



Medical  
Wellness  
Association

# Medical WELLNESS

INTEGRATING HEALTH PRACTICES

Spring 2007

Vol.4, No.1



## WELCOME FROM THE PRESIDENT

*The demand for wellness programs continue to increase as medical and wellness practitioners commit to work together around the world. In our 5<sup>th</sup> year, **The Medical Wellness Journal** serves professionals through the best practices of integrating wellness and medical programs. We strive to provide an international forum for communication among allied medical and wellness professionals. Already this year, we have participated in MWA partner meetings in Berlin, Dallas, San Francisco and Las Vegas where we interviewed **Lauve Metcalfe from the University of Arizona** for our special **One on One**.*

*It is my pleasure to invite all members and partners to the **4th Medical Wellness Summit in Las Vegas**. Again, the Medical Wellness Association proudly hosts the Summit in partnership with both the National Health, Wellness and Prevention Congress and The American College of Wellness. Together we partner to serve the medical and wellness professionals by providing new research, best practices, professional networking and continuing education. The complete **Medical Wellness Summit Program** is provided in detail on pages 4-5. There is a sense of excitement in meeting, sharing and networking with all the dedicated medical and wellness practitioners from around the globe.*

*Join us at the Venetian Resort in Las Vegas and actively participate in the new medical wellness transformation.*

*Christopher Breuleux, PhD*

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# One-on-One

Interview with

## Lauve Metcalf, MS, FAWHP

Lauve is an organizational health consultant specializing in marketing and program development of health related information to consumers. Ms. Metcalfe is on the faculty at the University of Arizona, College of Medicine where she is Associate Director for the Center for Physical Activity and Nutrition. Lauve is a past president of the National Fitness Leaders Association, the Association for Worksite Health Promotion and wellness advisor for MWA.

### **MWA**

**Describe new research trends for wellness.** The current health care crisis in the U.S. is reaching the level of concern and outrage that could be the turning point and needed paradigm shift away from disease management towards wellness. Several areas come to mind that create exciting opportunities for the medical wellness profession: Worksite research trends that continue to explore effective methods to develop, implement and measure products and services for the marketplace as well as look at the relationship of various intervention delivery systems, such as wellness coaching, telephonic, and internet interaction to influence long term maintenance of wellness practices. The expansion of programs and services delivered through the web create countless opportunities for global public access to information, resources, products and services from health risk appraisals, weight loss programs, and specific wellness intervention

modules. The expansion of hospital and teaching universities telemedicine programming has provided access to education and learning interactions with rural communities across the U.S. and around the world. This promotes awareness on many diverse levels and creates the need to evaluate program/product effectiveness, market reach and sustainability issues.

As research trends continue to look at lifestyle behaviors and how to reduce risk, there will be more focus on the underserved population and delivery systems outside of the workplace, hospital and school environments, utilizing faith-based organizations, neighborhood community associations, outpatient clinics and rural health partnerships. These outreach methods have potential to target intergenerational family systems and access community members, mentors, promotoras, and para-professionals to provide sustainable community programs. Interest the global food market is a hot topic for nutrition science research. Americans who fall nutritionally short on their daily food choices may benefit from the focus on bio-energetic foods. Food and plant scientists are experimenting with hi-lycopene tomatoes and wheat flour with added protein, zinc, and iron for consumer products such as breads, breakfast cereals, and pastas. Also under investigation are the benefits of green tea and cultured food to enhance health.

### **MWA**

#### **Expand on future opportunities with Integrative Medicine .**

Integrative medicine research continues to take a more interactive viewpoint and champions the concept that the whole is more than the sum of its parts. More teaching hospitals and medical institutions will take an integrative approach to look at multiple interactive factors as input (patient/participant characteristics, complementary and alternative medicine and conventional treatments, patient-provider interactions) and multiple, interacting dimensions as output (biological, psychological, social and spiritual) in health-care outcomes. For instance, The University of Arizona's Program in Integrative Medicine is working to become a Center of Excellence in Integrative Medicine by blending modern science which focuses primarily on the specific subsystem or disease with integrative sciences which focus on the patient as a participant, with multiple outcome variables and healing mechanisms in an interactive dynamic relationship. Examples of these variables would be using nutrients, botanicals, preventive and wellness interventions and energy medicine therapies in the course of treatment and development of high-level wellness.

### **MWA**

**What are the key issues facing health and wellness lifestyles today?** I think most people are still looking for a quick fix when it comes to taking care of their

health. Our challenge as a wellness profession is to make health promotion, and wellness something exciting, achievable, fun and the foundation for living a high quality life and excelling at work. We need to make wellness the brass ring that individuals, organizations and communities vie for and brag about. Wellness is about being fully alive everyday, valuing your worth, and when faced with a challenge, stepping up and responding, "I can handle that!"

#### **MWA**

**You are involved with several professional organizations. How does MWA support the ongoing wellness education and networking opportunities?**

Professional organizations provide a "fast-track" to excelling as a professional or as an organization. There are several key benefits, first is the value of networking with people and organizations that are concerned about the same issues related to wellness. The networking in MWA provides ideas, collaborations and discoveries that are difficult to create independently. Additionally, our political and social voice is much stronger when we join together to

support cultural changes at the individual, organizational, community and environmental levels. MWA offers the value of enhanced learning and skill development opportunities to individual professionals as well as provides resources, trainings, and educational forums to organizations to better align wellness as a viable part of the overall health benefits strategy.

