

Workers' Compensation Enhancements

Wellness Program

School districts should seriously consider implementing wellness programs. Personal health problems can be compensable injuries if the employee's work aggravated the personal health problem or contributed to an accident or injury. One of your designated health care providers or a school nurse could help you establish these programs. Overweight employees should be encouraged to diet and exercise. Smokers should be encouraged to quit smoking. The hazards of using alcohol and other drugs should be addressed. Also, stress management and other issues should be reviewed.

Year after year, national health care costs continue their alarming rise.

In 1991, for example, the United States spent more than \$750 billion for health care. That's more than 10% of our Gross National Product (GNP) - 10 and 1/2 cents out of every dollar of goods and services produced in this country. The alarming escalation in medical expenses and in the hidden costs of sick care seems to be beyond our control. But is it?

Yet it's employers - private and public - who bear at least half the burden of mounting health care costs. Typically, employer health care costs are rising at the rate of 25% to 100% a year. According to a Coopers and Lybrand study, private companies are paying out at much as 25% of total payroll for health care, including hidden or forgotten items such as:

- Absenteeism.
- Disability.
- Turnover.
- Decreased productivity.
- Replacement/recruiting.

Each year, 500 million workdays are lost because of illness or disability - 26 million due to heart disease and hypertension and 93 million due to lower back problems.

What are our major health problems and what can we do about them?

The major cause of serious illness and death in adult Americans is cardiovascular disease. According to the American Heart Association, it accounts for about \$64.4 billion of our annual medical costs. And yet all the authorities agree personal initiative can reduce or eliminate many of the risk factors associated with heart disease.

People can control the major risk factors such as cigarette smoking, high blood pressure, blood cholesterol levels and diabetes, that can affect other contributing factors such as obesity, lack of exercise and stress.

In other words, how we live has a direct impact on our chances of suffering from heart disease. The same is true for cancer and other major health threats such as alcohol and drug abuse, uncontrolled stress and poor safety habits.

Costs and benefits of wellness programs

You can't afford not to:

The fact is that Wellness at the School Worksite programs are economically irresistible. The experience of Dallas Independent SD bears out this point.

One year after instituting a health promotion program, Dallas Independent SD saved nearly half a million dollars in substitute teachers' fees.

There was a 35% drop in absenteeism - from 8.3 to 5.8 days per teacher per year - resulting in savings of \$452,000 in substitute teachers' fees.

Furthermore, the Dallas system reported:

- Reduced smoking.
- Decreased weight and body fat.
- Decreased systolic and diastolic blood pressure.
- Increased physical activity and exercise.
- Increased use of a balanced diet.
- Decreased levels of anxiety and depression.
- Increased sense of personal well-being.
- Reduced health care claim costs.
- Improved morale.
- Increased productivity.
- Improved instructional quality, due to better teacher morale and more time on task with students

To provide you with some history regarding the costs of substitute teachers, Pennsylvania school districts annually spend approximately \$53 million for substitute teachers and \$210 million in teacher salaries paid for days absent. The average teacher in the state was absent a total of 10.8 days during the 1990-91 school year.

If you could reduce your figures by just 20%, what would your system save each year?

How much will a wellness program cost? It depends. It's very nearly the case that a school or school system can spend as much or as little as it likes.

Wellness at the School Worksite programs may not require spending new dollars. For one thing, programs can use existing facilities. Furthermore, most school systems are already paying large amounts for substitutes, recruiting and low time on task (low staff productivity).

Schools willing to invest in professional wellness programs will find a wide range of companies and organizations (such as hospitals and universities) offering complete turn-key (prepackaged) or piece-by-piece wellness programs. Many would argue that these commercial programs more than repay the investment.

Yet there is considerable middle ground between Wellness at the School Worksite programs costing little or nothing and commercial programs requiring significant funding. Many programs combine volunteer and professional resources to meet staff needs at modest cost, cost that may be borne, in part, by program participants.

What is wellness?

