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Special Report: Disease Management

Health professionals strive to solve the disease management puzzle

Companies take different routes to same destination

Disease management (DM). The concept makes so much sense because it helps employees address the challenge of chronic disease, optimize their health, and avoid costly and debilitating complications.

Making good on the promise is another matter. Many different types of programs have been created and implemented over the past few years — some more successful than others. But with each program and each study, the literature builds and our knowledge becomes more sophisticated. The value of technological advances, of course, is impossible to overplay.

In this special report, we'll look at three distinct DM approaches that represent some of the latest thinking in programming.

What's inside

In our first story, we'll see how a cardiovascular DM program offered by a Connecticut utilities company has been integrated into an existing — and highly successful — wellness program.

Next, we'll learn how a pharmaceutical benefits company in Arizona has combined the principles of self-care with active physician involvement to reduce costs, emergency department visits, and hospital days, and help employees who suffer from asthma.

Finally, we'll look at a DM approach at an investment company that turns the managed care paradigm upside down — an approach with a decidedly clinical bias, as opposed to a monetary one.

We hope you will enjoy these articles, and that you will find within their pages information that will help you help your employees manage their chronic conditions. As always, we welcome your comments. ■

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Cardiovascular program merged with wellness

DM module targets coronary artery disease

A cardiovascular disease management (DM) program that targets employees with coronary artery disease has been merged into an existing wellness program at Northeast Utilities (NU) in Berlin, CT, and early returns indicate that each program is being strengthened by the other.

The DM program was designed by Cardium Health Services of Simsbury, CT. The existing wellness program at NU, WellAware, was designed by Pro-Fitness\HealthSouth, a Norwalk, CT-based subsidiary of Birmingham, AL-based HealthSouth.

“Northeast Utilities and Pro-Fitness\HealthSouth have been doing business for eight or nine years,” explains **Tom Sabia**, chief operating officer of Pro-Fitness\HealthSouth. “We’ve established two on-site corporate fitness centers of about 10,000 square feet each.” About 800 of NU’s 9,000 employees, spread out over a tri-state area, are dues-paying members.

The WellAware program itself is in its fifth year, notes Sabia. “We began with a needs assessment, conducted a modifiable claims audit of health care costs, and looked at which were lifestyle-related,” he notes. “Then, using proprietary software, we determined which were modifiable. About 30% were lifestyle-related, and 40% of those were modifiable. We decided that over four years, we could probably impact 20% of those modifiable claims.”

Using that number as a budget projection, the company designed and developed a program focusing on several identified areas: weight, sedentary behavior, cholesterol, blood pressure, and smoking. Health risk appraisals were conducted, and an incentive structure was created for the program.

KEY POINTS

- Successful pilot program leads to full-scale implementation.
- Electronic record is created to customize treatment for each employee.
- Wellness, disease management programs are each strengthened by the other.

“Partway into the program, NU and Cardium got together,” recalls Sabia. “They did a pilot program, which was really successful and got a lot of fantastic comments. We were asked to look at it from a programming basis, [and] said, ‘Absolutely, this is fantastic stuff!’ Now, we’re even pitching it to our other clients.”

How the program works

Cardium Health Services was founded in 1996 and began working with NU in 1998. “We identify individuals who have a diagnosis of coronary artery disease,” notes **Mark Matthew Fulco**, MPA, senior vice president at Cardium.

Cardium identifies those individuals by searching for specific medical claims codes as confirmation. “We also work closely with the wellness program, the disability insurance group, and claims administration,” Fulco adds. “We cast a pretty broad net to find individuals who have had a coronary event. We try to find those with a recent event, so we can turn things around in good fashion.”

When the program is introduced, correspondence goes out to employees through company newsletters and posters, directing them to contact a counselor or to log on to the Cardium Web site (www.cardiumhealth.com) or the company intranet. “The pass codes are client-specific,” explains Fulco. “Employees can look at the program, take a quick screening to see if they are eligible; and if they are, they then sign up. A

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counselor will contact them within 24 hours. If they do not qualify, they are directed to other value-added programs.”

Specifically identified employees usually get a letter from the company’s medical director. They are invited to participate. If they agree, Cardium will obtain their medical release and begin to work with the employee’s physician.

“We want to learn about their treatment plan for the patient, so we can integrate it with what we do,” Fulco observes. “We get a high level of buy-in from the docs, because we both have the same goal of delivering an excellent outcome.”

Using a proprietary software system to create what Fulco describes as “a true electronic record,” Cardium creates a profile of the individual employee in order to customize the DM program. “For example, we talk about social matters and lifestyle — even to the point of who prepares the employee’s meals, so we can talk with them,” he says. The employee is assessed from a clinical, medical, and social standpoint. “We also assess readiness to change, and willingness to accept recommendations,” says Fulco. “All of this is inputted into our system and drives the pathway.”

Patient specifics

Using protocols approved by organizations such as the American Heart Association as a foundation, Cardium then adds overlays that are specific to the patient. “When we have a smoker, we will risk-stratify that through the computer,” says Fulco. “Then, we look at how willing they are to change, based on the assessment. The pace of the program is also based on readiness and willingness to change. Then, we will administer the program and monitor the employee’s progress. If they’re not doing well with a particular intervention, we will continue to try others until we achieve success.”

