



Employee Health & Fitness™

The executive update on health improvement programs

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DECEMBER
1999

VOL. 21, NO. 12
(pages 133-144)

American Health Consultants® is
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Anxiety disorders pose productivity threat through myriad conditions

Heightened government focus highlights advances in treatment

If the White House has taken notice, it may be time for health promotion professionals to redouble their efforts at addressing a significant threat to workplace health and bottom-line costs: anxiety disorders.

On June 7, 1999, the Clinton Administration convened the first-ever White House Conference on Mental Health to help dispel myths about people who suffer from mental illness. It is precisely these myths that keep many employees from reporting problems in this area. However, those myths are belied by scientific research.

“Research on the brain has shown that mental illnesses can be diagnosed, and that these diseases are treatable,” notes **Steven E. Hyman**, MD, director of the National Institute of Mental Health (NIMH), Bethesda, MD. “We’ve learned that these diseases should be treated just like general medical disorders. If you had heart disease, you would get not only medication, but also rehabilitation, dietary counseling, and stress reduction; so it is with a mental illness.”

Focusing on anxiety

Perhaps the most significant area of mental illness for workplace health professionals is anxiety disorders, which according to the NIMH, afflict

KEY POINTS

- Early intervention in anxiety disorders is critical to help head off comorbidities
- Treatment costs U.S. billions, affecting nearly 20 million adults
- Associations partnering to create workplace education program

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more than 19 million adults ages 18 to 54. In 1990, anxiety disorders cost the United States \$46.6 billion. Research has shown that the average annual cost per sufferer is \$1,542, and that the average annual cost in the workplace is \$256 per suffering worker. Of that figure, 88% is attributable to lost productivity while at work — as opposed to absenteeism.¹ A closer look at what anxiety disorders are and how they affect an individual shows why. There are five major categories of anxiety disorders:

- **Panic disorder**, in which feelings of extreme fear and dread strike unexpectedly and repeatedly for no apparent reason, accompanied by intense physical symptoms.
- **Obsessive-compulsive disorder (PCD)**, characterized by intrusive, unwanted, repetitive thoughts and rituals performed out of a feeling of urgent need.
- **Post-traumatic stress disorder**, a reaction to a terrifying event that keeps returning in the form of frightening, intrusive memories and brings on hypervigilance and a deadening of normal emotions.
- **Phobias**, including specific phobia (a fear of an object or situation), and social phobia (a fear of extreme embarrassment).
- **Generalized anxiety disorder**, exaggerated worry and tension over everyday events and decisions.

Those symptoms, notes the NIMH, are often chronic, and usually become worse if left untreated. “Tormented by panic attacks, irrational thoughts, and fears, compulsive behavior or rituals, flashbacks, or nightmares, or countless frightening physical symptoms, people with anxiety disorders are heavy utilizers of emergency rooms and other medical services. Their work, family, and social lives are disrupted, and some even become housebound. Many of them have co-occurring disorders such as depression, alcohol or drug abuse, or other mental disorders.”²

“Of these five conditions, panic disorders and OCD’s can be particularly debilitating,” notes

Lynn Cave, who helps develop educational programs for the NIMH. “Agoraphobia, for example, is a panic disorder in which the individual may not be able to leave their home. If you are caught up in rituals (OCDs), work can also be severely impacted.”

A workplace issue

Kathryn M. Magruder, PhD, MPH, associate professor, department of psychiatry and behavioral sciences at the Medical University of South Carolina, Charleston, agrees that anxiety disorders should be seen as a critical workplace issue.

Health promotion professionals should be concerned about anxiety disorders “because, first of all, they are fairly common,” notes Magruder. “And, they often co-occur with other anxiety disorders and other psychiatric disorders such as depression. That makes them much more complicated; any time you have two disorders occurring together, it makes them more difficult to treat.”

It’s often been seen that an anxiety disorder may precede development of an alcoholism disorder, says Magruder, so it may provide an opportunity for early and effective intervention. “This is to everyone’s benefit — employers, individuals, and co-workers.”

And, as previously noted, anxiety disorders are costly. “In contrast with depression, where most of your costs come from lost productivity, there are also direct medical expenses related to anxiety disorders,” she notes. “People who are having panic attacks may think they are having a heart attack, and often they will go to a doctor. Unfortunately, even the doctor may not recognize this to be a panic attack, and he may order very expensive work-ups. A lot of things may have to be investigated before the correct diagnosis is made.”

This can increase the frustration and stress of the employee. “The person knows something is wrong, but when no answers are forthcoming they become more frustrated,” says Magruder. “Then, of course, the anxiety grows, and that

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adds to the medical expense.”

Perhaps even more important, she adds, is the effect of anxiety disorders on workplace activity. “These people tend not to be absent so much, but anxiety interferes with them performing their job as they should,” she explains. “With agoraphobia [even if they are not homebound], they don’t want to be near people; with other conditions, you may have a drinking problem, a feeling of losing control, and so forth.”

Delivering the message

The good news is that significant advancements are being made. “There has been a revolution in neuroscience; we more fully understand the pathways in the brain and how they work, and we are poised for new treatments,” notes Cave.

