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For occ-med, alternative medicine is becoming more mainstream every day

Some say unfamiliarity with alternative therapies hampers acceptance

They still are referred to in many circles as complementary and alternative medicine (CAM), which sets them apart from the more traditional modes of medicine that you would expect to see in a typical occupational health program. Yet some of these modalities that at one time might have been considered alternative have long since been incorporated into employee health programs — especially in the area of stress management. So while acceptance is far from universal, it is becoming a little more difficult in some cases to say exactly what is mainstream and what is alternative.

"In some cases, I would do away with the term," says **Joan Cantwell**, RN, BSN, MA, COHN-S, CJEA (expressive arts therapy), a consultant and health and wellness coach. "Enough research has been done to be able to integrate them within the mainstream of occupational health." **(See citations, p. 76.)**

Cantwell, who for years directed the wellness program at the Quaker Oats Co., now runs her own company, Mindful Living Productions in Chicago, providing creative health promotion and wellness programs, wellness teaching, and coaching to companies and individuals to reduce stress and enhance mind/body wellness.

During her time at Quaker Oats, Cantwell had the opportunity to incorporate what were considered CAM modalities into her wellness programming, with a good deal of success. "If we're looking to treat the whole person, we'd be negligent to not acknowledge that there are therapies and approaches out there that should be used more and more," she says.

Still, many occupational health professionals remain reluctant to either incorporate such modalities into their programming or to refer patients for treatment by alternative therapists, such as chiropractors and acupuncture practitioners, though these practices may have gained some acceptance among the general public.

"The majority of my patients are referred from other patients," says **Brian C. Baker**, DC, of REEF Chiropractic Care in Fairfield, CT. "I get referrals from some of the MDs in town, but no referrals from occupational MDs or nurses."

Still, well-respected organizations have recognized the validity of

these therapies. For example, the National Center for Complementary and Alternative Medicine (NCCAM), is a component of the National Institutes of Health "dedicated to exploring complementary and alternative health practices in the context of rigorous science; educating and training CAM researchers; and disseminating authoritative information."

As part of its congressional mandate, NCCAM maintains an information clearinghouse, which was established in 1996. The purpose of the NCCAM clearinghouse is to collect, develop, and disseminate information to the public on CAM practices and on NCCAM. The database includes references to fact sheets, journal articles, newsletters and newsletter articles, directories, brochures and pamphlets, bibliographies, monographs, and reports.

In late 2002, NCCAM underscored its commitment to serious research about CAM with an initiative consisting of three companion programs:

- Centers of Excellence for Research on CAM;
- Developmental Centers for Research on CAM;
- Planning Grants for International Centers for Research on CAM.

"These programs are designed to enlist researchers from multiple disciplines — in both conventional medicine and complementary and alternative medicine — to apply their expertise to advance complementary and alternative medicine research," says **Stephen E. Straus**, MD, NCAAM director, in making the announcement.

But Baker sees contradictions wherever he turns. On the one hand, he notes, the nearby University of Bridgeport (CT) has schools of naturopathic medicine, chiropractic, and acupuncture. "But in my opinion, we are in the netherworld — not established, but not alternative medicine, either. I have the same problem here as acupuncturists do — health care professionals don't know whether to refer to us."

A rose by any other name . . .

Cantwell asserts that CAM is being used far more extensively in occupational health — especially in wellness programming — than one would suspect, but that "people hesitate to call it what it really is."

Anything involved with the mind/body connection, such as meditation, yoga, or progressive body relaxation, might justifiably have been called CAM at one time, she continues. "Five years ago, people were hesitant to use them, but now they are more accepted," she asserts.

Alternative modalities that have gone mainstream, in her opinion, include acupressure/acupuncture, chiropractic and other skeletal adjustments, and massage therapy.

On what basis should decisions be made as to whether to incorporate a specific alternative therapy? "If you're going to bring anything in, look at the health risks," Cantwell advises. "Then, you might want to do an employee survey to find out what kinds of things employees are interested in. For example, the AAOHN [American Association of Occupational Health Nurses] just did a national survey that showed stress management is the No. 1 program employees look for."

Then, she suggests, you can introduce the modality discreetly. "You can include something like a chair massage in your health fair," she suggests.

What about those professionals who are reluctant to accept CAM modalities? Is that reluctance based on a lack of science to support their efficacy? In

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some cases, this is no doubt true, but as Cantwell points out, there is a body of evidence to support at least some of these modalities.

