Weighty Issues in the Workplace

Mark A. Roberts MD, PhD, FACOEM
Principal & Center Director
Exponent
Chuck Reynolds
President, Benfield
AOHC San Antonio
April 29, 2014

Obesity in the Workplace

- What we know
- What we don't know
- What we wish we didn't know
- What we wish we could change
- What we probably can't change
- What are we going to be asked to do about it

What we know

- “By one estimate, the U.S. spent $190 billion on obesity-related health care expenses in 2005—double previous estimates.”
- Definition of Obesity can be confusing
- Obesity is a factor in
  - Heart disease
  - Diabetes
  - A bunch of other diseases that we all know about
- Society is beginning to recognize there is a problem

Clarity when discussing obesity

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Obesity Rate</th>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>18.5 to 24.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 to 29.9</td>
<td>-</td>
<td>12%</td>
<td>Medium Risk</td>
<td>6%</td>
</tr>
<tr>
<td>Obesity</td>
<td>30+</td>
<td>-</td>
<td>34%</td>
<td>High Risk</td>
<td>2%</td>
</tr>
</tbody>
</table>

*See note for types: "obesity, hypertension, and so on.

Obesity Trends among U.S. Adults


YOU'RE NOT FAT
YOU'RE JUST A LITTLE HUSKY
Obesity is Spreading??

Economics of Obesity
- “Americans spend more than $4 billion a year in increased gas costs because of our weight?”
- “$40 billion was also spent on diet products in 2008”
- “plus size clothing stores will bring in an estimated $7.5 billion in 2012”
  - Forbes Aug 2012

Understanding the Cost is key
“March Madness costs $1.2 billion for every unproductive hour”

Costs Associated with Obesity are Becoming Clearer

Medical Costs

Kleinman et al 2014
<table>
<thead>
<tr>
<th>Occupational diseases/conditions</th>
<th>Degree of association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat stress</td>
<td>Obesity is known co-risk factor</td>
</tr>
<tr>
<td>Shift work</td>
<td>Weight gain and obesity</td>
</tr>
<tr>
<td>Asthma</td>
<td>Obesity is co-risk factor + chemical exposure</td>
</tr>
<tr>
<td>Traumatic injuries</td>
<td>Obesity increases risk of injury and recovery</td>
</tr>
<tr>
<td>Immunogenic chemicals</td>
<td>Obesity + immune system changes</td>
</tr>
<tr>
<td>Carpal tunnel syndrome</td>
<td>Obesity + repetitive trauma</td>
</tr>
<tr>
<td>Illness absence/productivity</td>
<td>Obesity related absence decrement in productivity</td>
</tr>
<tr>
<td>Sleep apnea</td>
<td>Obesity clearly associated</td>
</tr>
</tbody>
</table>

*Am. Occ. Hyg 2008;53: 7, 555-566*

**What we wish we could change**

- Workplace culture
  - Blame issues
  - Variations in the application of the term “work related”
- Safety culture v. Health culture
- Become a member of the Occupational Safety and Health team—oh your not?

**What we probably can’t easily change**

- “Us” v. “Them” mentality
- Entitlement issues
- Societal issues

- BUT! We can assist, participate in change

**What are we going to be asked to do about it?**

- We are in an excellent position to help make a significant transition in the workplace
  - Hiring practices
  - Job placement practices
  - Return to work practices
  - Assessment of work relatedness
  - Weight loss programs
  - Effectiveness v. legality
Impact of Obesity
- Workplace absence
- Disability
- Productivity
- Healthcare costs
- Design and operation of the workplace
  - Where people meet the “machine”
  - Human Factors must be considered if the trend in body size continues

Human Factors in the Workplace

Approach to workplace obesity
- Workplace modifications
- Workforce modifications
- Workplace culture
  - Safety culture
  - Health culture
  - They are not necessarily joined
- Starts from different points (philosophies)
  - Blame culture
  - Develop synergies
Problems Associated with Obesity

Safety issues

Estimated Risk of Work-Related Injury by Workers' Weight Category

![Graph showing estimated risk of work-related injury by weight category](image)

Closing the Gap in Obesity Management Solutions

Benefit Design Strategies for Obesity Management

AOHC Meeting
April 29, 2014

Obesity Has Become a Top Concern for Both Employers and Coalitions

Top 5 Disease States of Concern

<table>
<thead>
<tr>
<th>Employers</th>
<th>Coalitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Obesity</td>
<td>Obesity</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>Back Pain/Musculoskeletal</td>
<td>Depression</td>
</tr>
<tr>
<td>Cancer</td>
<td>Smoking Cessation</td>
</tr>
</tbody>
</table>

Source: The Benfield Group, Employer Market Intelligence, Trends Report, 2013

Most Employers Have Invested Significantly in Lifestyle and Surgical Interventions in Particular...

