

What's the Link Between Chronic Conditions and Mental Health?

Tori Weeks, CEAS, Sr. Director, Health and Productivity, Analytics & Consulting Practice

Wendy Coduti, PhD, CRC, Regional Director, Health and Productivity, Analytics & Consulting Practice

Dr. Elana Mendelssohn-Gara, PsyD, V.P. & Medical Director

Dr. Naishami Patel, DO., V.P. & Medical Director

September 13, 2023

AGENDA

- Absence and cost impacts of chronic diseases
- How chronic physical diseases intersect with mental health
- Best practices for employers to support employees with chronic diseases

ABSENCE AND COST IMPACTS OF CHRONIC DISEASES

Heart Disease

Cancer

Musculoskeletal

Diabetes

Mental Health

CHRONIC DISEASE IMPACTS

Six in ten adults in the US have a chronic disease and **four in ten adults** have two or more.



HEART DISEASE



CANCER



CHRONIC LUNG DISEASE



STROKE



ALZHEIMER'S DISEASE



DIABETES



CHRONIC KIDNEY DISEASE



Chronic diseases are defined as conditions that last **1 year or more** and require ongoing medical attention or limit activities of daily living or both.

Chronic conditions such as **heart disease, cancer,** and **diabetes** are the leading causes of death and disability in the United States. They are also leading drivers of the nation's **\$4.1 trillion** in annual health care costs.

¹ [About Chronic Diseases | CDC](#)

HEART DISEASE IMPACTS DISABILITY AND LIFE INSURANCE

1 in every 5 deaths

in the U.S. died from heart disease in 2020¹

Second leading manner of death

Heart Disease accounts for 16% of all reported deaths²

- Life average age: **74**
- Males make up **66%** of the **Life total**

Heart Disease accounts for 9% of all **LTD approved claims** and **4.7%** of all **STD approved claims** over the period making up the third highest STD diagnostic category average duration at 69 days.²

- STD average age: **54**
- Males make up **68%** of the **STD total**



¹ Centers for Disease Control and Prevention, National Center for Health Statistics. [About Multiple Cause of Death, 1999–2020](#). CDC WONDER Online Database website.

Atlanta, GA: Centers for Disease Control and Prevention; 2022. Accessed February 21, 2022.

Copyright © Disability Management Employer Coalition (DMEC). All rights reserved.

² Prudential Life and Disability reported data between 1/1/2019 – 6/30/2022

IMPACTS OF DELAYED CANCER SCREENINGS

Cancer is now among the top three employee medical diagnoses for 83% of employers, taking over musculoskeletal disorders as their top employee benefits cost driver.¹

Screenings for four common cancers—breast, colon, cervical, and lung—have been disrupted since the onset of the pandemic.²

70% of cancer deaths⁴ and 83% of high-cost cancer claims⁵ are due to cancers without available screening.

There may be 10,000 additional breast and colorectal cancer deaths due to missed screenings as result of the pandemic.⁶

Screening decreases:²

94% Breast Cancer

86% Colon Cancer

94% Cervical Cancer

64% Lung Cancer³

Employers are evaluating best-in-class cancer care programs with strong support from the U.S. Surgeon General's [Cancer Moonshot](#) Program (2022)

¹ Business Group on Health. [2023 Large Employer Health Care Strategy and Plan Design Survey Part 5: Health Care Costs and 2023 Priorities](#). 8/23/22. ² Epic Research. [Delayed Cancer Screenings](#). Est. percentages based on fig. 1. 5/4/20. ³ Corley DA, Sedki M, Ritzwoller DP, Greenlee RT, Neslund-Dudas C, Rendle KA, Honda SA, Schottinger JE, Udaltsova N, Vachani A, Kobrin S, Li CI, Haas JS. [Cancer Screening during COVID-19: A Perspective from NCI's PROSPR consortium, Gastroenterology](#) (2020). ⁴ American Cancer Society. [Cancer Facts & Figures 2021](#). Estimated deaths per year in 2021 among individuals 50-79 years old. Assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 43% of lung cancer cases (based on estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years). Data on file GA-2021-0065 ⁵ Analysis of MarketScan claims database completed by GRAIL, LLC, July 2022. Data on file GA-2022-0085 ⁶ McFarling, Usha Lee. Nature.com. [The COVID Cancer Effect: Oncologists are grappling with predicting—and mitigating—the effects of the pandemic](#). 11/26/21.

MUSCULOSKELETAL (MSK)



Back-related conditions account for 45.4% of all injuries/illnesses, followed by 14.6% shoulder-related conditions³

Musculoskeletal

- Leading contributor to disability worldwide¹
- Back pain is the 4th leading cause of short-term disability and the 3rd leading cause of long-term disability²
 - MSK conditions are the highest contributor to the global need for rehabilitation¹

1.71 billion

people across the globe live with a painful MSK condition¹

1 in 2 adults

in the U.S. live with an MSK condition—the same number as those with cardiovascular or chronic respiratory diseases combined¹

1/3 to 1/2

of MSK conditions are prevalent of multi-morbidity, particularly in older people, commonly linked to depression¹

\$20 billion direct costs in the U.S.³

MKS conditions are associated with significant mental health decline and deteriorated functioning¹

Of people who live with depression, 65 percent also have chronic pain⁴

Financial impact

MSK conditions lead to early retirement from work, reduced accumulated wealth, and reduced ability to participate in social roles²

38% more lost time

than the average injury/illness³

¹ World Health Organization, 2021. <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>

² National Business Group on Health, 2019 <https://www.businessgrouphealth.org/topics/disease-prevention-condition-management/musculoskeletal-conditions/>

³ Ergo Plus, 2019. <https://ergo-plus.com/cost-of-musculoskeletal-disorders-infographic/>

⁴ Bair MJ, Robinson RL, Katon W, Kroenke K. Depression and Pain Comorbidity; A Literature Review. Arch Intern Med. 2003; 63(20): 2433–2445. doi:10.1001/archinte.163.20.2433.

DIABETES IMPACTS IN THE US ¹



37.3 MILLION
Americans are living
with diabetes.



96 MILLION
US adults have
prediabetes.



\$327 BILLION
is the annual
estimated cost of
diabetes.



