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A monthly advisory for occupational health programs

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Money matters when measuring success of occ-health program

Management focusing on how dollars are spent

In these days of tight budgets and economic uncertainty, running your occ-health operation as efficiently and effectively as possible is more important than ever.

"It's always been important; but today, business and industry are looking very closely at how dollars spent, and the importance of conveying that [message] is greater than it has ever been," says **Nan Migliozzi**, RN, MSN, COHN-S, chief of the injury prevention section of the Ohio Department of Health in Columbus.

"The occupational health office needs to be efficiently run because these professionals are really being pressured to reduce costs and to bring to their functioning capability the types of tools that are beginning to show up in the other parts of the enterprise — electronic tools, better ways of thinking and making decisions, improving communication skills, and targeted training and education," adds **James E. Leemann**, PhD, Scottsdale, AZ-based president of The Leemann Group, a management consulting group that offers the use of systems thinking approaches to redesigning organizations, and an adjunct professor with the Tulane University Center for Applied Environmental Public Health in New Orleans.

"I think everybody is busier and the speed of expectations has increased," notes **Polly Gerber Zimmermann**, RN, MS, MBA, CEN, occupational health nurse, author, and lecturer based in Chicago. "In my book, *[Nursing Management Secrets]*, I note a statistic I found in *USA Today* that showed the average manager has an estimated 200 to 300 hours of undone work. In that environment, people need to work smarter, not harder. In addition, in hospitals today we have less secretarial help, so you have to do more of the paperwork management yourself rather than delegating it out."

Keys to success

In order to successfully improve productivity and efficiency, say the experts, it takes a combination of the right approach and the right strategies.

In terms of how to approach the challenge, says Migliozzi, "I think one of the things that is really key to our being successful in our roles and being able to move with the industries and businesses we work in is the

ability to plan and to set goals."

We all set short-term goals, she says, "but you also need long-term goals; that's a critical part of keeping us most efficient. This involves some time management strategies — keeping in front of me what the long-term goals are, and setting smaller steps so that each week or each month I can measure my progress," Gerber Zimmermann explains.

"From my systems thinking background, it's important to me to note that oftentimes we think about improving efficiency, but not effectiveness," Leemann observes.

When you speak of efficiency, he explains, you are talking about doing things right. When you talk about effectiveness, you are talking about doing the right things. "We tend to get tied up with efficiency, and lose sight of effectiveness," he asserts.

The problem, he notes, is that with the wrong approach these two areas could be working at cross-purposes. "What you may run into is this: Is the productivity improvement you are working on the right thing you should be working on?" he poses.

If you've performed the same task for, say, 15 years, says Leemann, you tend to develop blinders. "You must ask yourself if the environment has changed to the point that you need to rethink what you do; is it really adding value to the organization even though it's something you've done for 15 years and been rewarded for?"

In situations like this, says Leemann, you have to take a long, hard look at the work flow processes in the occ-health and safety arena. "Think about those things that take the most amount of time and that, if you were really honest with yourself, do not add value," he suggests.

"Usually, the things that fall into this category are very high-intensity, transactional work flows like manipulating a lot of data, keeping track of a lot of disparate data, or creating massive databases to keep track of exposures. These people often can't get management to pay for the software, so instead they go out and create their own Excel database. In the end, that ends up costing many times what the software would have cost."

What it comes down to, Leemann says, is the business concept of the time value of money. "Do you want your industrial hygienist spending a third of her work time creating a database? I don't think so," he asserts. "I'd rather have some whiz kid from college do that for $6 an hour."

You truly have to be conscious of what you do during the day — almost every minute of the day, Leemann continues. "Could you at the end of the day or year truly charge your client for what you've done for them? Would they have paid for that? It's sometimes hard to face the mirror and try to justify."

Some practical strategies

Gerber Zimmermann offers some practical strategies for directly impacting your office productivity. They fall into these three categories:

- e-mail;
- filing and folders;
- time management.

"One of the things that plague all of us is spam," she observes. "They say you should have two e-mail addresses — one for friends and one for business. I also suggest you get a third e-mail for any public source — like on-line purchases or listservs — because that's where

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these people get your e-mail address. Also, you should never respond to spam — even to unsubscribe, because that cues them into the fact that it's an active e-mail address."

