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INSIDE

■ On-line wellness program is offered at no cost: Assists in identifying high-risk employees 53

■ Massage service garners 95% participation rate: Internet link provides nationwide scope 54

■ It's how you react to stress that counts: Humor can help boost employee health 56

■ News Briefs 59

■ In *Health & Well-Being* Insert:

- Take Vitamin E to fight sunburn?
- ACSM releases comments on creatine
- Diabetics have better outcomes with specialists
- Consider nutrition when choosing day care

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Study reveals health plan concerns about behavioral health programs

Cost impact 'unclear'; lack of significant research cited

While the final verdict is still years away, early returns on the impact of managed care on disease prevention/health promotion efforts have been disappointing. Now a study from the Washington, DC-based Center for the Advancement of Health (CAH) both underscores the lack of participation by most managed care organizations and shines a spotlight on some of the major sources of their reluctance.

The study, "Health Behavior Change in Managed Care: A Status Report," notes that "while most health plans offer some services to help members better manage chronic conditions or modify health risk behaviors, the majority of these efforts consist of handing out brochures or pamphlets."

The report is based on a 1999 survey of HMO medical directors in five states and the District of Columbia, interviews with public and private health care purchasers, and an extensive review of the scientific literature on behavior change interventions in medical settings.

HMO respondents said they were reluctant to incorporate behavior change interventions into their systems of care, in part because the cost impact of doing so is unclear. They also noted a difficulty in distinguishing effective behavior change approaches from unproven ones.

KEY POINTS

- Most managed care 'wellness' programs consist of pamphlets, brochures
- Employers must also share responsibility for lack of progress
- Potential for enhancement of both delivery systems remains great

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CAH executive director **Jessie Gruman**, PhD, says the survey clearly underscores some of the main reasons that managed care has not lived up to its billing in the area of health promotion. “But I think we should frame those findings relative to a very important point,” she notes. “Under the old fee-for-service model, none of these services was available. The fact that it is not yet state-of-the-art is absolutely understandable.”

‘Not a simple sell’

In the HMOs’ defense, says Gruman, the current job market makes things even more difficult. “At a time when employee turnover is around 18%, the average amount of time an employee spends in any managed care group is about 18 months — not a long period of time [to demonstrate results],” she points out. “So it’s not a simple sell from the cost perspective — even if we had excellent, excellent programs.”

As for scientific evidence, “Actually, a number of really credible studies on the economic impact of health promotion show in fact that short-term health care costs go up. We just can’t say absolutely that it saves money, and if so, over what period of time?”

Gruman’s group is especially interested in what the research says. “What CAH is really concerned about is the translation of research on health behavior change into real-world policy and practical solutions, and the translation of the needs of policy-makers back into researchable questions, so we can improve the ways in which we do we research,” she explains. “Otherwise, it’s an endless cycle.”

That, of course, is why CAH undertook the study as part of its mission. “One of the wonderful things about managed care is that for the first time there are structures into which we can build protocols, guidelines, and procedures that will allow for systematic delivery of interventions to prevent disease and manage chronic conditions,” says Gruman. “It presents a wonderful opportunity.

And since prevention is part of the managed care rhetoric, we thought we’d see what was actually going on.”

The answer, apparently, is “not as much as we had hoped.” **Nico Pronk**, PhD, senior director, Center for Health Promotion, at HealthPartners in Minneapolis, takes a different tack. “One of the more interesting findings is that in general, HMOs or managed care very much recognize the role of behavior in health enhancement activities. But at the same time, when you look under the hood, how often does it happen that a purchaser is willing to pay for it? The medical directors know about the science and they’re not opposed to it — it’s not like they want to withhold it — but if you want to provide it, you need a customer.”

Lacking cost data

The cost side, Pronk concedes, is another matter. While the medical directors recognize the impact of behavior on health, on the cost side there is hardly any data. “There are some concerns about gaps in the literature,” he asserts.

Pronk, who is a member of the CAH Health Behavior Change in Managed Care Advisory Committee, would like to see “well-controlled, cost-effect studies. You can’t do a randomized, controlled study in the work site because you would need equity for all employees. But you need reproducible methods for strong analysis; you have to get around basic assumptions.

“Having said that, when you look across the literature, particularly in work site health promotion, and you start accumulating all the available reports, you do find that the research has become more and more sophisticated, and the results are all in the same direction,” he continues. “So there is a body of literature that is strongly suggestive that this is a good investment.”

D’Ann Whitehead, PsyD, manager, health and productivity at the Chevron Corp. in San Ramon, CA, has a different take.

“Part of the frustration purchasers feel is that

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when you really try to work with managed care plans and you ask them why they don't have more in-depth plans, they talk about turnover and lag time between programming and results," notes Whitehead, who also sits on the CAH advisory committee. "But I think that's a bogus argument. If they would all pool together, like the Pacific Business Group on Health, they'd overcome some of those problems."

She concedes that the research being done in the work site "doesn't necessarily translate into the clinical setting." She adds, however, that there are a lot of unpublished studies that show the cost-effectiveness of health promotion. "We won the Koop Award two years ago, and that award was based on showing a positive return on investment," she notes.