1 IN 4 US
ADULTS
with diabetes don't
know they have it.

¹ [Diabetes and Prediabetes | CDC](#)

WHY ADDRESS MENTAL HEALTH IN THE WORKPLACE



The incremental economic burden of adults with major depressive disorder was \$326 billion in 2018, 38% higher than in 2010.¹

19.1%

(48 million) of American adults experienced anxiety disorders in 2019²

18.5% of adults

experience a depressive illness in a given year⁴

Mental Capital

is more valuable and more vulnerable to the effects of depression in today's service and knowledge-driven societies⁶

1 in 4

Americans experience a diagnosable mental disorder in a given year³

9.5 Million

co-occurring substance abuse disorder⁵

Depression

interferes with a person's ability to complete physical job tasks about 20% of the time and reduces cognitive performance about 35% of the time⁷

¹ "Major Depressive Disorders Have an Enormous Economic Impact." Scientific American, May 5, 2021. <https://www.scientificamerican.com/article/major-depressive-disorders-have-an-enormous-economic-impact/> ² U.S. Substance Abuse and Mental Health Services Administration, 2019 Results from the National Survey on Drug Use and Health <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf> ³ John Hopkins Medicine, Mental Health Disorder Statistics, <https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics> ⁴ Centers for Disease Control and Prevention, "Symptoms of Depression Among Adults: United States, 2019." NCHS Data Brief No. 379, September 2020. <https://www.cdc.gov/nchs/data/databriefs/db379-H.pdf> ⁵ U.S. Substance Abuse and Mental Health Services Administration, 2019 Results from the National Survey on Drug Use and Health. ⁶ Cuijipers, P. Beekman, A.T.F., & Reynolds, C.F. (2012). Preventing Depression: A global priority. Journal of the American Medical Association, 307(10), 1033-1034. Compensation. ⁷ CDC Mental Health in the Workplace. <https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html> (April 2019) Retrieved 1/6/22.

HOW CHRONIC PHYSICAL DISEASES INTERSECT WITH MENTAL

Heart Disease

Cancer

Musculoskeletal

Diabetes

Mental Health

HEART DISEASE



Heart Disease Risk Factors include:

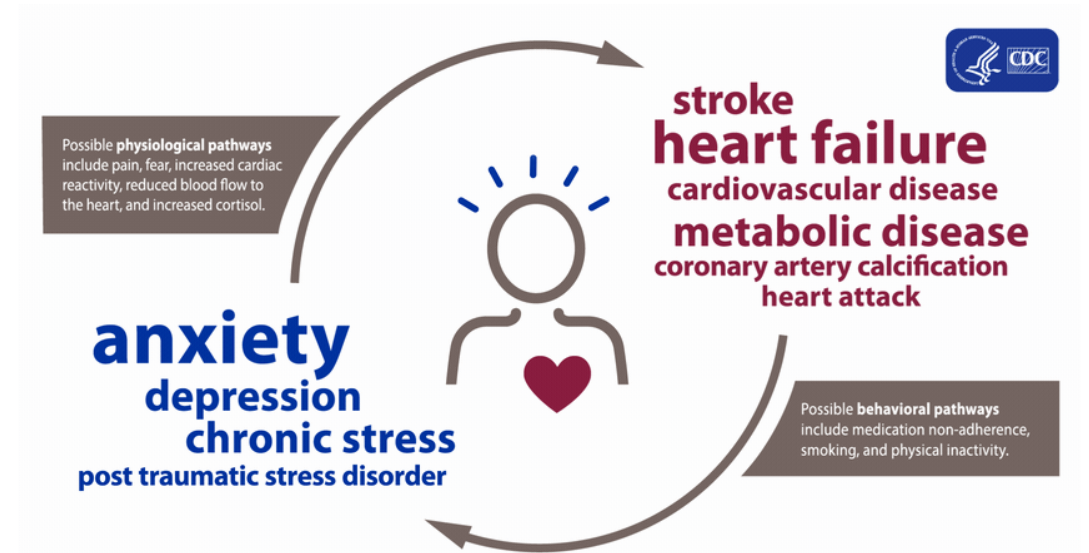
- High [blood pressure](#), high blood [cholesterol](#), and [smoking](#) are key risk factors for heart disease.
- About half of people in the United States (47%) have at least one of these three risk factors.¹ Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:
 - [Diabetes](#)
 - [Overweight and obesity](#)
 - [Unhealthy diet](#)
 - [Physical inactivity](#)
 - [Excessive alcohol use](#)
- Heart Disease refers to several types of heart conditions, commonly known to many as coronary artery disease which may be “silent” and not diagnosed until a person experiences signs or symptoms noted below:
- [Heart attack](#): Chest pain or discomfort, upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, upper body discomfort, dizziness, and shortness of breath.
- Arrhythmia: Fluttering feelings in the chest (palpitations).
- [Heart failure](#): Shortness of breath, fatigue, or swelling of the feet, ankles, legs, abdomen, or neck veins.

¹ Tsao CW, Aday AW, Almarzoq ZI, Beaton AZ, Bittencourt MS, Boehme AK, et al. [Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association](#). *Circulation*. 2022;145(8):e153–e639.

HEART DISEASE AND MENTAL HEALTH

Who is at risk and what can be done?

- Mental health disorders – such as depression, anxiety, and PTSD can develop after cardiac events, brought on after an acute heart disease event from these factors:
 - ➔ Pain
 - ➔ Fear of death or disability
 - ➔ Financial problems associated with the event
- People experiencing depression, anxiety, stress, and even PTSD over a long period of time may experience certain physiologic effects on the body, such as increased cardiac reactivity (e.g., increased heart rate and blood pressure) reduced blood flow to the heart, and heightened levels of cortisol.
- Conversely, mental health disorders such as anxiety and depression may increase the chance of adopting behaviors such as smoking, inactive lifestyle, or failure to take prescribed medications, increasing their risk for heart disease



[Heart Disease and Mental Health Disorders | cdc.gov](https://www.cdc.gov/heartdisease/mentalhealth/)

HEART DISEASE AND MENTAL HEALTH

Who is at risk and what can be done?