In addition, she says, your public e-mail should have an odd combination of letters and numbers. For example, it should not be something such as JohnSmith@aol.com. Instead, try an address like John23smith4@aol.com, something spammers are unlikely to randomly make up. "In listservs or chat rooms, make up an e-mail address that is long," she recommends. "Instead of pzimmerman @whatever, write the word 'at' or put a space between your name and the ISP, and they won't pick it up. Then, train yourself and your people to only look at your e-mail once or twice a day — otherwise, you will be constantly interrupted and get less meaningful work done."

When dealing with files, she says, buy folders that have the tabs all on one side, and use the other side to trigger or cue you about things to be done. "For me, it's projects that are current, compared to historical projects," Gerber Zimmermann says. "I use color coding in filing, and you can also do this with floppy disks, so that each color stands for a specific type of project." She also makes sure to have a backup disk for all budget files.

"Many of us struggle with piles of paper, and that represents a delayed decision," Gerber Zimmermann explains. "Make some decisions sooner and place them in a broader category to work through. Also, file them under nouns, not adjectives. Instead of 'impending run,' say 'run impending.' Create a hanging folder for each catalog you like to keep. When a new one comes, take out an old one out and put in a new one."

One of her time management strategies was adopted from Mark Ellwood (Mark@getmore done.com). "If someone stops by and shoots the breeze with you and won't leave, look at your watch and say, 'Oh, my, look at the time!' Or pick up a folder and say, 'I have to do something,' and then walk out of the room," she advises. "If they still keep walking with you, go to the fax machine and finish there, or go into the restroom — most people won't follow you there." People don't perceive you as rude if you interrupt yourself, she explains.

"If you have formal commitments, like conventions, as long as you show up, people remember; it's not like you have to stay there all the time," she says, addressing another time management issue. "Meeting time should be seen as networking time. Get there early, sit by different people, and use that time to do a little bit of talking."

"I have to make lists," says Migliozzi, addressing her productivity strategies. "If things need to be accomplished, I write them down. At the end of the day on Friday or the first thing on Monday, I make a list of the major accomplishments I need to complete that week."

Outsourcing can be another key strategy, says Leemann. This is especially true when it comes to what he calls transactional work. "For example, one thing that's important for health and safety professionals today is to get a handle on exposures and do correlations over time, by lining them up with particular employee medical records," he notes. "For example, are they smokers, or nonsmokers? Do they chew tobacco? That a kind of thing can be outsourced."

So, too, can the management of material safety data sheets, which must accompany potentially hazardous chemicals. "For the life of me, I can't figure out why companies continue to manage this internally," says Leemann. "It's paper-intensive and costs a lot of time and money."

Strategies that work

Of course, theories and strategies are fine, but real-world improvement in productivity is the goal. Migliozzi recalls one such situation: "In one industrial situation, the company chose to have [occ-med] clinic hours, so the walk-ins are visiting six to seven hours a day," she notes. "But they set aside one hour at the beginning and end of the day for the staff, to allow time for planning or program implementation, like wellness programming. Interruption of the work flow makes it harder to get things done; it's important to look at the different functions, and create the best balance for the many roles an occupational health nurse plays."

"We led the total redesign of a health and safety program that resulted in a significant reduction in injuries and illness, waste and emissions, and significantly reduced costs," Leemann recalls. "This process stretched out over an 18-month period, with full implementation taking another 18 months. The issue was really redefining workflow processes and roles and accountabilities of each staffer. Using systems thinking can have a remarkable impact on improving performance and reducing costs."

The systems thinking approach he brings to the table, Leeman explains, "looks at not only what you are doing, but also at what the system

is doing to you."

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New workers' comp plan covers psych treatments

Condition does not have to be direct result of injury

An innovative new set of workers' compensation guidelines developed by the Washington Department of Labor and Industries offers coverage for psychiatric conditions that are either a direct result of an industrial injury or are unrelated, but retarding recovery from an industrial injury.

Under the guidelines, if authorization for psychiatric treatment is requested following an initial psychiatric evaluation, the mental health professional must clearly indicate their opinion and the basis for their opinion, whether:

• The injured worker's psychiatric condition was not caused or aggravated by the industrial injury, but it creates a barrier to recovery from a condition for which the department has accepted liability.

• The injured worker's psychiatric condition was caused by the industrial injury.

• The injured worker's psychiatric condition is a pre-existing condition that was aggravated by the industrial injury.

