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The executive update on health improvement programs

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Consultants swap laptops for sneakers at group fitness event

Team competition aimed at instilling change, enthusiasm

Imagine more than 400 consultants stretching, doing sit-ups and pushups, and enjoying healthy meals together as part of a daylong seminar designed to improve their performance and health.

That was precisely the scene Oct. 20 as employees of Atlanta-based Deloitte Consulting, a leading professional services consulting firm that focuses on delivery of electronic business products, took part in "CatchFire," a program designed and implemented by La Jolla, CA-based FitnessAge.

Bringing fitness to sedentary setting

CatchFire was part of a series of "Third Friday" events at Deloitte Consulting, explains **Annette Tirabasso**, a partner in the firm. "Every third Friday of the month, we have all of our professionals come in for an all-staff meeting," she explains. "We have tried to revamp it to make it more exciting and energizing."

In late summer, she says, the decision was made to bring in the FitnessAge people. "We believed that the program would not only be

KEY POINTS

- Company schedules programs each month to re-energize consultant employee group.
- Fun, easy accessibility are cited as keys to fitness program's success.
- Program preview for managers helps lay strong foundation for widespread buy-in.

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able to provide our people with improved health and fitness habits, but that it would energize them for the workplace," she observes. "This was a team-building exercise. Fitness was the primary driver, but we focused on complete health — diet, motivation, humor, and so on — to improve our overall productivity."

"We knew this was going to be a lot of fun," says **Peter McLaughlin**, senior vice president of FitnessAge. "One of our main jobs is to really work on peak performance; and over and over, we have found that fitness plays a key role in employees' attitudes and energies. Also, the key to getting healthy is to get out of the 'It's boring!' mindset and into the attitude that 'This is a lot of fun, and it's easy to get into.'"

Determining 'fitness age'

As its name implies, FitnessAge determines an individual's "fitness" age, as opposed to his or her chronological age. For example, FitnessAge spokesman and fitness legend Jack LaLanne has an actual age of 86 and a fitness age of 29. Other people might have an actual age of 45 and a fitness age of 63.

A FitnessAge assessment is used to determine the fitness age by testing each employee's cardiorespiratory performance, body fat percentage, flexibility, strength, and endurance, and then contrasting it with data from more than 60,000 people that have been collected over the past 20 years.

The Deloitte consulting event, which involved 400 of the 600 people who work for the firm throughout the Southeast, was unique by its very composition, says McLaughlin. "Usually, when you do something healthy for yourself you do it individually," he observes. "Here, the whole group took the day off. They were all a little anxious, so we got them together in a seminar to give them a sense of what was behind the program. We talked about life balance, about the importance of a sense of humor, and just really set them up with the incredible benefits they probably had not even thought of. Most of them don't even really know what fitness is, but this discussion sets them up for the [assessment] test."

Actually, the program began with the very first meal, notes Tirabasso. "Essentially, the day started with a 'new-and-improved' healthy breakfast," she says. "We got rid of the bacon and the sausage, and had Egg Beaters, fruit, and muffins."

From 8 to 8:30 a.m., the group broke into table

discussions in "home rooms," which are part of Deloitte's team-oriented structure. "We are grouped into cross-functional teams [of about 50 employees each]," Tirabasso explains. "This gives each team a number of practitioners from diverse perspectives." (Part of the program's follow-up will be a challenge held over a four-month period to determine which homeroom can improve its fitness age the most.)

From 8:30 to 10:30 a.m., McLaughlin conducted his seminar. Then, from 10:45 a.m. until lunch, all of the fitness assessments were conducted. "The assessments included stair-stepping for three minutes, calculation of percentage body fat, a flexibility test involving standing on your toes, sit-ups for one minute, and 'maxing out' on pushups for the endurance test," says Tirabasso.

Even during this part of the program, the teamwork concept held true. "People would hold each other's feet, and count each other's pulse rate," McLaughlin notes. "It was really great to see them do this as a team."

Then, the fitness component of the daylong program concluded with a healthy lunch.

Laying a strong foundation

The high level of program participation was due in large part to an effective marketing program. "We marketed through our home rooms," says Tirabasso. "Each home room has a partner/leader. In addition, we selected a coach, who is at the level of manager or below. We worked with the partners to communicate to the home rooms about the upcoming assessment."

For the two weeks prior to Oct. 20, the home room leaders and coaches went through the program to experience it themselves and communicate that experience to the other members of the home room. This is to reduce any anxiety they may have felt about the program. "That really helped get attendance up and energize the group," says Tirabasso. In addition, e-mails and voice mails supplemented the other marketing efforts.

Just the beginning

The CatchFire program was just the beginning of a process — not an end unto itself. "In February, FitnessAge will come back," says Tirabasso. "We will be reassessed to see if we've improved our fitness ages. There will be awards for individuals and for home rooms."