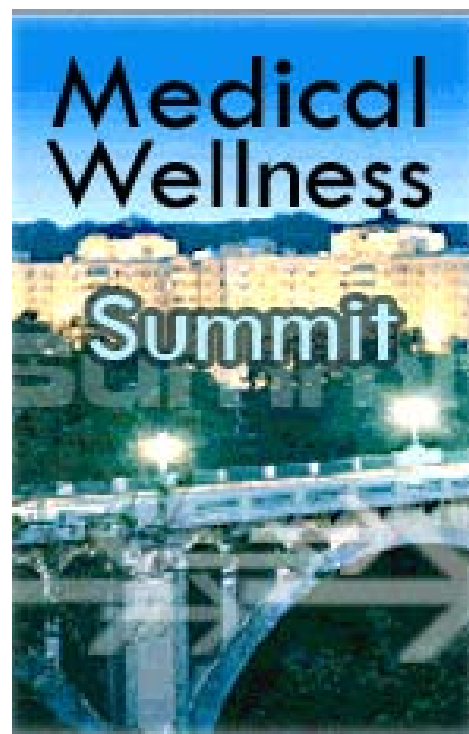
#### **MWA**

**What is the current status of the academic and university wellness community?**

I think universities are struggling with the same issues and challenges that a worksite or hospital based wellness program are facing in today's current economy: cutbacks, escalating costs for expansion, changing leadership, increased health care costs, and professionals faced with doing more with less and less resources. The good news is wellness is alive and growing on college campuses across the U.S. For example, two years ago, The University of Arizona launched the *Well U* Partnership which is committed to create, support and sustain individual health and well-being, develop responsive and

productive work environments, and foster a supportive wellness culture within the University of Arizona community. This collaboration has given individual entities that have been a part of the university for many years a stronger, more supportive and more sustained presence within the campus and in the Tucson community.

Lauve Metcalfe, MS is a founding Medical Wellness Advisor and Diplomat.



## **DEFINING MEDICAL WELLNESS?**

Medical wellness is an approach for delivering health care that considers the multiple influences on a person's health. Accordingly, there are multiple options for treating and preventing disease. Further, medical wellness:

- Provides a balanced, appropriate application of wellness practices within the clinical setting that are based on evidence-based practices.
- Promotes a cross-disciplinary approach to patient care, based on informed consent and decision support between the practitioner and patient.
- Establishes a foundation for dialogue and collaboration between conventional and complementary practices with the primary goal of promoting optimal health and well-being.
- Promotes the development and application of professional standards for wellness practices across clinical practices.



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# Medical Wellness Summit 2007

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## Leading the Integration of Medicine and Wellness Initiatives

*Hosted by the Medical Wellness Association*

April 30 | The Venetian Resort Hotel Casino | Las Vegas, NV

### Discover Opportunities in Medical Wellness - Find Solutions, Make Connections

Get the most up-to-date, credible, safe and valuable information from leading experts that you can incorporate into your practice & programs

Learn the most effective way to integrate the use of Wellness practices and products into your business; and discover the latest Medical Wellness research and most cutting-edge trends. Come discover how medical wellness programs provide real solutions for today's changing health care environment. Join us in Las Vegas for the most valuable networking event for our profession. *More information at the MWA website: [www.medicalwellnessassociation.com](http://www.medicalwellnessassociation.com).*



Christopher Breuleux, PhD  
Conference Chairman  
President  
Medical Wellness Association



Lauve Metcalfe, MS  
Director  
Program Development  
Center for Physical Activity &  
Nutrition- University of Arizona



George Pfeiffer, MSE, FAWHP  
President and Publisher  
The WorkCare Group

NATIONAL  
**Wellness, Prevention  
& Fitness**  
CONFERENCE

Co-located with the  
**National Wellness, Prevention & Fitness Conference**  
April 30 - May 2nd, 2007  
The Venetian Resort Hotel Casino | Las Vegas, NV

Come engage with delegates and faculty including leading medical, health care and provider organizations, wellness, health promotion and fitness professionals as we develop integrated strategies and programs to improve the health, productivity and well-being of employees and consumers.

Visit [www.nhwpc.com](http://www.nhwpc.com) for more information & registration.

NHWPC is held  
concurrently with:

**CDHCC**  
www.cdccc.com  
Consumer Directed  
Health Care Conference

**CONSUMER  
DIRECT ACCESS  
TO HEALTH  
RETAILIZATION**

**INTERNATIONAL  
MEDICAL TOURISM  
CONFERENCE**

## Medical Wellness Summit Faculty

**Mike Alpert**  
Chief Executive Officer & President  
The Claremont Club

**Amy Blansit-Broadbent, MA**  
President  
American College of Wellness

**Christopher Breuleux, PhD**  
President  
The Medical Wellness Association

**Loren Brink**  
Chief Executive Officer  
Asia Sales and Marketing

**Ed Buda**  
Lakeshore Medical Fitness  
Rush-Copley HealthPlex

**Michaela Conley**  
President, hpcareer.net  
**Anne Marie Connolly, MS**  
Director  
Rhode Island State Wellness Initiative

