NORTHEAST
BUSINESS GROUP ON HEALTH

OBESITY, DIABETES AND RACIAL HEALTH EQUITY

WHAT EMPLOYERS CAN DO

Tuesday, May 10th, 2022

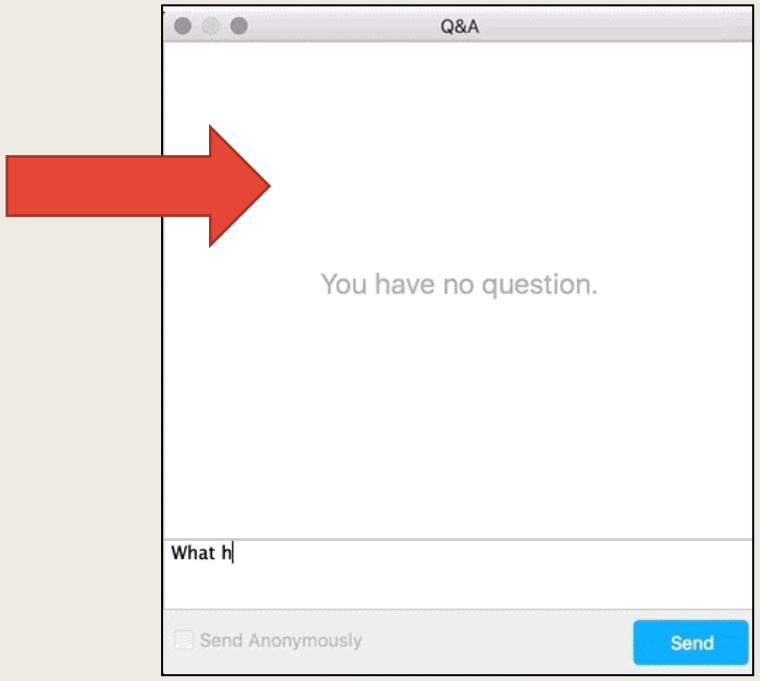
Webinar Procedures

All lines will be muted

Please submit all questions using the “Q&A” dialog box

Email Diane Engel at dengel@nebgh.org with any issues during this webinar

The recording and a PDF of the slides will be shared



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Health Equity & Racial Equity

HEALTH EQUITY

Health equity means that everyone has a fair and just opportunity to be as healthy as possible[1]

RACIAL EQUITY

Racial equity is achieved when one's racial identity no longer predicts, in a statistical sense, how someone fares[2]

1. https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html
2. https://www.racialequitytools.org/glossary

Add references

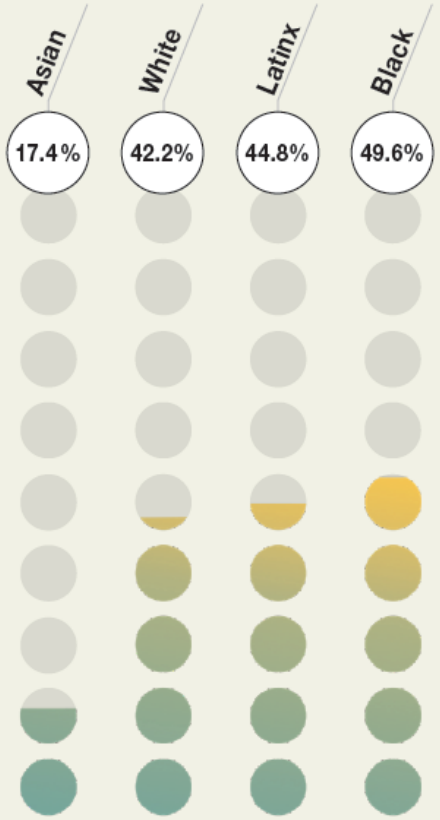
Diabetes and Obesity in the United States

Black Americans are **50%** more likely to have type 2 diabetes.

Native Americans are **2x** as likely as whites to have diabetes.

The risk and prevalence of diabetes among Hispanics/Latinos are higher than in non-Hispanic whites.

Nearly **40%** of Hispanics/Latinos with diabetes have not been formally diagnosed.



Adult Obesity Rates in the U.S.

