

We are prepared to invest the enthusiasm and resources necessary to bring the dream of all individuals involved in wellness promotion to its fruitful realization.

Control Data's 'Staywell' Program

BY JOHN P. McCANN, M.D.

George O'Neill, a 50-year-old manager at the Control Data Corporation facility in San Diego, had been feeling less than spiffy in recent years. He knew he was over-weight and that his diet wasn't the best. But as O'Neill stated it, "I attributed it to lack of exercise, long hours at the desk, things like that." Two years ago, he found out it was worse than he thought. A blood test given him as part of a new CDC "wellness" program revealed a dangerously high blood-sugar level. O'Neill was diabetic.

O'Neill, whose wife has been diabetic for many years and has a family history of the disease, had his own doctor do a confirmation test. The results were the same. "My doctor was scared to death," O'Neill said. "He wanted to throw me into the hospital. But he didn't, and it worked out fine. I went on a medication and diet program right away. I lost 30 pounds and got off the medication eventually, and now I'm controlling it extremely well with diet." Exercise is now a part of O'Neill's daily routine.

O'Neill was in the pilot group in the fall of 1979 for the new program, called "StayWell," that eventually will be offered free to all 58,000 Control Data employees and their

spouses. The results so far at CDC have been striking, though not in all instances as dramatic as in the case of George O'Neill.

The program was developed by Life Extension Institute, a division of CDC that specializes in preventive medicine. StayWell's premises are:

- Lifestyle has a major effect on illness and life spans.
- With appropriate help, people can change their habits.
- The work place is the most effective place to do this, because people spend so much of their time there.
- Companies have a major stake in promoting a healthier lifestyle for their employees, with potential benefits of reduced insurance costs, decreased absenteeism, improved productivity and better morale.

Not A New Idea

Wellness promotion in industry is not a new concept, of course. Yet we are now experiencing such a level of interest in the subject that one might tend to believe that a totally new idea has arrived on the scene. There has been a significant change in the perception of the potential values to be derived from prevention and wellness promotion by both employees and employers alike.

The reason for this increased interest seems to come from four factors: 1) the escalating costs of a sickness-oriented health care sys-

tem; 2) the limited availability of health care professionals which, in turn, has resulted in an increased need to rely on self help; 3) the emergence of a more sophisticated consumer; and 4) a changing value system that places more emphasis on fitness, good appearance and moderation in many aspects of human behavior.

Today, to demonstrate just one of these factors—the cost of a sickness-oriented health-care system—the health care industry is now the second largest in the U.S., with an annual cost exceeding \$200 billion. Only two percent of that goes for prevention of illness. The national cost of illness is lost time and service to business and industry is enormous; sick leave is estimated to cost \$3 billion annually, while premature death is believed to cause a \$19 billion loss in productivity.

It should come as no surprise, therefore, that corporations have already started to commit significant resources to employee health promotion programs. Xerox, Johnson & Johnson, Sentry Insurance, Kimberly-Clarke, General Foods and Prudential Insurance—all have taken important steps in such areas as fitness, health insurance and health promotion.

Society in general and industry in particular are embracing the concepts that to stay well is less costly than to get well, to prevent is more

rational than to cure, and that a healthy lifestyle enhances the chances for improved health, longevity and quality of life.

For the Life Extension Institute, however, which was acquired by Control Data in 1978, the battle for health promotion began many decades ago. In 1906, President Theodore Roosevelt, mindful of the economic loss to industry caused by illness, appointed a committee of 100 to study "the national vitality." After two years of research, the committee submitted its recommendations to the Congress and then-President Taft, that an educational program be instituted to encourage people to have regular health examinations to detect disease before it became disabling and to correct unhealthful habits of living. Taft expressed interest and encouraged the committee's chairman, Irving Fisher, professor of political economics at Yale University, to pursue the concept.

Subsequently, Fisher made a presentation of the report at the 1909 annual meeting of the Association of Life Insurance Presidents. This brought Fisher's concepts to the attention of Harold Ley, an industrialist from Springfield, Mass. and long-time champion of accident prevention programs in the construction industry.

Fisher and Ley joined forces and were soon joined by Taft after the completion of his term as president. In October, 1913, Taft invited a select group of bankers and life insurance executives to explore the practicality of establishing an institute to bring the ideas to fruition. The concept was endorsed, and ex-President Taft became the first chairman of the board of what is now the Life Extension Institute, a position he held for eight years.

Over the years, the idea grew, being embraced eventually by industry as a means to protect its investment in managerial talent and the overall work force. Despite this, health education and wellness promotion were never widely accepted in the work place.

Considering the skyrocketing costs of health care and the other factors mentioned, this is no longer true. Moreover, industry leaders have become aware that the tech-

nology breakthrough that gave us such great advances in the prevention and cure of acute diseases is largely behind us. The leading causes of death at the turn of the century were infectious diseases, such as influenza and diphtheria. Although no effective treatment of some of these diseases has yet been found, preventive measures have steadily cut down on the number of victims.

