Employees’ Health Care Costs

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Introduction

The present study discusses the prevention of obesity among employees through medical interventions that focus on promoting healthy lifestyle choices. It also emphasizes the health maintenance of employees and taking adequate measures that could prevent the development of serious diseases. The paper uncovers the role of daily lifestyle choices and self-care in improvements in health. It further explores the types of medical interventions that are permissible in eliminating health risks, including obesity and other associated diseases. Preventive healthcare interventions have a significant impact on employees’ performance; however, they involve costs.

The huge costs involved in healthcare practices result in declining purchasing power for the employees, as they are unable to pay for treatment or preventive strategies. The study explores the role of costs in healthcare programs that restrict employees from engaging in healthy lifestyle choices. Cost reduction remains one of the central concerns for employees as healthcare programs mean additional costs and financial burdens. Employees’ attempts to reduce costs of the benefit programs affect the concept of preventive care and can increase the epidemics of depression, cardiovascular disease, diabetes and chronic ailment. The study focuses on preventable behaviours and conditions that could enhance the overall health of the employees.

Research Questions

1. Can healthcare interventions be an effective strategy for preventing disease among employees?
2. Does healthcare treatment result in additional costs for employees that limit them from availing of benefits of programs?
3. Does shifting the financial burden on employees for healthcare interventions decline their ability to avail of benefit programs?

Objectives

- To study the role of healthcare measures in the prevention of diseases among employees.
- To assess the role of healthcare interventions in the prevention of obesity, diabetes, depression and chronic diseases.
- Determining healthcare treatment results in additional costs for employees that limit them from availing of the benefits of programs.
- To identify the negative role of employers in shifting the financial burden on employees for

healthcare interventions, declining their ability to avail benefit programs.

Empirical Evidence

Determination of obesity depends on the calculation of Body Mass Index (BMI) that relies on the weight and height of an individual. The Centers for Disease Control (CDC) stresses maintaining a healthy BMI and identifies risks associated with obesity. The explanation for obese, according to the CDC, is “a person who is 5’9″ and weighs between 125 pounds and 168 pounds is considered a healthy weight; the same person weighing between 169 pounds and 202 pounds is overweight, and the same person weighing more than 203 pounds is considered obese”. Lifestyle patterns of employees have a significant impact on their BMI, while the CDC emphasizes the development of healthcare plans that minimize the risks of increasing BMI to the level that results in obesity and overweight. The empirical evidence identifies chronic diseases as preventable when employees engage in healthy lifestyle choices and administer adequate self-care behaviours. Common preventable chronic diseases include arthritis, diabetes and circulatory disorders that involve direct medical costs for the employees. Depression remains a common disease that results in increased healthcare costs for employees. Treatment of depression involves drugs that become costly for the employees. Cost burdens influence employees’ choices of healthcare interventions.

Smoking and obesity are negative behavioural attributes that affect the overall health and wellness of employees. Smoking and obesity add to the long-term costs of employees and the state. The state bears the cost of $98 due to smokers. Smoking and obesity lead to other serious diseases, including diabetes, cardiovascular disease, and circulatory issues. The National Coalition on Healthcare spends $1.9 trillion on healthcare expenses. The costs of employees who are smokers are 40% higher compared to non-smokers. The health insurance costs of smokers are also high due to the increased risks of developing chronic diseases. The statistics reveal that 444,000 deaths of employees occur annually due to their smoking habits. The common reasons for their deaths include cancer, heart disease, and obstructive lung disease. Evidence also depicts that annually, 8.6 million people suffer from serious illnesses due to smoking. Obesity is another issue that involves high costs for employees. Denial of firms to share the costs of employees results in an increased cost burden on employees. The state also bears high financial costs due to the inadequate adoption of prevention programs. Obesity among employees adds $93 billion annually to state expenses. Prevention of obesity is important as it results in long-term financial costs and increased burden on employees (Hammaker & Tomlinson, 2011).

Cowan and Schwab (2011) explore the role of smoking and obesity on healthcare costs and employees’ spending capacity. Employees who are smokers face high risks of chronic diseases, including lung cancer, heart disease, asthma and chronic obstructive pulmonary disease. The study identifies that employees engaged in smoking and who are obese receive low wages that decline their financial ability to spend on behavioural interventions. Low-wage smokers face elevated medical costs that result in depression and stress. The results also indicate that obese and smokers manage to earn

low throughout their lives compared to non-smokers and non-obese. The firms and state also face high healthcare costs due to smokers and obese employees. These employees were more likely to avail themselves of health insurance and healthcare policies than non-smokers and non-obese employees. Smokers experience a wage gap due to the imposition of penalties at the workplace. The hourly wage of smokers and obese employees is low compared to non-smokers and non-obese. The results depict that smokers and obese employees are unable to spend on healthcare services due to wage differentials and low earnings (Cowan & Schwab, 2011).

