



Employee Health & Fitness™

The executive update on health improvement programs

INSIDE

- **Shifting the health burden to workers:** Chevron seeks to improve health care quality41
- **Supervisors trained to monitor back health:** Employers ask for follow-up program42
- **Underly mobile can still get a workout:** Deskerercise boosts circulation, fights stress44
- **Guest Columnist:** Redirecting workplace prevention, wellness programs46
- **In Health & Well-Being Insert:**
 - Exercise may help prevent miscarriages
 - Popeye never had eye trouble!
 - Heart disease: The No. 1 killer of women
 - AICR prints plant-based diet book to fight cancer

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NIOSH publication says stress is 'greater health threat than ever'

Job conditions may be more significant than individual employee problems

In a new publication based on the latest research and in collaboration with industries, labor, and universities, the CDC's National Institute for Occupational Safety and Health (NIOSH) in Cincinnati says, "Perhaps now more than ever before, job stress poses a threat to the health of workers."

The publication, *Stress . . . At Work*, makes these additional, thought-provoking assertions:

- While the role of individual factors should not be ignored, working conditions play a primary role in causing job stress, and job redesign should be a key strategy in combating stress.
- The beneficial effects of stress management are often short-lived, and stress management programs often ignore important root causes of stress because they focus on the worker and not on the environment.

"Research and experience tell us that certain factors such as heavy workload, conflicting or uncertain job responsibilities, and job insecurity are stressors across organizations. The risk for job stress can be reduced through smart, strategic action," notes NIOSH director **Linda Rosenstock**, MD, MPH.

Publication called 'a significant step'

Wellness experts find significance in the fact NIOSH has gone the lengths it has to produce such a publication.

"This will lend more credence to workers' comp claims that have been and will be filed," notes **Lewis Schiffman**, president of Atlanta

KEY POINTS

- Stress management benefits described as "short-lived."
- Small workplace changes can make a big difference.
- Government recognition may make management take notice.

Job Conditions that May Lead to Stress

- **The design of tasks.** Heavy workload, infrequent rest breaks, long work hours and shift work; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control.
- **Management style.** Lack of participation by workers in decision making, poor communication in the organization, and lack of family-friendly policies.
- **Interpersonal relationships.** Poor social environment and lack of support or help from co-workers and supervisors.
- **Work roles.** Conflicting or uncertain job expectations, too much responsibility, and too many "hats to wear."
- **Career concerns.** Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.
- **Environmental conditions.** Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

Source: *Stress . . . At Work*, Cincinnati: National Institute for Occupational Safety and Health; 1999.

Steps Toward Prevention of Stress

- 1. Identify the problem.** Group discussions among managers, labor representatives, and employees work well in smaller organizations. In larger organizations, these discussions can be used to help design formal surveys for gathering input.
- 2. Design and implement interventions.** Once the sources of stress have been identified, informal discussions that helped identify problems in small organizations may also produce fruitful ideas for prevention. In large organizations, a more formal process may be needed. Frequently, a team is asked to develop recommendations based on analysis of data from Step 1 and consultation with outside experts.
- 3. Evaluate the interventions.** This is an essential step. Short-term evaluations should be conducted quarterly, while long-term evaluations are often conducted annually as necessary. Measure employee perceptions of job conditions, stress, health, and satisfaction; include object measures; refine the intervention strategy and return to Step 1.

Source: *Stress . . . At Work*, Cincinnati: National Institute for Occupational Safety and Health; 1999.

Health Systems, a wellness consulting firm. "In addition, health promotion professionals have been talking about stress and health for years, and when the government finally acknowledges a problem, it's usually because it's become blatantly obvious that it needs to be addressed. It's beyond being a controversial or debatable topic — it's acknowledging the reality of what *is*."

"The advantage of this publication is that it draws greater attention to stress at the workplace — which really ebbs and flows in terms of people's concerns," adds **Don R. Powell**, PhD, president of the American Institute for Preventive Medicine, in Farmington Hills, MI. "Credible organizations like NIOSH give the issue more weight."

"It's also of value as further evidence for what many of us are already doing, and to hopefully get top management to pay more attention to this as a strategic business issue," adds Schiffman.

How important are working conditions?

But what of the book's primary assertions? Are working conditions more significant than the individual emotional state of the employee, and the way in which he or she reacts to stressful situations? In other words, as the book asserts, are certain working conditions *universally* stressful?