"The whole idea is, 'What's measured gets

SOURCES

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- Annette Tirabasso, Deloitte Consulting, 285 Peachtree Center Ave., Suite 2000, Atlanta, GA 30303-1234. Telephone: (404) 631-2385.

done," McLaughlin explains. "We'll see how many years were dropped individually, but also what the average chronological age and fitness age is for the whole group. In essence, we can determine how much younger Deloitte Consulting is than it was three months earlier. You can absolutely measure the health of an organization this way." In fact, he says, FitnessAge eventually hopes to be able to announce the "Fitness age 100" — the healthiest corporations in America.

FitnessAge also will remain in constant contact with each of the 400 employees. "We'll be doing

e-mails and other follow-ups," says McLaughlin. "We may send out a piece of humor on health, a reminder about the need for nutritional supplements, a piece on exercise, or 'The 10 best lunches you can eat on the road.'"

Tirabasso has already seen changes in the workplace. "In my project management area, I have two teams competing against one another to lower their fitness ages, and we change our eating habits when we go out as team," she says. "I myself joined a fitness center and have started working out on Sunday. This is a healthy, fun competition."

Tirabasso knows the company will benefit from the program. "The more fit you are, the stronger your performance will be," she says.

McLaughlin says he's getting a lot of positive feedback from the employees. "We've received a lot of great e-mails," he reports. "To go through this experience is really something. When you hand a 41-year-old a fitness age of 68, that is a real wake-up call." ■

Incentive, marketing yield 96% participation

Doctor visits down 17%; hospital stays 28%

How do you get 96% of an employee population of 25,000 to participate in a wellness program? According to one extremely proud wellness professional, it's a combination of top-down marketing, effective communications, and a significant financial incentive.

"Our program is offered to nonunion employees around the world," says **Beverlee Gilmore**, corporate health promotion manager for Caterpillar Inc., based in Peoria, IL. "We have about 67,500 employees around the world. Of those, 25,000 employees and their spouses are eligible for the program, and

96% participate right now."

Employees receive a "significant reduction" in their insurance premium (Caterpillar would not release the exact figure) if they complete the health risk assessment (HRA) that is the first component of the company's "Healthy Balance" program. Other components include:

- a self-care book;
- nurse counseling service;
- an audio health library;
- local initiatives offered by individual sites, including an EAP manager, exercise classes, and other on-site activities.

Even before the incentive was offered, the program drew a participation level of around 50%, notes Gilmore. "We got higher participation levels than expected because of our communication techniques," she offers.

Premarketing is strong

The program was first rolled out in 1997. About 21 other companies were benchmarked to determine the program components. "The development process started about a year prior to the actual rollout," says Gilmore. "Through those efforts, we identified some of the major issues we wanted to look at."

The No. 1 health issue at Caterpillar was cardiovascular disease, so Gilmore and her staff searched for scientific evidence to support

KEY POINTS

- The wellness program's marketing efforts were extended to 25,000 employees and spouses worldwide.
- Self-care book and nurse counseling support employee lifestyle change efforts.
- Support was built from top down, cascading through each employee level.

Source for all charts: Caterpillar Inc. Peoria, IL.

those issues make a healthy work force very important to Caterpillar."

Premarketing started at the executive office level, she notes. "We wanted to get their support first. That support then cascaded down through the organization, through administration, then first-line supervisors, so they would understand the business case for the program, and then we rolled it out to the employees. We know how important their health is to them, and we wanted to get them to assume some personal responsibility for their health," says Gilmore. To help instill that sense of responsibility, spouses were included, and employees were given take-home packets about the program.

Ongoing communications continue with the HRA, which is repeated every six months. "It helps tell us what we need to focus on, and it also serves as a needs analysis," Gilmore explains. "In addition, it provides individual feedback to the employees to help them understand what they can do to improve their lifestyle. That feedback also refers them to other components in the program."

The information is stored in Caterpillar's "data warehouse," which enables the company to capture data on health risks, medical claims, and drug costs, so aggregate numbers can be identified for the administrative offices and for managers at individual locations. "This way, they can find out what the health risks of their local employee groups are, and they can also track the results of the program," says Gilmore. She says she has five full-time employees on her wellness staff, and they, in turn, are supplemented by about 70 volunteers at

High-Risk Heart Study

initiatives that actually reduce cardiovascular disease.

"We're a self-insured employer, and one of our major corporate initiatives was to reduce health care costs," she explains. "We have a high retention rate, and because employees stay with us a long time, we have an aging work force. All of

SOURCE

- **Beverlee Gilmore**, Caterpillar Inc., 100 N.E. Adams, Peoria, IL 61629-1420. Telephone: (309) 675-4822. E-mail: Gilmore_Beverly@cat.com. Web site: www.cat.com.

local sites primarily in the United States. In addition, there are other coordinators worldwide.

In the company's quarterly employee newsletter, Gilmore's staff not only focus on specific health risk issues, but they also share the results of the program.

An award-winning effort

The Healthy Balance program was recently recognized for its excellence by receiving the C. Everett Koop National Health Award. Naturally, the selection committee was impressed with the program's participation level. "Even Dr. Koop said during the presentation that our participation level of 96% was exceptional," says Gilmore. "They also noted that we have substantiated all of the data and medical claims."

