Sitting All Day?
Here are some health tips for employees who sit at a computer station most of the day:
• Use an ergonomic chair adjusted for body type.
• Keep feet flat on the floor or on a foot rest.
• Ensure arms and wrists are in a neutral position.
• Use a speaker or headset; do not cradle phone on shoulder.
• Align the monitor with the user’s line of sight.
• Take micro-breaks to stretch and rest the eyes.

Heat Poses Serious Threats to Health

Triple-digit temperatures, drought, wildfire, property loss and fatalities around the globe serve as painful reminders of heat-related health risks.

Heat illness – or hyperthermia – occurs when the body becomes dehydrated and can’t cool itself off.

Sweating helps the body dispel heat. However, because 60 percent of the body is water by weight and the brain is about 73 percent water, even a 2 percent loss through sweating can impair physical and cognitive function.

Agriculture, construction and maintenance workers, professional athletes, and military and public safety personnel are among those with higher risk for heat illness. Hot indoor workplaces and jobs that require the use of respirators and/or protective clothing also pose exposure risks requiring effective management.

Special precautions are recommended for workers who are overweight, have chronic conditions such as diabetes or hypertension, or who take certain medications that make them more susceptible to heat stress.

- Continued on page 2
Prevention

The Occupational Safety and Health Administration's (OSHA) heat safety message is easy to remember: Water. Rest. Shade.

A National Fire Protection Association standard (1584) contains recommendations for firefighters that are broadly applicable to people who train, work and recreate in hot and humid climates:

- Drink water before, during and after activity.
- Wear breathable, loose-fitting clothing; avoid synthetics.
- Gradually build up to strenuous activity in hot weather.
- Schedule training, when possible, during cooler hours.
- Take more frequent breaks in a cooler outdoor or indoor space.
- Avoid drinks with caffeine, alcohol and large amounts of sugar.
- Be aware that protective gear may increase risk of heat stress.
- Monitor your physical condition and that of your colleagues.

Drinking water is one of the best and lowest-cost ways to help prevent dehydration, heat illness and work loss associated with exertion. When doing moderately strenuous tasks in hot conditions, and when experiencing prolonged sweating, employees are advised to drink one cup (8 oz.) of water every 15 to 20 minutes.

A sports drink may be used in addition to water to help replenish electrolytes (essential minerals including sodium, chloride, potassium and calcium) lost through sweating. Certain foods, including fruits and vegetables, fish, dairy and soy products, also supply replacement minerals without the sugar contained in sports beverages, experts say.

Other preventive solutions include employee access to spray mist, air conditioning and fans; reflective radiant-heat shields; insulation for hot surfaces; and auxiliary body cooling and protective clothing (e.g., water- or air-cooled garments, cooling vests and wet over-garments).

Heat Effects

For those who are not familiar with physiology, terms used to describe how the body adapts to heat can be confusing. For example:

1. **Heat tolerance** is the physiological ability to endure heat and regulate body temperature at an average or better rate than others, often affected by an individual’s level of acclimatization and physical conditioning.

2. **Heat stress** is the net heat load to which a worker may be exposed from the combined contributions of metabolic heat, environmental factors, (e.g., temperature, humidity, air movement and radiant heat), and clothing requirements.

Water-Wise Tips

It's easier to maintain fluid balance all day when you start out in a well-hydrated state. Here are some additional tips:

1. Carry a water bottle. Take sips throughout the day.
2. A rule of thumb is 8 ounces of water 8 times a day.
3. Add fresh citrus, berries or cucumbers to water for flavor.
4. Eat fruits and vegetables with high water content.
5. Avoid beverages containing sugar, coffee or alcohol.

Don't overdo it. Consuming a large amount of water at one time can dilute sodium in your blood and cause serious health problems. If sodium depletion (hyponatremia) is a problem due to too much water, drug use or a medical condition, drink a beverage containing electrolytes to support cell and organ function. Symptoms of hyponatremia include nausea, vomiting, fatigue, headache, confusion, cramps, muscle spasms, irritability and restlessness.

Did You Know?

