

Employee Health & Fitness™

The executive update on health improvement programs

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**NOVEMBER
1999**

**VOL. 21, NO. 11
(pages 121-132)**

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Spread of 'bullying' behavior shows violence doesn't have to be physical

Verbal abuse, harassment can be significant threat to employee health

Incidents of workplace violence have drawn both headlines and the concerned attention of health promotion professionals with a growing and worrisome frequency in recent years. While most of that attention has been focused on acts of physical and verbal violence, bullying and harassment are also on the rise, posing a real threat to employee well-being.

"Workplace bullying is one of the fastest growing complaints of workplace violence," noted a study commissioned by the International Labour Office (ILO) in 1998.¹

"As a private practitioner, I can say it is a very serious, very frequent problem," adds **Barry L. Klein, PhD**, a licensed psychologist practicing in Atlanta. "It's shocking — the number of people who come in with [workplace bullying] as one of the primary presenting issues. It's at least in the top five of reasons people come to see me."

And victims of workplace bullying can be affected physically, as well as psychologically.

"Bullying can produce poor concentration, forgetfulness; stress anxiety and irritability; feelings of insecurity; nightmares; indecisiveness; spontaneous crying or loss of sense of humor; panic; depression; social withdrawal from co-workers, family, and friends; and fatigue," notes

KEY POINTS

- Many employees suffer in silence from being bullied, afraid for their jobs
- Victims susceptible to stress-related illness; may even resort to violence
- Most companies do not recognize the seriousness of the problem

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Don R. Powell, PhD, president of the American Institute for Preventive Medicine, Farmington Hills, MI.

“It can shatter self-confidence and self-worth; it can even cause post-traumatic stress syndrome. In extreme cases, the victim can become violent — either through suicide or retaliation — like the postal worker who felt bullied by his supervisor and decided to not only ‘get’ the supervisor, but others, as well.”

“Purely physical” reactions to bullying can include stress headaches, reduced immunity to infection, menstrual difficulties, colitis or irritable bowel syndrome, asthma or allergy attacks, migraine, high blood pressure, peptic ulcers, indigestion, and could even lead to a heart attack, says Powell.

What is bullying?

According to the ILO study, bullying “constitutes offensive behavior through vindictive, cruel, malicious, or humiliating attempts to undermine an individual or groups of employees through activities such as:

- **making life difficult for those who have the potential to do the bully’s job better than the bully;**
- **shouting at staff to get things done;**
- **insisting that the bully’s way of doing things is the only right way;**
- **refusing to delegate because the bully feels no one else can be trusted;**
- **punishing others by constant criticism by removing their responsibilities for being too competent.**¹

“Technically, it can be classified as a form of workplace violence because while it’s typically verbal, it very often uses either verbal intimidation, yelling and screaming, name-calling, and the use of foul language directed at a particular individual,” Klein explains. “It can also take the form of verbal threats: ‘If you don’t do what I tell you to do you’ll be fired.’ Or, ‘You’re a stupid

idiot,’ ‘You’re a jerk,’ or some foul language.”

“It’s all about power; and, if you will, the mismanagement of power,” says **Stephen Heidel**, MD, MBA, CEO of San Diego-based Integrate Insights, which provides occupational mental health services. “It’s something that’s very common, and goes on in large organizations on a day-to-day basis. It could be as simple as not giving someone the information they need to better do their job. We might see it as a ‘destructive competitiveness.’”

Suffering in silence

One of the classic dynamics in bullying is that, as in many other cases of abuse, the victim is reluctant to come forward. “The people who come to see me typically have suffered with this for a long time,” says Klein. “Sometimes, they have tried to address it through the hierarchy of the organization and have gotten nowhere. In a typical case, the victim has tried to address the situation in a professional manner and the complaints have fallen on deaf ears. Others have suffered in silence because they feared they would lose their jobs.”

The resulting frustration on the part of the victim only serves to exacerbate the problem, says Klein. “They’re typically depressed, and many times they also develop anxiety disorders, they can’t sleep, can’t eat, they dread getting up in the morning.

“Many of these people have invested a lot in their jobs, but they feel trapped — and afraid to extricate themselves from the situation. So, you see much greater absenteeism. Many times, they will go out on disability because they just can’t go to the workplace any more. And when they *do* show up, they’re not as efficient or effective. They just sit there and cower and wait for the next outburst.” **(For a closer look at what happens to a victim of bullying, see box, p. 123.)**

Employees who feel they are victims of bullying have a number of options, one of which is the

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How bullying works: A case study

A real-life example of bullying in the workplace illustrates just how serious the problem can be. **Barry L. Klein, PhD**, a licensed psychologist practicing in Atlanta, relates the following story:

“My patient, who I’ll call ‘Sue,’ had worked for a huge multinational company for 20 years. She was a wife and mother, whose family was very dependent on her salary. She took great pride in her work, and had put herself through college at night to earn her degree.

“She was put in the position of administrative assistant to another woman who, over a six-month period, had had eight people in that position quit. She had such a bad reputation that when customers called they refused to speak to her and would only speak to her assistant. She used the most vile language, would yell and scream at Sue, and call her all kinds of names.

