Rethinking How Employers Can Support the Obesity Patient Journey

PROPEL Study Overview from PCORI

December 9, 2pm ET
Webinar Agenda

- Welcome/Introduction – Neil Goldfarb
- PCORI Update – Rachel Mosbacher
- Peter Katzmarzyk, MD – Featured PCORI-funded Study
- Ava Zebrick | Patient Advocate – Advisor to PCORI-funded Study
- Brief Comments from PCORI Study Team focused on Bariatric Surgery Effectiveness
- Questions/Discussion – led by Neil Goldfarb
- Questions from the Audience
- Pop up Survey
- Thank you
Welcome | Introduction

Neil Goldfarb
Greater Philadelphia Business Coalition on Health

Rachel Mosbacher, MPA
Senior Program Officer, Engagement Awards
PCORI
Ava J. Zebrick
Ochsner Medical Center
PCORI Patient Advocate Advisor

Peter T. Katzmarzyk, PhD
Pennington Biomedical Research Center; PCORI Principal Investigator
Weight Loss in Underserved Patients in Primary Care Settings

Peter T. Katzmarzyk, PhD, FTOS, FAHA, FACSM
Pennington Biomedical Research Center, Baton Rouge, LA
Background

• Obesity affects ~ 42% of US adults\(^1\)

• The economic costs of obesity in the US are estimated to be $1.4 trillion, or 6.8% of GDP\(^2\)

---

\(^1\) Hales et al. *NCHS Data Brief* 2020;360:1-8;  
The **primary aim** of this trial was to develop and test the effectiveness of a 24-month, **patient-centered**, **pragmatic** and scalable obesity treatment program delivered within primary care, inclusive of an underserved population.
Intensive Lifestyle Intervention (ILI)

• Patients received weekly counselling sessions (16 in-person/6 telephone) in the first 6 months, followed by monthly sessions (alternating in-person/telephone) for the remaining 18 months.

• All sessions were delivered by health coaches embedded in the primary care clinics.
Usual Care (UC) Group

- Patients received routine care from their primary care team throughout the trial
- Patients received 6 newsletters covering health-related topics and community resources
Weight Loss in Underserved Patients — A Cluster-Randomized Trial

Peter T. Katzmarzyk, Ph.D., Corby K. Martin, Ph.D., Robert L. Newton, Jr., Ph.D., John W. Apolzan, Ph.D., Connie L. Arnold, Ph.D., Terry C. Davis, Ph.D., Eboni G. Price-Haywood, M.D., Kara D. Denstel, M.P.H., Emily F. Mire, M.S., Tina K. Thethi, M.D., Phillip J. Brantley, Ph.D., William D. Johnson, Ph.D., Vivian Fonseca, M.D., Jonathan Gugel, M.D., Kathleen B. Kennedy, Ph.D., Carl J. Lavie, M.D., Daniel F. Sarpong, Ph.D., and Benjamin Springgate, M.D.
Patient Characteristics

