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'Healthy People' unveil new initiative for general populations, businesses

Goals include longer, healthier lives, elimination of ethnic disparities

The latest "Healthy People" initiative, Healthy People 2010, which was unveiled in January, has as its overriding goals increasing the quality and years of healthy life, and the elimination of racial and ethnic disparities in health status. In addition, it unveils a new national health assessment tool it calls "Leading Health Indicators," which Healthy People's objectives target. Those indicators include:

- physical activity;
- overweight and obesity;
- tobacco use;
- substance abuse;
- mental health;
- injury and violence;
- environmental quality;
- immunization;
- responsible sexual behavior;
- access to health care

Healthy People is "a national health promotion and disease prevention initiative that brings together national, state, and local government agencies; nonprofit, voluntary, and professional organizations; businesses;

KEY POINTS

- New national health assessment tool incorporated into Healthy People 2010
- Consolidation makes it easier for users to select appropriate areas
- Representatives of leading corporations serve as business advisors

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communities; and individuals to improve the health of all Americans, eliminate disparities in health, and improve years and quality of healthy life," according to the Healthy People Web site, www.health.gov/healthypeople.

Since its inception in 1979, Healthy People has been coordinated by the U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion (ODPHP).

Healthy People 2010 marks the third time HHS has developed 10-year health objectives for the nation. It is the result of a broad consultation process that included the public, health experts, and the Healthy People Consortium, a public/private alliance of over 350 national organizations and 270 state agencies.

An 'overwhelming' initiative

What do corporations think of Healthy People 2010? "My initial reaction was that I was overwhelmed," says **Lauren R. Leifer**, president of Compdisk, a Morton Grove, IL-based full-service media replication fulfillment house. "I was thrilled to see as many issues as were on the table that they were attempting to address."

Leifer currently serves as the head of the Healthy People Business Advisory Council (HPBAC), which includes health promotion professionals from leading organizations such as Dow Chemical, Union Pacific Railroad, and Honeywell. **(A full listing of HPBAC members can be found on p. 39.)**

Leifer also notes that getting hold of the information available from Healthy People is no longer as "overwhelming" as it once was. "Through technology, and the ability to 'slice and dice' objectives, anyone can go to the list of objectives and find areas of specific interest to them and follow up," she explains. "Historically, because there had been such a dearth of objectives it was difficult to embrace. If you get into [the Web site] now, you can access what you want effectively — not only the 'power' user but the casual user, as well."

To some, it may appear that the goals and

objectives of Healthy People are too broad to have meaning on the corporate level, but Leifer disagrees. "I have a take on this as it relates to business — particularly small and mid-sized businesses," she says. "We are a small company of under 50 employees. I am a woman business owner, in business for 30 years. I've lived through a lot of changes as they relate to health in the workplace, health at home, working moms, grandparents, and parental leave. What really excited me about Healthy People 2010 is that it keys into issues that women business owners address all the time."

"As women, we are nurturers, the support element. We make family compromises; we're the negotiators. We know that if we don't see to it that our people get to work we won't get it done. I would like to think that most women see business as an extension of who they are; business is not considered war, but an opportunity to partner, to serve others, and to make money doing it."

With Healthy People 2010, she sees "an opportunity to cross-pollinate between the public and private sectors in a very exciting way. We all know we will have major changes in the working population over the next 10 years, and we are the ones who can address them and bring the 'cream' to the top. Folks who historically have been on the bottom are going into reverse roles."

Eventually, says Leifer, even though it's important for Fortune 1000 companies to model those changes, "it's really important to have smaller companies involved."

Leifer also sees women playing a critical role in this evolution. "Today, one of every four employees in the United States is employed by a woman-owned business," she notes. "Woman-owned businesses and minority-owned businesses are growing exponentially. And we have long memories; we will not become oppressors, but rather build along the partnering model."

Addressing ethnic and racial disparities and increasing the length and quality of life are also "the overarching goals of Healthy People," notes **Matthew Guidry**, PhD, senior advisor to ODPHP's director. ODPHP's mission is to promote initiatives

COMING IN FUTURE MONTHS

■ Customer-oriented technology provides advantage in stress management

■ The benefits of using an occupational health care center

■ Cost-free interactive program helps increase employee motivation

■ Managed care organizations still hold the key to eliminating risky behaviors

■ Vaccinations for Lyme disease can help keep your work force healthy

that will help to prevent disease and promote health in a wide variety of agencies, organizations, and communities.

“We felt that in order to develop a conceptual structure we needed several components — overarching goals — which were very specific, and which could be achieved through 28 focus areas and 467 specific objectives. If we can achieve those, we should have a very healthy nation,” says Guidry.

These objectives were “derived through a developmental and consensus process,” notes Guidry, whose agency serves as the manager/administrator of Healthy People. “We coordinate every aspect of Healthy People, including the writing. We have 28 agencies, each of which is a lead agency for a specific focus area. For example, The President’s Council on Physical Fitness and Sports and the CDC [Centers for Disease Control and Prevention] are lead agencies for physical fitness.”

Using indicators as guidelines

The leading health indicators were developed to give both public and private organizations a ‘hook’ on which to hang their health hats, Leifer explains.