Potential is great

What keeps the interest high in this area, despite the obvious obstacles, is that the potential for progress is so great — and that wellness professionals and managed care professionals both have different — and complementary — skills and services to bring to the table.

"The real value of health behavior change is identifying everyone in a population who is at risk and making sure that they have access to tailored information that meets their current needs and preferences," notes Gruman. "One of the things managed care offers is the ability to identify a population and track it over time. Also, managed organizations all have guidelines, and guidelines for delivery of care can be included in behavioral interventions."

Pronk agrees. "The unique contribution a health plan can make is the idea that there is a link back into the clinical care setting; you can't do certain things in the work site setting," he notes. "Also, in the work site setting you have a limited opportunity to work with people because of the need for anonymity. With a health plan you can literally integrate the disease management approach into your overall health management study. You can carve out, say, all your diabetes patients, some of whom you otherwise may not have been able to find because of confidentiality concerns."

Under the managed care model, Pronk explains, the health plan can find out who has diabetes, link the employee's treatment back to the clinic, check with physicians, and make sure regular blood sugar and other checks and performed. "It's a proactive approach to best care."

HealthPartners has put this approach into action, and it was won them a Koop Award, notes Pronk. "We work with a variety of companies and basically look across the entire spectrum of health and see how the employees align, and what's available for them [in terms of intervention]," he explains. "When something comes up that would be outside the normal set of benefits, we want to do them as strategically as possible so we both reap the benefits. We conduct a thorough assessment, see where the risks and the costs are, pick a couple of programs and do them well. We cost-share 50/50 with the employer."

Over the years, says Pronk, his organization has grown to rely on in-house wellness specialists, "because we need someone to work with. We tell employers, if you want us to implement a program, you have to provide us the on-site people. We have a team of people who focus on work site health promotion, but I will not hold my staff responsible for programming at a work site where we have no support."

Collaboration is the key

Whitehead insists that collaboration among plans and employers is the key to success. "For example, I'd try to get them to collaborate in jointly funding some smoking cessation programs," she suggests.

"I almost think that when you deal with behavior-based programs as a health plan, it's hard to put your arms around it, which makes it difficult to implement," she continues. "For example, physicians are not really well-trained to deal with them. These behavior-based interventions go on for a long time and have strong psychological issues — which are more difficult to address."

"Also, from the health plan side, you have a lot of competing priorities. Health promotion can fall to the bottom of the list, even if the plan has a great health promotion staff — and many of them do."

Gruman says that self-care represents another opportunity for cooperation between health plans and wellness professionals.

"We asked in the survey about community linkages for delivery of self-management and preventive services, and found that the health plans were not closely linked to their communities," she says. "To the extent that companies offer internal self-management programs, if the health plan can refer people back to the employer for those services that would be a really valuable asset."

Despite the disappointment to date, Gruman

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believes the future will show significant progress. “The people who make these decisions are thoughtful, careful, and recognize the critical importance of health behavior,” she notes.

She also says that employers must bear some of the responsibility for the lack of progress to date. “We found that even large employers took seriously the HMO claim that they were going to deliver health maintenance programming — and that included a soup-to-nuts buffet — all things that dealt with maintaining health and delivering health care. But they decided not pay for health promotion twice, and since employees were then paying for health promotion through the health care plan, they stopped offering internal wellness programs.”

A potential win-win

Nevertheless, says Gruman, “I see a cooperative situation developing. To the extent that wellness programs inside of companies can let health plans know there are already certain services available, it’s a potential win-win situation.

The object of the game for internal wellness programs, notes Gruman, is to make sure employees get the richest range of health behavior change services possible.

She is confident that we can look for an increasing uptake of those services on the part of health plans “because it’s undeniable that behavioral medicine is a critical issue that needs to be addressed. There’s now a lot of curiosity in Washington, in places like the National Institutes of Health.”

Whitehead sees potential for progress, if health plans pursue a strategy of collaboration. “I admit

it’s difficult,” she says. “Out here we have more network models — if you have a staff model like Kaiser, it’s easier to do. If a physician has 15 different HMOs he sees patients from, it’s not really realistic for them to conform with each plan, but what I’m hopeful for is that technology will be able to make a huge difference.”

Future looks bright

Technology, Whitehead says, will give health plans a greater opportunity to align with each other. “If you could pull up a patient’s information electronically and see what plans he’s on and what programs are being offered, it would help tremendously.”

So Whitehead is not entirely negative as she looks toward the future. “We did a study with our health plans three or four years ago,” she recalls. “We found for the most part their programs were pretty poor and mostly window dressing, but where we did find they did a pretty good job was in the area of disease management — which you’d expect. I’m not seeing this pattern go away, but I do see very slow but continued improved performance; the promise is there. Also, I believe technology will help in the future, and thirdly, if there’s a way that we could get consumers to be behind these kinds of things and request them more often, there’s more potential for change.”

Whitehead outlines what she considers her “takeaway” from the study: “How do I create a need in employees’ minds for these services? It’s hard; I don’t want to talk it up if the service does not exist, so the thing to do is where they do exist to push employees on our end to take advantage of that availability, and to keep communications going. Consumers can drive huge change.”