Some of those data were as impressive as the 96% participation. For example, overall doctor visits were reduced by 17%, and hospital days were cut by 28%. (**See charts on p. 136.**)

To what does Gilmore attribute this success? "I think that by focusing on individual risks, giving the employees the information they needed and helping them understand what they could do for themselves all increased awareness," she says. "When you are asked how many days you have been absent from work, how many days you have gone to the doctor, and how many days you have been in the hospital, it really brings attention to these issues." In addition, she notes, the program includes a nurse triage system; if an employee has an everyday health problem they need help with they can talk directly to a nurse, and that nurse will suggest the appropriate level of care.

While Gilmore is extremely pleased with the results of the program, her pride extends beyond the quantifiable data. "We have used a customer survey during the program, and I'm particularly proud to find that our employees feel very positive about the program, that it enhances their view of Caterpillar as an employer," she says. "A significant number of employees have actually told us they had changed their behavior as a result of the program. We also got a high percentage of the

employees to fill out the survey. I feel they now are really engaged in the process; and through increased awareness, we have created a greater understanding of just how important health is." ■

Aging RN work force raises injury concerns

By 2010, 40% of nurses will be over age of 50

The work force of registered nurses is aging rapidly — a demographic shift that raises the stakes for occupational injuries. Older nurses are more prone to back injuries and chemical sensitivities, nursing experts say. Moreover, they will face the usual effects of aging, including reduced muscle strength, changes in vision, and possible worsening of chronic conditions.

Within 10 years, the average age of registered nurses will rise to 45.4, with 40% of the work force older than 50, according to an extensive review of population data that were published recently in the *Journal of the American Medical Association*.¹

The gradual aging of the work force won't reverse until about 2020, when older RNs begin to retire — at which time hospitals may encounter significant shortages, researchers found.

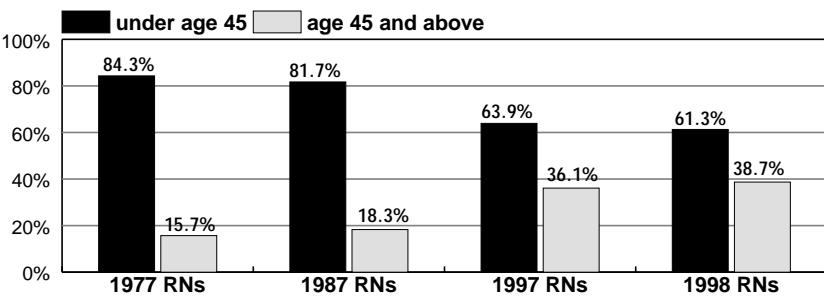
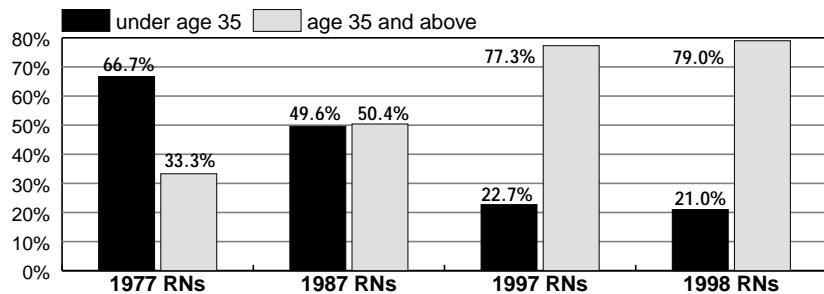
"There's been a big shift in a short period of time," says lead author **Peter Buerhaus**, PhD, RN, associate dean for research at the Vanderbilt University School of Nursing in Nashville, TN. "The proportion of RNs under the age of 30 has declined from roughly a third of the work force to about 10%. The number has dropped by 41%, while for all other occupations in the country, the number of workers under 30 has dropped by just 1%."

The reason for the shortage, says Buerhaus, is

KEY POINTS

- Reduced muscle strength and chronic conditions become more severe with age.
- An aging population places a greater emphasis on workplace ergonomic programs.
- Exposure to chemical substances over extended period of time poses health threat.

Twin Cities RNs Aging Rates



Source: Twin City Hospitals, Minnesota Nurses Association Pension Plan, Minneapolis/St. Paul.

that younger women are opting for other careers and not entering nursing programs. Expanded associate-degree nursing programs largely have attracted women in their 30s who were starting second careers, says Buerhaus. He notes that although more men are entering nursing, the field remains more than 90% female. Therefore, the analysis of the changes in the work force largely focuses on women.

Those patterns were apparent in a study of the Minnesota Nurses Association (MNA) Pension Plan, which covers about 70,000 nurses in Minneapolis and St. Paul. In 1997, two-thirds of RNs in the pension plan were under the age of 35. By 1998, 79% were older than 35, and almost 40% were 45 or older. (**See graphs, above.**)

"We were pretty startled when we saw those numbers," says **Andrew Calkins**, a data analyst with the MNA. "It was only five years ago that most of the hospitals in the twin cities were telling new grads not to bother applying [due to restructuring and downsizing]."