“Sue was proud of her degree, and had put her diploma on the wall of her cubicle. Every time this supervisor walked by she ‘accidentally’ knocked it off. Sue went to the human resources director, who said they were sorry, but that nothing could be done. If she wanted ‘out’ she could quit, but there was no position to which she could transfer. But Sue was smart enough to have kept a daily diary of everything that had gone on.

“Meanwhile, she had become extremely depressed, and couldn’t even get out of bed in the morning. She came to see me. I diagnosed her as having major depression, and I wrote a letter that she gave to the human resource director. I also told her to forward the letter to the company vice president in charge of human resources in New York. He eventually flew down to Atlanta and demanded that she turn over all her notes and copies — *that* was his primary concern. She refused.”

(Editor’s Note: The end of this story has yet to be written. “Sue” is contemplating legal action against the company.) ■

employee assistance program (EAP), if their company provides one.

“If there is an EAP, the employee can voluntarily access it and talk about these interpersonal issues,” says Heidel. “The counselor could coach an individual on how to assess the situation and handle these interactions better. You may have a power-hungry supervisor, or there could be vulnerability in the victim that help set this situation up. In some cases, the bully may not even be aware of the negative impact of his actions.”

Klein agrees that in some cases, the bully simply needs to be confronted. “Here’s what I tell people to do: First of all, address the situation with the bully. Ask for a private meeting, and address the concerns. I recently had a situation where that worked out just fine. A middle-aged guy came to see me, and said his new supervisor ruled through intimidation — that he would get in people’s faces and yell and scream, and this man was extremely upset. I told him he needed to address the problem with the individual first, and see if they could reach an understanding. He did that — and the supervisor was very apologetic. He said he had been under a lot of pressure, but wanted a good relationship with his employees, and thanked him for coming to see him. He has since followed through with more appropriate behavior.”

Not always that lucky

Unfortunately, not every employee is that lucky — partly because of the nature of corporate structure. Heidel explains: “The EAP is one thing, but you have to remember that human resources is a management support function,” he says. “If nobody else is complaining, they will be reluctant to intervene unless the behavior is really egregious, because they are a part of the organization. They can’t take every minor complaint back to management — they have to pick their battles.”

Klein has had that frustration. “That’s one of the really shocking things I’ve experienced in this area — that even when the problem is brought to a company’s attention, more often than not, it falls upon deaf ears.”

“If your supervisor is bullying you, you need to go around them to *their* supervisor,” says Powell. “Express to them that this is an intolerable work situation for an employee. You can sometimes ask for a transfer within the company, or in some cases, it may even be appropriate to leave the company. But a good manager will write the supervisor up for

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inappropriate job performance.”

Klein has another tactic that has worked well. “I will typically write a letter to the human resources director, and state that I have recommended the employee go out on disability as a direct result of harassment, intimidation, and bullying in the workplace. *That usually gets their attention.*”

Such tactics should not be necessary, says

Klein. “Everyone knows about sexual harassment and racial discrimination. Companies have posters on their walls warning against such actions, but I don’t know of one company that has a written policy about bullying.”

It’s in the employer’s best interest to have such a policy, he asserts. “The employer pays a high price in terms of having more employees out of work a greater length of time, more insurance benefits being paid, more people out on disability, and potentially, more lawsuits,” he explains.

What should happen, Klein says, is that human resources should address and investigate all complaints of workplace bullying.

“They need to offer counseling, and threaten the bully with disciplinary action,” he recommends. “The bottom line is that this type of behavior should not be tolerated; unfortunately, the opposite is true.”

Reference

1. Chappell D, Di Martino V. *Violence at Work*. Geneva: International Labour Office; 1998. ■

‘Cuss Academy’ battles bad language on the job

Cursing can damage morale and productivity

A Northbrook, IL, marketing professional has launched a campaign against cursing in the workplace — which, he says, is not just an annoyance, but a threat to employee morale and teamwork.

“I think it’s very important for there to be a good sense of cooperation and getting the job done in the workplace,” notes **Jim O’Connor**, president of The Cuss Control Academy. “In a place where I used to work, there was a sense of negativity that was detrimental to productivity

and kind of infected other people. When you add swearing to that, it intensifies the criticism [of the company] and the lack of cooperation.”

Foul language can also be an important employee health issue, he says. “It’s definitely a mental health issue in terms of stress. If someone is swearing intensely and they’re doing it because they’re opposed to the way they have to do their work, or to the way the company is run, it affects them and the people who have to hear them. In both cases, it fosters a feeling that, ‘we’re wasting our time, the company is poorly managed, and the boss doesn’t know what he’s doing.’ Basically, it makes people miserable.”

It also affects productivity, O’Connor observes. “If someone convinces you you’re wasting your time, you lose your spirit and your desire. You may not even realize you’re not putting a full effort behind your work, but it naturally follows that you wouldn’t. In that type of atmosphere, you do the bare minimum and then you go home.”