The Root of the Problem

What are left are chronic diseases and accidents for which no magic

bullets exist. It is estimated that 46 percent of Americans over the age of 45 have a chronic disease, including cardiovascular diseases leading to heart attack and stroke, cancer, diabetes and arthritis. Barring new breakthroughs in the prevention and treatment of cancer and cardiovascular disease, there is a realization that progress toward control of these diseases is in the hands of the individual.

Lifestyle and behavior are the key factors to analyze if one is to get to the root of the problem. Out of the

Interviewing & Selection Skills: Some Fundamental Questions...

Q. Why the emphasis on skills training?

A. Selection is more than theory. Many managers and supervisors are not really sure how an applicant will do on the job, or even if the interview met EEO Guidelines.

Q. What is the financial impact?

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classic study in Framingham, Mass., 30 years ago, wherein the population of the town was followed sequentially, came the concept of risk factor identification, relating to the development of heart disease.

In the early '60s, this idea was expanded by Drs. Lewis Robbins and Jack Hall to include a health hazard appraisal system for all the major causes of death, the object of which was to identify risk factors as early as possible in the life history of the disease process. Although intervention at any level of the disease process is of value, it can clearly be seen that the major gains are to be had when such action is taken as early as possible.

This became the underlying philosophy of Control Data's wellness promotion activities. Implementation of a totally coordinated plan began to take shape in the mid-70s.

Over a short period of time a health services staff was created with a charter to bring a totally integrated wellness and disease prevention program to all CDC employees and their dependents, and to that end the Life Extension Institute was acquired because of its background in preventive medicine and delivery capability.

Other CDC experiences were drawn upon, one of which was a social support system titled EAR (Employee Advisory Resource) that had been developed to assist employees and their families in coping with stressful situations regardless of their underlying etiology. The company also drew heavily on its experience in computer-assisted education (the PLATO System) and its early work in computerized versions of health-risk profiles and development of a health education concept called StayWell.

With these resources in place, a philosophy of operations and a set of objectives were agreed upon, the salient features being those of self-health management. In 1979, a Stay-Well program consisting of health-risk profiling, medical screening, health education and life-change activities was offered to CDC employees in San Diego and New York, and since then 10 additional sites have been added.

Participation is on a voluntary basis and both employees and spouses

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are included. All activities are provided at the worksite and time off is made available for attendance at an orientation session, the risk profiling activity and a subsequent group interpretation meeting. Those who sign up are weighed and measured and have their blood pressure taken and a blood sample drawn. They also fill out a questionnaire on their medical and family history, lifestyle and mental outlook. The screening and questionnaires are used to provide a computerized health-risk profile of each participant. The profile compares the employee's chronological age with his or her "risk age" and shows how the risk age can be reduced if certain behaviors are changed.

On completion of this phase, participants are encouraged to select from a group of one-hour health awareness courses. These range from "How to Utilize the Health Care System" to breast self-examination and substance abuse. Of greater personal interest to the participants have been the multi-session behavior and lifestyle change programs which deal with specific

high-risk areas: smoking cessation, fitness, nutrition/weight control, hypertension and stress.

Of vital importance to the entire effort are the various follow-up and support-system programs. The real pay-off to these programs, after all, is compliance, and compliance usually requires a change in the subculture, a change in people's value systems. Thus the follow-up is important, and one ingredient of the follow-up is the formation of employee groups, groups of individuals interested in or troubled by similar problems.

These form at the end of each of the Education and Lifestyle-Change Courses. The instructor continues to meet with them for a period, but then gradually withdraws. They learn to assist one another in maintaining and continuing to modify their behaviors, and they practice various techniques and strategies to avoid failure. The peer support, whether it be in the area of weight reduction or smoking cessation, helps not only in persuading people to get with it but to say with it.

Dr. Murray Naditch, director of

design and development for Control Data Health Care Programs, considers the support groups to be critical. "One of the differences between the Control Data program and other attempts is that this is a completely comprehensive program," Naditch said. "It focuses on long-term rather than short-term change. We've got, at the minimum, a three-year program where people can get involved in a variety of ongoing kinds of activities, a full range of courses for them to take, so that what happens is that the norms that affect behavior begin to be modified in the work place. It becomes normative not to smoke. It becomes counter-normative not to serve donuts and coffee. It becomes normative to serve juice and fruit. And we notice this already at Control Data. If somebody serves coffee and donuts, they tend to say 'Oh, I'm sorry I'm doing this.' They're aware of it. You see more fruit and juice served for breaks."

Another kind of support group, Naditch explained, is the Task Force. "These come together to focus on a specific issue in the workplace that employees would like to change or modify. For example, they might form a task force to get the food in the vending machines changed, so that high-salt, high-fat, high-cholesterol, and high-calorie items could be replaced by more nutritional, low-calorie foods. Or they might form a task force to put in a bicycle rack or to put in showers, so people can go running during lunch time. Employees have started aerobic dance clubs and running clubs. They've sponsored things like low-calorie cooking classes."

To date, the total program has been offered to approximately 14,000 employees and their spouses. Said Naditch, "In our first 11 cities, which, I think constitute 83 Control Data facilities, we have an average figure of 91 percent for enrollment in the program. That's beyond our best expectations."

No Matter What Shape You're In

Some people, of course, are in better shape than others, though Naditch says a difference in a person's Health Risk Profile of 10 years between chronological and risk age is not uncommon. "Some find they're in better condition than they

thought. But often it's worse. Often people are surprised to find what the effects of certain behaviors are. They know it's not a good idea to be overweight, but maybe they didn't know they were hypertensive, and they didn't realize that being overweight and not getting exercise and smoking have a combined, interactive effect, not just the effect of one added, and that makes the risk worse."

John Lyon, for example, a programming consultant at one of the Control Data plants in San Diego,

scored high in all the initial tests but lost points for smoking, and the fact that he had a family history of heart disease only compounded the potential risk of continuing to smoke. So Lyon took the smoking cessation course, and in four weeks he had quit. "If I had known how easy it was to quit, I would have done it years ago," Lyon said. "Looking back on it, I guess the fear of quitting was stronger than anything else."

Lyon's wife also took the test. "My wife was never athletic at all. According to the tests she was perfect,

Performance Appraisal: Some Fundamental Questions...

Q. What's the real purpose?

A. To improve performance. Traditionally, appraisals focused on the past. But they can become part of how people manage — achieving goals, solving problems, documenting what has and will occur.

Q. Does it work for all jobs?

A. Yes, when manager and employee know ahead of time what constitutes expected performance, and the right behavioral skills are used to guide the review. There's a way to appraise objectively, fairly, even those factors which can't be measured by numbers alone.

Q. How does this fit what we're doing now?

A. No need to change what's working well. But there may be a need for an easier, less time-consuming, more comfortable way of giving and receiving appraisals. The right training program can open communications, reduce defensiveness and resolve differences so everyone "wins".



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considering her age. But the profile said the thing she should do is some regular exercise. And now she's a jogging fiend. Every day it's four miles. I never thought I'd see the day when she'd put on a set of track shoes and take off."

Sharon Sauer, a unit manager in the plant in Aberdeen, SD. had been "trying awfully hard" to lose weight, she said, but to no avail. After attending the introductory StayWell session, she formed an exercise group with 30 or 40 other employees, held twice a week at the local YWCA. "So far, I've lost nine pounds," Sauer said. "There was more of an involvement, and that's why I think it worked. We had people to go with, someone to have fun with."

Naditch said he has noticed changes among his colleagues. "When I got here a year ago, I was one of the only people around who would say 'Let's walk up the 10 flights instead of taking the elevator.' And now people say to me all the time, 'Let's walk up.' Now the stairs are crowded. That's an example of the kind of norm that gets modified as this becomes an important issue for people and as people become involved in different aspects of it."

Needed: Accurate Assessment!

Actual hard data on the long-range effects of the program are some years away although, obviously, results as measured by attendance and changing beliefs are encouraging. To properly track our progress, an elaborate evaluation system has been developed in order to insure as best we can that in time we will be able to know clearly where we were prior to initiation of the effort, as well as where we went, what was accomplished, and the validity of our initial hypothesis.

Of great assistance in facilitating this evaluation is the fact that exposure of the entire work force of more than 50,000 employees plus their families will take several years to accomplish, thus allowing us to identify control groups within our own population. In addition, since Control Data's health benefits are self-insured, and claims administration is done by a division of health care services, an accurate review of

health care utilization rates and cost factors, morbidity and mortality data should be possible.

As a correlative to the overall StayWell program, we have initiated a specially designed program called Executive StayWell to serve the particular needs of executives and their families. Key to this is an accommodation of the many demands made of executives' time and the requirement to be responsive to the lifestyle characteristics of their particular job.

To our knowledge, the combination of these two programs represents the largest and most comprehensive wellness promotion program yet attempted in the United States. We know the ability to demonstrate its cost effectiveness will be difficult, but we feel certain that the comprehensive nature of our evaluation plan will provide for as accurate an assessment as possible. It is our intention to report our progress to both the professional and lay community as trends become apparent.

We know that the final irrefutable answer may not be available for five or 10 years or longer. Just as chronic diseases take their toll over a lifetime, the abatement of those diseases via wellness promotion may also be as time consuming. Despite this, we are confident that we are on the right track and are prepared to invest the enthusiasm and material resources necessary to bring what must be the dream of all individuals involved in wellness promotion to its fruitful realization.

John P. McCann, MD is president and chairman of the board of L.E.I., Control Data Corp., Minneapolis, MN.

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