"I would say there is probably some truth to that, although NIOSH is doing something

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ADDITIONAL RESOURCES

The Encyclopaedia of Occupational Health and Safety, 4th ed. (ISBN 92-2-109203-8), contains a comprehensive summary of the latest scientific information about the causes and effects of job stress (see Vol. 1, Chapter 5, Mental Health; Vol. 2, Chapter 34, Psychosocial and Organizational Factors). To order a copy, contact: International Labour Office (ILO) Publications Center, P.O. Box 753, Waldorf, MD 20604. Telephone: (301) 638-3152.

NIOSH job stress Web site (<http://www.cdc.gov/niosh/jobstres.html>), or call NIOSH at (800) 35-NIOSH.

To locate a psychologist or consultant in your area: American Psychological Association (APA), 750 First St., N.E., Washington, DC 20002-4242. Telephone: (202) 336-5500.

State psychological associations maintain a listing of licensed psychologists who may be able to help with stress-related issues. Call the APA or your state psychological association for more information, or refer to the APA Web site: <http://helping.apa.org/work/index.html>.

Elisburg D. Workplace stress: Legal Developments, Economic Pressures, and Violence. In: Burton JF, ed. *1995 Workers Compensation Year Book*. Horsham, PA: LRP Publications; 217-222.

Sauter SL, Murphy LR, Hurrell JJ, Jr. Prevention of work-related psychological disorders. *American Psychologist* 45(10):1,146-1,158.

Bureau of Labor Statistics Homepage (<http://stats.bls.gov/>). Tabular Data, 1992-1996: Number and percentage distribution of nonfatal occupational injuries and illnesses involving days away from work, by nature of injury or illness and number of days away from work.

Sauter S, Hurrell J, Murphy L, Levi L. Psychosocial and Organizational Factors. In: Stellman J, ed. *Encyclopaedia of Occupational Health and Safety*, Vol. 1. Geneva: International Labour Office, pp. 34.1-34.77.

Bond JT, Galinsky E, Swanberg JE. *The 1997 National Study of the Changing Work Force*. New York: Families and Work Institute.

Jones JW, Barge BN, Steffy BD, et al. Stress and medical malpractice: Organizational risk assessment and intervention. *Journal of Applied Psychology* 73(4):727-735.

Goetzel RZ, Anderson DR, Whitmer RW, et al, Health Enhancement Research Organization (HERO) Research Committee. The relationship between modifiable health risks and health care expenditures: An analysis of the multi-employer HERO health risk and cost database. *Journal of Occupational and Environmental Medicine* 40(10).

Northwestern National Life (now ReliaStar Financial Corporation) Company. *Employee Burnout: America's Newest Epidemic*. Minneapolis, 1991.

Northwestern National Life Insurance Company. *Employee Burnout: Causes and Cures*. Minneapolis, 1992.

Princeton Survey Research Associates. *Labor Day Survey: State of Workers*. Princeton, NJ, 1997.

St. Paul Fire and Marine Insurance Company American Workers Under Pressure Technical Report. St. Paul, MN, 1992.

Barsade S, Wiesenfeld B, The Marlin Company. *Attitudes in the American Workplace III*. New Haven, CT: Yale University School of Management, 1997.

Source: *Stress . . . At Work*, Cincinnati: National Institute for Occupational Safety and Health; 1999.

new in terms of expressing it just that way," says Schiffman. "For years, organizational development specialists have discussed how supervisory style, for example, affects productivity, performance, and shapes the corporate culture or work environment.

"If you put employees in an environment where they are unsure of their roles and expectations; where one person is often doing the job of two or three; where they're not getting a lot of appreciation for their contribution; where they don't feel empowered to make decisions or influence company policy; where there is often poor lighting, poor air quality, uncomfortable seating, and lack of availability of healthy nutritional options, most people will feel the subjective effects of stress," he continues. "Couple this with

the fact that three-quarters of the population are not stress-hardy because they don't exercise, that more than half of them are overweight, and that most are ingesting too much caffeine, sugar, and alcohol. It's a wonder that more people aren't on Prozac or engaging in violence or sabotage in the workplace."

Despite that, Schiffman wouldn't definitively agree working conditions play a greater role in creating stress. "But they're at least of equal weight," he acknowledges.

If individual employee problems were the primary cause of stress, then stress management programming might be a "cure-all" for what ails them. But, as the NIOSH publication points out, stress management programs have major

SOURCES

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disadvantages. Thus, NIOSH recommends a combination of organizational change and stress management to combat the effects of stress in the workplace.

“A two-pronged approach is definitely the best way,” says Powell. “Many companies put a Band-Aid on the problem with stress management, relaxation techniques, time management, and cognitive coping skills. NIOSH is focusing also on organizational change; you have to look at corporate culture at the same time, or in a sense you’re dealing with only half the problem.”