Not created for work site

O’Connor did not originally establish his academy to address work site issues when he founded it in 1998. “I just felt there was too much cursing in public in general, which contributed to

KEY POINTS

- Anger, dissatisfaction can be contagious, destructive
- It’s important to address the entire employee population, not just offender
- Cursing is *not* a good strategy for those desiring professional advancement

10 tips for taming your tongue

1. Recognize that swearing does damage.

You probably swear because it is easy, fun, candid, emphatic, expressive, breaks rules, and somehow partially reduces anger and pain. But the negatives outweigh the positives. Swearing doesn't get you hired, promoted, romantically connected, or invited back to anything except maybe the "Jerry Springer Show."

2. Start by eliminating casual swearing.

Start by eliminating trashy language from your everyday casual conversations. Pretend that your sweet little grandmother or your five-year-old daughter is always next to you.

3. Think positively. A great deal of swearing is related to a negative attitude. Look to the bright side. A positive mental attitude not only eliminates lots of swearing, it brings you contentment and brightens your personality.

4. Practice being patient. As busy people in a fast-paced society, we are losing patience with anything that wastes our time. When you are stuck on line or in traffic, ask yourself if a few more minutes matters. Be honest — does it really matter?

5. Cope, don't cuss. Each day can be filled with aggravations, delays, disappointments, and frustrations. The fact is, we have to deal with them anyway. So stop cussing and learn to cope. Consider even the smallest annoyance a challenge, and feel proud of yourself for taking care of it cheerfully and efficiently.

6. Stop complaining. Before you start griping or whining about something, remind yourself of a very important reality: *No one wants to hear it!* Why would they? Do you like to be with someone who always complains, gets

angry, and is foul-mouthed as well?

7. Use alternative words. English is a colorful language, but chronic cursers repeatedly use the same, unimaginative words that low-class clods have used for centuries. For example, the Cuss Control Academy has identified 70 common expressions using the four-letter "s" word, and provides equally common alternatives for all of them. Take the time to develop your own list of alternatives to the nasty words you now use.

8. Make your point politely. Think of the response to what you are about to say, and decide if you need to reword your statement to be more effective. Take the time to make your point in a mature and convincing manner.

9. Think of what you should have said. It's easy to blurt out a swear word at an inappropriate time. If you make a statement that you later realize was negative, confrontational or rude, think of how you could have phrased the statement. Over time, these exercises will train you to think and act differently.

10. Work at it. Breaking the swearing habit takes practice, support from others, and a true desire to be a better person. Here are a few exercises to condition yourself:

- Think in clean language, and switch negative thoughts into positive solutions.
- When you are on your way to a situation you know will test your temper and your tongue, plan ahead what you will say and how you will say it.
- Tell your family or friends what you are doing, and you will be more cautious around them.
- Determine when and why you swear the most, and develop your own tricks for changing your behavior.

Source: The Cuss Control Academy, Northbrook, IL.

a decline in civility and an increase in a general lack of patience and tolerance with things that go wrong," he recalls. He was in the process of writing a book when he announced the academy and offered the training to individuals.¹

It was their responses that led him to expand the program to the workplace. "I've made initial presentations in the workplace setting, and seen a lot of nodding heads," O'Connor notes.

In a work site setting, O'Connor first meets with management and asks them to describe their problem, so that he can tailor the program to their specific needs. "They may just want me talk to the 'offenders,' but it's important to address larger groups — the people who have to work with them," he notes. "They need to know how cursing affects their performance, and to not just accept it as evolution of language. I make them

realize all of the negatives of swearing — it's impolite, it's improper, and it can contribute to a hostile environment.”

Employees must be taught how extensive the damage caused by foul language can be, O'Connor emphasizes. “They need to realize they're hurting *themselves*,” he explains.

“Even if they're just joking around, it's a sign of a certain immaturity and lack of professionalism; and it's not a good career move to cuss.” O'Connor offers employees “Ten Tips for Taming Your Tongue.” (See box, p. 125.)

O'Connor knows that some situations require special skills. “After the assessment, if I feel the problem is beyond my ability as a communicator, I seek the assistance of mental health professionals we are affiliated with here in Chicago and in California.”

Reference

1. O'Connor, JV. *Cuss Control: The Complete Book on How to Curb Your Cursing*. New York City: Three Rivers Press; 2000.

[For more information, contact: Jim O'Connor, The Cuss Control Academy, O'Connor Communications Inc., 899 Skokie Blvd., Northbrook, IL 60062. Telephone: (847) 498-2284. Fax: (847) 498-3144.] ■

Study shows BMI levels impact health care costs

Number of claims higher for at-risk employees

A study of 3,066 First Chicago NBD employees has shown that people who are at risk for BMI (body mass index) “are more likely to have additional health risks, short-term disability and illness absence, and higher health care costs than those not at risk for BMI.”¹

BMI is calculated by taking an individual's weight in kilograms and dividing it by their height in meters squared. The National Institutes of Health defines obesity as a BMI of 27.8 or higher for men and 27.3 or higher for women, which represents about 124% and 120% of desirable weight, respectively.

The mean health care costs for the BMI at-risk population in the study was \$6,822, compared

with \$4,496 for the not at risk population. When sick days were converted to costs (average cost per sick day was \$189), those at risk for BMI cost an average of \$1,546 per person, while those not at risk for BMI cost \$683 per person.

Why study BMI?