N = 803

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>49.4 y (20 to 74 y)</td>
</tr>
<tr>
<td>BMI:</td>
<td>37.2 kg/m² (29 to 49.5 kg/m²)</td>
</tr>
<tr>
<td>% African American:</td>
<td>67.2%</td>
</tr>
<tr>
<td>% Income Below $20,000:</td>
<td>41.2%</td>
</tr>
<tr>
<td>% Low Health Literacy (≤8th grade):</td>
<td>30.8%</td>
</tr>
<tr>
<td>% Food Insecure:</td>
<td>30.8%</td>
</tr>
</tbody>
</table>
## Weight Loss Outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>UC</th>
<th>ILI</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Body Weight (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>-0.47 (-1.40, 0.46)</td>
<td>-7.34 (-8.23, -6.45)</td>
<td>-6.86 (-8.05, -5.68)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>-0.59 (-1.61, 0.43)</td>
<td>-6.75 (-7.72, -5.78)</td>
<td>-6.16 (-7.47, -4.85)</td>
</tr>
<tr>
<td>At 18 months</td>
<td>-0.40 (-1.44, 0.64)</td>
<td>-5.62 (-6.61, -4.63)</td>
<td>-5.22 (-6.57, -3.88)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>-0.48 (-1.57, 0.61)</td>
<td>-4.99 (-6.02, -3.96)</td>
<td>-4.51 (-5.93, -3.10)</td>
</tr>
<tr>
<td><strong>Change in Body Weight (kg)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>-0.83 (-1.82, 0.17)</td>
<td>-7.81 (-8.77, -6.85)</td>
<td>-6.98 (-8.26, -5.71)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>-0.99 (-2.08, 0.09)</td>
<td>-7.22 (-8.25, -6.19)</td>
<td>-6.23 (-7.63, -4.83)</td>
</tr>
<tr>
<td>At 18 months</td>
<td>-0.82 (-1.92, 0.29)</td>
<td>-6.07 (-7.12, -5.02)</td>
<td>-5.26 (-6.69, -3.82)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>-0.91 (-2.07, 0.24)</td>
<td>-5.43 (-6.52, -4.34)</td>
<td>-4.51 (-6.01, -3.02)</td>
</tr>
<tr>
<td><strong>Change in Waist Circumference (cm)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>-0.99 (-1.93, -0.05)</td>
<td>-6.84 (-7.75, -5.93)</td>
<td>-5.85 (-7.04, -4.66)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>-0.68 (-1.70, 0.33)</td>
<td>-6.63 (-7.61, -5.66)</td>
<td>-5.95 (-7.25, -4.65)</td>
</tr>
<tr>
<td>At 18 months</td>
<td>0.21 (-0.82, 1.24)</td>
<td>-5.33 (-6.32, -4.34)</td>
<td>-5.54 (-6.86, -4.22)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>0.71 (-0.35, 1.78)</td>
<td>-4.42 (-5.44, -3.41)</td>
<td>-5.13 (-6.50, -3.77)</td>
</tr>
</tbody>
</table>
Percentage of Patients Achieving ≥5% and ≥10% Weight Loss

At 24 Months:

- 5% Weight Loss: 50.7% vs 19.6%
- 10% Weight Loss: 23.3% vs 4.7%
### Patient-Reported Outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>UC</th>
<th>ILI</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Weight-related Quality of Life (IWQOL-L Total Score)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>3.02 (1.14, 4.90)</td>
<td>10.55 (8.69, 12.41)</td>
<td>7.53 (5.18, 9.88)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>3.56 (1.61, 5.50)</td>
<td>11.14 (9.23, 13.06)</td>
<td>7.59 (5.15, 10.03)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>4.36 (2.34, 6.39)</td>
<td>11.02 (9.04, 13.00)</td>
<td>6.66 (4.10, 9.21)</td>
</tr>
<tr>
<td><strong>Change in IWQOL-L Physical Function</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>2.71 (-0.03, 5.45)</td>
<td>13.35 (10.70, 16.00)</td>
<td>10.64 (7.17, 14.10)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>3.20 (0.44, 5.96)</td>
<td>13.59 (10.92, 16.27)</td>
<td>10.39 (6.89, 13.89)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>4.11 (1.24, 6.97)</td>
<td>12.31 (9.55, 15.06)</td>
<td>8.20 (4.56, 11.84)</td>
</tr>
<tr>
<td><strong>Change in IWQOL-L Self Esteem</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>4.69 (2.20, 7.17)</td>
<td>12.20 (9.67, 14.72)</td>
<td>7.51 (4.44, 10.58)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>5.86 (3.21, 8.50)</td>
<td>13.74 (11.07, 16.40)</td>
<td>7.88 (4.57, 11.19)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>7.62 (4.88, 10.36)</td>
<td>14.39 (11.66, 17.12)</td>
<td>6.77 (3.32, 10.21)</td>
</tr>
</tbody>
</table>
### Patient-Reported Outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>UC</th>
<th>ILI</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in IWFQOL-L Sexual Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>2.02 (-1.05, 5.08)</td>
<td>12.19 (9.05, 15.33)</td>
<td>10.18 (6.37, 13.98)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>3.19 (0.12, 6.27)</td>
<td>12.20 (9.04, 15.36)</td>
<td>9.01 (5.18, 12.84)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>4.49 (1.18, 7.80)</td>
<td>14.32 (11.00, 17.65)</td>
<td>9.83 (5.68, 13.99)</td>
</tr>
<tr>
<td><strong>Change in IWFQOL-L Public Distress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>2.42 (-0.12, 4.96)</td>
<td>4.76 (2.29, 7.22)</td>
<td>2.33 (-0.88, 5.54)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>2.39 (-0.19, 4.96)</td>
<td>5.95 (3.46, 8.44)</td>
<td>3.56 (0.31, 6.82)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>2.41 (-0.20, 5.02)</td>
<td>5.38 (2.86, 7.89)</td>
<td>2.97 (-0.34, 6.27)</td>
</tr>
<tr>
<td><strong>Change in IWFQOL-L Work/Daily Activity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 6 months</td>
<td>2.69 (0.57, 4.82)</td>
<td>5.41 (3.29, 7.53)</td>
<td>2.72 (0.07, 5.37)</td>
</tr>
<tr>
<td>At 12 months</td>
<td>1.83 (-0.38, 4.03)</td>
<td>5.67 (3.48, 7.86)</td>
<td>3.84 (1.08, 6.60)</td>
</tr>
<tr>
<td>At 24 months</td>
<td>1.47 (-0.83, 3.76)</td>
<td>5.48 (3.22, 7.75)</td>
<td>4.02 (1.12, 6.91)</td>
</tr>
</tbody>
</table>
Relevance to Employers

