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Annals
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Abstract

[Chinese translation](#)

Background:

Data on the effectiveness of employer-sponsored financial incentives for employee weight loss are limited.

Objective:

To test the effectiveness of 2 financial incentive designs for promoting weight loss among obese employees.

Design:

Randomized, controlled trial. (ClinicalTrials.gov: NCT01208350)

Setting:

Children's Hospital of Philadelphia.

Participants:

105 employees with a body mass index between 30 and 40 kg/m².

Intervention:

24 weeks of monthly weigh-ins (control group; $n = 35$); individual incentive, designed as \$100 per person per month for meeting or exceeding weight-loss goals ($n = 35$); and group incentive, designed

as \$500 per month split among participants within groups of 5 who met or exceeded weight-loss goals ($n = 35$).

Measurements:

Weight loss after 24 weeks (primary outcome) and 36 weeks and changes in behavioral mediators of weight loss (secondary outcomes).

Results:

Group-incentive participants lost more weight than control participants (mean between-group difference, 4.4 kg [95% CI, 2.0 to 6.7 kg]; $P < 0.001$) and individual-incentive participants (mean between-group difference, 3.2 kg [CI, 0.9 to 5.5 kg]; $P = 0.008$). Twelve weeks after incentives ended and after adjustment for 3-group comparisons, group-incentive participants maintained greater weight loss than control group participants (mean between-group difference, 2.9 kg [CI, 0.5 to 5.3 kg]; $P = 0.016$) but not greater than individual-incentive participants (mean between-group difference, 2.7 kg [CI, 0.4 to 5.0 kg]; $P = 0.024$).

Limitation:

Single employer and short follow-up.

Conclusion:

A group-based financial incentive was more effective than an individual incentive and monthly weigh-ins at promoting weight loss among obese employees at 24 weeks.

Primary Funding Source:

National Institute on Aging.

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Nida Hamiduzzaman, Daniel Arkfeld • Keck School of Medicine, University of Southern California • 4 April 2013

Show me the money!!

It is with fascination that we read Dr. Kullgren's insightful article on individual versus group weight loss. In our experience, we have found that when patients are financially motivated, we see more results with obesity reduction. Our experience though has to do with the opposite effect where patients pay into a lifestyle redesigned program \$100 for a weekly visit for ten weeks. Perhaps this \$100 amount is the key to getting patients invested into the programs regardless of any financial costs. Thus it appears that it may not be the actual financial amount but more the psychological grouping of patients that leads to weight loss.

Joseph Chemplavil, MD • Private practice, Hampton, Virginia • 8 April 2013

Paying patients to lose weight in a doctor's office since 2002

Prompted by his own patients' struggle to lose weight and frustration of seeing the increasing obesity problem in his patients with diabetes, high blood pressure and high cholesterol, an endocrinologist in Virginia developed his Dollar for Pound weight loss program in 2002. Patients who agree to join his program sign a contract for one year to pay \$1 for every pound of weight he or she gains. They get paid \$1 in cash for every pound they lose on each office visit. The biggest losers get extra bonus payments. He continues to offer this unique and successful weight loss program for the last 11 years in his office. For more details, visit his web site - www.DollarsForDieting.com

Disclosures: Conflict of Interest: I am the creator of the Dollar for Pound weight loss program and the owner of the web site - www.DollarsForDieting.com

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