There have been any number of studies linking obesity with increased health problems and health care costs. What the researchers in this study sought to determine was if a “progressive correlation” existed between BMI, health care costs and absenteeism — that is, the higher the BMI, the higher the health care costs.

Why was it so important to focus on BMI? “Basically, because ‘overweight’ was just a general term before, as in overweight vs. normal weight, and people just drew a line somewhere,” explains **Alyssa B. Schultz**, MS, research associate at the University of Michigan Health Management Research Center, Ann Arbor, and co-author of the paper. “Someone above that level tended to cost more than someone of ‘normal’ weight. We wanted to see if it was true that as you got more and more overweight it was more and more costly.”

And did they? “The progressive correlation did bear up in the study,” she replies. What we also found is that there's a group of people who are underweight who cost more than what we term normal. This occurs in individuals who generally have a BMI less than 18 — but it's not progressive.”

Other significant findings

Schultz notes several other significant findings in the study. “We found that not only were overweight people at risk for weight, but for other factors as well; so obesity is doubly bad,” she says. “Overweight employees tended to have additional risk factors — they smoked, had high blood pressure, and so forth. High BMI was

KEY POINTS

- Study one of first to link obesity with increased absenteeism
- Data reveal that the more overweight the employee, the greater the health care costs
- Participants at risk for BMI were at risk for other factors besides weight

rarely found in a vacuum.”

The study also showed that cost increases were different for different disease categories. “For example, being overweight showed up more in musculoskeletal disorders than in mental disorders,” Schultz explains. “And when we looked at a person’s whole cost and then the different diseases, there was a different cost curve for different weight levels.”

The link to increased absenteeism costs was also “a fairly new finding,” Schultz adds, although the researchers did not look for a progressive correlation in this area.

Another highly significant finding is that the greatest contributing factor to the increased medical costs for at-risk employees was the number of claims, rather than the cost. In other words, people with higher BMIs saw their doctors more often, but for less expensive claims, than those employees with lower BMIs. “This needs to be looked at more closely,” says Schultz. “One possible reason for this is that this employee population is relatively young; we’re not looking at heart disease here — but back strain, knee problems, and so forth.”

One of the most dramatic statements in the study was that “previous estimates of the economic impact of obesity to the employed population probably have been conservative.”¹

Why did the authors make such an assertion? “Researchers have never looked at absenteeism before, and health care costs alone do not tell the whole story,” Schultz explains. “Now, with our productivity study, we find that along with health risk factors comes a reduced performance at work, as demonstrated by an increase in STD [short-term disability] among at-risk employees.”

Schultz has this ‘take-home’ message for wellness professionals: “What we’ve learned is that you need to attack multiple issues, not just weight issues,” she advises. “As we saw, these employees are at risk in other areas as well, so take a multifaceted approach. We really feel you should address these [weight] problems when they’re not that serious, when the employees are young, to prevent them from getting more serious in the future.”

Reference

1. Burton WN, Chen C-Y, Schultz AB, Edington DW. The economic costs associated with body mass index in a workplace. *JOEM* 1998; 40:786-792.

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Conditioning program targets deer hunters

Goal: Prevention, recognition of heart attacks

Many wellness professionals have come to recognize the value of targeting discreet at-risk employee populations to improve program effectiveness. But few have elevated targeting to a level achieved by a program for employees at UAW-GM plants in Flint and Anderson, MI.

Since 1997, Health Solutions Inc., a Baltimore-based wellness consulting and management firm, has been offering a program called Deer Hunting Conditioning. It’s one of several “leisure-based” programs being offered as part of the UAW-GM LifeSteps program for employees, retirees, and family members.

“As part of our responsibility to the 100,000 eligible participants, we particularly wanted to go after the low-readiness people,” explains **Charlie Estey**, MS, the Health Solutions professional

responsible for coordinating the UAW-GM LifeSteps pilot program. “There are individuals who perhaps have not exercised since sixth-grade gym class. Looking at our particular population, we have a great number of deer hunters, so that gave us a focal point. We felt we could build a program around that theme.”

A series of recent articles in local papers about hunters suffering heart attacks in the woods also helped increase awareness about the need for hunters to be more fit. All that was needed now was a program.

KEY POINTS

- Program draws attendees by offering tips on deer hunting
- Exercise, nutrition tips, and healthy venison recipes highlight offerings
- Outside recreational experts available at little or no cost

Helping employees to hunt 'healthy'

The following are excerpts from the LifeSteps conditioning program for deer hunters:

Are You Fit to Hunt?

Step 1: Is your body fit to hunt?

- Do you ever have chest pains when you exert yourself?
- Do you become short of breath with mild exertion?
- Do you have pain in your legs when you walk, which disappears when you rest?
- Do you regularly have swelling of the ankles?
- Has a doctor ever told you that you have heart disease?

If you answered YES to any of these questions: Are currently not exercising regularly and are over age 35? If so, you should consult your doctor before taking on a major physical activity such as deer hunting.

