Food Benefits Management
A New Solution to Get the Most out of Your Benefit Dollars
Many employers find themselves facing double-digit health plan increases this year, uncertainty about the future of Affordable Care Act mandates, and skepticism about the return on investment from their wellness programs. Meanwhile employers’ burden of chronic disease—both in terms of prescription drug costs and lost productivity—continues to grow. We pay more for healthcare than any other country¹, yet workers keep getting sicker.

A critical factor driving this spiral of expense and illness is poor diet. Yet few employers have meaningful initiatives to improve healthy eating as part of their health benefit plans.

There is no magic bullet. Employers will need an integrated approach to using food as medicine—both prevention and intervention—powered by both technology and personalized services. This new approach must employ rigorous nutrition and behavior science to deliver personalized food prescriptions. Then, importantly, these solutions must make the healthy choice the easy choice, by reshaping workers’ food landscape at work, at home, at the grocery store, and out to eat.

New food medicine initiatives must be managed and integrated into self-insured employers’ health plans. We call this new health plan service “Food Benefits Management.” Like Pharmacy Benefits Management, this new category of third-party health plan administration exists to reduce health plan costs and to improve outcomes, wringing the most from each benefit dollar.

Why food?

Many employers cover smoking cessation as a health plan benefit or as a wellness program add-on. After all, smoking costs the U.S. $75 billion per year, and its devastating health effects, from lung cancer to birth defects, are well known. More recently, many employers have added gym membership discounts to their health plans, or workplace fitness programs to their wellness plans.

But when it comes to food, employers have done relatively little beyond offering salads, nutrition brochures, and threats of higher health insurance premiums for anyone with a Body Mass Index over a preset level. These efforts have failed to significantly change workers’ eating habits long term. That’s because these superficial changes do nothing to address the single biggest obstacle to healthy eating: a food landscape that makes the unhealthy choice the easiest, and often cheapest, choice.

There is a clear imperative for employers to take on the poor diet crisis in America. For one thing, employers, and their workers, pay more than half of American health costs².

Meanwhile, a mounting pile of evidence points to poor diet as the biggest culprit in Americans’ obesity and poor health status. More than 80 percent of healthcare spending is driven by chronic illnesses, per the Centers for Disease Control³. Chronic illness accounts for the vast majority—91 percent—of prescriptions filled⁴. A recent study in the Journal of the American Medical Association (JAMA) determined that diet is the number one factor impacting health status⁵.

In 1980, 15 percent of the U.S. population was obese. Thirty years later, in 2010, 35 percent of Americans were obese. Over the same 30 years (1980 to 2010), the

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¹ Paying More: American Health Spending Rose 3.6 Percent in 2012, after 2011 Decline
² National Health Expenditures 2012 Highlights
³ Center for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)
⁴ The State of Prescription Drugs in the U.S.
⁵ Zバリナゴ (Zipongo), “Food Benefits Management: A New Solution to Get the Most out of Your Benefit Dollars”
segment of the U.S. population that is overweight has grown from 47 percent to 68 percent—a 45 percent increase⁶.

Experts expect skyrocketing obesity to be accompanied by an increase in diabetes and its related comorbidities. Unless something changes, 52 percent of Americans will have diabetes or pre-diabetes by 2020, per UnitedHealth Group’s Center for Health Care Reform and Modernization⁷.

And it’s not just about obesity and diabetes. Health insurers have identified a dozen conditions impactable by food, including obesity, diabetes and pre-diabetes, but also malnutrition, hypertension, pre-hypertension, congestive heart failure, heart disease following heart attack, gastroesophageal reflux disease (GERD), Crohn’s disease, chronic kidney disease, and stress/anxiety.

Despite this, the U.S. public health apparatus and health care payers have failed to launch a coordinated, evidenced-based approach to reversing the epidemic of unhealthy eating. It is imperative that employers step into this breach to reverse these trends, rein in health care and prescription drug costs, and improve quality of life and productivity of workers.

Why now?

Employers have understandably been reluctant to “tell workers what to eat.” Firstly, healthy eating can mean many things. Several diets claim to help people lose weight and live healthier, but few can report long-term success. Another hurdle has been a reluctance of employers to interfere with “free choice,” since these choices are necessarily influenced by cultural traditions, social habits, personal dietary preferences, restrictions and allergies. But here are some reasons employers should reframe the issue not as “interfering with free choice,” but enabling a free and more informed choice.

1. To leverage better science

Until recently, there has been no smoking gun pointing definitively to the “right” way to eat. The past few decades have seen a war between low-fat and low-carb diets, with no winner. While a few short-term studies have shown these diets to be effective, long-term healthy weight management has been elusive.

