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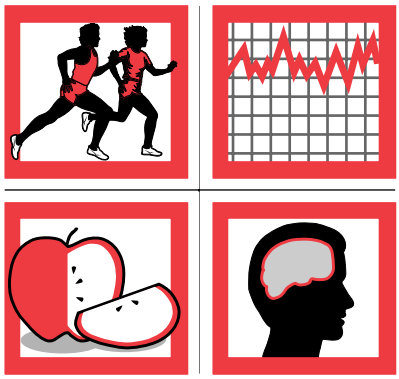

Employee Health & Fitness™

The executive update on health improvement programs

INSIDE

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With old and new battles to fight, a fresh look at smoking is needed

Increase in teen smoking puts focus on parents and corporations

With the turn of the century, wellness professionals can look back with satisfaction at any number of accomplishments and exciting new developments. Unfortunately, some old problems remain with us, with tobacco use one of the most prominent. Perhaps most disturbing about this issue is that it has begun to resemble the Hydra — the mythical many-headed monster; when one head is lopped off, another grows back in its place.

It is gratifying to see a reduction in the overall number of smokers. However, recent statistics indicate increased use among teenagers. What's more, the popularity of cigar smoking and ubiquitous lighting up on the "silver screen" have served to re-glamorize the habit.

But teenagers make up a very small percentage of the working population, and mass media hits home far from the workplace. Are these new developments the proper concerns of corporate health programs?

Experts say that in fact, they are, and until we successfully address these new challenges, as well as the still-nagging presence of hard-core smokers, the battle against smoking will remain far from won.

Teenage smoking, says **Lewis Schiffman**, president of Atlanta Health Systems, simply can't be ignored by wellness professionals — or by employers.

KEY POINTS

- A healthy community is also an appropriate concern for wellness professionals
- Aggressive marketing needed to combat re-glorification of smoking
- Smoking must be recognized and addressed as an addiction

"Teen smoking ought to be a serious concern for wellness professionals, because the smoking teenagers of today will be the smoking employees of tomorrow," he notes. "The tobacco companies have allocated a lot of resources to research how to get children and teenagers addicted to smoking. Additionally, for many parents, the idea of their child engaging in smoking is very upsetting and stress-producing, so this ties directly into work-family strategies."

Deal with teens now

Don R. Powell, PhD, president of the American Institute For Preventive Medicine, Farmington Hills, MI, agrees. "Teenagers are the children of employees, and parents who are concerned about a teenager who smokes could find it inhibits their productivity at work; you just can't separate the two," he asserts.

"Today's teenagers will be tomorrow's work force," he continues. "We had begun to see decreases in teen smoking, but that is no longer the case now — according to the CDC, about three million children and adolescents smoke cigarettes and one million use smokeless tobacco. Each day some 3,000 teenagers become regular smokers and nearly 1,000 of them will eventually die as a result."

Schiffman lays the blame for this new wave of teen tobacco use squarely at the feet of Hollywood producers and the manufacturing companies. "We must educate employees and teens about the fact that cigarette manufacturers are helping to fund the cost of making movies, and in exchange, characters in these movies are encouraged to smoke and / or even show a particular brand of cigarette," he says. "Of course, the more intelligent actors will smoke fakes, but teenagers don't know that. In addition, smoking feeds right into the inherently rebellious nature of being a teenager and adds to their 'bad kid' image."

To combat this disturbing message, says Schiffman, "We need to expose the business ethics — or more aptly, the lack of ethics — of the tobacco companies," he says. "For children and teens, we need to reframe their perception about smoking so that they understand it isn't really rebellion; it's actually being controlled. And, additionally, the people who are trying to control them are also purposely robbing them of their youth and ultimately destroying their lives."

There are many strategies you can employ to fight against this growing trend, says Schiffman. "First, you can conduct educational programs for parents and disseminate information on the process by which people become addicted to tobacco," he suggests. "This includes both the physical and psychological addiction to this drug-delivery system.

"Additionally, when your company conducts smoking cessation classes, consider inviting parents to include their teenage children who are smokers in the class, assuming the class is conducted after normal working hours. My belief is that in addition to helping teens quit it will boost the overall success rate in the class for the adults who now want to be role models for their children."

Powell agrees with Schiffman that in your internal wellness campaigns, you should offer cessation programs to dependents. "We've had some corporate classes where they have been open to dependents, and sometimes teenagers have come in," he notes.

"As a good corporate citizen, companies can donate money to help fund anti-smoking ads and commercials in the various media," adds Schiffman. "They can also sponsor smoking cessation or smoking prevention programs in elementary and high schools. This also has the added benefit of gaining positive exposure for the sponsoring company."

"One of key issues is prevention and discouragement," says Powell. "If a child doesn't start smoking by age 18, his chances of ever becoming a smoker are almost nonexistent."

Given this startling statistic, how can we discourage or prevent new smokers? "The image of the smoker needs be altered," says

COMING IN FUTURE MONTHS

- Occupational medicine program saves employer over $3 million
- Employers focus on teens as part of work/life programming
- Build self-efficacy to keep employees on their fitness programs
- Risk assessment added to work site breast cancer screening program
- Full spectrum lighting reduces errors, leads to $225,000 increase in profits

Powell. "Instead of being portrayed as glamorous, debonair, or cool, someone who smokes needs to be portrayed as uncool, unsophisticated, a loser.