Baker says the problem goes deeper than that. One group doesn't know what the other does, he asserts. "I understand the occ-health perspective; they're not even brought up with exposure to spinal manipulation, though some osteopaths and physical therapists use it."

Cantwell agrees — to a point. "In general, in our traditional educational curricula there isn't that level of knowledge," she says. "But it's starting to infiltrate some wellness organizations and hospital integrated health departments. Still, I agree that when we try to get some of the more obscure professions in the door, the docs don't know the benefits they offer."

For example, the workers' comp cases Baker handles are either existing patients or employees from local corporations who are referred by human resources. "They will bypass occ-health," he notes.

Despite the prevalence of lower back pain and injury in the American workplace and the experience chiropractors have in that area, Baker says that certain perceptions — some of them justified — continue to limit acceptance. "The knock on chiropractic has been that once you go, you never get released," he notes. "In some cases, there's no question that's true; but in workers' comp, you need to establish maximum medical improvement. I use the same outcome measures everyone else does, such as pain treatment questionnaires. The end treatment *has* to be the same."

Try it . . . you might like it

One way for occupational health professionals to become more familiar with CAM is to experience it firsthand, Cantwell suggests.

"For example, I took a seven-day program on mindfulness," she notes. "You could take a program in your community, attend a workshop or a conference, or just read about CAM. There are many wonderful web resources. Dr. Andy Weil [www.askdrweil.com] has a lot of information; many docs are being trained by him in integrative medicine."

Integrative medicine, according to Weil's web site, "combines the best ideas and practices of alternative and conventional medicine in order to maximize the body's natural healing mechanisms." Weil, a Harvard-trained physician, has founded the Program in Integrative Medicine at the University of Arizona's Health Sciences Center in Tucson, where he says he is training a new generation of physicians.

Cantwell turned her experience with mindfulness into a successful wellness program at Quaker Oats. "It's an eight-week program using meditation, gentle yoga, and body awareness exercises for stress management," she explains. "We had a lot of good self-reported information each year, which allowed us to support the program for four or five years."

Another reason to learn about these therapies is that many employees will be using alternative therapies, even if they are not formally offered as part of the occ-health program. "Depending on the situation, you might want to make CAM part of taking a case history," Cantwell suggests. "There might be good questions to ask, especially if the employee is on herbs or supplements. This would be important information to have and perhaps integrate into the program for better health or recovery."

Learning something you didn't know about the employee's health practices is always important. If the employee is already seeing an alternative practitioner as part of their return-to-work program, you might consider integrating their services with your own program, Cantwell suggests. "Or, you may discover the worker is on an herb that would interfere with other medications," she notes. "It's just a matter of asking — put it on a standard questionnaire when they come in."

Is integration the key?

Baker says that, at least when it comes to chiropractic, integration with other services would be beneficial for patients.

"Part of the climate in workers' comp involves the establishment of a lot of occupational health clinics," he notes. "They are getting a larger piece of the workers' comp pie, and in a free market that's all well and good. But they should be on the lookout for getting a chiropractor on staff — not for referral, but to have someone work with them side by side.

"In many cases, a chiropractor can be the first one people see if they have a musculoskeletal problem." Baker cites the Texas Back Institute, which includes neurosurgeons, orthopedists, and chiropractors, as an example of this type of integration.

Meanwhile, Cantwell continues to work with different modalities to help workers deal with stress and improve self-esteem. One of those modalities is expressive art. "Art therapy helps with creativity and stress management, allowing

Additional reading

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people to get at pre-verbal wellness issues," she asserts, adding that she uses drawing, painting, sculpting, music, and writing in a supportive setting to facilitate healing.

"It's based on the principle that all people have the innate ability for self-growth and awareness, which makes art therapy very good in stress management," Cantwell explains. "The creative process is a great process for helping people delve into and show their emotions."

Cantwell notes that the whole field of psychoneuroimmunology has demonstrated that the central nervous system is linked to the immune system. "We know the immune system is compromised when we are stressed," she says. "So when people chronically suppress their emotions, they can get sick."

Cantwell says she has used journaling quite a bit in the hospital setting, to help patients get their emotions out on the page. "You can use it in an occ-health setting to deal with chronic pain," she says. "It's not necessarily meant as a quick fix, but rather to alleviate stress and improve quality of life. For example, working with clay is great for anger. It may seem a bit off to bring this to the occ-health setting; but at Quaker Oats, we effectively used a scribbling-your-stress-away program to help employees get what was bothering them out of their systems."