Risk of Death from Diabetes

Mexican Americans are 50% more likely to die from diabetes than non-Hispanic whites. Black Americans are 2.5 times more likely to die from the disease than white Americans.

Non-Hispanic White Americans

Mexican Americans

Black Americans

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Chronic Stress and Microaggression

- Experiencing racism triggers the release of stress hormones → higher rates of obesity → increases the risk of heart disease and other chronic illnesses[1,2]
- Racism may not be overt but experienced through a lifetime's worth of subtle comments, microaggressions and longstanding inequities that permeate society's institutions - allostatic load[3]
- *Allostatic load is a risk factor for several diseases including obesity and diabetes*
- *Black people and other racial and ethnic minorities have higher allostatic load scores than white people[4]*

1. https://www.prb.org/resources/racism-related-stress-is-linked-to-premature-aging-and-chronic-disease/
2. https://3hqwxl1mqiah5r73r2q7zll1-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/BWHI_NHPA_2020-21.pdf
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2874580/

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The dual burden of weight bias and racism

- People with obesity often experience social stigma and discrimination
- The combination of weight bias and a person internalizing the idea that obesity is their fault can have a damaging effect on a person's mental health, hinders prevention and treatment efforts, and further stigmatizes the disease.
- For people of color already confronting interpersonal and systemic racism, obesity and its accompanying stigma and bias creates an even heavier burden

Intersectionality

Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism and classism) combine, overlap or intersect, especially in the experiences of marginalized individuals or groups

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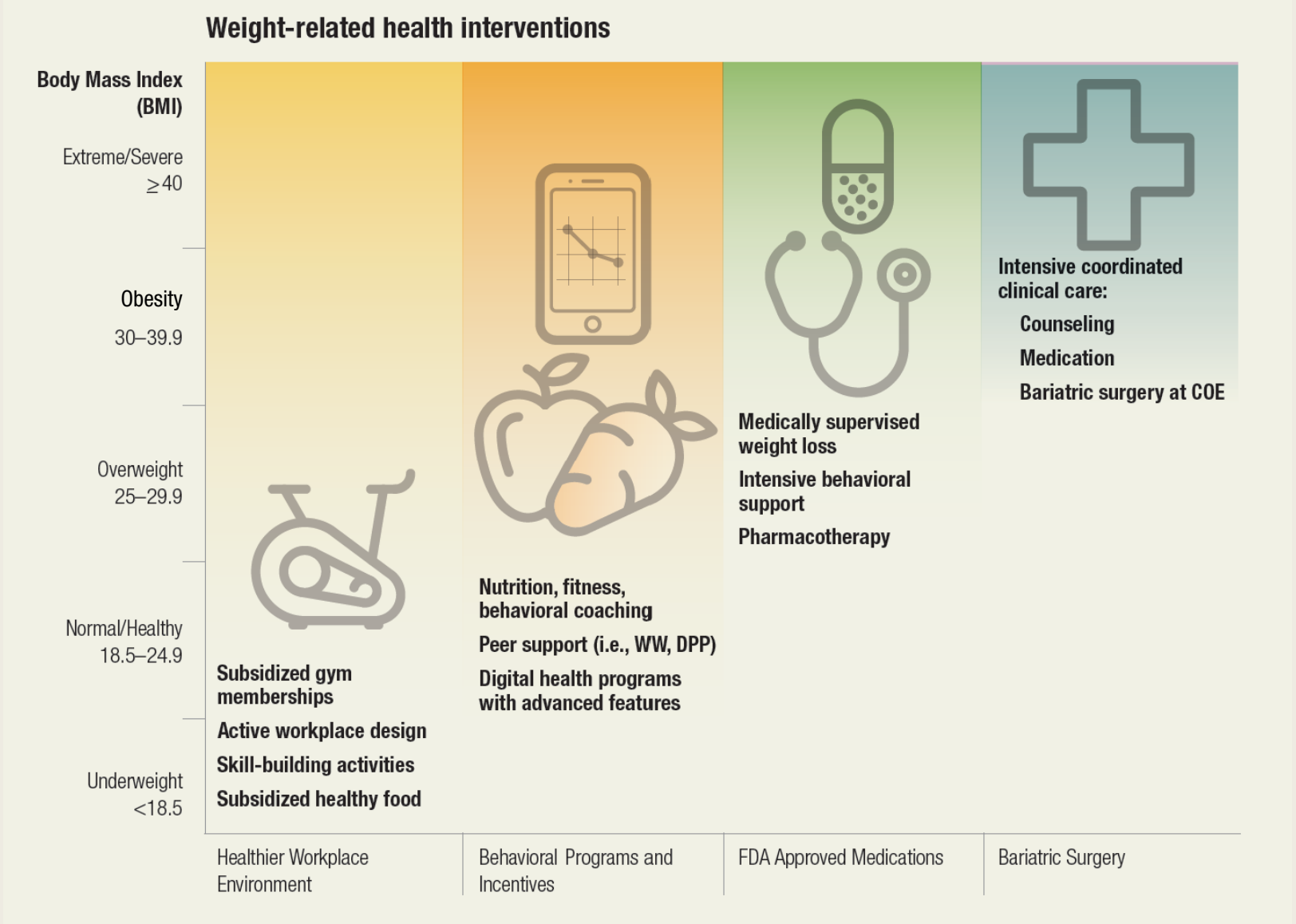
Design Benefits That Support Best Practices in Obesity and Diabetes Care