Blumberg (2014) uncovers the increased financial burden on employees due to investments in health. Firms that do not support employees through the provision of health insurance or other programs have a negative impact on employees as it declines their capacity to avail of health benefits. The study reveals the adverse impacts of health insurance on employees. Increased healthcare costs have negative implications in terms of financial instability and personal bankruptcies. Employers that shift the burden of healthcare insurance or treatments on employees increase the financial burden. Reduced healthcare benefits from firms or states affect healthcare spending of subgroups, resulting in health deterioration and decline. The implications of high healthcare costs depict the need for affordable benefits that promote healthcare spending of employees.

The study represents suggestions for providing comprehensive medical aid benefits that result in little or no costs to employees. The plans also make healthcare affordable for the employees, increasing healthy lifestyle choices. Affordable health policies such as insurance and reduced payment shift the burden to the state or organization. The study recognizes the benefits of lower healthcare costs on employees' health and wellness. Lower cost increases their capacity to spend on health, leading to improved health status. Healthcare plans have a direct impact on household incomes and overall spending. To minimize the risks of chronic diseases, the study suggests the adoption of the cost-sharing model. The model protects employees from high financial costs, thus leading to enhanced health. Employees who do not spend money on healthcare face high risks of developing diseases (Blumberg, Waidmann, Blavin, & Roth, 2014).

Goettler, Gross and Sonntag (2017) determine the relationship between employees' healthcare costs and the prevention of obesity. Obesity remains one of the serious problems that affects the work quality, productivity and life of employees. The study depicts that obesity prevention and healthcare involve high costs for employees. Without the state's support or the firm's insurance policy, employees avoid seeking medical health. Their intention to avoid healthcare services is to save limited money. Healthcare spending has a significant impact on household spending and the income of employees. Low or mediocre earners are unable to use their personal savings or monthly incomes on medical care. Studies depict that employees who are obese face risks of developing other chronic illnesses, including diabetes and cardiovascular disease. Obese employees represent high rates of absenteeism, resulting in productivity loss.

The evidence reveals significant direct and indirect costs associated with obesity in the absence of customized prevention programs. Ignorance of firms to share burdens affects the health of the

employees, resulting in health deterioration. The assessment of the literature shows that organizations are least concerned about providing healthcare benefits to obese employees, which lowers their spending capacity. Their decision to avoid obesity prevention programs depends on costs. High costs associated with the programs eliminate the chances of improved health and obesity prevention. The estimated cost indicates that the costs incurred for overweight employees are $156, while for obese employees' it is $242. The work loss imposes indirect costs on employees as it affects their lifetime earnings. The lifetime cost of disability for overweight employees is $31,037, and for obese employees is $32,668 (Goettler, Grosse, & Sonntag, 2017).

Shwatka et al. (2016) uncover the relationship between health risk factors, costs of injuries, illnesses and fatalities. Employees' ability to attain healthcare services relies on compensation claims and benefits provided by the state or organization. Health risk factors are common among employees working in risky environments. Demographic and organizational factors influence the healthcare benefits of employees, which, in turn, affects their ability to spend on health. The study explores the optimization of the work environment for the prevention and mitigation of diseases or injuries. Self-care and administrative care depend on the healthcare policy and costs. The results depict that employees avoid seeking medical help when they have to pay high costs. Cost sharing encourages employees to spend on their health, which prevents the development of chronic diseases and ailments. The study also identifies discrimination in healthcare policies of organizations that affects the minority populations more. The results indicate that employees receiving medical care exhibit better health status compared to the employees who reject spending on healthcare due to increased costs (Schwatka et al., 2018).

Methodology

The study uses qualitative research as it involves an in-depth understanding of the facts presented by researchers in scholarly databases. Qualitative research helps in understanding the factors that lead to the identification of the issues presented in the study. The present study uses empirical research methodology as it relies on the facts and evidence provided by researchers in scholarly databases. An in-depth analysis of the literature helps in determining the relationship between smoking and obesity and healthcare costs. Scholarly databases include research papers and articles revealing the information for the present research. Empirical studies provide evidence that supports the central research.

Conclusion

The research identifies smokers and obese employees face high healthcare costs due to the increased risks of chronic diseases. Smokers and obese employees earn lower lifetime wages compared to non-obese and non-smokers. States and firms also face high healthcare costs for these employees. The majority of the insurance policies and other benefits availed by employees are smokers. The research

also uncovers that the financial capacity of employees restricts their ability to spend on health services. The results obtained from the literature reveal the significance of intervention programs to eliminate long-term costs associated with employees who are smokers and obese.

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