



Employee Health & Fitness™

The executive update on health improvement programs

INSIDE

- 'CAM' boosts participation to 60%: Offerings bring 'cultural change' at ADP. 113
- On-site clinic improves health odds:
ER visits avoided, preventive health provided 115
- Guest Column: 'Watchouts' for work site wellness programs 116
- Ergonomics: Focus on dollars, not on OSHA!
Agency recommendations not unreasonable 118
- News Briefs 119
- In Health & Well-Being Insert:
 - Vitamin C may prevent cataracts
 - Aerobic activity boosts mental fitness
 - Don't go bananas over meat-free diet
 - Make peace over household chores

OCTOBER
1999

VOL. 21, NO. 10
(pages 109-120)

American Health Consultants® is
A Medical Economics Company

Holiday wellness programming must 'look different' from rest of year

Focus on what's important to employees during special season

While the holiday season is a time for many of us to take things a bit easier, it's a time for health promotion directors to focus even harder on their programming.

That's the consensus of a survey of wellness professionals conducted by *Employee Health & Fitness* to explore just what works — and doesn't — during the most challenging time of the year.

It's a time to not only work harder, but to work smarter, notes **Sherry Faucher**, regional director, MediFit Corporate Services, a work site health promotion fitness management company based in Florham Park, NJ.

"In order to be successful, your holiday programming has to look very different from your programming throughout the rest of the year," she says, and offers the following guidelines:

- **Keep your programming very simple.** Anything perceived as too complicated will be perceived as extra stress, and people just won't get involved.
- **Make your programming much more flexible than usual.** If you typically run an eight-week program, success could be based on a five-week one. "If employees feel they will be negatively impacted by taking their week off at Thanksgiving, they won't even start," Faucher observes.
- **Be realistic.** You can't expect people to lose weight during the holiday

KEY POINTS

- "K.I.S.S." a particularly important rule to follow during holidays
- Realistic expectations important for employees and wellness professionals
- Be supportive; teach employees to accept, rebound from "backsliding"

NOW AVAILABLE ON-LINE!

Go to www.ahcpub.com/online.html for access.

season, or always make the right choices. “You need to provide education to help them either maintain or control their weight gain,” she says.

• **Give employees positive coaching.** Let them know that if they go to party and eat three slices of cheesecake, it’s not the end of the world.

“Holiday programming needs to be relatively short in duration; people are very busy at this time of the year,” adds **Tom Crum**, FAWHP, MS, human resource director at Chattanooga (TN) State Technical Community College. He is also a past president of the Association for Worksite Health Promotion. “It should also be tightly targeted at whatever particular change you are trying to make. Also, you need to have some sort of incentive built in.”

George Pfeiffer, MSE, FAWHP of The WorkCare Group Inc., a health and productivity communications company in Charlottesville, VA, agrees that targeted programming is critical. “You should be targeting specific stressors that employees would identify with,” he notes. “The first thing is weight gain. Second, and this takes on a broader definition, centers around financial issues. Third, around interpersonal relationships. The fourth is holiday depression.”

Swimming against the tide

However, Pfeiffer does not necessarily agree that the programming should be handled differently. “To be successful, any program needs to have an element of fun and interactivity; holiday programs really shouldn’t differ in that respect.”

However, he notes there is “a lot of creativity that can be open to the program manager within the organization to take advantage of seasonal themes.” Anything from a marketing perspective that can draw people in — like a fun title — should be used and promoted in as many ways as possible, he says. This can include posters, internal newsletters, e-mail, Internet, and intranet. “Also, take advantage of community resources to do workshops.”

Programming during the holiday season is not

without its challenges. In fact, you’re swimming against a tide of national consciousness that is anti-work and anti-exercise.

“You not only see it in [some wellness] programming, but in terms of general business priorities,” notes **Lewis Schiffman**, president of Atlanta Health Systems, a wellness consulting organization. “There’s almost an expectation that people are going to be ‘worthless’ right before and right after Thanksgiving, and for about 10 days before Christmas and the first week of January.

“This time of year is often referred to as the national grace period, when most people’s expectation of the proper thing to do is to eat, drink, and be merry and put your healthy lifestyle habits on hold,” Schiffman continues. “However, I don’t recall ever reading in any Judeo-Christian liturgy or African myth and legend [Kwanzaa] that the appropriate way to celebrate the holidays was to be gluttonous, self-indulgent, and go into debt.”

Taking this “time off” from healthy habits can have far-reaching consequences, he warns. “It diminishes your effectiveness as an employee, puts you at greater risk for serious illness and injury [car crashes and other personal injuries]. And because of people’s unrealistic expectations and excessive ingestion of sugar and alcohol, it contributes to or causes depression.”

And of course, you’re behind the eight ball when it comes time for those New Year’s resolutions. “Now in addition to a gain in weight, you have a sugar addiction, a general lethargy and malaise, and diminished your self-esteem because you don’t like the way you look,” Schiffman notes. “Additionally, people interpret their behavior as evidence that they have no self-control, which is further proof in their mind that they can’t stick with a healthy lifestyle regimen.”