• The annual costs of having obesity are approximately $4,879 for a woman and $2,646 for a man¹

• Obesity-attributable absenteeism among American workers costs the nation an estimated $8.65 billion per year (2012), or 7-12% of total absenteeism costs²

The AHA/ACC/TOS Obesity Guidelines are emphatic that intensive behavioral intervention is the cornerstone of weight loss.

This approach should be balanced with other approaches such as bariatric surgery and pharmacotherapy based on the patient.

More work is needed to integrate these approaches into primary care and other health care settings.
Conclusions

- Obesity is a significant public health concern, especially in underserved populations.

- Clinically significant weight loss is possible among low-income primary care patients using a high-intensity, culturally adapted intervention.

- Bring the intervention to “where” it is needed, taking into account patient preferences, attitudes, socioeconomic status, health literacy and culture.
Acknowledgements

Pennington Biomedical
Kara Denstel
Emily Mire
Ken Singletary
Cheryl Lewis
Emily Braun
Mary Williams
Lisa Landry

PROPEL Investigators
Corby Martin
John Apolzan
Robert Newton, Jr.
William Johnson
Phil Brantley
Tina Thethi (Tulane)
Vivian Fonseca (Tulane)
Jonathon Gugel (Tulane)
Eboni Price-Haywood (Ochsner)
Chip Lavie (Ochsner)
Terry Davis (LSUHSC-S)
Connie Arnold (LSUHSC-S)
Ben Springgate (LSUHSC-NO)
Kathleen Kennedy (Xavier)
Daniel Sarpong (Xavier)

PROPEL Stakeholders
Gary Wiltz (Teche Action Board)
Willie White III (David Raines CHCs)
Michael G. Griffith (Daughters of Charity)
Robert Post (Daughters of Charity)

PROPEL Staff
Allison Davis
Lindsay Hall
Taylor Ayers
Karissa Neubig
Kelly Lynch
Stephanie Autmemt
Shiquita Brooks
Kevin Sanders
Leslie Forest
Cristalyn Reynolds
Angelle Graham
Danielle Burrell
Jill Hancock
Tabitha Gray
Hillary Young
Ekambi Shelton
Brittany Neyland
Brittany Molinere
Stephanie Rincones
Acknowledgements

PROPEL is supported by the Patient-Centered Outcomes Research Institute (PCORI) Contract #OB–1402–10977 (PI: P. Katzmarzyk).

This work was completed prior to Dr Price-Haywood’s appointment to the PCORI Board of Governors.

Additional support was provided by 1 U54 GM104940 from the National Institute of General Medical Sciences of the National Institutes of Health that funds the Louisiana Clinical and Translational Science Center, and NORC Center Grant # P30DK072476 entitled “Nutrition and Metabolic Health Through the Lifespan” sponsored by NIDDK.
Support for Obesity Patients

By Ava J. Zebrick, MSHCM
Why I’m here
What is Obesity & Severe Obesity?