“We had to pick 10 out of 500 some-odd [indicators],” she notes. “We got pretty generic, but the idea was, how do we stimulate as many people as possible without driving them nuts? We needed to have a hook, and we felt those 10 would hook enough people so they would stop, look, think, and implement. If we said, ‘Here are 100 points we want you to embrace,’ nothing was going to happen.”

Guidry agrees. “We developed these leading health indicators because we felt people wanted something more composite,” he explains. “These were the ones we thought would be most important to achieve, and that everyone could subscribe to. People who want to broaden their efforts could go to all 467 objectives.”

“There are also a number of objectives in Healthy People 2000 specific to employers,” adds Pam Witting, of Honeywell Corp. in Phoenix, and another HPBAC member. Those objectives, she notes, are:

- reducing tobacco use among adults;
- decreasing lost productivity in the workplace due to alcohol and drug use;
- increasing the proportion of people who engage in regular physical exercise;
- increasing the proportion of adults at

HPBAC Members

The following individuals are currently members of the Health People Business Advisory Council:

- **Lauren Leifer**, Compdisk, Morton Grove, IL.
- **John White and Catherine Baase**, The Dow Chemical Corporation, Freeport, TX.
- **Joe Leutzinger**, Union Pacific Railroad, Omaha, NE.
- **Jack Stoltzfus**, 3M Company, St. Paul, MN.
- **Walter Patterson**, ACS/TransFirst, Dallas.
- **Jose Taragano**, Alcoa, Pittsburgh.
- **Pam Witting**, Honeywell Corp., Phoenix.
- **Joel Marks**, American Small Business Alliance, Washington, DC.
- **Jean Dunaway**, Bankers Training and Consulting Co., St. Louis.
- **George Berner**, Berner International Corp., New Castle, PA.
- **Chor San Khoo**, Campbell Soup, Camden, NJ.
- **Bill Beale**, Caterpillar, Peoria, IL.
- **William Kizer**, Central States Indemnity Co. of Omaha, Omaha, NE.
- **Diana Grina**, Colgate-Palmolive, Piscataway, NJ.
- **Patricia Creedon**, Creedon Controls, Wilmington, DE.
- **Pat Forester**, Forester & Co., Newark, DE.
- **Eduardo Barea**, Ibiley School Uniforms Inc., Miami.
- **Bobbie Olsen**, Kearney Orthopedic & Fracture Clinic, Kearney, NE.
- **Susan Blair**, Medifit Corporate Services Inc., Florham Park, NJ.
- **Donald Gemson**, Merrill Lynch, New York City.
- **Matthew Guidry and Deborah Malese**, Office of Disease Prevention and Health Promotion, Washington, DC.
- **Donald Kasen**, PPI Entertainment Group, Washington, DC.
- **David Hunnicutt**, Wellness Councils of America (WELCOA), Omaha, NE. ■

SOURCES

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recommended body weight;

- reducing deaths from work-related injuries;
- reducing work-related injuries that result in medical treatment, lost time from work, or restricted work activity;
- reducing levels of indoor allergens;
- increasing the proportion of people with health insurance;
- increasing the proportion of insured patients with coverage for clinical preventive services;
- increasing the number of employees whose mental health care benefits are equivalent to their physical health care coverage.

Why should corporations care?

Why should corporations support the Healthy People initiatives? “It just makes good sense,” says Leifer. “Today, with the working population so limited and such low unemployment, how do we entice employees, retain employees, and bring the quality of life to the table that they want if we’re not a huge company? We need to bring something to the table that makes them want to work for us.”

“I think the basic issue is this: If we can come up with a structure that not only public but corporate America can subscribe to, we will have a more focused approach, and eliminate conflicting objectives,” says Guidry. “Companies can use the Healthy People objectives as a means of shaping corporate health promotion policies. By looking through the objectives and identifying areas they would like to use to shape those policies, they have an opportunity to benefit. In addition, the health promotion director can pick specific objectives out and enhance and reinforce them. This way, they can achieve not only corporate health promotion objectives, but the objectives of creating a healthier work force, as well as a healthier nation.”

It is the wellness professional’s responsibility to have a productive work force, Leifer adds. “The more preventive you become in your perspective, whether through screenings, exercise or smoking cessation programs, you have the potential for a

more productive work force. In addition, I know many people who stayed at large companies because they had a ‘cafeteria’ of health programs available.”

Individual employees will also benefit, says Leifer. “On one level, a personal level for any of these individuals, Healthy People makes perfectly good sense — like saving the earth for our children and grandchildren,” she asserts. “If they are looking for something in their lives that is meaningful, then embracing it allows them to make a mark within their corporation and impact the lives of many people. Even after an aggravating day at work, they can go home and know they did something good.”

We are the world . . .

It’s important, says Leifer, for wellness professionals take a more global approach to health promotion. “This gets back to the ‘haves’ and the ‘have nots,’ and the ‘digital divide,’” she explains. “This [uneven access to health care] is another divide, and the two are connected. Look what’s going on in Brazil; you have a huge population of illiterate, uneducated people, which creates the environment of a ‘dominator’ society. Here, we are working very diligently to build more of a ‘partner’ society.”

