

# NBCH action brief

## Stem the Obesity Epidemic (2015 UPDATE)

More than one-third of U.S. adults<sup>1</sup> and approximately 17% of children and adolescents are obese<sup>2</sup> (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?

**IN 2010, 27.7% OF U.S. WORKERS WERE OBESE<sup>3</sup> WITH OBESITY RATES AMONG ALL ADULTS MORE THAN DOUBLING FROM 1980 TO 2008<sup>4</sup>**

#### Costs Of Obesity

- ▶ Obesity-related illness is estimated to account for 21% of health care costs (or \$209.7 billion)<sup>5</sup>
- ▶ 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.<sup>6</sup>
- ▶ Medical spending for people who are obese was almost \$1,500 more than spend for normal-weight people.<sup>7</sup>
- ▶ 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, for example.<sup>8</sup>
- ▶ For 81% of employers using NBCH's ValuePort™, obesity was calculated to be the highest priority area to target for potential cost savings. Obesity was also in the top third of cumulative estimated avoidable costs for 92% of employer users.<sup>9</sup>

#### Common Comorbidities

Obesity is a risk factor for type 2 diabetes, heart disease, high blood pressure, stroke, and other conditions<sup>10</sup>

- ▶ Approximately two-thirds of U.S. adults with type 2 diabetes are obese,<sup>11</sup> although the link between the two is unclear and most obese individuals do not develop diabetes.<sup>12</sup> The national cost of diabetes in 2012 was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity.<sup>13</sup>
- ▶ One out of every five adults in the US is affected by metabolic syndrome—multiple risk factors occurring together that increase the risk for chronic conditions.<sup>14</sup> Abdominal obesity in particular is associated with metabolic syndrome.<sup>15</sup>

- ▶ Fourteen to twenty percent of cancer deaths in the U.S. can be attributed to excess weight or obesity-associated issues.<sup>16</sup>
- ▶ Approximately 30% of cases of hypertension are due to obesity, and may be as high as 60% in men under age 45<sup>17</sup>
- ▶ Mortality is likely to occur 9.44 years sooner for nonsmokers 55 years old or younger who are obese than for those that are not obese<sup>18</sup>

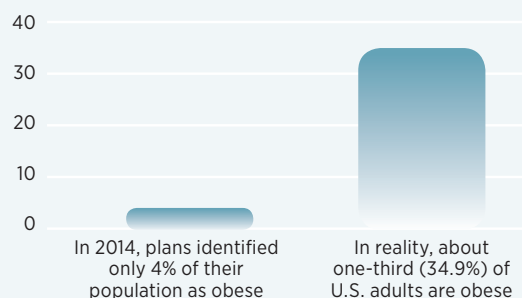
A 5-10% weight loss may lower the risk of developing weight-related diseases<sup>19</sup>

### MEASURING UP

**HEALTH PLANS IDENTIFIED ONLY 2% OF THEIR POPULATION AS OBESE DESPITE THE REALITY THAT APPROXIMATELY ONE-THIRD OF AMERICANS ARE OBESE!<sup>20</sup>**

- ▶ Clearly, plans have great difficulty tracking 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.
- ▶ Less than half of plans offer onsite nutrition, fitness, or weight-loss programs as a standard benefit (with no additional fee); 42% do for fully insured lives and 32% do for self-insured lives.

**FIGURE 1. Obesity Identification**



## MEASURING UP (CONTINUED)

- ▶ Interventions offered in weight management programs as a standard benefit vary. Almost all plans offer (web and printed) educational materials (89%) and online interactive support (95%); and most offer coaching over the phone (83%). About a third offer in-person counseling and 20% cover FDA-approved weight loss drugs.
- ▶ Research suggests that financial incentives may influence health-related behavior.<sup>21</sup> 82% of plans offer financial incentives for participation or completion in weight loss programs; 64% do so for weight loss success.
- ▶ Once involved in a plan's wellness program, the majority of plans track outcomes, such as change in BMI and weight loss (79%), weight loss maintenance (74%), and reduction in comorbidities (63%).
- ▶ Many responding plans actively support providers in obesity management: 84% provide care managers that can interact with members, 79% provide support for office redesign, 74% promote use of obesity ICD-9 coding, and 58% reimburse for appropriate use of obesity ICD-9 coding. However, gaps in support remain. Only 26% of plans provide member specific reports or reminders to screen, 11% provide periodic reports on members enrolled in support programs, 5% provide comparative performance reports, and 5% provide incentives to refer to program or treat.

## MGM RESORTS INT. CASE STUDY

MGM Resorts International first tried a new weight loss benefit design with its Las Vegas area employees and dependents. The benefit includes bariatric surgery coverage, a 6-month medically supervised weight-loss program, and financial incentives for employees who meet weight loss targets. The evidence-based benefit is available to those with a BMI > 40 or BMI 35-39.9 with >1 clinically significant health issue. Participants must take part in supervised nutritional counseling, psychological evaluation, a pre- and post-operative weight management program, and surgery at a Center of Excellence.

As an incentive for continued weight loss, individuals who complete all post-surgical program requirements become eligible for a \$5,000 reimbursement of the surgical copay and a \$5,000 cosmetic surgery benefit to remove excess skin. Program members must meet 40% of targeted weight loss in the year 1, and an additional 10% weight loss per year in years 2, 3 and 4 to receive the copay reimbursement. Requirements for the cosmetic surgery benefit include: eligibility at > 2 years post-surgery or upon losing 70% of excess weight as well as participation in > 6 support groups per year and 4 psychological post-op consultations.