Magruder concurs. “There are a lot of new medications available, some of which have been approved for depression and are in fact now also indicated for anxiety disorders. This is really good news for everybody.”

“We feel the time is ripe for education. We have to take this message to the workplaces — that anxiety disorders are real and treatable,” Cave asserts.

To that end, NIMH has allied itself with the Employee Assistance Professionals of America (EAPA), of Arlington, VA, to create a work site education program on anxiety disorders. Called the Anxiety Disorders Workplace Education Program, it is being designed “to provide employee assistance professionals with research-based information about anxiety disorders; how to recognize them; and what treatments work,” Cave explains.

Rick Wilde, RN, COHN, CEAP, medical supervisor at the General Motors plant in Fort Wayne, IN, has participated in EAPA focus groups seeking input for the planned program. “We talked about creating an awareness program,” he notes. “This is extremely important, because many people don’t know about anxiety disorders, and therefore they can’t recognize the signs and the symptoms. This program should be focused on early recognition and treatment. With early recognition comes early intervention and treatment — which leads to better treatment outcomes.

“We are going to provide the necessary tools and resources to help employee assistance professionals create and implement educational programs for both employers and employees,” Cave adds.

The training programs and materials will be developed first for the EAP professionals, and

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then materials will be developed for educating employers. “After all, they are the ones who determine the scope of benefits their employees will receive, and often mental health benefits are not on par with those offered for other medical disorders,” notes Cave. “It’s important to educate them about how well the new treatments work.”

Wilde keeps coming back to the awareness theme. “We think the program should be similar to the AIDS awareness and breast cancer awareness programs that are now being seen nationally — more awareness-oriented vs. detail-oriented,” he says. “Our goal is to get these people into the medical system.”

Overcoming stigmas

Such a program will help individuals “get into the medical system” by overcoming their reluctance to admit they have such a problem. “It may remove some of the stigma attached to these disorders just to know that there are many other people out there with same thing,” Cave explains. “Those who suffer from anxiety disorders need to know that a lot of ‘normal’ people have them. In fact, it would be great if some celebrity would step forward and say that they have an anxiety disorder; it would create a lot of positive awareness.”

The program should be directed at the entire family, he adds. “It should go out to spouses and other family members because you are dealing with the whole family when an anxiety disorder hits,” he explains.

The program will also spread the good news that there are now psychotherapies, such as cognitive behavior, as well as medication treatments that are proving efficacious in cases of anxiety disorders, Cave says. “They enable employees to function.”

Finally, the program will also be designed to

ADDITIONAL RESOURCES

Books and Articles

- Babior S, Goldman C. *Working with Groups to Overcome Panic, Anxiety, and Phobias: Structured Exercises in Healing*. Duluth, MN: Whole Person Associates; 1996.
- Chambless DL, Gillis, MM. Cognitive Therapy of Anxiety Disorders. *J Consult Clin Psychol* 1993; 61(2):248-260.
- Kronke K, et al. Physical Symptoms in Primary Care. Predictors of Psychiatric Disorders and Functional Impairment. *Arch Fam Med* 1994; 3(9):774-779.
- Maser JD, Cloninger RD, eds. *Comorbidity of Mood and Anxiety Disorders*. Washington, DC: American Psychiatric Association, 1990.
- Mavissakalian MR, Prien RF, eds. *Long-Term Treatments of Anxiety Disorders*. Washington, DC: American Psychiatric Press Inc.; 1996.
- Zajecka JM, Ross, JS. Management of Comorbid Anxiety and Depression. *J Clin Psychiatry* 1995; 56(Suppl):10-13.

Videotapes

- Distinguished Professors of Psychiatry Series. *Panic Disorder: Presented by Donald F. Klein*. Ft. Washington, PA; 1994. To order, call (800) 263-6372.
- National Institute of Mental Health (For professional and lay audiences). *Panic Disorder: Stories of Hope*. Profiles three people with panic disorder and their journeys to recovery. Bethesda, MD: Modern Educational Services. Cost: \$14.50. Telephone: (800) 237-4599.

Hotline

- NIMH maintains a toll-free information line for English- and Spanish-speaking callers. Materials are free of charge. Call 1-88-88-ANXIETY.

help make employees aware of the various signs and symptoms of these disorders.

This is important not only for employees, but for health promotion professionals as well, adds Magruder. "It's very important to get the individuals who need treatment hooked into it."

Magruder says you can often identify an employee who may be suffering from an anxiety disorder through a sudden loss of productivity; they are just not doing as well on job as they had been. Or, you may note frequent medical visits. If you notice those or other classic symptoms, you

should do the following:

- **Get the person to understand they may have a problem.**
- **Get them to a physician.**

Of course, this is sometimes easier said than done. "If they are reluctant to see a physician, you may want to make them aware of screenings that are available on the Internet, such as the Anxiety Disorders of America Web site," says Magruder. "The important thing is to get them help."