What Schiffman has found most effective in combating those attitudes are programs that focus on making the most of the holidays. “Invite people to question the meaning they attach to the holidays and create observances and celebrations that are both spiritually uplifting *and* healthy,” he advises.

Does this mean employees can’t eat chocolate

COMING IN FUTURE MONTHS

■ A wellness program that helps prevent heart attacks during deer season

■ A professional’s guide to ‘watchouts’ of work site programming

■ What can be done to combat the epidemic of ‘workplace bullies’?

■ Self-directed training program helps foster on-the-job safety

■ Unique program cuts down on cursing in the workplace

or have a drink? “Of course not,” says Schiffman. “By all means, they should enjoy these things, but they should do it in a reasonable way that doesn’t compromise their health, self-esteem, and well-being.”

For example, he says, employees can learn to spend in moderation, “and realize that going into debt to buy people things that they often don’t need or don’t want does not make you a better person — nor does it make them appreciate you more.”

Employees can make modifications to traditional holiday recipes and turn them into good food that also tastes good. “For example, you can use applesauce instead of oil in baking, or Stevia as a sweetener instead of sugar,” he suggests. (Stevia, found in any health food store, is made from a root, and is 300 times sweeter than sugar without any of adverse side effects, according to Schiffman.)

Employees must also remember to drink water and take extra vitamins when drinking alcohol.” (For more suggestions on a realistic approach to the holidays, see box, right.)

Get an early start

Another key to successful holiday program is to start early, say wellness professionals. MediFit has implemented two successful Halloween programs at client sites — a “Pumpkin Roll” fun walk/run, and “How Well Do You Know Mr. Boo?” an incentive-based program that has employees correctly identify “bones” they pick out of a grab bag. This is a unique method of teach employees about human anatomy. (For more information about successful MediFit holiday programming, see box on p. 112.)

Why begin at Halloween? “It makes your programming much more effective,” says Faucher. “If you start Nov. 1, you’ve already lost some folks. Even if you’re not going to have a program in October, you should be *promoting* your holiday programming in October. The whole fall is about keeping them there [employees in your program].”

Financial wellness programming for the holidays “should be done months ahead of time; by the time the holidays come, people have already gone through their money. You should literally start programming in September,” Pfeiffer advises. “Money is one of the leading household stressors.” In fact, he adds, at the same time you program for this year’s holidays, you can teach employees to pro-actively plan for next year as well.

Experts contacted by *EHF* cited a number of successful holiday programs.

“One successful program was a series of ‘Healthy Achievers’ videos,” recalls Crum. “Between Thanksgiving and Christmas, we did a series of four — one each week.” The videos covered topics like healthy snacks and nutritional guidelines for the holidays. They were about 15-20 minutes long, with brief, succinct educational

Keep realistic expectations

Having realistic expectations for your holiday wellness programming will increase your chances for success, notes **Lewis Schiffman**, president of Atlanta Health Systems.

“Teach employees to be realistic in their expectations of other people, too,” he advises. “Give them this message: ‘It’s *your* holiday. Celebrate it in a way that’s meaningful to you and your family, even if that means creating new traditions.”

Here are some of Schiffman’s “recommendations for realism:”

- **Exercise:** “Exercise is exceedingly important during this time period,” says Schiffman. “The trap here is that people often assume if they can’t get in their normal time and intensity in their workout, then it’s not worth doing it at all. This is both an erroneous and destructive belief. A little of something is better than a lot of nothing. If you can’t make it to the gym, go for a short run and do some calisthenics at home.”

- **Don’t beat yourself up if you slip:** After being self-indulgent at a holiday meal, take the family and friends and go for a walk. And put the leftover food away so that you don’t spend the whole day grazing.

- **Find easy alternatives:** Instead of meeting your friends and family for drinks or big meals, meet them for a hike or at the gym, or go for a bike ride and a reasonable snack afterwards. You’ll find that conversations without alcohol, sugar, and fat are often more meaningful.

As for wellness coordinators, distribute healthy recipes to your employees; and for office gatherings, encourage people to use healthier ingredients in what they prepare.

“Finally, urge people to create their holiday in a way that’s comfortable and meaningful for them without feeling an obligation to adhere to someone else’s holiday rules,” advises Schiffman. ■

'Beastly' program generates strong results

Who says employees have to gain weight during the holidays? In a Thanksgiving-Christmas weight maintenance program implemented by MediFit Corporate Services, a Florham Park, NJ-based work site health promotion fitness management firm, 45% of the participants *lost* at least half a pound.

The program, "Feast Beast," required participants to record their weight once a week for seven weeks. The employees were provided with educational materials and recipes that highlighted low-fat, low-calorie options to encourage them to make better choices during the holiday season.

Other program components included:

- educating participants on the importance of consistent exercise by providing abbreviated workout sessions;
- educating participants about outside activity options that would help them maintain their fitness levels;
- encouraging participants to make healthy promises (resolutions) at the beginning of the new year;
- educating participants on ways to manage and reduce holiday stress.