“There is an openness and an attempt to make progress,” notes Gruman, “And wellness professionals should feel encouraged. Most managed care professionals are really interested in this, and it’s just a matter of moment.”

The ultimate goal, says Gruman, should be to do things right as opposed to just doing the right thing. “Efficacy means doing things right; effectiveness is doing the right thing,” she explains. “We’re concerned not only in having health interventions done right but in addition, going past that by matching the intervention to the target population, and having those interventions delivered by people who are competent and trained in things we know will work.” ■

On-line wellness program offered free of charge

Assists in identifying high-risk employees

RealAge, a San Diego-based firm that pioneered a unique method for measuring health status, has expanded its reach with an on-line work site wellness program through its Web site at RealAge.com. The program, which is being offered free of charge, provides interactive health information and motivational tools, daily health tips, and links to a variety of health-related products.

But perhaps most important of all, RealAge's health assessment tool, which computes an individual's "real" age in terms of health status and risk factors, as opposed to their chronological age, can be used to provide a corporation with aggregate data that will help identify specific areas of concern within the employee population.

The on-line program was launched in April 1999. "We are well aware of the fact that more and more corporations are recognizing the benefits of work site health programs," notes **Steve Sarner**, vice president of marketing. "We can either supplement or be a major part of an ongoing work site health program. Our program has excellent content, and can free up staff time. The benefit to us, and the reason we are offering it on a no-charge basis, is that we can build our brand and hopefully recruit employees as RealAge members."

Putting it to work

RealAge.com is different from other Internet-based wellness programs, explains **Steve Davis**, work site health manager for RealAge. "Our program is unique, proprietary, and patented," he notes. "We believe it is a much more robust, accurate, and meaningful measure of a person's health. We bring a currency value to your health, show you how to benchmark it, and give you recommendations and options. We bring a qualitative value to your health status, and then give you choices."

The RealAge site is most often contacted through a company's intranet. "The wellness professional contacts us, I send them a URL, and their systems people then cut and paste it onto their intranet," Davis explains. "Then the employee clicks on the RealAge logo and goes to the jump page."

KEY POINTS

- Wellness service measures health age as opposed to chronological age
- Assessment tool includes recommendations for behavioral change
- Intranet link-up makes it possible to reach large number of workers

Employees can fill out the RealAge assessment in about 30 minutes, and then receive a report on their "real" age and suggestions on how to lower that age.

"After a certain number of employees have gone to the jump page we can highlight information and report aggregate health data in a comprehensive report to the health manager," says Davis. **(A sample report is shown on p. 54.)**

"If I'm a work site health promotion manager and the report says 25% of my work force is identified as having a specific health risk, I can take my resources and put them toward, say, weight reduction or smoking cessation," he continues. "Virtually, every other wellness vendor charges for that."

"Wellness managers might wish to expand their services based on those results to offer high-risk condition assessments," Sarner suggests. "We also provide a link into our own clinical reference library."

Employees can also become RealAge "members" at no cost. "They have the opportunity to come to the site and take any number of our assessments," says Sarner. "In addition, we are continually scanning databases, looking for products and services that might benefit members. We are able to negotiate with vendors and get special offers and deals and present them to our members."

This service is also a source of income to RealAge. "We act as the agent for major companies, and then pass along the deals to the members," Davis explains. "It's an excellent 'win-win' situation."

Reaching beyond the 'choir'

Having access to an on-line program can help a wellness professional expand his reach to employees. That was the rationale that convinced **John DeGregory**, director of corporate fitness at Lockheed Martin Space Systems in

Sunnyvale, CA, to try RealAge.com.

“With the programs I currently manage and run we’re preaching to the choir for the most part, but a much larger segment of the employee population needs help with balancing work/life issues and they’re not getting it,” he explains. “This program is easily accessible from a computer terminal, it’s reputable, it’s well-designed, and the employees don’t need to come to the fitness center to see me.”

Lockheed Martin is currently in the implementation stage with the program. “We’re now looking specifically at their ‘Tip of the Day,’” he reports. It is being offered as a pilot program for any employee who participates in any of the wellness

www.RealAge.com
RealAge Usage Report
for Sample Corporation Employees

The following report represents detailed data about demographic risk factors for sample corporation employees. A risk factor is a characteristic with consequences for illness or death. For example, cigarette smoking and blood pressure are risk factors.

The report is based on data collection from confidential individual RealAge health assessment program questionnaires covering a broad range of personal characteristics that influence health and health risks.

RealAge usage reports are available to companies that link their corporate Web site or wellness page to RealAge.com and reach a usage of 250 employees per month. A company can access their own reports on demand via the Internet at no charge.

Chronological Age and Gender

	Men	Women	Total Group
Less than 20 years old	3	5	8
20 to 29	170	471	641
30 to 39	514	648	1,162
40 to 49	566	339	905
50 to 59	297	186	483
60 to 69	30	27	57
Over 70	0	0	0
Total Count	1,580	1,676	3,256
Average Chronological Age	41	36	39
Average “RealAge”	40	34	37

Source: RealAge, San Diego.