Obesity is a treatable disease that is a worldwide health concern associated with having an excess amount of body fat. It is caused by genetic and environmental factors and can be difficult to control through dieting alone. Obesity is diagnosed by a healthcare provider and is classified as having a body mass index (BMI) of 30 or greater. Nearly 40 percent of Americans have obesity.
Obesity Tug-of-war

BIOLOGICAL RESPONSE TO WEIGHTLOSS

REDUCING CALORIES INCREASING ACTIVITY

METABOLISM SLOWS HUNGER INCREASES

FULLNESS DECREASES
Changing the dialogue

<table>
<thead>
<tr>
<th>Self-Talk Without Understanding What Obesity Is</th>
<th>With the Knowledge &amp; Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am obese.</td>
<td>I am a person who is affected by obesity.</td>
</tr>
<tr>
<td>It is my fault. I did this to myself.</td>
<td>Obesity is a complex disease with genetic, environmental, and behavioral causes.</td>
</tr>
<tr>
<td>My weight is solely my responsibility.</td>
<td>Obesity is a chronic disease with biological processes that make it resistant to treatment and that contribute to relapse.</td>
</tr>
<tr>
<td>Weight loss or gain is determined by choices and willpower. If I fail to make enough changes and control my weight, it is my personal failure.</td>
<td>My weight matters for my health, and I need help from healthcare professionals who understand the disease of obesity in order to treat it and help me manage my weight.</td>
</tr>
<tr>
<td>I know how to lose weight. I have done it before. This time I didn’t do the right and I didn’t do enough. I knew better, and I should feel ashamed.</td>
<td>Obesity is complex, everybody’s body is different, and every person is complicated. Managing weight is not simple, and it’s difficult. The more information, support, and “tools in the toolbox” I have, the better.</td>
</tr>
</tbody>
</table>
Obesity Tug-of-war

As patients, when we understand obesity, we are more likely to:

• Feel relief from internalized bias
• Reach out for resources and support
• Engage and partner with our healthcare team
Healthcare Support

- **Intensive Behavioral Therapy** for obesity by professionals who understand the disease and are appropriately trained.

- **Covered visits** with Board Certified Obesity Medicine Specialists (MDs).

- Coverage for FDA approved **anti-obesity pharmacotherapy**.

- **Affordable and comprehensive metabolic surgery program** per guidelines of the American Medical Association (AMA), American Board of Obesity Medicine (ABOM), and American Society for Metabolic and Bariatric Surgery (ASMBS).

  - Not limited to 1 lifetime procedure
  - No conditional half-year waiting period
  - No requirement of “successful” weight loss prior to approval
Employer Sponsored Social Support

- Education about weight bias in the workplace
- Corporate Wellness*
  - Specialist led support groups
  - Peer led support groups
Going forward

Ava Zebrick, MSHCM
ajzebrick@gmail.com
Special Guests – PCORI Researchers – Comments/Reactions

David E. Arterburn, MD, MPH
Senior Investigator,
Kaiser Permanente Washington Health Research Institute

Neely A. Williams, M.Div., Ed.D
Director of Community Engagement
TN CEAL

Kathleen McTigue, MD, MPH
Associate Professor of Medicine & Clinical and Translational Science
Discussion led by Neil Goldfarb / Questions from the Attendees.

Please add your questions to the Q&A box
Resources

Novo Nordisk Rethink Obesity®
PCORI PROPEL Study
PCORI Obesity Surgery study
GPBCH: Prescription Weight Loss Therapies
The New Science of Obesity, National Alliance
STOP Mental Health, Obesity, and Racial Disparities
STOP Mental Health Fact Sheet
Link Between Obesity and Mental Health Parity Infographic

Infographic for Employees (Patients)
Action Brief for Employers (coming soon)
Thank you and Popup Survey

A survey will appear in your web browser after the Webinar. You could complete it immediately or a survey link will be sent to your email. Completed survey responses must be in by 12 PM ET on December 13.

Your feedback is important. Thank you for completing the Survey!