



Obesity Trends – Continuing to Climb

In January 2018, the Journal of American Medical Association (JAMA – see below) published a “theme” issue on obesity. The journal included several editorials one of which was by Dr. Edward Livingston (*Reimagining Obesity in 2018 – A JAMA Theme Issue on Obesity*) and another was a Viewpoint by Drs. A. Kennedy, C. Lavie and S. Blair (*Fitness or Fatness – Which Is More Important*).

Several key points:

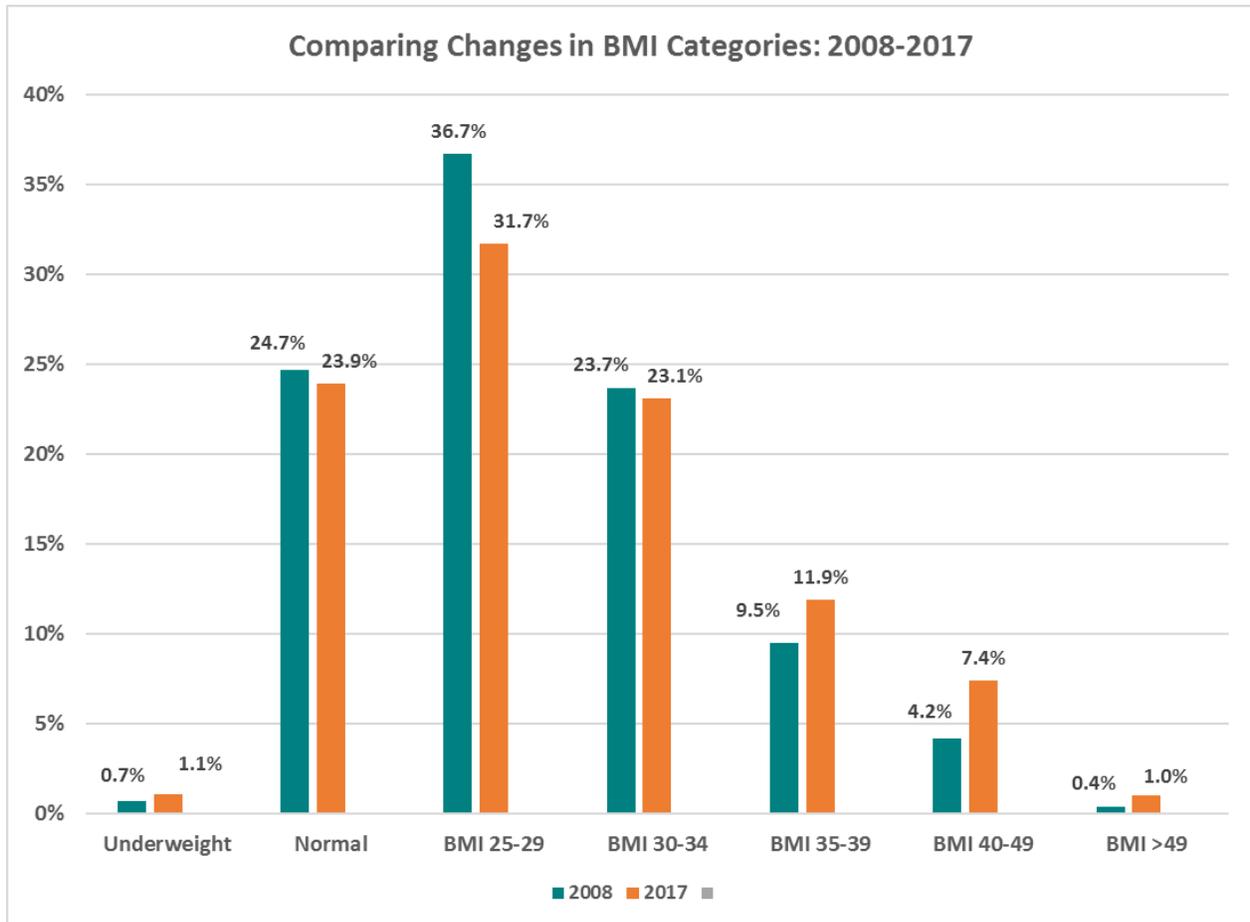
- In 2012, the last time an obesity theme issue was published by JAMA, there was optimism that preventing and treating obesity would improve.
 - Sadly, that optimism has faded in that obesity continues to increase and in particular, childhood obesity.
- It appears that the origin of the increase in obesity began in 1980.
- It also appears that physical activity is more important in managing body weight than weight loss programs.
 - In fact, it appears that maintaining cardiorespiratory fitness (CRF) is more important than preventing the development of the onset of obesity.
 - The reason is that some obese individuals with good CRF are healthier than normal weight individuals with poor CRF.
 - Obesity and low levels of CRF both adversely affect overall health.
 - Muscular strength is also critical in maintaining good health.

IPCS also assessed its database to compare body mass index changes between 2008-2017 and the results support the fact that obesity is getting worse. The chart below is based on 29,012 blue-collar workers in the United States in 2008 and 34,784 in 2017 – a 10-year comparison.

The chart shows what percentage of the workers fell into each Body Mass Index category.

- In 2017, there were fewer “overweight” (BMI 25-29) workers than in 2008. This is good.
- However, obese workers are becoming more obese as shown in the shift for those with a BMI 35-39 (Severe), 40-49 (Morbid) and BMI >49 (Extreme Morbid) in each category from 2008 to 2017.

- The percentage of workers the Severe category increased by 25% in 2017 compared to 2008.
- The percentage of workers in the Morbid/Extreme Morbid category increased by 83% in 2017 compared to 2008.



Implications:

The research is clear that once a worker achieves Severe obesity or greater, there is a greater probability of a musculo-skeletal injury and/or disease occurring. It is these injuries and illnesses that dramatically increases a company’s healthcare costs and workers’ compensation costs.

An independent analysis of the IPCS Physical Capability Evaluation (PCE™) by Gallagher Benefit Service Company shows a 38% decrease in medical claims and a 52% decrease in musculo-skeletal injuries for the Tideland Health System in South Carolina over an eight year period after implementing the PCE Program. A contributing factor to this success is the use of a Strength-Body Weight ratio score which is based on a worker’s strength being proportionate to his/her body weight to legally assess workers.