<table>
<thead>
<tr>
<th>Employer Deployment of Obesity Management Tactics*</th>
<th>Currently Use</th>
<th>Don’t Currently Use But Plan to Use Within 18 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier Workplace Environment</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Wellness programs that promote healthier behaviors</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Behavioral Programs</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Provide weight loss programs as the workplace</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Biometric screening</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Telephone health coaching</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Cover bariatric surgery</td>
<td>88%</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Strategies that at least 85% of respondents currently use or plan to adopt within 18 months.

Source: The Benfield Group, Employer Market Landscape for Obesity Management, 2012 (unpublished)

...But Overall, the Results Have Been Underwhelming

<table>
<thead>
<tr>
<th>Employer Perceptions of Overall Effectiveness of Their Obesity Management Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total effective</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>52%</td>
</tr>
</tbody>
</table>

Source: The Benfield Group, Employer Market Landscape for Obesity Management, 2012 (unpublished)

Medications Are Available That Can Help "Close the Gap" in Obesity Management Solutions

Lifestyle Interventions | Gap | Surgical Interventions

The Fundamental Question: “What Can We Do Differently to Achieve Better Results?”

More specifically....

“Steps should we take to optimize obesity management solutions while controlling the potential costs?”
Trends in Employer Approaches

Survey Responses Show Most Employers are in Transition from "Awareness" to "Intervention"

Most Employers Recognize the Value of Weight Management Medications...

And See Them As Important Medical Therapies

Many Employers Are Opting to Cover Meds, But More Are Still Evaluating Them or in 'Wait and See' Mode

Many Employers are Looking for More Information to Make Their Decision
There are significant similarities between smoking cessation and Cessation Programs. Taking Lessons on Benefit Design from Smoking Cessation Programs offers a Continuum of Tactics to Meet the Prevention and Treatment Needs of Employees at Each BMI Level. An Integrated Approach to Obesity Management includes strategies such as Medications, Surgery, Incentives, and Environmental & Workplace Culture. Some Common Employer Concerns and Considerations are to ensure that employees have access to interventions, pay attention to the cost of medications, and consider the psychological benefits of intervention methods. An Integrated Obesity Management Strategy emphasizes the importance of understanding the complexity of weight management strategies from an employer perspective. The Gap Analysis tool is crucial for identifying and addressing gaps in benefit design. Offering a Continuum of Obesity Management Tactics to Assist All Population Sub-Groups requires careful consideration of how to assist in changing behavior, particularly for patients with comorbidities. The efficacy of interventions is dependent on whether they are tailored to address medical need and promote sustained weight loss. Applying Benefit Design Recommendations for Smoking Cessation to Obesity Management involves selecting the most appropriate interventions based on the complexity of the health condition.
Employer Advisory Board: Recommended Principles for Rx Coverage and Plan Design

- Employers should take steps to ensure prescription weight management medications are:
  1. Covered under the employer’s pharmacy benefit plan (Access/Affordability)
  2. Prescribed for patients in accordance with FDA-approved labeling and evidence-based guidelines for care (Appropriate Use)
  3. Used to supplement behavioral interventions, not substitute for them (Integrated Solutions)
  4. Prescribed only as long as the therapy provides a measurable benefit (Results/Accountability)

Access/Affordability: Ensuring that Out-of-Pocket Costs Do Not Become a Barrier to Use

- Provide coverage on the formulary
- Select tier that provides affordable access to employees
- Consider a value-based benefit design that lowers out-of-pocket costs as part of a more comprehensive solution

Evidence-Based Recommendations for Obesity Management – ICSI

<table>
<thead>
<tr>
<th>A Continuum of Tactics to Meet the Prevention and Treatment Needs of Employees at Each BMI Level</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>18-24.9</th>
<th>25-29.9</th>
<th>30-34.9</th>
<th>35-39.9</th>
<th>≥40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Risk</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Nutrition counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure appropriate physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral weight management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>•••••</td>
<td>••••</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*As BMI increases so does the eligibility for intervention methods