**Dr. Jason Deitch**  
Chief Wellness Officer  
The Masters Circle

**Robert Hopper, PhD**  
President  
Hopper Insurance Services

**Debra Hopper**  
Hopper Insurance Services

**Katie Hurley**  
Founder, Spa Wellness Solutions

**Roger Jahnke, OMD**  
Chief Executive Officer  
Health Action

**Lauve Metcalfe, FAWHP**  
University of Arizona

**Margaret Moore**  
Chief Executive Officer & Founder  
Wellcoaches Corporation

**Dr. Richard Perryman**  
Director, Corporate Wellness  
Health Coach Systems

**George Pfeiffer, MSE, MAWHP**  
President, The WorkCare Group

**Dave Pickering**  
Chief Executive Officer  
Preventure/IFCN

**Graham Simpson, MD**  
Principal  
Ageless Zone International

**Sean Slovenski**  
President & Chief Executive Officer  
Hummingbird Coaching

**James Strohecker**  
Chief Executive Officer &  
Co-Founder  
HealthWorld Online

## Don't Miss These Great Summit Sessions

### Future Wellness Trends: Opportunities in Medical Wellness

Christopher Breuleux, PhD

### Research Trends & Applications for Wellness

Lauve Metcalfe

### Integrating Medical & Wellness Programs

Graham Simpson, MD

### Worksite & Corporate Wellness Panel

Sean Slovenski, Dr. Richard Perryman & George Pfeiffer

### Employee Wellness Models & Programs

George Pfeiffer & Sean Slovenski

### Developing Wellness Facilities & Programs

Chris Breuleux, Ed Buda & Mike Alpert

### Women's Wellness

Lauve Metcalfe & Amy Blansit-Broadbent

### Integrative Medicine

Graham Simpson, Jason Deitch & Roger Jahnke

### Creating a Culture of Wellness

James Strohecker

### Forward to the Future, How the Spa Culture is Transforming the Health Care Landscape

Katie Hurley

### Health & Wellness Coaching, Successful Models

Sean Slovenski & Margaret Moore

### Health Savings Accounts Financing Alternative Care & Wellness

Debra Hopper & Robert Hopper

### Wellness Solutions Discussion Panel

James Strohecker, Margaret Moore, Robert Hopper, Debra Hopper & Katie Hurley

### Health Coaching & Wellness Assessments

James Strohecker, Sean Slovenski & Margaret Moore

### Commercial & Community Wellness Programs

Dave Pickering, Mike Alpert, Anne Connolly & Loren Brink

### Anti-Aging & Medical Spas

Graham Simpson & Katie Hurley

### Nutritional Programs & Services

Amy Blansit-Broadbent & Richard Perryman

### Careers, Recruitment Opportunities in Medical, Wellness, Health, Fitness and Therapy

Michaela Conley



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[www.medicalwellnessassociation.com](http://www.medicalwellnessassociation.com)



**AMERICAN  
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OF  
WELLNESS**

Wellness Summit is open to the public. Attendance fee is \$150 for MWA members. For non-members, the fee is \$250.

### How to Register:

Registration forms and information available online at [www.nhwpc.com](http://www.nhwpc.com) or in National Wellness, Prevention & Fitness Conference brochures. The Medical Wellness Summit is listed as part of the Preconference Workshop Series.

Visit [www.nhwpc.com](http://www.nhwpc.com) for more information.

### 3 Easy Ways to Register

1. Online at [www.nhwpc.com](http://www.nhwpc.com)
2. By Mail: Return a completed registration form to:  
MWA Summit 200  
c/o Transmarx, LLC  
PO Box 448 | Richmond, VA 23219
3. By Fax: 804-225-7458  
For assistance, call 804-266-7422, ext 7408



# Workplace Wellness Barriers and Enablers for Employee Weight Control

by Peter Brown

This research based from a UK workplace was designed to examine common barriers and enablers for weight control in a workplace. Worksite health promotion involves a continuous effort to encourage employees to maintain good health and wellness. The demands of global business typically create high workloads, change and often a great deal of uncertainty for employees. Many employees have to work excessive hours to meet the demands required of them. As a result, personal health and wellbeing issues may become neglected. The increasingly sedentary nature of work may also be a major contributor to becoming overweight.

Most modern workplaces are now computerized and it is considered normal for employees to sit most of the day at a workstation. Helping employees to adapt to such a sedentary working environment is a major health challenge. Currently maintaining good weight control in such a sedentary environment is a considerable challenge.

Many jobs today do not involve much physical activity. Additionally, today's global economy brings

a great deal of change and uncertainty, which can result in long hours of work and considerable pressure to perform. As a result of such often pressured and sedentary work, many employees may loathe to make "self-time" to exercise, take proper meal breaks, or follow what is considered to be a healthy lifestyle with the result that they are at a relatively high risk of becoming overweight, or even obese, together with the associated health risks. Blundell & Burley (1990).

Many employers now provide in house corporate wellness centers and programs to encourage employees to follow a healthy lifestyle, often supported with professionally qualified and trained health/wellness staff. The mere provision of an in-house facility may seem attractive, but does not guarantee use by employees. Prior to even considering exercise and fitness, there may be many perceived or real barriers to overcome. Even when an employee may decide to use the facility, experience suggests that such individuals may require considerable guidance and support when attempting to make new lifestyle changes.