Noting once again that there is ample evidence, both scientific and anecdotal, that much of what has been called alternative medicine can be helpful in the occupational health setting, Cantwell suggests that interested occ-health professionals do a bit of benchmarking. "Have other companies benefited from these therapies? Do some benchmarking to find out," she suggests. "Then see if your employees benefit."

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OSHA has high profile at AOHC 2003 meeting

The Occupational Safety and Health Administration (OSHA) took center stage at the opening general session of the 2003 American Occupational Health Conference (AOHC) in Atlanta, with OSHA administrator **John Henshaw** hailing "the new OSHA."

AOHC is the annual joint meeting of the American Association of Occupational Health Nurses Inc. (AAOHN) based in Atlanta, and the American College of Occupational and Environmental Medicine (ACOEM) in Arlington, IL. Henshaw's remarks were made during the keynote address on May 7.

OSHA will be moving forward in three major areas, Henshaw told the audience of about 3,000 occupational health professionals. They will include:

- enforcement;
- outreach, education, and compliance assistance;
- strategic partnerships.

"Over the next 12 months, you will see more production than you've ever seen [from OSHA]," Henshaw predicted, noting that in the past OSHA had published larger lists of proposals than at present, but had not necessarily followed through on

AAOHN, OSHA form alliance

As part of a growing trend of increased partnering by the Occupational Safety and Health Administration (OSHA), the Atlanta-based American Association of Occupational Health Nurses Inc. (AAOHN) and OSHA signed an alliance at the 2003 American Occupational Health Conference in Atlanta.

The goals of the new alliance will be to promote healthy and safe workplaces, with a focus on emergency management, musculoskeletal disorders, and workplace violence. AAOHN officials noted this alliance will be unique from other recently announce alliances, in that those alliances primarily focus on ergonomics.

"We started our focus on ergonomics, but decided to broaden the alliance to encompass the other two areas because both are such priorities for employers right now, and because occupational health nurses have so much to offer employers in these areas," said **Deborah V. DiBenedetto**, MBA, RN, COHN-S/CM, ABDA, outgoing AAOHN president.

"This alliance provides a unique opportunity to work with occupational safety and health professionals working on the front lines to address workplace violence, ergonomics, and other safety and health issues," added OSHA administrator **John Henshaw**. "By working together with AAOHN, we can achieve a greater impact in improving workplace safety and health and reducing injuries, illnesses, and fatalities."

Specific goals of the alliance include:

- disseminating health and safety information and guidance through meetings, conferences and other events;
- encouraging AAOHN chapters to build relationships with OSHA's regional and area offices to address health and safety issues within the alliance's three key areas;
- encouraging AAOHN chapters to act as resources for OSHA's Training Institute and education centers to assist in the promotion and presentation of health and safety courses;
- raising awareness of and demonstrating commitment to improving the health and safety of the work force;
- convening or participating in forums, roundtable discussions, or stakeholder meetings about the three topical areas of the alliance;
- encouraging AAOHN's members to act as industry liaisons and resources for OSHA's cooperative programs and compliance assistance specialists.

"What will be especially unique about this alliance is the fact that we will be offering assistance to small businesses through participation in Chambers of Commerce, Rotary Clubs, and so forth," DiBenedetto tells *Occupational Health Management*. "We will provide them with information on managing health and safety, on OSHA resources, and letting them tell us about the resources they need." This strategy will be especially helpful for those businesses that do not have an on-site occ-med professional, she notes. ■

as many as might have been anticipated. Over the next year, he told attendees to anticipate eight proposals and three final rules. Henshaw made reference, for example, to the recently released ergonomic guidelines for nursing homes and the soon-to-be-released ergonomic guidelines for retail facilities.

Outward-looking agency

Henshaw painted a picture of a more outward-looking agency, seeking greater input from health care professionals and placing a greater emphasis on creating new alliances **(see article on the new partnership with AAOHN, above).**

While noting that OSHA will of necessity remain in the enforcement business and calling the three major strategies "equally important," he left the clear impression that outreach and strategic partnerships would have higher profiles.

"Enforcement works for about 2% of the working population," Henshaw noted. "For the other 98%, we need something else."