The Cardium program includes diet and exercise plans and medication compliance. In addition, there are specific modules targeting diabetes, smoking cessation, and so on. “Our goal is 50% reduction in rehospitalization,” Fulco asserts. “So far, we’ve been very successful with all of our clients.”

Elizabeth Monahan, MA, program director for WellAware, has played an instrumental role in integrating the Cardium program into her existing offerings. A comprehensive wellness program, WellAware includes both employees and spouses.

The HRA is a key component, as are health education and fitness activities. The program incorporates technology such as on-line guidebooks and videos.

“I definitely think there is a fit in terms of our common goal of hopefully reducing health care costs,” she notes. “From NU’s perspective, there’s a fit because we are able to capitalize on Cardium’s ideas. On the other hand, WellAware was already up and running and had an established reputation with the employees. So it made sense for it to fit within the overall program. People get it; it’s a health-enhancing activity.”

From an administrative standpoint, if Cardium has any questions or is having difficulty identifying potential participants, Monahan is their first point of contact. “I’ve been here for 10 years, so I know a lot of people,” she explains. “In fact, one of the things that made the proposal more appealing to NU management was that we could support the administration of the Cardium program. And in terms of promotional communications, we already had site contacts set up; that network already existed.”

“We have ongoing communications with the wellness department,” adds Fulco. “We review the successes, and see if there are ways to improve the program. For example, during one brainstorming session, we discussed the fact that we had had great success with our smoking cessation module, and had received requests from employees who were not in the coronary disease management program. Elizabeth asked if we would consider offering it as a stand-alone program. We said yes, and now we have that program in place.”

On the other side of the coin, while WellAware is incentive-based, the Cardium program is not. “The incentive structure is the mortar behind our program,” notes Sabia. “NU has 67 locations; if you want parity, you must make a major effort to get information out. Incentives encourage communication because every time somebody participates in a program they get rewarded, either through a response letter or a \$150 check.”

“We’ve talked with Cardium about their participants being eligible for the same incentives,” says Monahan. “One thing we’re trying to learn is how to better mesh the programs so we don’t confuse employees. I have a feeling we’ll go that way and use participation in the Cardium program as an additional incentive.”

The success of the pilot program was one of the key selling points for formal implementation, recalls Monahan. “We didn’t want to identify

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specific people, so we just sent out a mass communication to solicit enrollees. We let employees know about the program through our sitewide e-mail and through our on-site advocates." About 15 employees signed up, and none of the participants has had an additional hospitalization or a new coronary incident, Monahan notes.

The full program was launched in January. "About 140 people are enrolled and participating, and another 150 are pending," Monahan says.

She adds that her staff have already learned valuable lessons from the Cardium experience. "It has reinforced the idea that stress is a key issue," she notes. "Cardium is now trying to put together a stress management module. Also, we've gained additional information about employees' attitudes about nutrition."

"Another reason we like the Cardium program so much is that its approach is the same as ours: identifying and helping high-risk employees," adds Sabia. "We hope we will soon see another opportunity to wave the flag with Cardium; we all just met to strategize ways to enhance participation."

He adds that a program like this, by its very nature, must be handled in an "easy-does-it" fashion. "The way this is done is highly sensitive; you're dealing with a small percentage of the population," he explains. "You don't want to make waves; it's a 'slow buildup' kind of thing. You have to get claims to identify people, and then very carefully contact them in a confidential way and follow up with phone calls."

As for Cardium, they are now beginning a new venture with the South Carolina Local Government Assurance Group, a self-funded health insurance program sponsored by the Municipal Association of South Carolina. "This will be one of the first forays into wellness/disease management for a cooperative of municipalities," Fulco observes. ■

Special Report: Disease Management

Asthma program reduces costs, improves health

Health plan sponsors see a 4-to-1 return

A study of 1,811 people who participated in Scottsdale, AZ-based PCS Health Systems' Healthy Results asthma disease management (DM) program for one year showed that the program reduced emergency room visits by 17%, hospital admissions by 14%, hospital days by 21%, and the number of doctors' office visits associated with asthma by 22%.

PCS is one of the nation's largest pharmacy benefit managers, and provides the program on behalf of its health plan clients. Some plans put their name and PCS's on the program, while others just put PCS on the introductory letters.

The reduction of medical expenses represented more than a 4-to-1 return on investment for the health plans that sponsored the program, or a net savings of nearly \$150 per enrollee.

In addition to decreasing overall asthma-related costs, program goals include helping patients control asthma symptoms and encouraging the appropriate use of over-the-counter and prescription medication. "The program clearly shows that medical cost savings and improved quality can go hand in hand," notes **Marsha Moore**, MD, PCS' senior vice president and chief medical officer.

A series of educational booklets and other written materials are at the heart of the Healthy Results program, explains **Dan Sullivan**, MD, assistant vice president and health management services for PCS.