This is not, she insists, a “bleeding heart” issue. “If we don’t pay attention to the have-nots, they will overrun the haves,” she predicts. “So, it is very self-serving to have a healthy population. When kids go to preschool or school, who gets their colds? Not just the poor kid, but everybody. But if everyone learns to wash their hands constantly during the day, we’ll all have fewer colds, less flu, and fewer moms and dads getting sick and passing it on to their companies.”

Unfortunately, says Guidry, corporate support is not what it could be. “We have a major concern here as it relates to Healthy People visibility in the corporate sector,” he admits, noting that the HPBAC was specifically developed to enhance awareness. “We have 49 states that have used Healthy People as a means of shaping policy, but not nearly that level in the corporate sector.”

Guidry encourages health promotion professionals to write, e-mail, or call ODPHD for consultation on how to move forward with Healthy People initiatives in their workplace.

“Another thing we’re looking for is people whose companies have good health promotion models to become involved,” says Leifer. “We’d love to receive White Papers from them.” ■

Pilot program leads to a successful rollout

Incentive yields participation rates of 70%

Laying the proper foundation can make a significant difference when your wellness program is rolled out to the entire population. And when that population is 93,000 employees, a 70% participation rate will make anyone sit up and take notice.

That's exactly what's been achieved in the state of Wisconsin, where Madison, WI-based WEA Insurance Trust, and the St. Paul, MN, office of the StayWell Co. have partnered to deliver a health promotion program for Wisconsin school employees and their spouses who participate in a Trust health insurance plan. An incentive program used in a two-year pilot program achieved those 70% participation rates, and the full program rollout, launched in fall 1999, is nearing those rates, as well.

Focusing on prevention

WEA is not a Johnny-come-lately to wellness, notes **Renaë Sieling**, MS, health management program coordinator. "We have been involved in health promotion for our members for many years," she says. "But we were looking for a program that would deal more with prevention, rather than just medical care.

"We had other program components in place, but we were looking to expand our services to prevent health problems in the future — maybe many years down the road," she continues. "We looked at many companies that provided health risk assessments [HRAs], lifestyle education, and disease management, and we chose StayWell because they provided all of them."

StayWell saw both an unusual challenge and a

unique opportunity in the assignment. "This is a bit of a new population," explains **David Anderson**, PhD, vice president for programs and services, "and a unique program for this type of population. WEA was trailblazing; I don't know of any program of this scale in a teacher's organization, or with any educational group."

The rationale for a pilot program

There were two reasons the partners decided to begin with a pilot program, says Anderson. "First, we wanted to offer an incentive to maximize participation. The question was, what level was right to get to the participation goals we had set? Second, because the population was set across a wide geographic area, and the specific populations were small in any one area, we knew it had to be delivered in large part at home or by mail."

The typical response rate for this type of delivery is in the 20% to 30% range, Anderson notes, if the material is simply sent with an explanation of what the program is and how to participate in it. "We and the WEA wanted a much higher response rate, because we were very focused on meaningfully improving health. We wanted participation in the range of 70%," he says.

Sieling notes that there were actually two test programs — the first using a population of 7,000, the second with 10,000. They tried several different levels of incentives, and \$25 got them to the level of participation they were looking for.

This was an encouraging finding. "I've seen organizations use very large incentives, as high as several hundred dollars, but we didn't feel that was necessary," explains Anderson. "This is a modest incentive, but it really jumped participation rates, providing a really terrific return on investment."

The pilot program also proved valuable in working out the kinks in the program, as it was. "We worked through how to best deliver the various aspects of the program; we made a number of adjustments on how to promote and package it," Anderson recalls. "And we've seen the results of that in the full rollout."

"In the second pilot, we tested out the implementation changes to see how they played out," adds Sieling. "We had a different communication plan, decreased some aspects and increased others; we increased some of the work site promotion. With 335 school districts, we felt it was important to increase visibility on site. We also looked at the education program, where follow-up was a big

KEY POINTS

- Two-year pilot program paved the way for launch
- Initiative is designed to reach 93,000 employees in over 300 school districts
- Technology an essential tool for tracking, evaluating participants' progress

Staywell/WEA Program at a Glance

Questions: 78

Reading Level: 6th to 9th grade

Completion Time:
15 minutes

I. Basic Assessments

- Activity and Exercise
- Alcohol Use
- Back Care
- Demographics
- Driving
- Eating Habits
- Height, Weight and Body Frame
- Mental Health
- Screening Exams
- Self-Care Skills
- Smoking/Tobacco Use
- Stages of Change
- Stress Management
- Weight Control

II. Other Assessments

- Chronic Health Problems
- Family History of Chronic Disease
- Health Plan Satisfaction
- Health Values

III. Optional Biometric Measures

- Blood Pressure: Systolic and Diastolic
- Cholesterol
- HDL

HRA

- Glucose (Fasting or Nonfasting)
- Body Fat Percentage
- Waist-to-Hip Ratio
- Push-Ups, Sit-Ups
- Sit and Reach
- Back Extension
- VO2 for Aerobic Capacity

Flexible Health Improvement Programs

I. Lifestyle Topics

- Smoking Cessation
- Cholesterol Management
- Weight Management
- Exercise
- Blood Pressure Management
- Back Care
- Nutrition
- Stress Management

II. Self-Management for Chronic Conditions

- Congestive Heart Failure
- Diabetes (Type 2)
- Coronary Artery Disease
- Adult Asthma
- Hypertension
- Hyperlipidemia

support. (For a closer look at the HRA and program components, see chart, left.)