- **Veterans** are at higher risk for heart disease, mainly due to PTSD as a result of combat
- **Women** find that PTSD and depression may have damaging effects to physical health, particularly with increased risk for coronary heart disease, related morbidity, and mortality
- **Couples with someone who has PTSD** where one or both partners had PTSD, experienced that more severe conflict, greater anger, and increased cardiovascular reactivity might contribute to coronary heart disease and heart disease risk
- **Racial and ethnic minorities** having depression, stress, and anxiety due to disparities in social determinants of health could be subject to higher risk for hypertension, cardiovascular reactivity, heart disease, and poor heart health outcomes
- **Individuals with COVID-19²** demonstrated an increased rate in cardiovascular events and was even noted among healthy individuals

Addressing mental health disorders early by providing access to appropriate services and support to increase healthy behaviors can reduce risk of experiencing a heart disease event.

Actions for Individuals

- Recognize the signs and symptoms of [mental health disorders](#) and heart disease.
- Talk with your health care professionals about potential heart conditions in relation to your mental health disorder and treatment options. Know that your family history and genetic factors likely play some role in your risk for heart disease.
- Know which conditions increase the [risk of heart disease](#).
- [Maintain a healthy lifestyle](#).

¹ [Heart Disease and Mental Health Disorders | cdc.gov](#)

² [Long-term effect of SARS-CoV-2 infection on cardiovascular outcomes and all-cause mortality - ScienceDirect](#)

Considerations related to cancer

Risk Factors

- Tobacco Use
- Alcohol Use
- Obesity
- Family History
- People of a Certain Age
- Exposure to Chemicals, Sunlight, etc.

Are Medical and Wellness Plans Focused on These Factors?

Benefit Connections

- Medical Plans/Case Management
- FMLA
- Sick Time/PTO
- Short- or Long-Term Disability
- EAP
- Critical Illness/Hospital Indemnity
- Financial Wellness Services
- Life Insurance

How Is This Communicated to Employees When They Need It?

For additional information visit: <https://www.cancer.org>

CANCER AND MENTAL HEALTH

- For individuals treated for cancer in hospitals, up to 1/3 have a common MH condition¹
- Rates for major depressive disorder are up to 3x higher for individuals with cancer than in general population² and increases mortality rates by up to 39%³
- For individuals with cancer anywhere from 8-24% also have depression, which can reduce acceptance of treatment, lengthen hospitalization, increase risk of suicide and lead to an overall reduction in quality of life ⁴
 - Approximately 2/3 of those cancer patients with depression also have anxiety⁵
- Compared to adults with cancer, youth and young adults are at a greater risk for depression⁶

¹Nakash O, Levav I, Aguilar-Gaxiola S, et al. (2013). Comorbidity of common mental disorders with cancer and their treatment gap: findings from the World Mental Health Surveys. *Psycho-oncology*, 23(1), 40-51. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3992888/#R5>

²Smith H. R. (2015). Depression in cancer patients: Pathogenesis, implications and treatment (Review). *Oncology letters*, 9(4), 1509-1514. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356432/#b2-ol-09-04-1509>

³Satin JR, Linden W, Phillips MJ. Depression as a predictor of disease progression and mortality in cancer patients: a meta-analysis. *Cancer*. 2009;115:5349–5361. doi: 10.1002/cncr.24561.

⁴Krebber, A. M., Buffart, L. M., Kleijn, G., Riepma, et al. (2013). Prevalence of depression in cancer patients: a meta-analysis of diagnostic interviews and self-report instruments. *Psycho-oncology*, 23(2), 121-30. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282549/>

⁵Brintzenhofe-Szoc KM, Levin TT, Li Y, Kissane DW, Zabora JR. Mixed anxiety/depression symptoms in a large cancer cohort: prevalence by cancer type. *Psychosomatics*. 2009;50:383–391. doi: 10.1176/appi.psy.50.4.383.

⁶Park, E. M., & Rosenstein, D. L. (2015). Depression in adolescents and young adults with cancer. *Dialogues in clinical neuroscience*, 17(2), 171-80. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4518700/>

MSK RISK FACTORS

MSK Risk Factors¹

- Work Related Factors:
 - Awkward posture, force, repetition
- Secondary Factors:
 - Static Posture
 - Contact Stress
 - Cold/Heat
 - Vibration
 - Physical Stress
 - Emotional Stress
- Personal Factors:
 - Obesity
 - Smoking
 - Age
 - Gender

¹*Musculoskeletal Disorders, Risk Factors & Reporting*. Colorado State University Risk Management & Insurance. Musculoskeletal Disorders, Risk Factors & Reporting | Risk Management & Insurance | Colorado State University (colostate.edu). Accessed 23 Aug. 2023.



²Bonanni, Roberto, et al. "Chronic pain in musculoskeletal diseases: do you know your enemy?." *Journal of Clinical Medicine* 11.9 (2022): 2609.

MSK & MENTAL HEALTH



- Individuals with MSK conditions are at an increased risk of developing mental health issues¹. Individuals with chronic MSK pain (CMP) have increased symptoms of anxiety, depression, fatigue and insomnia when compared to individuals without MSP. Studies have found that mental health symptoms increased, especially anxiety, the more pain sites and pain intensity a patient experienced.²
- Healthcare costs are double for comorbid depression and MSK pain, when compared to chronic pain alone³

¹ [Musculoskeletal health \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-health)

² Garnæs, K.K., Mørkved, S., Tønne, T. *et al.* Mental health among patients with chronic musculoskeletal pain and its relation to number of pain sites and pain intensity, a cross-sectional study among primary health care patients. *BMC Musculoskelet Disord* **23**, 1115 (2022). <https://doi.org/10.1186/s12891-022-06051-9>

³ Bilal J, Berlinberg A, Trost J, Riaz IB, Bhattacharjee S. The influence of depression on health care expenditures among adults with spondylosis, intervertebral disc disorders, and other back problems in the United States. *Pain Med* 2020 Feb 01;21(2):e45-e53.