Appropriate Use: Aligning Coverage with Evidence-Based Recommendations

- American Society of Bariatric Physicians
- American Association of Clinical Endocrinologists
- The Obesity Society
- American Society for Metabolic & Bariatric Surgery
- National Institutes of Health

Integrated Solutions: Combining Rx Coverage with Lifestyle Modification

- The combination of behavioral programs and drug therapy is a classic case of synergy (1 + 1 = 3)
  - Medications are not a substitution for—but should be used in conjunction with—a lower-calorie diet and increased exercise
  - The intent is to assist patients in making and sustaining desired behavior changes
  - Benefit design can help achieve this synergy
Using initial results as a threshold for dose limit/renewal

- Response to a particular therapy or management plan should be evaluated to determine if the course of action is appropriate for the patient.
- Employers can reinforce this approach in their benefit designs to ensure that only responders will continue their management plan—but consider allowing multiple attempts (similar to smoking cessation).

Putting It All Together

- Employers face an immediate opportunity to bolster their approach to obesity management.
- A well-conceived benefit design for weight management medications is a key part of the approach.

\[ \text{Build and execute a comprehensive, integrated strategy} + \text{Demand greater employee accountability while providing more effective support} = \text{Maximize the benefits of available therapies while controlling the costs} \]
An Employer Action Plan

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Situation Assessment</td>
<td>Review obesity prevalence and trends for your organization and evaluate your current offerings.</td>
</tr>
<tr>
<td>2. Recycle What Works</td>
<td>Consider similar challenges, such as smoking cessation. Reflect on aspects that are relevant for obesity.</td>
</tr>
<tr>
<td>3. Ask, &quot;What if?&quot;</td>
<td>Think through what a more comprehensive or integrated model would look like.</td>
</tr>
<tr>
<td>4. Expand Your Knowledge of Integrated Benefit Solutions</td>
<td>Review information sources for ideas on integrated solutions such as value-based benefit design.</td>
</tr>
<tr>
<td>5. Talk About It</td>
<td>Share this information with internal and external stakeholders to determine the best path forward.</td>
</tr>
<tr>
<td>6. Take Appropriate Action</td>
<td>Prioritize steps for integrated solutions, including benefit design.</td>
</tr>
</tbody>
</table>

Issues of obesity in the Workplace
- Ethical
- Legal
- Societal
- Limited workforce
- Losing the best of the workforce
- Making the workplace safe

Pragmatic Issues in the Workplace related to Obesity
- Equipment provided to employees for work is designed for specified load limits, such as:
  - Office chairs – about 90 – 100 kg (200 – 220 lb);
  - Confined space rescue equipment – about 110 kg (240 lb);
  - Car seats – about 90 – 100 kg (200 – 220 lb);
  - Truck seats – about 110 – 120 kg (240 – 265 lb);
  - Industrial grade ladders – 110 kg (220 lb);
  - Heavy-duty ladders – 150 kg (330 lb);
  - Portable scaffolding – about 250 kg (550 lb)

Social Issues & the Workplace
- If it is work related it is covered under workers’ compensation
- If health care is limited then where else might one go to get health care
- Cost shifting could escalate
- Blame shifting
  - Unhealthy foods in the cafeteria
  - Unhealthy foods in the vending machines
  - Too much …………..!

Opinionator
It’s the Sugar, Folks
Dr. VANDYK

Sugar-related taxes, it may not be the only problem with the health care system. But it’s not helping; there that’s the deal.

A study published in the Feb. 17 issue of the journal Metabolism looked at the increased consumption of sugar with increased cases of diabetes by examining data on sugar availability and the type of diabetes in a country over the past decade. And after accounting for many other factors, the researchers found that increased sugar intake in a population’s food supply was linked to high diabetes rates independent of race or obesity.