Powell counsels caution, however, when considering NIOSH’s recommendations. “Given their mandate, they certainly would be looking at organizational change,” he notes. “OSHA, for example, studies *workplace* safety, looking not just at the person but the whole environment. I kind of think NIOSH is in the same realm.”

Changes in corporate culture

Still, Schiffman says, the focus on corporate culture is not without merit. “If you have a hostile work environment, the best stress management program in the world won’t cure your problems. The results of that kind of approach are very short-lived because the root problems don’t go away,” he notes. “Eventually, when people realize that things aren’t going to change, they lose the incentive to use the healthy coping skills and instead find it more attractive to drink, eat chocolate, complain, think about finding another job, and begin thinking, ‘How can I do as little as possible so I can minimize the time I have to spend here?’”

But, says Powell, the “ABCDE” (antecedent, belief, consequence, dispute, effect) model of human behavior illustrates an individual’s response *can* make a difference. “In traditional thought, antecedent produces consequence,” he explains. “But it’s not necessarily the overbearing boss (antecedent), but the belief — what the employee says to himself — that causes the stress. If he feels bad about himself, there will be

stress. If his response is ‘dispute,’ that he’s doing the best he can, and views it as the boss’ problem, the new effect is less of a stress response.”

The problem with the two-pronged approach is that true cultural change, or job redesign, is extremely difficult to accomplish. While the NIOSH publication offers two or three examples of such changes, both Powell and Schiffman believe these are the exception rather than the rule.

“From a practical standpoint, most organizations do not want to change their culture, and therefore would tend to focus on stress management,” says Powell. “My guess is that 75%-80% would opt for stress management, while 20%-25% would be willing to look at organizational change.”

“That’s a great idea [to change the corporate culture], but I think most organizations would find that very threatening,” adds Schiffman. “It would entail going to a more participatory style of leadership, hiring more people, and acknowledging that unreasonable demands have been made on employees.”

Even if widespread changes in corporate culture or job redesign are not possible, there are still strategies wellness professionals can implement to augment stress management and other educational programs.

“Invite employees to become more actively involved in problem solving, which makes total sense since they are the ones closest to the problems,” Schiffman suggests. “This also enables them to use their creativity, which will cause them to find work more stimulating and satisfying. You should also promote more social interaction and team development activities, so that people feel more of a sense of interconnectedness.”

“You could set up a ‘relaxation room’ and give employees an opportunity to relax during break periods,” adds Powell. “Examine the colors on the office walls — the cool colors, like blues and greens, tend to be more soothing than oranges and yellows. Also, think about introducing soothing music and lighting.”

The marketplace may actually force some reluctant employers to consider cultural changes, says Schiffman. “As the war for talent continues, it will become necessary for employers to create a more desirable work environment,” he asserts.

But radical cultural change can be extremely time-consuming, he admits. “What may be even more time-efficient would be an annual employee satisfaction survey and a health improvement team or quality of life/work team to be composed of informal employee leaders, the wellness and

human resource professionals, and a front line supervisor,” he suggests. “This team would monitor potentially stressful conditions and make recommendations to top management on how to address them.” (For more of NIOSH’s findings on the cause, cure, and prevention of stress, see the checklists on p. 38.)

[Editor’s note: Copies of Stress . . . At Work and other NIOSH publications are available from: Publications Dissemination, EID, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, OH 45226-1998. Telephone: (800) 35-NIOSH. Web site: www.cdc.gov/niosh.] ■

Chevron shifts health burden toward workers

Part of strategy is to improve health care quality

An interdisciplinary team at San Francisco-based Chevron Corporation concluded that one of the keys to improving health care quality is to give employees more responsibility for their own health care. In the beginning stages of this initiative, they sought to encourage this shift through a combination of education, information resources, and possible changes in benefit plan structure.

Chevron’s newly revised health and welfare strategy has five key objectives:

1. **Manage cost.**
2. **Maximize participant satisfaction, to the degree that it is compliant with overall corporate objectives.**
3. **Promote employee/participant accountability.**
4. **Ensure service partner accountability.**
5. **Enhance health and productivity among employees.**

The last three points are tightly interwoven, explains **Bruce S. Smith**, senior vendor administrator for health and welfare plans. “From my

perspective, I have to work with the [health insurance] vendors to ensure their processes operate at an optimal level. Otherwise, the member can’t be self-sufficient,” he notes. “If I have trouble getting my claims paid, it’s hard for me to take more accountability. If we can improve processes around referrals and customer service, when my member calls, he or she can take care of these things.”