DIABETES RISK FACTORS

Type 2 diabetes accounts for 90%-95% of adult cases diagnosed

- \$13,700 average annual amount an individual with diabetes spends on medical expense each year

Nearly 1/3 of Americans are at a high risk of developing diabetes and at higher risk if:

- Older than 45
- Have a family history of diabetes
- Have a body mass index greater than 25
- Have/had gestational diabetes
- Are physically active less than 3 times a week²
- Are African American, Hispanic or Latino, American Indian or Alaskan Native person, Pacific Islander or Asian American²

Diabetes can be prevented by:

- Maintaining a healthy diet
- Losing weight
 - Losing as little as 5% of body weight can reduce risk of developing diabetes

Regular exercise

- Risk of diabetes can be cut in half by exercising on a regular basis

Diabetes: Infographic | Johns Hopkins Medicine (NOTE: other content not listed as 2 is from this source)

² [Diabetes Risk Factors | CDC](#)

Diabetes and Mental Health¹

Who is at risk and what can be done?

In any 18-month period, **33% to 50%** of people with diabetes have **Diabetes Distress** which can occur when people feel discouraged, worried, frustrated, or tired of dealing with daily diabetes care. This can cause people to:

- Have unhealthy habits
- Stop checking blood sugar
- Skip doctor's appointments

People with diabetes are **2 to 3 times** more likely to have **depression** than people without diabetes. Only **25% to 50%** of people with diabetes who have depression get diagnosed and treated.



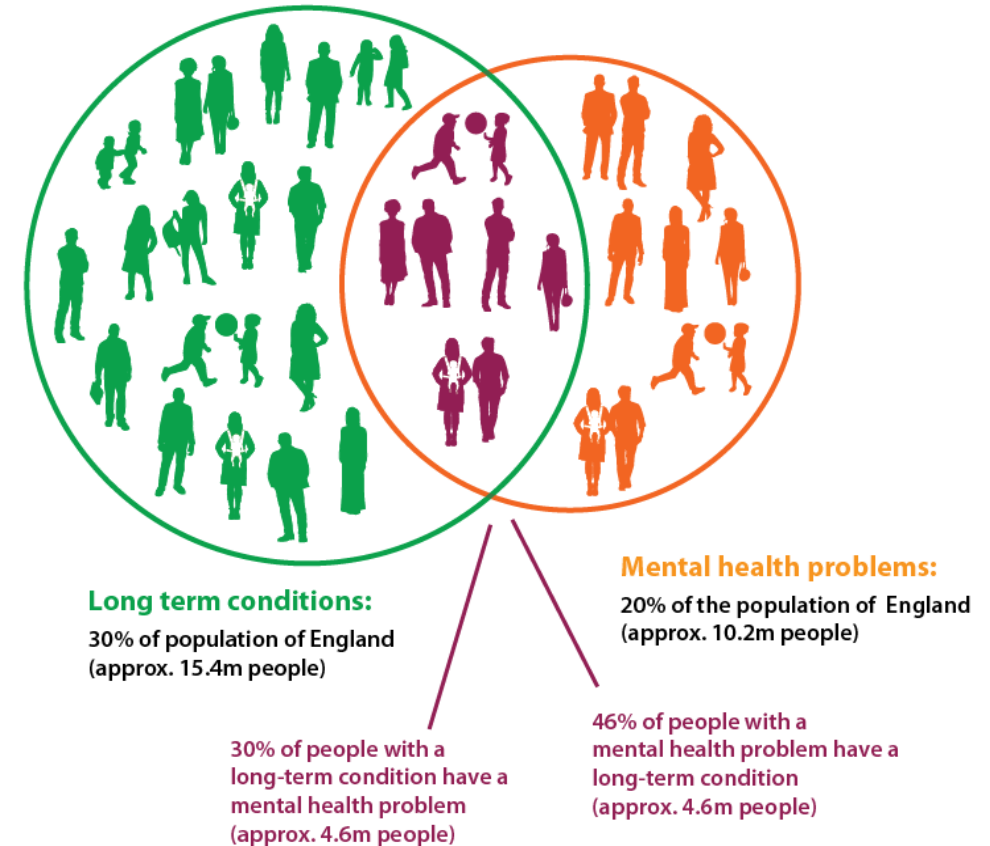
People with diabetes are **20%** more likely than those without diabetes to have **anxiety**.

¹ [Diabetes and Mental Health | CDC](#)

MH AND PHYSICAL

- Physical health problems significantly increase our risk of developing mental health problems, and vice versa.³
- The costs associated with co-occurring mental and physical conditions is 2-3 times higher than those w/out co-occurring conditions¹
- Individuals with depression are at an increased risk of developing cardiovascular disease, diabetes, stroke, pain and Alzheimer's disease and are at a higher risk of developing osteoporosis²

The overlap between long-term conditions and mental health problems



¹[Mental Health in the Workplace \(cdc.gov\)](http://www.cdc.gov)

²[NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression \(nih.gov\)](http://www.nimh.nih.gov)

