Employee Health Plan Activity Monitor 2014

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Cleveland Clinic EHP

• 85,000 employees and family member only
• Standard premium below national average but offer premium discount
• Offer wellness programs for health plan members
• 2014 added activity device option
Obesity Trends* Among U.S. Adults
BRFSS, 1990
(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults

BRFSS, 1991

(*BMI ≥ 30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1992

(*BMI ≥ 30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 1993
(*BMI $\geq$ 30, or $\sim$ 30 lbs overweight for 5’ 4” person)

No Data <10% 10%–14% 15%–19%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
BRFSS, 1994
(*BMI $\geq$ 30, or $\sim$ 30 lbs overweight for 5’ 4” person)

No Data <10% 10%–14% 15%–19%

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
**BRFSS, 1995**
(*BMI ≥ 30, or ~ 30 lbs overweight for 5' 4" person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
**BRFSS, 1996**
(*BMI ≥ 30, or ~ 30 lbs overweight for 5' 4" person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults

**BRFSS, 1999**

(*BMI ≥ 30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

**BRFSS, 2000**

(*BMI ≥ 30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2001
(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
BRFSS, 2002
(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2003
(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
BRFSS, 2004
(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2005
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults

**BRFSS, 2007**

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

**BRFSS, 2008**

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2009
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults
BRFSS, 2010
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Prevalence* of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011

*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to previous years.

Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence* of Self-Reported Obesity Among U.S. Adults
BRFSS, 2012

*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.

Source: Behavioral Risk Factor Surveillance System, CDC.
Consequences of Obesity

- **Metabolic complications** such as diabetes, hypertension, dyslipidemia, gall stones, and fatty liver disease.
- **Mechanical problems** such as obstructive sleep apnea syndrome and orthopedic disorders.
- **Psychological and social** consequences

Yung Seng Lee, MMed (Paed Med), MRCP (UK), MRCPCH
National Trend
Average Annual Health Insurance Premiums and Worker Contributions for Family Coverage, 2003-2013

Future Health Insurance Costs

National Cost of Chronic Illness

• 75% spent on healthcare on preventable illness in U.S.*

• Annual medical costs for a person with a BMI of 35 or over is 76% higher than a healthy weight individual**

• Obesity adds 20 days of lost productivity per year/per obese employee, a cost of $5,350***

• 17.6% of GDP spent on healthcare now - will go to 19.6% by 2016 if we do nothing to change our health.

Sources:
*Kaiser Permanente, “Health Services use and Healthcare costs of obese and non-obese individuals”. Arch of Internal Medicine 10/04
**Present Dangers: Disability, Risk & Insurance, March 2004

Programs that Help Members Meet Healthy Choice Requirements

Coordinated Care:  
• Weight Management
• Diabetes
• Hypertension
• High Cholesterol
• Tobacco
• Asthma

Physical Activity:  
• Cleveland Clinic owned fitness centers
• Curves fitness centers
• Shape up and Go
  (NEW: Pebble)
Pebble

• Personal Activity Monitor
  - Steps
  - Activity Minutes
• Wireless Technology
• One time sign up only needed
• Wear and go capability
• Automatic Upload to SUG
  - Access Points
  - Computer access point

EHP Benchmark

Individual can set own goal but qualifying minimum is 600 activity minutes OR 100,000 steps per month
  - avg 3,400 steps or 20 minutes activity per day
  - participation requirements of 6 months of the first 9 months of the year
Results

• More than 24,000 devices distributed
• Continuing positive change of culture and healthy activities
• Improving home support by involving the spouse
• Participants in disease management programs also using device

How would you rate the use of the Pebble device overall?

- Very Good, 25%
- Good, 20%
- Great, 39%
- Fair, 9%
- Poor, 7%

* Reason for poor or fair rating: display does not show numbers, steps less than pedometer
Challenges

- Understanding the difference between standard pedometer and accelerometer activity device.
- Participants who already have an activity device.
- Participants with disabilities who cannot use activity device

Cleveland Clinic Wellness

Contact us for more information about Cleveland Clinic Wellness!

On-line:  [www.clevelandclinic.org/wellness](http://www.clevelandclinic.org/wellness)
[www.clevelandclinic.org/healthplan](http://www.clevelandclinic.org/healthplan)

E-mail:  [wellness@ccf.org](mailto:wellness@ccf.org) or [pauerd@ccf.org](mailto:pauerd@ccf.org)
Every Life Deserves World Class Care