An ongoing process

Chevron formally began the creation of a health care strategy in 1991, then decided to update it in 1996. The multidisciplinary team, headed by adviser Tanya Bednarski, included Smith, **D. Ann Whitehead**, manager of preventive health services, plan administration staff, and the medical and finance departments.

“We met with an outside consultant several times over a period of more than one year to develop the strategy,” recalls Smith. “Now, our health and welfare team meets quarterly at a minimum. And we work together closely on a daily basis.”

“We were looking to achieve a couple of things,” notes Whitehead, “including having employees assume more accountability around their health and seeing what we could do in the design of our self-insured plan.”

At the present time, Chevron has “a contribution policy that is probably more generous than that of other similar employers,” notes Smith. “For example, right now there are no premiums. This may create a disincentive on how insurance money is spent; it may not set the stage for employees to be prudent health care shoppers. Should we modify that so a greater amount of financial accountability falls upon the member?”

This is one of the issues that led to the new initiative, he explains. “We’re considering a larger copay.”

The Chevron staff is seeking to achieve its objectives through several simultaneous, related activities.

“It all focuses on health, but specifically on wise health care consumerism,” says Whitehead. There is a great deal of information available on the company’s Web site, and on its Intranet, as well as plan satisfaction ratings and other reports from HEDIS. “We’ve also communicated our objectives through our company newsletter, linking them back into Chevron’s overall business vision. Employees are fairly knowledgeable about the overall vision,” she says.

KEY POINTS

- Generous benefits can actually be disincentive to accountability.
- Evaluation includes monitoring “hits” on Web resources.
- Vendor changes can have impact on employee behaviors.

Participation is encouraged by making it easy, says Whitehead.

“At the work site, everything we do is on company time except for workouts at the fitness center,” she notes. “It is also linked heavily to the business needs of a particular group; we help our different operating companies meet their own needs.”

“For example,” adds Smith, “there’s a location closing in Le Havre [CA]. We’re selling it off, and those employees will either lose their jobs or be relocated. We are providing meditation and yoga classes on company time.”

If the activities are linked to specific needs of the business, Smith says, the managers will allow it on company time.

“Then, participation rates jump way up,” he says.

Safety is a huge driver for businesses, adds Whitehead. But they also schedule screenings such as health risk appraisals (HRAs) on company time.

Since the initiative is still unfolding, it is far too early to measure results, but Whitehead notes the evaluation process is already well established.

“What we’ve really done is have ‘metrics’ created around the initiative,” she explains. “We’ll measure participation rates in things like disability management (which focuses on off-the-job injury and illness), participation in a new wellness supplement, and HRAs. This will tell us if people are really taking some responsibility for their health.”

The staff will also measure use of the Intranet information resources, and “hits” on the Chevron Web site.

A long-term process

Smith and Whitehead recognize they have begun what will be a long-term process. “Our employees have been relatively passive [about their own health care],” notes Smith. “But if we can turn it around, then we will turn around ongoing cost issues for our company and their health.”

“You can sell this to management,” adds Whitehead, “because they know they’ll be getting something for the investment.”

She’s also convinced health care quality will improve. “Wise consumers will affect clinicians because they demand certain things when they walk in the door,” she asserts.

Adds Smith: “I can’t expect my doctor to be solely responsible for my health care and quality

of care. He’s inundated with all kinds of stressors and demands. If I can go in and focus with him, he will be a better doctor, and hopefully make changes too.”

Smith belongs to an HMO that automatically covers routine, yearly health exams. “My doctor is a good, caring doctor, and I love him dearly, but I don’t have any major medical problems. If I don’t remind him about my physical, he’s likely to forget. And he’s not unusual; he’s the norm. He’s just overwhelmed.”

If employees pick up that slack, Smith expects to see positive results over the long term. “This year, all we’ll really be able to do is record and measure how many people have enrolled,” he says. “It will take a year or two to get results. I want to look at overall continuing costs for key diagnoses, such as cardiovascular disease, asthma, and diabetes.”

[For more information, contact: D. Ann Whitehead, Chevron Corporation, 575 Market St., Room 1628, San Francisco, CA 94105. Telephone: (415) 894-7700.] ■

Supervisors trained as back health monitors

Employers ask for follow-up program

What do you do when you’ve completed an extremely successful back health training program? Why, go right back in and start a new program to reinforce what’s been learned, naturally.

Dennis Downing, president of Future Industrial Technology (FIT), Santa Barbara, CA, readily admits he “wasn’t that smart.” It was his clients who saw the need for this second layer of learning.

