NBCH action brief

OCTOBER 2011

Stem the Obesity Epidemic

About one-third of U.S. adults[1] and approximately 17% of children and adolescents are obese[2] (a body mass index or BMI over 30). Employers must act now to mitigate the cause for overwhelming health care costs and loss of productivity associated with obesity. This Action Brief highlights the consequences of obesity; how health plans are responding to the epidemic as demonstrated through eValue8 ™ —a resource used by purchasers to track health plan performance—and actions employers can take to improve the health and well-being of their workforce.

WHAT'S THE ISSUE?

MEDICAL COSTS ALONE ASSOCIATED WITH OBESITY WERE ESTIMATED AT $147 BILLION IN 2008[3] WITH OBESITY RATES AMONG ADULTS DOUBLING FROM 1980 TO 2008[4]

Costs of Obesity

- Approximately 9.1% of all health care costs in the United States are related to obesity and being overweight.[5]
- Additional costs of obesity aside from medical costs include worker absenteeism, estimated to be $4.3 billion annually, and lower worker productivity costing approximately $506 per obese employee per year.[6]
- People who are obese spend almost $1,500 more annually on their health care.[7]
- Certain medical costs for obese and non-obese workers differ despite the same claim type. Differential gaps vary based on the diagnosis and can be as much as $12,000 for lumbar disc displacement.[8]

Common Comorbidities

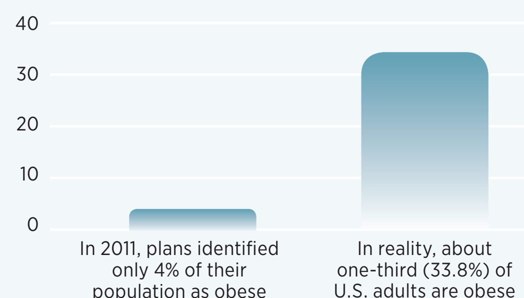
- Approximately two-thirds of U.S. adults with type 2 diabetes are obese.[9] The national cost of diabetes in 2007 was more than $174 billion, including $116 billion in excess medical expenditures and $58 billion in reduced national productivity.[10]
- One out of every five overweight individuals is affected by metabolic syndrome —multiple risk factors occurring together that increase the risk for chronic conditions.[11]
- 14 to 20 percent of cancer deaths in the U.S. can be attributed to excess weight or obesity-associated issues.[12]

MEASURING UP

IN 2011, HEALTH PLANS IDENTIFIED ONLY 4% OF THEIR POPULATION AS OBESE DESPITE THE REALITY THAT APPROXIMATELY ONE-THIRD OF AMERICANS ARE OBESE![13]

- Clearly, plans have great difficulty locating individuals who are overweight. Self-reported health assessment surveys are typically the primary source of this information, and on average, only 4% of the member population fills one out.
- Most plans offer a variety of interventions to help overweight members. Interventions as a standard offering (not requiring extra payment) vary considerably. For example, 1% of responding plans offer home monitoring devices, whereas 99% provide web-based printed and interactive educational content. About one-half of plans also offer telephonic counseling and one-third offer in-person counseling as a standard benefit.
- Less than 3% of responding plans provide very significant support to physician practices for weight-loss services (e.g. care managers that can interact with practices, coordination of care planning, incentives for referring patients, and/or office structure improvements).
- Once involved in a plan's wellness program, more than 75% of the plans track outcomes such as change in BMI, maintenance of weight loss or reduction in comorbidities.

FIGURE 1. **Obesity Identification**



TAKE ACTION

ACTION ITEM #1: Invest in your workers!

Keep your company competitive by covering preventive services,[14] offering appropriate treatment options based on obesity severity, and providing incentives through innovative plan designs that promote healthy behaviors and support for lifestyle changes. Investing only $10 per person in activities that support health status improvement and chronic disease prevention and treatment can save $16 billion annually.[15]

ACTION ITEM #2: Hold your plans accountable

Challenge your plan to engage your employees in weight management programs, identify and target appropriate treatments based on obesity severity, monitor and report on progress, and better support physician practices for identifying the appropriate treatments for these individuals. Promote resources offered by plans, such as health assessments, wellness coaching, patient surgery management and follow-up, and interactive websites.

ACTION ITEM #3: Join your local business health care coalition

The coalition movement is a proven vehicle for meaningful change at the local level. Coalitions leverage the voice and power of their employer purchaser members by serving as community leaders working to advance change.

ACTION ITEM # 4: Talk the talk and walk the walk!

The complimentary CDC Lean Works program[16] helps employers plan, implement and assess worksite obesity prevention and control programs. Further encourage the adoption of healthier lifestyles—stock healthier food and drink options in vending machines and break rooms; provide pedometers to employees and challenge activity throughout the workday; reimburse or discount gym memberships; and provide space and time for informal support groups for weight loss and exercise.

