An Expert Interview With

shapeup™

We make health social."
ABOUT **RAJIV KUMAR**  M.D.

Dr. Rajiv Kumar is the Founder and Chief Medical Officer of Providence-based health startup ShapeUp, a venture-backed company that delivers social networking and gaming-based wellness programs to large employers and insurance companies. Under his leadership, ShapeUp has grown to cover over two million people across 93 countries. Dr. Kumar earned his medical degree from the Warren Alpert Medical School of Brown University and has focused his career on prevention, public health, and innovation in health care. He also received his Bachelor of Arts in Business Economics from Brown University.

ABOUT **DAVID HUNNICUTT**

Since his arrival at WELCOA in 1995, David Hunnicutt has interviewed hundreds of the most influential business and health leaders in America. Known for his ability to make complex issues easier to understand, David has a proven track record of asking the right questions and getting straight answers. As a result of his efforts, David’s expert interviews have been widely-published and read by workplace wellness practitioners across the country.

David Hunnicutt can be reached at dhunnicutt@welcoa.org.
For more than 20 years, the Wellness Council of America has been dedicated to providing its members with the very best tools and resources to help them build and sustain results-oriented wellness programs. As part of this mission, we feature a network of Premier Providers to help familiarize health promotion practitioners with the increasing array of products and services available to them. In this Premier Provider Interview, you’ll find in-depth information about ShapeUp, a leading wellness vendor in the field. The Premier Provider Network (PPN) Interview series is designed to give you a better understanding of each Premier Provider’s background, philosophy, products and services—and how you can utilize their offerings to strengthen your employee wellness initiative. We hope you find this resource useful in understanding how ShapeUp can best complement your program.

David Hunnicutt: How important is physical activity and exercise for the typical working person?

Rajiv Kumar: Exercise is critical, but as we moved from being an industrial nation to a more service-oriented one, many U.S. workers have adopted sedentary lifestyles. The average person today walks just one to two miles per day in the entire 24 hours of the day. Yet experts recommend at least five miles of walking daily. You can see from that stark difference just how little exercise we’re currently getting. I think what’s interesting—despite the fact that so many office environments are not naturally conducive to physical activity anymore—is there are plenty of ways to make a workplace more active and in doing so, provide a whole host of benefits for employees.

DH: From a health and medical perspective, some people think the idea of walking or being physically active during the course of a day is a good idea. Some people look at it as medicine. Is exercise medicine?

RK: Exercise is absolutely medicine. There are studies that show that there are tremendous health benefits if we can just do 30 minutes of physical activity a day, even if it’s low intensity physical activity, such as walking. It doesn’t have to be high intensity running or other cardiovascular activity. We can dramatically decrease our risk of disease, increase the length of our lives, and increase the quality of our lives. Exercise really is the closest thing we have to a free medicine for changing our lifestyle—and improving health and longevity.
DH: You mentioned physical activity for 30 minutes a day at a minimum. Now, if 30 minutes is a minimum, than is 45 minutes or an hour, or two hours better? How much exercise do people really need?

RK: More exercise is generally always better. But what we like to tell people is that 30 minutes a day every single day will do it. Exercise guidelines have been revised so many times over the years and they’re somewhat complex, so I think we really need to boil it down and make it simple, otherwise people can’t understand it. And if they can’t understand it, they can’t actually achieve it. As a company, ShapeUp is encouraging all of the people who participate in our program to do 30 minutes of activity—any kind of activity—every day, as long as they are purposefully doing it and they’re up out of their chair moving when they do that activity.

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Another way we quantify the amount of physical activity needed is by simply encouraging individuals to walk 10,000 steps per day. And that’s a number that’s been recommended by a lot of experts as well. The typical American is walking between three and four thousand steps on average per day. We need to get people up to 10,000. If people walk 10,000 steps a day and do 30 minutes of activity, that’s the level of physical activity they need to fend off disease and lead a healthy lifestyle.
DH: Does that physical activity need to come all at one time?

RK: No, it can be accumulated at any point during the day. That’s why we recommend short bursts of physical activity spread throughout an entire day. I think if we ask people to block off long periods of time for exercise, they’re a lot less likely to do it. It seems more cumbersome. It seems more like a chore and there’s a higher activation threshold to actually accomplish that. But if people are asked to do small actions like taking the stairs instead of the elevator, parking further away from the building so they can get more steps in, and hosting a walking meeting instead of a sitting meeting, I think we can get people to accumulate the appropriate amount of physical activity over the course of the day, and they won’t necessarily even realize that it’s happening.