"Taken together, they represent the core patient education materials that people with asthma should have," he says. The information is distributed throughout the year in several

KEY POINTS

- Hospital visits, length of stay, and physician visits are all significantly reduced with asthma program.
- Self-care strategies, close working relationship with doctors drive program to success.
- Printed materials are kept concise to ease comprehension and encourage compliance.

separate booklets “so participants can get small, digestible pieces that they complete in each time period,” he explains. Those pieces, which can be read in one sitting, are divided in a manner similar to that found in other PCS DM programs:

- **Explaining the disorder.** The important aspects of asthma are outlined, not only for adults but also for children. In addition to explaining what can be expected if asthma is managed correctly, it explains to children that asthma is nothing to be ashamed of, and that it’s not anybody’s fault.

- **Medication.** What medications you may be taking, how to use them and when, and common side effects.

- **Other actions you can take.** Discusses things the patient can control, such as avoiding allergens, what to do on high-pollution days, and information about flu shots.

- **How to identify when you may be getting into trouble.** How to handle the problem on your own, and when you should call a doctor.

The organization of the information is one of the strengths of the program, says Sullivan. “You’re not confronted with 80 pages at a time, but 12 or 16,” he notes. “The folks who helped us design these booklets — who are experts in adult ed — have advised us as to just how much people will absorb in one chunk.”

Not exactly self-care

It would not be accurate to call the program “self-care,” says Sullivan, because of the heavy physician involvement.

After asthmatics are identified primarily through pharmacy claims data, the physician who manages the patient receives information from PCS. This includes general information about current guidelines for management, as well as tools to help them help their patient.

“For example, we provide a blank form they can copy to fill out each patient’s asthma action plan,” says Sullivan.

This written plan will be constructed according to guidelines established by the National Institutes of Health; those guidelines vary with the severity of the case. PCS also provides patient-specific drug histories for the last six months. “This will let the doctor see if the patient has been filling the prescriptions he should, as often as he should,” says Sullivan. “Or, perhaps he may be using his ‘rescue meds’ too often.”

The fact that both the patient and the doctor

SOURCE

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are intimately involved with the program is one of the keys to its effectiveness, Sullivan asserts. “The doctor gets our feedback and feedback from the patient, and the patient knows the doctor will be keeping track of his progress,” he explains.

He also notes the importance of “the efforts we made to make the materials truly understandable, and understanding how patients react to the disease.” The printed materials also repeat basic messages, such as: “Remember to take your long-term medications, even if you feel well. The experts agree that if they could just get the patients to take their long-term control meds, to take precautions on foggy days and to call their physician if the peak flow meter is off, they’d be 100% better,” Sullivan says. “We just take those small messages and try to communicate them throughout the program.”

PCS appears to be on the right track: Nearly 70% of the survey participants said they would use the information they received from PCS. ■

Patient-specific program offers multiple benefits

Program emphasizes clinical care, not costs

It has saved Merrill Lynch & Co. over \$6 million in direct medical costs for high-cost cases over a period of five years. It has helped the rate of large claims (more than \$50,000) at the financial services company steadily decline, and has dropped medical costs per employee to about \$3,600 — well below average for a company that size.

“It” is a unique approach to employee health care that has been adopted by companies such as Marriott International Inc., Sears, Roebuck & Co., and Circuit City Stores Inc., covering a total of 700,000 individuals.

This approach is being pioneered by New York City-based ActiveHealth Management Inc. The company’s mission is to give doctors timely, patient-specific information so they can make better clinical decisions.

KEY POINTS

- Merrill Lynch saves over \$6 million in five-year period.
- System specializes in identifying workers with disease and assessing interventions.
- Technology provides health care professionals with real-time updates.

Founded in 1994, the company was renamed ActiveHealth in October 1998. “We’re a unique player; we don’t do what others do, but we make the things they do a whole lot better,” explains **Charles Blanksteen**, vice chairman of ActiveHealth. “Our systems sit on top of the others. We help them find cases where there has been clinical oversight, a gap in care, a treatment missing or a test that should be given, or medications that shouldn’t have been given in combination.”

ActiveHealth employs an extensive data management system. “We acquired a company called Health Data and Management Solutions in Cleveland,” notes Blanksteen. “We scrub [organize] all the data that come in from lab companies, like tests and values, and drug companies — names, dosages, histories — and health plans and disease management programs. All of the data are organized and put through our warehouse so we can access it to find the people with diseases and get them into the right program.” This high technology, says Blanksteen, is backed up by “people power” — 50 professors of medicine.

“The big problem with chronic disease management is that you can’t find the people; the false positives are brutal,” says Blanksteen. “Then, if you do find them, you have to tune your wellness and disease management efforts to both the main disease and the comorbidities. Without that, compliance is so limited.”

ActiveHealth has no intention of taking the place of managed care organizations. “By definition we are trying not to replicate what the current system does so well,” he says. “They handle the dollar part; they’re quite able to manage the money, the resources, the modality of care. We follow and track the patient through clinical means, not through fiscal means. You don’t have to spend a lot of money to find what you need. It also means that as the patient progresses and regresses, we follow them and adjust interventions. Many other programs are static; ours gives

us the ability to manage emerging comorbidities.”