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1. Greenberg PE, Sisitsky T, Kessler RC, et al. The Economic Burden of Anxiety Disorders in the 1990s. *J Clin Psychiatry* 1999; 60:427-435.
2. Anxiety Disorder Education Program, National Institute of Mental Health. NIMH Web site: www.nimh.nih.gov/anxiety. ■

On-line program has a high-touch component

Personal side of wellness can't be ignored

In the rush to get on board for the latest and greatest "cyber" solutions to wellness issues, health promotion professionals must take care not to overlook the personal side of wellness.

That warning is both offered and heeded in a new on-line product recently launched by The StayWell Company, a San Bruno, CA-based provider of patient education and consumer health improvement programs, products, and services to employers, health care organizations, and health care providers. The program, StayWell Online, was unveiled in September. Its components include:

- **HealthPath, HealthStep, and HealthShare Online health risk assessments;**

KEY POINTS

- "One size fits all" is the wrong approach to wellness programming
- Design of on-line program follows a year of employee surveys, beta tests
- Latest enhancements enable employees to enroll for health risk assessments (HRA) on-line

- *Well Advised Online*, a self-care guide;
- *WellTimes Online*, a wellness newsletter;
- *Personal Action Guide Online*, skill-building booklets that help employees improve health behaviors;
- *HealthSCOUT@StayWell Online*, daily personalized health news;
- A health events calendar.

Despite all the high-tech components of the program, StayWell has been keenly aware throughout its development process of the need to maintain a “high-touch” feel.

“The underlying design philosophy was based on the idea that while on-line services will help us extend program reach and gain new efficiencies, a total population health management approach requires that complementary off-line services be available, and that the on-line service simply provides an additional entry point to high-touch services,” explains **Eric M. Zimmerman**, MPH, MBA, director, on-line and interactive products.

“We began with an entirely different premise,” adds **David R. Anderson**, PhD, vice president, programs and services. “That premise was that on-line services can play a role in a comprehensive management solution, but they can’t be the solution.”

Listening to users

StayWell took well over a year to design its full suite of on-line services, including beta-site testing over the course of the past year. During that period, they listened to what the users had to say.

“The survey work we have done shows that while about 50% of employees of major corporations do have on-line access, about 50% don’t. And even those who have on-line access don’t always prefer to use it,” Zimmerman explains. **(See the “On-line vs. Paper” survey results on p. 138.)**

This had a significant impact on the design of the program, he explains. For example, StayWell has traditionally done a lot of work with health risk appraisals (HRAs) and follow-up programs. “We knew for that for these components, the on-line tools needed be completely compatible with paper-based tools to serve corporate users with equity and consistency,” Zimmerman notes.

By offering different options, StayWell believes it can induce employees to become more engaged in their company’s wellness program. “The more options you provide, the better results you will get,” Zimmerman asserts.

In practice, StayWell Online is slightly different

for every client. “We build the [on-line] site for each client and assemble the components that best meet their objectives,” explains Zimmerman.

The three different HRAs are a perfect example. “Some companies want longer, more comprehensive HRAs; others are more concerned with time and literacy issues, while still others are more medically oriented,” he notes. “HealthShare, for instance, is more focused around disease management and prevention, and is generally far more appropriate for managed care.”

Once an employee is at the HRA site, further customization is possible. “We can even add question items,” Zimmerman notes.

Other components also recognize the individuality of the user. The Personal Action Guide is aimed at those employees who are closer to the “preparation” and “action” stages of change.

“The scientific literature shows that a significant number of people are able to make a change on their own, with little or no outside help,” says Anderson. “So, the key was to reach people who are really committed to change. Another group needs some outside support, but in the form of information — for those, on-line is a really terrific vehicle. Then, there are a considerable number who won’t succeed on their own — or will take a long time to do so. They need a fairly intensive hands-on process.”

The self-care guide, as its name implies, is aimed at helping employees make smart health care decisions.

The personalized daily health news is extremely important, Zimmerman notes. “As an individual, you have to have a reason to come back [to the site],” he says. What this site offers is additional contact from the outside world, reviewed first by an advisory panel. “We push headlines to your desktop base on your HRA responses, via a licensed news feed from *HealthSCOUT*, a leading provider of Internet-based health news,” Zimmerman explains. The news feed is accessed on a nightly basis.

The health events calendar is a valuable asset for health promotion professionals, says Zimmerman. “Program managers need communication tools,” he notes. “We give them the ability to publicize events and make employees aware of wellness program resources. These, too, can be totally customized.”