For a wellness practitioner, it would be helpful to know more about the fundamental attitudes and underlying thoughts of those who may wish to follow a healthier lifestyle and use the fitness centre, but for various reasons, do not. Currently, there appears to be very little information of the possible barriers that may exist, or even the many factors that may encourage, or assist individuals, to

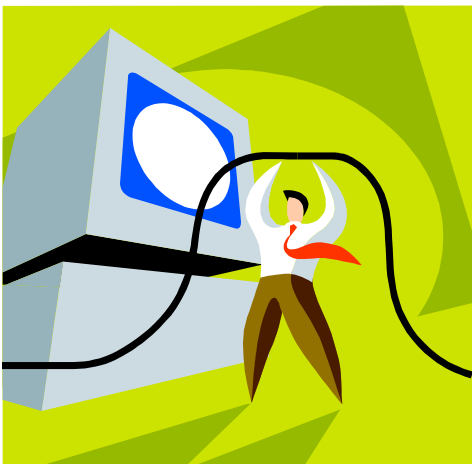
make a higher commitment to their health, despite the many possible pressures of today's competitive workplace. We need to gain a better understanding of the perceived barriers, or enablers, to maintaining weight control in a sedentary workplace.

## Review of Worksite Literature

The literature review was conducted by searching relevant databases and websites to search key articles on obesity, overweight, BMI, employee, office, workplace, prevent, treat, barriers and health promotion.

Two categories of search included (a) all articles relating to workplace and obesity and (b) "review" articles only related to the prevention and treatment of overweight and obesity. The search was limited to articles published after 1980, published in English and related only to adults. A considerable number of studies are currently available in the areas of exercise, healthy eating and weight control, but the available literature regarding workplace issues is extremely limited. Such studies could provide valuable insights to understanding the typical barriers facing employees and health/fitness practitioners as recommended by Williams et al (1993). The practical difficulties of conducting such studies in a workplace situation are also considered. Shephard (1996) stated that "large, randomized, double-blind, controlled experiments are not feasible in the context of worksite exercise programs".

The literature review suggested the extremely low number of



worksite health studies that have been conducted to date, and only two relevant UK studies. (Mein *et al*, 2005 and Proper *et al*, 2006). Most studies that do exist have emanated from the US, which may not be fully comparable and may have been conducted many years previous. Despite the lack of worksite studies, however, many companies do provide facilities, professional staff and wellness programs and invest in the wellbeing of their employees. This does require considerable financial investment, but good returns on such investments have been shown (Peletier, 1996).

One U.S. study, reviewed nine health promotion programs involving 68,812 employees over 24 worksites and validated the hypothesis that employees who participated in health promotion programs have lower subsequent levels of absenteeism, when compared with employees who did not (Weitzel, 1989). Finding the time and motivation to exercise may be a significant barrier. In a recent UK study, it appeared that full-time work was associated with lower rates of physical activity levels amongst the 6,224 participants. However, the lower rates of physical activity groups were between 45-69 years old (Mein *et al*, 2005). In a recent study Proper *et al*, (2006) examined the dose-response relationship between moderate and vigorous physical activity, and sick leave, in a working population in the Netherlands. Workers meeting the recommendation of vigorous physical activity for at least three times a week had significantly less sick leave over a year period. A review examining the effectiveness of physical activity interventions for adults in the workplace was conducted by

(Dishman *et al*, 2003), suggested that workplace interventions may be inconsistent in promoting changes in physical activity as they were mostly attended by those who were already regular exercisers, or were highly motivated to do so. This may indicate that more should perhaps be done in the future within workplaces to better attract and then support the unfit and overweight population.

Obesity is a chronic condition characterized by an excess of body fat. It is most often defined by the Body Mass Index (BMI), which is calculated by the body weight in kilograms, divided by height in meters squared. A BMI of 30-40 is considered obese, and above 40 is severely obese. Being overweight is defined as having a BMI of 25-30. It is recommended that the individual should maintain a BMI in the range 18.5-24.9 and to avoid a weight gain of more than 5kg during their adult life (WHO, 2000).

The USA has experienced an estimated five-fold increase in the levels of overweight and obesity since 1986 (Sturm, 2003) and there has been an almost three-fold increase in UK adult obesity levels since the 1980's and is continuing to increase. Nearly two thirds of men and over half of all women were either overweight or obese in 2001. (DOH, 2002).

In economic terms, the increasing overweight and obesity population is estimated to have cost England an estimated £2.6 billion in 1998, and over 18 million days of sickness were attributed to obesity. Health-related sickness absence is also estimated to have cost UK businesses approximately £2 billion annually. With increasing levels of the population becoming overweight there is a cor-

responding increase in diabetes, cardiovascular disease, hypertension and mortality rates (WHO, 2003; NCEP 2001 and Pate *et al*, 1995). The Chief Medical Officer's Annual Report (DOH, 2003) highlighted the overweight and obesity problem as the health time bomb and has stated that adults who are physically active have a 20-30% reduced risk of premature mortality and up to 50% reduced risk of developing major chronic diseases such as coronary heart disease, stroke and cancers (DOH, 2004). Being overweight is a leading cause of coronary heart disease and associated cardiac risk factors, including high blood pressure and high cholesterol levels. A waist measurement that exceeds 94cm (37inches), for men and 80cm (32 inches) for women appears to have additional health risks of the Metabolic Syndrome. (WHO, 1997).