"Effective advertising can do that," he emphasizes. "We created the Marlboro Man and the Virginia Slim's woman — we can also create the 'Tarboro Man' and 'Virginia Varicose,' or tell women, 'You've come the wrong way, baby.'"

It's critically important to catch smokers early, Powell adds, because "if you smoke three or more years, you will most likely become a hard-core smoker."

Powell would like to see an expanded effort to ban pro-smoking ads. "We should ban outdoor ads — especially near schools — and prohibit brand sponsorhip for sports events," he says. "We should eliminate tobacco ads in magazines that have youth readership."

That all sounds great, but what does that have to do with wellness professionals and their employers? Powell says it goes hand in hand with promoting community wellness. "What you're starting to see are corporations taking more interest in their communities," he notes. "Companies can take a stand and promote health in their communities, as well as for their employees."

Schiffman agrees. "As wellness professionals, it is incumbent upon us not only to be healthy role models, but to take a stand for better health and quality of life in the larger community," he asserts. "Let's just say 'no' to corporate-induced health problems, whether they come from tobacco, or fat substitutes that rob our bodies of vital nutrients, or other products that are known to cause health risks."

Arnold, trash that cigar!

The recent popularity of cigar smoking, which unfortunately has been given a strong boost by celebrities, helps bring home the point that wellness professionals and corporations must become more active in the public arena — or at least in combating mass media messages — if they want to win the war against smoking.

Education is the key, says Powell, who is keenly aware of this new danger. "In the movie 'Reality Bites,' in 14 of 40 scenes, the two lead actors were smoking," he notes. "But in a study conducted by the University of California Irvine, they found that if you ran a 30-second anti-smoking ad beforehand, it counteracted that message."

There are also some sobering facts wellness professionals should share with their employees, says Powell. "Second-hand cigar smoke is more poisonous than second-hand cigarette smoke; one cigar equals three cigarettes," he notes. "The carbon monoxide emission is 30 times greater in cigars than in cigarettes."

If you are already a cigarette smoker, the chances are that you will also inhale cigars, adds Powell. "Independent of that, cigar smoking increases the likelihood of cancer of the larynx, mouth, esophagus, and lungs. The death rates from cancer among cigar smokers are 34% higher than those of noncigar smokers. You are three to five times more likely to die of lung cancer, five times more likely to get emphysema. Also, nicotine does not have to be inhaled to damage your heart and lungs — it can be absorbed into the bloodstream through the mouth."

Most frightening of all, perhaps, is that fact that between 1993 and 1998, cigar sales increased 50%, says Powell.

"We've got to create an image that cigar smoking is as uncool as cigarettes," says Powell. "Today, more and more cigarette smokers have come to feel as outcasts; they have guilty looks on their faces. Now, we need to begin to look at people who smoke cigars with the same chagrin and scorn. And there's good reason to — a lot of them probably just don't realize how harmful it is."

The new 'coolness' associated with cigar smoking, Powell insists, can be reversed. "The reason cigarettes became such a health issue recently was because of sidestream [second-hand] smoke, and the same issue needs to be centered around cigar smoking," he recommends. "This message should be publicized in your newsletters, put up on posters at your work site, and through all your corporate communication vehicles."

They'd rather die than quit

Finally, wellness professionals must continue to address the nagging issue of hard-core smokers. "Out of the 40 million people who smoke, there are some 12 million who are considered hard core," says Powell. "My definition of 'hard core' is someone who smokes 25 or more cigarettes a day and who has smoked at that level for at least three years." The good news, says Powell, is that in 1965, 40% of the people who smoked were hard core smokers, and now the figure is closer to 25%. "These are the people who are resistant to smoking cessation programs," he says.

Schiffman is not surprised by the fact that a

substantial number of employees continue to smoke. "Let's understand once and for all that the use of tobacco is a drug addiction," he suggests. "This is not merely a bad habit that makes people in restaurants uncomfortable. The tobacco companies have deliberately — by their own admission — set out to get people addicted to this substance, knowing full well that it presented multiple hazards to their health. As such, we should treat tobacco use the same way we treat any other drug addiction. This may sound extreme, but addictionologists have reported that it can be more difficult to quit smoking than it is to stop using heroin."

"When you look at these hard-core smokers, they are both psychologically and physiologically addicted," Powell explains. "The hard-core smoker experiences 250 inhales and exhales per day. If you multiply that by 365, you get about 91,000 times a year. This is an overlearned habit; some smokers may be as addicted to inhaling and exhaling as they are to breathing."

Speed that kills

Physiological addiction is easily understood when you realize just how potent the cigarette "delivery system" is. "Within seven seconds of inhaling, nicotine goes to the receptors in your brain; that's faster than if they were injected," notes Powell.

To address psychological addiction in his smoking cessation programs, Powell often uses "smokeless inhalation" — four or five deep breaths when employees get the urge to smoke. "You can also use oral and manual substitutes — even just snapping a wrist band when you get the urge distracts you from the 'habit' aspect of smoking," he explains.

For employees who are physiologically addicted, nicotine replacement products like Nicotrol and Nicoderm can be helpful, as well as Zyban, which is an antidepressant.

SOURCES

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"We try to concentrate the length of time in our program," says Powell. "We offer five consecutive one-hour sessions, all done within a week. Then, we follow up with self-help maintenance, using a 24-hour hotline."