- Blood vessels dilate to increase flow to the skin and radiate heat away from the body.
- Evaporated sweat on the skin helps cool the body off but can cause dehydration.
- Studies show even mild dehydration reduces cognitive ability and physical coordination.
- Water is one of the lowest cost ways to help employees avoid heat illness.
3. **Heat strain** is the overall physiological response resulting from heat stress, with effort dedicated to dissipating heat from the body.

**Heat Illness**

Heat illness can occur quickly and range from relatively mild to potentially fatal. Some work-related conditions can be treated at the first-aid level, while others require emergency medical intervention. Care beyond first aid for cases involving occupational heat exposure must be recorded in order to comply with the Occupational Safety and Health Act general duty clause.

Thirst, swelling, heat cramps and light-headedness are early indicators of the need for water and a rest break to cool off. Signs include swollen hands and feet, muscles spasms, and pain in the arms or legs.

Indicators of dehydration include:

- Dark-rather than pale-colored urine
- Less frequent need to urinate
- Loss of appetite
- Dry, sticky mouth

- Dry, sunken-looking eyes
- Mild constipation
- Feeling lethargic
- Lightheadedness

**Recommended Response:** Rest in a cool place, sip water or a beverage containing electrolytes, loosen clothing, and apply wet cloths to skin on hot days and at the first sign of symptoms. For light-headedness, sit or lie down in a cool place and slowly rehydrate.

**Heat exhaustion** is a serious medical condition characterized by elevation of core body temperature above 100.4°F. Signs include heavy sweating, cool and moist skin, weakness, nausea and vomiting, headache, and fast heart rate or weak pulse. It may be a precursor to heat stroke.

**Recommended Response:** Sit or lie down in a cool area. Loosen clothing. Sip water and apply a cool, wet cloth or ice packs to the skin. Get immediate medical attention for vomiting, worsening symptoms and symptoms that last longer than an hour.

---

**Commission Rules on Heat Stress**

Heat-related hazards that are likely to cause death or serious bodily harm are covered under the Occupational Health and Safety Act general duty clause.

An administrative law judge of the Occupational Safety and Health Review Commission denied a U.S. Postal Service motion to strike an order for enterprise-wide abatement of heat stress hazards by federal safety regulators, according to a report by Business Insurance.

The Postal Service argued that enterprise-wide liability is inconsistent with the OSH Act and "inappropriate in cases that require place and circumstance-specific findings of facts relating to whether a violation exists and is required to be abated," such as in general duty clause and heat stress cases, according to the law judge’s June 6, 2018, order.

The Secretary of Labor argued on behalf of the Occupational Safety and Health Administration that dismissal is an "an extreme sanction disfavored by the commission where a lack of particularity is alleged." In addition, the secretary contended the order for enterprise-wide abatement was being sought to address "corporate practices, not individual heat stress conditions at specific locations."

The Postal Service asserted the secretary was not seeking enterprise-wide abatement, but rather an order assuring future compliance with the general duty clause related to heat stress hazards, which it argued is precluded by the OSH Act.
Heat stroke is a potentially fatal condition that requires an emergency response. Watch for high body temperature (106°F), hot, red, dry or moist skin, difficulty breathing, vertigo, rapid and strong pulse, confusion, anxiety and restlessness. Heat stroke affects the central nervous system; seizure and unconsciousness are possible.

**Recommended Response:** After calling for emergency assistance, move the person to a cool area and apply wet cloths to the skin. Do NOT attempt to give fluids.

Heat rash: This bodily reaction to heat typically appears as red clusters of small blisters, often on the neck or chest, in elbow creases and the groin.

**Recommended Response:** As feasible, remain in a cool dry place, keep the rash dry and use body powder for relief.

Heat rash:
- Sunburn: A serious case of sunburn is sometimes referred to as sun poisoning. Signs include painful, red and warm skin, chills and blisters.

**Recommended Response:** Avoid the sun until the skin heals. Cool cloths, a cool bath, aloe or moisturizing lotion, and an over-the-counter pain medication may be used to help relieve discomfort. It's advisable to apply sunscreen every few hours when sweating.