One of the key tools ActiveHealth offers is a private health record. “We prepopulate it with your information and then we redo it,” says Blanksteen. “To do this in real time is very key to compliance. You must find the patient, find out what’s wrong, but third, you need an infrastructure so that multiple people can look at same thing at the same time. And the patient can be clued in with very real information in real time, as well.”

The programs typically are run by nurses and physicians, each of whom have computer systems they use for patient tracking. “We offer an Internet browser system [they can access],” Blanksteen explains. “In other systems, the case manager, the medical manager, and the utilization manager all have their own systems that don’t talk to each other, so they miss the clinical part altogether.”

Interfacing with other vendors

Typically, when ActiveHealth becomes involved with a company, the employer will ask the health plan and the care management process to link up with them.

Has Blanksteen seen resistance on the part of HMOs, who traditionally have strived to limit utilization? “Initially, the difficulty we have is the same you face with any new technology: The response is, ‘We do that,’” Blanksteen observes. “Then we show them the system, and they say, ‘Oh.’”

“Once they see we’re adding a whole new dimension to what they do, we have a friend,” he continues. “For example, nurses use their clinical judgment, but it’s applied to asking whether the person is in the right setting. Their clinical judgment is, do they need to be there? Our is, is the care they are getting correct?”

Blanksteen asserts that 99% of ActiveHealth’s recommendations are not debatable. “If a post-MI [myocardial infarction] patient is not on an ACE inhibitor, they should to be,” he notes, “but half the people in country are not.”

By its very design, the ActiveHealth system will save money, Blanksteen notes. “Most patients will get the right care eventually,” he concedes. “But it’s a lot less expensive to do it right the first time.”

One of the main problems with the health care system is that care is not standardized, he notes. “You can have the same symptoms in two patients five feet away from each other in the

SOURCE

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same hospital, and they will not get the same care,” he asserts.

Instead of retrospective utilization review, the ActiveHealth system seeks to stop a problem before it starts — before, as Blanksteen puts it, “the horse is out of the barn. We are on a completely different time frame.

“Now, you could wait for a diagnosis of diabetes,” he continues. “You could treat it when it can easily be controlled, or when it’s really dangerous and there are a whole lot of comorbidities. We’ve discovered a way to find those people in time to help them.”

It doesn’t take much to save a whole lot of money, Blanksteen notes. “A very small number of patients go wrong, but one half of 1% of the patients are responsible for 25% of the costs. In the corporate setting, if we find the right people, it will really pay off.” ■

Over-the-counter meds cut absences, lost time

Availability keeps 86% of employees on the job

Having over-the-counter (OTC) medications available for employees may seem a small matter in the wide spectrum of wellness strategies, but it can make a huge difference in reducing illness and boosting productivity. That value is further enhanced when such medications are dispensed by an occupational health nurse.

KEY POINTS

- On-site occupational health nurses enhance the value of providing over-the-counter (OTC) meds.
- Employees are in strong agreement that access to OTC meds is a valuable benefit.
- Easing headaches, muscle aches, upper GI complaints keep employees at their peak.

A recent survey of 257 hourly workers at an automotive manufacturing plant showed that 86% of those employees reported staying on the job when they had convenient access to OTC medications within their nurse-managed program. When those medications were distributed to employees, the employees said their symptoms were reduced enough so they could stay on their jobs and finish their shifts. **(For more highlights from the study, see box on p. 104.)**

“There was a very strong agreement among workers — and this was a random sample from over 10,000 employees — that having the OTC meds available on the work site was a very valuable benefit, and did help them stay on job when they were not feeling well,” says Yvonne Abdo, RN, PhD, assistant professor at the University of Michigan School of Nursing in Ann Arbor, and author of the study. The study was funded by Textilease Medique, a Skokie, IL-based pharmaceutical firm.

Abdo says she was surprised at the high level of agreement among workers about the value of having the medications available. “I knew that occupational health nurses felt providing such services were valuable, but the employees verified that,” she observes.

What type of OTC medications was available to those employees? “There were a huge number, clustered around the body systems — headache, body ache, neuromuscular complaints, skin problems, and burns,” notes Abdo. The major complaints, in order of frequency, were headache, colds and muscle aches, burns, upper GI complaints, sore throat, cough, skin rash, hay fever/allergies, diarrhea, and toothache.

Why a nurse makes a difference

In the plant that participated in the study, employees had to go through the work site clinic and see a nurse to get their medications. Is there a significant difference to employee health and well-being between just having the OTC meds available and having them dispensed by a nurse?

“There’s a big difference,” says Abdo. “A nurse is an initial screener who will try to triage by assessing whether the initial complaint warrants additional intervention.”