That something else must include increased training and greater communications, he said. For example, for the past year OSHA has been offering *QuickTakes*, an e-mail news memo, for which health care professionals can sign up on the OSHA web site (www.osha.gov.) At present, there are nearly 32,000 subscribers.

OSHA's outlook on ergonomics is particularly illustrative of Henshaw's emphasis on cooperation and partnerships. "In addition to ergonomic guidelines," he noted, "We're looking to industry to make its own contribution — to take steps to fix its own problems."

One example of "helping industry help itself" are the Voluntary Protection Programs (VPPs). "We help the employer set up the program and then we walk away," Henshaw explained, calling VPPs "our premier employer partnership program," and adding, "We're looking to expand all of these programs significantly." ■

Occ-health program nets award, saves millions

$7.7 million realized in CTDs, lost work days

Information and Electronic Warfare Systems (IEWS), a business unit of BAE SYSTEMS North America in Nashua, NH, has realized millions of dollars in savings and improved employee health and safety through multifaceted programming that earned it a 2003 Corporate Health Achievement Award for "an outstanding portfolio of programs and proactive interventions for patients with CTDs [cumulative trauma disorders]" from the American College of Occupational and Environmental Medicine (ACOEM).

IEWS, which employs 5,400 people at 10 major facilities in eight states, is a major producer of aircraft self-protection systems and tactical surveillance and intelligence systems for all branches of the armed forces.

Highlighted IEWS programs included ergonomics, ambulatory health clinics, toxicology assessments, and its "State of Mind" program.

All of the programs at IEWS are impacted by an innovative activity called State of Mind. Its basic premise is that people possess inherent health such as resilience and common sense. Over time, they lose sight of this and encounter both personal and interpersonal problems. As people understand how they function psychologically, they can reactivate their basic strengths to achieve their full potential. Through individually based training seminars and team meetings, senior managers are helped to understand fundamental principles of emotional health. **(See charts on the program, below and on p. 79.)**

"We believe State of Mind has been very effective in improving the work climate across the company, and making our company a place where people want to work," says **Robert Godefroi**, MD, corporate medical director. "We have done research within the company, looking at various measures, and there are some data that show a positive trend."

Ergo saves money

IEWS has been proactive in ergonomics practices since the early 1990s. From 1992 to 2001, workers' compensation costs have declined from 69% to 18% of payroll, for a cumulative cost savings of $7.7 million. In recent years, total workers' compensation costs as a percentage of payroll, as well as incident rates, are significantly below the industry averages established

What's on the Minds of Employees?*

IDS	4th Quarter 1999	4th Quarter 2000	4th Quarter 2001
Job clarity	3.8	3.8	3.8
Job quality	3.3	3.5	3.6
Career development	3.2	3.2	3.5
Calmness and reflection	2.9	3.1	3.3
Teamwork	3.4	3.7	3.8
Communication	3.2	3.2	3.3
Commitment	3.0	3.2	3.4
Positive attitude	3.4	3.7	3.9

Key: 1 = not at all; 2 = to a little extent; 3 = to some extent; 4 = to a great extent; 5 = to a very great extent

* The above data capture the results of a survey of one of IEWS major business activities over a two-year period. Not only do they confirm an improvement in the health of the work climate in that activity but the IEWS medical staff believe the results can be extrapolated across the organization. The Information Dominance Systems activity has about 650 employees (the vast majority are engineers). IEWS has about 4,000 employees in New Hampshire.

Source: Healthy Company — Healthy State of Mind Program Research, Information and Electronic Warfare Systems (IEWS), Nashua, NH.

IDS Program Averages

	Pre-test first morning of class	Post-test end of Day 2 class	6-month follow-up with no further intervention
Worry	3.5	2.6	2.0
Guilt	3.0	2.2	1.5
Resentment	2.7	2.1	1.5
Being upset	3.3	2.5	2.0
Unresolved grief	2.1	1.7	1.4
Driven-ness	3.7	3.1	2.5
Over-analysis	3.5	2.9	2.0

Note: Each item is on a scale of 1 to 5, with 5 meaning the factor was a major preoccupation for the person and 1 meaning the factor wasn't significant to the person at all.

Source: Healthy Company — Healthy State of Mind Program Research, Information and Electronic Warfare Systems (IEWS), Nashua, NH.

by the U.S. Department of Labor and OSHA.