“The employers wanted it,” he says. “They were getting [what they felt] were very good programs, and the companies wanted long-term

KEY POINTS

- There are right and wrong ways to correct employee biomechanics.
- Employees actually *ask* for exercise programs during work.
- Reminders required to make behavior modifications more permanent.

benefits rather than just short-term. They wanted the precepts reinforced on a regular basis.”

Upon reflection, Downing realized they were right. “In order to change behavior, it has to be reinforced both positively and in a corrective mode,” he says.

FIT, an injury prevention company, helps reduce workers’ compensation costs by teaching employees how to be responsible for their own health and to control their own well-being.

Its two back health programs, BACKSAFE® and SITTINGSAFE®, have already achieved these impressive results:

Back injuries at the Fabrication Division of Boeing Corp. have been reduced 41%.

In the Los Angeles County Office of Education, carpal tunnel syndrome cases were reduced by more than 37%.

At United Airlines, preliminary data show a 47% reduction in cart-related injuries and a 90% reduction in luggage-related injuries.

Rolling out the new program

In response to the employer requests, FIT rolled out its new “supervisor training module” in the fall of 1998, conducting pilot programs with United Airlines and the State of California.

“We did the BACKSAFE® and SITTINGSAFE® programs in April and May for about 2100 employees, and in October 1998, we delivered the training to the supervisors,” says **Claire Florio**, safety coordinator of engine maintenance with United in San Francisco.

There is a separate training module for each program, Downing explains. “For BACKSAFE®, we train up to 10 supervisors at a time in how to do a safety audit — to walk around their facility, and be able to observe and differentiate between proper and improper biomechanics.”

But they have to do more than that. “We teach them how to acknowledge and reinforce the proper biomechanical movements; how to intervene and correct an employee without making someone feel ‘wrong,’” Downing explains. “We also teach them how to conduct 24 different 10-minute safety meetings that are distilled from the original programs, because the same language must be reinforced.”

In the SITTINGSAFE® module, supervisors are trained to perform personal work site consultation. “They’re taught how to assist employees in setting up their workstations in an ergonomically correct fashion for their specific body type — as

well as how to sit properly, and exercise and stretch regularly,” he continues.

These four-hour modules are specifically designed to take place immediately after the work force, department, or division is trained. “This way, right from the ‘git-go,’ you have supervisors who are capable of immediately acknowledging proper behavior,” Downing explains.

The cost of the program depends on the number of employees. The two base programs are \$35 an employee. Supervisor training for up to 10 individuals is less than \$2500.

United buys in

United is fully committed to the supervisor training concept. “The original program was excellent, but we realized that with any training, people needed to be reminded and coached to make a habit of what they’ve learned,” says Florio.

Her goals were to “further ingrain and to support change in people’s work habits,” which, she admits, is often easier said than done. “We’re still trying to get the team leaders to get out there and do it, because for them it’s also a change.”

That’s because it’s more than just a change of behavior; it’s a *cultural* change. “It’s hard for our mechanics, who want to look strong and bullet-proof,” she notes. “At the same time, our supervisors want to give them that respect, but they want to help them.”

While the change will not be easy, Florio asserts it is well worth the effort.

“This is a very new concept — for a supervisor to go out and observe someone working and to be able, if they see they’re doing it right, to thank or congratulate them, or if they’re doing it wrong, to tell them,” she notes. “That’s what was so very valuable. Now, it’s up to us to help the supervisors feel comfortable doing it.”

To that end, United is reinforcing the messages on its own as well. “We have monthly safety meetings where people get up and do exercises that come out of the BACKSAFE® program. We asked the ‘supers’ and their volunteer safety reps to do the same at least monthly among their own people, so they’d be more comfortable,” says Florio.

It seems to be working. “Some groups are saying they actually *want* to do the exercises at break time,” she reports. “That’s a key, because the more comfortable they become, the more comfortable the supervisors will be. It all goes together.”

SOURCES

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Claire Florio, United Airlines SFMC, SFOPA, San Francisco International Airport, San Francisco, CA 94128. Telephone: (650) 634-2108.

At same time, United is instituting an overall focus on ergonomics. “We’re going to have some ergonomics consultants come and walk through the building and talk about workstation ergonomics,” says Florio. “Together with the supervisor training module, it will encourage our team leaders to pursue good body mechanics.”

Employees greatly appreciate these programs, she adds. “They loved [the FIT programs]. They thought they were practical and useful.” ■

‘Underly mobile’ still can get a workout

‘Deskercise’ boosts circulation, fights stress

Even office-bound “desk potatoes” can — and should — get regular exercise during the day. That’s the contention of **Viveca Jonsson**, president and CEO of VIVECORP, a Seattle-based firm that runs corporate wellness and fitness programs for organizations such as Bank of America, Starbucks Coffee, and the Federal Aviation Administration.

