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## Health Council Reports Dismal Progress

In February 2006, the Health Council of Canada released its second annual report on progress made under the 2003 *Health Accord* and 2004 *10-Year Plan*. The mandate of this agency of Health Canada is to monitor these two Federal-Provincial-Territorial agreements, and to offer advice on how to improve key elements of the system.

In its first report last year, the Council complained that change was too slow. This year, the message is the same, with responsibility placed squarely at the feet of governments and health care leaders. The Council believes neither party is much interested in setting targets or being held accountable.

One example where commitment has slipped: The 2003 *Accord* was to ensure reasonable access to catastrophic drug coverage before April 2006, but the *10-Year Plan* only requires a progress report by June 30, 2006. There is no longer a requirement for catastrophic drug coverage, although it is a key part of the National Pharmaceutical Strategy. Home Care provides another unfortunate example of missed deadlines and inadequate scope.

The Council endorses the need for faster access to health services, but believes such a focus is far too narrow and has distracted us from the need to focus on the quality of health services and the fundamental “determinants of health”, those investments in education, social programs, the environment and other areas that create the foundation for good health.

The Council's latest report reinforces the need for its blunt oversight role. It is not so clear what will finally inspire governments to honour their commitments and health leaders to ensure meaningful progress towards better health for Canadians.

Source: Health Council of Canada. [www.healthcouncilcanada.ca/en](http://www.healthcouncilcanada.ca/en).

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## The Evidence on Ergonomics

Musculoskeletal disorders (MSDs) are defined as painful or disabling injury to the muscles, tendons or nerves that is caused or aggravated by work. They were ranked second in total cost burden in Canada, with over 80% of costs resulting from absence and disability. They account for most Workplace Safety & Insurance Board (workers' comp) claims in Ontario, and are the major cause of disability in Quebec. They affect both blue-collar workers, and office workers.

So MSDs are a problem, but what solutions work? The Institute for Work & Health recently released a systematic review of the research and found that Participatory Ergonomic (PE) interventions can prevent or reduce disabling MSD symptoms. PE can be defined as allowing people to plan and control a significant part of their work process, pace and outcomes. It would include physical modifications to the workplace or equipment.

Beginning with 442 papers, the research team found only ten met minimum research quality criteria and addressed the effectiveness of interventions on health outcomes. While the findings were not definitive, nine of the ten studies reported positive health impacts from PE. Specifically, those interventions had a:

- Small positive impact on MSD symptoms.
- Positive impact on reducing injuries and Workers' Comp claims, and,
- Positive impact on days lost from work, or sickness absence.

Organizations should assess and monitor the rate and severity of MSDs among their employees. The evidence indicates employers should consider changes to workstation design and how work is organized, and allow more frequent breaks. Relatively small up-front investments will return considerably more in reduced absence and disability, as well as lower hospital, physician and drug costs.

**Source:** Institute for Work & Health, 2005. [www.iwh.on.ca](http://www.iwh.on.ca). *Effectiveness of Participatory Ergonomic Interventions: A Systematic Review*.

## HR: Time to Rethink Attraction & Retention?

Attracting and retaining employees is a key part of human resources management, and a Top 3 issue for Canadian CEOs. Why the concern? First, boomers are already retiring. Second, a huge skills gap exists between those retiring boomers and both new graduates and those properly trained and developed by their employers. And third, cost. It can take 150% of salary to recruit a new employee.

Recent work by Deloitte Research identifies two key dimensions that make attraction and retention strategies really work.

First, find the "critical talent", those individuals and work groups who can literally make-or-break an organization. We might quickly think of people who embody the company's intellectual capital – research and development experts, finance, engineers, or other professional staff. But, Deloitte points out the real performance impact comes from off-radar folks, particularly those who touch the customer or influence their buying loyalty most often, such as call centre staff, service representatives, courier drivers, and retail inventory managers.