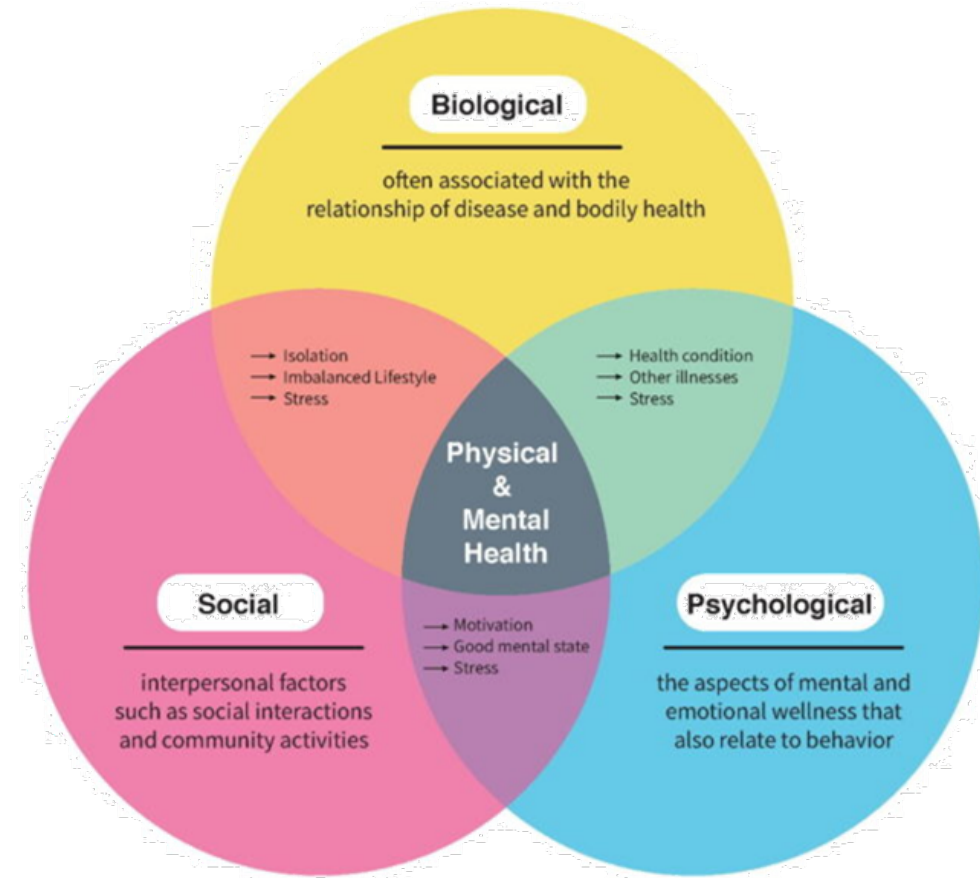
³[Physical health and mental health | Mental Health Foundation](http://www.mentalhealthfoundation.org)

From Long-term conditions and mental health: the costs of co-morbidities
<http://www.centreformentalhealth.org.uk/long-term-conditions>

© Centre for Mental Health, 2015

MH AND PHYSICAL CONSIDERATIONS

Biopsychosocial model of physical and mental health



Graphic: Chrystie Tyler

[Three Aspects of Health and Healing: The Biopsychosocial Model in Medicine | Department of Surgery | Washington University in St. Louis \(wustl.edu\)](#)

Copyright © Disability Management Employer Coalition (DMEC). All rights reserved.



BEST PRACTICES EMPLOYEES WITH CHRONIC DISEASES

Flexibility with accommodations is crucial

CANCER BEST PRACTICES

Be supportive—A supportive work environment is positively associated with a higher rate of cancer survivors returning to work, so what employers do will matter to the health of the employee and to the health of the business. Be sure to communicate openly and candidly before, during, and after treatment, and develop a clear work plan with the employee about what you each expect during the course of treatment or a leave of absence.

Establish a point person—Establish a process and guidelines for contacting the employee related to updates on their status, as well as any critical issues that may need their input or assistance. It may be necessary to have the employee identify someone in their family or their care network who can be the main point of contact on job-related matters.

Respect their privacy—Everyone has different preferences on how public or private they want to be about their diagnosis. It is a good idea to talk to your employee about whom they plan to tell (or not to tell), so you can respect their wishes around disclosure. You should never reveal medical information about your employee to peers or coworkers.

Make resources and benefits clear — Provide a coordinated site or resource sheet to make them aware of how to access benefits such as leave, disability, critical illness insurance, or how to make an accommodation request if needed. Provide them with information on any other resources such as any cancer-specific programs offered through the medical provider, as well as Employee Assistance Programs (EAPs) or known community resources.

Consider the work environment — Some employees will want to work through treatment or return-to-work as soon as possible. Understand that this may require some reasonable accommodations to help the employee adjust, such as schedule modification, leave time, remove travel requirements, etc. Develop and provide a stay-at-work and Return to Work program to allow employees to remain working during treatment and return-to-work. Some cancer patients might be at increased risk of serious illness from an infection because their immune systems can be weakened by cancer and its treatment. Ensure that employees have specific restrictions from their provider when considering accommodations for essential workers.

MH BEST PRACTICES

Strategize & establish the foundation:

Mental health vendor summit—vendors (medical plan, pharmacy, disability, EAP, disease management, etc.) meet to focus exclusively on solutioning mental health challenges.

Industry thinktank summit—industry peers (health care, manufacturing, retail, technology, etc.) convene to share best practices relevant to their workforce's unique needs.

Establish a network of mental health allies—colleagues who volunteer to consult with peers who are struggling with their mental well-being. The person may have a personal experience, serve as a confidant, or have a deep understanding of employer resources. A visual indicator is placed on a name badge, email signature, office, etc. to self-identify as an ally.

Mental health champions—similar to organizations who have “wellness champions,” these individuals help leaders design and implement programs, training, and services that promote a healthy workplace culture.

Employee resource groups—expand/add groups specific to child care, elder care, mental health, etc.

Enhance benefit & plan offerings:

Mental Health Parity and Addiction Equity Act—employer health plans should be aligned based on headcount to include enough psychiatrists and other behavioral health providers to serve their workforce.

Waive behavioral health copays—to remove barriers preventing people from receiving help.

TeleHealth—to enhance connectivity to care providers and convenience for patients.

Expand EAP services—increase number of complimentary sessions, offer on-site counselors to provide convenient in-the-moment support.

Offer apps—employer-paid subscriptions that focus on meditation, sleep, and resiliency.

Mental health days—create a bank of hours that employees can take without advance notice.

Return to work program—transition plan that is well-defined, productive, incremental, manager-supported to help rebuild stamina, self-worth, and confidence leading to sustained work capacity.

Financial wellness program—address/mitigate stress associated with finances, student loan debt, etc. Prudential offers comprehensive FW services.

Training for All:

Mental health first aid training—workshop that teaches people to understand and respond to people in distress.

Mental health training for managers—provides managers the knowledge and skills to respond to issues.

Center for workplace mental health—Right Direction program developed for and by employers, includes easy-to-implement, customizable resources and materials focused on depression (e.g., guides, PP decks, proposals to leadership, posters). ICU translated as “I See You” is a free stigma awareness training.

MH BEST PRACTICES

Promote mental well-being:

Focus on mental health year-round—September (National Suicide Prevention Month), October (Mental Illness Awareness Week, World Mental Health Day, National Depression Screening Day), November/December (combat holiday and seasonal stress), April (Stress Awareness), May (Mental Health Awareness), June (LGBTQI Pride), July (National Minority MH Awareness)

Highlight Internal Resources—on benefits site/intranet (e.g., EAP, telehealth, etc.)