Here are some of the key program outcomes:

- 172 fitness center members signed up for the program (29% of 595).
- 152 of the participants completed the program (88%).
- 69 participants (45%) lost at least .5 pounds.
- 64 participants (42%) either stayed the same or gained no more than two pounds.
- 13 participants (9%) gained over two pounds.
- Six participants gained over two pounds but lost a considerable amount of percent body fat (weight increase could be attributed to muscle gain).

Program evaluation results included the following:

- 100% agreed or strongly agreed that the program was well organized.
- 100% said they would participate in the program again.
- 98% agreed or strongly agreed that the weigh-ins were helpful incentives to maintain their weight.
- 88% were able to maintain their weight within two pounds of the initial weigh-in.
- 81% agreed or strongly agreed that the information posted in the fitness center was useful.
- 81% agreed or strongly agreed that the e-mail and phone calls were helpful reminders.
- 78% agreed or strongly agreed that they were able to record their weight every week.
- 75% thought the length of the program was just right.
- 61% said they would like to continue weighing in. ■

information. Then, employees were given the opportunity to ask questions about the videos' content. "These discussion groups were really well-received, and we had a nice response to the program."

The key to the program's success was that the presentations were short in duration, and held during a brown bag lunch. "We got some positive feedback on how people did during the holidays," he notes.

Preventing overindulgence

Another successful program at the school was sponsored by the Tennessee Employee Assistance Program (EAP) for state employees. Also held during lunch, the one-hour seminar was called "Surviving Holiday Eating." The program, offered during the first week in December, was aimed at preventing overindulgence during the holidays. "It included strategies for healthy options at parties, such as soft drinks and alternative beverages instead of liquor," Crum recalls. "It was pretty well-attended."

One year, prior to Thanksgiving, a local dietitian came and talked for an hour about healthy alternatives. "She brought all the ingredients for a turkey stir-fry," says Crum. "We probably had 50 employees there. She gave each of them a little sample. People said they really enjoyed the seminar, and that they actually cooked the recipe over the holidays and enjoyed it very much."

The key to food-related programs, he adds, is that the samples "need to be healthy *and* tasty."

The facilitator is also an important factor, Crum says. "You do not want an absolute string bean," he says. "Employees need to see other body types as well."

Pfeiffer is also a proponent of the "lunch & learn" strategy. "The format is very popular," he says, "but the challenge is to keep things succinct and on time. So, if you do something around holiday cooking, like healthy meals, it should be very specific, like 'How to Prepare a No-Stress Buffet.'"

Positioning of your programs is also critical, adds Pfeiffer, especially when addressing a sensitive issue as depression. "It could be cloaked under the banner of stress management," he suggests. "You might call it 'Getting Through the Holidays Without Stress.'"

There are standardized questionnaires that

SOURCES

- **George Pfeiffer**, The WorkCare Group Inc., P.O. Box 2053, Charlottesville, VA 22902. Telephone: (804) 977-7525. E-mail: workcare@aol.com.
- **Sherry Faucher**, MediFit Corporate Services, 25 Hanover Road, Florham Park, NJ. 07932. Telephone: (973) 593-9000. E-mail: Sfaucher@medifit.com.
- **Tom Crum**, Chattanooga State Technical Community College, 4501 Amnicola Highway, Chattanooga, TN 37406-1097. Telephone: (423) 697-2417.
- **Lewis Schiffman**, Atlanta Health Systems 2516 Wowona Drive N.E, Atlanta, GA 30319. Telephone: (404) 636-9437. E-mail: Atl_health@mindspring.com.

can identify employees at risk for depression, says Pfeiffer. "You could offer names and phone numbers of resources for employees who answered 'yes' to any of the questions," he

advises. Depression is the most underdiagnosed and undertreated condition in the entire spectrum of employee health, he notes. "And depression is a leading predictor of health care costs."

So, if you follow all of these recommendations, and pull off a number of successful holiday programs, can you expect a positive carryover into the next year? Not really, answers Faucher.

"To be honest, they come on Jan. 1st no matter what, and they stay until March 1. But if you surveyed employees who had kept up their wellness efforts during the holidays, they would absolutely say it made things easier after New Year's."

Besides, she says, if you didn't program during the holidays, you'd be sending the message that's it's okay for employees to totally backslide. "And they would be starting off in January at a much lower level of fitness," Faucher concludes. ■

'CAM' program boosts participation up to 60%

Offerings bring 'cultural change' at ADP

A stress management program grounded in complimentary alternative medicine (CAM) techniques has boosted program participation, helped reduce employee stress, and engendered a significant change in corporate culture at the Buffalo, NY, office of Automated Data Processing (ADP) Inc.

"When we first became participants [in the program], we were doing the traditional flu shots and cholesterol screenings," recalls **Barbara Ulrich**, SPHR, director of human resources. "It opened up new ways to improve morale with minimal cost. Participation was just phenomenal compared to the traditional programs we had."

KEY POINTS

- Taking a "back-door" approach can help reduce resistance to non-traditional programs
- Household items make for good "stress-busting" workout equipment
- Mind-body connection a key component of CAM philosophy

The CAM programming was introduced to ADP in 1993-94, as an outgrowth of the Mary Lasker Healthy Heart Grant, a three-year program. The proceeds of the grant were used to fund wellness programming through the Industrial Park Wellness Model, created by **Lisa Marie Donohue**, MA, LMT. At the time, Donohue was part of The Wellness Partnership Inc. (TWP), a consortium of Donohue; Glenn Orser, president of ErgoWorks; and Sharon Lawrence, president of Nutrition Dynamics.