• The injured worker's psychiatric condition was neither caused nor aggravated by the industrial injury, nor is it creating a barrier to recovery from a condition for which the department has accepted liability.

"To me, this seems like a creative way around a longstanding problem," says **Jennifer Christian,** MD, MPH, of Webility Corp. in Wayland, MA.

This creativity enables the state agency to overcome widespread objections from insurers and claims managers that make such coverage unlikely throughout most of the country. "They're not saying they will accept [the psychiatric condition] as part of the injury, but they will pay for the service," she explains. "That, to me, is where the finesse is happening; they reserve the right to make a second determination."

The other reason insurers have been reluctant to cover such treatment is that "they have poured a lot of money down rat holes on poor care," says Christian. "If the insurer has confidence in the care, the claim will probably be paid."

This, she asserts, is the no-nonsense part of the plan. The psychiatrist or psychologist must specifically identify any barriers to recovery; provide a detailed formulation of the psychiatric treatment plan; and assess the ongoing treatment and recommendations, including goals for recovery. "This increases the willingness of claims payers to pay the money," says Christian. "As long as they see signals the provider is really interested in the patient getting better [they will keep paying]. Since they are doing this voluntarily, as soon they do not see the proper signals, they can stop paying."

In a strong position

In the state of Washington, all of the workers' comp insurance is sold by the Department of Labor and Industries, except for those employees covered by the federal system. There are some large, self-insured employers that must follow the state rules. "So our state is in a position to set policies that globally affect workers' comp," explains **Lee Glass**, MD, JD, the department's associate medical director and moving force behind the new guidelines. "The state works together with the Washington State Medical Association, among others, to try to work out treatment guidelines in areas that work for everyone involved — doctors, employers, organized labor, the department. That's our ideal."

It was from that perspective that Glass approached this problem. "In workers' compensation, there are numerous times someone will suffer occupational injury, and recovery may be delayed by psychiatric factors that may not be related to the injury," he notes. "Whether they are or not, if these conditions delay recovery from an injury that's a problem for the patient involved, for the employer, and for the Department of Labor and Industries. Our goal is to help people get back to health as effectively and efficiently as possible."

The treatment of psychiatric conditions for

Guideline offers examples for providers

The new workers' comp guidelines from the state of Washington's Department of Labor and Industries offers specific examples to help providers communicate effectively with claims managers. Here is an example offered to describe assessments of psychiatric treatment and recommendations:

Example. Diagnosis: Depression. Major. Single episode (296.2)

Measurements:

1. Physical Activity

• **Goal:** Within 60 days patient will have returned to his pre-injury level of activity.

• **Measurement:** Patient will log hours of sleep and daily activities.

• **Interval:** Patient will complete log daily; logs will be reviewed weekly.

• **Mileposts: Week 1** — Patient will sleep no more than 10 hours a day by the end of the week, and will document 20 minutes of activity, daily, by the end of the week. Week 2: Patient will sleep no more than nine hours a day by the end of the week, and will have increased daily exercise to 30 minutes per day. Weeks 3 through 8: Sleep will not exceed eight hours per day; patient will exercise at least one hour daily.

2. Communication

• **Goal:** Decrease or eliminate anger-related return-to-work barriers.

• **Measurement:** Patient response to scenarios that currently cause patient to become angry and poorly communicative.

• **Interval:** Will be assessed at each counseling session.

• **Mileposts:** By week 4, patient will be able to verbalize the reasons for his anger. By week 8, patient will be able to remain appropriately communicative in employment situations that currently evoke angry outbursts.

3. Return to Work

• **Goal:** Within 90 days, patient will return to work full time.

• **Measurement:** Patient completes gradual return-to-work plan.

• **Interval:** Patient's progress will be assessed monthly.

• **Mileposts: Month 1** — By the end of the first month of treatment, patient will have returned to work part time 4 hours a day with restricted duties. **Month 2** — By the end of the second month of treatment, patient will have returned to work part time six hours a day and assumed normal duties. **Month 3** — By the end of the third month of treatment, patient will have returned to work full time. ■

which the department may not be financially liable was of concern, Glass recalls, so he worked with state's medical association to put together a team in 2000 to address the issue.

It is an issue that is of great significance across the country, notes Christian. "In every state, human beings who have injuries have emotional and psychological reactions, and people with underlying psychological conditions develop other illnesses — this is simply true of humans. Historically, the medical system has been slow to realize that physical problems create mental accompaniment, so we're not sure people are getting all the support they need."