The ergonomics program at IEWS is both systematic and thorough, incorporating workstation setup analysis in production and administrative work areas. The medical department evaluates worksites and practices on a routine basis to identify and eliminate exposures to cumulative trauma; supervisors are required to send all employees who exhibit signs and symptoms of possible CTDs to the medical department for evaluation.

"We established a task force to address CTDs in the early '90s," notes **Catherine M. Pepler**, RN, MBA, medical services manager. "It included people from employee health and safety, engineering, purchasing, medical, and other employees, as well as an insurance carrier." This broad-based task force helped ensure a successful program, she notes, because "everyone brought their particular interests to the table."

Their comments not only addressed work station design, but tools that were used in different job functions. Task force members would share and act on their concerns.

"That comprehensive approach continues until today; it's still alive and well," says Pepler. "When a person starts with BAE, there is an ergonomic assessment made. Their workstations are looked at, and recommendations are made to adapt them to specific employees."

An ergonomic information file is kept on each employee, which can be referred to if problems crop up. "If the employee is transferred, the information is sent on," she notes. "It's also shared with the employee and with their manager, so everyone is on the same page."

Godefroi oversees the entire program. "We oversee injuries until the time they are successfully treated," he notes.

Ergonomic education and training begin at orientation and continue throughout employment. "Everyone goes through the training," says Pepler. "There is a linkage between education and assessment and the lessons learned from cases that have arisen."

Ambulatory clinics successful

Another key part of the IEWS success story is the system of ambulatory health clinics. In the past, each IEWS facility had a medical dispensary staffed by a full-time nurse, where medical supplies were stored and treatment was provided. In January 2000, the program was upgraded by establishing the ambulatory health clinics across the company's New Hampshire sites.

"Since we already had the on-site medical staff to perform clinic functions, we thought it was prudent to increase care to nonoccupational health problems, instead of just seeing employees with work-related injuries," Godefroi explains. "We conducted an assessment and felt we could very effectively and efficiently treat common medical problems on site."

That assessment proved accurate. Since 2000, the number of physician consultations has increased, as have the associated cost savings to IEWS. Using average hourly pay rates, cost savings are calculated at $181,000 in 2001 and $220,000 in 2002.

"The clinics make possible early recognition of any condition that might come up," notes Pepler. "If an employee had a sore throat, they might typically call a doctor and make an appointment. Here, you can come into the clinic, get a strep culture done, and be treated."

Employees have very well received the clinics, she adds. "We regularly survey employees about how the services we provide are valued, and we

always have over 90% satisfaction for the clinics," Pepler observes.

Toxicology a key area

IEWS has an extensive industrial hygiene program to evaluate, inspect, and eliminate workplace hazards. The Chemical/Material Review Committee (CMRC) is a key component of the program's risk identification strategy, reviewing and approving all chemical product requests and establishing safe-use practices for all chemical products within the business facilities.

"As chemicals come into the company, governmental agencies require that we do certain tests to see they are used appropriately," explains **Jeff Mathis**, environmental affairs manager. It's how those materials are examined and what is done with the information that sets IEWS apart, he says.

"With the CMRC process, every chemical that comes into our company is assessed for the particular use for which it is intended," he explains. "Where there are potential hazards, we make sure the proper protective equipment is available, and we see if additional monitoring needs to be done. This proactiveness is pretty much above and beyond what most companies do."

All new use of chemicals or hazardous substances must be approved through this process prior to purchase, use, or evaluation, and until the process is complete, no chemical is permitted into the facility. In 2001, the CMRC evaluated 658 chemicals and rejected five.

[For more information, contact the Information and Electronic Warfare Systems Communication Office at (603) 885-2816.] ■

Prevention at heart of multifaceted program

Offerings range from hygiene to wellness

With a truly comprehensive occupational health program, it is sometimes difficult to focus on one specific aspect when recognizing it for excellence. That wasn't necessary, however, in the case of the selection committee of the American College of Occupational and Environmental Medicine (ACOEM) that bestowed a 2003 Corporate Health Achievement Award jointly on Houston's Marathon Oil Co. (MOC) and Marathon Ashland Petroleum LLC (MAP), based in Findlay, OH. In ACOEM's words, the firms were recognized for their "exemplary programs and practices that protect the health and safety of employees and communities in which they work."

MOC is an integrated energy business and a top-five U.S. oil company, specializing in exploration and development activities in 10 countries. MAP was formed on Jan. 1, 1998, from the downstream operations of its parent companies, Marathon Oil Corp., a 62% interest owner, and Ashland Inc., a 38% interest owner.

