

# Employee Benefit ■ Plan Review

**AUGUST 2005**

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# Behavioral Health Approaches Provide Staying Power

CHUCK TAYLOR AND BRENT PAWLECKI

**I**ncreasingly, employers are recognizing the important link between mental health issues and co-occurring physical conditions. This is perhaps most evident in the battle against the rising rates of obesity among Americans. Benefit plan sponsors have begun to recognize that increasing rates of obesity in the workplace translate into higher employer-sponsored health care costs. In an effort to curtail these rising health care costs, employers must be informed consumers when designing benefit plan structures or implementing healthy weight programs that proactively and measurably impact bottom line costs. These programs must also incorporate a behavioral health strategy that addresses the need for sustained weight loss and healthier lifestyles. Behavioral health and Employee Assistance Programs (EAPs) can offer a critical missing link in effectively addressing the issue of overweight and obesity in the workplace.

## HUMAN AND FINANCIAL IMPACT

The statistics of the widespread and increasing epidemic of obesity and overweight are astounding. The Centers for Disease Control and Prevention report that nearly 65 percent of the US adult population is overweight or obese.<sup>1</sup> Other research suggests that obesity is a greater trigger for health problems and health care spending than are smoking or drinking, and that obese individuals have 30 to 50 percent more chronic medical problems than those who smoke or drink heavily.<sup>2</sup> Obesity also places individuals at greater risk for diabetes, heart disease, hypertension, musculoskeletal conditions, stroke, cancer, and depression—significantly reducing quality of life and work performance.

Employers often shoulder the cost of overweight and obesity. Rising health care costs can be directly linked in part to the issue of obesity and overweight. Obesity accounts for approximately 9.1 percent of total annual medical care expenditures,<sup>3</sup> with an astounding workplace loss of \$13 billion per year in associated health care, sick leave, life insurance, and disability costs.<sup>4</sup> Obesity alone is connected to 30 million lost work days annually.<sup>5</sup>

## WHAT CAN EMPLOYERS DO?

The cost to implement an organizational strategy to address obesity in the workplace can range from very costly initiatives such as on-site fitness centers to low- or no-cost initiatives that focus on education and prevention. Regardless of the strategies used, the greatest cost to employers comes from doing nothing at all. The costs of ignoring the issue can result in increased medical expenses associated with treatment of numerous health related issues such as heart disease, stroke, and cancer. Moreover, there are costly medical expenses associated with drug therapies, treatment programs and bariatric surgeries. The long-term benefits of implementing a healthy lifestyles and healthy weight program are an eventual reduction in disability costs, increased productivity, reduced absenteeism, and fewer worker's compensation claims.

Despite the widespread recognition that this is a critical issue that needs to be addressed in the workplace, many organizations, both large and small, are not yet able to effectively measure the success of any one approach over another. More importantly, most employers have not embraced the concept that there is anything that they can or should do to address this sensitive issue.

When designing a healthy lifestyles and healthy weight program, employers should first consider the service capabilities and prevention offerings available from their behavioral health and EAP vendor. EAPs, by definition, are intended to address a variety of personal issues before they negatively impact an individual's productivity. Therefore, an EAP should be able to offer an employer a strategy that addresses the behavioral, psychosocial and physical aspects of overweight and obesity. There should be numerous programs available to employers through their behavioral health and EAP plans, which may include coaching services, disease management programs, psychological evaluations, and ongoing supportive counseling.

To jump start a healthy lifestyles / healthy weight program consider the following:

- Acknowledge the unique demographics of each workforce, as these factors can affect the types and methods of communication and activities.
- Promote awareness of the health benefits of healthy weight and exercise; make facts about the medical conditions, causes, psychological and social effects associated with overweight and obesity available.
- Identify and sponsor specific activities to encourage healthy weight and exercise.
- Reduce the stigma, guilt, and shame associated with overweight and obesity.
- Promote behavior change through education about stress management and healthy well-being and the stress/weight connection; this information will help employees manage the psychological factors associated with overweight and obesity.
- Promote activities at the workplace that encourage and reward healthy weight goal attainment. Some examples include:
  - Encourage employees to walk to a specific location and log individual miles for incentive prizes.
  - Participate in community walks (*i.e.*, heart, cancer, March of Dimes).
  - Develop a cookbook of employees' healthy recipes; feature these recipes in the cafeteria—hold recipe contests.
  - Celebrate “free fruit day”—give apples away.
  - Have a home-grown fruit and vegetable exchange.
  - Provide brown-bag seminars on stress management and healthy well-being.
  - Provide training on positive management skills for managers and supervisors.
  - Rotate departmental responsibility to assist with program events.
- Conduct health fairs with wellness giveaways.
- Publish healthy weight related articles and tips in company newsletters.

