healthcare costs and double them.
That's what diabetes does to your bottom line.

On average, people living with diabetes incur \$9,500 in related healthcare costs each year. Through Healm, you can offer the National DPP lifestyle change program as a covered benefit and prevent type 2 diabetes in your workforce—all for a fraction of the price of covering diabetes-related costs for your employees.

“You do receive actual data and you can really assess the outcomes of the program through that data.”

GAIL GROZALIS | EXECUTIVE DIRECTOR,
FACULTY & STAFF WELLNESS,
SYRACUSE UNIVERSITY

Act now to help your employees get the most benefit out of their benefits.

LEARN MORE AND REGISTER AT

HEALM RESOURCE

EVALUATE AND IMPLEMENT THE NATIONAL DIABETES PREVENTION LIFESTYLE CHANGE PROGRAM

Healm provides tools to design and implement an effective diabetes prevention program benefit for your employees.

Onboarding is easy, and this free platform is designed to save you time and money. Healm guides you every step of the way through selection, approval, and implementation.

<https://healmatwork.org>

DIABETES PREVENTION PROGRAM PROVIDERS

Name	City	Recognition Status	Class open to	Delivery Mode
Beebe Healthcare	Lewes	Pending	Public Employees	In-person Distance Learning
Christiana Care Health System	Newark	Full Plus	Public	In-person
Christiana Care Health System	Newark	Preliminary	Employees	Distance Learning
The University of Delaware	Newark	Full Plus	Public Employees	In-person
Focus Pharmacy	Smyrna	Full	Public	In-person
SLD Coaching LLC	Wilmington	Pending	Employees Members	Combination
YMCA of Delaware	Wilmington	Preliminary	Public Employees, Members, Other	Distance Learning
YMCA of Delaware	Wilmington	Full Plus	Public	In-person



Nationwide:

Visit <https://dprp.cdc.gov/Registry> for a full list of CDC-recognized organizations offering online, in-person and distance learning diabetes prevention programs.

DIABETES PREVENTION PROGRAM

HEALTH PLAN COVERAGE

Health Plan Coverage	In-person and Distance Learning	Online (asynchronous)	Fully Insured Employer Cost	Self-funded Employer Cost
Highmark BCBSDE	YMCA of Delaware	Livongo	No cost	Inquire with health plan
Aetna	Solera YMCA of Delaware	Solera	No cost	Inquire with health plan
Cigna	Inquire with health plan	Omada	No cost	Inquire with health plan
United Healthcare	Inquire with health plan	Real Appeal	No cost	Inquire with health plan

Coverage and cost options subject to change.



Contact health plan/TPA about diabetes prevention coverage options

TODAY'S CHARGE TO EMPLOYERS

- Are you measuring prevalence for obesity, diabetes, prediabetes?
 - How? What can you do to improve measurement?
- Know what benefits you are offering for lifestyle change, pharmacologic coverage, surgical coverage
- Ask yourself if you are discriminating against people with obesity, through benefits (or otherwise)
- Bridge the gap between *recognizing* obesity as your #1 driver of costs and *treating it* as your #1 driver of costs
- Use the resources to support strategy, evaluation and implementation of benefits to address these top health issues

ELEVATING HEALTH THROUGH OBESITY AND DIABETES PREVENTION

Dany Bourjolly Smith, Director of Employee Benefits
City of Wilmington



\$1.1 BILLION

DIABETES IN DELAWARE

In 2019, 13% of Delaware adults ages 18 and older – more than 98,7000 individuals – reported that they had been diagnosed with diabetes¹

In 2017, 13% of Delawarean adults – approximately 95,000 individuals – reported that they had been diagnosed with prediabetes.

Conservatively, over one-quarter of all Delaware adults have or are at elevated risk for diabetes.

OUR STORY

Building a Culture of Health

A solid blue horizontal bar spanning the width of the slide at the bottom.



The City of Wilmington employee benefits covers approximately 3,000 employees, retirees, and their families with a rich Portfolio of healthcare plans and wellness programs.

OUR NUMBERS TELL THE TALE

A 2017 Healthcare taskforce report showed serious employee health conditions at a rate far higher than the national average.

Many employees were not engaging in healthy activities and had preventable chronic health conditions.

Only 26% had been to see a healthcare provider in the last year.

Prediabetes was a known problem, indicated by A1c results.



“When you treat people
like a financial burden,
they behave like one.”