“Unfortunately, [in modern society] we are technically enhanced, but underly mobile,” asserts Jonsson, who is a certified physical therapist in her native Finland.

Her company’s corporate ergonomics program, called “Bodies and Minds at Work,” has a new set of components designed specifically for those deskbound employees. She calls the activities “deskercise.”

Gotta keep moving

How did she come up with the idea for deskercise? “We work with a lot of people in their workplace, and we have to pay attention to [the causes of] injuries,” she notes. “They talk a lot about stress, and regular movement is part

of overcoming stress.

“The fact is that every two hours at a minimum, and ideally every hour, we have to move just to have healthy muscles and joints and adequate circulation,” she continues. “It’s not well and good to work out for one hour and then sit for eight. If you don’t move around, you don’t have circulation anywhere but in your ‘bum’ — including your head, which is where you *think*.”

Typical office workers, she explains, sit and type at a computer for hours. This requires them to keep their upper body still, causing continual tension in the shoulders. “If you do that all day long, muscles will choke themselves for lack of oxygen,” she explains. “If you don’t move, you will have lactic acid buildup, which leads to soreness.”

Where it hurts the most

VIVECORP’s deskercises target the areas of the body most affected by long hours at the desk. They are also divided into two major categories. Some of them are “circulatory,” such as getting up and walking to the water cooler, standing up when you’re on the phone and moving up and down on your toes, or walking in place. The other group is composed of stretches, such as hand exercises designed to help prevent carpal tunnel syndrome.

The three areas of the body that Jonsson has chosen to target are the back; hands, wrists, and shoulders; and the eyes.

“The back is the biggest [employee injury] problem, and the most costly to the employer,” she explains. “There is infinitely more pressure on the lower back when you sit than when you stand.”

Strengthening the wrists and shoulders is important not only for office workers, Jonsson notes. “For example, in the warehouse of a well-known department store, we saw employees hanging garments up and down on racks, and then tagging them; this creates the same type of repetition you find in the ‘typing-sorting’

KEY POINTS

- Machines are designed for repetitive motion; employees are not.
- Working out once a day then sitting for eight hours just won’t cut it.
- Regular light activity can help cut down on workplace injuries.

population. More and more, we're using small muscles to do smaller and smaller stuff we should use big muscles for. And everything is repetitious because we interface with machines." The problem, she says, is that machines are stronger than we are, and they are *designed* to do repetitive work — while we are not.

Eyestrain is the third focus area. "Tired eyes can feel a whole bunch better if you get them wet by blinking, and focusing at various depths," Jonsson asserts. "They're really like a camera, with a long lens and a short lens, and movement in and of itself feels good."

One problem, many solutions

Jonsson has created an entire series of exercises for each of the target body areas. She describes one particular exercise that has multiple benefits: "Close your eyes and lift your hands up above your head from the side. Take a deep breath and exhale, while bending the knees and coming back up again at the same time. Repeat the exercise five times."

This simple exercise, says Jonsson, helps reduce stress and puts more oxygen into your system. "Any time your hands go up above your head the heart has to beat 'uphill,' which makes it beat faster," she explains. "Since you're extending your back, you achieve some correction in that area. You also introduce some shoulder movement." **(A description of several more deskercises can be found in the article at right.)**

How often should this be repeated? "I do it anytime I can," says Jonsson. "You should do it at least once an hour — you can even do it while you're on the phone, using just one hand."

Wellness directors who want their employees to practice "deskercise" regularly should follow the Japanese or Finnish model, Jonsson says. "In Finland, they have 'break exercises,'" she notes. "One employee in the group becomes the leader, and watches the others do their exercises." When VIVECORP works with a company, they actually train these leaders.

What Jonsson wants health promotion professionals and employees alike to realize is that an activity does not have to be lengthy or extremely fatiguing to be effective.

"For some employees, it may simply be a case of going to the water cooler several times a day. Even walking to the lobby and back can be effective; it does not need to involve tremendous exertion," she concludes.

[For more information, contact: Viveca Jonsson, VIVECORP Inc., 14208 S.E. 77th Street, Newcastle, WA 98059. Telephone: (425) 430-2454.] ■

Simple 'deskercises' improve employee health

Seattle-based VIVECORP has designed a series of exercises called "deskercises" to help combat stress and reduce injuries. Here are just a few of the more effective exercises and/or health tips, organized according to the part of the body they target:

• Back Exercises:

Lean your back against the wall, your feet approximately one foot from the wall, knees bent. A slight space will exist between your lower back and the wall. Exhale and press your belly button to the wall. Hold this position counting to five. Then return to the starting position and repeat.