Promote national crisis & specialty resources:

988 Suicide & crisis lifeline—988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress

Crisis text line—text TALK to 741741

Veterans crisis line—800-273-8255 – Press “1”

National domestic violence helpline —800-799-7233

The Trevor Project—For LGBTQ youth, friends, and family members
866-488-7386

Suicide prevention strategies and tools:

Establish programs, policies, and interventions that will prevent as many suicides as possible (e.g., American Foundation for Suicide Prevention’s Project 2025 widely publicize the National Suicide Prevention Lifeline at 988.)

Shifting organizational culture:

Connection circles—informal weekly meetings (limit size to 12) for 45 minutes to support, share coping strategies, and learn from each other.

Meeting-free days —establish a day/week (such as Fridays) when no one within the organization schedules a business meeting.

Shorten meeting time—avoid scheduling meetings that start/end at the hour; consider 45-minute mtgs to allow for mini breaks throughout the day.

Therapy dog program—help employees decrease anxiety and reduce stress with therapy dogs who visit on-site office locations.

Free lunch—provide healthy meal options for employees who work on site; leverage vouchers for remote workers.

Promote time-away—use technology to send monthly/quarterly automatic PTO balance reminders to employees and their managers; offer incentives for employees to take 5 calendar days off in a row and ensure workload is covered by team during time off.

Flexible work options—develop/apply policies and procedures that account for individual circumstances.

Reward and recognition programs—increase/expand current ways of saying Thank You to employees.

Have fun!—develop fun activities on a regular basis (e.g., bingo, celebrate holidays, virtual happy hour).

MSK BEST PRACTICES

Recommended to address depression, and other psychological factors that may be present, as part of the MSK pain management program¹

- Create ergonomic workstations-including for those who WFO²
 - Ergonomic assessments, training and equipment
 - Encourage movement (take regular breaks and stretch)
 - Provide financial assistance for remote employees to set up workstations
 - Educate employees on risks of poor ergonomics
- Non-desk jobs:
 - Provide info on proper lifting techniques
 - Provide mechanical lifts where appropriate for physical jobs
 - Provide adjustable workbenches
 - Schedule more breaks
 - Allow time for rest and recovery
 - Rotate workers in jobs to reduce fatigue and decrease likelihood of injury
- For all employees:
 - Promote and provide time off for doctor visits
 - Offer virtual PT and other care services (e.g. MH)
 - Create a culture that supports overall employee health – physical and mental



¹Costa F, Janela D, Molinos M, Moulder R, Bento V, Lains J, Scheer J, Yanamadala V, Cohen S, Dias Correia F Impacts of Digital Care Programs for Musculoskeletal Conditions on Depression and Work Productivity: Longitudinal Cohort Study J Med Internet Res 2022;24(7):e38942 URL: <https://www.jmir.org/2022/7/e38942> DOI: 10.2196/38942

[2Help prevent employee musculoskeletal conditions | Kaiser Permanente](#)

MSK BEST PRACTICES

Promote physical activity¹

- Encourage exercise-make it easy for employees
 - On site gym, exercise classes, yoga, stretching, corporate gym memberships

Early diagnosis and treatment

- Easy access to physical therapy and medical care

Identify causes MSK issues at work

- Preemployment assessments, adjusting workstations, early access to treatment, reduced hours, cross training

RTW programs

Education

- Benefits of exercise, healthy eating, overall wellbeing, healthy lifestyle choices



¹ [How to support staff with musculoskeletal disorders - Employee Benefits](#)

MSK ACCOMMODATION BEST PRACTICES

- Permitting the use of accrued paid leave or additional unpaid leave for treatment or recovery
- Modified work schedule
- Increased breaks
- Provide access to on-site occupational/physical therapist
- Reduced exposure to targeted physical tasks—implement a “buddy system” to help with lifting, as an example
- Temporarily reallocating the employee to mentor and/or provide new hire training
- Temporary modifying of duties, such as moving employee to less-strenuous tasks and gradually increasing tasks, as restrictions increase
- Assisting with managing or negotiating workload
- Change in shifts
- RTW advocate for the employee
- Reassigning an employee to an equivalent position



Open dialogue with the employee is key to a successful return-to-work.

DIABETES BEST PRACTICES

According to the JAN (Job Accommodation Network) you can support employees with diabetes by¹:

- Allowing for medication management
 - Space for storing medications such as insulin and/or food
 - Provide a private area to test blood sugar levels and administer insulin
 - Provide appropriate containers for disposal of needles/syringes
- Provide an area for rests or recovery from hypo/hyperglycemic episodes
- Allow frequent breaks as needed (e.g. for food, testing, etc.)
- Provide healthy food for meetings and office-sponsored events and reward programs
 - Consider food offered in vending machines/cafeteria if available on site
- Review and adjust policies involving food storage and consumption while at work
- Allow service animal access
 - Alert individual if blood sugar is too high/low and can also retrieve needed supplies for an individual in need of food/drink or emergency kit²



¹[Diabetes \(askjan.org\)](http://askjan.org)

²[Diabetes is Ruff: Diving into the World of Diabetes Service Dogs \(diatribe.org\)](http://diatribe.org)

DIABETES BEST PRACTICES

- Modify tasks for employees experiencing neuropathy
 - Reduce need for fine finger dexterity
 - Provide protective clothing and equipment
 - Reduce need to use sharp objects
 - Provide anti fatigue mats or padded carpet
 - Ensure proper fit and replacement of steel toed boots, if required
 - Allow sit/stand option
 - Consider parking adjustments
 - Consider temperature changes in work area (hot/cold) and if someone works indoors or out
- Fatigue/Weakness
 - Regular breaks
 - Reduce strenuous activity
 - Provide rest area
 - Job sharing
 - Shortened day/work week
- Vision Impairments
- Kidney disease
 - Easy access to restroom, flexible schedule for dialysis if needed, telework option
- Cognitive Limitations (job restructuring, written instructions, job structure, minimize distractions)
- Psychological limitations (reduce stress, allow time for treatment including counseling appointments)

¹[Diabetes\(askjan.org\)](http://Diabetes(askjan.org))



DIABETES BEST PRACTICES

Employers:

- Allow employees to take necessary time away from work to visit their provider. Individuals with diabetes requires frequent visits with their provider(s) for proper care.
- Ensure that employees know where to turn for Mental Health support and care.