- Dany Bourjolly Smith, Director of Employee Benefits

OUR APPROACH

Educate | Engage | Incentivize | Celebrate | Personalize

SOLUTION



THE NATIONAL DIABETES
PREVENTION PROGRAM



L.E.A.N (LIFELONG ESSENTIALS
FOR ACTIVITY & NUTRITION
PROGRAM)



ANTI-OBESITY MEDICATIONS &
PLAN DESIGN

WHY FOCUS ON DIABETES?

One of our top disease and claims expense.

Our employees asked for help

Diabetes Prevention helps to reduce other chronic conditions like high cholesterol, blood pressure and obesity

An evidence-based program existed and was already a covered benefit.





151 Attendees at information sessions



Launched 3 onsite classes at 2 locations with 61 participants



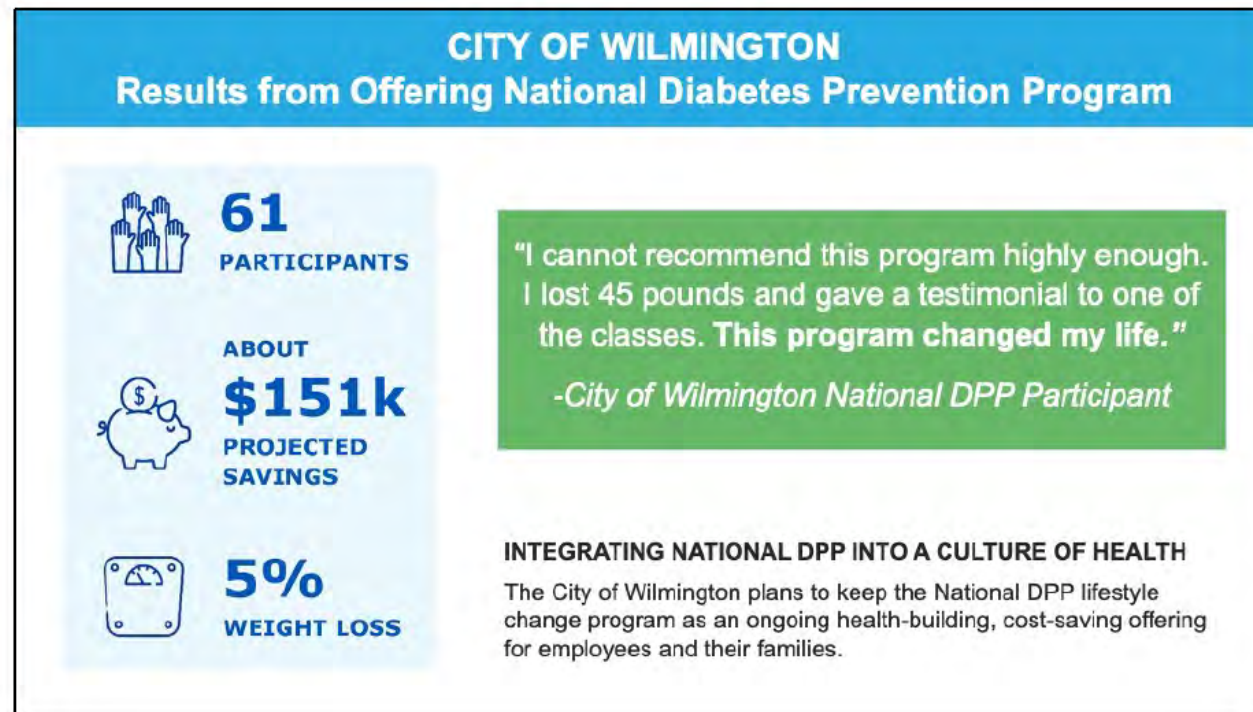
We are the only employer in the country to provide paid time (50% of 1-hour weekly class) for participation



Provided kick-off lunch, food scales, and created a Teams channel for accountability and recipe sharing

NATIONAL DIABETES PREVENTION PROGRAM (NDPP)

COVID DIDN'T STOP US!



NATIONAL DIABETES PREVENTION PROGRAM (NDPP) & L.E.A.N

The City of Wilmington Employee Benefits Division presents:

YMCA DIABETES PREVENTION PROGRAM

Back by Popular Demand with a New & Improved Program!

In-Person Classes begin:
Tuesday, January 24, 2023
from 11:30am – 12:30pm

All classes are at no cost to you!
In-person classes will be held in the Conference Room on the 3rd Floor of the City/County Building.