**Heat Index**

Heat illness severity is often associated with the heat index, which is a combination of relative humidity and air temperature. With higher relative humidity, perspiration and evaporation decreases and body temperature increases. With prolonged exposure, heat indices 103°F or above can lead to dangerous heat disorders.

### National Weather Service Heat Index

<table>
<thead>
<tr>
<th>Relative Humidity (%)</th>
<th>Temperature (°F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>80 81 83 85 88 91 94 97 101 105 109 114 119 124 130 136</td>
</tr>
<tr>
<td>45</td>
<td>80 82 84 87 89 93 96 100 104 109 114 119 124 130 137</td>
</tr>
<tr>
<td>50</td>
<td>81 83 85 88 91 95 99 103 108 113 118 124 131 137</td>
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<td>55</td>
<td>81 84 86 89 93 97 101 106 112 117 124 130 137</td>
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<td>82 84 88 91 95 100 105 110 113 123 139 137</td>
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<td>65</td>
<td>82 85 83 93 98 103 108 114 121 128 136</td>
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<td>70</td>
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<td>75</td>
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<td>85 90 96 102 110 117 126 135</td>
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<td>90</td>
<td>86 91 98 105 113 122 131</td>
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<tr>
<td>95</td>
<td>86 93 100 108 117 127</td>
</tr>
<tr>
<td>100</td>
<td>87 95 103 112 121 132</td>
</tr>
</tbody>
</table>

**Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity**
- **Caution**
- **Extreme Caution**
- **Danger**
- **Extreme Danger**

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Heat Index</th>
<th>Effect on the Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caution</td>
<td>80 - 90°F</td>
<td>Fatigue possible with prolonged exposure and/or physical activity</td>
</tr>
<tr>
<td>Extreme Caution</td>
<td>90°F - 103°F</td>
<td>Heat stroke, heat cramps or heat exhaustion possible with prolonged exposure and/or physical activity</td>
</tr>
<tr>
<td>Danger</td>
<td>103 - 124°F</td>
<td>Heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity</td>
</tr>
<tr>
<td>Extreme Danger</td>
<td>125°F or higher</td>
<td>Heat stroke highly likely</td>
</tr>
</tbody>
</table>
The heat index can be used by workplace health and safety managers as a preventive tool. The National Weather Service publishes heat indices online and local weather reports often feature updates. The OSHA’s Heat Safety smartphone app calculates the local heat index and sends related health and safety reminders.

The heat stress index applies to shady areas. Up to 15°F are added in direct sun. Most people can work safely with routine precautions when the heat index is less than 91°F. Risk is considered moderate when the heat index is 91°F to 103°F, workers are in direct sun or there is no breeze.

OSHA says tasks requiring strenuous activity and/or the use of non-breathable or impermeable protective clothing should be stopped when the heat index is above 115°F. Workers who are not acclimatized may need to drink fluids to restore electrolyte imbalance or increase salt in their diet, especially during the first few days of heat exposure.

On high heat index days, employers are advised to:

• Move essential and physically demanding tasks to the coolest part of the shift.
• Rotate tasks or add extra personnel to disperse workloads.
• Establish rest-work schedules to give crew members time to recover.
• Allow workers to remove personal protective equipment while resting in a hazard-free zone.

Respiratory Health

California is among states to issue high heat advisory warnings this summer for employers with outdoor workers. In addition to heat, Cal/OSHA suggests taking precautions to protect employees from exposure to wildfire smoke and polluted air containing chemicals, gases and fine particles that can harm lung function and aggravate asthma. Proposed solutions include:

• Engineering controls such as using a filtered ventilation system in indoor work areas.
• Administrative controls such as limiting the time employees work outdoors, as feasible.
• Providing workers with respiratory protection, such as disposable dust masks.

Changing Climate Affects Workers

After conducting literature searches, researchers have recommended that policymakers consider the effects of workplace heat during climate change.

For example, a significant proportion of studies suggest outdoor workers are at increased risk of vector-borne infectious diseases because there is a positive correlation between higher air temperatures and habitat expansion. A high heat index day also affects worker productivity, especially in agriculture and construction, studies showed.