ACTION ITEM #5: Support community efforts to encourage exercise and good nutrition

Align your wellness efforts with local efforts, such as walkathons, structured community-based, weight management programs, weight loss group challenges, and community service.

TOYOTA CASE STUDY

Toyota Motor Manufacturing Indiana (TMMI) grabbed the top honors in the TriState Business Group on Health's (TSBGH) two voluntary Biggest Loser programs in 2011.

"The weight loss initiative aligns with our company's emphasis on wellness," says Krystal Kennedy, TMMI's manager of safety and industrial health services. "But unlike other programs, Biggest Loser winners receive awards for their achievements." TMMI boasts more than a 60% participation rate of employees in its wellness programs and an additional 10% of dependents–without using incentives.

Toyota's Cornfed team, which lost 163 pounds, or 21.7% of the team's weight, led the field in the first phase, followed by Toyota's The Good, The Bad, The Ugly. In the second phase, Toyota's Livin' Large capped first place with a total weight loss of 150 pounds, or 14.45% of the team's weight. The first and second place males were also from Toyota teams. Overall, Toyota's 39 teams dropped a total of 3,628 pounds in the first phase, and its 30 teams in the second phase lost 1,001 pounds.

So what's Toyota's strategy? TMMI paired teams with fitness trainers and provided space on campus for workouts, as well as offering fitness classes. An onsite nutritionist provided healthy eating tips. One more ingredient—TMMI enabled family members to join participants in their daily exercise routines. "That extra encouragement helped," Kennedy says.

Kennedy puts the results into perspective: the Toyota teams are lighter by 4,629 total pounds compared to the 4,065-pound curb weight of a Toyota Highlander, one of the plant's products.

ENDNOTES

1 Flegal KM, Carroll MD, Ogden CL, Curtin LR. "Prevalence and Trends in Obesity Among U.S. Adults, JAMA.1999-2008." 2010; 303(3):235-241. Published online January 13, 2010.

2 CDC Obesity and Overweight FastStats. http://www.cdc.gov/nchs/fastats/overwt.htm

3 Finkelstein EA, Trogdon JG, Cohen JW, Dietz, W. "Annual Medical Spending Attributable to Obesity: Payer- and Service-specific Estimates." *Health Affairs.* 2009. 28(5): w822-w831.

4 CDC. Chronic Disease Prevention and Health Promotion. "Obesity: Halting the Epidemic by Making Health Easier; At a Glance 2011." http://www.cdc.gov/chronicdisease/resources/publications/aag/obesity.htm

5 Finkelstein EA, Trogdon JG, Cohen JW, Dietz, W. "Annual Medical Spending Attributable to Obesity: Payer- and Service-specific Estimates." *Health Affairs.* 2009. 28(5): w822-w831.

6 Gates DM et al. "Obesity and Presenteeism: The Impact of Body Mass Index on Workplace Productivity." J Occup Environ Med. January 2008. 50 (1); 39-45.

7 Finkelstein EA, Trogdon JG, Cohen JW and Dietz W. "Annual Medical Spending Attributable to Obesity: Payer- and Service-specific Estimates." *Health Affairs.* 2009. 28(5): w822-w831.

8 Shuford H, Restrepo T. "How Obesity Increases the Risk of Disabling Workplace Injuries." National Council on Compensation Insurance (NCCI) Research Brief. December 2010.

9 Kramer H, et al. "Increasing BMI and Waist Circumference and Prevalence of Obesity Among Adults with Type 2 Diabetes: the National Health and Nutrition Examination Surveys." *Journal of Diabetes and its Complications,* November 14, 2009. doi:10.1016/j.jdiacomp.2009.10.001.

10 American Diabetes Association. "Economic Costs of Diabetes in the U.S. in 2007." *Diabetes Care.* March 2008;31(3): w596-615.

11 The Endocrine Society. "Understanding Obesity." http://www.obesityinamerica.org/understandingObesity/diseases.cfm

12 American Cancer Society. April 23, 2008. "ACS Report Calls for Greater Cancer Prevention Efforts." http://www.cancer.org/Cancer/news/News/acs-report-calls-for-greater-cancer-prevention-efforts

13 eValue8 Data Results 2011. National Business Coalition on Health. Washington, DC.

14 Patient Protection and Affordable Care Act (ACA), Section 1001. Amendments to the Public Health Service Act.

15 Trust for America's Health. "Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness." 2008. http://healthyamericans.org/report/55/blueprint-healthier-america

16 http://www.cdc.gov/leanworks

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