Employees:

- Employees who think they may have depression or anxiety should get in touch with their doctor right away.
- Employees can lower stress and anxiety by:
 - Getting active: even a quick walk can be calming, and the effect can last for hours.
 - Doing some relaxation exercises, like meditation or yoga.
 - Calling or texting a friend who understands you (not someone who is causing you stress!).
 - Grabbing some “you” time. Take a break from whatever you’re doing. Go outside, read something fun—whatever helps you recharge.
 - Limiting alcohol and caffeine, eating healthy food, and getting enough sleep.
 - Anxiety can feel like low blood sugar and vice versa. It may be hard for you to recognize which it is and treat it effectively. If you’re feeling anxious, try checking your blood sugar and treat it if it’s low.

¹[Diabetes \(askjan.org\)](http://Diabetes(askjan.org))

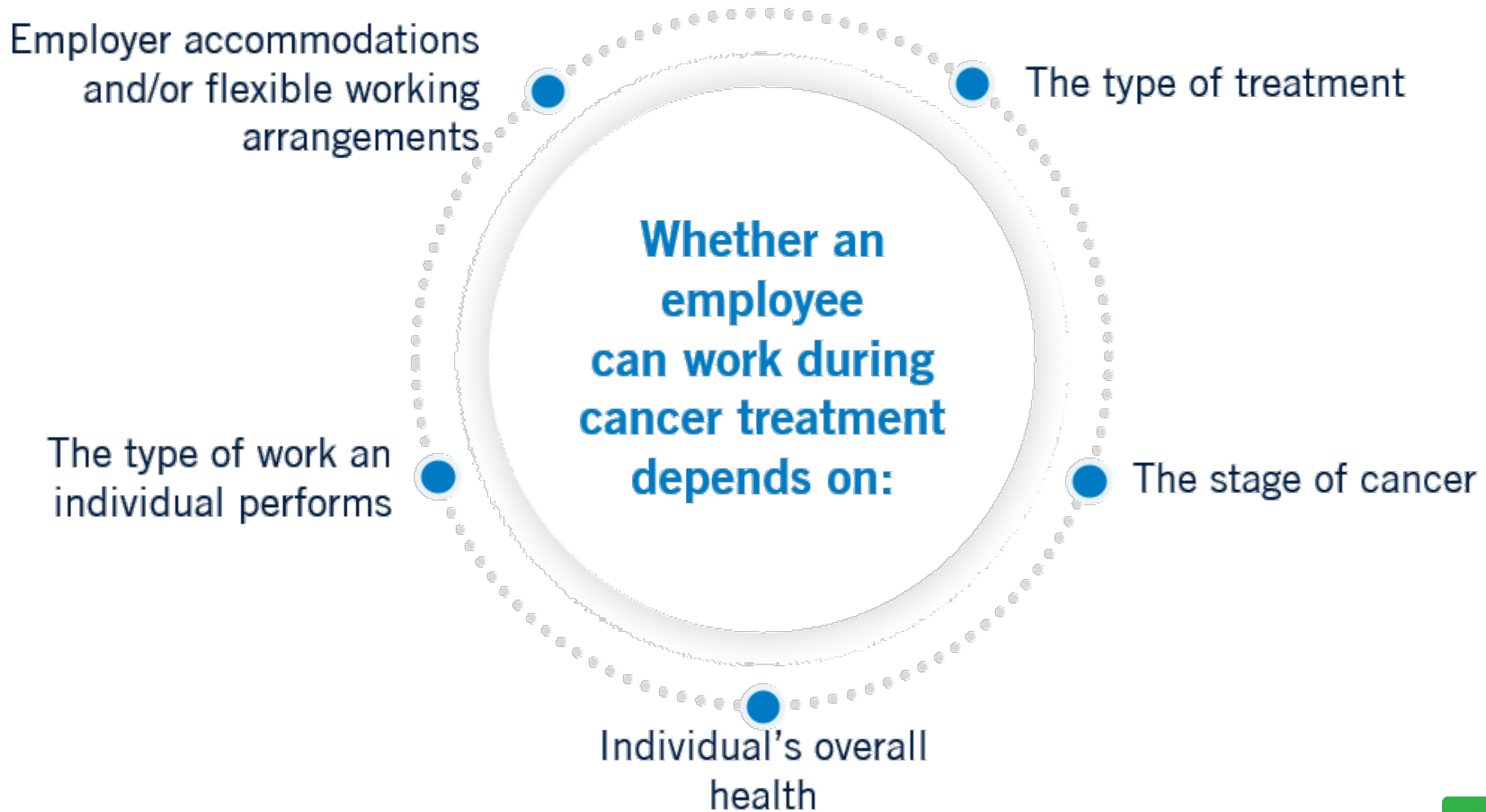
APPENDIX - RESOURCES

NAVIGATING BENEFITS FOR EMPLOYEES WITH CANCER

Diagnosis of Cancer



CANCER STAY AT WORK CONSIDERATIONS



MUSCULOSKELETAL & CHRONIC PAIN BEST PRACTICES

What are other employers doing?

- **Musculoskeletal Vendor Summit**—vendors (medical plan, pharmacy, disability, EAP, disease management, etc.) meet to focus exclusively on solutioning MSK challenges and share best practices
- **Partner with Weight Watchers** (or similar organizations) to create a fun competition for employees to reduce their weight, improve MSK pain, prevent osteoarthritis and other degenerative conditions, and improve overall health
- **Industry Thinktank Summit**—industry peers (health care, manufacturing, retail, technology, etc.) convene to share best practices relevant to their workforce's unique needs
- **Corporate Athlete Program**—program that teaches people to increase their stamina and energy, and prevent MSK injuries
- **Bone and Joint Awareness Communications and Promotion**—promote musculoskeletal care with vigor similar to heart diagnoses like Heart Health month, (e.g., recognize World Spine Day in October with a theme of Get Spine Active!)
- **Promote Stretching and Exercise at Work**—to reduce the risk of musculoskeletal injuries by reducing fatigue, improving muscular balance and posture, and improving muscle coordination (e.g., 11 Injury Prevention Exercises You Can Do At Work)
- **Occupational/Physical Therapy On-site Sessions/Office Hours**—on-site therapists provide convenient in-the-moment support and RTW handshake, monitor and provide suggested ergonomic solutions (e.g., through vendors such as Briotix Health)

MUSCULOSKELETAL & CHRONIC PAIN BEST PRACTICES

What are other employers doing?