### A CLOSER LOOK

An employer that recognizes the importance of safeguarding the health and well-being of its workforce can have its in-house medical department work with other relevant departments to design and implement a truly integrated health, wellness, and disability strategy, based on three pillars:

- **Supportive corporation**—manifested through cultures and values, benefit plans, management practices and employee resources.
- **Healthy work environment**—including onsite medical facilities and fitness centers, ergonomic workspaces and stretch breaks, non-smoking worksites, healthy food choices in cafeterias and meetings, rooms for nursing moms.
- **Personal responsibility**—which includes preventing disease/maintaining health, using the health care system appropriately and managing chronic disease.

Together, these elements foster healthy, engaged, productive employees. The strategy recognizes that to be successful in changing behavior, individuals need information and ongoing support in the workplace.

The employer can create programs targeted at the most expensive medical conditions: Obesity can be a top priority, as it accounts for roughly eight percent of total health care costs. The employer can develop a structured obesity initiative that incorporates the three pillars (supportive corporation, healthy work environment, and personal responsibility) in a three-phased prevention program:

**Phase 1:** The employer should have a wealth of programs, services, information, and support available

to employees, including health and fitness seminars, Web-based and print educational tools, cardiovascular disease and diabetes screenings, behavior change programs, fitness center discounts, counseling by the medical clinic staff, Weight Watchers programs, activity and exercise programs, healthy menu choices, and incentives such as the ability to earn benefit dollars for participation.

**Phase 2:** Senior management should be engaged in tackling health and obesity as a business priority and have top leaders participate in wellness and fitness activities. The company can strive to minimize conflicting health messages by developing corporate policies on food in its cafeterias, meetings, etc. Healthier food options and variable pricing should be implemented in the cafeteria, vending machines, and company store. Walking clubs, stairwell use, and indoor walking paths should be promoted. Focused educational campaigns can promote awareness of Body Mass Index (BMI), the importance of activity and use of the health risk appraisal and Web-based information.

**Phase 3:** Structural changes should be made to plan designs to promote healthy lifestyles and health vendors (physical and behavioral health, disease management) are held accountable for obesity goals. Healthier food choices with favorable pricing and subsidized fitness center fees can promote healthy eating and increased activity. An aggressive educational campaign should promote BMI reduction.

The underlying premise of this kind of obesity initiative is that so many weight loss programs fail because they do not address the fundamental issue about *why* people eat. People must come to an understanding of why they choose (consciously or unconsciously) to eat every bite of food. Until that is understood, the probability for long-term success remains small.

The company can offer a wealth of educational programs and materials and activities to support employees

across the range of BMIs in maintaining a healthy weight or losing weight. Those with BMIs over 31 or with co-morbid conditions can receive more focused attention from the disease management program, EAP/behavioral health program and/or medical directors. This involvement will acknowledge that these individuals will need additional support to overcome their personal obstacles to weight loss with a personalized plan of action and additional, ongoing support. Also important is the need to understand that since the weight was likely not gained quickly, successful long-term weight loss will not occur rapidly.

For such an obesity initiative, the company can identify key markers of success for the following areas:

- **Medical:** BMI reduction, blood pressure reduction, blood sugar/HbA1C reduction, lipid profile improvement.
- **Activity:** meeting 10,000 steps goal; increase in the frequency, duration and intensity of exercise; improvement in flexibility and strength
- **Quality of life:** improvement in the ability to perform daily activities; reduction in lost work time for personal and medical reasons; enhanced efficiency with less fatigue and fewer

breaks, improved interpersonal relationships/sex life; improvement in sleep; improvement in self-esteem and psychological well-being.

Certainly, adjustments can be made along the way and raising awareness may take longer than originally expected. Corporate leadership may have to adjust its expectations for success—for example, while reducing BMI may be a primary goal, it may be that this is not achievable by every individual; however, the program can still improve an employee's health by promoting increased activity.

### WHAT TO LOOK FOR IN A PROVIDER

When developing a healthy lifestyles/healthy weight program, be sure a potential EAP or behavioral health partner is available to conduct a detailed assessment identifying the psychological risk and protective factors for healthy weight. A good behavioral health partner should be available to employees for extended follow-up periods to reinforce healthy weight goals, activities and achievements. Also, a provider who is able to contribute to overall program goals, including collaborating on measurable program standards both within the organization

and with other vendor stakeholders' like disease management or wellness providers, becomes a much better partner in achieving organizational goals. The coordinated outreach and intervention effort developed with all of an organization's health benefits partners will ensure the success of any healthy lifestyles/healthy weight efforts. 🌟

### NOTES

1. *2003 Chartbook on Trends in the Health of Americans*, CDC National Center for Health Statistics.
2. "The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs," *Journal of Health Affairs*, March / April 2002.
3. "National Medical Spending Attributable to Overweight and Obesity: How Much and Who's Paying?" *Health Affairs*, Web Exclusive, 2003.
4. "Prevention Makes Common Cents: Estimated Economic Costs of Obesity to US Businesses," DHHS, 2003.
5. *Current Estimates of the Economic Costs of Obesity in the United States*, Obesity Research, 1998.

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