Step 2: Dress for success

- Cotton is light but stays wet; wool is warm, doesn't absorb water, retains heat in the body, can be heavy; down is warm, light, breathes, but is bad if it gets wet; and raincoats stop the wind, keep the wet out.
- Instead of cotton next to your skin, try Thermax or Polypropylene.
- Preventing hypothermia also prevents fatigue.
- Footwear made with Thinsulate or Gore-Tex linings are best.
- Make sure that your pockets are large enough for gloves.
- Carry a plastic sheet or garbage bag to sit in.
- Wear cotton socks first, then a layer of wool socks.

- When using lure, think about hygiene (you don't know the health of the animal and its urine could be contaminated).

- Wear a safety harness while climbing and hunting in a stand.

Step 3: Food for fuel and first-aid basics

- Eat a good, healthy (low-fat) breakfast.
- Bring fruits for day-long snacking.
- Drink lots of fluids.
- Bring an emergency kit, including diarrhea medication, poison ivy lotion, snake bite and bee sting kit, matches, medical insurance card, lip protection, emergency blanket and flashlight.

Step 4: Stretching and cooling down for improved performance

- Neck stretch, shoulder circles and arm crosses (employees provided diagram).
- Lower-back stretch (employees provided diagram).
- Thigh and calf stretch (diagram provided).
- Gradually warm your body doing stretching exercises.
- Walk slowly into the woods.

Step 5: Walking your way to fitness

- Get out of the house and walk your dog weeks before the season starts (even if you don't have one).
- Walk during times when you will be hunting (or after dinner).
- Listen to your body; don't strain.
- Gradually work your walk into a slight "wog" (half walk and half jog, or trot).

Step 6: Developing strength and endurance

- Always warm up and cool down when strength training.
- Choose a resistance (weight, soup can, etc.) that you can move for 8-15 repetitions.
- If you cannot do eight reps, reduce the resistance; if you can do more than 15 reps easily, gradually add more resistance.
- Perform movements slowly.
- Exhale (as in blowing out birthday candles) as you perform the lift. ■

The goal of the program was clear: To increase awareness of the risk of heart attack and injury associated with an unfit deer-hunting body. The approach was highly creative: Employees were drawn to the program, not initially to learn about fitness, but to learn about deer hunting. The plant newspaper ran an article, posters, and fliers were

placed around the plant, and an ad was placed in a local paper for deer hunters.

Promotional materials advertised such themes as "Where to get your deer," touting expert speakers who would provide employees with tips on improving their deer-hunting performance. The ads also noted that the LifeSteps staff

would provide “easy tips to get you in shape for this year.” Here are the basic components of the program:

- Guest speaker (a writer from *Field & Stream* magazine) gives tips on deer density population in Michigan, and other hunting strategies.
- Information and skills on dressing your deer.
- Healthy venison recipes.
- Tips on food for fuel and dressing for success.

“The key to the program, however, was that we had a captive audience to also review how to start a walking program to increase your stamina; warm-up and cool-down exercises; proper lifting techniques to prevent back injury [how to place your deer on your truck without throwing your back out]; and warning signs of heart attack and what to do,” explains Estey.

Free prizes were also raffled off, such as hunting hats, samples of healthy snacks were offered, and cholesterol and blood pressure screenings were also part of the events.

A positive response

Employees responded positively, says Estey, because they received information they felt was valuable.

“We told them that you may want to start a walking program two months before you go into the woods, and that it is important to learn how to warm up and cool down,” he notes. “They take a 150-pound deer and lift it onto a truck, and they can throw their back out. We talked about the warning signs of a heart attack, and what to do. We discussed ‘food and fuel’; that they might be more alert for the hunt if they didn’t have a heavy breakfast of eggs and bacon. They valued that.” (See examples on p 128.)

Estey guesses there are well over 5,000 employees who spend much of their time in the woods. “A lot of them historically will not be the first ones to go to wellness,” he notes. “If we could get any number of them, we’d have success.”

On the average, he reports, the deer hunter conditioning program drew over 200 participants each year. “We had an opportunity to develop relationships with these people, and some have since joined other wellness programs.”

The leisure-based programs at UAW-GM “have been extremely successful, because we take fitness and incorporate components of leisure and recreation. We have fun, social events that also provide some health and fitness skills,” Estey explains. “What we’re doing are addressing

employees’ wants and needs while removing barriers to conditioning.”

Other leisure-based programs include golf conditioning for executives, gardening conditioning, and ski conditioning. “An employee may not show up for a Tae Kwan-Do class, but he will for ski conditioning,” Estey notes.

And, he adds, there are any number of free or reasonably priced experts available as guest speakers for those programs.

“Wellness professionals should take advantage of these resources,” he advises. “In Indiana, we had a speaker from the Ohio Department of Natural Resources [for the deer hunting conditioning program]. He was free; we just made a small donation. The speaker from *Field & Stream* was free. There are experts out there who are knowledgeable and want to participate.”

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GUEST COLUMN



‘Watchouts’ for work site wellness programs

By **Patricia Halo**, CEBS

(Editor’s note: This article is the second in a two-part series on planning and implementing a work site wellness program. The first article addressed planning, selecting a program and its provider, and funding your program.)

Watchout #4. Publicity and communication

about your program. This is where you can make or break your program, so proceed with care.