To realign your cervical spine: Pull your chin straight backward while keeping your chin level. Then, reach your chin forward and return to a neutral curve of the neck. Repeat slowly five times.

To relax your shoulders and improve circulation in your neck, shoulder, and upper back muscles, do slow shoulder circles, 10 to the front and 10 to the back.

• Hands and Wrist:

Keep your wrists as straight as possible at all times. It is especially important that your wrists are not extended (fingers above the wrist), since this position increases the pressure inside the carpal tunnel threefold compared to when the wrist is flat. Avoid any outward deviation of the hands from the wrist.

Keep your hands warm to promote circulation, and mix tasks throughout the day as much as possible.

Avoid working with your hands above your heart for extended periods. Stand on a step or platform to position your body above or level with your task. If this is not possible, bring your arms down at regular intervals to allow blood to return to your hands.

• Eye Strain:

At regular intervals, look away from your task or computer screen and focus on an object in the far distance.

Pretend your nose has a pen attached to the

end of it. With your eyes, trace the following shapes the pen would draw in front of you:

- a circle;
- a square.

Without moving your head, move your eyes in the following patterns:

Pattern #1:

- Look up to the right.
- Look down to the left.
- Look up to the left.
- Look down to the right.

Pattern #2:

- Look straight down.
- Look straight up.
- Look to the left.
- Look to the right. ■



Rethinking workplace wellness programs

By **Chuck Reynolds**, Principal
The Benfield Group
St. Louis

A review of headlines in the health care business press over the past six months indicates we are on the verge of renewed interest in work site prevention and wellness.

An aging work force, the return of near double-digit inflation in premiums, an overall sense that managed care — and more specifically HMOs — have failed to deliver on their promise of health improvement, and a resurgence of self-funded insurance programs all point to growth for work site prevention and wellness initiatives.

This is good news to anyone who, in the presence of flat or declining health care costs over the past five to eight years, has seen the yoke of employee wellness passed to health plans, or simply dropped.

Before resurrecting these efforts, however, it is incumbent first to make an honest assessment of workplace prevention and wellness, and to set a course that will lead to a lasting role in the

corporate quest for employee health and productivity.

Excluding a handful of outstanding work site-based prevention and wellness programs, it is fair to say that work site prevention and wellness — as an industry unto itself — has fallen short of its potential.

Why work site wellness fails

To understand why, it is helpful to examine the fundamental reasons why work-site wellness fails. Five contributors to failure are:

1. Lack of Strategy. Most programs are heavy on tactics and light on strategy. Often, corporate health promotion efforts are like a fibrillating heart — full of activity, but without a clear purpose or productive output.

2. Isolation/Fragmentation. Too often, prevention and wellness programs have existed apart from the broader context of employee health and productivity. As such, the programs are viewed as accessories to the real business of the business. Limited in impact, they are particularly vulnerable to cutbacks.

3. Lack of Measurement. The quest to quantify has, for many years, been the Holy Grail of work site prevention and wellness programs.

Unfortunately, most have not found it. Despite leaders' efforts to report their findings and build credibility for the industry, skeptics remain largely unconvinced of the value of prevention and wellness. It is both interesting and important to note, however, that a common denominator among the strongest work site programs is that they measure and report specific outcomes.

4. Unrealistic Expectations of Programs. A recipe for certain disappointment is to mix two parts *promise* with one part *delivery*. In the industry's zeal to be a white knight for legions of unhealthy habits, we've made promises that we simply don't yet understand how to deliver. Although it may not have been our intent, we've painted mental images of a corporate "Wellville" that has yet to come to pass.

5. Unrealistic Expectations of People. We know too well the sense of disappointment that comes with expecting too much from people. Although recent attention to *stages* of change have helped to reframe our expectations, there remains the notion — at least among corporate decision makers — that we should be able to see populations grow healthy and fit before our very eyes.

Put all the above together, and the business of

work site prevention and wellness has everything it needs to disappoint and fall short of its potential. The question then is: "What can be done to turn the situation around?"

Keys to success

If you look at the work site prevention and wellness programs that succeed, this is what you'll find:

1. Strategic Integration. This begins with a fundamental understanding, not of prevention, but of *your* business. Companies with successful programs understand how the success of their business depends, or doesn't depend, on the health and productivity of their employees.

Say, for example, employees in a given plant have a high incidence of back injuries. To develop a successful work site prevention program, leaders would have to understand how these injuries affect employee health and productivity. They have to understand whether and how prevention and wellness fits into this picture.