This is doubly true in workers' comp, she says, because insurers are not interested in creating a second injury. "Historically, they have not been interested in acknowledging it, because they do not want a second claim," she says. "The legal theory in workers' comp is that everything caused by a problem is part of the claim. If you stubbed your toe, and you were incredibly fragile psychologically and had a nervous breakdown, went into the hospital, had a horrible misadventure, and ended up on life support, the workers' comp insurer would be on the entire hook. Therefore, their attitude is to keep small things small."

What sets this plan apart, then, is that it was specifically designed to meet such objections. "I know first hand from prior employment that across the United States, from Alaska to Atlanta, the issue of psychiatric conditions retarding recovery from industrial injury is a significant problem," says Glass. "If an insurer starts to pay for the treatment of the psychiatric condition, they will be found responsible for the condition by the board of industrial insurance appeal in many cases. So what insurance companies have

learned through bitter experience is not to be too generous. The original problem then becomes problematical; it's a Catch-22. Insurance companies are damned if they do and if they don't, and that was what we tried to address."

The foundation for the document, and the key to the solution, is communication with claims managers. "It's structured in way that enables them to say, 'OK,'" Glass explains. "Doctors are not typically trained to communicate with claims managers, and commonly, they don't understand their needs, nor provide them with the information they need, so the claims manager will say no.

"Claims managers have huge caseloads, and they don't have the luxury of time to put on seminars for doctors to explain all this," Glass continues. "Docs will often say to me, 'This patient needs 'X,' and it may look fine to me, but if that's where it stops they will not get to 'yes.' We tried to structure the communications in way that causes the doctor to provide information the claims manager needs in order to say yes." **(See the example on p. 113.)**

Regardless of what the issue is in workers' comp, Glass says, the case manager needs to know the following:

- Did the industrial injury cause the psychological problem?
- If not, does the psychological problem retard recovery?

"If those two questions are answered 'no,' there is no way the insurance company pays," Glass explains. "If the answer to the first question is no, but the second is yes, the case manager will continue to read. Then, if the psychological condition is retarding recovery, he will want to know how you propose to treat it. Plus — and this is crucial — how will you know if it's working?"

There is always somebody looking over the case manager's shoulder, Glass notes. "In our case, it's the state auditor. The case manager has to be able to document that what the physician is doing is appropriate. If the doctor says, 'Here's how I plan to treat the patient, and we'll know in a few weeks if we are successful,' the case manager will say, 'Fine, we have a few weeks.'"

But psychologists and psychiatrists are not used to thinking in such short-term frames of reference, Glass says. "So, we give them things that they can say."

Can anybody do it?

Since the Washington Department of Labor and Industry is, to use Glass's term, monolithic, did it have a special advantage in terms of developing these guidelines?

Christian believes their efforts can be replicated in other states as well.

"Some people think the structure in Washington made it easier, but I'm not sure," she offers. "It seems to me that any insurer who wanted to [cover such conditions] could do it." She concedes, however, that Washington's state agency may have a more strongly established communication channel with the medical community than most.

"In addition, I'd have to say this was made possible by committed, talented, and diplomatic physician leadership," she observes. "Dr. Glass was clearly able to speak in a language that created collaboration in the medical community, and willingness in claims care. [Once the plan was presented], he got the whole thing wrapped up in three weeks. He was expert, diplomatic, and creative — and created a win-win situation."

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NIOSH using GPS to spot workplace hazards

Unit worn by workers identifies hot spots

Researchers with The National Institute of Occupational Safety & Health (NIOSH) are adapting global positioning system (GPS)-type technology to pinpoint locations at outdoor worksites where employees may be exposed to hazardous levels of dusts, gases, fumes, noise, and heat. Called a local positioning system (LPS), because an individual worker wears the unit, the system takes in the GPS positioning and time and date from the same satellites used by GPS systems.

"Dust monitors, gas monitors, or noise level meters can plug into the LPS via a serial port, so it simultaneously gives you exposure and position," explains **Jennifer Hornsby-Myers**, CIH,

the project officer. "This way, you can go right back and identify the hot spot and get rid of it."