- **Be clear about the provider, cost, location, and time.** Include a “first come, first served” byline if there are limitations of space or materials.

- **Include a waiver or disclaimer on the enrollment form if physical or emotional exertion is required.**

- **Don’t leave anyone out.** Make sure all eligible employees are informed by bulletin board

notices, department announcements, flyers, or posters, and program information distributed to all departments and through employee representatives when possible.

- **Establish a contact person in your organization and a telephone number to be used for the program and include them in all publicity.**

Watchout #5. Implementing your program. You need to follow a step-by-step plan to include a timely and orderly process to get your program launched.

- **Begin early enough to allow time for publicity and enrollment (i.e., 60 to 90 days).**

- **Establish a schedule and date(s) that consider other organizational needs and activities.**

- **Follow the line of authority you have established for the program, and support the organizational person in charge.**

- **Recruit interested employees to assist with on-site activities required by the program.** A program can fail through small glitches, such as access to a building or facility, preparation of the space, help with lights and furniture, use of equipment, etc.

- **Extra hands are usually helpful when it comes to work site programs.**

- **Think out of the box.** Be flexible in your thinking so that adaptations can be made to accommodate on-site problem situations.

Watchout #6. Monitoring and reporting. To know whether or not your program is successful, you will need to monitor it, take measurements, and report them. This will be helpful in obtaining ongoing support and funding, and in planning for the future.

- **Ask the provider how the program is measured, and understand the reports available to you and the basis for them.**

- **Ask for a provider report that minimally includes the participation, outcomes, and evaluations by participants and coordinators.**

- **Check out report formats in advance.** You may be able to tailor them to meet your needs, and you will be more prepared to review them when they arrive.

- **Be sure there is a measurement taken.** Provide your own counting forms and evaluation form, if they are not otherwise available.

- **Share reports with decision-makers to evaluate program success.**

- **Include outcomes that can be measured in dollars, such as the number of conditions requiring intervention.** If there is a follow up component to the program, ask for an aggregate report

to show compliance with recommendations.

This is a tough one, and bears more explanation. Typical outcomes reports may include for a smoking cessation program, for example, the number of employees who signed up, the number of employees who completed the program, and those who were smoke-free one year later. That can be translated into reduced claims dollars using national data.

Here's another example: In a program that provided blood draws to measure cholesterol and blood glucose, you would measure the number of participants, those with higher than normal readings in one or more high ranges, and whether the participants followed a recommendation to consult with their physician as a result. That can be taken to higher and higher levels, depending on the capabilities of the wellness program provider and cost.

How can you select and provide programs of value to employees? Here are some benchmarks you can follow to design a meaningful program:

- 1. Review your organization's health claims history.** Note areas of high cost, such as cardiac claims, services for diabetics, and cancer costs, which will appear as inpatient hospitalization and extensive therapy costs. When you examine high-cost claims, whether for those chronic conditions, premature births, or osteoporotic fractures, you can focus your resources on needed wellness services.

- 2. Understand your demographics.** The makeup of your work force, such as age, gender, ethnic background, socioeconomic status, and education, will inform you as to the type of wellness programs that will meet their needs. For instance, if you have more males than females; if your employees fall primarily in the age range of 45 and older; or if you have many employees in one ethnic group — all contain clues about health status, and the likely illnesses and conditions that will occur.

There are no inflexible lines that separate conditions into gender, ethnic background, or socioeconomic status — but there are trends and data that can help you create an accurate profile of your employees when you plan programs, so that you can better meet their needs.

You should also consider whether your employees are non-English speaking, or if there are cultural barriers for your work force that discourage participation in some programs. Consider how the timing and location of programs will send a message to employees and

affect participation and program acceptance.

By following those guidelines, you can reduce the amount of wasted time and energy and increase the value received by your employees from the work site wellness program.

[Pat Halo is president of Halo Associates, a wellness consulting firm in New City, NY. She can be reached at (914) 638-3438.] ■

NEWS BRIEFS

Magellan to provide US Airways EAP

Magellan Behavioral Health, Columbia, MD, has been awarded a contract to provide an employee assistance program (EAP) for US Airways. The program serves approximately 41,000 employees and their family members in the United States, Canada, and the Caribbean.

"By extending this 24-hour confidential service to its employees and family members in Canada, Bermuda, and the Caribbean, in addition to those in the continental United States, US Airways demonstrates its ongoing commitment to providing expanded employee assistance services to its employees," notes **John J. Wider**, president and CEO of Magellan. For more information, contact: Christine Verdon, Magellan Health Services, (410) 953-2423. ▼

Guides address workplace violence

DCC, a global provider of workplace services designed to increase productivity and efficiency and reduce absenteeism, has introduced two new LifeCare Digests on workplace violence.

A LifeCare Digest for Employers: Preventing Workplace Violence, is geared toward human resource professionals and managers, and provides basic information on risk factors, warning signs, and strategies, including employee conflict resolution training, peer counseling and employee assistance programs for employees.

A Lifecare Digest on Preventing Workplace Violence is geared toward employees and provides helpful

tips and information on recognizing warning signs, avoiding potential "danger zones," and taking safety precautions. The digest offers a detailed description of what constitutes workplace violence, as well as how to spot changes in co-workers' behavior.