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Effective Obesity Treatments

- Every kilogram (2.2 pounds) of weight loss resulted in a 16% reduction in risk for diabetes
- Modest weight loss of 2-5% has measurable positive impacts on systolic blood pressure and triglycerides.
- 5-10% weight loss – diastolic blood pressure and HDL cholesterol improvement begins.
- 10-15% weight loss – impacts obstructive sleep apnea and non-alcoholic steatotic hepatitis (fatty liver disease)

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Weight Loss Therapies

- Weight Loss Drugs
  - FDA has approved a number of new weight loss drugs
  - Reduce weight by 5-10%, improve glycemic profiles significantly and reduce cardiovascular risk in people with diabetes
  - Medications such as semaglutide51 (Ozempic®, Rybelsus® for diabetes, Wegovy® for weight loss) can result in weight loss of up to 15%
- Bariatric Surgery
  - More than 30% estimated weight loss at 10 years following bariatric surgery
  - Improves outcomes for patients with type 2 diabetes by lowering blood sugar and reducing the need for medications

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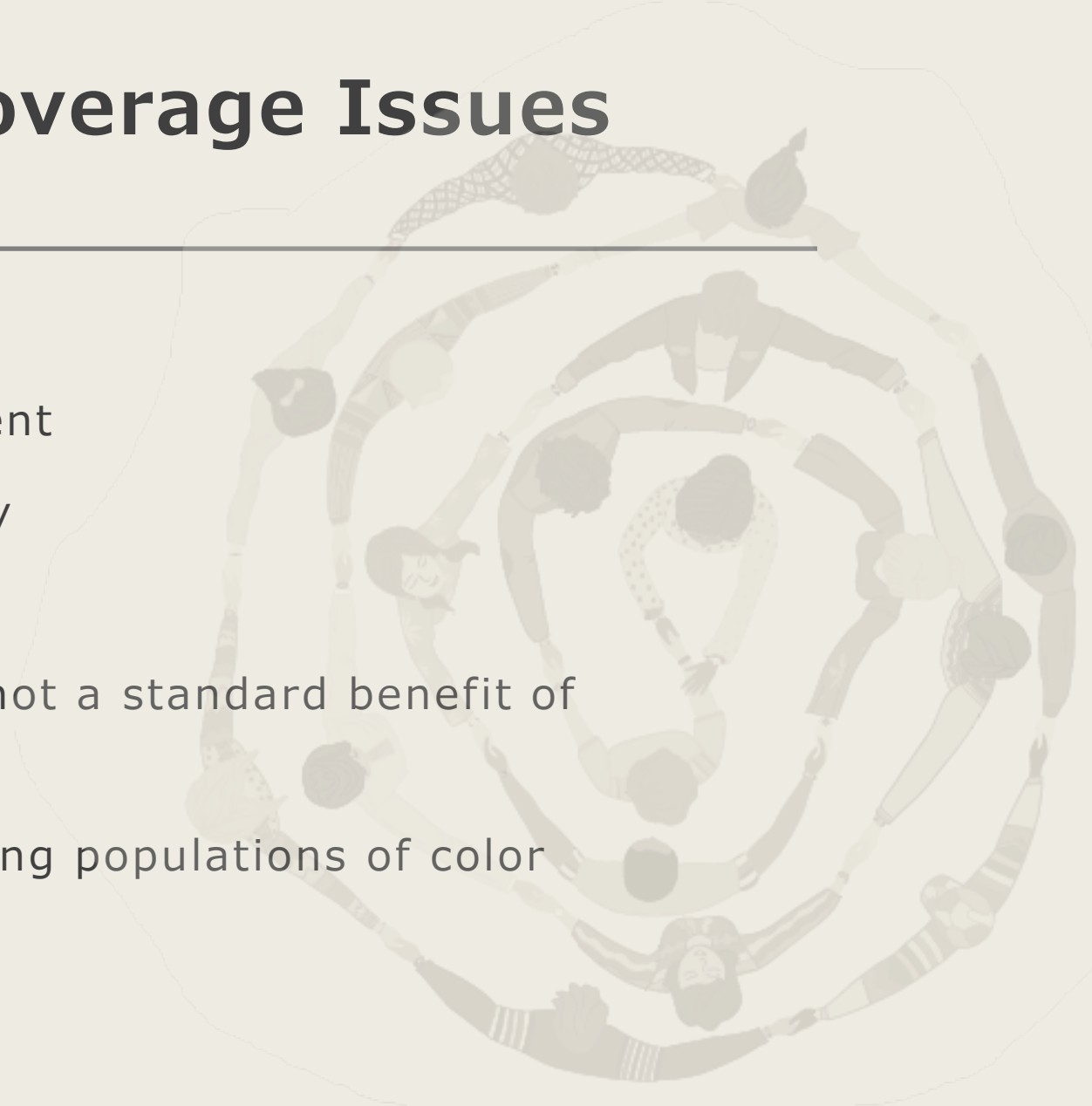
Obesity Benefit Coverage Issues