SOURCES

- **Steve Davis**, Work Site Health Manager, RealAge, 11300 Sorrento Valley Road, Suite 220, San Diego, CA 92121. Telephone: (888) 732-5243, Ext. 206. E-mail: sdavis@realage.com.
- **John DeGregory**, Director of Corporate Fitness, Lockheed Martin Space Systems, P.O. Box 3504, O\27-E4, B\163, Sunnyvale, CA 94088. Telephone: (408) 756-1612. E-mail: john.degregory@lmco.com.

modules currently offered at the company.

It’s still too early to evaluate the program, says DeGregory, but he says that employees seem to appreciate the new service. “Here in Silicon Valley, employees really appreciate technical stuff,” he says. “The site is well-designed, and I like its technical breadth and scope. And there’s not too much reading; everything is very well-summarized.”

In addition, he says, “This is a potential new frontline employee benefit for us; it’s something we don’t do right now, and we can tie it in with our current services.” ■

Massage service sees 95% participation rate

Internet link provides nationwide scope

When Atlanta-based Stress Recess took its chair massage program nationwide in early 2000, the company anticipated that about 50% of employees would show up for massages. “We quickly had to change that, because it turns out that it averages around 95%-99%,” says **Devorah Slavin**, MA, the company’s president.

The company, formerly known as The Stress Solution, is based around the Internet. “We’re one of the few service companies that has figured out how to market our services nationally over the Internet,” says Slavin, “So we decided to have a ‘virtual’ office.”

Easily expandable

This setup enables the company to offer its services within 40 miles of any major city in the United States. “We have a strong presence in Atlanta, which is where we started,” notes founder, president, and CEO **Peter Belvin**,

KEY POINTS

- Service used to target repetitive motion injuries like carpal tunnel syndrome
- Massage offers long-term stress reduction benefits
- After completion of massage, employees emerge refreshed

NCMT. “We’re also active in San Francisco, Los Angeles, and San Jose, CA; St. Petersburg and Orlando, FL; New York City; and Richmond, VA — and we’re putting a lot of effort into Dallas, Austin [TX], Denver, and Seattle.”

Here’s the rub

Workplace massage started in California four or five years ago, says Belvin, who has been a massage therapist for 12 years. “I came here seven years ago and built up a practice. I started by working on my full-body clients, mainly corporate executives. They talked about how stressed their employees were, so I started to work on them, as well to help reduce stress in the workplace.” Belvin started with four employees, and now has 73 therapists.

“Our therapists focus mainly on the arms, wrists, and upper back, to address repetitive stress injury such as carpal tunnel syndrome,” notes Belvin. “In the closing of the routine they do percussion or pododements.”

“This is a method Peter developed many years ago. In fact, it’s now called the ‘Belvin Method,’” says Slavin. “It ensures that the person leaves the chair ready to work. Depending on where you put pressure and the order in which you perform the various parts of massage, you can leave an employee ready for a nap or ready to work. Employees who have received a massage tell us they feel like they’ve just slept.”

The benefits of massage

Slavin cites a number of employee health benefits from massage:

- Regular massage (at least every other week) can have a long-term stress reduction effect, and can therefore be a helpful adjunct in the treatment of heart disease, high blood pressure, hormone imbalance, migraines, or arthritis.
- Massage is a mood enhancer; even a single

massage can relieve anxiety or depression for a few hours — or even days. “Many of our clients bring us in, in fact, during layoffs and restructuring to keep spirits up,” notes Slavin.

- For reasons that are not completely understood, therapeutic touch has a measurable impact on the immune system. “Our clients often report significant drops in absenteeism, part of which is certainly related to these effects,” Slavin says.

- Massage is one of the few nonsurgical interventions for repetitive stress injury. It is also extremely effective for certain classes of chronic headaches. “We have received exciting feedback from clients who tell us that they are headache-free for the first time in years,” says Slavin. “That’s because many headaches are caused by stress-related contraction of ligaments and muscles at the base of the skull and neck. Our therapists know how to release these areas.”

“Another important point about massage is that it is one of the few ‘passive’ ways to treat stress,” adds Slavin. “Employees don’t have to change their eating habits, they don’t have to exercise or do stretches to benefit, they don’t have to go see a doctor, and it feels great!”

High-tech and high-touch

By operating via the Internet, Stress Recess has added new dimensions to its service. For example, if they receive a request for service in a new area, they can locate and hire a new therapist, and “roll out” in a new market for about \$150. “Most the expense is involved in finding a good therapist — team leaders to whom we have taught our method,” says Slavin. “The other half of what we do involves making sure all of the therapists who work for us have training in corporate etiquette, such as how to deal with diversity, how to make women feel comfortable, how to blend in with a company. For example, we screen for things like heavy perfume, or nose rings.”

By logging on to the company’s Web site — www.stressrecess.com — a client or a potential client can request information or prices on-line. They can either schedule a massage or reserve one on-line. “This is advantageous for companies looking for a one-time event, as well as our long-term clients,” says Belvin. “The therapists are all in contact with their team leaders via cell phone and beeper, and once they are contacted they can log on to their computer and access their schedule.”