Citation: Impact of climate change on occupational health and productivity: a systematic literature review focusing on workplace heat; M Levi, et. al; Med Lav. 2018 Apr 24;109(3).

Cal/OSHA and other agencies typically require respirators to filter out fine particles and approved for use by the National Institute for Occupational Safety and Health (NIOSH). Employees may also be required to wear respiratory protection equipment in locations designated by local air quality management districts as potentially harmful to health.

Breathing through a respirator requires more exertion and can increase heat stress risk. Frequent breaks are advised. Workers who feel dizzy, faint or nauseated are advised to go to a clean area, remove the respirator and seek medical attention. Respirators should be discarded if they become difficult to breathe through or if the inside becomes dirty.

Acclimatization

NIOSH reports that most healthy workers are able to adapt, or acclimatize, to hot conditions over a period of time. However, some people are, or become, heat intolerant. A test may be used to evaluate an individual’s level of heat tolerance. This is particularly important if he or she has experienced an episode of heat exhaustion or exertional heat stroke.
For example, military and sports medicine journals describe a method used by the Israeli Defense Forces to test heat stress tolerance in men and women who have been treated for heat stroke. The test consists of walking on a treadmill with a 2 percent incline for two hours at 3.1 miles per hour. The test is performed in an environmental chamber set at 104°F and 40 percent relative humidity.

Physiological responses such as changes in core temperature and sweat rate are monitored. Under these controlled conditions, an individual’s acute thermoregulatory response to mild exertion in the heat can be adequately observed and assessed, researchers report. (Refer to Heat Tolerance Testing: Association Between Intolerance and Anthropometric and Fitness Measurements, Military Medicine, Vol. 179, Issue 11, Nov. 2014.)

Lack of acclimatization has been shown to be a major factor associated with worker heat-related illness and death. Consequently, employers are advised to have an acclimatization plan in place for new and returning workers.

NIOSH also advises employers to establish a medical monitoring program with components including pre-placement and periodic medical assessments and employee/supervisor training to facilitate early intervention. Experts say training should include information on:

- Reporting signs and symptoms of heat-related illness
- Proper hydration and cooling methods
- Care and use of heat-protective clothing and equipment
- Heat intolerance risk factors
- Importance of acclimatization
- Giving and receiving appropriate first aid
- Monitoring and adjusting to heat advisories

Anyone can suffer from heat illness, but employees who are dehydrated, have not yet adapted to the climate, wear heavy protective clothing or equipment, have an illness or are overweight have higher risk.

To learn more:
1. WorkCare's Fact Sheets on heat illness and wildfire smoke inhalation.
2. Criteria for a Recommended Standard: Occupational Exposure to Heat and Hot Environments, NIOSH, 2016. This revised edition includes information about the physiological changes that result from heat stress; updated information from relevant studies, such as those on caffeine use; evidence to redefine heat stroke and associated symptoms; and updated information on physiological monitoring, personal protective equipment and clothing that can be used to control heat stress.
Reinforcing the Value of Early Intervention and Return to Work

A newly released white paper and a utility industry study are disparate sources that demonstrate the benefits of an integrated approach to workplace health risk identification, injury prevention and care management.

Preventing Delayed Recovery

Nothing is a bigger trigger for financial and medical problems than delayed recovery, according to a white paper, Introducing the TAO Index from ODG: Evidence-based Medicine and the Growing Role of Analytics. In the paper, author Phil LeFevre discusses how a combination of evidence-based medicine, data collection and analysis can be used to guide care decisions that facilitate return to work and functional recovery.

“When patients return to work, they have demonstrably returned to health,” writes LeFevre, managing director, ODG by MCG, publisher of Official Disability Guidelines. “Return to work means getting your life back. Nothing correlates better with positive health outcomes, quality of life and low costs.”

The guidelines are used to manage case outcomes and costs in workers’ compensation, non-occupational disability and general health insurance systems.

“Excessive utilization, inadequate reserves, opioid overuse/abuse/dependence, poor health outcomes, litigation, failed back syndrome, ruined lives – all have one thing in common: missing a return-to-work benchmark. Meet or beat the benchmark, and these problems rarely arise,” LeFevre said.