"First, let's understand that many of these people do want to quit and have tried to quit on at least one occasion, and may now feel the addiction is stronger than they are," says Schiffman. "Others are committed to a 'worseness' lifestyle — as opposed to wellness — and see their smoking as a badge of courage."

In terms of helping these hard core smokers quit, says Schiffman, "One possible strategy is a substantial cash incentive for people who stay quit for more than one year." The minimum incentive offered should be $1,000, he suggests.

"Some companies may feel reluctant to do this because they believe it should be that individual's responsibility to manage their own health," says Schiffman. "However, if people were responsible, we wouldn't be a nation of overweight, unfit people. Additionally, the cost of having smokers on the company payroll drives up health care costs for everyone."

Another option, says Schiffman, is to utilize the services of your EAP (employee assistance program), but Powell is not so sure. "It's tough to get someone in [to the EAP] because they don't see themselves as being addicted," he notes. "Support groups are good, but hard-core smokers tend to drop out."

Whatever strategy you employ, says Schiffman, "Treat this for what it really is — a drug addiction."

Schiffman summarizes the sobering reality of smoking addiction as we enter the 21st century: "Smoking is still increasing among some groups, particularly teens and women, and people who continue to smoke in corporations are hard-core addicts. Some employees still don't *get* that what they do is destructive, and a still larger group would like to quit but see quitting as beyond their reach. How do we reach those hard-core people, and also prevent proliferation of smoking among the employees of tomorrow? There is a corporate responsibility for building a health community — and as wellness professionals, we do have a responsibility to expose the lack of corporate ethics on the part of tobacco companies who have deliberately lied to the public. Why do we have that responsibility? Because smoking is a health issue, a business issue, and a morality issue. By exposing the truth, we may change employees' perception about smoking." ■

Report shows employers fall short on prevention

Many fail to offer cost-effective programs

A new report from a national disease prevention organization provides a disturbing picture of the depth of commitment (or lack thereof) to prevention among U.S. employers.

The report comes from the Washington, DC-based Partnership for Prevention, a national nonprofit organization whose mission is to increase the priority, resources, knowledge, and incentives for disease prevention and health promotion policies and practices. It found that "overall, the coverage for preventive services available to American workers and their families through job-based health insurance does not deliver the best health value for the money spent."

What's worse, this lack of commitment to preventive services can put employers at cross-purposes with their own employee wellness programs — and with their corporate financial goals.

"The general point is that prevention is not only good for the health of workers, but for the business and bottom line of the company that invests in preventive services," says **William J. Roper**, MD, MPH, chairman of the Partnership for Prevention. Roper, who currently serves as dean of the School of Public Health at the University of North Carolina at Chapel Hill, is a former director of the Centers for Disease Control and Prevention (CDC) in Atlanta.

"What is clearly borne out in the survey is that people who participate in preventive services through employers are there on the job to do what it is the employer has hired them to do," says Roper. "They are more productive, they do their jobs better, and they have a greater commitment to the organization. This is something employers are particularly concerned with these days. Given such low unemployment, employees are harder to attract. Anything that further cements the relationship between employer and employee is a very important aspect of any job."

KEY POINTS

- Immunizations, screenings not as widespread as expected
- Employers could be at cross-purposes with their own wellness programs
- Direct contact with benefits managers, employees could turn the tide

Not getting the message

Despite the obvious plusses of preventive services, the report shows employers are not getting the message. The report, which was part of Mercer's 1997 National Survey of Employer-Sponsored Health Plans, included responses from over 3,000 employers that both sponsor health insurance and employ at least 10 people. Among the findings:

- **Of all the preventive services included in the survey, counseling to address serious health risks — tobacco use, physical inactivity, risk drinking, poor nutrition — is least likely to be covered by an employer-sponsored health plan.**
- **Childhood and adolescent immunizations are among an elite group of preventive services known to save money. They decrease medical costs due to vaccine-preventable illnesses and reduce the time parents spend off the job tending to sick children.** Yet one of five employer-sponsored plans does not cover childhood immunizations, and one of four does not cover adolescent immunizations.
- **Chlamydia screening for sexually active young women has also been demonstrated to save money, yet it is covered by only one third of employers' highest enrolled health plans.**

"I think the major point the survey showed is that despite general knowledge out there among the public at large — and I hope among those who make decisions about the health of workers — there's just not enough investment in preventive health; it's still an area that's relatively underinvested in," says Roper.

Not 'top of the mind'

Why are employers "underinvesting" in prevention? "From my activities with the CDC, I'd say it's because most people don't think about prevention — it's not a top-of-the-mind concept," says Roper. "I believe employee health benefit managers are concerned about getting the right health plan and the right docs in the network, but there's not enough attention and concentration placed on what the notion [of prevention] is all about. We're trying to raise attention and visibility in this area in a big way."

Roper says science is on his side. "The general point is there is a body of literature that shows the cost-effectiveness of various preventive interventions; there are very good scientific studies that have led to guidelines for prevention," he observes. "The preventive services that do show real benefit are the ones employers generally ought to invest in. For example, immunizations for children, mammography screening, and smoking cessation programs are three that are well-documented as preventive services."

