

Weight, smoking, age

One or more show up in nearly all expensive workers' compensation claims

Expensive workers' compensation claims frequently involve injured employees who are either:

- Overweight.
- Smokers.
- Older.

Employers looking for ways to lessen business costs might want to think about looking here.

Some enlightened, pragmatic employers are already doing that. They recognize that these issues bear directly on their costs for group health coverage, their costs for workers' compensation coverage, and their levels of work productivity.

The old thinking has been that, except for age, these are personal lifestyle choices the employer has no business, or responsibility, meddling in. But that thinking has enabled individual lifestyle problems to come into the workplace with costs and consequences to employers.

Overweight workers

Take Ellie, 38 and overweight. She works the day shift at a nursing home. While moving a

"It was not so long ago that men, at least, worked far later in life than they do today and in jobs that were on average far more physically taxing. . . Today's jobs involve more brain than brawn, which should make it possible for more older workers to extend their work lives if they wished and if employers encouraged them to do so."

—American Association of Retired Persons



nursing home resident in his bed, she strained her back. The doctor ordered pain killers and physical therapy. Ellie, sedentary and under-fit, could make only a marginal effort at the therapy. Eventually, the decision was made to perform back surgery. It was successful but Ellie will have lifelong back problems, partly because of the strain caused by her extra weight. State law entitled her to retrain for a new job. SFM's skilled management throughout the claim achieved substantial reductions in its costs. Still, they totaled more than \$200,000 in medical bills, wage-replacement and retraining benefits. That will impact the employer's workers' compensation premiums significantly.

Ellie's case is not unusual. Four out of five

expensive workers' compensation claims—those exceeding \$80,000—involve employees who are overweight.

Her case illustrates what SFM typically sees in claims from overweight employees: Return-to-work takes longer and is more likely not to happen at all. Treatment is less successful. Healing time is prolonged. Degree of recovery is less. Outcomes are sometimes complicated by weight-related medical conditions such as diabetes and high blood pressure. They're often hampered by personal problems like depression and isolation.

Bottom line: Weight problems lead to higher-cost claims. They probably also lead to a greater likelihood of injury in the first place.

And judging by the trends of recent decades, and barring a sea change in American culture, the workforce is going to get heavier. The good news is that fitness seems to be getting more attention as a growing public health concern. Employers can help themselves by doing more to bring available wellness resources into their workplaces and by starting to regard improvement in employee health as part of their long-term business strategies.

Smokers

That applies to smoking, too. Smoking's dire health consequences need no recitation here.



Worth attention, however, is smoking's effect on medical recovery, including recovery from work injuries.

Look at back injuries, for instance. It's the most common work injury. Studies of people recovering from back injuries show that those who smoke take considerably longer to recover. They don't recover as fully, either. That means workers' compensation pays for longer periods of disability and higher medical costs.

Some medical procedures have high failure rates among smokers because the repairs don't heal well. That's why SFM requires any injured worker planning to undergo a back spinal fusion to quit smoking, usually a month or two in advance. Treating doctors are supportive of SFM's requirement. They help their patients find smoking-cessation programs. Tests verify compliance. Quit rates generally are pretty good. It's an example of how SFM works to improve the outcomes of claims

"Smoking increases the risk of injuries. . . Several mechanisms have been hypothesized to explain the association: direct toxicity of cigarette smoke, distractibility, medical conditions associated with smoking, and confounding factors including personality or behavioral characteristics. Direct effects of tobacco smoke could include performance decrements due to the effects of carbon monoxide."

—Dr. John M. Dement, Duke University Medical Center

"Smokers have slower bone cell production; faster bone loss; more severe vertebral disc degeneration; weaker spinal ligaments; longer healing time; less successful ligament and joint surgery."

—Liza Jane Maltin, WebMD Medical News

with complicating factors.

Injured smokers are more likely to display addictive behaviors to illegal and legal substances, especially prescribed pain killers. The complications grow.

Studies also show that smokers have higher rates of injury to begin with.

The upshot is that injured smokers incur workers' compensation costs that are substantially higher than those of nonsmokers, and they account for a significant portion of the more expensive workers' compensation claims, thereby running up the insurance premiums of their employers.

