

Sabbatical Summary

Wendy Simmons Spring 2009

Goals/Objectives:

My overall goal was to research and observe best practices for wellness programs. My specific objectives included attending health/wellness conferences, observing employee wellness programs locally and getting certified as a Wellness Coach specializing in health challenges. While I was not able to spend time with Fitness Link observing their wellness program due to budget cuts and while my time with Cascade Health Solutions was cut short, I was able to fill that time by attending two other conferences, the International Wellness Coordinators' Conference and the National Wellness Conference. I also created a networking committee for wellness coordinators in Lane County and I applied for a grant.

Research, Findings and Applications

The first few weeks of my sabbatical were spent applying for a grant through OEA Choice Trust. I considered focusing on stress reduction and reviewed the data. The latest research shows that 48% of Americans believe their stress has increased over the past five years, that 77% of Americans report physical symptoms from stress in the last month and that 73% report psychological symptoms from stress over the past month. Upon reviewing the needs of LCC employees in times of budget cuts and increased workloads, it became clear that addressing stress would be my focus for the grant. The grant, "Undress the Stress: Step One, the Breath" (UTS) program is designed to improve the overall mental, emotional and physical wellness of LCC employees through several mechanisms. The program will use software, training, seminars and other tools to help employees: 1) reduce and manage stress by learning a variety of methods and techniques, 2) increase movement throughout their work day and 3) increase overall health, moral and presenteesim at work. We received \$25,000 for the grant program which will run September, 2009 to June, 2010.

In May, I spent one week observing the Employee Wellness Program at PeaceHealth at the Oregon Heart and Vascular Institute. I learned about new ways to perform health screenings through saliva and blood spot testing. Hormone levels such as those of cortisol, estrogen, thyroid and testosterone can be tested. Vitamin D, cholesterol, triglycerides, and other biomarkers for health and cardiac risk can also be tested. As a painless, noninvasive and fairly simple screening, employees can do this in the privacy of their own homes. I'm currently in the process of performing these tests on myself to analyze the value of promoting this screening at LCC.

One central component of the PeaceHealth Wellness Program includes removing barriers to optimal health, making it easier for people to create healthy behaviors. For example, we could encourage stair use with playful, colorful signs that point people to the stairs, map out and post walking maps of the campus with time and distance, reward employees for healthy behaviors such as not using tobacco, encourage carpooling or commuting to work by foot, bus or bike and have healthy food choices at all meetings. Lastly, advice from Nancy McCaffrey, RD, includes, "You only need to exercise on the days that you eat."

Being able to attend the first annual Wellness Coordinators' Conference was a gift. Dr. Ronald Peters' presentation on "Mind-Body Wellness as the Key to the Healthy Employee" made the case for changing our outdated treatment model. He suggested we need to move from this model that is based on treating disease with medications that address symptoms and cause side effects, to one of prevention that treats the cause. The medical model we use now is the one that worked in the 1930's that was meant to treat infections and acute conditions. Dr. Peters said the problem is, "We are still looking for the magic pills to treat these chronic conditions and it's not working. The causes of chronic disease are lifestyle (patient responsibility), doctor responsibility (using the wrong medical model), the food industry (for providing sugar rich, mineral depleted, processed and refined foods) and society responsibility (what is advertised through the media). Our outdated medical model is for disease management and thus, needs to change. The drug industry benefits from this and consequently ranks as the most profitable in America. The total pharmaceutical marketing budget is \$25 billion, and the drug industry spends a lot of money to promote drugs to doctors. Drug firms have spent \$800 million since 1998 buying influence, including \$675 million on direct lobbying of Congress. No other interest group has spent more money to sway public policy. So, how can we change this and how do we heal chronic disease? It starts with mind/body medicine where the focus is to restore health, realize the best treatment for disease is the promotion of health, restoring the natural wisdom of the body and making the patient responsible. It involves optimal nutrition, exercise, stress management (e.g. meditation or exercise) and "emotional wound healing." His recommendations are to decrease our fat/sugar/wheat intake, increase Vitamin D3 levels, get regular exercise, manage stress and talk to heal our emotions. Use the guideline, "Whatever is revealed is healed." My goal is to bring this awareness to LCC around the need for a preventative vs. disease treating medical model, one that heals the body in a safe, healthy way without negative consequences, emphasizing the importance of the mind/body connection.

I attended a variety of sessions covering many health/fitness topics at the American College of Sports Medicine (ACSM) annual conference in May. At one session on resistance training, Dr. Miriam Nelson discussed a key health concern of many women on campus, that which is preventing osteoporosis and/or slowing down the loss of bone mineral. Her latest research on strength training recommends lifting a high load (70% of a 1-repetition maximum lift), doing low repetitions (6-8), and two sets of those repetitions to improve bone health. Those who lifted the most weight gained the most bone density. General guidelines recommended are to exercise all major muscle groups, two or more days/week, 8-12 repetitions, 1-3 sets, progressive with any type of equipment (not bands, but machines, free weights or body weight), at a moderate to high intensity. She also recommended The Growing Stronger Program which was developed by Tufts University and is a program that could be used for a class. The program includes assessing participants' fitness levels and strength, helping them set goals and develop ways to maintain an exercise program, start the program by doing basic movements and then progress towards more complex movements, and finally help them track and evaluate progress. In the not too distant future, I hope to offer a class like this at LCC for those wanting to maintain current bone density and/or prevent bone loss.