DH: What percentage of Americans are not getting enough physical activity during the course of the day? And why do you think this is happening?

RK: I’ve seen estimates that up to 85% of Americans are not getting the appropriate level of physical activity on a regular basis, which is scary, but not shocking. This number says that almost all of us are not exercising as much as we need to in order to lead healthy lives. And I think the problem is multi-factorial. Think about the changing working environment: we went from working a lot with our hands and on farms and now we’re sitting at desks. We’re using technology that in many ways is reducing our physical activity. We drive cars everywhere instead of walking. Most of us don’t even get up to change the channel on our TV—we instead use remote controls. Technology in many ways has cut off physical activity every step of the way.

There are a lot of time constraints as well. There are a number of analyses showing that Americans are working more hours per week than ever before to make ends meet and achieve the same standard of living. If we’re working 20-40 hours more every single week than we used to, we have a lot less time to be physically active.
We also live in an environment that isn’t conducive to or built for physical activity. There aren’t a lot of walking paths. It’s often not safe in many neighborhoods to be walking, especially at night. There are few bike lanes. I think the work environment is one key area, but there are social forces and environmental forces at play that are resulting in these low levels of physical activity.

DH: From your perspective, what do you think the consequences will be for U.S. employers if we’re not able to increase the physical activity levels of working men and women and their families?

RK: We’re already seeing those consequences, and primarily it’s rising health care costs. As the health of our employee population is deteriorating, we’re seeing a much greater disease burden. Employers are seeing higher rates of obesity, and therefore diabetes, hypertension, heart disease, certain forms of cancer, and more. Obesity is the number one driving factor for rising health care costs other than technology and price inflation. The ultimate consequence of our collective unhealthy lifestyle is the disease burden that’s a result of it.

I also think employers will continue to see lower productivity, morale and retention suffer. A lot of research shows physical activity is highly correlated with improvements in all of these areas, but the reverse is true as well. When you have a sedentary, unhealthy population, productivity is at its worst and morale and retention suffer.

DH: From an individual or an employer’s perspective, is exercise the magic bullet?

RK: I would say that there is no magic bullet, because that implies this is an undertaking that’s easy, or that it can happen in one fell swoop. What it really takes is a concerted effort over a long period of time. Exercising is not easy, which is why the vast majority of Americans don’t do it—and you can’t just do it for a short period of time and then reap the benefits. It has to be a lifelong endeavor. So, exercise isn’t the magic bullet, but it’s the best medicine we have. It’s the cheapest medicine that we have, and it’s something that virtually everybody can do in one form or another, so it’s always accessible at any time. I think exercise really is the lowest common denominator, the number one thing that everybody can do to try and improve health. It’s also the number one action that employers can promote when they’re trying to improve the health of their employee population.
DH: How did you get into your position with ShapeUp and how did the organization come about?

RK: ShapeUp is a company that I started while I was a medical student at Brown University. I became very interested in prevention and frustrated with the fact that our health care system is so focused on treating people after they get sick instead of preventing them from getting sick in the first place. I wanted to help my patients avoid diabetes and heart disease and all of the other illnesses that are related to lifestyle issues. And I wanted to help them adopt healthy lifestyles. So, I started a program with my patients to help them form teams, using social accountability and social influence to improve their chances of success.

That program turned into a competition for individuals and teams to compete at increasing their physical activity and losing weight. It quickly became popular among employers locally, and before long we were offering the program to employers all across the country and even around the world. Using technology, ShapeUp is able to scale this type of social wellness solution across large populations.

DH: At the time you were starting this program, it must have been kind of a radical idea for a physician to be moving into the prevention and physical activity side by pushing exercise as medicine. How was that received?

RK: I think in general that the timing was right and it was received enthusiastically. Again, in medicine we tend to focus on treating disease as opposed to preventing it. But I think there was a lot of support in the medical community for people who wanted to take up the mantle of prevention and healthy living. So, we benefited from the support of the entire community.
DH: In terms of ShapeUp’s campaigns and working with employers and their employees, how can ShapeUp provide assistance to U.S. employers and to WELCOA members?