"Each of us had their own company and came together under the umbrella of TWP to work on certain projects — such as the Mary Lasker Healthy Heart Grant," explains Donohue, who remains a partner in TWP, but now also serves as "Director/Catalyst" of Beyond Boundaries in Kennesaw, GA.

'Through the back door'

The Industrial Park Wellness Model involved the participation of a number of companies in the same industrial park, which included ADP. Because of the traditional mindset at ADP, "we introduced CAM programming through the back door," Donohue explains.

For example, one of the programs was called "Hands-on Health: Stress-busting for Everyday Life." In this program, Donohue tried to arm ADP employees with "one-minute-manager" ideas for fighting stress. "We introduced self-massage techniques using objects like tennis

balls, spindles, and rolling pins,” says Donohue.

She chose those props because “people have them; they don’t have to run out and spend a bunch of money — and neither does the company. They’re portable, so you can keep them at your workstation or in your briefcase.”

The techniques were simple. In one exercise, the employee would take the tennis ball and place it between himself and the wall. He could then move the ball up and down, working on his back muscles. The same technique could also be used for side muscles.

Donohue explains the “back-door” effectiveness of such activities. “The employee sees the connection between mind and body, on centering and grounding. But if I started talking about spiritual health and mind/body immediately, they might not have listened.”

Deciphering stress cues

Donohue teaches employees by helping them see connections between emotional responses and physical discomfort. “Why is it that when so-and-so walks down the hall towards you, you get the same pain every time — in the same place? After having this pointed out often enough, the employee begins to think, ‘Maybe there *is* a connection,” she notes. “This leads into deciphering stress cues.”

She introduced a number of programs at ADP, including the ever-popular on-site chair massage. “For special events, we were able to get Blue Cross coverage,” she recalls.

Her stress management programs evolved into teaching ‘Locus of control.’

“This involves knowing that at any time, despite the stress level of the situation you’re in, you can go ‘home,’” Donohue explains. “In this class, we share techniques on centering and grounding.”

Donohue is extremely careful when she gets into the area of spirituality. “I tell employees that faith, belief, religion, and spirituality are four separate but interconnected things,” she notes. “When I talk about spirituality in the workplace, I say that spirit is really the thing that drives us. I challenge employees to define their spirit.”

She then brings in everyday work experiences. “I ask employees if — on a day when everything at the workplace gets jammed or stops working — they’ve ever thought that something higher was intervening,” she says. “You can’t ignore those messages. But if we got more in touch with them, a lot of our work

would have more flow, joy, and effort.”

Other programs offered included progressive muscular relaxation, learning to breathe, and using different muscle groups. “We also do a lot of programs in the cubicle, which we look at as a ‘mini-gym,’” Donohue notes. “We use the walls, and dynabands to hook up to existing office equipment. We call it ‘stretching in a shoebox.’”

Did those programs have a positive impact on employee health at ADP? “Absolutely,” she replies.

A satisfied customer

Ulrich is more than pleased with the results. “Our associates have been able to take away practical applications of things they could do at their desk,” she says. “We are a customer service organization, and sometimes dealing with the public can be less than pleasant — and very stressful. We were cognizant our employees needed relief.”

However, ADP had been providing traditional employee morale-boosting programs, like trivia contests, and “we felt we had been meeting the needs of our employees,” Ulrich says.

The CAM programming changed all that. “Lisa led us in a cultural change in the types of programs we provide for our employees,” says Ulrich. “She brought us an awareness that the employer needs to take care of people so they can take care of business.”

ADP used to get 10% participation in its traditional wellness programs, and maybe up to 30% for flu shots, says Ulrich. “After Lisa came, that jumped to 50% to 60%.”

The uniqueness of the programs was part of their appeal, says Ulrich. “I would say they definitely were non-traditional. For example, we had an ‘Adopt a Couch-Potato’ program. It worked toward the same wellness goals, but with a different way of looking at things.”

ADP reaped more than just higher participation numbers. “We started to experience a number of workers’ comp inquiries about carpal tunnel syndrome,” Ulrich says. “Lisa was able to develop simple exercises for our people that really helped our organization deal with this issue.”

Donohue says the popularity of CAM will only grow in the future. “It is more user-friendly, a hotter commodity than traditional programming, less invasive, and more cost-effective,” she asserts.

CAM is more user-friendly because “People are very curiosity-laden, and CAM attracts a multipurpose user,” Donohue explains. “People seem a lot more comfortable with CAM and anxious to

SOURCES

- Lisa Marie Donohue, Beyond Boundaries, 3766 Jessica Lane N.E., Kennesaw, GA 30144-3050. Telephone: (770) 592-1315.
- Barbara Ulrich, ADP, 305 Spindrift Drive, Williamsville, NY 14221. Telephone: (716) 626-6005.

participate. They're always dabbling in herbs these days, so they're already on the bandwagon. And it can attract new wellness users."

