

## CPH News and Views

*A semi-monthly column on emerging topics related to healthy workplaces*

### **Issue # 23: Opportunities for Reducing the Burden of Asthma via Workplace Policies and Programs**

**Contributed by Polly J. Hoppin, ScD, Molly M. Jacobs, MPH and Laurie Stillman, MMHS.** (Adapted from the report, [Asthma: A Business Case for Employers and Health Care Purchasers](#), produced by the University of Massachusetts Lowell and the Asthma Regional Council of New England.)

Asthma is a potentially life-threatening respiratory condition and one of the top ten leading chronic diseases afflicting the working population in the United States.<sup>ii</sup> It is characterized by inflammation and constriction of the airways in reaction to allergens or irritants that are inhaled into the lungs, making it difficult to breathe.<sup>iii</sup> Too many adults and children suffer needlessly from asthma, resulting in a heavy burden for employers and employees alike. Every day in the U.S., about 43,000 people miss work and school due to uncontrolled symptoms, and even more adults stay home from work to care for children too sick with asthma to go to school.<sup>iv</sup>

The good news is that with proper medical care and medications, quality education to help people manage their disease, and supplies and services to reduce environmental triggers, adults and children with asthma can thrive. People once unable to sleep, work or play can return to their jobs and to school, thus reducing both the human and the financial costs associated with their disease. Over the last decade, numerous scientific studies and program evaluations have shown that a combination of interventions tailored to the individual can bring asthma under control cost-effectively.<sup>v</sup>

The gap between the potential for asthma to be well-controlled, and the reality for thousands of people, is an enormous opportunity for employers and their employees. Three primary strategies, combining traditional human resources with workplace safety and health functions, can reduce the burden of asthma among employees and their dependents. These strategies hold promise for positive returns on investment via direct cost savings to the employer, as well as reduced rates of both absenteeism and compromised productivity at work:

- Modify employee insurance benefits and health plan offerings to ensure that they align with best practices for asthma (e.g., the widely-accepted National Asthma Management Guidelines produced by the National Asthma Education and Prevention Program).<sup>vi</sup> Whether they self-insure, or negotiate benefit packages offered by health plans or commercial insurance, employers and their brokers can improve the quality of asthma care and reduce costs. By carefully crafting health benefits packages to cover and promote evidence-based cost-effective asthma management services that emphasize proactive care, employers can support their employees to manage symptoms effectively and reduce costs associated with acute asthma exacerbations. Employers can also address the high costs of medications by negotiating with insurers for lower charges and helping to offset out-of-pocket costs. An Asthma Regional Council/University of Massachusetts Lowell publication — *Insurance Coverage for Asthma: A Value and Quality Checklist* — recommends coverage elements, based on analysis of interventions shown to be cost-effective in the research literature.<sup>vii</sup>
- Build on worksite health promotion programs to support employees in overcoming barriers to effective self-management of asthma. While removing insurance barriers to appropriate asthma care is necessary, this may not be enough for employees to access optimal care. Employers should also consider building on existing on-site or off-site health promotion programs, or launching new initiatives to facilitate access to asthma services and supplies. Such programs can range from offering a series of lunch time seminars teaching the basics of asthma, to subsidizing co-pays for medications and preventive care, to referrals for home-

based education, as well as environmental supplies and services. Vendors such as disease management companies, health plans or geographically-based asthma coalitions can assist employers in designing and delivering these programs.

- **Ensure healthy work environments.** Because of the large number of adults whose asthma appears to result from exposures in the workplace, as well as the high percentage of people who report that their asthma is worse on the job,<sup>viii</sup> employers should seek to create “asthma-friendly” work environments. Some of the steps needed to improve the work environment for people with asthma are straightforward, similar to “good housekeeping” measures in the home to minimize exposure to common allergens and irritants associated with asthma exacerbation. Others involve identifying and then reducing or eliminating exposure to chemical and other substances associated with the onset or exacerbation of asthma by substituting safer materials, products and practices. Given the substantial costs of absenteeism and presenteeism (lower productivity despite an employee being present at work) among people with asthma,<sup>i</sup> some of these steps will likely prove cost-effective. Others may be cost-prohibitive, especially for small businesses. Employers and employee organizations should systematically consider data particular to their workforce, including the prevalence of asthma among their employees, the rates and costs of asthma-associated absenteeism and presenteeism, and asthma-related health care and disability costs as they determine which exposure reduction steps to take. In addition to workplace modifications that will benefit multiple employees with asthma, employers should also consider the needs of individual employees and make appropriate accommodations, as some people’s asthma may be particularly sensitive to specific triggers.

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<sup>i</sup> Hoppin P, et al. *Asthma: A Business Case for Employers and Health Care Purchasers*. Asthma Regional Council and University of Massachusetts Lowell, February 2010.

<sup>ii</sup> Goetzel RZ, et al. Health, absence, disability, and presenteeism cost estimates of certain physical and medical health conditions affecting U.S. employers. *J Occup Environ Med*. 2004; 46:398-412.

<sup>iii</sup> Centers for Disease Control and Prevention. Asthma: Basic Information. Available at: <http://www.cdc.gov/asthma/faqs.htm>

<sup>iv</sup> Akinbami LJ, et al. Asthma prevalence, health care use, and mortality: United States 2005-2009. *National Health Statistics Reports*. US Dept. of Health & Human Services, National Ctr. for Health Statistics. Jan 12, 2011.

<sup>v</sup> Hoppin P, et al. *Investing in Best Practices for Asthma: A Business Case. August 2010 Update*. Asthma Regional Council and University of Massachusetts Lowell, 2010.

<sup>vi</sup> US Dept. of Health & Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*. 2007.

<sup>vii</sup> Hoppin P, et al. *Insurance Coverage for Asthma: A Value and Quality Checklist*. Asthma Regional Council and University of Massachusetts Lowell, 2010.

<sup>viii</sup> Tarlo SM, et al. Diagnosis and management of work-related asthma. *Chest*. 2008; 134:1S-41S.



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