

February 16, 2010

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Posted: February 8, 2010 12:37 PM

Why Employers Need Prevention To Plug The Black Hole Of Medical Care Costs

Innovation in the prevention of disease—not improved treatment—will be the key factor in realizing affordable healthcare.

The emerging shift in paradigms is the result of maddening increases in medical insurance expenses over the past decade. From 1999 to 2008, medical insurance costs for a family of four increased 119 percent. And if future projections materialize, the annual premium for a family of four (\$13,375 in 2009) will climb to \$23,842 in 2020.

Treating illness, particularly medical conditions that are triggered by lifestyle, is fast becoming prohibitively expensive. As a consequence, a century-long tradition of employer-subsidized medical insurance intended to *treat* illness is being supplemented with practical programs designed to *prevent* illness.

Reinforcing the need for intervention is George Blackburn, MD, PhD, associate director of the Division of Nutrition at Harvard Medical School and author of 12 books and over 500 articles. While acknowledging the remarkable advancements in the treatment of diseases in the 20th century, Dr. Blackburn asserts that the defining task of the 21st century is "creating similar breakthroughs in prevention."

Photo courtesy of Dr. George Blackburn

The financial implication of paying for lifestyle-induced medical care is not lost on employers. In particular, surplus pounds lead to medical conditions and injuries that trigger significant increases in the cost of medical care, workers' compensation claims and absenteeism. Reducing the girth of employees is key to maintaining profitability.

According to the Centers for Disease Control and Prevention (CDC), "Medical expenses for obese employees are estimated to be between 29 percent and 117 percent

greater than medical expenses for employees with a healthy weight." In addition, obese employees spend 77 percent more on necessary medication than do their healthy-weight counterparts.

I can vouch for the accuracy of these statistics, based on my own experience. At 59, I was obese. My medical file expanded in tandem with my body: doctor's visits and hospitalizations for an assortment of lifestyle-related problems, from chest pain to gallbladder disease, were frequent. I joked that my medical insurer stored my five-inch claim file under the letter C not because my name is Carson but rather because I was chronically ill. My devoted husband, who married me in sickness and in health, started asking, "Where's the health?"

A medical assessment placed me in the 90th percentile for risk of cancer, diabetes, stroke and heart disease. After losing 62 pounds through lifestyle changes, I was retested: my risk had dropped to the normal range. My decision to lose weight and get fit spared my insurance provider thousands of dollars in medical expenses, improved the quality of my life and most likely extended the quantity of my remaining days.

In retrospect, I can see that a sedentary lifestyle combined with increasing weight made my medical problems and expenses predictable. Employers, faced with the reality of hundreds of employees like me, are introducing programs promoting wellness—with a particular emphasis on weight loss—despite hard economic times. In one recent survey of 450 employers with 1,000 or more full-time employees, over 300 had introduced weight-management plans.

Small-business employers are also taking action. According to Dr. Blackburn, the work force in small businesses tends to be younger and healthier, and it enjoys fewer benefits. Because resources are limited in a small company, the productivity of each employee counts more than ever; hence, the need to offer programs that encourage healthful behavior and weight maintenance is crucial.

The CDC is encouraging this trend by launching an online resource site called *LEAN Works!* (Leading Employees to Activity and Nutrition). The site features a calculator that computes the cost of employee obesity in higher medical bills and absenteeism and allows employers to measure their return on investment in employee health.

The site does not recommend specific interventions, predict the estimated weight loss of employees or provide estimates on the cost of implementation. Employers are also cautioned *not* to use *LEAN Works!* in making personnel decisions involving hiring, firing, promotion and demotion.

Critics of *LEAN Works!* worry that the calculations will be used to discriminate against obese employees. Some also feel that collecting information about one's body is a violation of privacy. Peggy Howell, member and public relations director of the National Association to Advance Fat Acceptance, expresses this viewpoint: "They are my employer. They are paying for my time to work for them. They are not my owner. They do not have a right to my personal information such as my height, my weight or my BMI."

Despite these concerns, employers are proceeding to introduce weight-loss programs based on the three-pronged model developed by *LEAN Works!* The recommended

strategies involve making changes in the work environment, offering education to individuals and groups and introducing intervention programs designed to teach skills so employees can make choices that are more healthful. Depending upon the budget of the employer, programs can be integrated or offered separately. Wellness programs may be offered for as little as \$1 per employee. A comprehensive program typically costs between \$100 and \$150 per employee. This investment typically produces \$300 to \$450 in savings.

Changes in the environment might include offering healthier options in the company cafeteria, decorating stairwells to encourage their use and providing "stretch" breaks led by a personal trainer. Some companies are adding gyms for employee use.

Educational efforts might involve free exercise videos from the company library, personal exercise prescriptions and health-education classes. Health and risk assessments are also used to educate overweight employees about their higher risk for type 2 diabetes, heart disease, certain cancers, joint problems and depression.

In structuring interventions, some companies are providing financial incentives for losing weight and adopting healthier habits rather than assigning penalties for failing to lose weight. Employers report that organized weight-loss competitions between departments, teams and locations work well.

Employers are also promoting fitness outside the workplace. Employees' families and the surrounding community are frequently encouraged to participate in weight-loss programs. Given the increasing awareness of the importance of socialization in modeling behavior, employers are involving family and the larger community in promoting healthier lifestyles.

Perhaps the best example of this approach is found in Rochester, New York. Wegmans Food Markets recruited six local employers (Bausch & Lomb, Eastman Kodak, Xerox and others) along with the Rochester Business Alliance to orchestrate a health and fitness program for the surrounding community. The campaign, Eat Well. Live Well, currently involves over 44,000 employees, family members and customers.

In adopting these strategies, companies are embracing two relatively new ideas. The first is that the workaholic who devotes his or her entire waking hours to the job—leaving little or no time for family or social life, exercise or healthful eating—no longer represents the ideal employee. Work is no longer the be-all for the perfect employee. Today's model employee leads a balanced life—enjoying work but also taking time to be nourished by healthful food, strong family and social relationships and regular exercise.

The second idea is that an investment in prevention produces big savings in reduced medical costs and the costs associated with absenteeism. While some researchers argue that their studies of treatments by physicians show that 80 percent of preventive measures cost more than waiting and treating the disease later, others are convinced the opposite is true, particularly when the larger picture is considered.

In a 2008 report from Trust for America's Health, researchers confidently claimed that "some disease prevention measures can pay off. Antismoking campaigns and exercise programs, often needing only small investments, can yield major savings." Ron Z.

Goetzel, a research professor at Emory University in Atlanta, adds, "In many cases, if not most cases, prevention activities are more cost effective than treatment."

For companies, employees and families suffering from the emotional and financial cost of surplus pounds, the prevention of obesity can't arrive a day too soon.

Good news seems to be on the horizon. After climbing for 30 years, the increasing girth of Americans is leveling off. Although two-thirds of Americans remain overweight or obese, the number is no longer expanding.

The jury is out on whether this unexpected development is a temporary pause before expansion resumes or the beginning of an overdue shift downward, similar to the leveling off and subsequent decline in the number of smokers since 1965.

Researchers cite no single cause for the temporary pause; however, the amount of public-health education surrounding lifestyle issues and the introduction of community-based weight-loss programs have increased exponentially over the past decade, as has the increasing stridency of voices urging lifestyle changes--particularly given the increase in childhood obesity, which tripled during the same 30 years.

Will all of these forces, combined with practical interventions at the workplace, create a synergy that will eventually result in a return to healthier lifestyles and appropriate weight? The answer is yes because we can't afford anything less.