CAM is becoming hot with employers, too, she says. "Quite often, when I went marketing with HMOs, employers would ask, 'What you done for me lately?' They want leading-edge ideas, and there's only so much HMOs can offer."

Then, of course, there's cost. "When you've been through everything imaginable for a lower-back problem, including MRIs, movement programs and acupuncture can be attractive alternatives," she says.

As for ADP, their approach to health and wellness has been changed forever. "We've just moved into a new facility, and we're very adamant from the top down that we need to have a fitness center," says Ulrich. "We're now doing lunchtime stress management seminars to help people cope with everyday life, from family and financial problems to the everyday work environment. Even our food choices have changed.

"We understand that this is a job; but employees have a life outside of work, and we're doing a lot to help them balance work and family," she continues. "We won't lose sight of what's important; we want to keep our employees, be flexible, let them have a comfort zone in which they feel they can talk about what their needs are. That was *not* the mindset here years ago." ■

On-site clinic improves health odds at casino

ER visits avoided, preventive health provided

For more than two years, an on-site medical facility at the Mohegan Sun Casino in Uncasville, CT, has helped employees avoid costly trips to the emergency room while providing vital treatment for work-related injuries and illnesses.

The 750-square foot facility, operated by Industrial Health Care Company (IHC), of Windsor, CT, is a "24-7" operation within the grounds of the casino. It is staffed by either a physician or a PA and a clerical employee at all times, providing basic first aid, suturing, and the removal of foreign bodies from workers' eyes, as well as screening for tuberculosis and Hepatitis A and B, and immunizations to protect workers from exposures on the job.

Backing up this facility is a 10,000-square foot IHC occupational health clinic about five miles from the casino in Norwich, staffed by physicians and PA's and physical and occupational therapists. "It is a full-service occupational health facility licensed by state of Connecticut," notes Jeffrey A. Berkman, MD, CEO and medical director of IHC.

The casino is owned by the Mohegan tribe, which in turn contracted with Sun International to manage and operate the casino. The IHC facility is available not only to casino employees, but to tribal members as well.

Recognizing a good thing

The Perini Building Company, which has been retained to construct a \$900 million expansion of the casino, knows a good thing when it sees it, and has chosen IHC as the first-aid provider for the 4,000 workers who will be building a 37-story hotel, conference center, and an expansion of the current gaming area.

"We've done this kind of thing before," says Stephen Almony, safety manager for Perini. "It enables our employees to get professional treatment the minute they get hurt; they just report to the first-aid station and then they're ready to go back to work. If they had to go to the ER, someone would need to accompany them and you'd have more than one person off the work site." The on-site facility, located in a trailer, will provide construction workers, plumbers, and electricians with

KEY POINTS

- Occupational health clinic nearby enhances the level of health care available
- Casino is owned by tribe, whose members can also use the clinic
- On-site facilities should be considered by firms with 500-plus employees

first-aid, immunization, and drug-screening services.

Almony has tracked first-aid costs on other jobs. "At our last work site, we had a technician who could treat wounds but couldn't do eye washes, and we had to pay \$350 to send a worker to the ER. So, when we contracted with IHC, we asked them to make sure their nurse can do eye washes."

Drug testing is another costly issue. "Elsewhere, I've paid \$37 per person," Almony notes. "Here, the same nurse who does first aid does sampling, which cuts my cost by \$10 a person. With maybe 4,000 workers on site, that really adds up."

Finally, says Almony, IHC's network of providers is a real plus. "It helps to have the backup of somebody who can put together a PPO system," he says. "Here, we have an IHC clinic down the street, and they provide the transportation — which is fantastic. On other sites where we don't have a nearby clinic, we have to go out and find medical providers. As an employer, we need someone who knows the business and can go out and get a panel of doctors for you at reasonable price."

"Thus far, the majority of work-related injuries have been first-aid only — cuts, scrapes, something in the eye," notes Berkman. "Workers are evaluated at the first-aid station, and we have a van that comes and transports them to the Norwich facility if they need X-rays, sutures, or physical therapy."

Who needs on-site services?

On-site first-aid facilities are most cost-effective for larger companies, says Berkman.

"For companies with 500 employees or less, it's very unusual to see an on-site facility, because the cost-benefit analysis would not work out," he explains. "Your typical injury rate is less than 8%; so if you have under 500 employees, that's three injuries a month — which just doesn't pay. Once you get to 2,500 and above, we've found that having the ability to provide services for both prevention and treatment not only makes sense economically, but it keeps people in the workplace. We have found that when employees see their employers have gone out of their way to provide these services, they're looked at as a benefit."

There are a number of different ways in which IHC bills for its services. "In some cases, it can be fee for service, and the insurance company is billed for everything. Or, there can be a facility charge,

where the employer pays for our staff, equipment facility, regardless of how many people we see," Berkman explains. "Most companies would pursue the facility charge, because they want to know what their costs are up front."

How much can on-site facilities save employers? "At the Mohegan Sun Casino, they have probably realized a 75% to 85% savings in health care expenses," Berkman estimates. "No. 1, medical treatment is included in the facility charge, and a large number of employees who would have gone to doctors have gotten their medical treatment on site. Then, you have to factor in lost wages, replacement costs, and absenteeism costs you would have incurred by having an employee go off site for treatment, instead of walking down the hall, getting the help they need, and going right back to work."