It’s very easy to think that by providing resources on the Internet that you’ve “done it,” Zimmerman warns. “You need to reach different segments with the right sorts of resources and

Paper or . . . On-line: Employees Speak

In developing the StayWell Online program, The StayWell Company, San Bruno, CA, conducted extensive surveys of both on-line and paper participants. They show distinct differences between the two groups — not only in terms of preferences, but in terms of demographic and risk characteristics. Here are some of their findings:

Readiness Characteristics

Ready to Change	On-line	Paper
Nutrition	53%	54%
Weight	62%	56%
Exercise	63%	65%
Back Care	13%	10%
Driving	7%	6%
Smoking	7%	4%
Stress	30%	30%
Self-Care	7%	11%
Exams	14%	18%

On-line Satisfaction Ratings

Very Easy to Complete	89%
Introductions Clear	98%
Feedback Valuable	96%
Liked Layout	98%
Easier to Navigate	98%
More Likely to Take Action	78%
Quicker than Paper	72%
HRA "More Fun" On-line	83%
Completed in >1 Session	46%

Risk Characteristics

Elevated Risk in	On-line	Paper
Nutrition	59%	56%
Stress	60%	55%
Self-Care	48%	49%
Exercise	48%	49%
Blood Pressure	16%	36%
Cholesterol	59%	36%

Employee Focus Group Findings:

- 100% "white-collar" access vs. 43% "blue-collar"
- 41% have access at work vs. 25% at home
- 57% prefer taking HRA on-line vs. paper
- Top uses for on-line health: Program information, enrollment, reminders, links, e-mail reminders
- Pros: Convenient, personalized, Q&A ability
- Cons: Junk e-mail; not as "personal"

Demographic Characteristics

	On-line	Paper
Female	26%	27%
Under 40	54%	59%
Management	22%	20%
Professional	62%	53%
Other	16%	27%

Reasons for Not Participating

Too Busy	60%
No Access	15%
Confidentiality	10%
Not Aware	8%
No Interest	5%
Lost ID	5%

Source: The StayWell Company, St. Paul, MN.

messages."

Since the program is so new, it is constantly being updated. Recent, StayWell added the ability to enroll in HRA follow-on programs on-line.

"This illustrates one of the greatest values of on-line services," says Anderson. "It offers a way to get more people into interventions and reduce health risks and make long-term changes. It is very immediate."

StayWell research indicates that health promotion professionals are keenly aware of the potential pitfalls of on-line services. "Many people expressed

the concern that high-tech solutions would cause programs to lose sight of their person-to-person contact, which they perceived as a key benefit. That was really corroborated by a lot of anecdotal comments we got from the recent AWHP [Association for Worksite Health Promotion] conference in Houston," says Zimmerman.

In one StayWell study, 80% of health promotion professionals said they see on-line services as extension of, and not a replacement for, more traditional wellness services.

"Our general experience is that our customers

are pretty sophisticated about this need for a really broad approach,” adds Anderson. “In a sense, we have already addressed this need in that we have designed an on-line suite to kind of overlay and plug in with regular programming.”

For new clients, StayWell also offers an ongoing consulting program. “This helps your wellness program manager to think through some of these issues we’ve identified,” he notes.

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Self-directed program helps promote safety

Flexibility, depth are features of course

Safety managers and health promotion managers are keenly aware of the importance of occupational safety and health training, but one of the ongoing challenges they face is the time employees must take away from their jobs to attend such courses. The National Safety Council (NSC), of Itasca, IL, seeks to combat this challenge with a comprehensive, yet flexible program that incorporates home study, as well as on-site classes.

The current version of the course, the *Supervisor's Safety Manual, 9th Edition*, is the latest offering in an effort that actually began in the 1940s. “At that time, it was called ‘key man’ training back when all supervisors were men,” notes **Joe Kelbus**, CSP (certified safety professional), senior consultant with the NSC. Kelbus,

who helped develop some of the material for the current version, teaches the course, trains the trainers, and grades many of the exams.

“Supervisors needed a training program, but many companies could not afford to send them away [to take a course] and lose production time,” Kelbus continues. “So, it originated as a home study course, which was better than nothing.”

Creating choice

Home study, of course, has inherent weaknesses. The student receives no feedback or recognition, has no one to ask questions, and of course, must have the discipline to work on his own.

Recognizing this fact, the NSC modified the course so that it can be taught and learned in a number of different ways. “The Council recommends that you select qualified people in your organization who need this type of training, and that you combine some kind of classroom activity with home study,” says Kelbus.

The process works like this: The student reads a chapter in his book; comes to class and discusses what was read; and goes home and completes the exercises in a workbook.

“The company has to give you time to talk about some of these issues back at your facility,” Kelbus asserts. “Home study traditionally has had an unsuccessful completion rate. You can’t just take the material and dump it on somebody, have them take the course, complete the course and get nothing for it; if you do that, there’s no acknowledgement, no recognition.”

In the NSC program, the student receives a letter of recognition for the completion of each module (chapter), and a certificate of completion for finishing the entire program. Since each module includes both a written exam and a case study, the student gains a real sense of accomplishment when he receives his hard-earned recognition.

A comprehensive course

The training course is extremely comprehensive, containing a total of 17 modules. They include:

- **Safety Management;**
- **Communication;**
- **Human Performance Management;**
- **Safety and Health Training;**
- **Promoting Safety and Health;**
- **Safety, Health, and Environmental Auditing;**

KEY POINTS

- Course allows employees to combine home study with on-site classes
- Feedback, recognition extremely important in self-directed programs
- Goal is to help employees recognize that all accidents are caused to happen

- **Accident Investigation;**
- **Industrial Hygiene;**
- **Personal Protective Equipment;**
- **Ergonomics;**
- **Hazard Communication;**
- **Environmental Management;**
- **Machine Safeguarding;**
- **Hand Tools and Portable Power Tools;**
- **Materials Handling and Storage;**
- **Electrical Safety;**
- **Fire Safety.**

“There are 17 modules, 17 topics, 17 videos, and 17 workbooks — but only one [390-page] manual,” notes Kelbus. “If you are going to do the entire course, we recommend you complete it over a period of 34 weeks, because of the time it takes.”

