

HEALTH & WELLNESS / LIFESTYLE

An Argument for Preventive Care

AND THE ROLE CHIROPRACTORS SHOULD PLAY IN PROVIDING IT.

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Employee benefit costs continue rising and health-related expenses affect bottom line more than ever. Innovative ideas have stemmed from the need to address employee concerns within cost constraints. I recently attended a dinner honoring The Best Places to Work in New Jersey, where I witnessed several initiatives to improve employee productivity: concierge services for employee errands, telecommuting, work/life flexibility initiatives, flex time, job sharing; personalized professional development and mentoring, social networking, and college coaching.

Of interest, workplace wellness initiatives are on the rise. These entail simple approaches that provide regular education and lifestyle advice to coordinated disease management programs targeting employee issues such as obesity, diabetes, hypertension, and low back pain. Several companies in N.J., including some of the "Best Places to Work in New Jersey," have implemented wellness initiatives either independently or in partnership with outside organizations. In fact, a literature review prepared for the World Health Organization demonstrates that several national and international companies are following this route. ^{1.3}

Wellness at Work

Quad/Graphics, a self-funded company, successfully implemented an onsite wellness program in 1991 that reduced health care costs 20 percent while increasing employee satisfaction and overall value. More important, early intervention saved this company \$2 million in estimated costs. American Standard created a three-year strategy to create awareness, change behaviors and drive participation in its wellness initiative. More significantly, it customized its approach to meet the needs of employees. This program created an estimated savings of \$1.6 million in their first year.

According to Prudential, the economy's negative impact on business culture has led to a reduction/freeze of benefit spending and staff size as well as a reduction in perceived value by plan sponsors and employees.³ Cost containment remains a top priority and will likely continue to play a significant role in the coming years.³ Health prevention via education, lifestyle coaching, "prehabbing" and wellness initiatives represents the most cost-effective strategy for addressing benefit costs.^{3-6, 20}

The Value of Prevention

It is common knowledge that health affects every aspects of life: employment, relationships, mental state, and leisure. The best way to protect assets, income, and lifestyle is to stay healthy. ^{3-4,11,13,20} Prudential's benefit study reflects this basic concept, revealing a growing employee interest in health/wellness. ³⁻⁴ In fact, health care ranks in the top three employee concerns and is the second reason, next to salary, for job consideration. ^{3,6} Moreover, employees view early retirement as less likely. This makes health an important factor in employment, since people may be working past the

traditional retirement age.3

Good news: Prevention saves money. For low back pain, conservative care increases the value of insurance by providing better outcomes with significantly lower cost-effectiveness ratios versus physician care.⁵ Ironically, even with a fivefold cost increase, conservative would still be a more cost-effective option in the long run.⁵

The value of prevention holds true whether addressing pre-hypertension, obesity, metabolic syndrome or back pain. It also holds true for screening procedures that catch potentially serious conditions early on. ^{5-6,9,11,15,17} Workplace wellness initiatives that incorporate education, lifestyle coaching, and/or link business goals to benefit value increase savings as well as the perception of value for the employee. ^{1-2, 6-7,11,20}

Not as Healthy as We Think?

According to the National Health Interview Survey, only 10 percent of people (all ages) considered themselves in fair or poor health. ⁸⁻⁹ Not terrible. However, only 32 percent of adults over 18 engage in regular leisure-time physical activity. Twenty-one percent of people over age 18 currently smoke, ¹⁸ and of adults over age 20, 34 percent are obese18 and 32 percent have hypertension. ¹⁹ These three factors combined make the 10 percent number noted earlier less likely.

The health statistics also note that 37.3 million persons were limited in their usual activities due to one or more chronic health conditions.⁷ About 12.3 million adults ages 18-69 years were unable to work due to health problems, and 6.9 million were limited in the kind or amount of work they could do because of their health.⁷

Perhaps people are less healthy than they think. Actually, 34 percent of people over age 20 show evidence of metabolic syndrome, a combination of health indicators associated with the leading causes of death in the U.S.: heart disease, cancer, stroke, diabetes, respiratory disease and hypertension. This syndrome is preventable; in fact, 90 percent of Americans have preventable risk factors and the average employee has at least two preventable risk factors. Actually, 34 percent of people over age 20 show evidence as sociated with the leading causes of death in the U.S.: heart disease, cancer, stroke, diabetes, respiratory disease and hypertension.

Not convinced? Consider the following:

- Spending on spine related problems reaches \$85 billion annually.
- From 1998-2005, the Workplace Safety & Insurance Board reported a 38 percent increase in the proportion of injured workers who remain on benefits at least 12 months, with low back pain the most common cause of persistent disability claims.²⁰
- Cigarette smokers are 2-4 times more likely to develop coronary heart disease than non-smokers, and cigarette smoking approximately doubles a person's risk for stroke. ¹⁴ Cigarette smoking is also linked to almost every major cancer, and about 90 percent of all deaths from chronic obstructive pulmonary disease (COPD) are attributable to cigarette smoking. ¹⁷
- Poor diet and physical inactivity cause 310,000 to 580,000 deaths per year and are major contributors to disabilities that result from diabetes, osteoporosis, obesity, and stroke.¹⁵ A study conducted by the Diabetes Prevention Program showed that weight loss through moderate diet changes and physical activity can delay and prevent type 2 diabetes.¹⁶
- Heart disease, cancer, stroke, diabetes, respiratory diseases and hypertension are a few of diseases that stem from chronic unchecked, lifestyle-induced inflammation (metabolic syndrome) that could be diverted with simple lifestyle changes.¹²

In 2007, business goals to reduce health costs superseded interest in improving employee health.4 However, employee health drives cost and is a major factor influencing productivity. Research consistently demonstrates that prevention and early, specific intervention outweigh treatment in terms of cost and effectiveness. Healthy employees are cheaper to insure. They have less unplanned absences due to sickness or injury6,11 and are less likely to utilize short-term disability, long-term disability or workers' compensation. Additionally 1.3 Compensation.