The Mohegan Sun site has reaped an added benefit, Berkman reports. "Now, they're getting into the prevention and wellness side of health care," he says. "The health station represents a place people can go to learn about stress, weight loss, and healthy behavior by picking up printed materials."

[For more information about IHC and on-site first-aid facilities, contact: Carol Attas, IHC, 1060 Day Hill Road, Windsor, CT 06095. Telephone: (860) 688 4800, ext. 7111.] ■



'Watchouts' for work site wellness programs

Don't let the unexpected derail your efforts

By **Patricia Halo**, CEBS

(This is the first of two articles. The conclusion will be in the November issue of Employee Health & Fitness.)

Although employers who offer a wellness or health promotion program for employees may have a variety of goals in mind — improving morale and productivity, reducing health claim costs, keeping up with competition to name a few — they all agree that making mistakes is costly and wastes resources. More than that, if a

program is viewed by employees as substandard or of minimal value to them, it will fail and leave a lasting bad impression.

Today, there is a proliferation of wellness programs, but little uniformity in their offerings, how they are established, who pays for them, and the methods by which they are managed and provided. Some employers consider a wellness program one that provides work site exercise classes during lunch and an occasional seminar; others have widespread services from health newsletters and nurse call centers to on-site screening and early intervention programs for major medical conditions.

Perhaps a general definition is in order: A work site wellness program is one that educates and informs employees and their families about health risks and conditions; provides work site resources to encourage earlier diagnosis and meaningful intervention with such conditions; and promotes healthier behaviors through policies and programs designed for that purpose.

But there are “watchouts,” involved. These are problems that occur without warning that can capsize a program. They can occur at any stage: when you are planning a program, selecting a wellness provider, publicizing the program, funding it, during its implementation, or in the reporting and monitoring stage. Attention to those watchouts can help you make adjustments or redirect your program for better results:

Watchout #1. The planning stage: Many programs fail at this stage due to lack of planning and foresight.

- **Get approvals well in advance from supervisors, funding authorities, employee representatives, and other managers.**

- **Identify who will be responsible in your organization for the program or service, and make sure the department or person is willing and capable.**

- **If a committee is making a decision about a program, be sure it understands any limitations that apply and the resources available.**

- **Research staff or organizational resources you can tap to provide or assist with the program — meeting rooms, administrative needs, staff nurses, bulletin boards, and so forth.**

- **Locate outside resources to allow for choices about who will provide the program.**

- **Identify any funding needs and how they will be met.**

This checklist can save untold wasted energy,

and keep your wellness plans on a safer road to success.

Watchout #2. Selecting a program and its provider: Here are some business guidelines to follow:

- **Be sure you understand the program and how it works, including what employees can expect to gain from it and what is expected from your organization.**

- **Look into the program and provider(s) available.**

- **Check credentials (licenses, necessary certifications, or permits).**

- **Ask for references to review the track record of the program or providers elsewhere, including their reputation for quality services.**

- **Compare the cost and service level for each choice, recognizing that the least expensive option may not always be the best one.**

- **Require a written agreement that lists the services to be provided and who will provide them, including their credentials and experience.** Specify cost and include any requirements for minimum participation or maximum numbers to be served. This should include any special needs or limitations, such as hours of availability.

- **Require insurance coverage from any provider, typically \$1 million in general liability coverage, in case of any injuries due to the program.** A certificate of insurance should be made out with your organization as an additional named insured.

- **Be aware of good resources for impartial references and information, such as the telephone book, your local hospital, a branch of nonprofit groups such as the American Heart Association, American Cancer Society, or American Diabetes Association.**

Watchout #3. Funding your program: Getting support from your organization or from outside sources will be necessary for a viable program. You can't rely upon volunteers and free services to meet all of your wellness needs:

- **Decide who should pay — employees only, a percentage from the employer, only program participants, bargaining units, company vendors, your health plan administrator, or some combination of any or all of those.** A uniform policy and decisions about funding are needed before you offer a program to employees.

- **Determine which services should be and are covered by your health plan.** Identify the

restrictions and impact of having certain on-site diagnosis and intervention services covered by discussing them with your health plan advisor or staff. You may save money by following plan guidelines and make helpful services more available to your employees.

- **Negotiate the best program for the least amount of money.** Remember, a discounted program makes sense when a provider is local and may view it as good public relations, volume buying, and an entree to a new market. There is less overhead for the program if you advertise it, collect the fees, and provide the setting in which it is conducted.

- **Keep the cost reasonable to employees.** Your program choices may be limited by the reality of ultimate cost to the employee. Don't shoot yourself in the foot by designing a top-quality program that no one can afford.

- **Allocate your limited resources carefully with an eye on the total budget.**

- **Don't spend a majority of your money for wellness on one grandiose program that only appeals to a small segment of your work force.** Nor should you spend most of your funding during one season of the year, leaving the balance of the year empty.