However, there is an emerging consensus that the Mediterranean diet, with its focus on consumption of fruits and vegetables, healthy fats from fish, nuts and olive oil, fiber-rich carbohydrates, and a reduction in red meat consumption, promotes overall health. Several long-term studies have confirmed that this diet can be effective in reducing the prevalence of diabetes, heart disease, and cancer. For instance, a 2007 review of several of these studies by the National Institutes of Health noted that the consumption of a Mediterranean diet was associated with a 26 percent lower relative risk of being hypertensive after adjusting for demographic, clinical, and lifestyle variables⁸. A 2008 study review published in the British Medical Journal showed that following a traditional Mediterranean diet is associated with a significant improvement in health status, including

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**Dietary risks leading cause of US disease burden¹³**

Percent of DALYs attributable to the 10 leading risk factors in the US, 2010

<table>
<thead>
<tr>
<th>DIETARY RISKS</th>
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<tr>
<td>Tobacco Smoking</td>
<td>21.9</td>
</tr>
<tr>
<td>High Body Mass index</td>
<td>13.7</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>12.8</td>
</tr>
<tr>
<td>High Fasting Plasma Glucose</td>
<td>12.4</td>
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<tr>
<td>Physical Inactivity &amp; Low Physical Activity</td>
<td>10.7</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>10.1</td>
</tr>
<tr>
<td>High Total Cholesterol</td>
<td>7.1</td>
</tr>
<tr>
<td>Drug Use</td>
<td>4.3</td>
</tr>
<tr>
<td>Ambient Particulate Matter Pollution</td>
<td>2.3</td>
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</tbody>
</table>

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³"Tobacco Smoking"

⁴"High Body Mass index"

⁶"High Blood Pressure"

⁷"High Fasting Plasma Glucose"

⁸"Physical Inactivity & Low Physical Activity"

⁹"Alcohol Use"

¹⁰"High Total Cholesterol"

¹¹"Drug Use"

¹²"Ambient Particulate Matter Pollution"
a reduction in overall mortality (9%), mortality from cardiovascular diseases (9%), incidence of or mortality from cancer (6%), and incidence of Parkinson’s disease and Alzheimer’s disease (13%)⁹.

The Mediterranean diet is also an attractive target for healthy eating initiatives because it offers significant variety, with multiple healthy choices in each food category. It can easily be customized to fit an individual’s food preferences, dietary restrictions, and health status.

And while the general principles of the Mediterranean diet can benefit everyone, we can also use science to help us customize diets using the emerging data science of Nutriomics. This is the study of personalizing food recommendations based on bodily measures of genetics; metabolomics; immune-response and the microbiome; and an individual’s nutrition status, food buying, tastes, and food environment. The goal of Nutriomics is to leverage food to optimize measures of health, emotional, and performance outcomes.

2. To counter the influence of the Big Food industry

To effectively reform Americans’ eating habits, interventions must address the complexity and the ubiquity of food decisions. An individual faces more than 200 food decisions per day, including where to eat, with whom to eat, where to shop for food, when to shop, etc¹⁰. Attempts to restrict unhealthy choices, such as former New York Mayor Michael Bloomberg’s ban on “supersize” soft drinks, have met with considerable public backlash. Opponents of such measures argue that these types of policy interfere with our free choice. But this “Free Choice” is already dictated by Big Food.

Food manufacturers, restaurants, and grocery chains decide where on a menu or a store shelf a product will be placed. These tactics influence our purchase choices. For instance, per a study by the University of Arizona, customers waiting in a long grocery store line are 25 percent more likely to buy the soda and candy that is up front by the register¹¹.

The truth is that the shelves and menus in America are stacked against healthy eating. To move the needle, we must reshuffle the deck, with healthy choices on top. Employers must offer tools to reshape the food landscape to put the salads in the front of workers’ minds, if not in the front of their cafés.

To reverse the poor diet crisis among their employees, employers must do two things: first, offer consumers clear healthy food recommendations, backed by science, and second, offer tools to counter the unhealthy food landscape that surrounds them.

Food Benefits Management: the new tool employers need

Most employers are not in the nutrition business, just like they aren’t in the health insurance business or the prescription drug business. Third party administrators step in to provide employers the best-value health plan products at the best price. Food Benefits Management is a new vendor category designed to provide employers with a number of products and services designed to work in concert to promote healthy eating at home, at work, and on the go. The goal of Food Benefits Management is to reduce the burden of chronic disease within a given workforce, reduce workers’ reliance on prescription drug treatments, and reduce healthcare costs for employers.

Food Benefits Management, like Pharmacy Benefits Management, is designed to help employers get the most out of their benefit dollars. For instance, PBM vendors create formularies for employers to guide step therapy approaches to prescription drug management. Likewise, Food Benefits Managers will look for opportunities to prescribe healthy food as the first step in a treatment regimen for workers at risk for developing chronic conditions. They may also leverage patient volume to negotiate prices on healthy food or delivery...
fees, as PBM vendors do with prescription drugs. Food Benefits Managers can also help employers to use food benefits as interventions as well as prevention. Food benefits may be used to strengthen and expand existing chronic disease programs including those for workers with diabetes and heart disease.