- Patchy and fragmented
- Mandatory medical management
- Cover diabetes but not obesity
- ‘One per life-time’ benefit
- AOMs are seen as an option, not a standard benefit of insurance
- Underuse is even greater among populations of color



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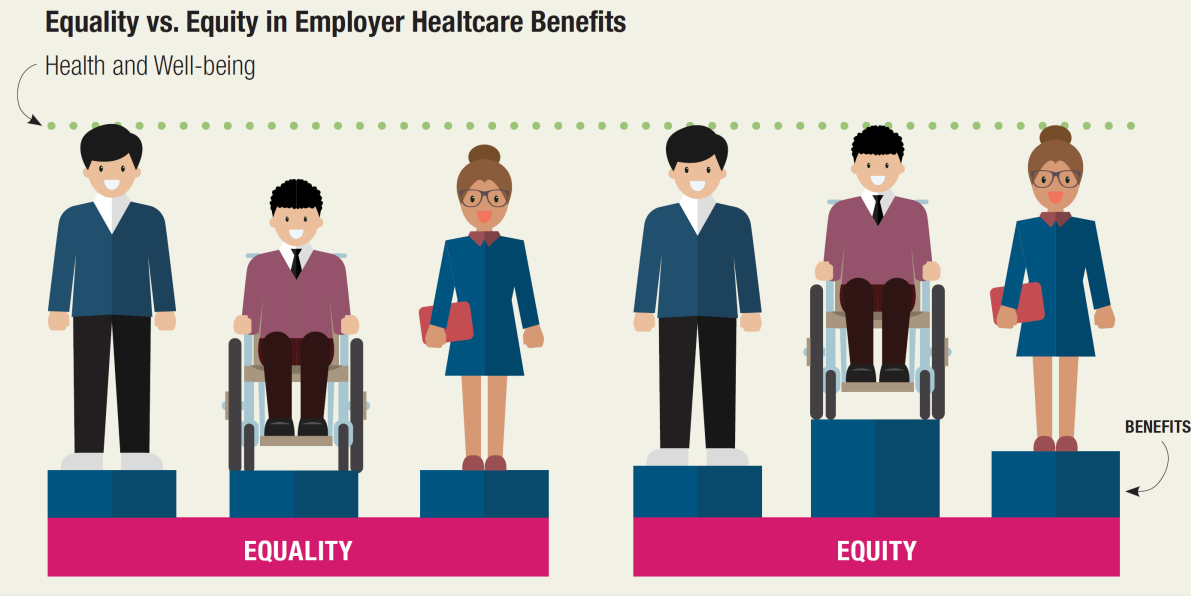
What Employers Can Do