In part because of Stress Recess’s high-tech approach, notes Belvin, a number of high-tech

Sources of information about massage

- *Newsweek*, April 6, 1998. "The Magic of Touch." Includes studies and numbers based on the benefits of massage.
- *American Psychologist*, December 1998, p. 1,275. "Massage Therapy Effects: Enhancing Alertness. A study conducted comparing massage therapy with basic relaxation."
- American Massage Therapy Association. "Trends in Massage Therapy and Complementary Health Care." The Calvert Group in Maryland reduced its turnover rate to 5%.
- *Alternative Therapies*, July 1997. "Job Stress Reduction Therapies." The immediate effects of massage therapy were assessed in 100 hospital employees at a major hospital.

companies are clients — including US Web/CKS, iXL, IBM Interactive Media, and Cox Enterprises.

A number of larger firms have contracted with Stress Recess to be integrated into their wellness efforts as "a long-term stress management company," says Slavin. "They have us come in a couple of times each week or each month. We usually rotate through departments or in their in-house massage clinic."

Tracking progress

In some companies, she notes, the massage services are directed towards specific high-stress employees, some of whom may receive extra sessions. Pricing varies. "On long-term contracts, the clients get a standard discount," says Slavin.

Technology that is just being developed will make Stress Recess an even more valuable adjunct to health promotion programming in the future. A bar code system developed for one client allows a company to track employee progress in chronic pain conditions affecting specific areas of the body.

"It's based on a device called the 'Info Pen,'" Slavin explains. "It's basically a bar code scanner built into a Cross pen. It holds about 100 scans, which is perfect for us. One is a chart of the body. We talk with the client about chronic pain, and then can scan the affected body part by running the scanner across a specific bar code. The client gets aggregate information on specific complaints and

SOURCES

- Peter Belvin and Devorah Slavin, Stress Recess
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E-mail: pbelvin@stressrecess.com. Web site: www.stressrecess.com.

can then target them, whether they be repetitive stress injuries or headaches. It also helps screen for people with very severe anxiety and depression."

Another interesting benefit of massage is that it just puts people in a better mood. Slavin and Belvin have come to call this the "massage effect." "If you can massage everybody on a work team on the same day, the whole work group is a lot happier and nicer to each other," Slavin says.

Improving the work environment

Another trend Slavin noticed lately is that more clients are using massage during meetings. "It is such a great image to see a bunch of 'suits' arguing around a boardroom table, then getting up mid-meeting to take turns going over to have a massage in the corner, and coming back to the table calmer — and sometimes taking one or two more turns as the conversation gets heated again," she says.

And as if 95% participation weren't enough, she says that at some companies the figure actually exceeds 100%. "Occasionally, employees from other companies see the therapists in the elevator and try to sneak in for a massage," she says. "We tell our clients that if you notice that the UPS deliver person suddenly starts making more pickups than usual, you just might find them in a massage chair!" ■

It's how you react to stress that counts

Humor can help boost employee health

In the modern workplace, it's virtually impossible to avoid stress. But you can control how you react to stressful situations.

That's the Rx for better health offered by **Sandy Baker**, president of Leave Em Laughing in Lyndhurst, OH. "Like it or not, stress is an inevitable part of life," she says. "Stress takes a

SOURCE

- **Sandy Baker**, Leave Em Laughing, 5124 Mayfield Road, #203, Lyndhurst, OH 44124. Telephone (216) 382-8948. Web site: www.leavemlaughing.com.

daily toll on all of us. How you deal with it, though, quickly determines your overall health.”

The best way to deal with stress? Baker prescribes humor.

Crying or yelling when things go wrong foster a negative attitude and add undue stress to your body, says Baker. But laughing during a stressful time — while not a natural response — will diminish the emotional stress of any situation.

You don't have to actually feel happy to laugh, Baker insists. For many of us, the thought of losing a whole day's worth of work when the power goes out cannot possibly bring a smile to our faces. In that case, the best thing to do is to take a step back, take a deep breath and force yourself to laugh.

“You can put yourself in a good mood by laughing even if you have to fake it,” Baker explains. “Or, you can go out and buy a laugh track — and after you hear that for a few minutes it will put you in a good mood.”

When you let stress get the better of you, “You get into a bad mood; you get headaches, backaches, and stomach aches,” says Baker. “If something stressful happens at work — even if you can't get away — you can change your attitude, walk out of the room for a few minutes, look at something humorous, or go talk to another employee. It just seems to make you feel so much better.”

Incorporate humor daily

It's easier to inject humor into stressful situations if you incorporate humor into your daily life, says Baker. She refers to this strategy as “harvesting humor.” Here are several ways in which you can regularly “harvest” humor:

1. Keep a “funny jar.” Take an old jar and label it “funny jar.” Decorate the label in a humorous fashion. Then, whenever you hear a funny joke or story, or something funny happens to you, write it on a piece of paper and put it in your funny jar. Then, whenever the need arises, read one of your humorous anecdotes and laugh. You'll be amazed at how quickly a joke can make you feel better. Tell your co-workers about this stress remedy, and encourage them to use your funny jar.