Muscle mass, strength decline with age

Older nurses are likely to be highly experienced and skilled in specialties, and they are mentors and leaders. However, they also may be more vulnerable to the occupational hazards in health care.

After age 40, muscle mass and strength begins to

decline, with a significant decrease in the 50s. One study found marked decreases in the strength of knee and hip joints, making it virtually impossible for half of older women in the study to lift any weight from certain postures. A change in posture increased the weight limit, but their lifting capacity remained much lower than for younger women.²

Such findings highlight the importance of ergonomic programs, including lifting teams and special equipment, says **Guy Fragala**, PhD, PE, CSP, director of environmental health and safety at the University of Massachusetts Medical Center in Worcester and a leading ergonomics expert. "It's been well-documented that low back pain and injury prevalence rates increase as people get older," says Fragala. But there are other consequences of reduced physical capacity, as well, he says.

"The same population is going to fatigue much more rapidly, which can result in additional stress in the workplace," he says. "As we consider ergonomics and the redesigning of patient handling and lifting tasks, this will become more important as the work force ages."

Injuries caused by patient handling already present a tremendous burden, notes Fragala. In 1998, according to data from the Bureau of Labor Statistics, 10.5% of all occupational back injuries were associated with patient handling.

"We know we have a major problem right now," he says. "We can project that, with an aging work force, if we continue to do things as we're doing them now, the problem is going to get worse."

Improved posture only increases the potential lifting strength modestly. The better answer lies with new devices that in many cases make lifting unnecessary, Fragala says.

For example, special beds allow patients to move to a sitting position without manual assistance. Standing is also easier from this sitting position. "We can reduce the risk of the worker, and we can improve the situation in the future for this aging work force," Fragala says.

While muscle strain and back injury are the most obvious hazards that rise with aging, they are certainly not the only ones. A host of bodily changes that begin in the 40s and 50s can cause subtle or more substantial impairments.

Time itself has an impact. The longer an

individual is exposed to chemical substances, such as latex, the greater the likelihood that he or she will develop a sensitivity, says **Marie Mangino**, MSN, CRNP, CS, a gerontological nurse practitioner and president of Vincent Healthcare, a clinical education specialty firm based in Erdenheim, PA. "Some people build up an allergy to latex over time due to prolonged exposure to a variety of latex-containing products in health care," she notes.

At the same time, other chemicals — such as cleaning solutions — can become more irritating. "Many people develop multisensitivities," says **Susan Wilburn**, RN, MPH, senior specialist for occupation safety and health with the American Nurses Association in Washington, DC. "The older you are, the more exposures you will have had."

Meanwhile, physical changes gradually make day-to-day tasks more difficult.³ For example, with changes in vision, bright fluorescent lights can cause a lot of glare, and the tiny print on medication labels may be more difficult to read. "It would be a very good idea to have a lamp on the cart to provide a light" as nurses read labels, says Mangino. "The light shines down but doesn't shine on her face, producing glare. It's a simple solution." Better lighting along with larger print on forms and labels could cut down on the risk of errors, she says.

Older nurses more prone to health problems

After years of long hours on their feet, older nurses may also suffer leg or foot pain and may fatigue more easily. Then there are a host of other health problems that can emerge, from high blood pressure to stress incontinence — or an urgency to urinate frequently.

While those may not be specifically work-related, employee health services can provide education and wellness programs that will improve the health and productivity of older workers. For example, blood pressure can be controlled through frequent monitoring, diet, and medication; stress incontinence can be managed with biofeedback and medication.

Exercise — whether it's in a gym in the hospital or a simple lunch-hour walking program — can improve stamina and promote other health benefits, says Mangino. "It's a fallacy to think that because we're older we can't rebuild muscle," she asserts. "Even into the old, old years you can regain muscle."

Keeping older workers healthy ultimately will

be cost-effective for hospitals, experts say. These experienced, committed workers will become even more valuable amid a looming nursing shortage. The nursing work force is not projected to be large enough to meet the increased health care needs of an overall aging population, says Buerhaus. "In the future, we're actually seeing a reduction in the supply of nurses at the same time that demand will be increasing," he predicts. "This hasn't happened before."

Staffing concerns can't be separated from the issues of employee health and patient safety, asserts **Cheryl Peterson**, RN, ANA senior policy analyst. "We need a culture change in our hospitals. We need a whole new culture of care — one that values nurses, values their occupational safety and health, and values patient care."

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Preventive program can help curtail violence

'Zero-tolerance' policy a key to success

Workplace violence does more to damage employee health than the physical injuries that result — as if those effects weren't enough. Morale is severely damaged; employees in workplaces where violence has occurred can be permanently affected. With violence in the workplace on

KEY POINTS

- Morale can be permanently effected in workplaces where violence occurs.
- Weapons ban should cover all instruments that could inflict physical injury.
- Employees must have guidelines for diffusing potentially violent situations.

the rise, it is important to establish, communicate, and carry out clear workplace violence-prevention policies.