The missing ingredient

This ability to identify hot spots is something that was sorely needed in the health and safety profession, says Hornsby-Myers. "Traditionally in the industrial hygiene world, they follow people around all day and note what they do and when, but it's virtually impossible to follow everybody all day," she explains. "Or, they'd hang a sample on them to determine if they were either compliant or not. If they were not, they could not necessarily determine where the worker was and what he was doing when he was overexposed."

This is not necessarily even a compliance issue, she adds, because some companies have regulations that are even stricter than those set out by the government.

Five years of research

The research on this project has been ongoing for about five years, says Hornsby-Myers, who has been with it for three years. "We started in the lab, and the first prototype was a huge, monstrous thing called a backpack," she recalls. "When I saw it, I said, 'No way.'" The LPS has since been miniaturized, and it now not much bigger than a videocassette.

NIOSH now also uses a mobile reference station, which enables it to be in contact with a number of units at once while only paying a single $800 annual subscription for satellite data access. "This not only made it cheaper, but we were able to separate this part out from the worker unit," says Hornsby-Myers.

How has the research gone? "The first question we had to answer was, 'Can we do this?' This answer is, 'Yes we can,'" she says, noting recent successful pilot tests at a construction site and with the Coast Guard. "It worked real well on water."

The current prototype is second generation, and now NIOSH is working on a third generation, which is even smaller and lighter.

"Our goal is a technology transfer; we will give it to whoever wants it," says Hornsby-Myers. "We are in the process of deciding if it is patentable. If it is, we will license it. If not, we'll tell the world how to do it and they can do it themselves."

When will this technology be in use? "I would really hope within a year," she says. "The [patent research] process has been started, and a number of companies have expressed interest."

Hornsby-Myers hopes the LPS will have a huge impact on worker safety and health. "One of the things going into the third generation is telemetry," she says. "With it, the health and safety professional could sit at a monitor and see real-time data from employees. They could say, for example, 'Joe, what you doing? Your oxygen level has just dropped.' The ability to do that would have a huge impact."

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HeartMath: Stress buster becomes turnover buster

Biofeedback program delivers surprising results

Everyone knows that health care is a high-stress industry. But stress is a known factor in many illnesses and causes numerous lost workdays per year **(see related story on stress survey on p. 116)**. Finding a way to get staff to relax — both on and off the job — could be a way to combat burnout and, as two hospitals are finding, improve employee retention.

Stress was something that employee satisfaction surveys at Methodist Hospitals of Dallas noted was a problem for staff, says **Kim Hollon**, executive vice president of Methodist Hospitals of Dallas and Methodist Medical Center.

"I've been here for 16 years, and it always comes up, " she explains. "It is a stressful industry, and hospitals are a stressful place to work. Nurses in particular are involved in high-risk work with constant pressure to make the right decision."

Hollon was always interested in finding something that could help reduce that stress. "We tried brown-bag lunches, but that didn't work well. I wanted something that really, really worked."

Imagine Hollon's glee when a staff member saw something on the web about a program that had led to reduced self-reported stress among RNs, reduced turnover, and even reduced length of stay among patients. The program is HeartMath, and

The dangers of workplace stress

Survey shows more burnout than expected

High stress is leading to employee burnout, according to the StressPulse survey by Chicago-based ComPsych Corp., a company specializing in employee assistance programs, managed behavioral health, work-life issues, and crisis intervention services.

"Employee stress levels have spiked due to the war, which was to be expected," says **Richard A. Chaifetz**, chairman and CEO of ComPsych. "What is surprising, however, is the level of near-burnout we found in survey responses. More than 62% of employees are concerned with simply getting by and accomplishing only basic tasks, while 26% consider being present at work the most important objective."

This phenomenon of presenteeism — being present at work when distracted, tired or ill — can be triggered by high stress levels and can have a significant impact upon productivity and a company's bottom line, he adds.

"World events, a lagging economy and increased workloads have conspired to deliver an enormous blow to worker morale and productivity," according to Chaifetz. "Employers should take note: Use whatever means possible to encourage and support your existing work force, whether it is recognition, training and personal development, or an employee assistance program."