A growing pool of wellness resources offer employers a variety of strategies to address weight and smoking. In the past few years, several organizations have emerged dedicated to helping businesses with these issues. Good resources are available for employers of all sizes and types.

In fact, while lots more needs to be done, it's encouraging that nine out of 10 companies with more than 200 employees and three out of 10 smaller companies say they offer some type of program to improve the health of their employees—that according to The Washington Post.

Aging workers

Aging is a more difficult issue for some employers to deal with. Unlike weight and smoking, it's not a lifestyle choice. And when it comes to employment, employers need to do what's right legally and ethically.

They may also have situations like, for instance, seniority-based layoffs that result in younger workers being let go while older workers stay on.

And many employers recognize that older employees tend to bring a level of experience

“Communications technology and automation are radically changing the way companies do business. So, too, are they contributing to less physical activity on the job. Not only are many employees spending more time working, but they are sitting for hours at their desks moving nothing but their eyes and their fingers.”

—Dr. C. Everett Koop, former U.S. surgeon general

and seasoned judgment to their jobs that younger counterparts lack. Their work is usually more accurate. They can mentor and exhibit good work habits.

But employers also need to be aware of aging's ramifications. In the realm of workers' compensation, SFM has been seeing more and more expensive claims involving employees who are older.



10 things you can do at work to champion healthy weight

Adapted from the National Business Group on Health

1. Offer health risk assessments, possibly through a health management firm. Use the results for a baseline.
2. Include healthy food choices in vending machines and cafeterias. Work with your vendors.
3. Provide nutritional information for cafeteria selections. Make it user friendly.
4. Offer “lunch ‘n learn” sessions on nutrition, exercise, fitness, healthy lifestyles, and stress management and other weight triggers. Consider partnering with other companies if necessary.
5. Sponsor Weight Watchers At Work or similar on-site programs.
6. Reach dispersed or remote employees through programs via the web, phone or print; e.g., Mayo Clinic Health Management Resources.
7. Publicize health resources available on the Internet, if your web usage policy permits.
8. Develop walking paths or identify those close by. Encourage using stairs in place of elevators.
9. Provide pedometers at a discounted rate to encourage walking.
10. Subsidize health club membership fees, or provide an incentive to join.



Typical is the claim from a 62-year-old Minneapolis office worker who slipped in his employer's icy parking lot. His broken hip was surgically pinned. He recuperated in a nursing home. Recovery was slow. He missed six months from work. Total workers' compensation cost: nearly \$90,000 in medical expenses and wage-replacement benefits.

Generally, older workers are careful workers. But their health has declined. Things break easier and heal slower. Chronic conditions complicate recovery. So although injuries among older workers are less likely, when they do happen, they're more disabling and costly.

That's not to suggest you shouldn't employ people who are getting older. The challenge for the employer is to make the most of the benefits that seasoned employees can bring to the organization by adapting their jobs to their abilities.