Take the risk assessment quiz & register:

<https://www.ymcade.org/preventdiabetes/diabetesquiz/>

If you qualify you will also receive pre-session materials & a FREE four-month membership to the YMCA.

DID YOU KNOW?

Every **22 lbs.** of Weight Lost
=
73% Reduced Risk of Diabetes

CUT THE RISK IN HALF!



The best way to prevent prediabetes is through diet and exercise

REGISTER TODAY!

Questions?

Reach out to the
Employee Benefits Division
at 302-576-2363 (BENE)
or benefits@wilmingtonde.gov



There are other classes available through the YMCA and are covered at no cost to you by your Highmark insurance plans.



The City of Wilmington Employee Benefits Division presents:

L.E.A.N.

(Lifelong Essentials for Activity & Nutrition Program)

NEW PROGRAM AT THE YMCA

In-person classes begin:
Wednesday, January 25, 2023

Western YMCA 5:30-7:00 PM | Central YMCA (April TBD)

Learn how to eat healthier, move more, and lose weight! This is a 12-week weight loss program for adults designed to help people seeking a healthier weight, achieve their goals by making small, modest changes to their daily behaviors and forming sustainable, healthy habits.

Program Overview

- 12 weekly, 90-minute sessions that include learning sessions, group discussions, personal check-in and small-group personal training workouts - all with a certified coach.
- For adults 18 years or older.
- Provides tools, knowledge and group support to help you develop a nutrition and exercise plan that works for you!
- Registrants will receive all class materials and one (1) FREE four-month membership to the YMCA.

The YMCA has created special pricing for City of Wilmington Employees - \$202.50
Participants that complete 80% of the program will be fully reimbursed the program fee!

TO REGISTER:

https://ymcadehibl.foreststack.com/forms/lean_enrollment



Questions?

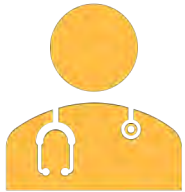
Reach out to the
Employee Benefits Division
at 302-576-2363 (BENE)
or benefits@wilmingtonde.gov



There are other classes available through the YMCA and are covered at no cost to you by your Highmark insurance plans.



MAKING STRIDES IN DIABETES & OBESITY



Anti-Obesity
Medication (AOM)



Weight Management
Care Value



Diabetes Care Value

CREATING A CULTURE OF HEALTH



2022 CITY OF WILMINGTON
FALL FEST

AN APPRECIATION EVENT FOR CITY EMPLOYEES & RETIREES

OCTOBER 14TH | 11AM - 3PM
FREEDOM PLAZA - 800 N FRENCH STREET - WILMINGTON

REGISTRATION & "LUNCH AROUND TOWN"
MONDAY, OCTOBER 10TH - FRIDAY, OCTOBER 14TH
BREAKFAST: 8AM | DESSERT TRUCKS: 11AM - 3PM

HOSTED BY:  **iHeartRADIO**

EARN
HEALTHY ACTION
TICKETS

WELLNESS WALK, GARDEN OF GAMES,
ZEN ZONE, AND PARTNERS IN PREVENTION.
WIN BIG IN THE PRIZE PAVILION


HIGHMARK
Delaware



TINYURL.COM/YP9K3ZD



The Employee Benefits Division Invites You to
MARCH MADNESS
'M' is for...
A Month-Long Celebration of Health & Wellness
for City Employees and Retirees!

2023 SCHEDULE

WEEK 1: MARCH MADNESS & WE GO HARD FOR HEALTH LAUNCH PARTY
Wed., March 1 | 9:00am - 12:00pm, Turner Bldg | 1:00pm - 4:00pm, City/County Bldg
Learn about our new employee benefits incentive program. Earn HARD (Healthy Action Reward Dollars) tickets all month-long!