Of course, you don’t have to complete all the modules; you can concentrate on those areas that most affect your company. “You can also do select modules on a full-day, seminar basis,” says Kelbus.

When a company opts for a full 34-week program, they usually have a coordinator on-site. “But, for example, if you’re going to study electrical safety, you may wish to bring in electrical supervisor. For a fire safety class, you could even get someone in from the fire department. Or, you may have a trainer from human resources who could teach communication,” Kelbus suggests.

Changing with the times

The program has been updated a number of times to reflect the evolution of workplace safety issues. For example, there was not an ergonomics module, say, ten years ago.

One of the more fascinating modules is human performance management. “This has to do with behavior — why are people injured? It’s very easy to point the finger at the employee, but what is the company doing to encourage him to operate his machinery safely?” Kelbus asks.

The effectiveness of the program is difficult to measure, Kelbus admits, because every company places a different emphasis on different modules — and they even have different ways of measuring that effectiveness themselves. “It’s dangerous simply to look at the number of people who are hurt each year,” he notes. “But the program does get people more involved in safety than they ever were before; they start to ask questions, and to do things differently. They realize that most accidents are caused. No one intentionally goes to work to get themselves hurt, but many of them don’t realize that their actions or lack of attention to safety

issues can get them hurt. This course shines a bright light on that issue — that all accidents are caused by some unsafe practice or procedure.”

So Kelbus measures success by the number of managers who take the materials and use them at their facilities. “Safety managers tell us the course has helped them get training they were never able to get, because the home study component gave them the ability to cover all 17 modules,” he notes.

This reliance on the NSC puts pressure on the council, as well. “When a supervisor sees material with the green cross on it, they know that means it has the NSC’s endorsement; it comes from an organization who they perceive to be the expert. We are truly obligated to keep up on the latest information because so many companies rely on that green cross.”

[For more information, contact: Joe Kelbus, National Safety Council, Occupational Safety & Health Services, 1121 Spring Lake Drive, Itasca, IL 60143. Telephone: (630) 775-2359. Fax: (630) 775-2136.] ■

Ethics can play key role in work site pressure

Survey shows many feel forced to cut corners

It looks like we can add another dynamic to the long list of workplace stressors: ethics. That’s right, ethics. A 1997 survey sponsored by the Ethics Officer Association and the American Society of Chartered Life Underwriters and Chartered Financial Consultants revealed the following:

- **The majority of workers (60%) feel a substantial amount of pressure on the job, and more than one out of four (27%) feel a “great deal” of pressure.**
- **The majority (56%) also feel some pressure**

KEY POINTS

- Employees must feel free to question unethical requests from managers
- New instrument enables a company to give itself an ethics “audit”
- Employers should value fair treatment of employees, and offer rewards for ethical behavior

to act unethically or illegally on the job.

• **Half the workers (48%) reported that, due to pressure, they had engaged in one or more unethical and/or illegal actions during the last year.** The most frequently cited misbehavior of the 25 listed was cutting corners on quality control.

A total of 5,000 surveys were mailed to a cross-section of U.S. workers. Respondents in the manufacturing (26%) and the health care (24%) industries reported feeling the highest level of pressure to act illegally or unethically.

This type of pressure can affect productivity, as well as mental health and morale. When they feel this kind of pressure in the workplace, American workers most often cut corners, cut work, or engage in cover-ups, according to the survey.

“If there’s a misalignment; if your values are in direct conflict with values of your company, it can be very stressful,” notes **Natalie Green**, senior manager of ethics and responsible business practices consulting with New York City-based Arthur Andersen.

“Also, you need to look at loyalty, in terms of how you wish to represent your company to the outside world,” she adds. “Morale is shaped by the feeling that you are in an organization where the corporation supports you doing the right thing. In other words, you won’t be ‘shot’ if you ask questions or raise issues. If that atmosphere is not present, it will create tremendous stress and workplace pressure.”

Workplace pressure has increased significantly for U.S. workers over the past five years, according to the survey, but most believe it won’t get worse in the future. However, only 6% of the workers surveyed feel “very little” pressure in the workplace.

Can you measure ethics?

Arthur Andersen believes it’s possible for a company to actually measure its level of ethics, which, according to the survey, would bear an inverse relationship to pressure and stress. In fact, the company has recently introduced a product, Intrasight, which is designed to do precisely that.

“It’s a paper-based questionnaire with about 100 questions, administered to a sample of employees,” Green explains. After benchmarking a company’s scores against a database to see how it compares to other companies, Andersen consultants will recommend specific changes. “A lot depends on your own goals,” Green admits. “Changing culture is not easy to do.”