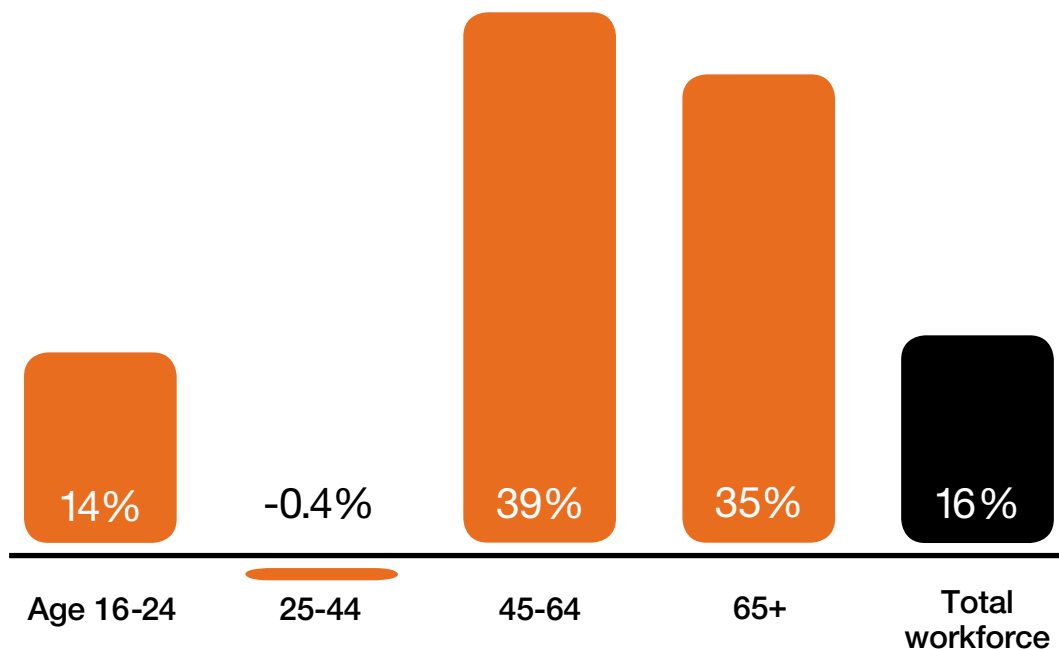
Stay watchful for changes in an aging person's physical abilities and medical status. Beyond that, it's basic injury prevention practices that make the work environment safe and usable: uncluttered floors, good lighting, and so on.

Speaking of lighting, the Minnesota Board on Aging cites this interesting statistic: The amount of light needed doubles every 13 years after age 20. The bigger point for employers is that, with more employees growing older and working later in life, it's good to familiarize yourself with special needs like this.

An employer's workforce is usually its greatest asset. Addressing the issues associated with employee weight, smoking and age not only helps control the many costs of work injury. It also leads to healthier, happier and more productive employees who work with a stronger commitment to their organization. ♦

Aging of Minnesota's workforce 2000-2010

Growth and decline in age groups



From 2000 to 2010, Minnesota's workforce will become increasingly older as baby-boomers age. Significant growth is occurring in the 45-64 and over-65 age groups. The number and proportion of workers in the 25-44 age group is declining.
—Minnesota State Demographic Center

Bring employee health into your safety culture

The realities of hiring in today's labor market give reason for having employee programs that address health.

Disability and non-discrimination laws generally forbid basing employment decisions on health issues. It's a violation even to ask questions about personal health while interviewing.

So on the one hand your hiring is unavoidably bringing health issues into your organization, which means on the other hand you should have an effective employee program to address them, especially weight, fitness and smoking.

You don't have to reinvent the wheel to make headway on employee health. Good resources are available.

You do need a management-level person to champion your efforts. To catch on with employees, a visible commitment to employee health should come from leaders. And leaders, hopefully, will practice what they preach.

With that in place, whether just getting started, moving beyond the basics, or exploring innovative approaches to promoting employee health, here are two concepts that organizations of any size and industry can draw from.

Think of employee health as part of your injury prevention culture.

You already promote employee safety. Think about promoting employee health in the same way and toward the same goals. Make it part of somebody's job to initiate an approach or carry out yours.

Long-term, the benefits will make your modest investment in staff time worthwhile.

Some employers—especially small ones—start with passive programs, maybe just putting up posters and making health pamphlets available. That may be the most they can do at first. However, passive programs have been shown to be only marginally effective. Many employees pay little attention because they say they have no interest or no time.

Or, they may learn in different ways. Sally likes articles. Joe like videos. Sam likes lunch speakers. Megan likes a little incentive.

If you can take your program up a step from being passive to being more attuned to employees' styles and involved with employee life, you'll get much better results.

Take a look at the article on page 4, "10 things you can do at work to champion healthy weight," from the Washington D.C.-based National Business Group on Health. It's a good starter checklist. You may want to build in ideas on smoking cessation.

The Internet yields lots. Try a Google search.

You know your employees at least well enough to know some of the health efforts that would be meaningful. If you have a sedentary workforce, work on exercise. If a lot of them visit the Greasy Spoon every noon, work on nutrition. If a lot of them smoke, work on quitting.