Debbie Woodruff, RN, COHNS, an occupational health manager of a global manufacturing firm in Largo, FL, agrees. “When employees complain of headaches, sinus problems, colds, or sore throats, that’s where the OTC drugs come into

Highlights of Michigan study

- The employees interviewed reported visiting their company's health/medical department on average 10 times per year.
- 73% of those surveyed regularly experienced headaches and cold and sinus symptoms while at work.
- More than half (55%) of those surveyed experienced muscle and joint pain at work.
- Almost half (46%) of employees experienced cuts and burns on their skin while on the job.
- 98% of those surveyed believed the over-the-counter (OTC) medications provided by occupational health nurses (OHNs) helped them feel well enough to complete their shift.
- Employees strongly agreed with the statement: "I highly recommend having OTC medications available to workers in other work sites that currently do not have them in place."
- 70% of employees surveyed were influenced by the choices and recommendations of their company's OHN regarding OTC medications.

Other facts about health care costs and lost work time:

- According to the Centers for Disease Control and Prevention, there are 358 million work loss days each year related to acute conditions.
- Each year, there are more than 192 bed days due to influenza and more than 75 million work loss days due to flu.
- In 1997, there were more than 4 million emergency department visits for work-related injuries.
- According to the Bureau of Labor Statistics, health care costs in private industry account for \$1 of every hour an employee works.
- Health care costs for companies are increasing nearly 2.5 times faster than any other benefit cost. ■

Source: Yvonne Abdoo, University of Michigan School of Nursing, Ann Arbor.

play," she notes. "But the important thing is that when the employee comes in to see an occupational health nurse [OHN], the nurse can determine the severity of the complaint. If it is severe,

SOURCE

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she can suggest the employee see their personal care physician. Also, with the nurse there, she can offer an employee the OTC drug if she believes it's enough to get them through their job for the day. Also, they might just go home if a nurse were not there."

In addition, notes Woodruff, some common complaints could be masking something much more serious. "You could have a situation where an employee comes in believing he has indigestion, but upon further assessment, they may have a heart condition," she explains. "Or they may present with a headache. We don't just say, 'Here's a pill.' We do a miniphysical. We might find upon checking their blood pressure that they have hypertension, and never knew it. Or an employee may complain of dizziness, and we do a blood sugar test and find out they are hypoglycemic." Nurses can also track employees who report similar complaints on more than one occasion. "Most OHNs I know will not hand out meds on a day-to-day basis," Woodruff explains. "For the most part, these drugs do what they're designed to do. So, if I see the same person three days in a row for the same thing, I'll most likely conclude that what we're doing is not treating the problems, and the employee should see a physician."

Numbers are hard to come by

While anecdotal evidence (and common sense) indicates having an OHN on site to treat employees will do more to improve employee health than simply having OTC medications available, it's extremely difficult to calculate the return on investment for the cost of having one on-site vs. the savings in productivity and reduced absenteeism.

"What you would need is to get into the worker records, have accurate absenteeism statistics, and know when employees were off and what the absence was related to," says Abdoo. "There just isn't a standardization of data collection in the industry. Of course, you would need the permission of industries for their worker data and the workers would have to give their OK. I would like to say that we would demonstrate

that there is a benefit.”

If your company can't afford an occupational health nurse, having OTC medications would certainly help, says Abdo, but the ideal would be to have an OHN involved in some way. “I feel strongly that we need to have some type of monitoring of the employees, and we need to make sure that the workers receive education about their complaints, and that they get their questions answered,” she concludes. ■

Martial arts the basis of work safety program

Employees more aware of bodies, environment

A Portland, OR-based organizational change consulting firm is using a program based on martial arts principles to improve employee safety. The program, MoveSMART, was developed by **Robert Pater**, martial arts expert and founder of Strategic Safety Associates. Pater's firm has worked in 63 countries.

“We want people to be more in control of all that they do,” Pater explains. “When people become more aware of their bodies and their surroundings, it not only decreases injuries and accidents but cumulative trauma, as well. We try to help people pay more attention to what they do, and how the mental, the physical, and the emotional interact with their lives.”

You can't impact people only at work, or do wellness only at work, Pater insists, and safety is no exception. But, he notes, it's tough to sell employees on long-term benefits. “While it's difficult to persuade people that smoking is a bad habit and that they should just stop; if you give them something they can do immediately, you'll see tangible effects,” he explains. “We try to develop a credibility halo in the work site, and

make a high impact immediately.” Pater says he used the same strategy when he coordinated a stress management program at a hospital.

Pater's system is designed around what he calls the organizational-critical triangle: productivity, safety & health, and morale. “Any strategy should benefit all of these,” he asserts. “We are systematic and holistic.”

Following his “immediate halo” philosophy, Pater never offers prevention as the prime motivator. “I ask the worker, ‘Does this make you feel stronger? Are you better at your favorite sports and activities? Are you less fatigued, more relaxed, and calmer under pressure?’”

‘Internal’ martial arts

Pater's MoveSMART program relies on the principles of internal martial arts. “It focuses more on balance, internal control, mental control, and relaxation than on external power and quickness,” he explains.