2. Surround yourself with humor. Decorate your work spaces with anything that puts a smile on your face. Hang up a funny picture by your desk, or tack up the Sunday comics on the wall. Make your surroundings a breeding ground for humor, and soon it will become contagious. “I have a framed Three Stooges poster on my wall,” says Baker. “One of them is pulling his tooth out with a pliers. I also have animals saying they're having a bad day. Just keep things around you can look at that bring a smile to your face.” In some cases, she says, we may need to re-learn humor. “The average preschool kid laughs 300 times a day compared to the average adult, who only laughs 12 times a day,” she notes. “Go to a toy store and buy yourself silly things like yo-yos.”

Share that e-mail joke

3. Share humor with others. If you receive a good joke via e-mail, don't delete it — pass it on! If you hear a funny story from a family member, pass it on to your co-workers. If you share your humor with others, they will be more likely to reciprocate, and fuel a humorous atmosphere in the workplace. “Everything feels better when you laugh,” Baker says, “And you can laugh about anything that happens.”

4. Surf the Web for a good laugh. If you're looking for a good laugh, log on to the Internet and type the word “humor” into a search browser. From there you will find a good joke or humorous story to fit any situation.

5. Take some lessons from the pros. Use your favorite comedians for inspiration. When work is stressing you out, ask yourself, “How would my favorite comedian react to this dilemma?” This will help you find the humor in everyday life. “I had breast cancer,” Baker relates. “I watched my ‘I Love Lucy’ tapes constantly. I love her — she's always so funny. I could have sat there and been uncomfortable and complained, but she helped me to be positive. I think she would have made a big joke out of it, because that's the kind of person she was, so I did.”

Finally, says Baker, be an “ambassador of humor” at your workplace. “If someone is complaining about work, tell them a joke; it makes them feel better and you'll feel better, too,” she says. “To keep yourself on an even keel, take a roll of toilet paper to work. If anyone at work really bothers you — and we all have someone like that — write about them on the toilet paper. At the end of the week, just tear it off and flush it.” ■

Work site fitness model targets health departments

A dozen have already signed on

Bruce Leonard, MPH, CHES, a Lawrenceville, GA-based physical activity interventionist, has employed a unique strategy to help build support for an ambitious program aimed at creating a nationwide model for work site physical fitness.

Leonard's organization, AIM 2010, has enlisted the aid of 12 state health departments.

"I chose them because I knew they would spread the program beyond their own employees," notes Leonard, whose ultimate goal is to get employees at thousands of companies across the country to participate in his incentive-based work site fitness program (see the cover story in the August 1999 issue of *Employee Health & Fitness*).

New York leads the way

The state of New York, one of the earliest of those organizations to sign on, obtained a grant to promote employee cardiac health and make the program available statewide. The state of Maine now has over 50 sites involved in the program.

In addition, the states of Maryland, Ohio, Arkansas, Illinois, and Texas are participating, "both internally and externally," Leonard notes.

Closer to home in the Atlanta area, Leonard has involved the state government of Georgia and Cobb, DeKalb, Fulton, and Gwinnett counties. "All of the county governments have provided the program for their employees, and will now make it available to other work sites," says Leonard.

But he's perhaps most excited about the involvement of the governor's office; in fact, the program in Georgia has been named "The Governor's TakeCharge Challenge." "Because the governor's office is involved, other doors will open wide," Leonard predicts.

No standard model

Leonard's campaign grew out of his concern that "no standard model exists for how a work site physical fitness program should look," he

SOURCE

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explains. "In order to determine 'best practices' in health promotion, you need to have such a standard and you need to be able to assess behaviors. And physical activity is the gateway to any wellness program."

Leonard's 10-week program is amazingly simple — which makes it easy to replicate. It involves the creation of employee teams; the setting of a 10-week physical activity point goal, with one point representing 10 minutes of physical activity; and incentives for participants and team leaders.

At the onset of the program, the baseline level of activity is assessed, as well as where each participant falls within the Stages of Change model. "The results must be measurable, in order to see which rewards work," Leonard explains.

Those rewards are determined by management, which basically says, "I give you [the employee] permission to set physical activity goals, and to receive a reward."

"All it takes is for management to say, 'We care for you,'" says Leonard.

The team structure is intended to boost participation, while the incentive for team captains is aimed at helping employees achieve their goals.

Tracking the results

At the end of the 10-week period, both physical activity and Stages of Change are reassessed. The goal is to track results for a period of five to 10 years. "You take the baseline data, track it over time, and then compare work site to work site," says Leonard. "This way you can demonstrate cost benefit."

Over time, he adds, more behaviors can be added to the program.

"But each new behavior must involve a Stages of Change measure, goals that have been individually set by participants, and a reward system," he asserts.