TAO Index

The ODG model features a Treatment Analyzer on Outcomes (TAO) Index. For LeFevre, the acronym also symbolizes the Chinese Tao, a philosophy in which seemingly opposing forces of yin and yang work together to drive progress on the path toward knowing or awakening.

Are Claim Denials Effective?

A Lockton analytics study shows that claim denial rates increased from 5.8 percent to 6.9 percent between 2013 and 2017. Lockton, a global independent insurance broker, said claim denial benchmarking suggests more employers are using data to drive claim-closure decisions, in turn increasing costs.

The study found:

• 67 percent of claims originally denied are converted to paid claims within a year.
• Money awarded for a converted claim is, on average, 55 percent higher than the original claim.
• Denials are associated with lower productivity and decreased employee loyalty and trust.

The Risk & Insurance magazine editorial team recently released a list of the top 10 most common reasons for denying a claim:

1. No medical evidence of injury
2. No injury per statutory definition
3. Reservation of rights
4. Pre-existing condition
5. Idiopathic condition (unknown cause)
6. Intoxication or drug-related violation
7. Non-work-related stress
8. Accident report lag time
9. Does not meet definition of employee
10. Misrepresentation
The TAO Index synthesizes four return-to-work metrics into a single, actionable score at the medical code level (CPT-ICD). Within treatment categories, it compares relative performance with all other treatments historically performed on every diagnosis. The metrics are:

- Average disability duration (recovery process)
- Median disability duration (50th percentile)
- Cases that never fully recover to pre-injury job status (not favorable)
- Percentage of cases that received treatment and did not miss work (favorable)

A scoring system is used to flag cases suitable for automatic approval of recommended treatment modalities and those that call for further medical review. When strong evidence does not exist, data-driven recommendations from claims with proven outcomes are used to fill gaps.

"We talk a lot about medical treatment — providing the right care, in the right place, quickly,” and based on the diagnosis, “doing things as simple as communicating to the treating physician and patient about what the optimal or best practice is every time,” LeFevre said during a related webinar. “When you communicate those values — for example, ‘You can expect recovery within a certain number of days’ — and set expectations consistent with best practices, you are helping set the stage for positive outcomes. You are putting the minds of providers and patients to work for you, visualizing an optimal outcome.”

Utility Survey Insights

Findings from a survey on serious injury and fatality rates in the utility sector highlights the value of employer access to occupational health expertise to identify and reduce exposure risks, manage non-emergency injuries at onset in the field, and help instill a workplace culture of health and safety.

In its 2018 Utilities Sector SIF Study, DEKRA Organizational Safety & Reliability, a safety company, examined 1,060 recordable incidents across 11 prominent utility organizations representing electric, gas and water. The survey showed:

- The utilities sector has a 32 percent serious injury and fatality (SIF) exposure rate – seven percentage points higher than the all-industry SIF rate.
- Water has the highest SIF exposure rate of all utilities studied (42 percent), followed by 32 percent for electric and 29 percent for gas.
- Nearly 60 percent of SIF exposures in the utilities sector are attributed to two exposure categories: motor vehicle incidents (30 percent) and “line of fire” or “struck by” incidents (28 percent). Other SIF events include contact with biohazardous materials, serious falls and accidents involving powered equipment.

"Data-driven medicine will enable the discovery of new treatment options based on learning from the trends hidden among the diagnoses, prescriptions and discharge summaries of millions of patient encounters logged by clinical practitioners...

This is an exciting time when medicine begins utilizing massive amounts of data..."


The findings also suggest there are significant relationships between certain cultural factors and SIF exposures. For example, there is evidence of a correlation between lower SIF rates and higher scores in management credibility, perceived organizational support, value for safety, procedural justice and leader-member exchange.

"The rate of on-the-job SIF is alarmingly high and affects all industries, not just the utilities sector," said Don Martin, senior vice president at DEKRA. "The bottom line is there are steps organizations can and should be taking to reduce SIF rates. Identifying and understanding the risk factors is step one."
What Can You Do About Medical Marijuana at Work?