- Address Racial Disparities in Health Outcomes Through DE&I Efforts
  - Collaborate with DE&I leadership
  - Leverage employee resource groups
  - Identify inequities in benefits and programs
- Improve Health and Benefits Literacy
  - Educate employees about obesity as a disease
  - Make sure benefits information is accessible and understandable



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Reduce Financial Barriers to Care (V-BID)

OBESITY

- Lifestyle change programs into benefits.
- Making regular check-ups, BMI screenings and consultations with obesity specialists exempt from high deductibles or co-payments.
- Making AOMs exempt from deductibles and cost sharing, or setting a low, fixed-dollar co-payment.
- Ensuring that any rebates or discounts for medications that employees pay for are passed on to them at the point of sale.
- Providing coverage for bariatric surgery—and post-surgical maintenance care—when recommended.

DIABETES

- Lifestyle change programs into benefits.
- Making regular check-ups, HbA1c testing, glucometers and retinopathy screenings exempt from high deductibles or co-payments.
- Covering preventive and diabetes-related podiatry services.
- Making insulin and other glucose-lowering medications exempt from deductibles and cost sharing, or setting a low, fixed-dollar co-payment
- Ensuring that rebates or discounts for medications employees pay for are passed on to them at the point of sale.
- Ensuring affordable access to FDA-approved devices for managing diabetes.

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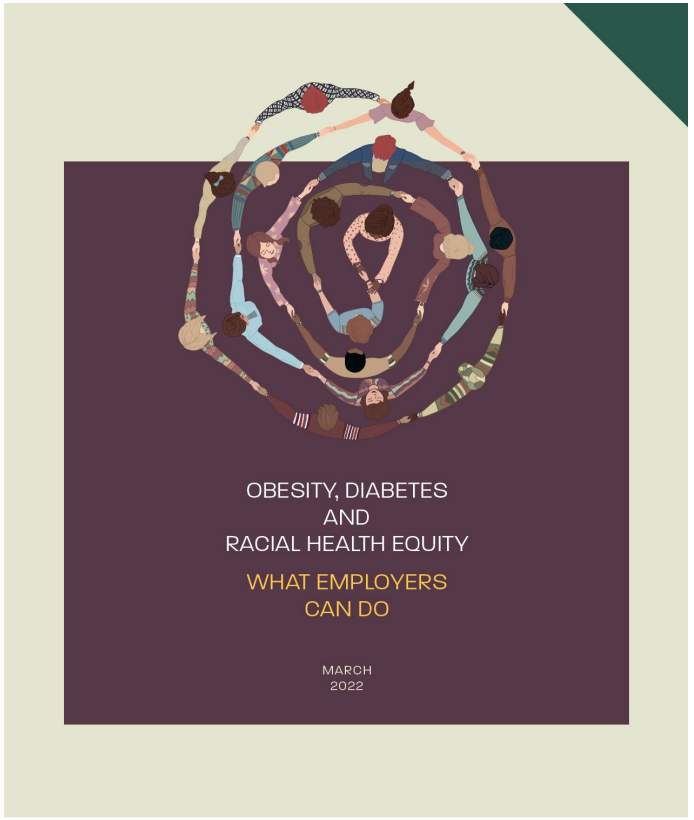
What Else Employers Can Do

- Ensure Access to Racially Sensitive Mental Health Support
- Evaluate Healthcare Vendors on DE&I Practices and Hold Them Accountable
  - Keep pressing for diverse provider networks
- Employers can advance racial health equity by advocating for and investing in change efforts
  - Treat and Reduce Obesity Act (TROA)
  - Invest in the expansion of diversity in healthcare

Medtronic



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https://online.flippingbook.com/view/644877113/

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Questions

Upcoming NEBGH virtual events:

- **May 16** –Monday COVID-19 Update
- **May 18 -** CAA Transparency in Coverage Rules: What We Know
- **June 16 -** Benefits Leadership for a Changing World: Accept the Challenge!