When you reach a "critical mass" of participants and see the kinds of changes that are sustainable, "You know that you are committed to being a healthy company," he concludes. ■

NEWS BRIEFS

Wellness programs more prevalent

In most cases, health promotion programs are more prevalent in 1999 than they were in 1992, according to the 1999 National Worksite Health Promotion Survey, conducted by William M. Mercer Inc.; the Association for Worksite Health Promotion; and the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

The survey found that 90% of all work sites offer at least one health promotion activity, an increase of 9% from 1992. The availability of health promotion to employees increases substantially if access through health plans is included. Across all types of programs, the inclusion of programs available through health plans increased access by 10% to 40%.

To obtain a copy of the report, contact the Association for Worksite Health Promotion. Telephone: (847) 480-9574. The per-copy cost is \$199, and \$49 for members. ▼

AOHN helps track health costs

The Atlanta-based American Association of Occupational Health Nurses Inc. (AAOHN) has launched a new Web site called the Bottom Line Business Health Check-Up at www.bizhealthcheck.com. It features an on-line assessment tool that lets companies quickly and easily assess their health care costs while offering solutions for reducing health care expenses.

This tool assesses workers' compensation claims, employee health care costs, and lost workday cases by comparing them to national averages. It then determines whether the company's health care costs are below, near, or above the national average for the selected health care expenditure. Next, it provides the user with a recommendation for reducing their company's

health care spending while improving employee health and morale.

"With health care costs increasing nearly 2.5 times faster than any other benefit cost, companies are continuously looking for innovative ways to reduce bottom line spending," says AAOHN president **Deborah Vi DiBenedetto**, MBA, RN, COHN-S, ABDA. "Since occupational health nurses can play a key role in a company's financial and employee health, we felt it was important for us to bring this free on-line tool as a service to businesses."

For more information, contact: American Association of Occupational Health Nurses, Inc., Suite 100, Brandywine Road, Atlanta, GA 30341. Telephone: (770) 455-7757. Fax: (770) 455-7271. Web site: www.aohn.org. ▼

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

ACSM certification schedule set

The Indianapolis-based American College of Sports Medicine has released its 2000 schedule of workshops and certification examinations nationwide. The announcement coincides with ACSM's 25th anniversary of providing education and certification programs for sports medicine and health and fitness professionals.

The certifications and workshops include the following:

- Clinical Certification Credentials
 - ACSM Exercise Specialist
 - ACSM Program Director
- Health & Fitness Certification Credentials
 - ACSM Exercise Leader
 - ACSM Health/Fitness Instructor
 - ACSM Health/Fitness Director
- Certificates of Enhanced Qualification (CEQ)
 - Advanced Personal Trainer
 - Exercise and the Older Adult
 - Nutrition and Exercise
 - Resistance Exercise Training

For more information about locations and dates, contact: Cathy Stewart, Director of Certification, ACSM, 401 W. Michigan St., Indianapolis, IN 46202-3233. Telephone: (317) 637-9200. ▼

Aetna rolls out Web-based EZLink

Aetna U.S. Healthcare, based in Blue Bell, PA, is rolling out its new state-of-the-art benefits administration system nationally after successful pilots in several regional markets. EZLink, according to Aetna, is the first fully integrated, Web-based benefits and human resource administration solution for managing benefits eligibility, enrollment, billing, reporting, and employee communications.

"EZLink marks an important milestone on the path toward paperless benefits transactions for the businesses we serve," says **Michael J. Cardillo**, president of Aetna U.S. Healthcare. He adds that Aetna's vision of the future "includes an information 'cybersystem' that will allow employers, employees, doctors, hospitals, and pharmacies to share personalized information at the click of a mouse."

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Guidelines developed for on-site drug testing

New guidelines under development for on-site drug and alcohol testing may help the tests gain acceptance from government regulatory bodies, says the director of the national organization spearheading the guideline project.

David Evans, executive director of the National On-site Testing Association in Flemington, NJ, says the association has been working with others to create standardized training and certification for on-site testing. The test usually is performed with a test card or stick that dipped in a urine sample, or the sample cup itself contains the testing medium.

The guidelines may make on-site drug and alcohol testing more acceptable to the federal Department of Health and Human Services (HHS), which would in turn make on-site testing an acceptable option for some federally regulated workplace testing. Evans says he hopes to get an unofficial blessing from the HHS that will give the guidelines some weight in the industry.

A draft of the guidelines is expected to be released soon. For more information, contact: National On-site Testing Association, 203 Main St., Suite 103, Flemington, NJ 08822. Telephone: (908) 806-0008. ■



Health & Well-Being[®]

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Take vitamin E to fight sunburn?

It's popular in Europe as a sun-protection program, and now two new studies suggest that taking carotenoid and vitamin E supplements may be an effective adjunct to sunscreens in reducing sunburn.

In the March issue of the *American Journal of Clinical Nutrition (AJCN)*, researchers showed that natural mixed carotenoids and vitamin E reduced the skin-reddening effects of sunburn. In its "Highlights of Recent Research" on the *AJCN* Web site, the organization states: "Beta-carotene has been widely used as an oral sun protectant with few studies into its effectiveness; however, Stahl et al provide clinical evidence that beta-carotene modifies sunburn damage, and vitamin E may add to that effect. Sunburn intensity was significantly reduced in subjects who took vitamin E supplements over a 12-week period while being exposed to UV radiation."