The 157 patients who have had surgery have experienced an average weight loss of 49 pounds, 44% reduction in medications taken, 60% reduction in comorbidities, and self-reported improvements in quality of life.<sup>22</sup>

## TAKE ACTION

### ACTION ITEM #1: Invest in your workers!

- Keep your company competitive by covering preventive services,<sup>23</sup> offering appropriate treatment options based on obesity severity, and providing incentives through innovative plan designs that promote healthy behaviors and support for lifestyle changes.

### ACTION ITEM #2: Hold your plans accountable

- Challenge your plan to engage your employees in weight management programs, identify and target appropriate evidence-based treatments based on obesity severity (e.g., lifestyle modification, pharmaceuticals, and surgery), 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: Talk the talk and walk the walk!

- Some work-related factors may contribute to the level of obesity in the U.S.<sup>24</sup>
- The CDC's workplace health promotion resources<sup>25</sup> help employers plan, implement, and assess workplace health.

- 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.
- NBCH's [ValuePort](#) also offers a variety of obesity-related strategies for employers.

### ACTION ITEM #4: 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.

### ACTION ITEM #5: Become a leader in your community

- [Employer-based health coalitions](#) serve as vehicles for improving workforce and community health at the local level by leveraging the voice and power of their employer members to achieve the most value for every health care dollar spent.

## ENDNOTES

- 1 [Ogden CL, Carroll MD, Kit BK, Flegal KM. "Prevalence of Childhood and Adult Obesity in the United States, 2011-2012." JAMA 2014; 311\(8\): 806-814. Published online February 26, 2014.](#)
- 2 Ibid.
- 3 [Luckhaupt SE, Cohen MA, Li J, Calvert GM. "Prevalence of Obesity Among U.S. Workers and Associations with Occupational Factors." Am J Prev Med 2014; 46\(3\): 237-248.](#)
- 4 [Ogden CL, Carroll MD. Prevalence of overweight, obesity, and extreme obesity among adults: United States, trends 1960-1962 through 2007-2008. NCHS Health E-Stat. Hyattsville, MD: National Center for Health Statistics; 2010.](#)
- 5 Cawley J and Meyerhoefer C. "The Medical Care Costs of Obesity: an Instrumental Variables Approach." *Journal of Health Economics*. 2012. 31(1): 219-230.
- 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 [ValuePort](#) is an online decision-support tool that helps employers identify and select strategies to strengthen their health care dollar.
- 10 <http://win.niddk.nih.gov/statistics/>
- 11 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*, 2010; 24: 368-374.
- 12 [Eckel RH, Kahn, SE, Ferrannini E, et al. "Obesity and Type 2 Diabetes: What Can Be Unified and What Needs to Be Individualized?" J Clin Endocrinol Metab. June 2011; 96\(6\): 1654-1663.](#)
- 13 [American Diabetes Association. "Economic Costs of Diabetes in the U.S. in 2012." Diabetes Care. April 2013; 36\(4\): 1033-1046.](#)
- 14 [Beltrán-Sánchez H, Harhay MO, Harhay MM, et al. "Prevalence and Trends of Metabolic Syndrome in the Adult U.S. Population, 1999-2010." J Am Coll Cardiol. 2013; 62\(8\): 697-703.](#)
- 15 [Gierach M, Gierach J, Ewertowska M, et al. "Correlation between Body Mass Index and Waist Circumference in Patients with Metabolic Syndrome." ISRN Endocrinology. 2014; Article ID 514589. 6 pages. doi:10.1155/2014/514589](#)
- 16 [Kushi LH, Doyle C, Barbash R, et al. American Cancer Society Guidelines on Nutrition and Physical Activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity. CA Cancer J Clin. 2012; 62\(1\): 30-67](#)
- 17 [Trust for America's Health. "The State of Obesity: Better Policies for a Healthier America." 2014.](#)
- 18 [Greenberg, JA. "Obesity and early mortality in the United States." Obesity 2013; 21: 405-412.](#)
- 19 <http://www.nhlbi.nih.gov/health-pro/resources/heart/aim-facts-html>
- 20 [Ogden CL, Carroll MD, Kit BK, Flegal KM. "Prevalence of Childhood and Adult Obesity in the United States, 2011-2012." JAMA 2014; 311\(8\): 806-814. Published online February 26, 2014.](#)
- 21 [Giles EL, Robalino S, McColl E, et al. "The Effectiveness of Financial Incentives for Health Behaviour Change: Systematic Review and Meta-Analysis." PLoS ONE. 2014; 9\(3\): e90347](#)
- 22 Bendix L. MGM International Innovative Health Programs. National Business Coalition on Health and Louisiana Business Group on Health Joint Webinar. April 30, 2015.
- 23 Patient Protection and Affordable Care Act (ACA), Section 1001. Amendments to the Public Health Service Act.
- 24 [Luckhaupt SE, Cohen MA, Li J, Calvert GM. "Prevalence of Obesity Among U.S. Workers and Associations with Occupational Factors." Am J Prev Med 2014; 46\(3\): 237-248.](#)
- 25 <http://www.cdc.gov/workplacehealthpromotion/>