Pater offers this brief description of some of the principles he employs in his program:

• **Proximity:** “The closer two objects are, the more force they can produce on each other,” he explains. “If you are closer to an opponent, you can more effectively affect their balance. In studies of back injuries, one of the biggest problems was proximity. So, we talk about handling zones, and foot zones. The further away you are from your task, the more pressure there is on you; even a few centimeters can help.” Pater demonstrates this principle by asking employees to lift a chair when standing a couple of feet away from it, and then from close up.

• **Balance:** “The more balanced we are, the more available strength we have,” says Pater. “We are always countering gravity. Balance is the state of lowest energy; we use excess muscle energy if we are less balanced, and have to work harder to accomplish the same task.” Pater explains that small changes with your hands, fingers, or the angle of your head, can make a big difference. “If you grasp things with the little finger and ring finger, it creates what we call a myotactic grouping that recruits muscles from the underside of the arm. If you grasp them using the thumb, the pointer, and middle finger you activate the biceps, not the triceps, and the triceps are always stronger than the biceps. So, simply by squeezing or holding things — such as hammers — more with the lower fingers, it will increase your balance immediately.” Pater put that principle to work at a

KEY POINTS

- Better balance can reduce injuries, accidents, and cumulative trauma.
- Changes that have immediate impact are easier to “sell” to employees.
- Seemingly small actions can make a big difference in working more safely.

Injury-preventing techniques

- **Sit with one foot forward (just slightly) and one foot back.** This will alleviate strain and fatigue and will take stress off your lower back. Try this at your next presentation, or if you have to sit for a long period of time. You will notice a physical difference, which will in turn keep you more focused. Be sure to switch your feet occasionally.

- **Bend (unlock) your knees when you stand.** With your pelvis stilted slightly forward, this takes pressure off your back, but it also keeps you in a balanced posture that creates proper breathing, and therefore creates less physical and mental strain. People who lock their knees tend to have short, shallow breathing that affects their oxygen intake, as well as their energy level.

- **Relieve stress and strain in your neck.** If you begin feeling strain while sitting at your desk or in a lengthy meeting, sit up straight, tilt your head back, and roll your shoulders backwards. Repeat often. Because your odds of getting a herniated disk are 30% higher if you sit a lot on your job, this is particularly helpful to relieve pressure and pain caused by long hours of sitting.

- **Create strength by focusing on your hands.** Redirect your focus from your thumb and index finger (which is impulse), to your ring and small finger (which is where your strength is). Try this focusing exercise with your golf or tennis swing, and you will notice more power and strength. Also, use the same techniques when grabbing something or carrying heavy luggage, for example.

- **Concentrate before you reach for something.** When you reach for something, especially up high, concentrate on using your ring and small finger instead of your thumb and index finger. Again, you increase your balance by focusing on these smaller fingers, which allows you to reach farther, grasp more tightly, and avoid a fall or strain to your lower back.

- **Shake on it.** There's nothing better than a firm handshake. It says a lot about the person and the initial meeting, but it can sometimes throw you off balance and can turn into somewhat of a power struggle. The next time you shake someone's hand, try these simple techniques that will keep you in balance: when you are face to face with someone getting ready to shake their hand, make sure you are standing with one foot slightly forward (this keeps you balanced and focused, and provides more strength); concentrate on your ring finger and small finger when you shake (this creates a firm handshake, but also gives you balance). ■

SOURCE

- Robert Pater, Strategic Safety Associates, P.O. Box 80161 Portland, OR 97280. Telephone: (503) 245-4296. E-mail: rpater@movesmart.com.

Boeing facility, where riveters were suffering from carpal tunnel syndrome. "In terms of carpal tunnel, the medial nerve goes to the first two fingers," he explains. "We had the riveters emphasize the ring and little fingers, and the carpal tunnel severity was reduced dramatically."

- **Alignment:** Your head should be aligned directly over your body, says Pater. Slight changes of head movement can make a big difference in balance. "When gymnasts want to move in the air, they initiate those movements with the head," he notes. "The head weighs 10-15 pounds, or just about what a bowling ball weighs. One way to prevent slips and falls is to maintain better balance. It also reduces neck tension when you 'keep the crown.'"

Pater's program also focuses on attention. "What you put your attention to is what you get," he notes. "Most people are fixed and locked into one pattern. We get people to notice what happens when they do the various exercises. We have found that many people, when they start paying more attention to their own body, start embracing wellness and fitness principles. The toughest nuts to crack are people who are disconnected from their bodies."

A customized program

This program is definitely not one size fits all. "Everything we do is customized," says Pater. "We go to the work site and assess the physical risks. We also look at what's going on in the culture. What's been tried before? What's worked and what has not? What are they currently doing that needs be reinforced?"

If his organization is hired, Pater's main emphasis is on training trainers. "This is best for organizational change; the best people to reinforce the program are those who do the work themselves."

The training has two elements: the classroom and the workplace. The trainers are taught through demonstrations how to take control of their own well-being.

"We ask the trainers to try a job activity the way they have been doing it, and then with a

slight change,” says Pater. “This way they learn that small changes can make a large difference.