The wide range of MOC and MAP offerings fall into three major categories:

- **Healthy People**, which incorporates programs such as absence management and international medicine;
- **Health Environment**, epitomized by Marathon's workplace and community exposure risk mitigation programs;
- **Health Company**, which includes the corporate wellness program, Well ALL Ways.

While the programs and services are almost too numerous to mention, they are linked by a unifying theme: prevention. "We are committed to being leaders in prevention," asserts **Brian J. Linder**, MD, MPH, medical director for both companies.

Interestingly, this dedication to prevention is foundational in Marathon's employee wellness programming, a departure from a common tendency at many companies to have the most visible health initiatives focus on those employees who have already developed disease states.

From mediocrity to excellence

In fact, the commitment to prevention has an especially high profile at Marathon through the wellness program, where participation rates in the health risk appraisal (HRA) screening, the cornerstone of a reinvigorated program, have dramatically improved in recent years.

HRAs are critical to wellness efforts because they establish baseline data that wellness professionals can later use to evaluate program effectiveness, and because they can identify at-risk employees. Therefore, achieving high participation rates enhances the validity of the data and improves chances for success.

"Two years ago, participation rates were mediocre," Linder concedes, noting that only about 15% of the employees were completing HRAs at the time.

The company determined that a culture

change was the only way to achieve long-term improvement. "People come to the table at different stages [of readiness to change]," he observes. "We planned an aggressive incentive program to encourage participation."

Why target participation before behavioral change? "Most of the literature says it's difficult to change behavior using incentives," Linder explains. "However, if you focus on participation you'll get better results." In addition, he notes, the literature also shows a correlation between participation and cost savings.

As people participate in the HRAs and are touched by wellness staff and programs, they can be brought along through the progressive stages of change, he continues.

The vehicle that was used to boost HRA participation was a wellness bank. The company provided a bank of $250 for every employee and spouse (a $500 total), to be used for health and wellness activities. Completing the HRA fills the individual wellness account for the following year. "The bank basically covers anything that gets you out and active," says Linder. "For example, the bank can be used for such things as golf green fees or even Little League membership fees. In fact, last year the program was expanded so bank dollars could be used to purchase exercise equipment."

How have the incentives worked? "They have been highly successful," says Linder. "We've been in the 75% to 80% range for participation."

Integration is critical

While targeted strategies like the HRA incentives can help boost the effectiveness of specific programs, overall success at Marathon also is enhanced by the integration of the various health-related departments and services, which range from occupational hygiene to toxicology and product safety, from occupational health nursing to disease management.

"We're a very heavily regulated industry," Linder notes, "So we must be dedicated to industrial hygiene and toxicology to meet OSHA and EPA standards. But we're also focused on international health issues, medical surveillance, epidemiologic concerns and studies, and absence and care management. Unless you have a very integrated effort, you are not going to be successful." So, for example, occupational health will regularly interact with the safety department, and with human resources (benefits), and so on.

The credit for successful integration, Linder says, goes to the companies' "talented and experienced staff." And, of course, the ongoing dedication to prevention.

This dedication literally spans the globe, and includes the international communities where Marathon is active. "We have public health and preventive medicine experts in both companies who are concerned about sustainable development and our social obligation to the community," notes Linder. So, for example, the company is currently involved in a project to combat malaria in Equatorial Guinea.

Bringing things full circle back home, Marathon brings that commitment to prevention to bear in its occupational hygiene program as well. "Everyone knows you can't have disease without exposure, so we take a proactive approach," says Linder.

Summing up the overriding philosophy that drives occupational health success at MOC and MAP, he notes that "keeping people healthy is the most cost-effective approach."

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Blues and college system combat worker shortage

Alliance providing funds for scholarships

In hopes of averting a looming crisis that threatens to restrict access to quality health care, several Maine organizations have teamed up to work collaboratively to address the shortage of nurses and other health care workers. The Augusta-based Maine Hospital Association (MHA), Maine Community College System (MCCS), and Anthem Blue Cross and Blue Shield have formed the Health Care Workforce Alliance.

The initiative, launched by a joint investment of $400,000, will expand two health programs into underserved rural areas — a nursing program in Dover-Foxcroft and a radiologic technology program in Aroostook County — and provide 100 new scholarships for young adults pursuing health careers.