"Wellness" is in the air. We hear it from all sides. But what is it?

There is no single correct definition. Wellness is a multifaceted approach that takes many forms and addresses many needs, ranging from the physiological to the spiritual. But all wellness programs share one thing: an emphasis on the positive - on what can be done to make people feel better.

Wellness is a number of active strategies for better living. The traditional idea of health care ends where disease leaves off. Wellness, on the other hand, is a continuum, ranging from the absence of disease to various levels of well-being.

In its fullest expression, wellness encompasses the whole person, taking into account not only the physical but also the emotional, social and, in some instances, the spiritual aspects. Everything from aerobic dance and CPR to stress management and environmental awareness can be part of wellness programs.

An integrated, balanced way for healthy people to help themselves feel better, wellness, as defined in this manual, has four major dimensions:

1. Exercise.

2. Nutrition.
3. Stress reduction.
4. Health/safety awareness.

Each of the dimensions is important; each is worth pursuing on its own. Yet fully achieving wellness means having a common sense awareness of each of the four dimensions. Stress management complements exercise, health/safety awareness complements sensible nutrition.

What is a wellness program?

The term “program” may make wellness efforts seem more formidable than they need to be. A program simply implies some form of organized effort to promote good health among all school building staff. There is no prescribed set of activities. Instead, Wellness at the School Worksite programs are something you fashion according to your needs. You start where your people want to start.

A program might be built around one or more of the four integrated dimensions of wellness. The scope is up to you. It depends on the size of the school or school system, as well as the time, people and resources available to you.

Possible wellness programs

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| 1) Smoking cessation. | 13) CPR. |
| 2) Nutrition. | 14) Accident risk reduction. |
| 3) Hypertension control. | 15) Emergency medicine. |
| 4) Weight control. | 16) Heimlich maneuver (choking). |
| 5) Exercise-fitness. | 17) Wise use of medical benefits. |
| 6) Stress management. | 18) Lower-back pain prevention. |
| 7) Handling depression. | 19) Immunization. |
| 8) Employee assistance programs. | 20) Prevention of dental disease. |
| 9) Alcohol-drug abuse control. | 21) Parenting. |
| 10) Heart attack risk reduction. | 22) Preparing for retirement. |
| 11) Cancer risk reduction. | 23) Glaucoma screening. |
| 12) Self-care. | 24) Special disease awareness. |

The suggested program focus is the school building and all the people who work in it. Yet the wellness program will more than likely involve outreach to the community - its people and resources - to get help in designing and running the program. Successful wellness programs create their own momentum, making the school building program the hub of what becomes a communitywide wellness program.

When the school building becomes the community wellness center, partnerships between the school and local businesses and organizations become possible.

The wellness program cycle - at the school worksite

Getting from theory to practice in Wellness at the School Worksite is not a difficult task, but laying the groundwork for successful program operation in the school building requires some care.

Of course, administrative support for the Wellness at the School Worksite concept is essential. If it is clear that effective three-way communication among the building principal, superintendent and community groups (such as parent-teacher associations) has been established, school boards may be more likely to approve implementation.

Putting together a nucleus or core group of faculty, staff and administrators who are committed to the wellness/health promotion idea will help to guarantee successful program operation. Ideally, such a group would include senior management (from the school building and district levels), interested faculty and staff, and employee union representatives. In many cases, building health education and physical education professionals will play important roles, as will school building or system medical staff.

Ultimately, it will take a leader to make things happen, one person who is responsible for organizing program development, collecting data, calling meetings and making reports. The leader is the catalyst. More than being the person who handles logistics, the leader is the one who wants to see health promotion happen at the school worksite. In most cases, health education specialists are in the best position to take charge.

In Fairfax County, Virginia, it was a curriculum specialist who started the program. In Dallas, it was the Independent SD employee relations director who provided the impetus. In Pilot Point, Oregon, individual teachers took the initiative.

To determine exactly what type of program to institute for your school building, you'll need to assess employee needs and take an inventory of local resources.

Ultimately, the wellness team might work toward developing interest groups that will design programs to meet specific staff needs, such as smoking cessation. The smoking cessation interest group might then identify local resources and organize a program for the school staff.

People experienced in wellness/health promotion agree that wellness cannot be imposed from above. The difference between a program that works and one that does not may be the staff's attitude toward it. If, from the staff's point of view, a proposed Wellness at the School Worksite program does not meet their needs, the program will not work. Management theory holds that the best way to implement policy is to make sure employees feel they have helped to shape it, that they have "bought into" management's decisions.

The concept of "buying in" is especially relevant to Wellness at the School Worksite programs that seek to change personal habits. People don't want to be lectured about the "should" they already are too well aware of. From one point of view, wellness involves many of these shoulds: you should lose weight, you should quit

smoking, drink less or exercise more. If staff perceives the Wellness at the School Worksite program as just so many “shoulds” coming down from above, they probably will not take part in it.

In other words, building staff must be given the opportunity to participate in program planning and implementation. If they feel that the Wellness at the School Worksite program gives them a chance to do things they want to do - such as losing weight or starting an exercise program - they are far more likely to take part.

Using a questionnaire to survey faculty, staff and administration may be the most effective way to determine what sorts of activities employees would be interested in and would support. Results may point to one area, such as weight control or aerobic dance, or to a cluster of interests, ranging from training in CPR and the prevention of lower back problems to stress reduction workshops.

If feasible, you might want to take the needs of employees’ families into consideration at this point. Spouses and children use health insurance benefits too. The family is a natural support system; involvement of family members may help reinforce wellness/health promotion at home.

Groups wishing to make more comprehensive background studies might try to identify common health problems by analyzing (subject to availability and privacy considerations) the nature of staff health insurance and workers’ compensation claims as well as accident and safety records.

Analyzing the age and sex composition of school staff can help identify specific disease risks the group faces. If, for instance, the staff is predominately female and under 30 with a 5% smoker rate, smoking cessation and cardiovascular risk reduction would not be the best investment of time and money. General fitness and nutrition programs might be better suited to this group.

In looking around the school, the system and the community, you may find many potential program pieces already in place or easily (and inexpensively) available. Check out:

Existing health services

Many school systems offer employee health services such as:

- Periodic check-ups.
- Blood pressure screenings.
- Employee assistance programs for individuals in need of counseling.
- Flu shots.
- Various consumer and health education programs.

The leadership team may find that some of these services could be refocused to provide some of the elements of the worksite wellness program, such as training school staff in basic medical self-care: when and how to take care of oneself, when to see a physician and what to expect. At the very least, knowledge of existing services will help planners avoid duplication of effort.

Existing facilities

Fitness programs are the centerpiece of many wellness health promotion programs. School athletic and physical education facilities should be checked for availability. Other space needs such as meeting rooms and counseling areas should be considered.

Learning exchange

In taking inventory, don't overlook the staff. In addition to the health, physical education and nutrition professionals on staff, you may find runners, CPR instructors, dancers, meditators, vegetarians, ex-smokers and others willing to help out. Design the staff questionnaire to find out who's available to do what.

Existing employee benefits

There may be ways to use benefits to enhance or reinforce wellness programs. Some ideas:

- **Sick leave** - Would it be possible for a person to trade a given number of unused sick days for a well day?
- **Training** - Could current policy be adapted to cover health-related classes or programs?
- **School cafeteria/food service** - Could more healthy foods be made available? Would it be possible to provide 80% subsidization for salads, vegetables and yogurt and reduce subsidies for junk foods?
- **Health insurance** - Could rewards or incentives for healthier life styles be built into the current program without reducing existing benefits?

The work environment

How safe and healthful is it?

Are soda and junk food vending machines all too easily accessible to staff?

Is it possible to allow staff exercise time before and after work or during lunch?

How safe is the school building? Are stairwells accessible and well lit?

Community resources

A lot can be done with a little, especially if program planners tap community resources available at nominal or no cost. Program planners who do a little research will find an embarrassment of riches out there.

Individual experts or specialists from voluntary groups such as:

- Cancer, diabetes, heart and lung associations.
- Special interest groups such as: the Red Cross, YMCA/YWCA and the Safety Council.
- State and local health departments, cooperative extension services, the federal government (U.S. departments of Agriculture and Health and Human Services).
- Health care providers (hospitals, Health Maintenance Organizations).
- Commercial companies (ranging from insurance to pharmaceutical and food products) will give lectures or teach classes at the worksite for free or at a moderate cost.

Planning a wellness program

The next step is drawing up a plan for the school and its staff, outlining program goals and the proposed means of achieving them.

The key is designing the Wellness at the School Worksite program with the individual staff member in mind. Ideally, each participating staff person should develop a custom-tailored program with specific goals and steps for reaching them. Group activities (fitness classes, weight-control groups), support systems and rewards are necessary complements to individual efforts.

At all steps, program leaders should make it clear that:

1. The program is voluntary.
2. Its goal is to help people make informed choices about their health.
3. Educational and informational services are available, as is motivational support, for those seeking to change their habits.

Before programs or classes begin, hold awareness and motivation sessions for all interested staff. Participants need to understand why the wellness program is important to their health and what they can reasonably expect

to achieve. Seasoned wellness program managers advise that outside speakers usually are more effective in making these points. Staff are more likely to accept the advice of outside experts than the exhortations of all-too-familiar staff colleagues.

What goals are realistic?

It is realistic to expect program participants to:

- Lose weight.
- Stop smoking.
- Improve cardiovascular condition, muscle tone and flexibility.
- Learn basic medical self-care.
- Reduce stress levels.
- Develop better eating habits.
- Improve morale and productivity.

But it is not realistic to expect:

- No relapses to old health habits.
- Reversal of seriously deteriorated health in less than five years.
- Major improvement in health without major effort.
- 100% participation in programs.
- Great reductions in health care expenditures in one or two years without major investment in the program.
- An immediate drop in absenteeism.
- Increased productivity from each and every participant.

The start of the wellness cycle is the time to establish critical baseline data for later program analysis and evaluation. If at all possible, identify a control group who will not be participating. By comparing health care

costs of this control group to the costs experienced by staff participating in the Wellness at the School Worksite program, you'll be able to get a reliable measure of program impact.

The school wellness team could, for instance, collect comparative data for both participant and control groups. At the end of the first year of program operation, the team then would collect corresponding health insurance, disability and absentee information for the previous 12 months. Working year by year, it would be possible to compare trends in sick care costs before and after instituting Wellness at the School Worksite programs, as well as across participant and control groups.

Managing a wellness program

Wellness programs are not one-time affairs. To be effective, wellness/ health promotion programs need to be continuing efforts that develop through trial and error, constantly reformulating them. Thus the phrase, "wellness cycle," meant to imply that successful programs are a dynamic process of activity, evaluation and new beginnings.

Seasoned wellness managers report that a sense of "false euphoria" often sets in after a program has been underway for some months. They advise that one must sidestep this potential pitfall and return to the beginning, surveying staff needs and setting new program goals.

Questions and answers about wellness programs

Q: When's the best time to start a program?

A: There's no single answer, but three times have proved especially good:

1. The fall, when people want to get back to serious work after the summer.
2. Early January, when people want to follow through on New Year's resolutions.
3. Early spring, a time of renewal when anxiety about the approach of swimsuit weather starts to set in.

Q: What community resources can help us develop and maintain our school building program?

A: The list is long. Some groups and organizations offer free resources, space, time and staff; others charge for their services:

1. Voluntary agencies: local chapters of the American Cancer Society, American Heart Association, the American Medical Association, plus lung, diabetes and arthritis associations.

2. Local YMCA/YWCA and the Red Cross are especially active in health promotion/wellness. Other groups such as Alcoholics Anonymous, safety and dairy councils can help.
3. Public health departments often have health educators available; some have worksite programs.
4. Hospitals often have wellness, substance abuse, and employee assistance programs for organizations and individuals.
5. Colleges and universities, especially medical, dental and nursing schools, or ones with programs in health education, public health, exercise physiology and nutrition.
6. Professional organizations - local medical, dental and hospital associations may have material and are good sources of referrals.
7. Community organizations such as the United Way have general resource information. They often act as clearinghouses, providing information on a variety of topics.
8. Civic/service groups - Lions Clubs have a blindness prevention program. Jaycees, Kiwanis and Rotary clubs may be valuable sources for volunteers, materials and support.
9. Cooperative Extension Services sponsor programs in all four of the wellness dimensions.
10. The President's Council on Physical Fitness and Sports has numerous resources.
11. For-profit groups - weight reduction and smoking cessation groups, life and health insurance companies, fitness/exercise programs and commercial wellness programs.

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Return-To-Work Program

A Return-To-Work Program helps control the costs of accidents. Workplace injuries are costly to the employers, workers, and the compensation partner. Although preventing injuries is the best way to protect workers and control workers' compensation costs, employers and workers need a way to manage injuries if they occur. A Return-To-Work Program assists in assuring that the worker obtains prompt medical care both during the initial stages of recovery and during the recovery.

The employer can benefit from a Return-To-Work Program by:

- Reduced staff turnover and training costs by retaining experienced and knowledgeable workers.
- Ability to participate in and contribute to the rehabilitation process.

- Improved morale and employee relations by offering Return-To-Work plans for work-related injuries.
- Minimized non-recoverable expenses such as employee benefits, the hiring and training of replacement workers, and the cost of inexperienced workers.
- Improved accident experience, which can have a positive impact on workers' compensation experience modifiers.
- Decreased number of grievances and arbitrations.

The following steps should be taken when developing a Return-To-Work Program:

1. Ensure that safety inspections and accident investigations are being properly performed.
2. Develop a Return-To-Work Policy Statement.
3. If you don't already have one, develop and institute a Provider Panel.
4. Conduct Job-Task Analysis to minimize or eliminate hazards.
5. Develop suitable alternative work assignments.
6. Develop a provider form so that injured/ill employees can inform the treating provider of your school's Return-To-Work Program.
7. Communicate the policy, in writing, to the workforce.
8. Educate the workforce on the provisions of the program.

An excellent resource for [Return-To-Work](#) can be accessed at the Pennsylvania Department of Labor & Industry's website. This resource is titled [Return-To-Work A Model for Pennsylvania Business and Industry](#), and provides information and samples of the various areas needed for an effective Return-To-Work Program.

Provider Panel of Physicians

The Pennsylvania Workers' Compensation Act gives employers the right to establish a list of designated health care providers. Once established and properly posted, an injured employee must seek treatment for the work injury or illness with one of the designated providers for 90 days from the date of the first visit. If there is an emergency situation, the employee is not required to obtain emergency treatment from a listed provider. However, once the emergency condition no longer exists, the injured employee shall seek treatment with a listed provider.

Designated List of Health Care Providers:

- The list must contain at least six providers.
- Three of the six providers must be physicians.
- No more than four providers may be coordinated care organizations.
- Each provider's name, address, telephone number and area of medical specialty must be included on the list.
- Listed providers must be geographically accessible and their specialties appropriate for the anticipated work-related problems of the employee.

Once the Provider Panel is in place, all employees should receive a copy of the panel and sign an acknowledgement form stating that they are aware of the panel and understand the process. Any new employee should also receive a copy of the panel and sign the acknowledgement form during the new employee orientation process.

The development and use of the Provider Panel will help control workers compensation costs. The doctors will be acquainted with the operations and job requirements of your school, and therefore, will be able to develop treatment plans that will expedite the employees return-to-work.

NOTE: For assistance in the development of a Provider Panel, contact the Workers' Compensation Division, School Claims Service, LLC, at 866-402-6600.