All 93,000 employees received the HRA. “Right now, we’re looking at a 65% participation rate,” says Sieling.

“We’re closing in again on that 70% rate, which is our goal,” notes Anderson. “I’m thrilled with the level of participation.”

In fact, he adds, Staywell hopes to take some of the things it has learned from the program and put them to use in other programs. “The opportunity to learn through the pilot program was a really helpful exercise for us,” he notes.

Only the beginning

The rollout is just the start of the next phase of a multiyear process. In three years, an independent team of researchers from the University of Michigan, Ann Arbor, will evaluate and analyze the program to determine if employee health has been improved and health care expenditures have been reduced.

How in the world do you keep track of so many participants? “We have a database on all employees who are eligible to become participants,” Anderson explains. “Once an employee is in the program, we use it to determine how to segment them through the programs most appropriate for them. Then, we can also use the database to track participation, and continue to go back to the people who have not yet participated, to try and target them at the right time with those methods that are best for them.”

Anderson notes that the data will be “scrubbed” in such a way that no individual identification will be possible. “All the data will be linked for analysis, and there will be absolute confidentiality,” he insists.

A database, Anderson asserts, is a must, given such a large population and the complexity of today’s programs. “You really need strong technological support to manage a program like this.”

The methods by which the university will measure program effectiveness are still being fine-tuned, says Anderson, “But primarily, they will be using health care claims experience to determine changes in costs over time of those who participate vs. those who don’t. We will have considerable data available to do that.”

He adds that it is extremely important to have an outside party evaluate the program. “It’s important both to StayWell and to WEA that an independent third party determine whether

concern, and we changed the look and text of the invitation. We also then chose in the statewide rollout to offer a choice of either a telephonic or a mail-based program to increase completion rates.”

In fall 1999, the statewide rollout began. StayWell’s HRA is the program’s starting point. It provides participants an overview of their “modifiable” health risks — risks that can be improved through lifestyle changes. It also identifies members who can benefit from education programs, which link high-risk participants with professional health educators and personalized education materials for lifestyle improvement

SOURCES

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we've achieved our objectives," he says. "And the University of Michigan has done a number of these evaluations."

Both StayWell and WEA are extremely pleased with the process to date. "This really has been a partnership," says Anderson. "WEA came to us because we had certain expertise, but they really know their population; they've delivered wellness services to them for a long time. All of the decisions that have been made were joint decisions. The key was we both knew that some sort of incentive was necessary, but we wanted to minimize the dollars spent on those incentives. After all, it is the number of interventions that will determine who will make long-term changes and what savings will occur."

"We're doing this because WEA is a nonprofit insurance company looking at ways to meet our overall goals: to help school employees be the healthiest employees in Wisconsin," Sieling adds. "This partnership with StayWell is one important piece of that puzzle." ■

Study: Telecommuting saves \$10K per worker

Reduced absenteeism, higher productivity cited

Apparently the ability to telecommute is far more than just a convenience for employees. In a recent survey conducted by the Washington, DC-based International Telework Association and Council (ITAC), it was found that employees who telework can save their employers \$10,006 each in reduced absenteeism and job-retention costs. **(For more details on survey results, see the chart on p. 44.)** Other key findings of the survey include:

- 54% of teleworkers said that they work the same or more hours on days when they work at home.
- When working at home, 47% of teleworkers

said they are more productive than when they work at their conventional location.

- 80% of teleworkers indicated that they have had to take time during the normal workday for doctor or dentist appointments.
- 55% of teleworkers said they are more satisfied with their jobs after starting to work at home than they were before.

A growing field

ITAC is a 501C3 nonprofit association representing federal, state, and local governments; corporations — from Fortune 500 firms down to virtual companies, academia, and individual teleworkers. "Our mission is telework education and advocacy," notes **Gail Martin**, executive director.

The term "teleworker" was coined by Jack Niles, a physicist at NASA, in 1977. Niles is the founder and past president of ITAC. Today, ITAC defines a teleworker as "an employee of an organization or a subcontractor to an organization who works at home one or two days a month." The average respondent in the study reported that they worked at home one or two days a week.

"In 1990, there were about 4 million teleworkers, as determined by a market research firm called Find/SVP, now called Cyber Dialogue," says Martin. "In 1995, it doubled to 8.1 million; in 1997, it rose to 11 million; in '98, it was up to 15.7 million; and in 1999, according our survey, there are 19.6 million teleworkers." That figure, she notes, represents 10% of all U.S. adults over the age of 18.

Martin reports that 30,000 phone calls were made for the study, with a total of 274 respondents.