"The psychological impact violence can have on everyone in and around the workplace and the negative publicity a violent act generates can be hard to recover from," says **Lori Rosen**, a workplace law analyst with CCH Inc., a Riverwood, IL-based provider of human resources and employment law information, software, and relearning programs. "Compounding this is the potential liability that an organization and its managers may face if it can be shown that they didn't take appropriate precautions. It all adds up to a significant financial cost and a bad position for any organization to find itself in."

Common elements

To help protect employees, companies need to establish effective workplace violence-prevention programs. While these programs need to be tailored for each specific organization and work environment — according to CCH — there are some common essential points that should be part of most workplace violence-prevention programs.

Your violence prevention program should clearly state that no talk, jokes, or acts of violence will be tolerated, and should outline ramifications for violating this policy. While "no acts of violence" obviously would include shooting, bombing, sabotage, and destruction of property, these acts only account for a small percentage of workplace violence. Behaviors that occur much more frequently, like pushing and shoving, are also considered workplace violence. Even horseplay that starts out as playful touching, punching, or slapping may become more aggressive, so it too may be considered violent behavior to be discouraged.

Threats of violence, including intimidation, harassment or coercion, that involve or effect employees, their families, friends, or property as well as customers of the organization, are also considered violent and should be taken seriously.

Employers need to make it clear that no weapons are allowed in the workplace. This includes banning weapons not only in the actual work area, but also in the company parking lot or on any other business property. The ban should apply to everyone — both employees and nonemployees — unless specifically exempted by the company (for example, a security guard).

As part of the violence-prevention program, it

also needs to be made clear that weapons include not just guns and knives, but other devices that could be used to threaten or harm someone. For example, a baseball bat can be considered a weapon if wielded by someone in a threatening manner.

Because it's impossible for managers to continuously monitor potential violent behavior, employees have to be the first line of defense when it comes to preventing workplace violence. As a result, the violence prevention program should emphasize that any violent behavior must be reported immediately and the program should include educating employees on signs of personal behavior that may signal that a co-worker is near the breaking point.

"Often, the immediate reaction to violence at a company is surprise; they hadn't expected the individual to act violently," says Rosen. "But after further investigation, it's not uncommon to find that there were signs. For example, others had seen the individual displaying resentment or anger, or the person had made previous threats that had gone unreported."

Follow through

Because violence can quickly escalate, employees must be made to understand and take seriously their responsibility to report any threat of violence or behavior they question as violent. The company also should assure employees that all reports of violent threats, abuse, or violent behavior will be investigated promptly and thoroughly, and that reports will be kept confidential. It's also essential that employers follow through once a report is made, taking appropriate disciplinary action against any employee who violates the organization's violence prevention policy, up to and including termination.

Not only should the policy include measures to teach employees how to identify and report violent behavior, but also how to work safely. This includes basic techniques, such as being alert to your surroundings, as well as knowing where the nearest and safest evacuation routes are, and where the nearest phone is to call for assistance.

Working safely also includes providing employees with guidelines for diffusing hostile situations. Such techniques include trying to keep a safe distance from an aggressor, speaking calmly, not being confrontational, and taking a nonthreatening stance.

Many organizations have put in place specific

measures that can support a workplace violence prevention program. These may include photo ID badges required to enter the building, security cameras, and metal detectors at entrances or bulletproof glass in retail situations.

Employers need to emphasize that those measures are in place for the employees' protection and that employees should not try to "get around" them. For example, holding secured doors open for others, carrying things in for people they don't know, or not taking time to relock secured areas.

"Creating a workplace violence prevention policy is really only one step in the process," says Rosen. "To be fully effective, the program has to be communicated to employees, and employees have to be given the training and the tools needed to help carry out the program."

[Editor's note: To help employers create and maintain a safe workplace, CCH is launching "Shared Learning: Workplace Violence Prevention," an Internet and CD-ROM training tool. For more information, visit www.cch.com, or call (888) 224-7377.] ■

Skin disease disrupts employee work life

Sufferers cancel meetings, often miss work

Rosacea, a little-known but widespread facial disorder, is having a dramatic impact on worker morale and productivity, according to a survey of 700 patients conducted by the Barrington, IL-based National Rosacea Society.

According to the survey:

- 66% of those participants with severe symptoms said the disorder had affected their professional interactions.
- 33% had canceled or postponed business

KEY POINTS

- Employees with rosacea are often asked embarrassing questions about their appearance.
- Early detection can lead to prevention of the most disfiguring complications.
- Wellness coordinators should be wary of directly approaching employees.

meetings because of their appearance.

- 28% reported they had missed work because of their condition.
- 28% also said it may have influenced their being chosen for a new job or promotion.

Even those with more moderate symptoms said the disease was affecting their work lives:

- 55% reported it had affected their professional interactions.
- 17% said it might have influenced whether they were selected for a new job or a promotion.

"People, especially in professional positions, are obviously concerned with their appearance during meetings," notes Diane Thiboutot, MD, associate professor of dermatology at Pennsylvania State University College of Medicine, at the Hershey (PA) Medical Center. "My patients notice that most people will question them, saying things like, 'Why is your face so red?' They get asked that continually and they find it to be embarrassing. Rosacea affects adults, and patients can develop pimples; adults are much less accepting of an acne-like appearance than teen-agers would be. For women, it's a little easier. Certain makeups can be used to hide the symptoms, but men are not into wearing facial cosmetics so it's often more noticeable and prominent."