The second part of the strategy is essentially to improve the quality of work – how people are deployed and developed *after* they're hired. Across North America, a "good" job means respect, interesting work,

great two-way communication, and opportunities to learn and develop. Deloitte advises employers to:

- Develop: encourage “stretch” learning, by collaborating and trial-by-fire doing.
- Deploy: ensure a close, ongoing fit between an employee’s interests and aptitudes, and the requirements of the role or project.
- Connect: Support the social networks that help us solve problems, gain confidence, and meet goals.

Since development, deployment and connecting are closely linked, they can either cause us to sink or swim. Done right, Deloitte says the outcome is capability, alignment and commitment – all the stuff of successful organizations everywhere.

**Source:** Deloitte Research, 2004. *It's 2008: Do You Know Where Your Talent Is?*

## What’s New in Worksite Health Promotion? Less.

Dr. Kenneth Pelletier has published six reviews of the scientific literature of health promotion and disease management at American worksites. His latest update contained a major surprise. In five years, there were only twelve new studies that met his design and quality criteria, and only one was a true experimental design with before and after measures and a randomized control group.

Ironically, research has slowed considerably at a time when there seems to be more interest than ever in the field, and in the measurements that can justify investment. Why the change?

Dr. Pelletier offers three possible explanations. First, the cost of randomized trial experimentation is very high, and up until recently, there was no US government funding to offset these costs. Secondly, the World Health Organization concluded in 1998 that such trials are generally “inappropriate, misleading, and unnecessarily expensive.” Finally, there are now over 122 studies published in the last thirty years, the vast majority with positive findings. The evidence is already quite strong.

Companies haven’t stopped their programs, however, there are changes in study design and focus:

- Programs now focus on high-risk individuals, the most expensive to manage and compensate.
- Personal behaviour modification is also more important.
- Some studies have longer-term follow-up, now four and even six years.
- Productivity impacts and mental health issues are getting much more attention.

Momentum may again be established when American researchers begin to address the psychological and social dimensions of work, the “people side” of promoting good health in the workplace.

**Source:** Pelletier KR, 2005. A Review and Analysis of the Clinical and Cost-Effectiveness Studies of Comprehensive Health Promotion and Disease Management Programs at the Worksite: Update VI 2000-2004. *Journal of Occupational & Environmental Medicine* 47(10), October: 1051-1058.

## UK Fund Manager: Less Stress = More Value

The Financial Times of London reported that Henderson Global Investors believes companies need to do far more to manage stress and mental health issues in the workplace. No fringe player, Henderson manages Cdn\$133 billion in assets, about the same size as the Investors Group, Mackenzie Investments, and Fidelity Investments Canada *combined*.

While many companies acknowledge the effects of stress, they most often deal only with downstream effects. Henderson wants company leaders to address causal factors and disclose the cost to the organization. Stress has become the first-ranked cause of sickness absence in the UK, accounting for 36% of all days lost to illness and injury. BT (British Telecom) has reported 40%, but has reduced this figure with a three-pronged strategy: tackling the sources of stress, identifying early warning signs, and better management of those already absent with stress-related conditions.

In explaining its interest in this area, Henderson said:

We believe that preventative approaches to stress management can lead to business benefits and could pre-empt regulatory intervention. Furthermore, we believe that proactive human resources management can contribute to long term shareholder and business value.

For employers everywhere, stress and mental health issues need greater attention. Changes to job design, more flexibility in work schedules, delegating more control to employees, and better communications will all help. In the end, the Henderson report author concluded: "We believe the most effective interventions are those that tackle the underlying causes of stress rather than the symptoms alone."

**Source:** "Investors are turning up the heat on stress", by Alison Maitland. *Financial Times*, January 18, 2006.

### ***Mental health resources for leaders and managers:***

- The Conference Board of Canada has produced a very practical Tool for Managers, called What You Need to Know about Mental Health, available free at: [www.conferenceboard.ca](http://www.conferenceboard.ca), e-Library.
- The British government's Health and Safety Executive has recently produced an organizational survey, and published Management Standards that address the main sources of stress: demands, support, control, relationships, roles, and change. (See: <http://www.hse.gov.uk/stress/standards/index.htm>.)

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