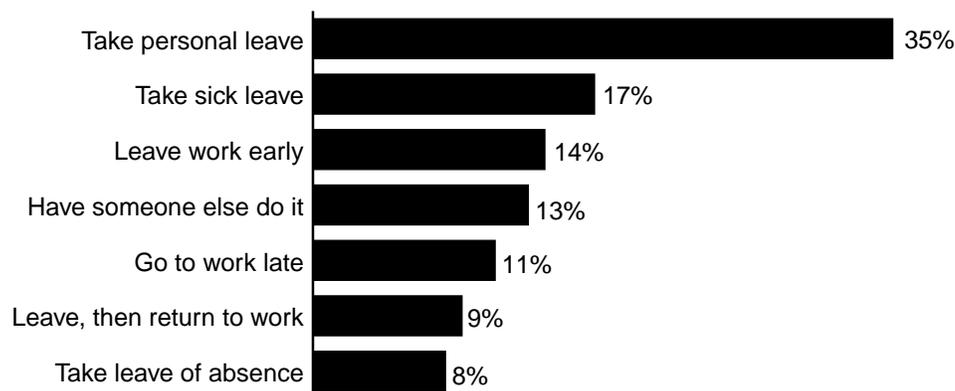
Calculating the savings

Just how did ITAC arrive at the \$10,000+ savings per employee? They began with an average self-reported salary of around \$44,000. "This is equivalent to \$169 a day based on working 261 days per year," notes Martin.

KEY POINTS

- Employers can realize significant savings through job retention
- There are nearly 20 million teleworkers in the United States
- Working at home eliminates stress of commuting, exposure to pollution

How Teleworkers Would Manage Personal Needs if They Could Not Work



Source: International Telework Association and Council, Washington, DC.

While teleworkers reported an average of 45.3 occasions per year of absenteeism associated with managing personal and family needs, they did not lose a full 45 days of work. Because they could take care of those needs at home and work as well, the actual lost time equated to about 22 aggregate working days. The researchers then concluded that employers could save 63% of the cost of absenteeism per telecommuting worker, or \$2,086 per employee.

In addition, the retention of workers who said that working from home is an important consideration leads to a replacement cost avoidance of \$7,920 per teleworker.

Productivity gains considerable

The study also indicated productivity gains of \$1,850 per teleworker per year. “This was obtained by calculating the percentage increase in self-reported productivity per day against their average salary wages,” notes Martin.

The average productivity increase was 22% per day worked at home. Using the \$169 daily salary figure, 22% represents a \$37 gain per worker per day. Multiplying that times 50 (days worked at home per year) yields \$1,850. “And we took the most conservative figure — one day a week at home vs. two,” Martin adds.

Extrapolate those figures to a national scale and the savings become astounding. “If you simply based it on one day per week at home and multiplied it by 19.6 million, you would get \$13 billion in national productivity savings,” Martin says.

You can add to productivity gains the health benefits of staying at home. According to the study, workers spend an average of one hour per day driving to and from work. “Teleworking saves them the stress of commuting, and it also reduces pollution — as 87% of the respondents drive to and from work alone,” notes Martin.

This results in a “big-time impact on stress and morale,” Martin continues, breaking down the numbers. “Within the study, what we found was that the average commuting time saved is approximately 30 minutes each way, or an hour a day. Only 4% of the respondents carpool, and 2% use public transportation.”

These statistics indicate that telecommuting can also reduce financial stress on employees. “With an average commute of 18 miles one way, you’re annually reducing the total commute by 1,800 miles per teleworker, which is a significant cost savings,” Martin notes.

Allowing employees to telecommute should “absolutely” be integral part of any corporate work/life program, says Martin. “Very much so,” she asserts. In fact, she adds, teleworking will be one of the key management tools of the millennium.

“The more progressive companies are already very active in this area, and are members of ours,” she says. “They work with us to share findings, discuss barriers to telecommuting, and so forth.”

Telecommuting is still relatively new, she adds, and standards and protocols have yet to be established. “We have a blue-ribbon panel made up of about 20 corporations, government agencies, and

academia that is developing recommendations for proactively addressing key issues,” she reports. The recommendations will be published in October.

[Editor’s note: ITAC will be sponsoring its next International Conference on Sept. 17-20, in New Orleans. For more information, contact: The International Telework Association & Council, 204 E. St. N.E., Washington, DC 20002. Telephone: (202) 547-6157. Fax: (202) 546-3289. E-mail: TAC4DC@aol.com. Or visit their Web site at www.telecommute.org.] ■

Mild mental disorders are often overlooked

Workers’ health, performance can be improved

Severe mental disorders may be attention-grabbers, but many employers and occupational health professionals are missing the boat by overlooking less serious disorders among employees.

“There have been a lot of occupational programs for severely psychiatrically impaired populations,” says **Gary L. Fischler**, PhD. “However, there has been little, if any, attention [paid] to the mild to moderate disorders more likely to be encountered in competitive work situations. These are invisible disorders, but they have enormous effects on job performance.”

These disorders, says Fischler, include chronic depression; personality disorders (which can be mild, moderate, or severe) that can involve chronic problems relating to others, or inflexible and ineffective ways of dealing with the world; and post-traumatic stress disorders.

Fischler is director of Gary Fischler & Associates, PA, in Minneapolis, and director of the Institute for Forensic Psychology. “Our practice specializes in

assessing and consulting with individuals with a variety of either work-related or legal issues,” he explains.