A number of corporations introduced formal ethics programs in response to 1991 U.S. Sentencing Commission Guidelines, which prescribe more lenient sentences and fines for companies that have taken measures to prevent employee misconduct.

“Legal issues were clearly the driving force,” notes Green. “The 1991 federal sentencing guidelines address a whole gamut of activities — anything from employees cheating on specific practices to dumping environmental waste.”

But not all ethics programs are so cynically derived, she adds. “Some companies have taken a strictly legal approach, seeing that everything they do complies with the law. The next level is more aspirational; it goes beyond the letter of law and says, ‘This is the way we behave.’ Then, at the far end of the spectrum is social corporate responsibility.”

The second level is where Andersen and most of its clients “live,” says Green. “Once you get beyond the structure and the letter of the law, an effective ethics program should be designed to create a culture that supports ethical behavior. You don’t want your employees wondering if they will be supported if they do the right thing; that would be detrimental to morale.”

While conducting the research necessary to design the Intrasight program, Andersen consultants gained some key insights into employee attitudes. “Our research showed that it’s extremely important for employees to feel they are being treated fairly,” says Green. “There needs to be a rewards system — for example, do your employees feel that people who are ethical will get ahead?”

Because of those findings, she notes, one of the questions in the Intrasight instrument seeks to establish a scale of employee commitment; how closely aligned to the top values of the company do the employees feel?

“One of the major work issues we focus on is why people do wrong when they are in the workplace,” notes Green, “And a major area is expectations — management pressure. Many employees feel that management’s attitude is, just get it done, I don’t care how. This leads to unethical behaviors, such as making promises to customers that you may not be able to keep. In these situations, the employee can be made to feel helpless if there is nobody they can go to for help. And when we don’t have options, or we don’t have control of a situation at work, that is a major stressor.”

You don’t have to have a formal ethics program in place to benefit from a program like

Intrasight, says Green. “If you have an existing program, it will tell you if it’s effective. But if you don’t have a program, and you want some baseline measurement of your ethical culture, it will give you an accurate reading.”

The hallmarks of an ethical culture, says Green, include the following:

- **executive and supervisory leadership;**
- **fair treatment of employees;**
- **ethics in discussions and decisions (open discussion, perception that business decisions take ethics into account);**
- **reward systems that support ethical conduct.**

What can health promotion professionals do to help engender a healthier ethical atmosphere at work? What type of management approach should they help to engender? “People need to feel comfortable about seeking advice,” says Green. “If it comes out [in a survey] that they are afraid to ask questions of supervisors, obviously it’s something you want to address. For example, if you don’t already have one, you could look into employee help lines.”

While such help lines, often part of an employee assistance program, are provided to address all sorts of behavioral and mental health issues, “Informal data suggests that most of these calls are HR [human resources]-related,” says Green.

[For more information, contact: Natalie Green, Arthur Andersen, 1345 Avenue of the Americas, New York, NY 10105. Telephone: (212) 708-8560. Fax: (212) 445-9626.] ■

Wellness center takes a holistic approach

Retreats help both attendees and colleagues

While most corporate wellness programs take place at the work site, there is another option available for smaller groups of employees: a wellness retreat, where they can “get away from it all” while learning lifestyle habits that will not only improve their own health, but enable them to help improve morale and productivity in the workplace after they return.

That’s the goal of the wellness retreats offered by The Wholistic Life Center, in Washburn, MO. And as its name applies, the staff at this 900-acre facility in the Ozark Mountains target the mind,

KEY POINTS

- Mind, body, spirit and emotions all come into play in wellness getaway
- Communication, personal definitions of success emerge as important issues
- Each retreat is tailored to the specific need of the company

body, spirit, and emotions of employees who attend their programs.

“Basically, when we are created we are really created in balance; we are given everything we need to be healthy, happy, and fulfilled, and to live a long life,” explains **Collette Bizal, SD**, director of education. “Over time, people are bombarded with a lot of resistances, and often these become memories within the individual, causing imbalance. These can be emotional or physiological insults. Over a long period of time, that lack of balance causes the body to physiologically break down — through diabetes, heart disease, cancer, and so forth. This doesn’t happen overnight, but eventually the disease process overrides our natural state of health.”

When employees come to the center, the staff helps them rediscover that state of balance for themselves — a balance of mind, body, spirit, and emotion. “How people feel about their life impacts them at work; how they feel about themselves — positively or negatively — impacts on how well they do what they were hired to do,” Bizal notes.

Touching all the bases

The five-day retreat is very comprehensive. A typical day includes three or four class discussions, an exercise class, hydrotherapy, juicing (raw fruit and vegetables), and three meals a day consisting entirely of whole foods. In addition, attendees are offered relaxation and meditation instruction, classes on basic physiology, how to detoxify your body, and how to boost your immune system.

Other classes, which can be directly applicable to workplace productivity, include discussions on communication and responsibility, and dealing with critical issues, such as personal definitions of success.