"No matter how well equipped the hospital

Facts behind Maine's nursing shortage

Maine hospitals reported an 8.3% vacancy rate for registered nurses and 13.3% for radiological technicians in 2002, according to the Maine Hospital Association (MHA) in Augusta. Substantial vacancy rates exist for other allied health professions employed in hospitals and long-term care facilities.

Demographic trends are discouraging. The average age of RNs in Maine is 45, and there is concern that in 10 years large numbers of nurses will retire, creating crippling vacancies on hospital staffs. These vacancies will occur just as 78 million baby boomers reach the age when their needs for health care will grow.

Other causes for the shortage, says the MHA, include increased opportunities for nondirect care roles for nurses in case management, utilization review and quality management both in and outside the hospital, a dramatically changed work environment emphasizing shorter stays, greater regulatory paperwork and technological and pharmaceutical advances, and greater reluctance on the part of nurses to work nights, weekends, and holidays.

The state will need many more nurses and allied health care professionals in the next 10 years to fill the vacancies created by a large number of retirements and an increased demand for health services.

The Maine Department of Labor estimates that 2,676 new RN positions will be created in the ten-year period from 1998-2008 (this number does not include current positions that will be vacated through retirements, or the inability to recruit successfully.)

Currently, Maine's nursing education programs have the capacity to produce 425 graduates annually.

[For more information, contact: Maine Hospital Association, 33 Fuller Road, Augusta, ME 04330. Telephone: (207) 622-4794. Fax: (207) 622-3073. Web site: www.themha.org.] ■

building, people administer care to patients," says **Steven Michaud**, MHA president, in announcing the alliance. "Without a new generation of health care professionals, hospitals won't be able to meet the increased need for services expected in the next 10 years."

"We know that the vast majority of graduates from the technical colleges — soon to be community colleges — stay and find work in their communities," adds **Jim Parker**, general manager of Anthem Blue Cross and Blue Shield. "By expanding health care worker training, we will help address the ongoing need for a skilled work force to meet hospital-based health care needs. Doing so is one of the right answers to helping control rising costs."

MHA takes initiative

The initial discussions about a possible alliance began in 2002, recalls **Alice Kirkpatrick**, director of public affairs for MCCS, based in Augusta.

"The MHA approached John Fitzsimmons [MCCS president] about the shortage to see if there were ways to address what's becoming a crisis," she says. **(See fact sheet, left.)** "They had a dialogue, and John suggested he meet with other folks here and come up with more specifics. He also approached Anthem, because the health care worker shortage ultimately impacts costs and health care [reimbursement] rates, so it's in all of our interest to alleviate the shortage."

The intent of the proposals, Kirkpatrick explains, is to financially support the expansion of health care programs and, through the scholarships, attract young people into field. "MCCS has been working for some time to expand our programs and other initiatives, and some funding from the state and other sources have helped us expand a bit, but these are costly programs to run and progress has been incremental," she says. "We've had a broader goal; these are good jobs, available in every region in Maine, and they offer good benefits."

Addressing the need

Currently, Maine hospitals have a vacancy rate of 8.35% for RNs and 13.3% for radiological technicians, Kirkpatrick reports. "Other positions face shortages, but those are the most severe," she says.

Accordingly, MHA and MCCS are each providing $100,000, to be divided evenly among Eastern Maine Technical College (EMTC) in Bangor and Northern Maine Technical College (NMTC) in Presque Isle for two projects. EMTC will partner with Mayo Regional Hospital to expand its nursing program into Dover-Foxcroft. Mayo Regional

Hospital has committed $80,000 to develop a nursing laboratory at the Penquis Center. NMTC will develop a radiologic technology program in Aroostook County, partnering with EMTC, which has a highly regarded program already in place, as well as Aroostook Medical Center and Eastern Maine Medical Center.

In addition, the three alliance partners will contribute equally to a total $200,000 toward scholarships for students ages 17-24 who are admitted to a technical college health care program. Recipients will receive up to $1,000 for each year of a one- or two-year program.

The MHA and MCCS will collaborate in the development of a long-term plan to identify the most pressing work force needs and to seek funding sources to expand educational opportunities and scholarships. "Overall, we just have to keep at this," says Kirkpatrick. "This is a wonderful start, but the demand is so severe, we need to find ways of expanding the program and attracting people into the field."

