

VITALITY ATLAS

YOUR SOURCE FOR WORKING HEALTH SOLUTIONS

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WORKPLACE MENTAL HEALTH



Prevent Suffering in Silence

By Karen O'Hara

Forward-thinking employers are looking for ways to lift the shroud on mental illness and facilitate access to care for employees who need it.

Mental health professionals say most commonly occurring disorders that affect behavior and work performance can be successfully treated with medication, counseling and other targeted interventions. Medical treatment, lost productivity and workers' compensation claim costs can be significantly reduced when employees receive a professional evaluation and effective treatment before it results in a workplace incident and a claim is filed.

Conversely, keeping mental illness under wraps can interfere with prevention and treatment. Allowing social stigma and lack of understanding to persist in the workplace may lead an employee to deny symptoms, delay treatment, withdraw from work and life, or seek attention by filing a claim.

The Big Picture

Despite the potential for a cascade of negative effects, "mental health issues continue to be ignored by all sectors of society," Peter P. Greaney, M.D., president, CEO and medical director of WorkCare, Inc., says in a white paper on *Assessing Physical and Mental Fitness for Work*. "Employers who follow a well-orchestrated and robust approach to mental health issues will more easily navigate tricky legal waters and avoid injury management pitfalls."

Emotional well-being in the workplace could not be more relevant than it is now, according to Bryon Bass, senior vice president of absence and compliance at Sedgwick, a global claims management company.

"Companies have become more focused on building cultures of health that incorporate mental health services because our emotional well-being is highly influenced by our environment and who we spend time with – and we spend a big part of our lives at work," Bass said during a recent webinar on the *Impact of Mental Health and Well-Being in Workers' Compensation*, sponsored by Sedgwick and Safety National.

IMPROVE OUTCOMES BY BUILDING RESILIENCE

A PriceWaterhouse Coopers study found employers who use programs to foster a resilient workforce received \$2.30 per \$1 invested, with the return associated with decreases in health care costs, absence and turnover.

What Can You Do?

- Take action to influence results when it's feasible; let go when it's necessary.
- Use challenges as opportunities to acquire skills and build on achievements.
- Manage tasks and avoid information overload by grouping activities.
- Take micro-breaks during the day to momentarily detach from work demands.
- Cultivate compassion for yourself and others to promote collaboration.
- Move steadily toward team goals; celebrate daily progress.
- Be confident in your problem-solving abilities.

Another webinar panelist, Denise Algire, director of risk initiatives at Albertsons Companies, which operates grocery stores in 41 jurisdictions, said it's important for employers to realize mental health problems can affect anyone: "People often can and do recover. By offering support, we can reduce the duration and severity of mental health issues, enhance recovery and find that employees perform better in the workplace."

In a blog post, [Is Mental Injury Out of Sight, Out of Mind?](#) Robert Wilson, a workers' compensation industry expert and frequent contributor to workerscompensation.com, suggests "we have to dig much deeper" to address challenges including societal blinders, strong cultural taboos against seeking help, private long-term disability plans that give "short shrift" to mental assistance benefits and limited general health benefits.

Costly Consequences

Total mental-health-related costs for companies and society, in general, are annually in the billions of dollars. The [Partnership for Workplace Mental Health](#), a component of the American Psychiatric Association Foundation, reports one in five adults in the U.S. experience a diagnosable mental illness in any given year, and one in 10 adults struggle with abuse or dependence on illicit drugs, prescription medications and/or alcohol.

Cost burdens increase exponentially when mental health and substance use disorders co-occur with chronic illnesses, as is often the case. For example, the partnership cites study findings indicating 45 percent of people with asthma and 27 percent of people with diabetes have co-occurring depression. Individuals with depression are about twice as likely to develop coronary artery disease or have a stroke, and are more than four times as likely to die within six months of having a heart attack.

When a work-related injury occurs, workers' compensation claim data show that a co-occurring mental illness or psychosocial disorder contributes to higher medical costs, longer claim duration, increased work absence and a greater likelihood of disability. When the Hartford Financial Services Group analyzed workers' compensation claim data from 2002 to 2015, it found 10 percent of claims included at least one mental health-related diagnosis and accounted for 60 percent of total costs, [Business Insurance](#) reports.

Conditions such as depression and anxiety, attention deficit, post-traumatic stress and eating disorders, and addictive behaviors are often undiagnosed or undertreated. In the National Comorbidity Survey, the first large-scale field survey of mental health in the U.S., 18 percent of respondents who were employed said they experienced symptoms of a mental health disorder in the previous month, but only 40 percent received professional treatment.