“Once they have felt the difference, we bring out the equipment they use regularly and work with it in the class. Then, we go to the work site, which is where many of the workers are actually convinced that these techniques work.” ■

Hands-on workshop takes preventative tact

Aging work force is a factor

Don Burkhart, CSP, senior safety engineer for BP in Wamsutter, WY, is a strong supporter of the MoveSMART program. At first, however, he had difficulty selling it to BP.

“Part of the problem was that we never had many accidents in handling materials, and no back injuries,” he recalls. “What we did have was an aging work force (average age of 45). Our concern was to give our overall work force the skills and tools to cope with getting older, so that when the employees retire, they do so with full use of their bodies.”

Burkhart has been in the safety field for more than 30 years, has seen work safety programs come and go, and has an admittedly jaundiced eye. “MoveSMART impressed me because it’s almost all hands-on and it’s very work-related,” he explains.

He finally convinced management to give it a try, and the first training session took place in August 1999 — not only for his 87 workers, but also for the entire business unit, which includes 300-400 workers in Houston.

“They came in and trained us, then took a specific number of people and spread them throughout the business unit,” he says. “They gave workers real skills they could use on the job, and people really took to it.”

Positive feedback from workers

Burkhart says he has gotten a lot of very positive feedback from workers in the field. “Even today, people will say things like, ‘I did that using smart hands,’ or ‘I know I must use the center of power when I do this.’”

Burkhart likes to tell the story of an office worker whose daughter is slightly disabled.

SOURCE

- Don Burkhart, BP, P.O. Box 157, Wamsutter, WY 82336. Telephone: (307) 328-3725.

“She told me that these techniques made it so much easier for her to move her daughter around, and that the techniques helped her daughter, as well,” he notes. “If nothing else came out of the program, that made it worthwhile.”

In the larger Houston office, no back problems have been reported among employees who participated in the program. “We work with a lot of contractors, and we’re trying to push them down this road, too,” says Burkhart.

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Editorial Questions or Comments?
Call Glen Harris
at (404) 262-5461.

Burkhart recognizes that safety techniques must be constantly reinforced. "Each month at our safety meeting we practice one technique, so we keep it fresh," he says. "And as new people join the company, they are given the entire class." ■

NEWS BRIEFS

ADA becoming an 'e-association'

The Chicago-based American Dietetic Association (ADA) is giving its Web site, www.eatright.org, a facelift. The site was established in 1996.

"We are leading the way with new member services on the Web and rapidly transforming into an e-association," says the ADA's CEO **Connie Rivera**. "We are developing innovative ways to keep our members, allied health professionals, the media, and consumers abreast of reliable, science-based nutrition information and much more."

A recent survey of visitors to ADA's site revealed that 42% of them return to the site to get information on everything from weight-loss resources to disease-specific resources to finding a registered dietitian.

For more information, contact The American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995. Telephone: (800) 877-1600. ▼

Safety-fulfillment Web site launched

San Diego-based SafetyVillage.com Inc. has launched the first phase of www.SafetyVillage.com to human resource managers, insurance companies, and small- to medium-sized employers.

In its full-service e-commerce mode, SafetyVillage.com will provide a convenient, secure, and cost-effective way for businesses to procure

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more than 7,000 safety products, supplies, and equipment at discounted prices. "Implementing and supporting a robust, companywide safety program not only reduces employee injuries, but improves company efficiency and employee effectiveness," says **Steve Sullivan**, founder and CEO of SafetyVillage.com.

For more information, contact: Steve Sullivan, SafetyVillage.com Inc., 9645 Scranton Road, Suite 240, San Diego, CA 92121. Telephone: (619) 239-SAFE. ▼

Adoption assistance benefits expanded

New York Life Insurance Company in New York City has expanded the benefits offered through the company's Adoption Assistance Program, which is available to full- and part-time company employees with a minimum of one year of service.

Employees are now eligible to receive a \$5,000 tax-free reimbursement that can be used for adoption agency placement fees, court costs, legal fees, and medical expenses for the birth mother. "Our comprehensive work/life programs enable employees to strike a balance between their work lives and their family responsibilities," notes **Angela Coleman**, vice president of human resources.

For more information, contact: Karen Finkston, New York Life, 51 Madison Ave., New York, NY 10010. Telephone: (212) 576-5624. ■



Health & Well-Being[®]

The monthly supplement to Employee Health & Fitness

A 'cyber-coach' as a personal trainer?

Once thought to be the exclusive domain of the rich and famous, personal trainers have become increasingly popular among the general public. Today, they are riding the dot-com wave, making their services more accessible and affordable than ever.

Despite the obvious benefits of on-line training, however, the San Diego-based American Council on Exercise (ACE) asserts that cyber training is most effective as a supplement to working one-on-one with a qualified trainer. Due to the complexity of many strength-training and conditioning programs, novice exercisers should begin with a hands-on trainer.

"The critical eye of a personal trainer is missing on-line," says **Ken Germano**, ACE's executive director, "It's a great innovation, but a cyber coach isn't the best choice for everyone — and certainly no substitute for a hands-on trainer."

On-line training is most effective for intermediate and advanced exercisers, or for those with very specific goals such as training for a marathon or triathlon.