Rosacea usually first strikes after the age of 30 as a redness on the cheeks, nose, chin, or forehead that comes and goes. As the disease progresses, the redness becomes redder and more persistent, and tiny blood vessels may become visible. Left untreated, bumps and pimples often develop, and in some individuals the eyes may feel gritty and appear bloodshot.

In advanced cases, especially in men, the nose may become bumpy, red and enlarged from excess tissue; this is the condition that gave the late comedian W.C. Fields his trademark bulbous nose.

"A lot of rosacea tends to run in families," explains Thiboutot. "It's associated with certain genetic skin types — people who tend to flush or who blush easily. People may note they have family members who have persistent facial redness that tends to come on as an adult."

Now, for the good news

The good news is that rosacea can often be detected early, and if it is, there is effective treatment available. In fact, more than 70% of the survey respondents said that effective treatment of rosacea had improved their work lives.

"Rosacea is easy for a physician to diagnose

SOURCES

- Diane Thiboutot, MD, Division of Dermatology, Pennsylvania State University College of Medicine, 500 University Drive, Hershey, PA 17033. Telephone: (717) 531-7437.
- The National Rosacea Society, 800 S. Northwest Hwy., Suite 200, Barrington, IL 60010. Telephone: (888) NO-BLUSH. Web site: www.rosacea.org.

early; if more people knew about the signs, they might be able to determine it themselves, and if so, check with their physician," says Thiboutot. "Probably the first thing they may notice is a persistent redness in the face, made worse by sunlight, heat, wind, changes in temperature, alcohol, hot or spicy foods, or hot beverages. All of these can increase the blood flow to the skin, and can make it redder."

Ironically, notes Thiboutot, the therapies available today are more effective with the severe symptoms than with the mild ones.

"Unfortunately, the most common symptom is redness and this is the most difficult to treat," she explains. "The creams we have and the antibiotic pills do little for background redness. The way to minimize redness is avoid the different factors I mentioned before, or using a sunscreen. The most effective way to treat persistent redness is using a pulsed dye laser; this destroys the small, dilated blood vessels." For pimples, she adds, there are excellent treatments — either topical or oral antibiotics. "With proper use, patients can most likely then avoid the really severe effects of rosacea," Thiboutot says.

Handle with care

Wellness professionals should definitely educate themselves about the symptoms of and the effective treatments for rosacea, says Thiboutot, but she does not encourage them to become directly involved with an employee who appears to be suffering from the disease. "Approaching someone with rosacea is a very, very difficult issue — even for me as a dermatologist," she notes. "If you bring the subject up, the person will feel badly. If it ever comes around to where an employee mentions it, then you can say you know there are effective treatments, and that the employee might consider meeting with their doctor."

Beyond that, she says, the best approach would be educational programs — and even there, she

recommends treading carefully. "I would handle it more in the context of a general skin wellness program," she recommends. "You can cover skin cancer, the use of sunscreens, and general strategies for sun protection — which are also play a key role in keeping rosacea under control."

Thiboutot suggests contacting the American Academy of Dermatology in Schaumburg, IL. Their Web site is www.aad.org. "They have a lot of information available, including brochures," she notes. "If a wellness coordinator is interested in having someone speak to their employees, the Academy will provide a list of contact names in the area." ■

ACE outlines fitness trends for 2001

The San Diego-based American Council on Exercise (ACE), which successfully predicted the increased popularity of on-line coaching and personal training, is looking into its crystal ball once again for 2001. Here are some of its predictions for the year ahead:

- Because people spend so much time working indoors, outdoor fitness programs will become more popular. Group fitness instructors will work with people in settings such as parks and beaches.
- Personal trainers will focus more on the whole person, coaching their clients on overall wellness and stress reduction.
- Fitness programs targeted toward children will grow due to the impact of health status reports on the nation's youth.
- Corporations, faced with a competitive employee market, high turnover, and increased demand from their employees for more balanced lifestyles, will provide a broader menu of health and fitness solutions. This will include corporate fitness centers, on-site personal trainers, Internet coaching, golf, and sports-specific training.
- Fitness devices, such as personal digital assistants (PDAs) and heart rate monitors, will talk, motivate, and coach based on a person's goals. For the traveler, cell phones and PDAs will track workout schedules, providing reminders and giving feedback on workouts while on the road. On-line personal training and cyber diets will continue to capture the interest of exercisers who are constantly on the go.

SOURCE

- ACE, 5820 Oberlin Drive, Suite 102, San Diego, CA 92121-3787. Telephone: (858) 535-8227. Fax: (858) 535-1778. Web site: www.acefitness.org.