Other potential funding sources may include the state, federal grants, foundations and private donors, and the health care industry, she says.

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Smallpox success: No problems with vaccine

Plan worked smoothly at Nebraska hospital

Despite reports about a possible link between heart problems and the smallpox vaccine, most vaccination sites have reported little more than discomfort among the vaccinees. At one Omaha, NE, hospital, prescreening and preparation led to a smooth, problem-free experience.

Omaha hospitals began working together to plan for bioterrorism in 1998 — long before Sept. 11. That advance coordination and education helped set the stage for successful smallpox vaccination, says **Sandra Vyhlidal**, RN, MSN, CIC, epidemiology coordinator at Methodist Hospital.

As of March 14, 2003, about 1,400 health care workers had been vaccinated in Nebraska. At Methodist Hospital, 26 nurses and physicians received the vaccine; none had serious adverse events.

When the vaccination program began, Vyhlidal gathered a task force to determine who should get the vaccine. Although the health department had suggested that the hospital vaccinate 228 employees, the hospital decided to limit the vaccine to nurses and physicians who could administer it to other employees if a case occurred.

"We wanted to have health care workers who could immediately go in, diagnose, care for the patient immediately and reduce the risk to our employees," she says, noting that "every hospital had their own approach, their own plan within the city." She sent out letters to nurses and physicians with a prescreening tool and information on the vaccine and received a positive response from 69 potential vaccinees.

At an educational session, Vyhlidal provided additional screening and more information on the hospital's policies. Anyone who worked with newborns, immunosuppressed patients such as oncology or AIDS patients, or in the operating room would be reassigned until their scab separated — about three weeks after vaccination.

The hospital also told employees that they would not be covered by workers' compensation. Medical care would be covered through their regular health insurance. "We did say at the education that our preference was people who had been vaccinated before," says Vyhlidal. "We felt that reduced their chances of having any serious side effects."

After additional screening and education, 26 employees ultimately received the vaccine. These were some of the results:

• Four were revaccinated and failed to have a take either time; they're considered nonimmune.

• Itching and swelling at the vaccine site were

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the most common reactions.

• 17 employees suffered from irritation from the bandage adhesive.

• Four employees had a fever, and two missed some work.

• Skin conditions and desire not to be reassigned were the most common reason for declining the vaccine.

Although the hospital's overall number is relatively small, Vyhlidal says the program met the goal of vaccinating enough nurses and physicians to care for a patient and provide vaccinations to other employees if a smallpox event occurred. "I wanted to get the word out so other hospitals would see we've had a good experience."

Methodist Hospital is discussing phase two with the state health department, which will focus on first responders, but could include nurses and physicians who were unable to receive the vaccine earlier due to scheduling difficulties. In phase three, when the vaccine is offered to the general public, other hospital employees may be included, Vyhlidal says. ■

agency reminds the treating health care provider to notify the appropriate state or local health officials if SARS is suspected. The documents are posted at www.cdc.gov/ncidod/sars/whatsnew.htm. ▼

NEWS BRIEFS

CDC issues new SARS guidance for business

The Centers for Disease Control and Prevention (CDC) in Atlanta has released two documents providing new guidance for businesses, universities, and other organizations that have employees from SARS-affected countries or expect to host visitors from those countries.

If a visitor from an area with SARS develops a fever or respiratory symptoms while in the United States, the CDC recommends locating them in a separate area to minimize their contact with other people while they await further medical evaluation.

It also recommends alerting health care personnel that individuals from SARS-affected areas require evaluation so that advance preparations can be made to implement infection control procedures to prevent transmission to others during transport and in the health care setting. Third, the

Quick relief for nursing shortage not likely

Fitch Ratings reports that the shortage of nurses and other personnel continues to present one of the greatest challenges for health care providers nationwide. Fitch says that while many hospitals are developing innovative strategies for work force development, and federal, state and local governments are creating programs and providing financial support to help alleviate shortages, the benefits of many of these initiatives may not be realized for years.

The credit rating agency expects providers to continue to experience inflating salary and benefit expenses with growing use of temporary staffing and competitive pressure to increase overall compensation. Fitch expects labor cost inflation to offset any improvement in other areas from operational efficiencies or favorable rate increases from managed care payers, prolonging credit quality improvement for many hospitals. The Nursing Shortage Update report can be found at www.fitchratings.com. Click on "US Public Finance," then "Special Reports." ■