Wellness professionals, take note

Though they are not directly involved in employee benefits, the issue of preventive services certainly impacts wellness professionals, says Roper. Employers that don't provide such services "are not defeating the purpose [of the wellness program], but they're not maximizing the opportunity that is out there. The wellness professional has designed a program to promote good health among the work force, but if the benefit program doesn't include the generally accepted and proven preventive interventions you're selling yourself short, and you're not doing all you could do to accomplish as much as possible in this area. And, your health care costs may still continue to rise."

What can wellness professionals do to help change things at their workplace? "This [report] gives those of us in preventive health a real opportunity to go out and make some converts," says Roper. "Wellness professionals can make the case for prevention directly to the decision maker — usually the health benefit administrator. In general, they should highlight the idea of health promotion combined with disease prevention. In the workplace, they can make a case for preventive services to the workers at large, and perhaps they will go back to their boss and ask for a change in the health benefit package. If you have an excited, stirred-up work force then that will happen."

[For more information, contact: Susan Polan, Partnership for Prevention, 1233 20th St. N.W., Suite 200, Washington, DC 20036. Telephone: (202) 833-0009, ext. 106. Fax: (202) 833-0113. Web site: www.prevent.org.] ■

Hepatitis C: 12,000 reasons to target this disease

Early screening, treatment avert complications

More than 30,000 Americans are walking around with a slow, silent time bomb that may cut them down in their most productive years with little warning — posing a danger wellness professionals would do well to heed.

An estimated 33,200 Americans were infected with the hepatitis C virus (HCV) in 1994 alone. Over the next 10 years, the American Liver Foundation in New York City estimates that roughly 30% of these mostly asymptomatic people will slowly develop cirrhosis, or inflammation of the liver, which will land them on a waiting list for liver transplantation. Today, the Centers for Disease Control and Prevention (CDC) in Atlanta reports that 12,000 Americans die each year of HCV, a rate that's expected to increase to 38,000 by 2010.

The tragedy of those statistics is twofold, notes **John M. Vierling**, MD, the chairman of the board of directors of the American Liver Foundation and director of hepatology at Cedars-Sinai Medical Center in Los Angeles. "We can't underestimate the impact of this disease," he asserts. "First, in the next 10 years, we will see adults in their most productive, wage-earning years — their 30s and 40s — affected by hepatitis C to the point that they are debilitated and unable to be productive. Second, if treated in its early stages, roughly 40% of infected individuals respond well to available treatments and slow the progress of disease to the extent that it will not affect them in their lifetime."

HCV is a silent, indolent disease process that takes years to manifest complications such as cirrhosis, notes Vierling. That's why it's so important

KEY POINTS

- Annual deaths attributed to hepatitis C expected to surge to 38,000 by the year 2010
- Hepatitis C often remains asymptomatic and undiagnosed until it has damaged the liver
- Individuals with risk factors should be tested, because early treatment may halt or slow the progress of the disease

for employees, wellness professionals and providers to be aware of the risk factors of HCV. "It's not effective to test all asymptomatic people for HCV," he says, "but if patients have a health history that puts them at risk, early testing and treatment may prevent a liver transplant down the road."

"Nearly 40% of all adults undergoing liver transplantation have liver damage related to HCV," adds Vierling. "The waiting list for transplantation was 7,300 three years ago with only 3,900 patients receiving transplants. Last year, that waiting list moved toward 14,000 with only 4,165 transplants done. That's a nearly 50% increase in the transplant waiting list, and that figure is expected to rise."

A liver transplant can cost between $225,000 and $300,000, he notes. "We simply don't have the resources to take care of people with chronic HCV that may necessitate a transplant down the road."

Who is at risk?

HCV may be spread by exposure to contaminated blood (fresh or dried) on infected needles, during a blood transfusion, or possibly through sexual intercourse. "The risk of spreading HCV through sexual intercourse is not clear. However, there is an increased risk of becoming infected with HCV in patients with multiple sex partners," notes Vierling.

Accordingly, HCV testing may be appropriate for employees who fit the following profiles:

- **individuals receiving blood transfusions, especially those receiving transfusions prior to 1990 when it became routine to test blood donors for HCV;**
- **IV drug users;**
- **health care workers or laboratory technicians exposed to blood and blood products;**
- **individuals who undergo tattooing or body piercing.**

Symptoms of chronic HCV are generally quite mild and vague, and infected individuals are often completely unaware that there is a problem until significant liver damage has occurred, notes Vierling. That's why testing for at-risk employees is so important. "The liver is a silent organ. It has no nerve endings to send pain messages to the brain; so individuals can have inflammation of the liver for more than a decade and not know it," he explains.

Some symptoms of HCV infection may include:

- **general discomfort;**
- **fatigue;**
- **loss of appetite;**
- **nausea and vomiting;**
- **jaundice;**
- **small, red, spidery veins on the surface of the skin;**
- **pain or tenderness in the upper right abdomen;**
- **fever.**

In general, testing might be suggested to any employee with vague complaints such as fatigue, loss of appetite, and a history of such behaviors as body piercing or tattooing, he notes. Most HCV-infected individuals are identified after routine blood tests indicate elevated liver enzymes. However, Vierling adds that in many cases routine blood panels don't reveal HCV infection and more specific tests should be performed. He hopes health care professionals become more vigilant about testing individuals at risk for HCV.