Fischler is also co-author, along with Nan Booth, MSW, MPH, of *Vocational Impact of Psychiatric Disorders: A Guide for Rehabilitation Professionals*, published by Aspen Publishers Inc., which lays out many of those issues.

Why are disorders overlooked?

Fischler admits he is a bit baffled by the inattention that has been given to those milder disorders. “I just don’t know [why],” he says. “I’ve been working in this field for over 10 years and have been chronically frustrated with the lack of attention to this area; so, we have been practicing largely without the benefit of a lot of research or practical data that would help us.”

One possible explanation he offers is that “this is kind of a bridge area between serious disorders and the vocational rehab domain — physical and psychological chemical dependency, usually handled by the EAP [employee assistance program] or human resources.”

Through the years, he says, corporations — especially through their EAPs — do tend to be more tuned in to employees who face psychological problems. “But EAPs frequently focus on getting help to a troubled employee, rather than focusing on what an organization can do to accommodate the employee,” he adds.

Practical accommodations available

Corporations can, and do, make job accommodations to ensure that an employee dealing with a mild or moderate psychological disorder can function more comfortably, and therefore more productively.

“The most frequent accommodations are flexible scheduling — where the employees work their own hours, or sometimes even work extra hours,” says Fischler. “One of the more common symptoms [of those disorders] involves concentration and memory issues. An employee may actually need to work 50 hours to get 40 hours’ worth of work done. If he’s willing to do that, it sounds like a good solution to me.”

Memory problems can also be associated with certain physical settings, Fischler notes. In those cases, the company may arrange for an employee to work in a more private area, so he will not be so easily distracted.

KEY POINTS

- There is no “magic bullet,” but employees can be helped to be more productive, fulfilled
- Focus must shift from “curing” to making workplace accommodations
- Bringing in a professional consultant is an option companies should consider

Employees can be helped to be more productive

Employees with mild or moderate psychiatric disorders can be helped to lead more rewarding and productive lives in the workplace, says **Gary L. Fischler, PhD**. This case study about an employee named “Jack” shows what can be done with the proper referral and treatment:

“Jack” suffers from chronic depression. This in turn has led to chronic poor motivation, problems sleeping, a poor appetite, irritability, chronic pessimism, poor concentration, thoughts of suicide, and failed jobs and a failed marriage. At work, he had low productivity and poor initiative, poor motivation, and trouble staying on task. He had a tendency to make too many mistakes, be hypersensitive, and have a low stress tolerance. He also was not very likeable.

Jack had a job ordering automobile parts through a computer, but he made numerous errors and was fired. In the depths of depression, he thought about suicide, then realized he needed help. He also knew he needed to make money or he would lose his house.

Jack applied for services at a state vocational rehabilitation agency. He met with a counselor, and was referred to a psychologist for further evaluation. The psychologist recommended referral for medication and psychotherapy. Jack started taking anti-depressants, he felt better and his mood improved somewhat. His counselor found him a job as a warehouse manager; the workplace was low-key, expectations were simple and straightforward, and he didn't have to juggle too many different tasks. This type of job is ideal for employees with chronic depression, since they do not think well on their feet or handle making independent decisions very well. What Jack could do was handle structured tasks.

The change has seemed to work for Jack. He has his good days and his bad days, but on the good days he is pretty effective and productive. On bad days he is often late, but he basically gets the job done and things are better for him. ■

In other cases, the appropriate accommodation may involve changing supervisors or work teams. “This can be especially important in personality disorders, where the employee may have trouble get along with others,” says Fischler.

A common occurrence involves employees who have been at a company for a number of years. “An employee with a personality disorder may have limited flexibility to adapt to and meet new people,” Fischler explains. “Let's say that for 10 years they may have had marginal job performance, but a laid-back, understanding manager. That manager leaves, and a new ‘super’ comes in who wants to run a tight ship, and won't give ‘Joe’ any slack. So, you get into personality problems.”

The type of supervision can also be adapted to accommodate such employees. “If they have not received consistent, timely performance reviews you might consider giving them more frequently, or providing instructions in writing, so the employee is in a more structured environment,” Fischler suggests. “Or, you might want to use co-workers to help balance things out through the trading of tasks. The employee may be made anxious by telephone work; perhaps the employee could make a formal — or informal — arrangement with a co-worker for more phone work, while they agree to do more book-keeping or computer work.”

Another strategy Fischler recommends is bringing in a professional consultant to debrief either the manager or co-workers. “This must be with the full understanding and permission of the employee in question,” he emphasizes. “You can talk about what kind of problems people with mental health disorders may have at work. This can reframe the problem. Without such knowledge, employees with these disorders may be seen as lazy, stupid, or mean.”

Paradigm shift required

To properly address those problems, employee health promotion professionals and mental health professionals must adopt an entirely new way of looking at employees with milder mental disorders, says Fischler.

“One of the most important things we can do is de-medicalize these situations,” he says. “Rehab and EAP people tend to use a medical model to view these employees. This model asks, ‘How do we fix them?’ The real issue may be, ‘How do we get the employee and the job to fit together?’”

Fischler recognizes that this represents a “paradigm shift” in the way those employees are viewed. “The best thing wellness and human resource professionals can do is have open discussions with these employees about what their problems have been, what they need, and bring in a professional consultant to separate out what is necessary and what is not; which accommodations are unreasonable and which are reasonable. You have to get past the garden variety complaining — which everyone does.”