Another ACSM session I attended was on the, “Science of Sedentary Behavior.” Much research has recently been devoted to analyzing sedentary behavior. Too much sitting is a problem in addition to lack of activity. Sedentary behaviors are those less than 2.2 METs (i.e. “very light” workloads) activities such as eating, spending time on the computer, driving, watching television, technology activities, etc. Studies show TV time is detrimentally associated with biomarkers and health outcomes, independent of physical activity. In other words, you can be “active”, but also highly sedentary (e.g. 71% of the time). It does help to break up the sedentary time. If you look at the same amount of sedentary time in two groups, but one group takes breaks throughout their sedentary time, you see decreased waist circumference, Body Mass Index (height vs. weight measurement), triglycerides, and blood glucose in that group. To decrease sedentary time, it was suggested we focus on active transportation and the built environment. We must transport ourselves to work and other places anyway, thus why not make it a habit? It provides for health and environmental benefits. If we can focus on the built environment, it is more sustainable, can reach more people, and is less reliant on individual motivations.

If you build it, they will come:





Finally, in looking at sitting versus standing, standing is much better for us. It decreases our insulin concentrations; helps us clear the fat in our blood (triglycerides) much quicker and we get better glucose and lipoprotein control. Breaks could be as little as just standing up and more breaks decrease waist circumference. Regarding sedentary behavior, we need to encourage the “prolonger” to become a “breaker” (active transitions). We can’t just focus on 30 minute moderate walks, but on what people are doing the other 15.5 hours of their sedentary day. We need environmental and regulatory changes at work and in social norms.

Another thought provoking session I attended at the ACSM conference was called, “Physical Activity Promotion at the Worksite: What Matters?” with Nico Pronk. Nick reviewed the “Health Continuum”: how we can regress as we age from: Healthy/Low Risk to At Risk to High Risk to Early Symptoms of Disease to Active Disease. Even though 20% of the people incur 80% of health care costs, our goal is to move folks to the left and not only focus on the high risk people. We must approach this by focusing on everybody. For example, someone may have an event (e.g. heart attack) and the costs will shoot up, but then come right back down. Consequently, we can’t wait to identify those who are “high risk” because it will be too late. Those people need to be identified before the event. Nico said that much of our health care costs come from presenteeism: “Reduced productivity in the workplace that occurs when employees are present at their jobs, but because of physical or mental disease or impairment are not functioning at a fully productive level.” We need to focus on behaviors that matter. The top four in 2000 were: tobacco use, poor diet, sedentary and alcoholism. These often travel in pairs, e.g. smokers who drink, those who are sedentary eating a poor diet. We need to look at Optimal Lifestyle Metric (OLM) behaviors to improve life quality and

quantity, and decrease mortality. A study of 1000 subjects analyzed these behaviors which include eating five or more fruits/vegetables per day, doing physical activity for 30 minutes on four days/week, limiting alcohol intake/day to one drink for females and one to two for males; and not smoking. The average age of the subjects was 45 years with 58% being female. For those that adhered to the program they found that the more behaviors adhered to, the better the outcome. It was a dose response relationship. They found that diabetes decreased 66%, heart disease decreased 45%, back pain decreased 43% in those doing three of the four behaviors and 56% in those doing all four of the behaviors. They found that physical activity tends to correlate highly with other healthy behaviors and improving health. Regarding emotional health, depression decreased 47%, stress decreased 74% and emotional health concerns decreased 81%. Lastly the more they adhered to the behaviors, the greater the affect on absenteeism and productivity.

As a Certified Wellness coach I took my training to a new level by taking a coaching course on "Health Challenges." I did my coaching through Wellness Mapping 360 which can best be described by Anne Helmke who said, "Coaching provides a positive connection – a supportive relationship – between the coach and the person who wants to make a change. That connection empowers the person being coached to recognize and draw on his or her own innate ability and resources to make lasting changes for better health and well-being." It's about coaching for self-advocacy and self-responsibility, connectedness and being an ally to your client. This model realizes that just telling people what to do seldom works. The Health Challenges course deals more specifically with working with those who have been diagnosed with conditions such as heart disease, cancer, diabetes, obesity, osteoporosis and asthma. A key component in working with those with health challenges I learned is not to diminish the seriousness of a diagnosis, and to help people realize they are not always doomed by their problems, conditions and diagnosis. We discussed the loss of health as equivalent to any other significant loss in a person's life, and losses need to be grieved. The Stages of Grief apply completely. The goal is to encourage people to talk about concerns/issues/problems to work through their emotions. We need to expect the process to take a while. It's also important to be familiar with your client's health challenge and speak their same language so that not only can you be a better ally, but so that you really can help them find the information and resources they need to help themselves. Finally, the course taught me to use coaching in group settings. I will be using my training with groups such as for weight loss/management and diabetes support.

When I was unable to work with Fitness Link and Cascade Solutions, I decided to explore connections with other employee wellness coordinators in the Eugene/Springfield area. After meeting with both Steve Auferoth at the City of Eugene and Mary Joy Sahara at EWEB, both employee wellness coordinators, Mary Joy and I created what is called the WELL (Wellness Exchanging Linking and Learning) group. We have 14 members who are wellness coordinators in the Eugene/Springfield area. We have met twice. Our goals for these meetings are to network, collaborate, offer support, explore our expertise areas together, share information and exchange ideas regarding wellness programs and activities. Our plan is to meet quarterly at one of our respective organizations. At our first meeting we shared what we are currently doing regarding employee wellness programming. At

the next meeting we met at PacificSource, received detailed information about their employee wellness program and toured their fitness facility. I also gave a presentation on wellness information I had received at the ACSM conference in May. I see this group as a valuable resource to those of us in the wellness field and I look forward to future meetings.

In July I attended the National Wellness Conference on *Pathways to Optimal Well-being: Exercising Strengths/Increasing Real Happiness*. I think what I learned most, in several sessions, was the value of emotional and mental health on our physical health, and the importance of connections, of relationships. In a presentation on Dr. Dean Ornish and the healing power of relationships, Dr. Ornish was quoted as saying, "I am not aware of any other factor in medicine - not diet, not smoking, not exercise, not stress, not genetics, not drugs, not surgery – that has a greater impact on our quality of life, incidence of disease and premature death from all causes than love and intimacy. At all ages and stages of life, there is a strong connection between our health and our human need for connection with others." People who are lonely, depressed or isolated are three to five times more likely to die prematurely. Regarding positive psychology research by Dr. Barbara Fredrickson, I learned about the positivity ratio, that in order for people to flourish they need to experience a ratio of three positive emotions to one negative emotion. Those at work who regularly receive recognition and praise are more productive, happier and better at customer service. Ways to incorporate this at work include creating a culture of respect with a focus on overall health and well-being of the employee. Eight simple ways to increase positive emotions at work include writing gratitude letters to colleagues, doing altruistic acts in the workplace for others, using gratitude journals to record thoughts at the end of the work day, doing mindfulness/relaxation activities during breaks, helping others to explore their strengths and build on those, and talking about good things rather than problems at work. A common thread mentioned in many of the presentations as a way to be happy and at peace with yourself was that we need to be in the moment, be present in the world and be present with others. As I work with individuals and groups, I will be sharing these concepts.

At the wellness conference I also attended a presentation on "Using the Power of Your Personality for Healthy Weight Management" with Mary Miscisin, M.S. and Ed Redard, M.D. They believe that because people think differently, gather energy from different sources, take in information differently and make decisions differently, it makes sense that different personalities will require different means to lose weight. Four diet types were described, the: "Diet Planner: I do best when I am organized. I thrive on consistency, structure, and routine. Diet Player: Vitality is the name of the game. I like options and my freedom - variety is an essential spice in my life. Diet Feeler: Mind, body, and spirit are interconnected aspects of my well-being. I flourish with positive encouragement and support from others. Diet Thinker: I am a non-conformist and prefer to rely on my own strategies. I decide which information is logical and applicable to me." This Fall I intend to facilitate a weight loss group using this information and the book, "What's Your Diet Type?" It is one more tool that can help employees improve their health.

In Sum

On this sabbatical my horizons were incredibly expanded, both personally and professionally. I wish I

could write about all of my experiences. I have a plethora of information I've brought back from my experiences and I have bountiful resources from which to get more information, those include websites, books, speakers, employee wellness coordinators and friends I met along the way. I'm excited about applying this information at work in the form of coaching individuals, teaching classes, working on the built environment at Lane and developing a more diversified and creative wellness program for the employees at LCC. Lastly, I want to share a wellness concept that embodies what I appreciated much in this sabbatical, what I will continue to do, and what I wish for others. Brian Luke Seaward, in "Stand like Mountain, Flow like Water: Reflections on Stress and Human Spirituality" said: Living your joy is not just an expression, it's a philosophy that reminds us to seek and appreciate life's beautiful side. Don't just acknowledge it, participate fully. Walk barefoot on a lawn, lick a spoon with frosting, smell fresh-cut flowers. Living our joy reminds us to be in the present. Stress is a perception. So is joy. Which do you choose to perceive? Like a rose that has both beautiful petals and sharp thorns, where do you choose to place your attention? The saying goes, 'Every situation has a good side and a bad side; each moment you decide.' Choices made with a positive attitude attract similar opportunities. It doesn't mean abandon your responsibilities, but engage in healthy pleasures. Name your joy. What brings you happiness?"