Employers looking for greater benefits in return for greater investments of staff and dollars can find brainstorming inspiration in the well-planned efforts of others who are leading the way on employee health strategies. One example is the Pitney Bowes Obesity Initiative. This is a multi-year internal strategy that focuses on developing a supportive corporate structure, healthy work environments, and the personal responsibility that motivates employees to make weight loss happen. The Pitney Bowes plan is published online at www.wbgh.com/healthy/pitneybowes_obesityinitiative.cfm.

Integrate employee health with employee safety.

This builds on the point above. The idea is to blend health promotion and health protection rather than manage them separately. If you're like many organizations, you may have health programs and safety programs managed by different people in different departments, and rarely do the twain meet. Integrating the two functions may mean realigning responsibilities or at least opening avenues for collaboration.

Consider delegating health programming to your organization's safety committee.

Taking loss control further, some employers analyze their group health and workers' compensation insurance claims to identify any dominant employee health problems that might be driving insurance costs.

Companies with integrated health and

safety programs report some impressive results. For example, smoking cessation programs embedded in the safety programs of blue-collar and service industry workers have yielded significantly higher rates of participation. Smoking quit rates doubled under some programs.

One possible reason cited is that workers become more trusting and receptive to messages asking for individual health behavior changes when they also convey an organizational commitment to reducing exposure to workplace hazards.

Among large companies, these programs can become extensive, involving wellness screening, health education, follow-up counseling, support groups, buddy systems, and companywide programs that are brought to production floors and are built around the schedules of workers.

Smaller companies with less to invest can accomplish good long-term results, too. Blue-collar workers typically have the highest rates of smokers and are the most challenging to persuade with weight control and quit-smoking programs. If that's your dominant workforce, your best approach is likely to be one that integrates employee health efforts with your safety programs. ♦

HEALTH STATS AND STATUS

Obese workers file twice the number of workers' compensation claims, have seven times higher medical costs from those claims and lose 13 times more days of work from work injury or work illness than non-obese workers.

—Duke University Medical Center

18 states have lower percentages of overweight people than Minnesota; 16 states have lower percentages of smokers.

—Minnesota Department of Health

Three-fourths of Minnesota and Wisconsin adults say they do not eat five fruits and vegetables a day.

—Minnesota Department of Health
—Wisconsin Division of Public Health

1 in 4 Americans get no exercise at all.

—Shape Up America!

Inactivity costs employers \$670 to \$1,125 per person per year.

—Medicine and Science in Sports and Exercise

22 percent of Minnesota and Wisconsin adults smoke regularly.

—Minnesota Department of Health
—Wisconsin Division of Public Health

Heavy smokers are twice as likely as non-smokers to get colds lasting a week or more.

—Annals of Epidemiology 2001

In a study of work-related injuries, 50 percent of smokers suffered from low back pain compared with 20 percent of non-smokers.

—Dr. Edward N. Hanley Jr., chair, orthopedic surgery, Carolinas Medical Center

Each year in Minnesota, smoking is the direct cause of diseases costing \$1.6 billion in healthcare and is associated with \$1 billion in lost productivity.

—Minnesota Department of Health

HEALTH STATS AND STATUS

75 percent of employees feel it's their employer's responsibility to promote wellness and healthy living practices.

—St. John's Health

59 percent of Minnesota and Wisconsin adults are overweight, including 22 percent who are obese.

—Minnesota Department of Health
—Wisconsin Division of Public Health

Obese persons incur 77 percent higher costs for medications, 36 percent higher costs for inpatient and outpatient care, 45 percent more inpatient days.

—Control Data Corporation

Obesity is associated each year with 39 million lost workdays and 239 million restricted workdays.

—Obesity Research

Nationally, obesity costs employers \$13 billion a year: \$8 billion in health insurance, \$2.4 billion in paid sick leave, \$1.8 billion in life insurance, \$1 billion in disability.

—U.S. Department of Health and Human Services

Overweight, sedentary women who started taking 45-minute walks five days a week cut in half the number of days they were sick with colds.

—International Journal of Sports Medicine