When your company has an employee — especially one who has been productive in the past — who is having real problems, the first thing to do, says Fischler, is to get the facts. “First, get a report from the employee’s doctor; what is the diagnosis, and what problems has he been having,” Fischler suggests. “Next, bring in your own consultant. Treating doctors are not rehab specialists, and they are notorious for taking the employee/patient’s side. That’s what we’re trained to do, and that’s why the employer should bring in [its] own expert.” **(For an example of how employees can be helped, see article on p. 46.)**

Finally, says Fischler, be realistic in your expectations. “Most of these disorders will respond positively to the interventions we’ve discussed; whether they will be sufficient to cure the disorders is questionable,” he says. “We’re not offering magic cures, but common sense.”

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NEWS BRIEFS

Lifeguard, Koop partner on Internet project

Lifeguard Inc., the regional not-for-profit health plan based in San Jose, CA, has launched an Internet partnership with drkoop.com. Visitors to Lifeguard’s Web site, <http://www.lifeguard.com>, will have easy access to the extensive health information and the resources of drkoop.com to help

them actively manage their health and wellness needs.

With this exclusive regional agreement, drkoop.com, a leading Internet health care network led by C. Everett Koop, MD, former U.S. Surgeon General, has integrated the customized content, community, and commerce features of drkoop.com with Lifeguard’s existing Web site. Medical content is presented side-by-side with information about related health care and educational services offered by Lifeguard, thus enabling members to act upon what they learn and contact appropriate physicians, services, and programs.

“Our relationship with drkoop.com allows us to provide Lifeguard members with unprecedented access to timely and valuable health care information any time and every time they choose,” says **S. Joseph Aita, MD**, executive vice president and chief medical officer of Lifeguard.

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Small work sites trail in wellness

Approximately 25% of small work sites (15-99 employees) are providing health promotion programs, compared to 44% of work sites with 100+ employees. Those are among the key findings of the recently published *Last Acts Campaign*, which surveyed 2,680 work sites over a wide range of industry and size.

Almost all work sites that offered health promotion programs made them available to all of their employees. Less common, however, was the availability of those programs to family members or retirees.

Regardless of size, the vast majority of work sites (97.2% of small work sites and 95.9% of large work sites) permitted employees to participate in program activities on company time.

For more information, contact: Barksdale Ballard & Co., c/o *Last Acts Campaign*, Suite 205, 1951 Kidwell Drive, Vienna, VA 22182. Telephone: (703) 827-8771. E-mail: szelman@bballard.com. ▼

Stutterers may be harder workers

Employees who stutter may be harder workers because they have to compensate for their disability, say speech experts. This finding is among the helpful tips and information provided in *Stuttering: Answers for Employers*, recently published by the nonprofit Stuttering Foundation of America, based in Memphis, TN.

“People who stutter have a temperament that’s perfectionist, because they often work tirelessly to gain fluency,” notes **Barry Guitar**, PhD, professor of speech-language pathology at the University of Vermont.

If employers dismiss candidates for employment because of a speech impediment, they may be losing an opportunity to hire a hard-working employee. “It’s important for employers to look beyond the disfluencies to see the underlying qualities of the applicant,” adds **Pat Garahan** of

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Burlington, VT, who has been on both sides of the fence — as an employer and as an interviewee who stutters.

For a free copy of the brochure, call toll free: (800) 992-9392, or write: Stuttering Foundation of America, 3100 Walnut Grove Road, Suite 603, P.O. Box 11749, Memphis, TN 38111-0749. Web site: www.stutterSFA.org. ▼

On-line background checks available

Best Software Inc. and PeopleWise, a leading national pre-employment screening company, have launched a business alliance that will integrate PeopleWise’s pre-employment screening services with Best’s fully integrated HRIS solution, Abra Suite.

This integration will allow human resource professionals to complete all steps of the entire hiring process — including background checks — from their computers using the Internet. “The PeopleWise integration extends Abra Suite’s value to HR professionals and other business groups by enabling those hiring to leverage the power of the Internet to complete all steps of the hiring process from their own desktop,” says **Mark Sokol**, product manager for Best Software’s Abra Suite.

For more information, contact: Melanie Carroll, PeopleWise. Telephone: (940) 321-5502. E-mail: melaniecarroll@mindspring.com; Brian Muys, Best Software Inc. Telephone: (703) 709-5200. E-mail: brian_muys@bestsoftware.com. Or, visit the PeopleWise Web site at: www.peoplewise.com. ■



Health & Well-Being[®]

The monthly supplement to Employee Health & Fitness

Simple test spots heart disease in women

Women may now have a powerful new weapon in the war against heart disease. A study by researchers at the University of Pittsburgh has shown that a noninvasive test called electron beam computed tomography (EBCT) can predict heart problems in middle-aged women who lack any clinical signs of disease and who have no standard risk factors.

The study, "Thrombosis and Vascular Biology," published in the September 1999 issue of *Arteriosclerosis*, suggests that more women should receive the test regardless of their perceived risk of heart disease.