"Only if we test at-risk populations, can we identify the presence of infection and identify the appropriate medical care for HCV-infected individuals," he says. "There is a strong tendency for both patients and providers to deny anything may be going on in relatively healthy, asymptomatic individuals. We have little reference point for discussion of liver disease. It's an educational issue that we must address." ■

Y2K to bring changes in occupational health

Injuries will rise, benefit integration grows

As the year 2000 unfolds, a number of significant trends will come to the fore in occupational health — trends that have been smoldering just beneath the surface for the past several years. These include:

- **an increase in workplace injuries;**
- **a significant move toward integrated disability management;**
- **a more employee-friendly attitude on the part of employers.**

Those are some of the predictions offered by medical experts at Industrial Health Care (IHC), of Windsor, CT. IHC is Connecticut's largest provider of services for the prevention, treatment, and rehabilitation of work-related injuries.

KEY POINTS

- Employers will become increasingly "employee-friendly"
- Stress and fatigue will continue as a result of smaller staffs
- Part-time, aging work force will also contribute to rise in injuries

"The amount of workplace injuries is at an all-time low and will start creeping up in 2000," predicts **Jeffrey A. Berkman**, MD, president and CEO of IHC. "In the 1980s, we saw 11 out of every 100 employees suffering injuries. That number is now at 7 out of 100. This can be attributed to better education and a job environment that has made workers unwilling to report minor injuries in fear that they may lose their jobs."

Why does Berkman foresee a reversal in this trend? "Now, businesses have downsized to the point where they are doing more with fewer workers than ever before. That stress and fatigue on workers will lead to an increase in injuries," he explains.

"We have cut the 'fat' out of the system, and now we are looking at a push for more productivity due to downsizing," adds **Michael Saffir**, MD, medical director for IHC's Stratford, CT, clinic. "We're probably getting to the level where we're getting as much as we can from the 'industrial athlete,' and reaching the threshold where more injuries can occur."

In addition, Saffir theorizes, when downsizing was rampant, employees were likely to "keep their mouths shut about injuries" so as to not be a part of that downsizing. "Now, with a more competitive labor market, employees are no longer at such a great risk. Employers are hungry for employees."

Given current trends, he says, with workers continually being pushed to produce more, the reporting issue is going to present itself. "The recent ergonomics issues, for example, have come out because of the growing pressures on employees to work longer and harder," he notes. "The injury trend has come down in response to increased recognition; but if this pushing continues and it is not addressed ergonomically, we will have higher injury and reporting rates."

Another contributing factor, notes Saffir, is work force demographics. "Employees are aging, and we're seeing a change in skill levels due to increased use of temporary workers," he notes. "This can also contribute to a greater number of injuries."

Employers get the message

Ironically, the same forces that will make employees more susceptible to injury will also make employers more concerned about taking care of their health, says Saffir. "Your work force is a resource, and employers are trying to optimize the productivity of that resource."

Adds Berkman: "Employers will get the message that the better they treat their employees, the healthier their work force will be," he says. "Companies have been making great strides over the past few years in areas like ergonomics and employee safety. In 2000, we'll see the relationship between workers and their employers continue to improve. After all, when companies realize there is a financial benefit to keeping their employees happy and healthy, they will jump on the bandwagon."

Saffir sees communication improving, as well. "There will be more of an exchange of issues and answers [about health concerns]," he predicts. "Employers will be listening more closely to what employees identify as important issues and they will try to solve those problems. They will also provide employees with better information about what they're doing to try to help. This, in turn, will make employees feel more committed to their company."

Wellness programming is a perfect example, says Saffir. "Employees understand that employees are very busy, they're short on time, but that health is an important thing to them," he notes. "Providing wellness programming shows the employee his employer also is concerned about his health. Services like child care also benefit employer/employee relations."

Will employers be providing more of those services simply because they have to? "They'll be doing it in part because of the tight labor market, but they'll also do it because employees are a valuable resource," Saffir observes.

IDM beginning to take root

The year 2000 will see a significant increase in the popularity of integrated disability management, or IDM, Berkman says. "The idea of an employer offering health care to employees who are injured either on the job or off the job in hopes

of getting them back to work sooner has shown some successes on the West Coast. I think over the next five years, we will see this idea spread nationwide, and you will see more companies appointing managers to head up such programs."

"The trend from the medical and insurance management standpoint is that the only reason [on-the-job and off-the-job injuries] have been divided is that our financial and legal systems are distinct; workers comp is state-mandated," explains Saffir. "But the bottom line is that the medical injuries are the same. If you hurt your back moving into a new apartment, you still have a back injury and you still can't work — it's a '24-7' issue. If you can deal with the patient as a whole person, you'll get better results, and insurers have come to realize that."

Berkman says the California IDM 'experiment' has shown that in mid- to large-sized companies integrated disability management makes sense. Since it lowers disability costs by getting workers back to the job in some form of modified duty program, it has proven to be an attractive option to traditional occupational health care plans.

[For more information, contact: Jeffrey Berkman, IHC, 1060 Day Hill Road, Windsor, CT 06095. Telephone: (860) 688-4800.] ■

Swift response can help calm angry employees

Being a 'good listener' is a critical skill

Much has been said and written about workplace violence, and the obvious threat it poses to the well-being of employees. Much has been written, as well, about the ongoing consequences of such violence, either physical or emotional, on the mental health of workers.

But knowing all this doesn't help a wellness professional when they are confronted with an employee who is angry or upset. Can anything be done right then and there to stop things from getting out of hand?