By William J. Judge, J.D., LL.M.

Medical marijuana is becoming increasingly prevalent and its use is creating challenges for U.S. employers, especially those with multi-state operations.

For the most part, employers who wonder what to do about legal medical marijuana use in the workforce can still do what they’ve always done. For example:

• They can have a drug and alcohol testing policy. Some state medical marijuana laws specifically state that employers can have a “zero-tolerance” policy. (Refer to Arkansas Medical Marijuana Amendment of 2016 (§3(f)(3)(B)(i) and Illinois Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/50(b))).

• Employers can still test for marijuana - and should!

• Employers can still take employment action against any employee violating company policy (Map 1).

Map 1

What Can’t You Do?

It’s easier to see what employers can’t do when it comes to an employee who is a qualified medical marijuana user. As of July 1, 2018, 30 states have authorized the medical use of marijuana and nine have legalized personal use for anyone over the age of 21 (Map 2).

Map 2

Specific Employer Protections

1. No Cause of Action: Five states (AR, AZ, IL, MT and OH) have medical marijuana statutes specifically stating there is no right to sue an employer with a policy that includes drug testing and who disciplines a medical marijuana user in good faith for violating the employer’s policy. One state (MA) has a similar stance in accordance with Supreme Court decisions. Most state statutes are silent on the issue.

2. Reimbursing Cost of Marijuana: Most states specifically declare that the cost of purchasing marijuana for medical use is not reimbursable.

3. Definitions: Only a few states define safety-sensitive (AR, PA and WV) or impairment/under the influence (AR and IL).
4. No Need to Accommodate: In 15 states the law provides variously that there is no need to accommodate the use, possession or being under the influence of marijuana in the workplace, on employer premises, or while on duty (Map 3).

5. Discipline: As mentioned above, in 17 states an employer can take employment action against an employee who is a medical marijuana patient if that employee is found to be in violation of employer policy or expected standards (Map 1).

**Active chemicals in marijuana with medicinal applications:**

<table>
<thead>
<tr>
<th>Tetrahydrocannabinol (THC)</th>
<th>Cannabidiol (CBD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Psychoactive)</td>
<td>(Non-psychoactive)</td>
</tr>
<tr>
<td>Appetite</td>
<td>Anti-oxidant</td>
</tr>
<tr>
<td>Memory</td>
<td>Anti-inflammatory</td>
</tr>
<tr>
<td>Fear extinction</td>
<td>Pain modulation</td>
</tr>
<tr>
<td>Motor responses</td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td></td>
</tr>
</tbody>
</table>

**According to U.S. prevalence surveys and studies:**

- More people consume marijuana than ever before
- 19% of 18-29 year-olds smoke regularly
- Notable increase in use among adults over 50

### Specific Employer Limitations

As may be expected, there are a number of employer limitations when it comes to dealing with marijuana in the workplace. For example:

1. **Status**: In 10 states employers cannot discriminate against an employee because of that employee’s status as an authorized medical marijuana user. The states are AZ, DE, CT, IL, ME, MN, OK, PA, RI and WV.

2. **Positive Alone**: In five states (AZ, AR, MN, OK and DE) an employer cannot act based solely on an employee’s positive drug test.

3. **State Disability Discrimination Laws**: Perhaps the greatest potential concern for employers can be found in the disability discrimination laws of each state. Lawsuits are now focusing on the alleged violation of state laws protecting them from discrimination related to the underlying medical disability for which they are using the marijuana rather than on the potential protections employees are afforded under medical marijuana laws.

Each state has anti-discrimination laws. They are only now being used by the courts and attorneys to protect employees authorized to use marijuana for medical purposes. This argument would not be available for those using marijuana legally without an underlying medical condition.

As always in these situations, it is best to consult with legal counsel to make certain workplace programs and policies comply with the rules. If you need my help, just ask!

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**Clinical Conversations**

**Neighborhood Atlas**

The Neighborhood Atlas is a new tool that shows socioeconomic data at the community level. An individual's neighborhood can influence many conditions, including cardiovascular disease and diabetes, which are disproportionately more common among racial and ethnic minorities and people who are socioeconomically challenged.