Although the center has created a “basic” program for corporate retreats, each retreat is tailored

to the specific group. "Once the group arrives [typically 10-20 individuals], there is an initial consultation so that we can gain a sense of their specific needs," Bizal explains.

Some of the key issues corporate attendees have focused on include: Self-esteem; the concept of success and abundance (how do we know when we've achieved it?); and stress and communication. "The thing we never want to lose sight of is the individual and what motivates him," says Bizal. "After all, it is individuals who ultimately make up the company — without taking care of their needs at the individual level, we can't make changes in the well-being of the entire population."

Making a difference at work

The behaviors and skills the attendees learn will make a big difference in the workplace, asserts **Denise Natishan**, MA, director of corporate wellness at the center. "For example, communication is critical in how employees do and do not work together. Unless there is healthy communication, unless people know how to employ conflict resolution among themselves, they will not flourish as a group.

"We really get to the core issues," she continues. "What is work? What is success? If an employee is 'off' in any way, or not feeling successful, they will feel they're failing. Being able to sit in a group and talk about those things is extremely beneficial."

In other words, one of the important by-products of those retreats for the company is team-building, says Natishan. "After these group discussions, working toward a common goal becomes a much more profound goal."

Bizal agrees. "Past attendees report to us that their ability to work with members in their staff has improved greatly," she says. "Physically, they start to feel better even before they leave. Whatever they learn, they will put it into practice at work, and everyone around them will see the difference."

The center does not look at those retreats as isolated events, Natishan emphasizes. "We see ourselves as the corporation's partner, a resource on an ongoing basis, particularly if additional groups from the company are able to come here."

[For more information, contact: Denise Natishan, The Wholistic Life Center, Route 1, Box 1873, Washburn, MO 65772. Telephone: (417) 435-2212. E-mail: dnatishan@yahoo.com.] ■

NEWS BRIEFS

Breast cancer risk assessment introduced

AstraZeneca, of Wilmington, DE, which pioneered work site breast cancer screening for its female employees, has added breast cancer risk assessment to its early detection activities. The model being used is an assessment developed by the National Cancer Institute (NCI).

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.

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

“Because women are the fastest growing segment of our work force, we recognize that the workplace is an important site for disseminating health information about breast cancer,” says **Lynn Tetrault**, vice president, human resources.

The NCI risk assessment tool allows physicians to calculate a woman’s personal breast cancer risk over a five-year period and over her lifetime.

For more information, contact: AstraZeneca, 1800 Concord Pike, Wilmington, DE 19850. Telephone: (302) 886-3000. ▼

New wellness guide introduced

The American Society for Safety Engineers (ASSE), Des Plaines, IL, has introduced a new publication, *Promoting Employee Health: A Guide for Worksite Wellness, Second Edition*, by Rebecca Cogwell Anderson, PhD. The 104-page guide provides safety and health professionals, human resource managers, and general corporate managers with the tools to develop, promote, and evaluate a health promotion program.

Contents of the guide include planning your program; behaviors related to health and wellness; personal health assessments; risk factors; health screening programs; and post-traumatic stress disorder.

Copies of the guide are available for \$16.95. To order the publication, contact ASSE’s customer service department at: (847) 699-2929. Request order #4374. ▼

HealthQuest Online garners award

Three months after it was launched, Mayo Clinic HealthQuest Online has received a Gold Award for excellence by the Health Information Resource Center, a national clearinghouse for consumer health information programs and materials.

The service, offered to businesses and member organizations, helps users take a proactive approach toward improving their health

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through behavioral change, health risk assessments, and health lifestyle planning. Among the first companies to deploy the service are Dow-Corning, General Mills, Intel, and Lucent Technologies.

For more information, contact: Mayo Clinic News Bureau, 200 First Street S.W., Rochester, MN 55905. Telephone: (800) 430-9699. Web site: www.mhqprodinfo.org. ▼

Women’s Health has new CEO

Kevin L. Blank has been appointed president and CEO of Women’s Health USA, an Avon, CT-based company offering management and clinical services, self-care programs, and Internet programs targeting women.

“This addition to Kevin’s responsibilities, comes at a time when we’re taking the company in exciting new directions in the area of Internet connectivity,” notes **Robert E. Patricelli**, chairman of Women’s Health USA. The company’s self-care, In Vitro Sciences and physician-related businesses will all report to Blank.

For more information, contact: Donna E. Porritt, Women’s Health USA, 22 Waterville Road, Avon, CT 06001. Telephone: (860) 678-3471. Web site: www.womenshealthusa.com. ■



Health & Well-Being[®]

The monthly supplement to Employee Health & Fitness

Some steroids are good for the eyes

For many people, the word “steroids” calls to mind images of bodybuilders with rippling muscles. But those drugs are not the same as the steroids that eye health professionals use to successfully treat eye diseases and injuries.

“The muscle-building, performance-enhancing steroids are called anabolic steroids, and they have received much negative publicity,” says **Joseph Sowka**, OD, associate professor of Nova Southeastern University’s college of optometry, in Fort Lauderdale, FL. “There is a different type of steroid that is very useful in treating a variety of eye conditions, some quite serious. But these are corticosteroids, not anabolic steroids.”