- Pilates, yoga, and other mind/body classes will continue to be hot and will become more mainstream.
- There will be continued diversification in group exercise, including classes based on the styles of dance and music from other cultures, especially Eastern ones.
- Exercise programs geared toward older adults will grow, focused particularly on low-impact aerobics, fitness walking, and water exercise. ■

NEWS BRIEFS

New self-care book targets 'boomers'

Golden Valley, MN-based Optum, a health care education company, has released "Taking Care After 50 — A Self-Care Guide for Seniors," to give organizations a tool to help their senior population improve their health and well-being, and hopefully reduce health care costs.

According to Optum's president, **R. Edward Bergmark**, PhD, the 384-page book focuses on the whole person — body, mind, and spirit. "People in this age group need to realize they need to take charge if their health and make lifestyle changes to help prevent disease and disability and improve the quality of their lives," says Bergmark.

The guide discusses the following issues:

- symptoms, treatments and prevention of common health problems, including self-care tips and when to call the doctor;
- dental health information;
- emergency and first-aid procedures;
- prevention of accidental injuries, crimes, and so forth;

• mental fitness, including depression and anxiety;

- health and sexuality issues.

For more information, contact Judy Tacyn, Optum, 6300 Olson Memorial Hwy., Golden Valley, MN 55427. Telephone: (888) 262-4614. ▼

Dental insurance Web site launched

Lincoln, NE-based Ameritas Life Insurance Corp.'s group dental division has introduced a new Web site, <http://www.YourDentalSolutions.com>.

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Call Glen Harris
at (404) 262-5461.

com, that features a wide range of educational materials on dental and vision programs designed specifically for insured employees, employers, dentists, insurance brokers, and the general public.

"Our customers and partners have traditionally contacted us by phone, fax, or in person," notes **Dave Moore**, LLIF, group division president. "However, with the continued growth of electronic communications we've recognized that an increased number of our customers and partners want the convenience of obtaining information and resources through the Internet at work or at home."

Upon typing in the Web site address, viewers are greeted by a tour guide who assists them in sorting through the on-line resource options, which include:

- e-mail addresses of Ameritas' customer service and dental professionals;
- oral health care tips;
- preventive dental care tips;
- assistance in selecting the right dental plan option.

For more information, contact: Tammy Barry, Ameritas Life Insurance Corp., P.O. Box 81889, Lincoln, NE 68501-1889. Telephone: (402) 467-7818. ▼

Magellan establishes IVR

In an effort to improve access to care for depression and alcohol abuse — two of the most common behavioral health problems — Columbia, MD-based Magellan Behavioral Health has established a telephonic integrated voice response (IVR) program to enable its members to screen themselves for these disorders. The program's initial phase began in October, and it will be made available to the public in January 2001.

"As a leader in the industry, we feel it is important to offer as many options as possible for people to access care and learn about their conditions," says **Linda Weaver**, PhD, executive vice president and chief clinical officer for Magellan. "We know that not everyone is ready to ask for help directly, and the IVR provides a resource that is nonthreatening, confidential, and begins the process of self-exploration."

Magellan's IVR program is based on well-researched depression and substance-abuse screening tools, and offers callers a confidential

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self-assessment, as well as access to an educational library of audiotapes on a variety of topics, including depression and substance abuse.

For more information, contact Erin Somers, Magellan Health Services. Telephone: (410) 953-2405. ▼

AdvancePCS, Blues ink agreement

Irving, TX-based AdvancePCS has signed a multi-year agreement with Blue Cross and Blue Shield of South Carolina to provide fully integrated pharmacy benefit management services to Blue Cross members in South Carolina beginning Jan. 1, 2001.

"We're especially gratified that this selection has come following our acquisition of PCS Health Systems," says **David D. Halbert**, chairman and CEO of AdvancePCS. "We believe this is recognition of the value we will now be able to bring our clients and their members through combined platforms and expanded product offerings."

Under the terms of the agreement, Blue Cross members will be able to fill their prescriptions through AdvancePCS' Internet pharmacy, www.AdvanceRx.com, and obtain drug and other health care information through AdvancePCS' e-health portal, www.BuildingBetterHealth.com, and through Blue Cross's Web site, www.SouthCarolinaBlues.com.

For more information, contact: Blair Jackson, AdvancePCS, Scottsdale, AZ. Telephone: (480) 391-4138. E-mail: Blair.Jackson@pcshs.com. ■



Health & Well-Being®

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Men's cancer deaths decline

The annual cancer statistics update by the Atlanta-based American Cancer Society's department of epidemiology and surveillance research reveals the first-ever decline in overall male cancer deaths, as well as several other encouraging trends.

The report, published in a recent issue of *CA — A Cancer Journal for Clinicians*, states that "after more than 70 years of increases, the recorded number of total cancer deaths among men in the U.S. has declined for the first time." The decrease was attributed to reductions in deaths from the leading cancers among men, namely lung and bronchus, prostate, and colon and rectum cancers.

Epidemiologically, the number of cancer deaths is not the best measure of trends over time, explains lead author **Robert T. Greenlee**, MPH, because it is directly affected by factors such as the size and aging of the population. Mortality rates, in contrast, are adjusted for such factors and can be used to compare patterns from year to year.