The potential health risks of being overweight are serious and include an increased risk of diabetes, cardiovascular disease and other associated illnesses. (Pate *et al*, 1995. WHO, 2003). Being labeled as "overweight" can also have psychological implications and lead to low self-esteem, or depression (Pi-Sunyer, 1999). However, weight losses of just 5-10 per cent have been shown to reduce cardiovascular risk factors, angina and other associated health conditions. (Klein, 2001 & DOH, 2004) Adults who are physically active have a 20-30% reduced risk of premature mortality and up to a 50% reduced risk of developing several major chronic diseases such as coronary heart disease, stroke, diabetes and cancers. The increase in sedentary behavior, typical of many of today's work-

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# MANAGEMENT MINUTE UPDATE

## The Interview

Supervision is probably one of the more difficult jobs in the wellness workplace, yet we employ and even promote people based upon their credentials and not on proven effectiveness as a leader. An additional, very serious complicating factor is the size of the organization. Being small, many times, is used as an excuse to settle for less and/or think that such important management tools are not important. These tools include:

- Effective Interviewing
- Training and Development
- Performance Feedback and Evaluation
- Correcting Performance Issues
- Motivation – Reward and Recognition
- Customer Service

**The Management Minute** is designed to be a quick review of many supervisory topics that we deal with in health and wellness. The employment interview is probably one of the most underutilized management tools we have at our disposal. A skillfully conducted employment interview can reduce turnover and in-turn expenses. Below are some do's and don'ts to review and improve your personal interview skills:

### **Do:**

Schedule and allot an appropriate block of time. Just as the applicant is putting their best foot forward, don't forget that you are representing and selling your organization.

Remember the 20/80 rule. You talk 20 percent of the time and the applicant talks 80 percent

of the time. Usually it is the reverse 80/20. If you are talking, you are not learning anything about the applicant.

Ask open ended questions. Ask question that require other than a yes or no response from the applicant:

What three things did you like about your last job?

What do you think your strengths are?

What areas do you feel you may be weak and need to work on?

What do you know about our organization?

Why did you leave your last job?

Describe your specific job responsibilities on your last job?

What three things did you like least?

How would you describe your last supervisor?

How would your last supervisor describe you?

Add other questions you feel important and discretely refer to the list during the interview.

Maintain good eye contact with the applicant?

Use pauses to your advantage.

Many times we become very uncomfortable with pauses and will ask another question. If there is a pause after the applicant seems to finish a question, look down at the applicants resume or application in your lap. It may take 5 seconds, but the applicant will usually start talking again. Remember, when the applicant is talking, you are learning something.

Do give them a copy of the job description of the job they are interviewing for. It is important that they see, in writing the actual job they will be do-

ing and where they will be working. Some managers choose to have the applicant visit with the people that they will be working with. Be sure there are no negative issues with the employee group that will make the applicant become unenthusiastic about the position and your organization. Employees like to be part of the process.

Allow time for the applicant to ask questions: I like to end with, "I've asked all of the questions, let me stop and answer any questions that you may have." Be attentive and try to answer their questions as specifically as you can.

Take good notes. You may have an opening in several months and the notes will help you in who to call and who not to call. IMPORTANT: Keep your notes separate from the application.

Give the applicant a tour of the department. Show them exactly where they will be working. (This could be difficult if you are replacing someone and they don't know it yet, but it can be worked out) The clearer mental picture the applicant has, the better the chances of making a positive impression.

End the interview with, "What's Next?" "I'll call you back on (be specific)."

Follow-up on promises. If you agree to call the applicant back – do it! They can become angry over someone that promised to call them back, but never did. The word will get out that your organization is not a place that values their



word or values its employees. Applicants are much more inclined to sue you if they are not treated properly vs. explaining to them that you have selected someone else.

Stress what's important to you.

Two things that should be a major part of the organization – punctuality and outstanding customer service. Spend a few minutes explaining your expectations. Cover these expectations again during the orientation period and include them on the written performance appraisal. This will be discussed in another issue.

**Remember:** Employees are not mind readers and it is a prescription for great misunderstanding, usually resulting in the discharge of the employee, if negative performance behavior is not immediately discussed with them.

**Don't:**

Let your size of your organization work against you. There can be advantages because you are small employer. You may be doing two jobs, working lots of hours, but there are basic very sound proven management principles and you should not short change these principles just because you are small. Many of the most successful organizations are not very large employee organizations.

Put yourself in a position where you will be interrupted. Close the door to your office and if you don't have an office, borrow one. I defy you to interview with the door open and not look up when someone walks by. Additionally, it is an

open invitation for you to be interrupted, particularly when someone walks by. Hold phone calls and shut off pagers and cell phones. Sorry for that last comment, but it's something that plagues many Managers and Supervisors.

Ask questions that can be answered yes or no. You learn nothing when an applicant answers yes or no to a question you asked.

Be an interrogator. Certainly you will ask most of the questions, but be aware of how you are asking the questions and if you are giving the applicant the proper time to answer.

Rely on shortcuts. Don't over read body language. There are articles and even books on body language. Rarely does this serve you well during an interview. Use your skill as an interviewer, not unproven techniques.

Interview behind your desk. Put the applicant in a chair beside your desk or move to the other side of your desk for the interview. This promotes a much more positive

Be afraid of the law. If you do the right thing and have clear, updated policies and procedures, successful suits can be reduced almost to zero. Many issues are a result of the applicant or employee not being treated fairly. It is the organization's responsibility to effectively train and update relating to current state and national employment laws.

**Don Crow has conducted over 1,000 supervisory management programs throughout the country and for many healthcare associations.**

## Medical Wellness

### Diplomats

2007

Laue Metcalf

Dr. John Munson

Dr. Robert Karch

Amy Blanset-Broadbent

George Pfeiffer

Dr. Dennis Colacino

Dr. Christopher Breuleux

Washington D. C.



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places, is also a major contributor to becoming overweight. (Prentice & Jebb, 2003). Most modern workplaces are now computerized and it is now the norm for employees to sit for most of the day working at a computer workstation. Helping employees to adapt to a sedentary working environment may become a major challenge for business in the future.

Access to a wide range of foods, combined with reduced physical activity is key reasons why obesity is such a global public health problem (Peters *et al*, 2002). The escalating portion sizes, commonly served in fast food outlets, has been shown to result in over eating and poor energy compensation, resulting in widespread weight gain. (WHO, 2003). Overweight and obesity occurs when energy intake exceeds energy expenditure over a period of time and it has been suggested that obesity develops because of an evolutionary drive to eat when plentiful food is available (Peters *et al*, 2002). Rolls *et al*, (2002) has recently demonstrated that both normal weight and overweight men and women may inadvertently consume 30 per cent more energy when offered larger portions, than when offered smaller portions of food. High fat foods are highly implicated in the widespread population increases in weight. An analysis of 16 studies, which compared high-fat with low-fat diets, showed that a reduction in the fat content of common foods by just 10 per cent could result in a weight loss of 4.4kg (Astrup *et al*, 2001).

Increasing regular exercise is not only important to prevent weight gain, but may also reduce potential health risks. There is overwhelming evidence that fitter individuals tend to develop less coronary heart disease (CHD) than their sedentary counterparts. Furthermore, if CHD develops in active or fit individuals, it occurs at a later age and tends to be less severe. (Thompson *et al*, 2003). Weight loss has been shown to reverse almost all the health hazards associated with obesity and even moderate weight loss of 10 per cent, or less, can reduce the health risks (Goldstein, 1992). Regular physical activity also helps to prevent gradual weight gain, whereas low levels of physical activity, when combined with a sedentary occupation, promotes weight gain. In addition increased physical activity results in a reduced risk of cardiovascular disease and all cause mortality at any BMI level (WHO, 2003). A recent study has shown that modest amounts of exercise, even without weight loss, improve insulin sensitivity (Duncan, 2003). The World Health Organization advises that to maintain a healthy body weight it is recommended that the individual takes 30-60 minutes of moderate intensity activity, such as brisk walking, on most days of the week. Although 30 minutes a day of exercise confers many benefits, for the prevention of obesity 60 minutes of activity is now considered to be more appropriate (US Health and Human Services, 2005).

Encouraging such regular exercise is currently an important part of the government's strategy and the Department of Health has launched a new initiative: "*Choos-*

*ing activity: a physical action plan*" (DOH, 2005). However, embarking upon a regular exercise program can be a daunting challenge for previously sedentary people, Experience suggests that many individuals may need considerable guidance and support when attempting to make such new lifestyle changes. Also, for many people, weight control can be a difficult problem to resolve. Failures appear to occur for many reasons, such as high expectations, unrealistic goals and lack of time. Changing behaviors is very difficult and the success of the program will largely depend upon the program elements and the skills of the practitioner. (Brownell, 1997). Worksite studies suggest that the most successful programs are those that use a model of initial health screening, intervention and follow-up. The workplace environment could play a large role in encouraging employees to follow a healthy lifestyle through promoting healthy lifestyles, in-house fitness facilities, healthy restaurant food choices, and encouraging managers to have a flexible approach to encouraging exercise. If such an environment doesn't exist only the most determined employees are likely to succeed in lifestyle change and creating such healthy workplace environments has been one of the recent targets of the Department of Health (DOH, 2005).

Many people who join fitness clubs to get fitter and lose weight typically receive one or two brief introductory sessions and then are left to progress on their own. However, the overwhelming evidence suggests that overweight and obese people should be

gradually encouraged to integrate small changes into their lifestyle over a longer time period to maintain progress and any initial weight loss (Tremblay *et al*, 1999). Changing lifestyle habits require a long-term commitment and many people would also benefit greatly from periodic follow-up sessions and reviews, together with ongoing professional support to encourage adherence to new behavioral habits.(Williams *et al*, 1993). Wellness staff can play a crucial role at such times through providing ongoing support and encouragement, through gradually encouraging small, but achievable, lifestyle changes that build self-efficacy and confidence. (Bandura, 1982).

When embarking upon a program of lifestyle change, individuals have been shown to typically move through various 'stages of change' (Prochaska and DiClemente, 1984; Prochaska *et al*, 1992), moving gradually from being generally uninterested (the 'pre-contemplation' stage) to considering a change (the 'contemplation stage'), to then preparing to make an actual change (the 'action' stage). During this process, relapses to an earlier stage are often common and are almost an inevitable part of the lifestyle change process. A key role for health/fitness professionals is to help participants to maintain motivation levels and to sustain the change process. For those persons not yet ready for the 'action' stage, this could include the use of sound motivational interviewing skills that are designed to address basic ambivalence issues that may exist and are better resolved prior to starting. (Miller & Rollnick, 2002).

The demands of global business typically create high-pressure workloads, often resulting in employees working excessive hours to meet the demands required of them. Consequently, personal health and wellbeing issues may well become neglected. The increasingly sedentary nature of work may also be a major factor for employees becoming overweight, or obese, with the associated health consequences. Some studies emphasize the importance of maintaining client contact throughout the critical lifestyle-change process and providing ongoing support, as Individuals can rarely succeed on their own efforts. It is important to encourage small, but achievable wellness changes and to offer continued support beyond the short-term. With regard to weight control programs, studies conducted strongly confirm the need for long-term support and should be planned for when designing such wellness intervention programs. This review represents a significant step in trying to better understand matters related to employee wellness, if acted upon it could also provide an important message to employees that the organization fully supports a healthy workplace culture.

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## Medical Wellness News, Christopher Breuleux

### An Investment in Wellness for Our Children

With the ever-growing mountain of data indicating a continuing rise in the incidence of childhood obesity, organizations the medical community are partnering to prevent and fight childhood obesity and its causes. But it has proven much harder for advocates to research and fund the adolescent wellness programs. That's why the Robert Wood Johnson Foundation program intends to spend more than \$500 million over the next five years to combat this major childhood health issue. According to *The New York Times*, the foundation's financial commitment represents "one of the largest public health initiatives ever tried by a private philanthropy."



Data from the U.S. Census Bureau and a 2006 study published in *The Journal of the American Medical Association* suggests that 25 million children 17 and under are obese or overweight, roughly a third of the 74 million in that age group. Many of those children are poor and live in neighborhoods offering limited access to safe outdoor play and healthy eating options. The environment and society make it challenging for children and families to choose and maintain healthy lifestyles. The foundation will employ several strategies such as increasing research to enhance understanding of obesity, investing in programs to improve access to healthy food, exercise and helping with the development of safe activity and facilities.

### MWA Sets Professional Standards and Honors Medical Wellness Diplomats for 2007

The *Medical Wellness Association* developed the **Medical Wellness Diplomat Program** during 2006. By working together, Medical Wellness advisors and members are making a significant impact on health care and are changing the way medicine and wellness integrate and improve the health of individuals, worksites and communities. The following standards of professional service and requirements were defined for any Medical Wellness Diplomat Program candidate application process.

<b>Education</b>	Approved Graduate Degree
<b>MW Professional Experience</b>	3 Years of Active Practice and Membership
<b>Professional Support</b>	Presentation at National/International Summit or Approved Meeting
<b>Journal Publication</b>	Authored/co-authored Medical Wellness Journal or Related Journal

**Medical Wellness Association Presents Distinguished Awards at Wellness Summit and National Health, Wellness and Prevention Congress, Washington DC – December 11, 2006** Demonstrating its ongoing commitment to helping medical and wellness professionals promote a lifestyle of health and wellness, the **Medical Wellness Association**® (MWA) presented the 2006 Medical Wellness Award winners.

**Dennis Colacino, PhD received the 2006 Distinguished Service Award**

**The American University was awarded the 2006 Distinguished University Program**

**The 2006 Distinguished Program Award went to the Johns Hopkins Wellness Center**

### Medical and Healthcare Become Major Fraud Targets

The 2006 Association of Certified Fraud Examiners (ACFE), Report to the Nation on Occupational Fraud and Abuse indicates that health care organizations that fall victims to fraud have median losses of \$160,000 per incident. Based on the latest published report from ACFE, health care ranks fourth among all other industries for the number of internal fraud cases. Considering how much money flows through the medical and health industry, it has become a major target. While many medical and health care groups devote substantial resources to prevent noncompliant or false claims, there are several high risk and fraud areas that receive little evaluation and scrutiny. The following fraud and theft schemes lead the profiled report.

- Accounts payable tampering with checks and vendors
- Theft of cash and non-cash assets
- False payroll and overstated payments
- Billing schemes with false health and medical care claims
- Expense reimbursements

# Designing Wellness Centers: Selecting Consultants and Providers

By Christopher Breuleux, PhD

Before a new wellness center develops a model and facility standards, it should have a clear conceptual plan along with goals and desired outcomes. The future success for any new wellness facility begins with research and due diligence.

## Planning for Success

A new wellness facility team, like any team, must plan for success. It is recommended that the detailed planning stage of the project be initiated as early as possible. The first step in the essential planning process for a new facility is to conduct a review of consultants and support providers. As a result of this review process, the selection process should start with the project goals, market analysis and vendor evaluation.