Among the survey findings:

- 48% of respondents have high levels of stress, with extreme fatigue/feeling out of control.
- 38% have constant but manageable stress levels.
- 14% have lower stress levels.
- 62% see accomplishing basic responsibilities as most important.
- 26% see being present as most important.
- 12% see performance improvement as most important.
- 41% cite workload as the main cause of stress, while 31% cite people issues and 28% cite juggling work and personal life.
- 49% lose one hour or more per day in productivity due to stress.
- 15% lose 15 minutes per day in productivity due to stress.
- 36% report productivity is unaffected by stress.
- 40% miss one to two days per year due to stress.
- 37% miss three to six days per year due to stress.
- 23% miss more than six days per year due to stress.
- 44% come to work one to four days per year when too stressed to be effective.
- 19% come to work more than six days per year when too stressed to be effective.
- 37% say stress does not impact effectiveness. ■

now Methodist is one of a few hospitals using the program.

HeartMath trainers teach participants to use biofeedback software that can help them monitor their heart rhythms and bring them into a calmer state.

"I've taught many classes on stress management where they tell you to think happy thoughts, and that doesn't always work," says **Dawn Sorenson**, vice president of organizational effectiveness and the person responsible for bringing HeartMath to Methodist Hospitals of Dallas. "HeartMath is different because you not only draw on a positive feeling experience, but you also train your body to react the same way it did when you initially had that experience."

Every nurse on the two pilot units — the Level III neonatal intensive care unit (NICU) and a telemetry transitional care unit — went to an eight-hour training class that taught the participants about the science of stress, stress management, how the brain reacts to stress, and emotional intelligence.

Hollon says they then learned ways to increase DHEA (an adrenal hormone) and decrease cortisol through biofeedback.

"The neat thing is that the effects can last four to six hours," she says. The program relies on a computer-based biofeedback tool, and there are units available for employees to check out for home use. There are also two computers on each of the units for them to use.

A month after the initial training, employees could take a second training course if they felt they needed it.

Shiella DelaCruz, RN, a nurse in the NICU, says that she noticed an immediate improvement at work once she started using HeartMath. "I feel much more relaxed and I have more energy," says DelaCruz. "I feel that I can give even better care to my patients."

"We want to help our employees learn how to better manage their stress," says Hollon. "In return, our employees' success in this program will help us reach our goals of reduced sick-time, increased employee morale, more coherent communication, optimal mental clarity and creativity, and, ultimately, greater patient satisfaction."

It has only been six months that Methodist has been using the program, but she has high hopes for its success, particularly if it mimics that of Delnor Community Hospital in Geneva, IL — the facility that Hollon's colleague had read about on the Internet.

A great program doing great things

In 2000, Delnor Community Hospital was going through a lot of changes, says **Diane Ball**, RN, MSEd, a professional associate at the facility. "We felt that giving employees a tool to help them hold it together while we underwent a great deal of change was a gift we could give them in a time of flux."

Sixty leadership staff went through HeartMath training initially. Eventually, two in-house trainers — Ball is one of them — were hired. In late summer, the program was rolled out to the staff. In four months, they trained 45% of the work force in the program. "What we started to see was turnover dropping — from 28% to 21% in the first year. The next year, it was down to 14%. The third year, it fell to 7%. Now it bounces between 7% and 11%."

But Ball wanted to know how the HeartMath group was doing in terms of turnover. "I looked at the 400 users and found their turnover rates were between 1% and 1.5% during the three years. In nursing, our eyes were really opened up: 33 nurses left in year one, when no nurse had the training. In year two, 17 left, only three of whom had the training."

Every nurse coming into the hospital as a new employee now gets the training as part of orientation. Nurse leaders also are getting training in HeartMath.

If a single nurse costs a year's salary to replace, says Ball, it's worth it to spend about $100,000 on a program like this. "All you have to do is save two RNs and you've paid for the program."

Hollon says since they've only been using it a short time at Methodist, there's only anecdotal information to gauge HeartMath's effectiveness. "But I hear a lot of positive comments coming from staff. I know of one nurse who had been out of nursing for a while. She was going through some testing and didn't do too well on the first exam. On her way from Oklahoma to Dallas for the second test, she listened to the HeartMath material again and scored 100 on the exam."

The nurses comment that there is less grumbling on the floor or that they are sleeping better, says Hollon. "We already have a low turnover rate, but I hope it will decrease it further. If this can be successful, and we can show employees we are truly concerned about them as individuals, that we are interested in helping them manage stress, they won't burn out as quickly as they have before."