After peaking in 1991, the overall cancer mortality rate in the United States began to decline, a trend that became

evident during the late 1990s. According to Greenlee, while it is less epidemiologically meaningful, the new findings in this year's report — namely, that the absolute number of cancer deaths among U.S. men has dropped for the first time — is nevertheless an important reflection of a lessening of the overall cancer burden.

An overall rise

Among women, the number of deaths from breast and colorectal cancers also has begun to decline. The number of *overall* female cancer deaths, however, continues to climb — primarily because of a sustained increase in deaths from lung and bronchus cancer — although the rate of rise has begun to slow.

In an accompanying editorial, American Cancer Society CEO **John Seffrin**, PhD, observes, "Today, it is not a question of whether we will control cancer, but rather when and how quickly."

CA can be accessed on the Web at www.ca-journal.org, for free, full-text versions of all articles since 1996, including references, tables, and figures. ■

Conception harder when later

Couples who put off having a baby might be hurting their chances to conceive. "A woman is born with all the eggs she will ever have," says **Sandra Carson**, MD, director of assisted reproductive technology at Baylor College of Medicine in Houston. "So as a woman ages, the fertility and health of the eggs begin to decrease dramatically. The aging effect on reproduction begins around age 35."

Eggs from a woman at age 30 have about a 19% chance of having abnormal chromosomes. At age 40, the eggs have a 39% of being abnormal. Around this time, the rate of miscarriage begins to soar, and the rate of birth defects rises sharply.

Other age-related complications include preterm labor, death of the fetus in the uterus, and high blood pressure.

Carson adds, however, "Although the chances of conceiving are greater at a younger age, all hope is not lost for those who wait."

The chances of pregnancy are related to the egg and not to the

uterus. Through the process of in vitro fertilization, for example, surgeons can take eggs donated from a younger woman and implant them into a woman in her 40s, giving her the chance of a healthy pregnancy.

"This is a tough decision for some couples," notes Carson. "However, it's a healthy option for couples who really want to one day be called 'Mom' and 'Dad.'" ■

Exercise reduces costs of osteoarthritis

Although the most common approach to treating the pain of knee osteoarthritis is with anti-inflammatory drugs, these medications have little effect on disability or on the disease process. Health care practitioners often promote exercise as an alternative method of reducing pain and functional disability. A recent study published in *Medicine & Science in Sports & Exercise*, the official monthly journal of the Indianapolis-based American College of Sports Medicine, compared the cost-effectiveness of aerobic exercise with resistance training for people with osteoarthritis of the knees. The results suggest that resistance training for seniors with knee osteoarthritis is more economically efficient than aerobic exercise in improving physical function.

"We assigned a dollar value to every aspect of each intervention, including the cost of delivering the intervention, the cost of treating and monitoring adverse events and the cost of physician referrals," explains

lead researcher Mary Ann Sevick, ScD, of Wake Forest University School of Medicine in Winston-Salem, NC. "We also obtained self-reported measurement of physical performance, pain and pain intensity, as well as objective measures of physical performance."

The study included 439 people over 60 with knee osteoarthritis. After a three-month aerobic exercise training program for one intervention group and a resistance training program for another, a variety of outcomes were assessed, including self-reported disability, six-minute walking distance, a timed stair-climb task, a timed lifting and carrying task, time required to get in and out of a car, and measures of pain frequency and pain intensity on moving. ■

Alternative medicine: A mixed bag

A recent issue of the *Journal of the American Medical Association* reported the findings of more than 80 studies on alternative remedies. The results presented a mixed picture of efficacy. Here are summaries of some of the findings:

- An ancient Chinese practice is to roll the herb *artemisia* into a cigar shape, set it on fire, and hold it close to the little toe of a pregnant woman whose baby is in the breech position. The heat, practitioners claimed, stimulated an acupuncture point on that toe that increases fetal movement, helping the baby turn to the proper position. Italian obstetrician Francesco Cardini, MD, divided 130

Chinese women into two groups. Those treated with this ancient practice, called moxibustion, had 30% more babies move out of the dangerous breech position than untreated women.

- Chiropractic spinal manipulation offered no help to sufferers of chronic tension-type headaches, debilitating headaches that strike five to 15 times a month, a Danish study found.

- A study of 116 Australians with irritable bowel syndrome found those given five capsules of traditional Chinese herbs three times a day improved by up to 60% vs. improvements of 37% in people given inactive pills.

- The herb *Garcinia cambogia*, sold in at least 14 dietary supplements as a "natural weight-loss aid," did not help people shed pounds. Columbia University put 115 people on a high-fiber, low-calorie diet and gave half the herbal pills before meals and the other half an inactive pill. The herbal patients lost seven pounds; placebo patients lost nine pounds.

- Acupuncture did not help relieve the pain of peripheral neuropathy, a serious nerve problem in people with the AIDS virus. But neither did a medicine called amitriptyline.

- Yoga exercises, by improving posture and strengthening muscles, appear better than wrist braces at helping carpal tunnel syndrome, the disorder caused by repetitive motions. ■

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