Actually, there's a lot you can do, says **Eileen O. Brownell**, president of Training Solutions, of Chico, CA. Training Solutions provides companies with conflict resolution, communications, and team-building programs.

Brownell recommends the following 11 techniques for defusing anger:

KEY POINTS

- You may be able to resolve 95% of conflicts on your own
- Showing respect to the angry employee is key ingredient for success
- It's important to know when to call in an outside professional

1. Act immediately.

"If I knew you were really upset and angry and if I allowed you to fester, the problem would become a mountain rather than a molehill," says Brownell. In other words, she says, waiting allows anger to boil into a potentially explosive situation. It may also send a message to the employee that you don't care about their troubles. So how do you approach the employee? "Say, 'I feel you are really upset right now,'" advises Brownell. "If they reply that they are upset, ask them, 'Do you want to talk now?' This puts the employee in control, but it also shows them you've noticed their problem." You should only delay addressing a situation if you feel the individual needs time to simmer down, or if you think professional assistance is needed.

2. Respect the individual.

Don't patronize the employee with statements like, "Oh, you don't really feel that way, do you?" or, "It's no big deal, just let it go." This makes the employee feel like a little child, Brownell explains. "That makes them even more angry. Instead, recognize the problem, name it, and then honor the fact that the employee is angry." This can be done with a more appropriate question, like: "What is it about this situation that's really frustrating you?" After all, you can't deal with a problem effectively if you don't know the particulars.

3. Meet in private.

Privacy will allow your meeting to be more productive, and it will eliminate the possibility of embarrassing the employee. If the individual is going to make violent or threatening statements, you don't want other employees to see that kind of a threat. If they do make such statements, calmly remove yourself from the situation immediately.

4. Be silent.

"You want to let the employee go on and on and get the problem out in the open," says Brownell. "I may ask them to give me an example of what's bothering them. For example, 'When did Harry do this to you?' The key is, you don't want the

employee to feel you're cutting him off. Get all the cards on the table to start to defuse the situation and resolve it. Let the employee get it all out, but don't give back your own responses."

5. Listen.

Listen. Listen again! You have to be a good listener to dissuade conflict, says Brownell. This is accomplished through a technique called reflective listening. "Give brief responses," she advises. "People have a tendency to justify themselves, and a long response from you just adds fuel to the fire; Address the anger, address what the problem is, and let them do most of the talking." You should, however, reiterate your understanding of the complaint in your own words. Say something like: "You're feeling frustrated because Tom ignored your suggestion." Employees want to feel their opinions and their feelings count.

6. Give brief responses.

Lengthy explanations will only make the employee defensive. If someone protests with, "Well, you hate me and always have," a simple response would be: "That's not true." Don't debate the issue or begin to justify your actions.

7. Ban fault-finding.

Blame rarely helps an issue. Establish what went wrong and how it can be corrected, not who is wrong and why they made a mistake.

8. Discover the real problem.

A lot of times we have a tendency to ask 'yes' or 'no' questions, but they really don't give us the information we want, notes Brownell. "Ask open-ended questions that allow the employee to expound on the situation," she advises. Questions like, "What happened when you didn't receive the order?" or "Can you give me a specific example?" help clarify the situation.

9. Seek solutions.

"I encourage the employee to come up with the solution," says Brownell. Asks questions like: "How would you have handled that?" "How would you like me to handle this?" "What do you think our options are?" Again, those questions help the employee feel he is in control; it communicates that you honor and respect him. "It also shows a respect for the employee's ability to handle problems — which is a great morale booster," says Brownell.

10. Find common ground.

Identify points you can agree upon and progress from there. Even if initially you can only agree that there is a problem, building a foundation for resolution on common ground will create a more solid relationship and remove barriers sooner.

11. Encourage discussion.

Some employees have to be drawn out. Try simple, nonthreatening questions such as, "Can I help you?" "You seem upset and frustrated. Is everything all right?" If the employee chooses not to respond, don't push it; give them time to think it through.

If you master those techniques, you'll be able to handle the vast majority of workplace conflicts you come across, says Brownell. "If a manager has really got good conflict resolution skills, he should be able to resolve 95% of these problems," she asserts.

Of course, there are times when you need to call in an outside professional. "When you are unable to find that common ground, unable to agree upon a situation, that's when you need someone else to come in and mediate," says Brownell.

[For further information, contact: Eileen O. Brownell, Training Solutions, 153 Picholine Way, Chico, CA 95928. Telephone: (888) 324-6100. E-mail: Trainstars@aol.com.] ■

Why UM might not save your company money

Most denials in workers' comp are later approved

Are you really saving money from utilization management of workers' compensation cases? Only if you focus your utilization management (UM) on care that is costly and has a higher than average denial rate, such as spinal surgery, according to a study published in the *Journal of Occupational and Environmental Medicine.*[1]

Researchers at the University of Washington in Seattle analyzed almost 12,000 workers' compensation cases and found that only 2% to 3% are denied overall — and many of those denials are later reversed.

Some procedures had markedly higher denial rates, such as spinal surgery (5.5%) and carpal tunnel syndrome (8.6%). In some cases, the UM program required a procedure to be performed on an outpatient basis. For example, one in three patients reviewed for hernia repair or arthroscopy directed to an outpatient setting.