Once the relationship between business health and employee health is understood, the path to integrating prevention and wellness strategically into the business becomes visible. The role of the program — the things that the program should and should not do — becomes more clear. The logical linkages with other programs and stakeholders become more evident. In this new light, a strategy to integrate prevention and wellness can be formulated.

2. Focused Execution. The value of defining an integrated role for prevention and wellness is only realized if the execution of that role is focused and disciplined. For many, this will require *just saying no* sometimes. A symptom of the collective insecurity of our profession has been a complete willingness to do whatever is asked, whether it fits or doesn't fit within our plans. A sound strategy provides the security to stay focused and to *say no* to requests that divert our limited resources.

3. Targeted Measurement. By highlighting what is truly important in the integrated scheme of things, a solid strategy makes outcome measurement possible. Perhaps the focus changes from reporting course attendance to tracking compliance of a handful of high-risk employees and dependents.

Perhaps there is a concerted effort to measure the value of prevention and wellness offerings to the recruitment of certain employees. Perhaps

there is a scientific study of the impact of exercise on the incidence of back injuries. The point is that measurement ties to strategy, which, by the nature of its development, ties to what is important to the business overall.

Implementation of these steps is by no means easy, but it is an essential task for those driven to succeed with their programs. As an industry, it is a broad application of this strategic, focused, and measured approach that will establish prevention and wellness as a pivotal part of the corporate quest for employee health and productivity.

(Editor's note: Chuck Reynolds is a principal at The Benfield Group, a St. Louis-based consulting firm specializing in wellness and prevention strategies. He can be contacted at www.thebenfieldgroup.com.) ■

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Editorial Questions

For questions or comments, call **Glen Harris** at (404) 262-5461.

NEWS BRIEFS

Workplace injuries hit all-time low

The Bureau of Labor Statistics (BLS) reported a total of 6.1 million injuries and illness in private injury workplaces during 1997, resulting in 7.1 cases per 100 equivalent full-time workers. This was the lowest rate reported since BLS began tracking this information in the early 1970s.

About 2.9 million injuries and illnesses were lost workday cases; that is, they required recuperation away from work, restricted duties, or both. Of the 6.1 million nonfatal occupational injuries and illnesses, 5.7 million were injuries that resulted in either lost work time, medical treatment other than first aid, loss of consciousness, restriction of work or motion, or transfer to another job. There were about 430,000 newly reported cases of occupational illnesses in private industry in 1997; manufacturing accounted for three-fifths of these.

To obtain a free copy of the report, contact: U.S. Department of Labor, Bureau of Labor Statistics, Attn. Andrew Knestaut, Room 3180, 2 Massachusetts Ave., N.E., Washington, DC 20212-0001. Web site: <http://stats.bls.gov/oshhome.htm>. ▼

HHS launches new Web resource

The U.S. Department of Health and Human Services has launched the National Guideline Clearinghouse (NGC), www.guideline.gov, an Internet-based source of information on clinical care designed to help health professionals improve the quality of care they provide their patients. The NGC, a repository for evidence-based clinical practice guidelines, was developed by the Agency for Health Care Policy and Research in partnership with the American Medical Association and the American Association of Health Plans.

The site identifies and features evidence-based clinical practice guidelines created by medical and professional societies, managed care organizations, hospitals, state and federal

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agencies, and presents them with standardized abstracts and tables that allow for comparison of guidelines on similar topics. More than 500 such guidelines have been submitted.

Organizations wishing to submit a guideline should contact: Vivian Coates, ECRI, NGC Project Director, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298. For questions about guideline submissions, contact: Jean Slutsky, NGC Project Officer, at: (301) 594-4042, or via e-mail at: jslutsky@ahcpr.gov. ▼

Hartford Life introduces financial planning

Hartford Life Insurance of Simsbury, CT, in conjunction with FinancialPoint, an affiliate of ComPsych (a provider of Employee Assistance Programs and managed behavioral health and work/life programming), and Arthur Andersen LLP, is introducing financial planning services for its group life beneficiaries.

This new service provides personal financial counseling in areas such as estate settlement, funding of children's college education, retirement planning, continued home ownership, and cash flow and budgeting. Through a toll-free number, all beneficiaries receiving a benefit of \$10,000 or more can speak with master's and doctoral-level clinicians, and also have access to certified financial planners or certified public accountants at Arthur Andersen.

For more information, contact: Hartford Life, Simsbury, CT 06070. Telephone: (860) 843-7424. Web site: www.thehartford.com. ■