For more information, contact: Jane Levene, DCC Inc. Telephone: (203) 291-3787. DCC's Web site is: www.dcclifecare.com. ▼

Report highlights depression diagnosis, treatment

An executive briefing from *Business and Health* magazine highlights the best practices of 11 leading health plans concerning improving detection of depression, targeting patients at risk, addressing access to care and impacting the quality

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.)

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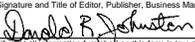
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United States Postal Service
Statement of Ownership, Management, and Circulation

1. Publication Title Employee Health & Fitness		2. Publication No. 0 1 9 9 - 6 3 0 4		3. Filing Date 9/24/99	
4. Issue Frequency Monthly		5. Number of Issues Published Annually 12		6. Annual Subscription Price \$449.00	
7. Complete Mailing Address of Known Office of Publication (Not Printer) (Street, city, county, state, and ZIP+4) 3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta, Fulton County, GA 30305				Contact Person Willie Redmond Telephone 404/262-5448	
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not Printer) 3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta, GA 30305					
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do Not Leave Blank)					
Publisher (Name and Complete Mailing Address) Donald R. Johnston, 3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta, GA 30305					
Editor (Name and Complete Mailing Address) Stephen Lewis, same as above					
Managing Editor (Name and Complete Mailing Address) Glen Harris, same as above					
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual. If the publication is published by a nonprofit organization, give its name and address.)					
Full Name Complete Mailing Address					
American Health Consultants 3525 Piedmont Road, Bldg. 6, Ste 400 Atlanta, GA 30305					
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input type="checkbox"/> None					
Full Name Complete Mailing Address					
Medical Economics Data, Inc. Five Paragon Drive Montvale, NJ 07645					
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates.) (Check one) <input type="checkbox"/> The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)					

PS Form 3526, September 1998 See Instructions on Reverse

13. Publication Name Employee Health & Fitness		14. Issue Date for Circulation Data Below November 1999	
15. Extent and Nature of Circulation		Average No. of Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
a. Total No. Copies (Net Press Run)		500	500
b. Paid and/or Requested Circulation	(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (Include advertiser's proof and exchange copies)	263	238
	(2) Paid In-County Subscriptions (Include advertiser's proof and exchange copies)	0	0
	(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	0	0
	(4) Other Classes Mailed Through the USPS	0	0
c. Total Paid and/or Requested Circulation (Sum of 15b(1) and 15b(2))		263	238
d. Free Distribution by Mail (Samples, Complimentary and Other Free)	(1) Outside-County as Stated on Form 3541	0	0
	(2) In-County as Stated on Form 3541	0	0
	(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (Carriers or Other Means)		11	11
f. Total Free Distribution (Sum of 15d and 15e)		11	11
g. Total Distribution (Sum of 15c and 15f)		274	249
h. Copies Not Distributed		226	251
i. Total (Sum of 15g, and h)		500	500
Percent Paid and/or Requested Circulation (15c divided by 15g times 100)		96	96
16. Publication of Statement of Ownership Publication required. Will be printed in the November issue of this publication. <input type="checkbox"/> Publication not required.			
17. Signature and Title of Editor, Publisher, Business Manager, or Owner  Publisher		Date 9/24/99	
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of patients' lives. The 11 plans are all members of the Alliance of Community Health Plans (ACHP), a national not-for-profit collaborative.

The eight-page report, prepared through an educational grant from Wyeth-Ayerst Laboratories, also provides an overview of the physical and emotional impact of depression and the corresponding costs to employers of coverage for inpatient, outpatient and pharmacological services, in addition to depression-related absenteeism and decreased worker productivity. To obtain a copy of the report, contact: Ann Peterson, *Business and Health* Special Projects, 5 Paragon Drive, Montvale, NJ 07645-1742. Or, you can fax your request to: (201) 722-7260. ▼

Lifeguard extends acupuncture benefit

San Jose, CA-based Lifeguard, the first California health plan to offer HMO and POS members wide access to acupuncture benefits, is now offering the same coverage for acupuncture benefits, at no additional charge, to its PPO and out-of-area (OOA) plan members already participating in a supplemental chiropractic benefit package.

"We were overwhelmed by the popularity of and the demand for acupuncture and chiropractic benefits among [HMO] members, and soon recognized that our PPO and OOA plan members should likewise be afforded access to these therapies," says **S. Joseph Aita, MD**, executive vice president and chief medical officer of Lifeguard.

For more information, contact: Marci Blaze, The Blaze Company, 228 Main St. #4, Venice, CA 90291. Telephone: (310) 450-6060. ■



Health & Well-Being[®]

The monthly supplement to Employee Health & Fitness

Keep bacteria off your holiday table!

An ounce of prevention can keep foodborne bacteria from becoming an uninvited guest at your holiday table.

“Think sink, stove, and refrigerator,” says **Becky Gorham, RD**, of the USDA/ARS Children’s Nutrition Research Center at Baylor College of Medicine in Houston. “These kitchen staples are effective tools in preventing the growth of illness-causing bacteria.”