"Few people are denied care outright," says **Thomas Wickizer**, PhD, MPH, Rhom & Haas professor of public health sciences at the School

of Public Health and Community Medicine at the University of Washington in Seattle. "A greater proportion have their length of stay reduced by concurrent review."

Employers don't benefit from subjecting every procedure to utilization management, but instead should target efforts on those procedures that have a higher rate of unnecessary use, Wickizer says. "If it were more targeted, then it would be less burdensome to physicians and less burdensome to patients."

In their study, Wickizer and his colleagues found that UM reviews of spinal surgery with and without fusion produced savings of almost $2 million, or 37.4% of the total cost savings. Rehabilitation care ($268,000 or 6.2%) and carpal tunnel release ($212,200 or 4.9%) accounted for the next greatest savings. The total savings from all cases represented about $5.4 million.

Wickizer also cautioned employee health practitioners to carefully question the cost savings promised by utilization management programs. Sometimes a denial is just a delay of care, so savings can't be calculated from the overall number of denials. "Our savings [estimates] would have been 42% higher had we not looked at that carefully and subtracted out those initial cases that were denied but later approved."

Reference

1. Wickizer TM, Lessler D, Franklin G. Controlling workers' compensation medical care use and costs through utilization management. *JOEM* 1999; 41:625-631. ■

NCQA introduces 'excellent' status

The National Committee for Quality Assurance (NCQA) has released the names of an elite group of health plans from across the nation that have earned — by virtue of their commitment to clinical excellence, customer service and continuous improvement — NCQA's new "Excellent" accreditation status. These 40 health plans have generally achieved scores in the top 25% on a slate of key performance measures such as mammography and immunization rates, beta-blocker treatment after a heart attack, and overall satisfaction.

"Three years ago, there probably wasn't a single plan in the nation that could have met the current NCQA definition of an 'excellent' health plan," says NCQA president **Margaret E. O'Kane**. "Now there are 40, and they deserve recognition for doing managed care right — for putting quality first." Nearly one dozen Blue Cross Blue Shield plans were among those earning the NCQA's top mark. In addition, 16 plans cited were from the New England area. The status of any NCQA-accredited health plan can be found on-line at www.ncqa.org.

For more information, contact: Barry Scholl, NCQA, 2000 L. St. N.W., Suite 500, Washington, DC 20036. Telephone: (202) 955-5197. ▼

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Government Web site offers 5,000 links

The U.S. Department of Health and Human Services' gateway Web site for health information, www.healthfinder.gov, provides access to over 5,000 health resources on the Internet. More than 400 government Web sites with health information are linked to the gateway, as well as thousands of resources from nonprofit, state, and university partners — over 5,000 resources in all — on over 1,000 topics.

Last spring, the Surgeon General released the newest features on Healthfinder — "Just for You — Men's Health," and resources for Spanish speakers. Last June, the Federal Trade Commission promoted the site as the most reliable resource for consumers at risk for Internet health scams.

For further information, contact: Mary Jo Deering, PhD, director, Health Communication and Telehealth, Department of Health and Human Services, U.S. Public Health Service, Washington, DC 20201. Telephone: (202)832-4633. ▼

PCS unveils on-line prescription management

PCS Health Systems Inc., of Scottsdale, AZ, has launched a new Web site that makes available comprehensive health and prescription management services — including secure on-line access to personal prescription histories — for more than 50 million cardholders.

The new site, www.pcsRx.com, allows PCS plan members to:

- obtain a personal prescription drug history showing medications received form all pharmacies during the previous 24 months;
- complete an on-line health assessment and create an individual health profile that provides health management guidelines and recommendations;
- develop a personalized health home page that contains information about health and disease topics that are relevant to the member;
- read health and pharmaceutical news of interest;
- research in-depth pharmaceutical and medical information;
- order prescriptions on-line.

This new resource "allows PCS plan members to play a more active role in managing their own health," says **Jean-Pierre Millon**, PCS president and CEO.

For more information, contact: Blair Jackson, PCS Health Systems, Inc., 9501 East Shea Boulevard, Scottsdale, AZ 85260-6719. Telephone: (480) 391-4148. ▼

Self-care, wellness software available

Two publications from the Farmington Hills, MI-based American Institute for Preventive Medicine — *Health at Home,* a self-care book, and *A Year of Health Hints,* a wellness book — have been converted into software programs for Internet and intranet use. The software teaches employees how to recognize a real medical emergency, when they should seek the care of a physician, and when they can treat themselves at home. Thirteen consecutive studies on the printed versions of these programs have demonstrated an average six-month savings of $66.83 per person.

Corporations use the content to teach employees how to reduce health care costs, while health portals have purchase the products to enhance their content and increase visits to the site. Present users include Microsoft, CNN, WebMD, Medscape, Lycos, Excite, Citgo, and IBM.

For more information, or to receive a demo disk, contact: American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334. Telephone: (248) 539-1800. E-mail: dpowell@ameritech.net. ■

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'Work your butt off' with squats, lunges

Forget about all those fancy "butt-busting" fitness gadgets. A recent poll of the American Council on Exercise (ACE) certified fitness professionals found that simple squats and lunges are the best ways to tone and shape the gluteal muscles.

In the May/June1999, issue of *ACE Fitness Matters*, over 36,000 certified fitness professionals were asked to name the best exercise for achieving a shapely rear end. Most of the respondents said the best overall exercise was squats — with or without weights. Lunges were a close second.