[Editor's Note: Pat Halo is a president of Halo Associates, a wellness consulting firm in New City, NY. She can be reached at: (914) 638-3438. This article is the first in a two-part series.] ■

Ergonomics focus should be on dollars, not OSHA

Agency recommendations are not unreasonable

Dennis Downing is no fan of government regulation. But the president of Santa Barbara, CA-based Future Industrial Technologies (FIT), says employers who are spending sleepless nights worrying about potential new ergonomics regulations from OSHA should refocus their attention.

"The corporations I've spoken to are not mainly motivated by government mandates," notes Downing, whose company has implemented ergonomics programs for such organizations as United Airlines, Chrysler, Xerox, and UPS. "One company executive told me if he got a \$7,000-\$10,000 fine it wouldn't mean anything to him."

And that's an understandable attitude, Downing

KEY POINTS

- For a program to work, it must be driven "from the top down"
- Educate your employees about signs and symptoms of CTDs
- Hazard identification, ergonomic training are critical program components

notes. "The real savings can be found by reducing those musculoskeletal injuries. Ergonomic programming should be profit-based, not mandate-based," he insists.

For every dollar a company spends on direct medical injury costs, it will spend three to four times that amount in indirect costs, Downing notes. "A \$40,000 back surgery can really cost a company \$100,000-\$140,000, when you take into account rehiring, retraining, and loss of production."

With an economy as robust as ours, it is that much tougher to find good people when you lose a valued employee through injury, Downing continues. "If you have a wily veteran, a 20-year firefighter or police officer, and they blow their back out, you can't get a cadet to come in and do what they were doing. Or, in a small company, if you have an administrative person who's the backbone of the firm, you just can't replace that."

Downing's advice to employers is, don't focus on OSHA or potential fines. "It's very myopic to have that point of view," he says. "What you should be looking at are your high workers' comp costs. If you implement a viable ergonomics program, then it's a win-win."

Guidelines make sense

Ironically, says Downing, the six basic elements of OSHA's proposed new ergonomic standards by and large make good sense. He offers the following point-by-point analysis:

- **Management leadership and employee participation — Management will have the necessary training to oversee an ergonomics program and encourage employees to report problems.** "For any program to succeed, it has to work from the top down; management has to buy in. Here, I agree 100% with OSHA," says Downing. "Management must have an awareness of ergonomic issues and hazards, and put together a team through which management and the workers will jointly to solve the problem."

- **Hazard identification and awareness** — Employees will be educated about the signs and symptoms associated with cumulative trauma disorders (CTDs). Downing's on board here as well. "They're saying, now that we've put together a team, let's identify the problems. What is this team going to attack? What are the causes?"

- **Job hazard analysis and hazard control** — The company will implement feasible controls in jobs where CTDs are identified as a hazard. "This is where you get into putting in administrative controls — how can we go ahead and lessen the cumulative effects of various job tasks on the body by controlling the environment, or by controlling the amount of time one spends doing a particular job," Downing explains.

- **Training** — Companies will provide ergonomic training to employees and their supervisors. This is critical, says Downing. "From our point of view, we've seen many companies put in engineering solutions, like new assembly lines or new office equipment, and then they don't work. It's more than just a physical problem. You can give someone a \$600 chair, but it's not an ergonomic chair unless it's used correctly. You have to teach people how to sit, bend, stand, and lift properly."

- **Medical management** — Injured employees will be given prompt access to effective medical help. Here's where Downing and OSHA part company. Naturally, he's in favor of swift, effective medical help, "But there's more to it than that," he explains. "The regulations also say a health care provider can come out and do a work site analysis. I disagree with this: Most physicians have very little understanding of what causes injuries. And, this totally bypasses local and state workers' comp regulations."

- **Program evaluation** — The ergonomic program will be periodically reviewed to ensure its effectiveness. "I agree with any quality control measurement of any company's operations," says Downing.

Does Downing's company pursue a similar strategy with its clients? "We get more in-depth in terms of job site hazard analysis; you've really got to understand your problems before you can solve them," he notes. "But for the most part, I think OSHA's done a nice job."

[For more information, contact: Dennis Downing, Future Industrial Technologies, 350 South Hope Ave., Suite A201, Santa Barbara, CA 93111. Telephone: (805) 563-2225. E-mail: Dennis@backsafe.com. Web site: www.backsafe.com.] ■

HEDIS 2000 adds four measures

The National Committee for Quality Assurance (NCQA), in its final specifications for HEDIS 2000, has added four new measures: controlling high blood pressure, appropriate medications for people with asthma, chlamydia screening, and management of menopause. HEDIS is a performance measurement tool that holds the nation's managed care plans accountable for quality care, and already includes a broad range of measures related to key public health issues such as cancer, diabetes, and mental health.

Employee Health & Fitness™ (ISSN 0199-6304), including Health & Well Being®, is published monthly by American Health Consultants®, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to Employee Health & Fitness™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcpub.com).

Hours of Operation: 8:30 a.m.-6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday, EST.

Subscription rates: U.S.A., one year (12 issues), \$449. Outside U.S., add \$30 per year, total prepaid in U.S. funds. One to nine additional copies, \$269 per year; 10 or more additional copies, \$180 per year. Call for more details. Missing issues will be fulfilled by customer service free of charge when contacted within 1 month of the missing issue date. Back issues, when available, are \$75 each. (GST registration number R128870672.)