"Heart disease is the No. 1 killer of women, but it doesn't happen overnight," says **Lewis Kuller**, MD, DrPH, the principal investigator who is also a university professor and the chairman of the department of epidemiology at the University of Pittsburgh's Graduate School of Public Health. "With this technology, we can now find arterial problems much earlier in women so that they can take the necessary steps to avoid life-threatening complications later on."

The project involved 541 premenopausal women, with an average age of 48, who participated in the Healthy Women Study, begun in 1983-84. After an average of 11 years, 168 of the women later underwent an EBCT. Among the findings of the study:

- High LDLc levels were a powerful predictor of the extent of coronary and aortic calcification.
- High HDLc levels resulted in practical immunity to developing significant coronary or aortic coronary calcification.
- In combination with high LDLc levels, cigarette smoking among women was a powerful predictor of aortic and coronary calcification.
- Women with high LDLc levels and low HDLc levels were at high risk of having high calcium scores (38%) vs. only 4% for those with low LDLc and high HDLc.
- Among smokers with a high LDLc and a low HDLc, 86% had evidence of coronary calcification compared to only 17% of women who were nonsmokers with a low LDLc and a high HDLc. ■

Keep bacteria out of lunchboxes!

Parents who do their food safety homework can protect their children's brown-bag lunches from hungry bacteria.

"Bacteria love school-room temperatures, which allow them to multiply quickly when there's also a source of food and moisture," says **Debbie Demory-Luce**, PhD, a registered dietitian with the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine in Houston.

To keep harmful bacteria at bay, she offers the following suggestions:

Before school begins:

- Add well-insulated lunchboxes or bags, insulated bottles for hot and cold foods, and several days' supply of freezer gel pack to your school shopping list.
- Stock up on shelf-stable foods, such as canned fruit or puddings with pop-top lids, peanut butter, crackers, fresh fruit, bottled water, single-serve packets of mayonnaise, and boxes of 100% fruit juice.

Disposable silverware and individual hand wipes are also a good idea.

- Wash hands, food preparation surfaces, and utensils with hot soapy water before making lunchbox fare. Wash raw fruit and vegetables thoroughly.

- Avoid using mayonnaise or mayonnaise-type dressings as a spread or salad base if the lunch can't be refrigerated. Handle all perishable foods with care.

- Prepare the meals the evening before and store them in the refrigerator or freezer.

- Tightly wrap cold foods in waterproof plastic and pack around a frozen ice pack or juice box.

- Preheat or prechill insulated bottles to maximize the protection they provide.

At school:

- Store lunchboxes and bags out of direct sunlight and away from radiators.

- Discard leftovers. Gel packs and insulated containers won't keep foods safe all day.

After school:

- Wash lunchboxes, gel packs, and insulated bags with hot, soapy water and air-dry. Using a little baking soda helps control food odors. Return gel packs to the freezer. ■

New car models make children safer

Beginning with the model year 2000, new federal requirements have improved and simplified the method of anchoring a child's car seat to the vehicle, according to *Safe Ride News (SRN)*, published in Lake Forest Park, WA.

The most important change, says the publication, is the inclusion of top tether straps for all new car seats for toddlers and preschoolers. A tether anchors the top of the car seat to keep it in place in a crash. All 2000-model passenger vehicles will come with several tether anchor brackets for car seats installed in the back seat. Light trucks, vans, and pickups must have those brackets installed beginning with the model year 2001.

If you have an older car, attaching a tether to your vehicle could prove challenging. *SRN* offers these suggestions:

- Use a tether anchor kit made especially for your vehicle, usually available from the dealership.

- Some tether anchors are very easy to install yourself — others require help from a dealer or mechanic.

- Tether straps are available for many 1997-99 car seats from the manufacturer. Be sure to use one made specifically for your child's seat.

An 80-page publication, *Tethering Child Restraints*, is available from *SRN* for \$21.95 plus shipping and handling. For more detailed information, visit the *SRN* Web site: www.saferidenews.com, or call *SRN* at: (206) 364-5696. ■

Eye disorder may target kids

Convergence insufficiency (CI), an eye-teaming disorder that can cause eye fatigue, headaches, or double vision, may be common among fifth- and sixth-grade children, according to a study by **Michael W. Rouse**, OD, et al, published in a

recent issue of *Optometry and Vision Science*. It is important for parents to be aware of this vision disorder, as CI may make reading and learning more difficult for their children.

"There was a relatively high prevalence of CI in the population we studied," says Rouse, of the Southern California College of Optometry. "This raises the importance of CI as a public health concern." About 13% of the children given vision examinations in the study demonstrated either definite CI or were highly suspect for CI.

A person must cross, or converge, the eyes together to see, especially when viewing close objects. The eyes of a child with CI have a tendency to turn outward and their convergence ability to compensate for this tendency is inadequate, Rouse explains. The child may then experience eye fatigue, headaches, or double vision because they must work harder than the average person to keep their eyes aligned and working.

Parents should be alert to possible symptoms of CI in their children since school vision screenings fail to detect it, Rouse adds. All of the children in the study passed a typical school vision screening.

"Parents should not be lulled into thinking that their child's vision is fine if they pass a vision screening," says Rouse. "Event though a child passes a vision screening, symptoms may be an indication that the child needs a professional eye exam." ■

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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