RK: I think it’s easy for a company to tell its employees to be more active, to be healthier. It’s a lot harder to actually make that happen and to help employees achieve that goal. What we’ve done at ShapeUp is pioneered a social approach to wellness that uses team-based competitions and social influence to drive people to be more active and to give them accountability. This supports the motivation they need to not only change their behavior, but also sustain that behavior change over a long period of time. ShapeUp offers a technology platform that makes this type of approach available and simple for employers to implement across their employee population. It allows employers to leverage their number one resource, which is their employees, and get those employees working together to promote physical activity and healthy living.

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DH: What do the ShapeUp physical activity campaigns look like? How long are they and how do they work?

RK: We usually roll-out the program in a year-round fashion. The campaigns are running throughout the entire year and there are different types of campaigns. There are team-based challenges where employees will form a team and compete around physical activity, for example. Or maybe they’ll compete in a weight loss competition.

At the same time, employees can create their own challenges and competitions. They’ll take something that’s relevant and personal to them or a few of their colleagues, and they can create a custom challenge and work together to help each other achieve their goals in that program. It’s a very longitudinal approach where employees are setting goals and they’re tracking progress toward achieving those goals over time.

We plug in all kinds of different motivational layers from financial incentives and coaches to social recognition and fitness tracking devices to help empower the employees to achieve those goals. And they earn better health as a reward while also getting the opportunity to earn financial incentives.
DH: What kind of results are you seeing from these initiatives?

RK: We’re seeing clinically significant results. We’ve published a series of studies showing that our program produces clinically significant levels of weight loss across large populations. From an engagement standpoint, we’re seeing an average of 35% engagement across large populations, even without any financial incentives involved, and much higher participation when financial incentives come into play.

Certainly the weight loss that we’re seeing is being driven by high levels of physical activity and improved nutrition. And when we do surveys and talk to employees and analyze their results, we’re finding boosted morale and productivity. We’re also finding that we’re driving an uptake in the utilization of other wellness programs and services—we’re boosting utilization of onsite physical fitness facilities, we’re getting more people to participate in coaching, and we’re increasing the number of people who take their health assessment. We’re increasing the number of people who schedule an annual physical with their physician or have their biometric screening done. So this is really becoming an engagement engine.

Not only are we promoting physical activity and weight loss, but we’re driving participation in the preventive care, screenings and ongoing health management programs that employers are making available to their employees.
DH: How does ShapeUp differentiate its products and services from others that are out there in the market?

RK: I think what really makes us unique and what makes the outcome of our product so great is that we’re focused entirely on the social approach. And by that I mean making sure that we treat health not as an individual endeavor, but as a group endeavor. The people around us influence our health in so many ways and none of us exists in a vacuum. If I try to increase my physical activity and if people around me are not supporting me, I’m much less likely to succeed—and I’m much less likely to be able to sustain my physical activity over a long period of time.

ShapeUp campaigns always focus on not only the individual, but the people around that individual—helping them to build a support network, trying to change the culture within the company, using accountability, even peer pressure to get people to participate and to change the environment. That’s what makes ShapeUp unique, all the programs and services we offer have a social spin on them—a social perspective—and therefore, they drive better outcomes.

DH: What kinds of companies and organizations are a good or ideal fit for ShapeUp’s products and services?

RK: Large, self-insured companies, typically with 5,000 employees or more are really the ideal fit for our programs. We work across every type of industry—retail, industrial, transportation, technology, health care. We use technology, including the Web, mobile phones, SMS and even paper and pencil to reach all employees within a population.
DH: How long does it take for an employer to put ShapeUp’s initiatives into place and then get them up and running?

RK: It depends on the level of integration and branding required. Because we’re working with such large employers, there are often technology considerations—single sign-on, custom branding of the program—but the average is about 8 weeks from the point of a decision being made to move forward, to when the program is actually live for employees to participate in.

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DH: If an employer wanted to move forward with a ShapeUp program, what’s the best way for them to get in touch with you and how do they go about ‘kicking the tires,’ so to speak, to test out the products ShapeUp offers?

RK: Please visit us at www.ShapeUp.com. We have a whole host of resources on our web site that will explain what our product is, what we do, and all the different options that are available. We have a series of webinars that people can watch that explain our methodology, our philosophy and the results of our program. There are even case studies they can download. Interested employers can contact us through our web site, or they can even email me directly at rkumar@ShapeUp.com and I’d be happy to answer their questions.

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