Importantly, Food Benefits Managers, like Pharmacy Benefits Managers, establish measurement approaches to evaluate the cost impact of FBM across programs and populations, including workers at-risk for or living with chronic conditions. FBM vendors can track and measure employers’ progress and return on investment for food benefit programs.

### Building a Food Benefits program

Food benefits programs can be deployed by employers to serve all employees. Healthy employees can use the technology platform and food subsidies to optimize health and prevent chronic conditions. Workers with chronic conditions or at risk for developing them can additionally benefit from the digital therapy and step therapy features of the food benefits program.

Food benefits can include a combination of technology, product and service solutions, including:

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<tr>
<th>Mobile eating decision support</th>
<th>Mobile technology platforms are needed to accompany workers wherever food decisions are made, and help them to reshape their food landscape. Whether it’s the corporate café, restaurant, or a home-cooked meal, these tools will use workers’ individual dietary restrictions and preferences, and present the worker with the choices that best fit their health status, preferences and goals.</th>
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<tr>
<td>Grocery shopping support</td>
<td>Technology platforms should also include tools to help employees cut through supermarket marketing campaigns to choose the best foods for themselves and their families. These tools can include customized grocery lists, selected discounts for healthy foods, and online ordering for grocery delivery. They can also include passive grocery purchase tracking to help workers understand and improve their buying habits.</td>
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<tr>
<td>Healthy food subsidies</td>
<td>Employers may choose to add healthy food subsidies to their food benefits program. This benefit would complement similar rebates for smoking cessation programs and gym memberships. Such subsidies incentivize healthy eating by closing the gap between the cost of healthy foods (such as fresh produce, fish, and whole grains) and less expensive unhealthy processed foods.</td>
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<td>Digital coaching</td>
<td>Technology platforms may also include virtual nutritional counseling sessions that can educate workers on healthy food habits, while immediately connecting them with the tools to consistently choose healthy foods.</td>
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<td>Digital step therapy</td>
<td>Step therapy has historically referred to a medication management strategy whereby patients are first prescribed a lower-cost generic drug, and if that first drug fails, they move on to a higher-cost brand name drug. A food benefits approach to step therapy is a meaningful effort to first prescribe healthy foods to workers at risk for developing chronic disease. If healthy foods are ineffective, workers would begin a typical pharmaceutical step therapy regimen. This approach may delay or divert some workers’ prescription drug use, lowering costs for employers and potentially avoiding adverse drug side effects.</td>
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Conclusion

For too long, health care payers and the public health establishment have failed to implement effective programs to reverse the devastating health effects of Americans’ poor diet. The time has come to invest in science-based healthy eating programs. Employers, who pay more than half of healthcare costs, are well-placed to lead this charge.

One-size-fits-all diets that eliminate an entire food category (such as fats or carbohydrates) have largely been debunked in favor of a Mediterranean diet, which emphasizes whole grains, healthy fats, and fresh produce but offers a variety of healthy choices in all food groups.

Employers should adopt a new approach, called food benefits, to leverage the single biggest determinant of health—food—to reduce the cost and burden of chronic disease among their workforces.

• Make consistently healthy food decisions at home, at work, or on the go
• Customize food choices based on food preferences, dietary restrictions, health status, and health goals
• Reshape their food landscape to counter food industry marketing campaigns
• Improve grocery shopping habits through use of custom lists, discounts on healthy food, and food delivery
• Access digital therapy online nutrition counseling sessions

In addition to technology, food benefits include a variety of other levers to promote healthy eating and use healthy eating to reduce the burden of disease and prescription drug use among employee populations.

Food Benefits Managers coordinate and administer technology platforms as well as these other benefits, which may include healthy food subsidies, similar to the gym membership subsidies many employers currently offer. FBM vendors can also deploy step therapy strategies to use food as the first line of defense against chronic conditions, before prescribing medications.

Employers, by adopting these newly emerging food benefits and engaging Food Benefits Managers, can begin to reverse obesity and diabetes trends among their employees. They can also offer their workers a lower-cost alternative to prescription drugs to prevent or help manage a variety of chronic conditions.

To learn more about Food Benefits Management and what Zipongo can do for your organization, contact Lisa Martin, Director of Sales Development.

lisa.martin@zipongo.com

Endnotes:
12. Obesity citation: Prevalence of Obesity Among Adults and Youth:United States, 2011–2014; Cynthia L. Ogden, Ph.D.; Margaret D. Carroll, M.S.P.H.; Cheryl D. Fryar, M.S.P.H.; and Katherine M. Flegal, Ph.D.
14. DALY (disability-adjusted life year) “is a universal metric that allows researchers and policymakers to compare very different populations and health conditions across time... DALYs equal the sum of years of life lost (YLLs) and years lived with disability (YLDs). One DALY equals one lost year of healthy life. DALYs allow us to estimate the total number of years lost due to specific causes and risk factors at the country, regional, and global levels.” (source: Institute for Health Metrics and Evaluation).