- **Transitional Return to Work Training for Managers**—provides managers the knowledge and skills to respond to requests for RTW with short-term modifications. Pru offers this complimentary one-hour training in person or virtually
- Add Coaching to Benefits Offering on topics such as musculoskeletal condition prevention
- MSK Telemedicine/Virtual Physical Therapy to enhance connectivity to care providers, convenience for patients, improve clinical outcomes (e.g., pain reduction), and avoid costly surgeries (e.g., vendors such as Hinge Health and Sword Health include services focused on prevention, acute injury care, chronic MSK management, and pre- and post-op rehab)
- Caregiving Benefits including backup childcare and elder care
- Waive Off-Site Physical Therapy Copays to remove barriers preventing people from receiving help
- Return to Work Program that provides a transition plan that is well-defined, productive, incremental, and manage/supported to help rebuild stamina and confidence leading to sustained work capacity
- **Financial Wellness Program**—address/mitigate stress associated with finances, student loan debt, etc. Pru offers comprehensive FW services

DIABETES RESOURCES

Video: [Managing Stress](#)

[10 Tips for Coping With Diabetes Stress](#)

[How to Help a Loved One With Diabetes When You Live Far Apart](#)

[Depression and Anxiety](#)

[Mental Health Provider Directory](#)

[Research Brief: Screening for Depression and Diabetes Distress Type 2 \[PDF – 222 KB\]](#)

[Dealing With Diabetes Burnout](#)

[CDC Diabetes on Facebook](#)

[@CDCDiabetes on Twitter](#)



tori.weeks@prudential.com



naishami.patel@prudential.com



wendy.coduti@prudential.com



elana.mendelssohn.gara@prudential.com

TORI WEEKS, CEAS



Senior Director Health & Productivity Analytics Consulting Practice – West Premier and NAO

Located in Scottsdale, Arizona, Tori Weeks joined Prudential's Health and Productivity Team (HPAC) in July 2018, supporting the West National/Premier Region. Tori has an extensive background in Human Resources, coming from The Ohio State University, one of the largest universities in the country. Tori leads the team of Regional Directors for HPAC across the nation and works alongside our customers' HR teams to help with all aspects of lost time and absence management (data gathering, lost time trend analysis, industry benchmarking and overall ongoing plan management, measurement and return to work/stay at work development).

Tori directed the Integrated Absence Management & Vocational Services and Unemployment Program for The Ohio State University's Office of Human Resources. She has more than 27+ years' experience in benefits services, including retirement, executive compensation, deferred compensation, workers' compensation, family and medical leave, disability management, and unemployment benefits.

Tori oversaw a team of approximately 18 clinically licensed and professional staff members who support Integrated Absence Management & Vocational Services; short- and long-term disability, workers' compensation, unemployment, and family medical leave administration.

Among her accomplishments, Tori designed and developed The Ohio State University and The Ohio State University Wexner Medical Center's Transitional Work Policy for its 35,000+-member workforce, which saved the university \$4.2 million within the first twelve months with continued savings of approximately \$23 million. Tori initiated movement in an effort to change Ohio legislation through HB487 to permit University hospitals to self-insure workers' compensation, which was signed and enacted by Ohio Governor John Kasich, on September 1, 2012, making The Ohio State University the first public institution to self-insure workers' compensation in the state of Ohio.

WENDY CODUTI, PHD, CRC



Wendy Coduti, PhD, CRC, is a Regional Director for Health, Productivity, Analytics and Consulting (HPAC) at Prudential Financial, Inc. Wendy works with employers in maximizing productivity and minimizing absence through the development of absence and disability management programs. Wendy has a master's degree in Labor Relations/Human Resource Management and a doctorate in Rehabilitation Counseling Education. Prior to joining Prudential in the fall of 2022, Wendy was an associate professor at Penn State University where her teaching and research revolved around absence management, mental health in the workplace and aging workers. Before entering academia, Wendy spent the first half of her career managing leaves of absence as an employer, human resource benefits, and private vocational rehabilitation.

NAISHAMI PATEL, DO



Naishami Patel, DO is excited to have joined Prudential's Disability & Life Medical Support Team in the role of Vice President, Medical Director. Dr. Patel comes from a decade of clinical experience as a Board-Certified Family Medicine Physician. Her clinical experience includes working for four years as an On-Site Physician at Prudential's Health and Wellness Clinics. Dr. Patel brings her clinical knowledge and experience in the fields of primary care, occupational, and urgent care to the world of insurance medicine. In her free time, Dr. Patel loves being with her family. Her favorite ways to spend her time include cooking, reading, and traveling.

DR. ELANA MENDELSSOHN-GARA



Elana Mendelsohn-Gara is a Vice President & Medical Director at Prudential Financial where she is a part of a team of professional resources with clinical, medical, behavioral health and vocational rehabilitation expertise. The physician team assists the clinical and claims staff with by providing leadership and insight into assessing risk, determining capacity to work, and offering educational initiatives and support.

Elana graduated from Tufts University in Massachusetts with a BA degree in Clinical Psychology. She graduated with her PsyD degree from Nova Southeastern University with a focus on neuropsychology and completed a two-year post-doctoral neuropsychology program. She is a licensed psychologist with many years of clinical experience in the field of clinical psychology and neuropsychology. In 2002, she began her career in disability insurance and worker's compensation at Kemper National Services. Since that time, she has worked as a consultant to numerous insurance carriers and third-party administrators providing physician review services, enhanced case management, quality assessment, and educational opportunities before joining Prudential in December 2020.

When not at work, Elana enjoys being with her family and friends, streaming shows, and listening to music.