So What Do We Do
- Get involved
- Careful consideration of “science” v. opinions
- Weight actions
- Contribute to the unfolding drama
  - Obesity programs
  - Workplace changes (physical as well as organizational)
- Be careful of the legal issues
  - Medically correct
  - Legally in trouble
Beware of legal conundrums

- HIPAA (Privacy & Nondiscrimination)
- ACA – Affordable Care Act
- ADA -- Americans with Disabilities Act
- GINA – Genetic Information Nondiscrimination Act
- EEOC– Equal Employment Opportunity Commission
- ERISA– Employee Retirement Income Security Act
- State Laws
  - Illinois privacy law prohibits discrimination of compensation or employment on the basis of use or non-use of lawful products (e.g., Tobacco products)

**Special Thanks to Jason Whetsel MBA, ATC/L**

---

**HIPAA Final Regulations-effective for health plans beginning on or after 1/1/2014- ACA influenced**

- **Participatory Programs**
  - Available to all similarly situated individuals
  - Provides a reward based on participation in various activities regardless of outcome (no limit on amount)

- **Health Contingent Programs**
  - Obtain the same full reward by:
    - Satisfying a standard related to a health factor –OR- Do more than a similarly situated individual based on a health factor
  - HIPAA Non-Discrimination Regulations Apply
    - Two Types Programs
      - Activity based
      - Outcomes based
  - Special Thanks to Jason Whetsel MBA, ATC/L

**Special Thanks to Jason Whetsel MBA, ATC/L**

---

**EEOC Legal Action involving Obesity in 2012**

- **EEOC v. Resources for Human Development, Inc.,** District Court for the Eastern District of Louisiana ruled that severe obesity – defined as a body weight of more than 100 percent over the norm – is an impairment. Relying on the EEOC’s Interpretive Guidance, the court found that if an individual is severely obese, there is no requirement that the obesity be based on a physiological impairment.

- **EEOC v. BAE Systems Tactical Vehicle Systems, LP,** Texas District Court alleging that BAE fired its employee, because of his disability, morbid obesity, and because it regarded him as disabled. EEOC trial attorney commented that the ADA “protects morbidly obese employees and applicants from being subjected to discrimination because of their obesity.”

**Special Thanks to Jason Whetsel MBA, ATC/L**

---

**HIPPA Non-Discrimination Regulations**

- **Frequency of Opportunity to Qualify**
  - Allow to qualify at least once per year

- **Size of the Reward**
  - Total reward cannot exceed 30% of the total cost of coverage
  - Total reward offered for programs designed to prevent or reduce tobacco use may be up to 50% of the total cost of coverage

- **Reasonable Design**
  - Reasonable chance of improving health/preventing disease
  - Outcome based programs must provide RAS to meet standard

- **Uniform Availability & Reasonable Alternative Standards**
  - No cost employee, readily available, reasonable time commitment and if medically inappropriate waived or a different RAS provided

- **Notice of Availability of Reasonable Alternative Standard**
  - Required to disclose availability of RAS, or waiver, to qualify in all plan materials describing terms of wellness program

**Special Thanks to Jason Whetsel MBA, ATC/L**

---

**Americans with Disability Act- Amended 2008**

- Removed language that had been construed to suggest that obesity is not a covered disability. 29 C.F.R. Part 1630, App., Section 1630.2(j), at 74 Fed. Reg. 48431, 48446-48;
- EEOC Compliance Manual, Definition of the Term Disability, section 902.2 (c)(5)(ii) (**Severe obesity, which has been defined as body weight more than 100% over the norm, is clearly an impairment**.
- EEOC General Counsel David Lopez: “It is important for employers to realize that stereotypes, myths, and biases about [severe obesity] should not be the basis of employment decisions.”

**Special Thanks to Jason Whetsel MBA, ATC/L**

---

**Pre-ADAAA Obesity as an indicator of underlying disease**
“Obesity” becomes a disease

- In July 2013, the AMA officially labels obesity as a disease, “requiring a range of medical interventions to advance obesity treatment and prevention.”
- According to the AMA’s Council on Science and Public Health, a “disease” is defined as having the following criteria:
  1) an impairment of the normal functioning of some aspect of the body;
  2) characteristic signs or symptoms;
  3) harm or morbidity.

Aon Hewitt 2013 Health Care Survey

ACOEM Resources

So what can we do?

- Bring effective clinical tools and solid science to the discussion
- Appreciate the interactive role of Safety and Health
- Be a knowledgeable team member
- Be inclusive (Health, Safety, Environmental and HR)

ACOEM Resources

Coordinated and integrated approach

Aon Hewitt 2013 Health Care Survey
THE End!!!!

Thank You

Mark Roberts, MD, PhD, FACOEM
Charles “Chuck” Reynolds

References

- California Workers’ Compensation Institute, Obesity as a Medical Disease: Potential Implications for Workers’ Compensation Aug 2013
- Lockton Benefit Group; June 2012
- ACOEM Blueprint for Health http://www.acoem.org/hpblueprint.aspx