**CPR Course Content**

More people will survive cardiac arrest in the workplace and elsewhere if resuscitation course designers and instructors address shortcomings in educational offerings, new research shows. In a statement, Resuscitation Education Science: Educational Strategies to Improve Outcomes From Cardiac Arrest, the American Heart Association says standardized online and in-person courses fall short and may not always be implemented to optimize retention and mastery. The association said it will evaluate course content and make recommendations for revisions.

**Blood Pressure Control**

A preliminary clinical trial suggests that aggressive control of blood pressure may help lower the risk of cognitive impairment. Previously reporting findings from the Systolic Blood Pressure Intervention Trial include reduced risk of cardiovascular disease and related mortality. A growing body of research suggests there is a link between hypertension-related cerebrovascular disease and dementia. Findings were presented at an Alzheimer's Association International Conference press briefing.


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**Framework to Define Worker Well-Being Proposed**

A proposed conceptual framework to define and measure worker well-being is featured in the July 2018 issue of the Journal of Occupational and Environmental Medicine. The framework identifies important concepts for subjectively and objectively assessing individual, holistic health and well-being at home and in the workplace.

"Well-being is a positive and unifying concept that captures multiple factors that contribute to workers’ health and quality of life," Ramya Chari, Ph.D., of the RAND Corporation, Arlington, Va., writes in the article.

With support from the National Institute for Occupational Safety and Health (NIOSH), a panel of experts followed an evidence-based process to develop the framework with five major domains:

- Workplace physical environment and safety climate – physical and safety features of the work environment.
- Workplace policies and culture – organizational policies, programs and practices with the potential to influence worker well-being.
- Health status – factors related to individuals’ physical and mental health and welfare.
- Work evaluation and experience – perceived factors related to quality of work life.

The framework was developed as part of the NIOSH Total Worker Health® initiative, which seeks to develop a holistic approach to improving well-being in the American workforce for the benefit of workers, employers and the nation.

Millennials Influencing the Health Care Landscape

The millennial generation of workers age 22 to 37 is influencing the way health care, workers’ compensation and pharmacy benefits will be managed in the future as they transition into jobs held by retiring baby boomers, according to a report by RxInformer, a Healthesystems publication (©2018).

From a health and claims management perspective, the RxInformer identifies five factors that differentiate the millennial workforce from previous generations:

1. It is ethnically, culturally and socio-economically diverse, and includes identifiable populations with specific elevated health risks: “Understanding health impacts of patient diversity is paramount to effectively managing care.”

2. Younger employees are more open to alternatives to traditional western medicine, and new doctors have less trust in pharmaceutical companies than their older peers. In the context of workers’ compensation and other branches of medicine: “There is an increased demand for alternative therapies.”

3. An overwhelming majority of millennials support legal use of marijuana for recreational and medicinal purposes: “As more people consume marijuana, its impact on claims will grow more prevalent, requiring action.”

4. Millennials are receptive to the use of technology to connect with their care providers: “There is a clear precedent for telemedicine’s growth in workers’ compensation.”

5. There is an increasing emphasis on psychosocial concerns – particularly around the need to better address the prevalence of depression and anxiety: “…A strong application of the biopsychosocial model, integrating treatment modalities such as cognitive behavioral therapy, could possibly result in better claims outcomes.”

Watch Out for Ticks

The incident rate of tick-borne diseases in the U.S., most commonly Lyme disease, is increasing and creating a significant public health threat, according to scientists at the National Institute of Allergy and Infectious Diseases. (For U.S. prevalence maps, click here.)

If you suspect you, a family member or any employees have been exposed, get a medical evaluation. Localized symptoms of Lyme disease that appear within 30 days of a bite may include a red, ring-shaped rash and/or flu-like symptoms (malaise, headache, aches and pains, swollen glands). Later-stage Lyme disease may cause cardiac, rheumatologic, neurologic and other serious health effects.

Early-stage treatment involves the use of prescription oral medication.

Citation: Tickborne Diseases – Confronting a Growing Threat; CI Paules, et. al; N Engl J Med, July 25, 2018.