Depressive disorders are one of the leading causes of work absence. Among full-time employees, the highest rates of major depressive episodes occur in personal care and service (10.8 percent) and food preparation and serving-related occupations (10.3 percent), according to the Substance Abuse and Mental Health Services Administration.

In study findings released by the Centers for Disease Control and Prevention (CDC), employees with depression missed an average of 4.8 workdays and had 11.5 days of reduced productivity during a three-month period.

Behavioral Health Business Case

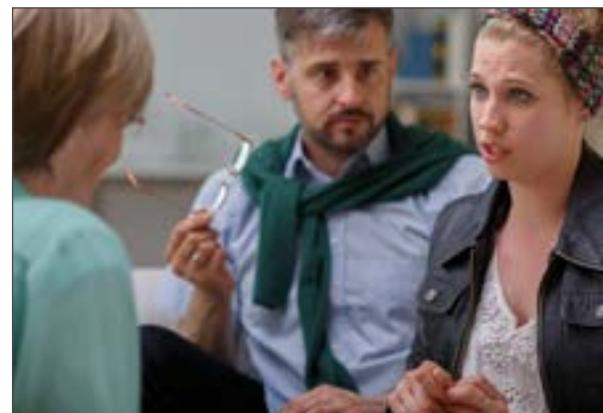
In a paper on the [Business Case for Behavioral Health Care](#), the Substance Abuse and Mental Health Services Administration (SAMHSA) offers a formula for employers to assess the value of an investment in interventions such as:

- Universal screening for behavioral health issues, including substance and abuse, depression and other mental health conditions
- Self-management support and brief interventions by a behaviorist
- Treatment by a care team
- Referral for treatment to a psychologist or psychiatrist, as warranted

The formula is:

$$S+I+T \leq X+P+R$$

The cost of screening (S), plus the cost of intervention services (I), plus transition costs (T) must be less than or equal to screening reimbursement (X) plus productivity gains, plus reimbursement for treatment (R). According to SAMHSA, organizations can use this formula as a framework to identify variables in their reimbursement environment.





Nationally, depression is estimated to cause 200 million lost workdays a year at a cost to employers of up to \$44 billion.

Among people with depression, the CDC reports:

- 80 percent have some level of functional impairment
- 27 percent have serious difficulties in work and home life
- Only 29 percent contacted a mental health professional in the past year

Meanwhile, the Occupational Safety and Health Administration reports nearly 2 million employees a year are victims of workplace violence. A significant percentage of incidents are attributed to working with volatile, unstable people.

What Can You Do?

Health and safety managers, frontline supervisors and employees should receive education and training so they know what to do when a mental health issue appears to be affecting work performance.

Here are some tips:

1. Learn to recognize signs and symptoms. Examples include apathy, illogical thinking, nervousness, sleep or appetite changes, mood fluctuations, odd or uncharacteristic behavior, and heightened senses. Mental illness can manifest itself in subtle ways. Symptoms are often different at work than they are at home.
2. Monitor behaviors that may be a warning sign. Examples include substance abuse; compulsive texting or internet use; sex, gambling or shopping addiction; and extreme exercise patterns.

Claims Management Approaches Evolving

Workers' compensation claims can quickly become costly and complex when they involve mental health issues such as stress or trauma.

In a [blog post](#) on the psychosocial aspect of claims, Tom Lynch of Lynch Ryan *Workers' Comp Insider*, notes that actions taken by progressive organizations to address mental health coverage gaps have something in common: "The development of an empathetic interview methodology devoted to understanding the 'whole person' to discover which claims will need more intensive and specialized intervention."

Lynch calls for the use of advanced communications methodology and well-trained clinicians to engage with the adjustor community. To illustrate, he refers to the development of [Work Comp Psych Net](#) (WCPN), a specialty network of workers' compensation clinicians and therapists in New Jersey who treat workers at risk of delayed recovery.

3. Address the stigma associated with mental illness. Stigmatization occurs when others see a **person** as the problem rather a **condition** as the problem. The person who feels stigmatized is much less likely to seek care.
4. Understand parameters that may warrant a request for a mental health fitness-for-work assessment. For instance, an evaluation may be conducted when:
 - An employee has concerns about his or her own mental health and requests it
 - Co-workers or family members question an individual's mental capacity to work safely
 - A supervisor observes behavior that suggests a risk of harm to self and others or a pattern such as interpersonal conflicts or failure to meet production goals
5. Be familiar with potential medication effects that could affect performance. For example, antidepressants can sometimes cause side effects such as nausea, fatigue or drowsiness, blurred vision, dizziness, agitation, irritability or anxiety. Antidepressants take several weeks to begin to be effective and the dosage or type of medication may require adjustment.
6. For depression, consider workplace strategies recommended by public health officials such as:
 - Providing depression recognition screening and confidential self-rating tools
 - Facilitating access to intervention programs and psychiatric coverage
 - Training employees and supervisors on depression recognition and response

(Resources are available at www.cdc.gov. Use the keyword depression in the search function.)

7. Review provisions for accommodating an employee with a diagnosed mental illness under the Americans with Disabilities Act:
 - The term "disability" means: a) a physical or mental impairment that substantially limits one or more of the major life activities of an individual; b) a record of such an impairment; or c) being regarded as having such an impairment." The Equal Employment Opportunity Commission, the agency that enforces discrimination provisions of the law, has issued [*guidance that focuses on disability in the context of psychiatric conditions*](#).
 - "Mental impairment" includes any mental or psychological disorder, such as emotional or mental illness. Examples of "emotional or mental illness[es]" include major depression, bipolar disorder, anxiety disorders (panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder), schizophrenia and personality disorders.

In an [*opinion piece*](#), Peter Rousmaniere, an industry expert who frequently writes about workers' compensation, risk and insurance, suggests that government and insurance reforms are needed to improve mental health claim management. For example, he notes that some states bar all or almost all claims for work-induced mental stress if no physical injury has occurred – although some state legislatures are considering bills to help expedite benefits to emergency responders for post-traumatic stress disorder.

Rousmaniere urges state lawmakers to give mental conditions the same or similar status as physical conditions, regardless of one's profession. This may include the application of care standards and advances in brain research to help guide treatment decisions (e.g., care for both cognitive issues and physical injury), and educating claims and case management professionals on best practices for managing mental conditions without stigma.

Recognition and Response

For claims related to pre-existing psychological conditions, work is now being conducted to better understand a worker's mentality, Teresa Bartlett, M.D., senior vice president of medical quality for Sedgwick Claims Management Services, told [*Business Insurance*](#). An assessment may include tests that gauge the likelihood of opioid addiction or whether someone had adverse experiences in childhood that affect adult behavior.

Early identification of potential mental health issues in a claim can make the difference between a claim with a speedy recovery and one that remains stagnant, she said. Warning signs for delayed recovery include pain behaviors and catastrophic thinking.

- Traits or behaviors alone are not mental impairments. For example, stress, in itself, is not automatically a mental impairment. However, it may be shown to be related to a mental or physical impairment. Similarly, traits like irritability, chronic lateness and poor judgment are not, in themselves, mental impairments, although they may be linked to mental impairments.
8. Recognize that studies show links between the occurrence of depression and high job demands, low job control and lack of social support in the workplace.

Employee Assistance Programs

Experts recommend consulting with a mental health professional if you have questions about a troubling pattern of behavior or observe symptoms of mental illness. It's also important to be prepared to make a mental health referral per your organization's policies and procedures. Available resources may include human resources, an onsite or offsite medical clinic, or an employee assistance program (EAP).

A specialized mental health assessment may be used to identify the need for an EAP referral for further evaluation and counseling on matters related to mental health or substance use issues. In many cases, family members may access EAP counseling services.

The Employee Assistance Professionals Association's [Workplace Outcome Suite 2016 Annual Report](#) features findings from a survey of 13,400 EAP participants:

- Survey participants missed 12.2 hours of work over a 30-day period before EAP services were offered. After 90 days of EAP services, participants missed 6.5 hours of work over 30 days, a 46.4 percent improvement.
- Participants experienced a 26.7 percent improvement in concentration at work after 90 days of EAP services.

From a personal health standpoint, if you suspect you or a family member may have a mental health issue, [online self-evaluations are available](#). It's always advisable to obtain a professional opinion. Life stressors can manifest themselves as physical complaints, such as headaches or stomach upsets, or as mental health problems, such as depression, anxiety or aggression. Medical and mental health professionals are trained to evaluate and treat these types of concerns. ●



Brian Downs, vice president of claims, quality and provider relations at the Workers' Compensation Trust in Connecticut, cites efforts to deal with mental health issues in a "more practical, behavioral-health way." This approach is particularly relevant when managing claimants with chronic pain, delayed recovery and other barriers such as fear avoidance, depression and economic struggles due to long-term disengagement from the workforce.

"At the trust, we believe that having a better understanding of and proactively addressing mental health issues coincides with our advocacy-driven claims model," he said during a webinar sponsored by Sedgwick and Safety National. "You don't just wake up one day and say, 'Gee I'm depressed.' When you are in it, you don't realize your perspective becomes skewed. That's why it's so important for us to maintain connectivity with that injured worker" over the life of a claim.

Workers' Compensation Trust uses initial screening tools, lost-time profiles and three points of contact with injured workers to address barriers to recovery. The company has also invested in educational sessions for staff with thought leaders and practitioners in the field.

When it comes to mental health, Downs said, "I wouldn't suggest employers ask medical providers for discounts. There are too few qualified providers out there to nickel and dime them to save on visits. This is a (challenging population), but you have to move forward and attempt intervention. Otherwise, you risk poor outcomes."

PREVENTING AND MANAGING DIABETES IMPACTS

Employers are well-positioned to address the prevalence of diabetes in the U.S. workforce through disease prevention and management education, in turn helping ease a national burden, public health officials say.

Employees spend more than a third of their lives at work. Employers who give them the opportunity to participate in stress reduction, nutrition, weight-loss, fitness and disease management programs that address diabetes and other chronic medical conditions are likely to see corresponding benefits.

About Diabetes

Diabetes mellitus is the general name for several related metabolic disorders. Diabetes occurs when the body does not properly maintain concentrations of sugar in the bloodstream, resulting in hyperglycemia or high blood sugar.

Type 1 diabetes occurs in about 5 percent of cases. It is primarily found in children and young adults whose bodies do not produce insulin, a hormone that enables glucose to penetrate cells. Most people with diabetes have type 2, which occurs when cells in the body are insulin-resistant. Over time, the pancreas is not able to produce enough insulin to compensate for impaired cellular activity.

Genetics strongly influence the development of type 2 diabetes. Lifestyle factors associated with diabetes include eating and exercise habits, and familial predisposition for obesity, according to the American Diabetes Association.

People with diabetes have a higher risk of serious health complications such as impaired vision or blindness, kidney failure, heart disease, stroke and amputation of the toes, feet and legs. Smoking, being overweight or obese, physical inactivity, high blood pressure and high cholesterol are among risk factors for diabetes complications.

Not surprisingly, diabetes is associated with hospitalizations and emergency room visits, higher than average medical costs, lost productivity, depression and workers' compensation claims. Diabetes can lengthen recovery time for burns, wounds and fractures, and it can cause debilitating nerve pain (neuropathy).

On average, adults with diagnosed diabetes incur medical expenditures approximately 2.3 times higher than people without diabetes. Total average medical costs are estimated at \$13,700 per year, with more than half that amount directly attributed to the condition. Indirect labor-related costs include:

- Increased absenteeism (\$5 billion),
- Reduced productivity (\$20.8 billion)
- Inability to work as a result of disease-related disability (\$21.6 billion)
- Lost productive capacity due to early mortality (\$18.5 billion)

Further complicating the impact of diabetes in the workplace: The CDC found only one in four adults with diabetes knew they had it and just 11.6 percent were aware they had prediabetes, which can lead to type 2 diabetes within five years if untreated.

Facts About Diabetes Risk

In its newly released [National Diabetes Statistics Report, 2017](#), the Centers for Disease Control and Prevention reports on prevalence and impacts.

Among key findings:

More than 30 million Americans – 9.4 percent of the U.S. population – had diabetes in the study year, 2015. Another 84.1 million had prediabetes.

Diabetes was the seventh leading cause of death and 1.5 million new cases were diagnosed in 2015.

Some areas of the country bear a heavier diabetes burden than others. Southern and Appalachian regions had the highest rates of diagnosed diabetes and new cases.

Rates of diagnosed diabetes increase with age: 4 percent among adults 18 to 44 years old, 17 percent in the 45-to-64 age range, and 25 percent among those older than 64.

Rates of diagnosed diabetes were higher among certain racial/ethnic groups.

Diabetes prevalence varied significantly by education. Among U.S. adults with less than a high school education, 12.6 percent had diabetes; high school education, 9.5 percent; more than a high school education, 7.2 percent.

More men (36.6 percent) had prediabetes than women (29.3 percent). Rates were similar among women and men across racial/ethnic groups or educational levels.

For more information about diabetes prevention efforts, visit www.cdc.gov/diabetes.

Disease Recognition

Awareness is key. Early detection and treatment can help reduce the risk of developing complications of diabetes.

Risk factors for prediabetes include:

- Being overweight
- Being at least 45 years old
- Having a parent or sibling with type 2 diabetes
- Doing little physical activity in a typical day
- Having diabetes while pregnant or a baby that weighed over 9 pounds

Symptoms of type 2 diabetes include frequent urination, thirst, hunger, extreme fatigue, blurry vision, cuts or bruises that are slow to heal, and tingling, pain or numbness in the hands. There are several ways to measure blood glucose levels when diagnosing diabetes. Annual physicals and eye exams are also valuable screening tools. Diabetes is managed with physical activity and diet, and when necessary, appropriate use of insulin and other medications to control blood sugar levels.

People with diabetes are encouraged to periodically take a hemoglobin A1c test to determine their average blood sugar level over the past two to three months. A self-administered finger-stick test using a blood glucose monitor is used to measure blood sugar on a daily basis. Non-invasive methods are in development.

Workplace Interventions

Employers can help reduce diabetes-related incident and injury rates and health care costs by focusing on factors affecting employee safety, such as types and timing of diabetes medications, diabetic complications, and work being performed (physically active vs. sedentary job, using heavy machinery, shift work).

An article on [Diabetes and Employment](#) featured in *Diabetes Care*, an American Diabetes Association publication, offers the following recommendations:

Pre-placement Screening

1. People with diabetes should be individually considered for employment based on the requirements of the specific job and the individual's medical condition, treatment regime and medical history.
2. When questions arise about the medical fitness of a person with diabetes for a particular job, a health care professional with expertise in treating diabetes should perform an individualized assessment; input from the treating physician should always be considered.
3. Employment evaluations should be based on sufficient and appropriate medical data and should never be made based solely on one piece of information.
4. Screening guidelines and protocols can be useful tools in making decisions about employment if they are used in an objective way and based on the latest scientific knowledge about diabetes and its management.



Recommended Resources

[Diabetes at Work](#): CDC website with free materials including lesson plans, presentation guides and related handouts.

[Diabetes self-management education \(DSME\)](#): States collaborate with the CDC to provide programs that meet national quality standards.

[DoIHavePrediabetes.org](#): National public service campaign in English and Spanish sponsored by the CDC, Diabetes Association and American Medical Association in partnership with the Ad Council.

[National Diabetes Prevention Program](#): A framework for type 2 diabetes prevention efforts in the U.S. that includes a behavior change program to improve eating habits and increase activity to lose a modest amount of weight and significantly reduce diabetes risk.

Screening Guidelines: Sources include the American College of Occupational and Environmental Medicine's [Guidance for the Medical Evaluation of Law Enforcement Officers](#), the National Fire Protection Association's [Comprehensive Occupational Medical Program for Fire Departments](#) and the Federal Motor Carrier Safety Administration's [Diabetes Exemption Program](#).

GROWING EPIDEMIC

Evaluating Safety Risks

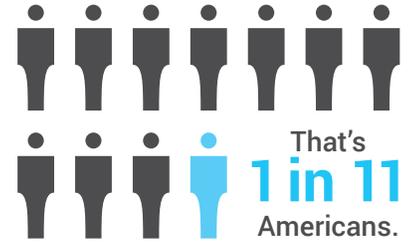
1. Evaluating the safety risk of employees with diabetes includes determining whether concerns are reasonable in light of the job duties the individual must perform.
2. Most people with diabetes can manage their condition so there is minimal risk of incapacitation from hypoglycemia, or low blood sugar, a condition that can affect diabetic individuals who use insulin or specific types of oral medication. A single episode of severe hypoglycemia should not per se disqualify an individual from employment, but an individual with recurring episodes may be unable to safely perform certain jobs.
3. Safety assessments should include review of blood glucose test results, history of severe hypoglycemia, presence of hypoglycemia unawareness and presence of diabetes-related complications. It should not include urine glucose or A1C/eAG tests or be based on a general assessment of level of control.

Reasonable Accommodations

People with diabetes are protected from employment discrimination under provisions of the Americans with Disabilities Act. Applicants and employees may need accommodations in order to perform their work responsibilities effectively and safely. Examples of reasonable accommodations include:

- Breaks to check blood glucose levels, eat a snack, take medication or go to the restroom
- The ability to keep diabetes supplies and food nearby
- A place to rest until blood sugar levels become normal
- A private area to test blood glucose or administer insulin
- Leave for treatment, recuperation or training on managing diabetes
- Opportunity to work a modified work schedule or standard shift as opposed to a swing shift
- For individuals with diabetic neuropathy, permission to use a chair or stool
- For individuals with diabetic retinopathy (a vision disorder), large-screen computer monitors or other assistive devices ●

Diabetes affects
30 million
children and adults
in the U.S.



84 million Americans have prediabetes
and are at risk for developing type 2 diabetes.



90% of them don't know they have it.

Every
21 seconds
someone in the
U.S. is diagnosed
with diabetes.



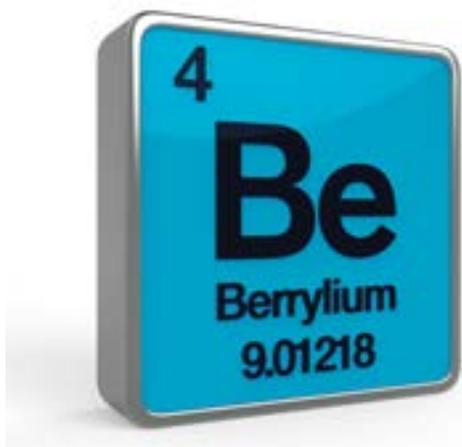
Citation: American Diabetes Association

REGULATORY UPDATES

Drug Enforcement Administration

The nation's opioid epidemic has an impact on fire fighters, law enforcement officers, medical personnel and other emergency responders. Consequently, the DEA has issued [A Briefing Guide for First Responders](#) to protect them from exposure to fentanyl, a powerful synthetic drug.

Fentanyl and its analogs are synthetic opioids intended to be used for post-surgical pain that are widely circulated on the illicit drug market. Fentanyl depresses central nervous system and respiratory function; accidental exposure can be fatal. The guide contains information on the level of personal protective equipment needed for specific exposure circumstances, including NIOSH-rated respiratory protection. First responders who may encounter fentanyl or related substances are also advised to carry a personal protection kit.



Occupational Safety and Health Administration (OSHA) Beryllium

OSHA has proposed revoking new ancillary provisions that apply to the construction and shipyard sectors but retaining new lower permissible-exposure and short-term exposure limits for beryllium. OSHA will not enforce shipyard and construction standards adopted on Jan. 9, 2017, while new rulemaking is underway. The general industry beryllium standard is not affected by the proposal. The agency is seeking comments on existing standards covering abrasive blasting in construction and abrasive blasting and welding in shipyards. A [Notice of Proposed Rulemaking](#) was published in the *Federal Register* on June 27.

Electronic Injury Tracking

OSHA launched its Tracking Application (ITA) on Aug. 1, 2017. The web-based form allows employers to electronically submit required injury and illness data from their completed 2016 OSHA Form 300A. The application may be accessed on the [ITA webpage](#).

The secure website offers three options for data submission: 1) Manually enter data into a web form; 2) Upload a CSV file to process single or multiple establishments at the same time; 3) Use automated recordkeeping systems to transmit data electronically via an application programming interface. The ITA webpage features information on reporting requirements, a list of frequently asked questions and a link to obtain assistance.

In June, OSHA proposed a delay in the [Improve Tracking of Workplace Injuries and Illnesses](#) rule from July 1 to Dec. 1, 2017 to give covered employers more time to familiarize themselves with the electronic reporting system and provide the Trump administration with an opportunity to review electronic reporting requirements.

Heat Safety App

OSHA and the National Institute for Occupational Safety and Health released an updated [heat safety tool app](#) to help protect outdoor workers. The OSHA-NIOSH Heat Safety Tool mobile app for iOS and Android devices determines heat index values – a measure for how hot it feels – based on temperature and humidity. Workers exposed to hot and humid conditions are encouraged to use the app to check weather conditions and take precautions (water, rest, shade) in accordance with the heat index.

Workplace Violence

Cal-OSHA adopted a [workplace violence prevention rule](#) for health care facilities, effective April 1, 2017. The rule applies to hospitals, nursing homes and other inpatient facilities, home care, emergency medical responders, drug treatment programs and outpatient medical services in California.

Among key provisions, the rule requires employers to have a written Workplace Violence Prevention Plan that describes specific applicable hazards and related corrective actions. It requires employers to provide training on prevention and response, and record violent incidents on a log using information obtained from employees affected by workplace violence. •

CLINICAL CONVERSATIONS

Insights for Managing Heat-Related Illness •••••

A study of Korean workers found that personal risk factors such as acclimatization, environmental conditions and high metabolic rates during work are major determinants of heat-related illness.

The study involved 47 cases of illness from exposure to environmental heat in outdoor workers from 2010 to 2014 and was based on a review of workers' compensation data. Researchers also obtained information on the location, time and work environment of each heat-related illness.

They found:

- 29 cases (61.7 percent) occurred during a heat wave
- 45 cases (95.7 percent) occurred when the maximum estimated wet bulb globe temperature was equal to or greater than the case-specific threshold value, which was determined by acclimatization and metabolic rate.
- 22 cases (46.8 percent) were not acclimated to the heat
- 37 cases (78.7 percent) occurred after a warm tropical night with conditions in which people may find it hard to sleep.

*Citation: [Factors affecting heat-related disorders in outdoor workers exposed to extreme heat](#); Park J, et al.; *Ann Occup Environ Med*; 29:30, eCollection June 2017.*



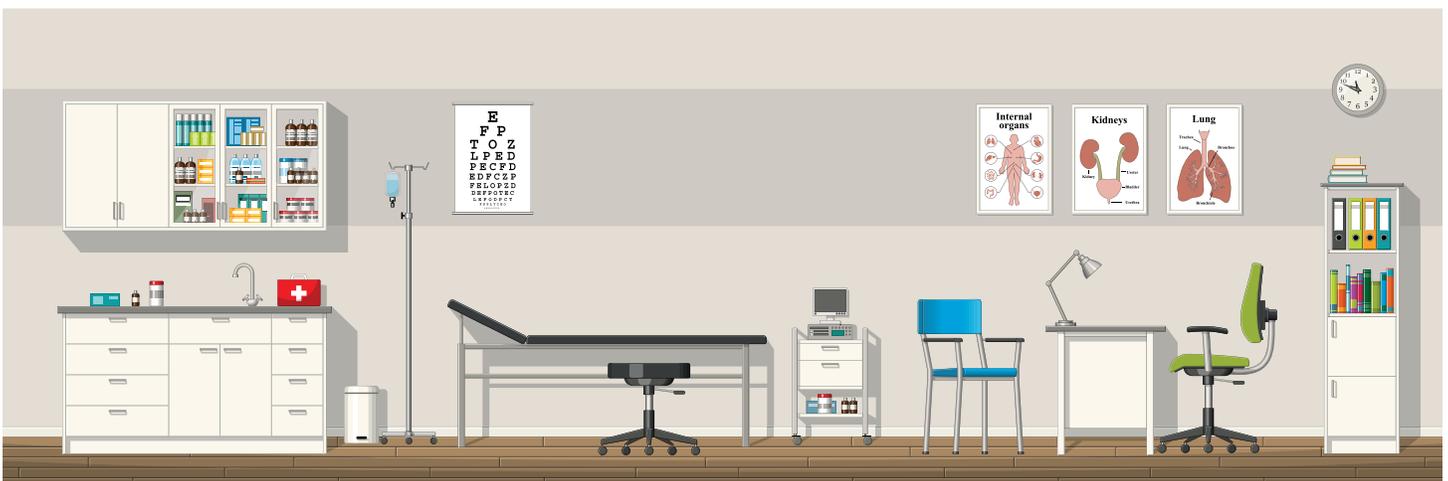
Do You Discourage Employee Breaks? •••••

In office environments, employees who perceive that their bosses discourage breaks tend to walk less, potentially impacting their overall level of fitness, a new study suggests.

Participants in an active-buildings study reported perceptions of their office environment using a Movement at Work survey. Among 433 participants in 11 organizations, researchers obtained data from 115 employees who wore an accelerometer for at least three workdays. The device was used to measure occupational step count, standing, sitting and sit-to-stand transitions. Linear regression analyses assessed relationships between environmental perceptions and activity.

The study found perceived discouragement of breaks by management was related to reductions in occupational step count per hour, potentially impacting overall fitness.

*Citation: [Perceived office environments and occupational physical activity in office-based workers](#); Sawyer A, et al.; *Occup Med (Lond)*. 2017 Jun 1;67(4):260-267.*





Value of Education on Disease Management ••••••••

To reduce absence, employers need to understand the importance of factors such as employee income, resources and knowledge of disease self-care, according to researchers who analyzed data from working adults with one or more chronic conditions.

Among 250 respondents to the National Council on Aging's Chronic Care Survey, employees who reported poorer general health status, more physician visits, not having enough money for health care and a higher reliance on co-workers were significantly more likely to report sickness absence due to their chronic conditions.

Researchers said U.S. employers should explore opportunities for employees to offset health care costs, apply time-flexible work policies and encourage employee participation in health-related interventions.

*Citation: [Factors associated with sickness absence among employees with chronic conditions](#); Meng L, et al.; *Occup Med (Lond)*; 67(4):296-300, June 1, 2017.*

Funding for Ambitious Health Research Program •••••

The National Institutes of Health has awarded four community partner awards with the intention of building a national network under the [All of Us Research Program](#), which is part of the Precision Medicine Initiative.

The initial group of awardees will receive a combined total of \$1.7 million this fiscal year. All of Us is an ambitious effort to gather data over time from at least 1 million people, with the ultimate goal of accelerating research and improving health. Researchers seek to learn more about how individual differences in lifestyle, environment and biological makeup influence health and disease.

The award recipients are [FiftyForward](#) (formerly Senior Citizens, Inc.); [National Alliance for Hispanic Health](#); [Delta Research and Educational Foundation](#); and the [San Francisco General Hospital Foundation](#).

Millions Drink Alcohol at Dangerous Levels ••••••••••

Nearly 32 million U.S. adults (13 percent of the population) consumed more than twice the number of drinks considered binge drinking on at least one occasion, according to a survey that asked about past-year drinking.

Heavy alcohol consumption is associated with increased health and safety risks. Estimated workplace costs of alcoholism and alcohol abuse range from \$33 billion to \$68 billion a year, the National Council on Alcoholism and Drug Dependence reports.

Binge drinking is defined as having four or more drinks on an occasion for women, or five or more drinks on an occasion for men. Evidence suggests that many people consume far more than four or five drinks per occasion. Extreme binge drinking was particularly common among study participants who used other drugs, further increasing the likelihood of serious injuries and overdose deaths.

Researchers concluded that research is needed to determine how questions about peak alcohol consumption levels can be valuable in screening for alcohol misuse, as well as in assessing gender-specific risk factors and harms for drinking at extreme levels. ●

*Citation: [Drinking Beyond the Binge Threshold: Predictors, Consequences, and Changes in the U.S.](#); Hingson, RW, et al.; *Am. J. Prev. Med.* online May 17, 2017.*

TRAVELING ABROAD? BEWARE OF MEASLES OUTBREAK

Travelers to Europe and other global destinations are being reminded by U.S. public health officials to take steps to protect themselves against measles.

More than 14,000 cases of measles have been reported in Europe since January 2016, according to the European Centre for Disease Prevention and Control. In the past year, 35 people across Europe have died from the disease. Most cases of measles reported in the United States are acquired while traveling abroad by people who are not vaccinated.

Sixteen countries in Europe—Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Germany, Hungary, Iceland, Italy, Portugal, Slovakia, Spain, Sweden, Romania and the U.K.—have reported cases of the virus. The U.S. Centers for Disease Control and Prevention (CDC) has issued travel health notices for five European countries with measles outbreaks since November 2016; the most recent was France on July 7. The others are Belgium, Germany, Italy and Romania.



Protect Yourself and Others

The CDC recommends vaccination for anyone who isn't protected against measles, either through vaccination or past infection, regardless of their travel plans. Unprotected travelers should consult with a health care professional at least four to six weeks before departure in order to allow time to complete a vaccine series and their body to build immunity.

Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible people with close contact to a measles patient will develop measles. The virus spreads when an infected person coughs or sneezes. The virus can live for up to two hours in the air or on surfaces.

People with measles usually have a rash, high fever, cough, runny nose, and red, watery eyes. Some people also get an ear infection, diarrhea or a serious lung infection such as pneumonia. Although severe cases are rare, measles can cause swelling of the brain and death.

In the most recent U.S. outbreak from Jan. 4 to April 2, 2015, a total of 159 measles cases in 18 states and the District of Columbia were reported to the CDC. In 2014, 111 cases were associated with an outbreak that originated at a Disney theme park in Anaheim, Calif.

Any international travelers coming to the U.S. who develop measles symptoms should contact a medical professional. To learn more, visit the CDC's [Measles Vaccination](#) and [Measles for Travelers](#) web pages, or contact WorkCare's TravelCare team. Click here for a WorkCare Fact Sheet on [Measles, Mumps and Rubella](#). •

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