Here what she recommends:

At the sink:

- **Wash hands before and after handling any food.** Keep utensils, dishes, counters, cutting boards, sinks, sponges, and towels clean. Use two cutting boards, one for meat and one for other foods, to prevent cross-contamination.

In the stove:

- **Roast the turkey at 325° F or higher to minimize the time bacteria have to grow.** If you are using a meat thermometer, insert it into the thickest part of the thigh next to the body. Cook a whole turkey to an internal temperature of 180° F.

- **Use only pasteurized egg products and cooked ingredients, such as sautéed vegetables, cooked meats, and poached or**

sauteed oysters in stuffing.

- **Bake stuffing separately, or stuff the turkey just before roasting.** Use a meat thermometer to make sure the stuffing is heated to at least 165° F before removing from oven. Immediately remove cooked stuffing from the bird.

In the refrigerator:

- **Keep thawing birds cold.** Place the bird in a sealed, heavy plastic bag and change the water every 30 minutes. Avoid thawing any frozen meat at room temperature.

- **Store raw meats in sealed bags, on trays, on the lowest shelf of the refrigerator to prevent raw meat juices from contaminating other foods.**

- **Remove turkey meat from the bone to speed cooling of leftovers and store in a shallow container.**

- **Refrigerate turkey, stuffing, gravy and egg-based pies within two hours of cooking.** Use leftover turkey within four days; stuffing and gravy within two days.

- **Avoid overloading the refrigerator.** The main compartment should be a maximum of 40° F degrees to inhibit bacterial growth. ■

Your jewelry could be making you tired

Researchers at Sweden’s Huddings University Hospital have found a link between chronic fatigue syndrome and an allergy to nickel — especially among women. Nickel is used to make everything from fashion jewelry to bra snaps and paper clips shiny and bright.

In the Swedish study of 50 patients with chronic fatigue syndrome (CFS), 52% of the women had allergic reaction to nickel — far more than the 24% in the control group. The findings appeared in the May issue of *Contact Dermatitis*.

The publication explains that 50 CFS sufferers and 73 control subjects were patch-treated with eight metal allergens. According to the researchers, “we found an over-representation of allergies among CFS patients, which was not significant. However, allergy to nickel occurred in 36% of patients in the CFS group and in 19% of subjects in the control

group. The high frequency of nickel allergy was more noteworthy in females in the CFS group than among female controls (52% and 24%, respectively). Similarly, in the males, the figures were 14% and 9%." ■

What *about* those low-carb diets?

With low-carbohydrate diets garnering headlines again, a nutrition columnist writing in the American College of Sports Medicine's (ACSM) September/October *ACSM's Health & Fitness Journal* notes that we may be trying to lose weight and tone muscles with inadequate information.

Defining low-carbohydrate, low-calorie diets as 800-1,200 calories a day, **Melinda Manore**, PhD, RD, FACSM, looks into the history of such diets — such as the liquid protein diets that came on the market in the 1970s.

"Those products, usually consisting of poor-quality protein, hurt more people than they helped," writes Manore. Variations keep popping up, she notes, but "nothing has offered the long-term solution we're all looking for."

Very low calories diets can be costly in terms of health, says Monroe, citing the following consequences:

- **A diet low in protein may also be low in essential fatty acids.**
 - **Limiting carbohydrate intake reduces glycogen replacement, which is necessary for the energy to exercise.**
 - **Good nutrition habits are often ignored.**
 - **Dehydration often results when food intake is inadequate.**
- Because carbohydrates are

essential to maintenance of blood glucose, fuel to the brain, and for replacing muscle and glycogen stores, dieters should meet the recommended vitamin and mineral requirements with a supplement, especially if their intake is below 1,600 to 1,800 calories a day. In addition, because some protein is used for energy rather than building and repair of muscle tissue during restricted energy intake, high-quality protein should be consumed, says Manore. ■

Glasses may not affect progress of myopia

Many have long assumed, based on studies of animals, that the use of corrective lenses causes greater progression of nearsightedness. Because of this belief, parents have often delayed getting their children glasses for fear it would worsen their myopia.

But a study in a recent issue of *Optometry and Vision Science* says that the use of conventional spectacles has not been demonstrated to affect the progression of nearsightedness in children.

Myopia, or nearsightedness, is a vision condition where near objects are generally seen clearly, but distant objects are blurred and do not come into proper focus.

"Myopia affects approximately one quarter of the U.S. population. Minus lenses are routinely prescribed by eye care practitioners for [myopia] correction," says **Editha Ong**, OD, PhD, who headed the study. "However, it has not been demonstrated whether the use of such lenses,

while optically correcting for the myopia, might inadvertently lead to its exacerbation."

The study found no significant difference in myopia development among four groups of children over a time period. The study compared the three-year progression of nearsightedness in 43 juveniles. The subjects were divided into four categories: full-time spectacle wearers; distance wearers (subjects who only wore their corrective lenses for distance viewing); distance to full-time wearers (subjects who switched from distance to full-time wearing during the course of the study); and nonspectacle wearers.

The study did find that the earlier the age of myopic onset, the greater the progression rate. But when the data was adjusted to correct for the difference in the age of myopia onset, the subjects still showed no significant difference in progression. ■

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