RAFFLE: CITY NIGHT AT THE BLUE COATS ON MARCH 14! Sponsored by iHeart Media

WEEK 2: BENEFITS TOWNHALL: MEDICAL, MEDICATION & MORE!
Wed., March 8 | 10:00 am | Webinar | Highmark Delaware

WEEK 3: IT'S ALL ABOUT MONEY, HONEY!
Mon., March 13 | 9:00am - 3:00pm | Deferred Compensation | Empower
Stop by the Treasury (5th Floor) for 1:1 Consultations regarding our deferred compensation program.
Wed., March 15 | 10:00am | Webinar | "10 Steps to Financial Success" | Spectrum Credit Union

WEEK 4: YOUR MENTAL HEALTH MATTERS!
Wed., March 22 | 10:00am | Webinar | "A Healthier You: How Mental Health Affects Your Physical Health" | Health Advocate

WEEK 5: MARCH MADNESS FINALE!
Wed., March 29 | Benefits Open House LIVE | Details to be announced.
Join us for a fun day to wrap up our month-long celebration.

EARN DOUBLE HARD TICKETS | PRIZE WINNERS ANNOUNCED

Zoom Webinar Info:
Webinar Link: <https://tinyurl.com/COWmarchmadness23> | Passcode: 973061
Or Join Us By Phone:
+1 301 715 8592
WEBINAR ID: 844 9849 8846 | Passcode: 973061



Employee Benefits Division
Department of Human Resources

FY'24 Active Employee & Retiree

OPEN ENROLLMENT
May 9 – May 15, 2023
Open Enrollment is NOT MANDATORY



- ☒ Make Changes to Plan
- ☒ Add/Remove Dependents
- ☒ (Re) Enroll in Flexible Spending

Opportunity to earn H.A.R.D. tickets all week through the 'We Go Hard For Health' app!

Join us Friday, May 12th at the City/County Building from 10 am – 2 pm for Dessert, Screenings, Vendor Sessions and MORE!

Prize Drawing at 1:30pm!

Information:
302.576.BENE (2363)
Benefits@WilmingtonDE.gov



SCHEDULE

TUESDAY	WEDNESDAY	FRIDAY	MONDAY
MAY 9 TURNER BLDG 9 AM - 12 PM CITY/CNTY BLDG 1 PM - 3 PM	MAY 10 PUBLIC SAFETY 9 AM - 12 PM HICKS CENTER 1 PM - 3 PM	MAY 12 BENEFITS FAIR CITY/CNTY BLDG 10 AM - 2 PM	MAY 15 TURNER BLDG 9 AM - 12 PM CITY/CNTY BLDG 1 PM - 3 PM



READY TO GET STARTED?

TIPS FOR PROGRAM SUCCESS

Use healthcare data to build your business case for coverage & participation.

Use surveys and information sessions to build awareness and interest

Engage your senior leadership

Incorporate chronic conditions & solutions like the NDPP into your strategic plan

Plan for 'EXTRAS' in your budget (Food Scales, Kick-off Lunch, Prizes)

Incorporate wellness initiatives such as NDPP into all activities like Open Enrollment, New Hire Orientation, etc...

TALK ABOUT
DIABETES
PREVENTION
EVERY CHANCE
YOU GET!

RESOURCES

Employer National DPP Case for Coverage Flyer (DE)

https://www.gpbch.org/docs/case_for_coverage_national_dpp_de.pdf

City of Wilmington Case Study – *Elevating Health Through Diabetes Prevention*

https://www.gpbch.org/docs/city_of_wilmington_case_study_final_10.05.2021.pdf

National Association of Chronic Disease Directors Coverage Toolkit

<https://coveragetoolkit.org/about-national-dpp/>

CDC National Diabetes Prevention Lifestyle Change Program

https://www.cdc.gov/diabetes/prevention/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fprevention%2Findex.htm

Healm: <https://healmatwork.org>

Video: Prediabetes Is Affecting Your Workforce – What You Can Do

<https://youtu.be/fITZE6ut0s0>

Walk With Ease (University of Delaware)

https://events.udel.edu/event/walk_with_ease_june-july_2023_6_sessions#.ZHoYAi_MJpQ

Nancy Mears, mears@udel.edu

WORK WITH YOUR PARTNERS

Greater Philadelphia Business Coalition on Health, Jill Hutt, MSHP, Vice President, jhutt@gpbch.org

DHSS Diabetes Prevention and Control, Wendy Bailey, Trainer Educator, wendy.bailey@delaware.gov

Delaware Diabetes Coalition, www.dediabetescoalition.org

Quality Insights, www.qualityinsights.org

Your Benefits Advisor

Your Health Plan

SAVE LIVES, SAVE MONEY

THE IMPACT OF DIABETES AND OBESITY IN THE WORKFORCE

A Call to Action for Employers

OPEN DISCUSSION

Sponsored by:



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health



Supporters:

