



# Employee Health & Fitness™

The executive update on health improvement programs

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## In some markets, more and more employees turning to alternative care

*How one EHF reader incorporates alternative care to wellness program*

From *Time* magazine to the *New England Journal of Medicine*, the national media are portraying alternative medicine as the next big boom in health care. But does this mean your employees are actively seeking out massage therapy or herbal medicine practitioners? An informal survey of *Employee Health & Fitness* readers has found that the answer to that question varies by market.

Some readers in areas where alternative care has caught on are adjusting their wellness programs to take this concern into account, but others are taking a wait-and-see approach.

"I get very few questions; this is a pretty rural area," notes **Ann Feliu**, MS, wellness director at Canton Potsdam (NY) Hospital. "Alternative medicine is methodically slow in getting here."

**Lisa Capriotti**, wellness coordinator for Greenville (SC) Hospital System, works within a similar environment. "We have 7,000 employees. I teach 500 classes a year in our wellness program, and in the year and a half I've been here I've never gotten a question out loud," she says. "But we sent out 700 surveys asking employees what they wanted to hear about. One employee mentioned herbs, and one mentioned comparing Western medicine with other types of medicine."

If the alternative medicine boom hasn't hit your area yet, it may be coming. A 1993 *New England Journal of Medicine* study found that 34% of respondents had used some form of alternative treatments, the majority of which (79%) were accessed without consulting their regular doctor. The National Institutes of Health has since established an alternative medicine office, and health plans such as Oxford Health Plans and Blue Shield of California are selling products with alternative health coverage.

Take the experience of **Elizabeth Click**, ND, RN, manager of wellness training at Progressive Corp., a Cleveland-based auto insurance company. Click says she regularly receives employee requests "about various vitamins and herbs, and different types of body work like massage and acupressure." She says requests are growing because of recent on-site presentations about alternative medicine.

While responses to *EHF's* informal survey showed a wide range of employee interest levels, several common themes emerged:

- Health promotion professionals believe that a holistic approach to medicine and health is a logical extension of the “body, mind, spirit” foundation of wellness
- Wellness coordinators should become more knowledgeable about alternative medicine
- Whether alternative therapies are covered by company benefits or not, some employees will insist on using them.
- Wellness professionals should urge employees to use caution when considering herbal remedies and other alternative therapies

### *A ‘natural’ fit*

Whether they currently provide programming on alternative medical practices or not, respondents to the survey agreed that a holistic approach to health makes good sense for wellness professionals. “Even in our mission statement we talk about focusing on the whole person, and promoting that holistic view of people,” says Click.

Feliu agrees. “As a professional, I need to be familiar with and aware of what alternatives there are, and to stay as current as possible,” she says. “I need to know how they may be used, and how they may benefit the individual.”

“Yes, it is definitely an appropriate concern for the wellness coordinator,” says **Diane Stone**, RN,

employee wellness nurse at St. Mary’s Hospital, in Richmond, VA. “We are into the holistic approach, the whole mind-body-spirit concept, and regular medicine doesn’t necessarily prevent or treat all aspects. It mainly deals with the body.”

Being knowledgeable of, or even enthusiastic about, alternative medicine does not mean you should recommend such therapies to your employees, warn the experts.

“By law, we can’t give out recommendations,” notes **Fran Scully**, MA, ACSM, manager of the corporate wellness program at Applied Materials, a Santa Clara, CA-based semiconductor equipment manufacturing company. Although her company has extensive nontraditional offerings, and provides insurance coverage for acupuncture and chiropractic, “We try to take a pretty conservative approach. People are always looking for the magic pill, and there really isn’t one.”

(Two respected sources recently weighed in on this subject, urging caution regarding dietary supplements and alternative, unregulated remedies. **See the related article on p. 124.**)

“Our role is not to make recommendations, but to provide as much information as possible available so the employee can make an informed decision,” says Feliu, “I’m certainly in support of making more alternatives available to people.”

“Being a wellness coordinator, I’m very conservative with the advice I give out,” adds Capriotti. “If I don’t know something to be true, I’d rather say nothing. I would not be opposed to having an expert in the field do a seminar, as long as it wasn’t a [product] sales pitch.”

## KEY POINTS

- Provide employees with information, but never give medical advice.
- Some employees are determined to try alternative therapies.
- Learn all you can about nontraditional health practices.

### *Meeting employee needs*

While reluctant to give advice, wellness professionals are eager to provide employees with information about alternative medicine, especially when it has been specifically requested.

Stone, for example, says her program is providing massage therapy in response to an

## COMING IN FUTURE MONTHS

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## ACSM, NEJM weigh in on alternative therapies

Within weeks of each other, the American College of Sports Medicine (ACSM) and the *New England Journal of Medicine* (NEJM) have issued warnings about dietary supplements and other unregulated, “alternative” therapies.

On the heels of publicity about such dietary supplements as androstenedione (taken by slugger Mark McGwire), the ACSM has called for the federal Food and Drug Administration (FDA) to revisit the Dietary Supplements Health and Education Act of 1994 (DSHEA).

“ACSM understands that Congress’ intent in enacting the DSHEA was to meet the concerns of consumers and manufacturers to help ensure that safe and appropriately labeled products can remain on the shelf. However, many physicians feel that some supplements have little or no physiologic effects,” said ACSM president **Paul D. Thompson, MD, FACSM**, in a prepared statement. “Unfortunately, most supplements have not been evaluated for either their potential risks or benefits promoted via advertising.”

“Certainly, there are positive effects to the supplements being questioned,” notes **Gary I. Wadler, MD, FACSM**, associate professor of clinical medicine at New York University, in New York City. “Our concern is that many of the newer substances have not yet been tested for their long-term physiological and potentially adverse effects. Even more of a concern is the use of these products by adolescents.”

employee survey. The hospital underwrites about half of the costs. “The employees are willing to [pay] even though it is not fully covered,” she notes. “They say it helps reduce stress.” The massage therapist comes to the hospital on assigned days, for a total of about four hours a week. Employees sign up in advance for their 15-minute session.

“We did our first holistic health presentation series last fall,” says Click. “Over a period of six weeks, 254 people participated; it was very popular.” Click conducted a survey before she planned the series, and based its content on the responses. This pre-planning helped ensure its success. “Afterwards, 65% indicated they would make

The lack of test data was also the main concern expressed in an editorial in the Sept. 17 *NEJM*.

“What most sets alternative medicine apart, in our view, is that it has not been scientifically tested and its advocates largely deny the need for such testing. By testing, we mean the marshaling of rigorous evidence of safety and efficacy, as required by the FDA for the approval of drugs and by the best peer-reviewed medical journals for the publication of research reports,” wrote authors Marcia Angell, MD, and Jerome P. Kassirer, MD.<sup>1</sup>

“... Alternative medicine also distinguishes itself by an ideology that largely ignores biologic mechanisms, often disparages modern science, and relies on what are purported to be ancient practices and natural remedies (which are seen as somehow being simultaneously more potent and less toxic than conventional medicine),” they continued. “Accordingly, herbs or mixtures of herbs are considered superior to the active compounds isolated in the laboratory. And healing methods such as homeopathy and therapeutic touch are fervently promoted despite not only the lack of good clinical evidence of effectiveness, but the presence of a rationale that violates fundamental scientific laws — surely a circumstance that requires more, rather than less, evidence.”<sup>1</sup>

### References

1. Angell M., Kassirer JP. Alternative Medicine – The Risks of Untested and Unregulated Remedies. *N Engl J Med* 1998;339: 839-841 – S. ■

some form of change in their lifestyle based on the series,” she says.

Her company’s health services department incorporates alternative therapies in a number of ways, Click adds. In the primary care area, for example, nurse practitioners will recommend herbs and vitamins on a limited basis. The employee assistance program offers biofeedback.

“We have a very diverse population, so alternative kinds of programs work well here, particularly different forms of physical activity,” says Scully. Her company has offered a karate program for years, and t’ai chi and yoga are both

(Continued on page 125)

## I give up . . . what does it mean?

Most of us are familiar with terms like yoga, acupuncture, and chiropractic, but the world of alternative medicine and therapies is full of terms with which most of us are unfamiliar. Here are just a few of the more esoteric practices your employees may ask about:

**Aromatherapy:** The use of herbs and aromas for mind-body wellness – based on legend, lore, and writings of practitioners.

**Ayurvedic Medicine:** The “art and science of living.” A systematic approach that utilizes all that nature provides (foods, spices, herbal medicines, colors, metals, gems, sound) to not only overcome illness but to continually strengthen the self.

**Biofeedback Training:** Biofeedback training teaches a person how to change and control his or her body’s vital functions through the use of simple electronic devices. It is particularly useful for learning to reduce stress, eliminate headaches, control asthmatic attacks, recondition injured muscles, and relieve pain.

**Bodywork:** The term refers to therapies such as massage, deep-tissue manipulations, movement awareness, and energy balancing, which are employed to improve the structure and functioning of the human body. In all its forms, bodywork helps to reduce pain, soothe injured muscles, stimulate blood and lymphatic circulation, and promote deep relaxation.

**Environmental Medicine:** This area of alternative health explores the role of dietary and environmental allergens in health and illness. Factors such as dust, molds, chemicals, and certain foods may cause allergic reactions that can dramatically influence diseases ranging from asthma and hay fever to headaches and depression. Virtually any chronic physical or mental illness may be improved by the care of a physician competent in this field.

**Guided Imagery:** Using the power of the mind to evoke a physical response, guided imagery can reduce stress and slow heart rate, stimulate the immune system, and reduce pain. As part of a rapidly emerging field of mind/body medicine,

guided imagery is being used in various medical settings, and when properly taught, can also serve as a highly effective form of self-care.

**Homeopathy:** Homeopathy attempts to stimulate the body to recover itself. Its aim is the cure, “the complete restoration of perfect health,” as opposed to merely controlling symptoms.

**Macrobiotics:** A holistic way of life, taking into account all aspects of human life, and acknowledging the interrelationship between body, mind, and spirit.

**Naturopathic Medicine:** Naturopathic medicine’s philosophy for the prevention and treatment of disease is based on the healing power of nature.

**Osteopathy:** Osteopaths (DOs) stress the unity of all body systems. They emphasize holistic medicine — awareness of proper nutrition and environmental factors; a hands-on approach to medicine; and a unique aid to the diagnosis and treatment of various illnesses known as osteopathic manipulative treatment.

**Polarity Therapy:** A gentle, holistic method of treatment. Central to polarity therapy is the concept of a life energy, which is in constant pulsation from positive to negative poles via a neutral position, creating fields and energetic lines of force. This creates an energetic “template” for the physical body.

**Qigong (Ch’i Kung):** The “mother of Chinese self-healing.” It focuses on one’s vitality, or life force. Proponents claim it increases delivery of oxygen to the tissues; enhances the elimination of waste products as well as the transportation of immune cells through lymph system; and shifts the chemistry of the brain and the nervous system.

**Reiki:** A method of natural healing based on the application of “universal life force energy,” through “healing” touch, and/or healing at a distance.

**T’ai Chi (Taiji):** A gentle, gradual movement therapy, t’ai chi is said to trigger health and healing benefits from both the Asian paradigm of energy and the Western paradigm of physiology.

*Sources:* The Internet, Progressive Corp., Cleveland.

very popular. Now, the company is offering a new class in falun gong, a kind of t'ai chi movement. "A couple of employees are teaching that because it's something they're interested in — and the class has been full," she says. **(For more information on some of the more esoteric forms of alternative medicine and health practices, see the glossary on p. 124.)**

Scully's program also includes an on-site massage therapist, and a clinical acupuncturist. "He's very popular," she says. "Employees ask him questions about different kinds of herbal medicines."

### ***Employees will find what they want***

If you don't provide programming on alternative medicine, employees interested in trying new therapies will do so nevertheless — even if they aren't covered by company benefits. All the more reason, then, for wellness professionals to become well-informed.

"There's a gentleman in the community who practices iridology; he analyzes your eye, looking at the iris to tell what parts of your body may be experiencing stress," says Feliu. "I know a couple of employees have been to see him."

"We have two health food markets with their own cafes, and they sell herbs," adds Capriotti. "Our employees are much more apt to go there and try them without asking our approval."

Feliu says that at least for some proven alternative therapies, such as massage, insurance coverage is important. "Right now, insurance doesn't [cover massage] unless the employee has been referred by a provider, but I think it needs to be covered," she says. "Average incomes here are pretty low, and you're looking at anywhere from \$40 to \$60 [per session]." She notes, however, that employees are buying gift certificates for single sessions and giving them to friends as gifts.

Even employees who have coverage may bypass the benefit to see the therapist they want, notes Scully. "A number of our employees will see a chiropractor or acupuncturist, or another person outside of the campus — even if they are not covered."

It seems clear that this employee thirst for new knowledge and health options is not going to go away; what are wellness professionals doing to keep up with the changing times?

"We sometimes rely on the Internet," says Click. "I'm also a member of the Holistic Nurses Association, in Flagstaff [AZ]. Some of my

colleagues there gave me suggestions about resources."

The advice Scully's staff give employees curious about nutritional supplements seems to apply equally to wellness professionals: "We refer them to the Internet, to reference books, and we tell them to check with their doctors and registered dietitians," she says. **(See the list of Internet Web sites, inserted in this issue.)** ■



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## **Total systems approach cuts workers' comp costs**

### ***Services for injured workers also improved***

**W**hen lost work days and workers' compensation costs began skyrocketing out of control at Sonoma Developmental Center in Eldridge, CA, hospital officials turned to the Team Care program for help. Now, after only one year in the program, lost work days have been slashed by 60% and temporary disability costs have fallen 30%.

"We were in dire straits and needed to take an aggressive approach," says **Dean Percy, RN**, director of health and safety at the 1,800-

employee general acute care hospital and skilled nursing facility. “We’re very pleased with the results from a full year of implementation, and hope to see additional decreased costs in the future. We think it will take two to three years to show a huge improvement, but this is very good for the first year.”

Lost work days fell from 6,124 in fiscal year 1996-1997 to 2,473 in fiscal year 1997-1998. Temporary disability costs went from \$991,419 to \$698,000 during the same period. Disabling injuries were reduced by 53%.

The program that helped Sonoma achieve those results takes a “systems process approach” to reducing workers’ compensation costs, says **Tricia Day**, president of Business Health Systems (BHS), the Santa Rosa, CA-based consulting firm that operates Team Care. “Most hospitals know they have a workers’ comp problem, but they don’t know where to begin. We put in place a workers’ comp system that is data-driven, yet customized to meet the needs of the organization’s culture.”

Percy acknowledges that Team Care “is not a cookie-cutter type thing. They came in and looked at our numbers and at the policies and procedures we had in place. One of the problems we had was needing medical providers in the community who believed in the same philosophy as we do, such as early return to work, aggressive treatment, good communication between the doctor and myself and insurance adjusters, and a good understanding of the work environment and the type of work employees do here. [Team Care] helped us look for medical providers trained in occupational medicine and familiar with the workers’ compensation system in California.”

Another part of the program focuses on supervisor training. Sonoma’s supervisors were taught to understand their roles “in the workers’ compensation arena,” Percy explains, to help facilitate injured employees’ return to work.

## KEY POINTS

- Data-driven, customized approach reduces lost work days by 60%.
- Philosophical fit with providers is crucial to program’s success.
- Supervisors are given more accountability for employee injuries.

Supervisors now are more accountable for injuries that occur in the areas they manage. Monthly injury reports are generated, tracking injuries in different work areas. The information allows providing a safe environment to become part of supervisors’ annual performance evaluations.

“We gave them more empowerment to take control over their work areas in training employees, moving equipment, and getting rid of older equipment,” Percy says.

### *‘Take care of the caregiver’*

In fact, as the result of supervisor and other employee feedback, Sonoma recently purchased more than \$1 million worth of new patient-lifting equipment to reduce costly lower back injuries. The facility’s goal is to be a “no manual lift zone” within the next couple of years.

“We needed the new equipment. We needed to take care of the caregiver,” he says. “That was our philosophy, to give them the tools they need to get the job done safely, both for the client and for the employee. Part of empowerment is to allow employees to say what they need to get the job done safely.”

Percy says Team Care examined the hospital’s safety and injury prevention programs, evaluated trends, discovered the causes of injuries, and “helped us make changes within the organization instead of just putting out little fires.”

**Cynthia Hentley**, PhD, developed Team Care (an acronym for Total Employee and Management Commitment, Accountability, Responsibility, and Empowerment) when she was director of health and safety at another California hospital. The program worked so well that the state adopted the concept, contracted with BHS to operate it, and hired Hentley as cost-containment project director, a position in which she oversees Team Care statewide. Five hospitals are currently participating, and the program is ready to be implemented nationally. Team Care has been nominated twice for the Harvard School of Business Innovation Award.

Hentley says the program takes a “holistic approach” that includes an organization’s culture, post-injury medical management, and injury prevention or loss control. (**See checklist, p. 127.**)

“This looks at the whole system and what the barriers are, and then develops processes to make the system flow better,” she says.

# Checklist for Assessing an Employee Safety Program

## 1. Safety Committee

- Do members have defined roles and responsibilities?
- Are there regularly scheduled meetings?
- Does the committee have good representation (motivation, knowledge, assigned work area)?
- Is there a system of accountability (minutes taken, a method of identifying who is responsible for items, and due dates assigned)?

## 2. Information Management

- Are data and information on workers' compensation and safety programs available and used in safety program development?
- Are you able to utilize trend information?
- Do you provide effective reports to management?

## 3. Training Programs

- Is there a method of tracking training (who has received what training and who needs what training)?
- Is training based upon risk and need?
- Are trainers knowledgeable and skilled?
- Are satisfaction surveys conducted for trainings?
- Is training convenient for employees?

## 4. Return-to-Work Program

- Do you have an early return-to-work program in place?
- Are supervisors kept informed of injured employees' progress?

- Are injured employees supported in their recuperation process?

## 5. Providers

- Is the medical care provided to injured workers timely, convenient, and effective?
- Do providers share your organization's philosophy?
- Are providers trained in occupational medicine?
- Do providers communicate diagnoses and treatment plans effectively to employees?
- Do providers support an early return-to-work program?
- Are injured employees instructed in appropriate exercises, and is physical therapy utilized?
- Are satisfaction surveys conducted on providers?
- Do providers give you written reports?
- Do the doctors and physical therapists visit the work sites?

## 6. Safety Culture

- What kind of safety culture exists at your organization?
- What are the organization's greatest safety concerns?
- Do you have a safety process in place?
- Is there a quality assurance program?

Source: Business Health Systems, Santa Rosa, CA.

For example, if post-injury medical management is a problem because physicians who are treating employees are not trained in occupational medicine or are not communicating well with employers or employees, Team Care finds well-trained doctors in the community and develops memoranda of understanding with them "so they will know what the expectations are," she explains. Expectations usually include such needs as providing immediate care for injured employees; being familiar enough with the work environment to return workers either on a modified transitional basis or on a limited basis with the intent of progressing to full duty within 45 working days; and communicating diagnoses and treatment plans to employees, employers, and insurance carriers.

Supervisor cooperation is another problem Team Care tackles. The program trains supervisors in how to work with employees on modified duty and how to modify tasks so people can

come back to work.

The loss-control aspect of the program places responsibility on employees, supervisors, and the organization itself, Hentley says.

### ***Happy supervisors = happy employees***

"We develop teams to get people to work together as opposed to being at each others' throats. When there is a lack of resources, people tend to get irritated, they get tense, they get upset and frustrated. If we have severe injuries, we have psychological programs that assist workers in coping with the stress or trauma of the injury. We also provide sensitivity training for supervisors to help them deal with their own stressors when resources get tight. We know that when we have happy supervisors, we have happy employees. We help them run a good team," she says.

Loss control also includes establishing computerized tracking programs to identify injury trends

and generate reports of numbers of injuries, where in the hospital they're occurring, and how much they cost.

"It's a very specific analytical approach to looking at where the barriers are and identifying loss control programs to meet the needs," Hentley says. "Tracking programs go area by area, supervisor by supervisor, to see types of injuries, costs, and lost time associated with injuries. It's the same as in any business — the driving factor is the cost."

Using the information generated by computerized tracking, Team Care shows hospital managers how they can reduce injuries. One way is by helping them to set up safety committees to identify needs and solutions in different areas of the hospital.

"We find that when people come up with their own solutions and recommendations, they tend to buy into them better," Hentley notes.

While individual hospitals' needs and problems vary, Hentley says Team Care can reduce lost work days by at least 60% within the first 18 months. Total workers' compensation costs generally can be decreased 60% or 70%.

"This systems approach works because it brings in the insurance carrier, the treater, the employer, the administration, and the injured employee all working together so that everybody is on the same page and knows what the expectations are. That's what I see as the missing link," she says. "In some hospitals, nobody knows what's going on. The situation is so complex, but people aren't communicating with each other. We want everyone to know exactly what is going on. The intent is to help the employer, the insurance company, and the medical profession get a good approach to workers' compensation because it's always been a thorn in everybody's side."

BHS president Day says Team Care focuses on hospitals because of the need for effective workers' compensation management in a high-injury industry.

"Health care has one of the highest injury and illness rates of any type of industry. It's as hazardous as doing construction or other types of work that people traditionally think of as dangerous," she says.

Also, health care workers tend to accept injury and illness as part of the job of caring for people, and they sometimes forget to take care of themselves, she adds.

"We look at the psychosocial makeup of an

organization, what we call its culture. We look at how morale affects injuries, at job engagement and job burnout, how you keep people interested, motivated, and creative in their job. Sometimes people are looking for a way out with workers' comp," she says. "They've just had enough; it's a very physically, emotionally, and spiritually draining job. Negativity in the workplace effects injuries. If people have good morale and are working as a team, injury rates tend to be lower."

Day notes that Team Care brings in medical doctors, psychologists, physical therapists, organizational development experts, occupational health nurses, and management information specialists as needed to help hospitals lower workers' comp costs.

"Hospitals are now looking at where all the costs are and how to reduce them, and injuries is one of the big areas they are looking at," Day says. "The key is a comprehensive approach — sifting through all the information and data, finding the risks, what is costing a lot of money, and then plugging the holes. These things take time. They didn't happen overnight, and they're not going to go away overnight."

*[Editor's note: For more information on using Team Care at your hospital, contact Business Health Systems, 1738 Willowside Road, Santa Rosa, CA 95401. Telephone: (707) 528-1830. Fax: (707) 578-1292.] ■*

## Chronically ill need a sense of empowerment

*Give your employees 'permission to be sick'*

**T**he key to helping chronically ill employees obtain maximum productivity is at once both simple and complex: They must be given "permission" to be sick. So says **Dorothy Leone-Glasser, RN, HHC**, a chronic illness management therapist at the Wentz Wellness Center for Women in Alpharetta, GA.

"Employees who learn they have a chronic illness immediately feel out of control because their body is out of control," says Leone-Glasser. "The mind-body-spirit connection is out of balance. It is important that we give them permission to be sick." This "permission," she says, is surprisingly empowering.

“Until we give them permission, they can’t give it to themselves, and they need that to have a chance to get well,” she notes. That’s because permission to be ill removes the denial, and what remains is the chronic illness, she explains.

“As soon as you admit this might be forever, you have the chance to make all the wonderful changes in your life; you have the opportunity to change things because this illness is demanding that. Out of this, you will gain the control to be as well as possible despite being ill.”

This is not just a theory Leone-Glasser espouses; it is grounded in her own personal experience. When she was 20, she was diagnosed with systemic lupus erythematosus, and given three years to live. In 1987, she was treated for cancer and given five years to live. This year, she was one of 50 national “Heroes Overcoming Arthritis” chosen by the Atlanta-based Arthritis Foundation.

Her own experiences led her to develop a program called the Living Well With Chronic Illness program, which she started in 1984. While designed for individuals and families both inside and outside the workplace, it led to speaking engagements and seminars at corporations such as IBM and Kimberly Clarke.

Employers and employees have a special stake in chronic illness, she notes. “Part of the problem is awareness. Employees are afraid to tell their bosses; with the health care system changing so drastically, it could be a problem for the company and the managed care contracts they have. But if they had a wellness program available for these employees it would help keep them as well as possible, so they can be as productive as possible. Also, employers themselves suffer from chronic illness, and their own illness could be overlooked.”

The most common chronic illnesses affecting employees, she says, are arthritis (more than 100 forms); cardiac disease; and cancers that were once invariably fatal but are now curable. “They

have now turned into chronic illnesses,” she explains. Lung disease is also on the rise among women, because more of them are smoking.

### ***Focusing on stress***

Stress is a key focal point of her workplace presentation, because increased stress can exacerbate symptoms. “In the workplace it’s very important to address stress management and the side effects of negative stress on the body,” Leone-Glasser says. She begins her sessions with a video from the Arthritis Foundation that includes interviews with chronically ill employees who have successfully continued their careers. Next, she teaches the employees meditation and stress reduction techniques. These include guided imagery and visualization, where the employees are taught to visually go into their own DNA and RNA at the cellular level. “Once you learn this, you can close your office door, and do this for 10 minutes anytime during the day,” she says. Then, she discusses other coping methods for creating a healthier balance encompassing their ‘personhood,’ their career, and their health maintenance.

“Employees with chronic illnesses must create a balance between rest and activity — between the hours they must be at work and their personal time,” she says. Key strategies include meditation, stress management techniques, nutrition, sleep patterns, social and personal interactions, journaling activities, keeping a food log, and looking for a correlation between what you do and how your symptoms are at those times.

“During your break or lunch hour you must meditate or perform stress reduction techniques,” Leone-Glasser advises, “because what you need to do is get through the rest of the day, whether you’re dealing with pain, or with chronic fatigue.”

Physical conditioning is also very important. For employees who cannot do a full aerobics program, t’ai chi, yoga, or stretching programs can be very beneficial. “They introduce endorphins into the bodily system, giving a sense of well-being, and that reduces the pain cycle,” says Leone-Glasser.

Finally, she recommends, examine the employee’s work environment. “This is where they spend most of their time,” she notes. “The area should be kept clear of any triggers that might exacerbate their systems. For example, for anyone with cancer or autoimmune diseases, getting incandescent lights is important,

## **KEY POINTS**

- Awareness and honesty are critical for employee and employer.
- Chronically ill employees need “stress breaks” during the day.
- Low-cost changes can make the workplace more employee-friendly.

because fluorescent lights trigger all autoimmune diseases.”

If it is too expensive to change the light bulbs, inexpensive clear fiberglass tubes can be purchased that slip right over a long fluorescent bulb, says Leone-Glasser.

“Some employees have heightened allergies, and the air in the office can literally make them sick,” she adds. “Such employees should have air filters, both at home and in the workplace.”

*[Editor’s note: For more information, contact: Dorothy Leone-Glasser, Wentz Center for Wellness, 2365 Old Milton Parkway, Suite 300, Alpharetta, GA 30004. Telephone: (770) 521-2140.] ■*

## Prep expatriate employees to cut their stress

*Productivity, health are major concerns*

Recognizing that employees transferred abroad face unique challenges to health and productivity, two Minneapolis-based firms are jointly providing programming to address these problems.

Ceridian Performance Partners, a workplace effectiveness company, is providing its new Lifebalance ExPat (expatriate) services in partnership with Window on the World (WOW), which provides cross-cultural training for multi-national corporations.

“When I worked at Honeywell, I became aware of WOW’s high quality,” recalls **Linda Hall Whitman**, Ceridian president. “When we opened our Hispanic center, we engaged their services, so when customers began to ask us for assistance with their expats, it seemed a logical partnership.”

The main components of the program are:

- Cross-cultural training must begin well before the move.
- Employees must develop comfort level with health services abroad.
- Stress is a key issue for employees working in a foreign country.

- pre-departure cross-cultural training, in-country orientation, and repatriation training;
- a single, personal point of contact, available 24 hours a day;
- face-to-face contact with masters-level consultants for work-life issues;
- toll-free access to U.S.-based registered nurses for health care questions 24 hours a day, seven days a week;
- help resolving U.S.-based issues related to child care, schooling, or care of elderly relatives who remain in or are returning to the United States.

### **Preparing for the transition**

The program actually begins before the employee makes the move, explains **Pam Pappas Stanoch**, president and owner of WOW.

“We have over 600 consultants who are country-specific,” she notes. These individuals conduct pre-departure cross-cultural training sessions [usually two days and one evening] to orient employees and their families to their new environment and minimize the stress associated with an international move.

“We spend a fair amount of time on cultural adaptation — including how to keep yourself healthy,” she says. This includes distribution of a printed piece called “Just for You,” which contains a list of English-speaking doctors and other health care and professional services in the new country. “We focus heavily in the first three months on helping employees to empower themselves in a healthy state,” Pappas Stanoch explains.

Every program, she adds, incorporates the five ‘basics’ of an international move: communication, stereotypes, values, comparing and contrasting cultures, and cultural adaptation.

During the preparation period, WOW’s clients are informed about the rest of the Lifebalance ExPat program — especially the nurse line program. “If they accept it, we turn them over to Ceridian so can they can enroll in the program [the fee is \$1,000].”

At that point, Ceridian takes over, signing up the employee and setting files up, while WOW continues the process of cross-cultural training.

Ceridian complements this training with personalized services for the employees. “We have consultants who have been trained in expat issues personally assigned to every family,”

### **KEY POINTS**

explains **Judy Ekstrom**, MA, Ceridian product specialist. "They call them on a monthly basis to develop a relationship, to answer any of their concerns, and to help them deal with stress."

**(Ekstrom sites a number of statistics to emphasize the need for ExPat services. See the box below.)**

It's stress that is the primary target of this program, the partners agree. "All the services are combined to provide a preventative, practice service to address the stress issue, and emotional problems that could result in a loss of productivity and failed assignments," says Ekstrom.

## Studies: Expat issues significant

Just how strong is the demand for expatriate services? The numbers don't lie, asserts **Judy Ekstrom**, MA, product specialist for Minneapolis-based Ceridian Performance Partners. Here are some statistics she cited for *Employee Health & Fitness*:

- Ninety-seven percent of international assignees gave health care considerations the highest overall rating in a survey.
- About 65% of expatriate employees were not provided with a pre-departure medical briefing on anticipated health care benefits and in-country practices by their organization.
- About 38% of expatriate employees were not offered any pre-departure medical exams or immunizations.

*Sources:* 1996-97 International Assignee Research Project; Berlitz International; and HFS Mobility Services in cooperation with the SHRM Institute for Human Resources.

- There are 350,000-plus corporate expatriates worldwide, and 100,000 in the United States. The National Foreign Trade Council predicts this volume will triple within five years; 86% of expatriates are male.

- A single failed overseas assignment can cost a company \$1 million or more. The most common reason for a failed assignment is family issues.

- One out of five expatriates quits and goes home in the first six months.

*Source:* HR News, Society for Human Resource Management, March, 1998.

Even though the employees will have an individual on-site to show them around — to show them how to use the subway or the bank, for example — there can still be significant stress, Ekstrom notes. "Maybe the spouse is a professional in the United States, but they can't work over there. Maybe a teen-age child had been getting private help at home that the parents did not know about. The Nurseline can provide such help anonymously. For example, we've had kids in Alanon whose parents didn't know about it."

Stress management is also a key goal of WOW's services, says Pappas Stanoch. "That's why we provide the employees with the tools to begin enculturation as soon as they get there," she explains.

She agrees with Ekstrom, however, that even the most thorough preparation will not completely eliminate stressors. "For example, they often given medications in other countries that are not approved in the United States. That could certainly cause trepidation," she notes.

Customized services help keep those potential stresses to a minimum. "For example, if you're a journalist moving to France with a spouse and two kids, we will design a program that is specifically geared to the life you are going to lead," says Pappas Stanoch. "The pre-departure trainer, in this case, would be an individual who has lived in France with children."

This new program is beginning to catch on, say the partners. Chrysler Corp. International and Gillette Co. have already signed up for Lifebalance ExPat. ■



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