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Labor Department starts Hispanic worker program

Goal to reduce injuries, fatalities

The U.S. Department of Labor (DOL), in conjunction with the Mexican and Salvadoran consulates in Dallas and other community, faith-based, and governmental organizations, has launched the Justice and Equality in the Workplace Program of Dallas. The program seeks to educate workers on their rights and responsibilities, as well as provide an avenue for non-English speakers to report violations of laws enforced by the Occupational Safety and Health Administration (OSHA), Wage and Hour Division, and Office of Federal Contract Compliance.

"We started the program in October 2001," recalls **John Miles**, OSHA's regional administrator

for Texas and the four surrounding states. "The Bureau of Labor Statistics data came out in August and showed a significant increase in fatalities among Hispanic workers, even as other groups were showing a decrease."

Miles chaired the task force that reviewed the existing data on worker fatality to determine the best way to proceed. "A lot are over-the-road accidents and homicides (60%), over which we don't have a lot of influence," he concedes. "But we decided to find out what percentage of fatalities were immigrant workers."

The program seeks to educate Hispanics and recent immigrant workers on their rights and responsibilities, as well as encourage them to report violations of laws.

Miles says he also reviewed the programs and the 800-number for complaints, which at the time was only in English. Since his review, the programs, 800-number and the web site have been made available in Spanish. That has since been changed, as has the OSHA web site, which now is available in Spanish. In addition, a new booklet, *All About OSHA,* now is available in Spanish as well as in English.

"We have also started a clearing house — a database of training courses in Spanish," he says. "Each of our 10 regions had done something on their own, and now we can draw down on that data."

Additionally, a telephone line will be dedicated to receive inquiries from the public and channel those calls to the appropriate federal or state agency. OSHA, Wage and Hour Division and OFCCP will conduct training sessions and provide assistance the Mexican Consulate in Dallas

Correction

On page 87 of our August 2003 issue, we presented an outlined box titled, "How to Develop a Strategy: Suggested Points For Analysis," to accompany our cover story. The four key elements of a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis were to be included, but two of the elements were inadvertently omitted. We regret the error, and we are reprinting below the entire outline for a SWOT analysis:

Strengths (Internal)

- List what you do well.
- List your skills, key competencies, specialized techniques, scientific disciplines and education.
- List your strengths in planning, organizing, executing, controlling and evaluating.
- List your problem-solving and decision-making skills (your ability to analyze, define, and solve problems).
- List your communication skills (verbal, writing, teaching).
- List how the services you provide can be differentiated from services offered by others.

Weaknesses (Internal)

- What could be improved?
- What is done poorly?
- Are facilities obsolete?
- Do you have the proper equipment and technology to do your job effectively?
- Do you have adequate personnel?
- Do others perceive weaknesses that you do not see?

Opportunities (External)

- Changes in technology.
- Changes in regulations and legislation.
- Changes in social patterns, demographics.
- Changes in lifestyle.
- Health care issues.

Threats (External)

- What obstacles do you face?
- Are the required specifications for your job, products or services changing?
- Is changing technology threatening your position?
- Are you able to document your value to management?
- Do you possess the skills, key competencies and education to further your career within the company or independently?
- What is your competition doing, and are they doing it better than you?

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with the tools necessary to refer complaints to appropriate DOL agencies.

Program participants include the U.S. Department of Labor, the Equal Employment Opportunity Commission, and the U. S. Department of Justice Community Relations Service, in collaboration with the Mexican Consulate of Dallas, the Consulate General of El Salvador in Dallas, the Catholic Charities of Dallas Inc., The Dallas Concilio, the Hispanic Broadcasting Corp., the Texas Workers' Compensation Commission, the Dallas Police Department Office of Community Affairs, Casa del Immigrant, and the League of United Latin American Citizens.

Local programs set pace

There was much to emulate in existing local programs, Miles notes. For example, Atlanta's compliance assistance specialist (CAS), Marilyn Velez, provides training each morning for day workers. "If they do not get work, she provides training in safety and health and construction, and they also get lunch," says Miles. "Also, there is a local radio program where they can call in with questions for Marilyn Velez [who is fluent in Spanish]."

The CAS in Ft. Worth, TX, Mike Rivera, sponsored a one-day program in partnership with the Mexican consulate and the Hispanic Contractors Association. It had 12 different stations, covering topics such as electrical safety and fall protection. "If the worker completed eight of the stations, we gave them a card they could show contractors when they applied for work," says Miles. The program also included lunch for the whole family and a playground for the children, in recognition of the importance of family in Hispanic culture.