Photocopying: No part of this newsletter may be reproduced in any form or incorporated into any information retrieval system without the written permission of the copyright owner. For reprint permission, please contact American Health Consultants®, Address: P.O. Box 740056, Atlanta, GA 30374. Telephone: (800) 688-2421. Fax: (800) 755-3151. World Wide Web: www.ahcpub.com.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Editor: Stephen E. Lewis, (770) 442-9805. (wordman@mindspring.com).

Vice President/Group Publisher: Donald R. Johnston, (404) 262-5439, (don.johnston@medec.com).

Executive Editor: Glen Harris, (404) 262-5461, (glen.harris@medec.com).

Copy Editor: Michelle Moran, (404) 262-5589, (michelle.moran@medec.com).

Production Editor: Nancy McCreary.

Copyright © 1999 by American Health Consultants®.

Employee Health & Fitness™ is a trademark of American Health Consultants®. Health & Well-Being® is a registered trademark of American Health Consultants®. The trademarks Employee Health & Fitness™ and Health & Well-Being® are used herein under license. All rights reserved.

Editorial Questions or Comments?
Call Glen Harris at (404) 262-5461.

“The measures that we are adding to HEDIS will prevent heart attacks, make asthma more bearable, control the spread of chlamydia, and ensure that women know their options for dealing with menopause,” notes NCQA president **Margaret E. O’Kane**.

In addition to the new measures, the NCQA’s Committee on Performance Measurement also approved several other changes for HEDIS 2000, including retiring the current eye exams for diabetics measure, which is being replaced by the new comprehensive diabetes care measure.

For more information, contact: Barry Schilling, NCQA, 2000 L Street N.W., Suite 500, Washington, DC 20036. Telephone: (202) 955-5104. ▼

Oral drug screening test shipped

A vitar Inc., of Canton, MA, has shipped what it claims is the first oral screening test for drugs of abuse, OralScreen. The “three-panel” product detects cocaine, opiates, and marijuana, and was first introduced in April at the American Occupational Health Conference.

“With the three-panel test, we plan to focus initial marketing efforts on corporations, law enforcement agencies, and correctional institutions, where substance abuse testing programs are not only in most demand, but can result in significant legal challenges and losses in productivity,” notes **Peter P. Phildius**, Avitar’s chairman and CEO.

For more information, contact: Avitar Inc., 65 Dan Road, Canton, MA 02021. Telephone: (781) 821-2440. Fax: (781) 821-4458. ▼

New tool assesses work ethics

Responding to the need to better measure the impact of ethics programs on employee attitudes and behavior, New York City-based Arthur Andersen, a global professional services organization, has introduced IntraSight Assessment, a research-based diagnostic service designed to help companies assess their ethical culture and evaluate the impact of programs on overcoming

Correction

The September issue of *Employee Health & Fitness* included an incorrect telephone number for The Benfield Group. The correct number is (314) 862-4990. ■

EDITORIAL ADVISORY BOARD

Consulting Editor: Don R. Powell, PhD President American Institute for Preventive Medicine Farmington Hills, MI	Samuel M. Fox II, MD Director Cardiology Exercise Program Georgetown University Medical Center Washington, DC
John W. Farquhar, MD, MPH Director Stanford Heart Disease Prevention Program Palo Alto, CA	Miriam Jacobson Director Prevention Leadership Forum Washington Business Group on Health Washington, DC
Johnathan E. Fielding, MD, MPH Professor of Public Health and Pediatrics UCLA School of Public Health Los Angeles	Lewis Schiffman President Atlanta Health Systems Atlanta

ethics and compliance weaknesses.

“With IntraSight Assessment, companies for the first time can develop ethics programs targeted to produce specific attitudes and behaviors that support responsible business practices and discourage those that are unethical or unacceptable,” says **Barbara Ley Toffler, PhD**, who heads Arthur Andersen’s Ethics & Responsible Business Practices Group. “The service also lets companies measure their progress in improving their ethical culture over time.”

For more information, contact: Anne Board, Arthur Andersen. Telephone: (212) 708-4780. E-mail: anne.t.board@us.arthurandersen.com. ▼

Publication addresses workplace violence

Gazelle Press, Glassboro, NJ, has launched a new publication, *Workplace Violence Briefings*, to address what has become one of the nation’s most troubling and expensive workplace problems.

Workplace violence “is a crippling issue in the American workplace,” notes publisher **Sherry Hausman, MPH**. “In addition to the potential human tragedy, the costs of legal liability, repairing the firm’s reputation, aftermath counseling, and property damage can be enormous.”

According to Hausman, during a typical week, an average of 20 Americans are murdered at the workplace and over 18,000 are assaulted. The average jury award in a case of lethal workplace violence is \$2.2 million, she adds.

For more information, contact: Gazelle Press, 600 Quincy Court, Glasboro, NJ 08028. Telephone: (800) 848-1906. Fax: (609) 307-0141. E-mail: gazelle@hausmanmedia.com. ■