Also recently published is a dose-response study in the "Proceedings of the Society for Experimental Biology and Medicine." This study used natural mixed carotenoid supplements, which most closely

resemble those found in fruits, vegetables and plants.

"It appears from the research that what carotenoids do for plants, they can do for the skin," says **Ronald Watson**, PhD, professor of public health research at the University of Arizona Health Sciences Center in Tucson. "While this may suggest a new idea in sun care for many sun worshippers out there, it's important to note that these supplements must be taken along with use of sunscreens." ■

ACSM releases comments on creatine

Renewed interest in the effects of creatine use by a large number of Americans has led to several studies, many of them producing conflicting findings. More definitive information was published in the March issue of *Medicine & Science in Sports & Exercise*, a publication of the American College of Sports Medicine (ACSM) in Indianapolis.

The article reports on an ACSM roundtable, "The Physiological and Health Effects

of Oral Creatine Supplementation," which included comments and references to hundreds of scientific studies from 12 world-renowned specialists from several countries.

Findings of the panel revealed that although creatine ingestion can enhance muscle phosphocreatine concentration, it is unlikely that supplementation improves performance during aerobic exercise in normal subjects. An important part of the statement noted that changes in muscle do not mimic adaptive changes, and cannot replace the necessity and value of training. "There is no evidence that creatine supplementation increases aerobic power of muscle," notes **Ronald Terjung**, PhD, FACSM, roundtable chair and Professor of Biomedical Science in the College of Veterinary Science at the University of Missouri.

Creatine supplementation is perceived as relatively safe, but there has been little real critical evaluation of its health implications. The panel concurred that there is no definitive evidence that creatine supplementation causes gastrointestinal, renal, and/or muscle cramping complications. Creatine

supplementation is not advised for use immediately prior to exercise, nor is it advised for the pediatric population or for pregnant/lactating women. ■

Diabetics have better outcomes with specialists

If you have Type 1 diabetes, you will have a better health outcome if you see a specialist than if you see a generalist. These findings were reported by researchers at the University of Pittsburgh Graduate School of Public Health (GSPH) and School of Medicine in the April issue of *Diabetes Care*, a journal of the American Diabetes Association.

“Our research shows that specialist care among individuals with Type 1 diabetes is associated with lower blood sugar levels and with greater participation in self-care practices, such as glucose testing and multiple insulin injections,” says **Trevor J. Orchard**, MD, professor of epidemiology at GSPH and senior author of the article. One reason for the difference, according to investigators, may be that the care delivered by diabetic specialists is more in line with practice guidelines established by the American Diabetes Association.

“This is the first community care-based study to show that specialist care results in better outcomes for individuals with Type 1 diabetes,” notes researcher **Janice Zgibor**, PhD, at the University of Pittsburgh division of endocrinology and metabolism.

Researchers examined health care, sociodemographic characteristics and glycemic control information from 429 patients with Type 1 diabetes. Those

reporting specialist care had significantly lower blood glucose levels over those reporting generalist care: 9.7% vs. 10.3%. Also, they were more likely to know about various diagnostic tests related to diabetes and to participate in health care practices. ■

Consider nutrition when choosing day care

Selecting the perfect preschool care is more than just evaluating story time and playtime activities; although often overlooked, mealtime is equally important.

“Child-care centers have a real impact on the nutritional quality of children’s diets and can significantly influence developing eating habits,” says **Theresa Nicklas**, MD, a research nutritionist with the USDA/ARS Children’s Nutrition Research Center in Houston.

When choosing a day-care facility, says Nicklas, parents should take into consideration the center’s overall nutrition program, including the content of meals and snacks, its nutrition education program and the mealtime environment. Here are some things to look for:

- **Meals and snacks.** Day-care center menus often lack variety — and they tend to be low in calories, iron, and zinc. To avoid those shortfalls, check that a minimum of fat and sodium is used in food preparation, that menus feature a variety of foods from every group of the Food Guide Pyramid and that selections change frequently.

Menus are also more likely to be nutritionally complete if the center contracts with a registered dietitian to assist with menu planning. Ask other parents who use

the center if their children get enough to eat. Children who often seem ravenous at pick-up time have probably not had enough. Day-care centers should offer children food a minimum of every three hours. Children who are in day care for eight hours or more should receive at least one meal and two snacks.

- **Nutrition education.** In addition to complying with regulations regarding food safety and sanitation, child-care centers should train staff members in the basics of children’s nutrition and methods that promote healthy eating habits. Centers that use resources from state, local, and national programs like the American Cancer Society and the USDA’s Nutrition Education and Training Program usually have effective nutrition education plans. Parents should also look for providers who emphasize good hand-washing habits and for centers with fun, food-related activities, such as child-tended vegetable gardens.

- **Mealtime environment.** Child-care providers who are good role models make mealtime and snacktime positive, cheerful, unhurried events. Providers should sit with children during meal periods, eat the same foods the children do, offer choices and give children an opportunity to serve themselves. They should also engage the children in upbeat food-related conversations, make positive comments about nutrition and encourage, but not require, children to taste all foods. ■

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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