Prudential's study notes that companies doing more to integrate services achieve more success and demonstrate better results in each survey category, and specifically notes a significant increase in employee health and employee responsibility for health.³ Those companies highly involved in running integrating wellness models showed the highest return on investment (ROI) and increases in productivity.³ From a numerical standpoint, wellness initiatives and disease management programs lead results in terms of integrative approaches.³⁻⁴

Interestingly, annual medical expenses for individuals with a BMI of 30-34 (obese) cost \$1,400 more (25 percent greater costs) than those of ideal-weight persons. Raise the BMI and cost goes up. Those with a BMI > 35 cost \$2,267 more than ideal-weight individuals. While ideal weight is arguable, the numbers are not. This increase represents 44 percent greater costs, but hope exists. High-risk employees who convert to low-risk lower costs by as much as 30 percent within 2-5 years. ¹¹

The Chiropractic Opportunity

In the wake of economic turmoil, health is returning to the forefront. Chiropractors have been longtime advocates of preventive care. We are hands down the best health practitioners for back pain, neck pain and headaches.²¹ In light of a looming shortage of family doctors due to overspecialization, evidence-based chiropractors can help fill the gap. As health care providers, we can rule out serious illness and refer people to appropriate specialists.²² We can add value because we have musculoskeletal training that most family doctors do not have.²² More importantly, we can focus on lifestyle modifications - smoking cessation, smarter nutrition, stress reduction, and physical activity - to reduce health costs by improving health.

References

- 1. Zastrow R, Quadracci L. Engaging Quad/Graphics Employees in the Improvement of their Health and Healthcare. *J Ambulatory Care Manage*, May 2006;29:3.
- 2. Thompson M, Checkley J. "Employer Driven Consumerism: Integrating Health into the Business Model." *Benefits Quarterly*, Second Quarter 2006.
- 3. Study of Employee Benefits: 2009 and Beyond. The Prudential Insurance Company of America.
- 4. The Market for Integrated Health Care and Disability Management. The Prudential Insurance Company of America. January 2007.
- 5. Choundry N, Milstein A. "Do Chiropractic Physician Services for Treatment of Low Back and Neck Pain Improve the Value of Health Benefits Plans? An Evidenced-Based Assessment of Incremental Impact on Population Health and Total Health Spending." Mercer, October 2009.
- 6. Woolf S, Husten C, Lewin L, Marks J, Fielding J, Sanchez E. "The Economic Argument for Disease Prevention: Distinguishing Between Value and Savings." Partnership for Prevention, 2009.

- 7. Adams PF, Heyman KM, Vickerie JL. Summary health statistics for the U.S. population: National Health Interview Survey, 2008. National Center for Health Statistics. *Vital Health Stat*, 2009;10(243).
- 8. Adams PF, op cit, Appendix III, Table V.
- 9. Adams PF, *op cit*; early release of selected estimates based on data from the National Health Interview Survey, data tables for figures 7.1, 8.1, 9.1.
- 10. National Health Interview Survey, 2001; Am J Prev Med, 2004; 27(2S).
- 11. Parkinson M. "Obesity Worksite Interventions: Perspective From the Health Care Front." Presentation, Lumenos, Inc., 2004.
- 12. Ervin RB. Prevalence of metabolic syndrome among adults 20 years of age and over, by sex, age, race and ethnicity, and body mass index: United States, 2003-2006. *National Health Statistics Reports*, May 5, 2009.
- Engbers L, Sattelmair J. "Monitoring and Evaluation of Worksite Health Promotion Programs
 Current State of Knowledge and Implications for Practice." World Health Organization
 2008.
- 14. Smoking and Tobacco Use: Heart Disease and Stroke. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion.
- "Promoting Healthy Eating and Physical Activity for a Healthier Nation." Division of Nutrition and Physical Activity. National Center for Chronic Disease Prevention and Health Promotion. CDC.
- 16. "Am I at Risk for Type 2 Diabetes? Taking Steps to Lower Your Risk of Getting Diabetes." National Diabetes Information Clearinghouse.
- 17. "Reducing the Health Consequences of Smoking--25 Years of Progress: A Report of the Surgeon General." U.S. Department of Health and Human Services.
- 18. Health, United States, 2009, Table 72.
- 19. Health, United States, 2009, Table 68.
- 20. Amendolia C, et al. Designing a workplace return-to-work program for occupational low back pain: an intervention mapping approach. *BMC Musculoskeletal Disorders*, 2009;10:65.
- 21. Bronfort G, Haas M, Evans R, Leiniger B, Triano J. Effectiveness of manual Therapies: The UK Evidence Report. *Chiropractic & Osteopathy*, 2010;18:3.
- 22. "Educational Requirements for Admission to Medical and Chiropractic College, and for the MD Degree (Doctor of Medicine) and DC degree (Doctor of Chiropractic)." www.drgrisanti.com/mddc.htm.

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