On average, hands-on personal trainers charge between

\$35 and \$100 per hour depending on the market. Their cyber counterparts are available at a fraction of the cost, with some charging as little as \$10 per month. On-line training is also accessible to anyone with a computer and modem, making it possible for busy travelers or people in remote areas to have access to a personal trainer.

For those taking the cyber plunge, ACE offers these tips for picking a safe, effective on-line personal trainer:

- First and foremost, check the qualifications of the staff who will be training you.
- Find out about the trainers' particular experience with your age group, or with your particular needs or health challenges.
- Make sure the site is easy to navigate.
- Look for a sample workout plan.
- When signing up as a client, make sure the site requires you to fill out a detailed health history questionnaire.
- Find out if the workouts will be truly customized for you.
- The Web site should provide an easy means of contacting your trainer for questions or concerns.

- Is your program regularly updated? Does the site have on-line exercise logs? Do you receive e-mail responses or postings in response to the progress in your on-line logs?

- Look for a Web site that provides bulletin board-type forums and on-line group support that you can use to communicate with other exercisers who have similar goals.

- Be wary of Web sites that rely on celebrity trainers or pro athletes to sell their services. Find out who will actually be designing your workouts.

- Avoid training sites that prescribe nutritional supplement programs.

For more information, call ACE at (800) 825-3636, or log onto its Web site, www.acefitness.org. ■

High-fiber, low-fat foods mean better teen diets

Few teens have eating habits that mirror U.S. dietary recommendations for fat and fiber, but those who do have more

nutritious diets overall, according to research in a recent edition of the *Journal of Pediatrics*.

"Teens whose diets were rich in fiber and low in fat consumed more vitamins and minerals and less total cholesterol and saturated fat than their peers," says **Theresa Nicklas**, MD, a nutritionist with the USDA/ARS Children's Nutrition Research Center in Houston. The diet's nutritional advantage included more iron, zinc, calcium, folate, niacin, thiamin, riboflavin, magnesium, phosphorus, and vitamins A, C, B6, and B12.

According to Nicklas, although the low-fat, high-fiber diets provided higher levels of nutrients, the energy level was about the same as those from most other groups.

"This eases the concern that low-fat, high-fiber diets might be too low in energy for growing teens, and that those who choose this eating pattern are overly calorie conscious," notes Nicklas. A low-fat, high-fiber diet is recommended for all Americans over the age of two to reduce cardiovascular disease and cancer risk.

Despite the nutritional and disease-preventing advantages of such a diet, only one-third of the 319 students in the study had this eating pattern.

"We know that low-fat, high-fiber diets are healthier," says Nicklas. "Now, we need to do a better job of helping teens make appropriate food choices, such as opting to snack on fruit and vegetables instead of munching on low-fiber, high-fat treats." ■

Site counsels teens on sexual health

The American Social Health Association (ASHA) of Research Triangle Park, NC, has a Web site that speaks to teens and their parents on the topics of sexuality, sexual health, and sexually transmitted diseases (STDs). The site, www.iwannaknow.org, educates teens with honest information, cutting through myths and misconceptions that permeate their world — cyberspace.

ASHA sought advice from teen focus groups and the guidance of a national advisory panel comprised of experts in teen education, nursing, pediatricians, and advocacy when constructing the site.

Teens surveyed by ASHA said they wanted a safe place to learn about their developing bodies, emotional changes, and sexual health, including STDs. The focus groups revealed a widespread desire of teens to be provided with no-nonsense information that respects their intellect. The site deliberately avoids a lot of teen jargon that would come across as trying too hard to sound "hip."

Parents are encouraged to

visit the site and its Parents' Guide, which advises with communications tips and attempts to lessen discomfort with the sensitive subject matter.

The site's components include:

- "South Treybourne Diaries" — realistic daily chronicles of several fictional characters that deal with their lives within this soap opera format;

- STD information delivered with broad, bulleted strokes accompanied by a more exhaustive section for thorough discussion of the topics, along with a glossary;

- Numerous on-line links that refer teens and parents to the varied expertise of peer organizations that cover related areas of concern;

- The Parents' Guide, which includes links to other helpful on-line resources. ■

Mild hypertension reduced by exercise

If you are one of the 50 million people in the United States who has high blood pressure (hypertension), consider a program of aerobic exercise, which can help

bring that pressure down.

Writing in a recent issue of *ACSM's (American College of Sports Medicine) Health & Fitness Journal*, **Christopher Cooper**, MD, FAACSM, outlines the normal function of exercise and its positive effect on mild hypertension. Adding that aerobic exercise may even prevent development of hypertension, he also cautions that if the systolic pressure (the upper figure) falls more than 20 mm during exercise, more serious heart dysfunction could be present and the exercise should be terminated.

Cooper adds that the most improvement begins with an acute bout of exercise, and that within six to eight weeks the patient will see a consistently low figure. He cautions, however, that for permanent control, exercise must become a permanent part of one's life. ■

To the employer: *Health & Well-Being* is written especially for your employees and their families. Each month it examines key health care issues in a thorough, yet easy-to-understand style.

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