The program has already begun to pay dividends. The Houston Justice and Equality in the Workplace Program, which was created in July 2001, has already aided the Wage and Hour Division to recover over $1.3 million in back wages for 1,900 workers as the result of investigations initiated by referrals from the partnership. Nearly 70% of all calls at the Houston program were referred to the Department of Labor.

"Our overall goal is a 15% reduction of all fatalities [for all workers] over the next five years," says Miles. "With the immigrant worker population representing a quarter of that number, this will make a big difference."

[For more information, please visit www.dol.gov or call toll free: (866) 4-USA-DOL.] ■

AAOHN offers support For Bone & Joint Decade

Aging worker population is a key concern

Citing the aging work force as one of its ongoing concerns, the Atlanta-based American Association of Occupational Health Nurses (AAOHN) has thrown its support behind the United States Bone and Joint Decade, which is part of the international Bone and Joint Decade initiative.

"For more than 35 million Americans — that is one in seven people — movement is restricted by a musculoskeletal disorder — a broken bone, hip fracture, arthritis, or sports trauma," says the U.S. web site (www.boneandjointdecade.org/usa). President Bush signed a presidential proclamation declaring the U.S. National Bone and Joint Decade in March 2002. All 50 states and more than 60 U.S. patient and professional health care organizations have pledged their support for the Bone and Joint Decade. The USNAN has formed a not-for-profit corporation to coordinate activities called the United States Bone and Joint Decade, NFP (USBJD).

Awareness and research key

Over the coming decade, through its web site and a host of projects and activities across the

COMING IN FUTURE MONTHS

- Using the systems thinking approach to turn your program around
- Re-creating a hospital setting to test health hazards for workers
- A streamlined approach to first aid for employees
- Treating fellow employees: An occ-health conflict of interest?
- Examining the employee's responsibility in RTW programming

nation, the USNAN plans to:

• Increase awareness of musculoskeletal diseases and what they mean to our society.

• Provide resources for the general public and patients to learn more about bone and joint disorders, how to prevent them, where to go for help and how to cope.

• Increase research so that new remedies can be found.

• Increase the resources available to physicians and others who provide care.

"As the work force gets older, they develop a number of different of chronic conditions, aches and pains, and musculoskeletal disorders such as arthritis and osteoporosis," says **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN, AAOHN president. "Couple that with work, and with the way the economy is causing people do work longer and harder, and you may develop fatigue in addition those conditions, which compounds problems."

Given demographic trends, this is not a short-lived problem, she asserts. "This will be with us for quite awhile; you might see a lot more people have these types of complaints, and come in and see the occ-health nurse."

The organizers of the Bone and Joint Decade approached the AAOHN to join their effort. "They contacted us about participating for a couple of reasons," notes Randolph. "They have several different patterns of outreach, and one is through health care professionals. Also, through the public, as well as the workers, we can help provide them with information. With nurses being in work sites — where people spend a good part of their day — who better to provide outreach than occupational and environmental health nurses? They will see a lot of folks, and if we can talk with workers, we can educate them about what they can do to keep themselves healthy. We can also pick up conditions early and take care of them before they get worse. Or if there is an injury, we can get them into appropriate treatment and back at work through case management strategies."

Prevention the main focus

From the AAOHN's perspective, says Randolph, prevention will be the main focus of their efforts. "Our emphasis is on trying to keep people healthy and safe at work," she explains.

As outlined in the public health model, she continues prevention efforts fall into three major categories:

• **Primary prevention:** This involves education and health promotion interventions delivered before there ever is a disease state. "For example, we emphasize being at the proper weight," Randolph says. "Obesity is a real problem, not only with adults but with kids — our future workers." Excess weight, she observes, affects joints and mobility. Nutrition and exercise will also be emphasized, she says, along with increasing awareness about the problem and what workers can do for themselves.

• **Secondary prevention:** Here the emphasis is on screening and early detection, and what is done in the workplace is often dictated by the makeup of the work force. "For example, if you have a work force that is primarily female you'd be more concerned about osteoporosis," Randolph explains. "You would encourage women to get screened, and teach them what they can do to address the problem — like taking calcium and doing weight-bearing exercise.

• **Tertiary prevention:** When a problem already exists, such as a fracture or osteoporosis, the emphasis shifts to getting the worker back on the job. "Here, you examine the most appropriate therapies, or perhaps work station design or ergonomic assessments," says Randolph.

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