Both exercises require core body balance and strength to isolate lower-body muscle groups. But other favorites were just as basic: walking uphill, jogging, and stair-climbing rounded out the top five.

Richard Cotton, the San Diego, CA-based ACE's chief exercise physiologist, is quick to point out that toning and shaping any muscle group requires incorporating a strong aerobic component into your exercise program.

"Squats and lunges will work to strengthen your gluteals, as well as most of the major muscle groups of the lower body," says Cotton, "but you will only see a change in shape if you are doing fat-burning aerobic exercise and watching your diet, as well. You'll get the strength benefits doing squats and lunges, but there will be no change in appearance without a well-rounded approach.

"Your best bet is walking uphill," he continues. "It's the best combination of aerobic activity to burn fat and anaerobic activity to shape muscles."

Cotton also strongly warns against believing any specific exercise is a sure-fire way to get the body you desire. A number of factors determine body size and shape, including diet, cardiovascular conditioning, and strength training. According to Cotton, however, something none of us control — genetics — is the No. 1 factor in body shape. ■

Men not immune to eating disorders

Women are not the only ones falling victim to obsessive pursuit of the "perfect body"; approximately 10% of patients diagnosed with an eating disorder are male.

"Most people do not automatically suspect anorexia when they see a very thin man," says **Jana Rosenbaum**, LMSW-ACP, with the Baylor College of Medicine Eating Disorders Program in Houston. "Physicians might not make the proper diagnosis, because males are not always seen as being at risk."

Fat as weakness

Because this group is less likely to seek professional help, the number of male anorexics, bulimics, and binge eaters is probably higher than reported, Rosenbaum suggests. As society continues to idealize a strong muscular physique, many males equate fat with weakness.

"Typically, males who develop an eating disorder start off with a weight problem," she says. "They try to diet, it doesn't work and they restrict their food even more. For those who are predisposed to eating disorders, starting a weight-loss diet can trigger the process."

About 45% of binge eaters are men. Eating for emotional reasons, they consume large

amounts of food in short periods of time, feel out of control, and are usually ashamed of their actions.

Bulimics also consume large amounts of food, but their binging is followed by purging. Unlike female bulimics who turn to self-induced vomiting or laxatives abuse, male bulimics often purge through excessive exercise. Anorexia, or self-starvation, is the least diagnosed disorder.

Signs of trouble

There are several signs that can signal a potential problem: extreme weight loss, social isolation, avoiding situations where food is the focus, and visits to the bathroom after meals. An individual with an eating disorder might also develop unusual rituals about where or how they eat.

While an overall better body image among males keeps the number with eating disorders low, this group is not totally immune to societal pressure to shape up.

"One of the core issues in people with eating disorders is the desire to establish a better sense of self," says Rosenbaum. "They feel more in control if they can work out harder than anyone else and they feel more powerful if they can abstain from eating while others are indulging." ■

Exercise a must in fighting obesity

Physical activity is essential because it reduces the risk of being affected by the comorbidities of obesity. That's among the key conclusions reached during the proceedings of a conference, "Physical Activity in the Prevention and Treatment of Obesity," sponsored by the Indianapolis-based American College of Sports Medicine (ACSM). The proceedings were published in a special supplement to the organization's Nov. 10, 1999 edition of *Medicine & Science in Sports & Exercise.*

The conference co-chairs, **Claude Bouchard**, PhD, FACSM and Steven N. Blair, PED, FACSM, also authored the journal's introductory comments. These include: Obesity can be prevented, and dietary and physical activity habits can have a major contribution to body-weight regulation over and above genetic influences.

Simple tools

According to Bouchard, "it is well-established that regular physical activity has favorable effects on several of the comorbidities of obesity, particularly those pertaining to cardiovascular disease and Type 2 diabetes. Some data also indicate that mortality rates are lower in the overweight and moderately obese men and women who are physically fit compared to the unfit."

The panel agreed that obesity prevention tools are remarkably simple and within every individual's grasp. From the promotion of healthy eating habits to watching less television and walking more, reversing the obesity trend appears to be attainable by most, but challenging in the continued modernization of today's society.

Copies of *Medicine & Science in Sports & Exercise* are available from Lippincott, Williams & Wilkins at (800) 638-6423. You can contact the ACSM at 401 W. Michigan St., Indianapolis, IN 46202-3233. Telephone: (317) 637-9200. Fax: (317) 634-7817. Web site:www.acsm.org. ■

Virtual reality can cause side effects

Warning: Virtual reality may not be just "harmless" fun. Some of us, it seems, can suffer adverse side effects like blurred vision and headaches because we cannot visually adapt to the virtual environment.

That's one of the key findings in a study in the September 1999 issue of *Optometry and Vision Science,* published by the St. Louis-based American Optometric Association.

"The basic difference between symptomatic and asymptomatic individuals seems to be that the asymptomatic individuals are able to quickly and easily visually adapt to the VR HMD [virtual reality head-mounted display] environment, which is very different from the real world visual environment," explains **Stephen E. Morse**, OD, PhD, one of the authors of the study. "Clearly, the symptomatic subjects experience severe mismatches between what the eyes are telling them and what the rest of their sensory systems and the brain are telling them."

The inability of the eyes to adapt in VR results not only in visual complaints like blurred vision and headaches, but also in general body complaints like nausea, sweating, and disorientation, says Morse. ■