People may become apprehensive when their eye health professional mentions steroids, but Sowka says knowing the difference between those two types helps allay their fears. At least a dozen types of corticosteroids are now available to treat eye problems such as:

- **inflammatory conditions;**
- **allergic reactions (the steroid would be used along with antihistamines);**
- **certain diseases of the**

optic nerve;

- **infections (the steroid would be used in addition to antibiotics and antivirals);**

- **trauma (a direct injury to the eye).**

In most cases, steroids are applied directly to the eye. In some cases — for severe allergic reactions, for example — your doctor may prescribe oral steroids, as well. But don’t worry — those are still

corticosteroids.

While recognizing the benefits of those drugs, Sowka does note they should be taken with care. “Steroids are very potent, and should be used only under the supervision of the optometrist or physician who prescribes them. And if you are given a steroid for one condition, never use it later for another problem. This, of course, holds true for any medication.” ■

Keep kids in the kitchen for holidays

Holiday baking can be a fun way to help your “junior chefs” learn about food preparation and nutrition.

“Young children love to help, and they really take pride in showing adults how much they can do. By inviting them to assist with holiday baking, parents can help build their children’s self-esteem, as well as skills, creativity, and knowledge of food and nutrition,” says **Becky Gorham**, RD, a

research nutritionist with the USDA/ARS Children’s Nutritional Research Center at Baylor College of Medicine in Houston.

According to Gorham, children who learn to enjoy food preparation at a young age might be more inclined to cook for themselves and less dependent on convenience and fast foods as adults. She offers these tips to help you get started:

- **Teach children to wash their hands before and after preparing any food.**
- **Read recipes before starting and decide what tasks small hands can do.**
- **Assemble all ingredients and equipment.**

- **Small children have short attention spans, so choose recipes that are simple and offer lots of opportunities to stir, add ingredients, and decorate.**

- **Keep nutrition in mind.** Fruit and nut breads, oatmeal and peanut butter cookies, carrot and fresh apple cakes, and peanut-dense peanut brittle are more nutritious treats than high-fat brownies and fudge.

Decorate cookies with dried fruits and nuts. This is also a good time to experiment with fat- and calorie-cutting strategies, such as using egg whites or egg substitutes instead of whole eggs, replacing some solid shortening with applesauce, and replacing whole milk or cream with evaporated skim milk.

- **Give older children lessons on using the can opener, measuring ingredients, setting timers, and reading recipes.**

- **Kitchens can be dangerous if children are not well-supervised.** Children who cannot reach the counter should stand on a sturdy stepstool — not a chair. Teach young children to avoid touching hot baking pans, ovens and sharp knives. Instruct older children to turn pot handles toward the back of the stove, wipe up floor spills immediately, and use padded potholders to remove hot pans from the oven instead of damp towels. ■

Start those healthy eating habits early!

While cases of cancer may most often occur in older people, the disease can take a lifetime to develop. That's why the American Institute for Cancer

Research (AICR), Washington, DC, is offering publications about healthy eating during pregnancy and infancy.

These publications, *Sound Nutrition for Your Pregnancy and Infant Nutrition: Sound Eating Habits Start Early*, teach expectant and new parents good nutrition basics for healthy growth, development, and a lower cancer risk.

Variety of topics

"These booklets cover more than cancer prevention," says **Melanie Polk, RD**, director of nutrition education for AICR. "*Pregnancy* talks about everything from weight gain, morning sickness, and constipation to food cravings and exercise. *Infant* covers breast-feeding basics, formula preparation, and which foods to introduce at what age."

The *Pregnancy* booklets are 25 cents each, and the *Infant* booklets are 20 cents for orders of 25 or more for health professionals. For a free copy, contact: AICR, 1759 R Street N.W., Washington, DC 20009. Telephone: (800) 843-8114. E-mail: educate@aicr.org. ■

Exercise helps prevent endometrial cancer

A study published in the July 1999 issue of the *International Journal of Cancer* shows that women who exercise and maintain a healthy weight early in life have a reduced risk of endometrial cancer later in life, compared to their sedentary, overweight counterparts.

This study of more than 11,000 women in the Swedish

Twin Registry shows that lifestyle factors such as exercise, weight gain, and childbirth appear to play a larger role than genetics in the development of endometrial cancer. The women answered questions about their lifestyle in 1967, and the researchers found that 133 of those women developed endometrial cancer by 1992.

Factors and risks

After looking at the women's lifestyle factors, it was found that having physical activity significantly decreased the risk of endometrial cancer. Having a higher weight in early adulthood and middle age increased risk, while having children decreased the risk.

In order to determine the role of genetics in the risk, researchers compared fraternal twins to identical twins, since identical twins have identical genetic makeup while fraternal twins are no more closely related than any sibling pairs. The researchers found that environmental effects are of greater importance than genetics, which are modest at most. ■

To the employer: *Health & Well-Being* is written especially for your employees and their families. Each month it examines key health care issues in a thorough, yet easy-to-understand style.

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