## Action Planning

In the beginning, to conduct a consultant evaluation it is recommended to review at least 3 to 4 potential providers for the project. A detailed feasibility analysis is very important that reviews demographic and market data to select the best consulting provider for the success criteria and desired goals. Set outcome goals to identify the business and wellness goals for the proposed center; meet with all key stakeholders to fully understand the reasons for selecting the consultant. Review objectives; evaluate the overall service areas and program plan to clarify how the wellness center and programs will help contribute to the goals of the overall plan.

## Consultants

Consultants will review the project site locations and conduct a site analysis. They should evaluate the location for potential users based on demographics, convenience and accessibility. Rely on consultants, design firms, wellness industry data sources, surveys, benchmarking to guide the project.

**Competition** — Every new project should conduct competitive or community analysis of the comparable operations in the target area. This community assessment determines key information about the area's existing wellness centers. A "professional shopper" or mystery shopper program technique can be used to assess direct and in-direct competition. A good competitive analysis can usually be completed within a week

## Comparison of Successful Consultants

Develop a comparison of successful wellness consultants in the market to help determine your criteria and components to consider for provider evaluation and selections. This is a great benchmarking tool and review process for the wellness project. The following process is just one simple example checklist used to select preferred vendors for wellness facility projects.

## Consultant and Provider Checklist

### **Exclusivity**

- Provides some form of exclusivity
- Minimum of three-mile radius or drive time of exclusivity

### **Accessible Provider**

- Can travel and provide services at diverse geographical locations
- Provides site visits and facility tours with past and current clients

### **Experience With Target Consumers**

- The consultant has worked with similar clients and projects within scope
- Provides comparative project and benchmarking data and reports
- Consultant has worked within geographic regions where project is located

### **Consultant Background**

- Has been in business for at least five years
- Has a solid reputation in the field

- Can provide at least four references
- Provides ongoing support and coaching
- Ongoing vendor liaison is identified
- Provides periodic written communication and reports
- Is accessible and available to receive phone calls

### **Delivery of Services**

- Timeline for work is scheduled within agreement and bid
- Turnaround time for services/work is specifically defined
- Shipping materials and reports is one week or less

### **Marketing and Sales Support**

- A complete array of marketing materials is provided
- Provides ongoing marketing consultation and support

### **Success Rates**

- Consultant provides current and well-documented success outcomes
- Successful track record in comparative geographic/ demographic markets
- Works as a bipartisan and independent organization
- Has published in peer review journals

### **Performance/Quality Improvement**

- Consultant formalizes program
- Provides ongoing evaluation of facility and programs
- Develops specific performance measures

*Christopher Breuleux is the active President of the Medical Wellness Association. He has consulted with over 200 organizations including hospitals, clubs, spas and wellness facilities.*

# Obesity Management Specialist Certification

## The American College of Wellness

Launches June 1, 2007! The **Certified Obesity Management Specialist** program is a high-efficiency, self-study and self-testing tool containing power point presentations, study guide, questions, answers, and explanations. The content of the program covers the essentials of obesity management, which incorporates an understanding of disease prevention, wellness, nutrition and mental health.

The **Certified Obesity Management Specialist** program is designed for maximum flexibility. Study, review, and test yourself on the most relevant data, saving valuable time and energy. Each product contains detailed explanations, and interpretive data such as images, tables, diagrams, etc. Detailed content were developed by practicing clinicians and leading educators.

The **Certification** program will assist and direct you to provide guidance to clients seeking wellness advice on lifestyle changes, weight management and overall improved health. The program provides you the fundamental skills of client assessments and general coaching strategies. Finally, you will learn how to assist your clients to design and reach their goals while considering their risk factors.

The ACW Wellness Certification program's goal is to:

Improve the health of the population and advance the field through obesity prevention and weight management.

Incorporate social, behavioral, nutritional and physical factors critical to understanding the problems and developing strategies to reduce and prevent obesity.

Integrate the expertise and discipline of practitioners with knowledge of the physiological differences in the obese patient.

Nurture the careers of obesity practitioners through continuing education and training.

### Wellness Component:

- General Health and Wellness
- Physical Activity Guidelines
- Aerobic, Resistance, Flexibility/ Balance Training
- American Dietary Guidelines and Recommendations
- Vitamins and Minerals
- Weight Management
- Risk Factors of the Obese Patient
- Age Specific Guidelines
- Introduction to the Human Physiology

### Coaching Component:

- Effective Counseling Relationship
- Goal Setting
- Design a Plan of Action
- Energy Determinations, Physical Assessment
- Strategies to Promote Change
- Making Behavior Change Last
- Role of A Health Counselor in Physical Activity Counseling
- Worksheets & Questionnaires to Document & Assess Counseling Sessions

### Certified Obesity Management Specialist Distance Home Study Program Includes:

- You do not need to purchase any additional materials. (Suggested reading material only enhances your professionalism and knowledge.)
- Certification exam is based on all material you receive.
- Upon successful completion and passage of your certificate will read "Certified Wellness Professional".
- All materials, including the examination are sent to you at the same time.
- There are no extra or added fees for course materials and examination.
- E-mail ACW any time you have a question while completing your certification exam.

### Upon Ordering Your ACW Certification Program You Will Receive:

- Certification Study Guide
- CD-ROM - Practice Tests, Forms, and Worksheets
- Power Point presentations for straightforward learning
- Counseling & Lifestyle Management Forms
- Worksheets and Questionnaires to document and assess counseling sessions
- One year Free membership to the American College of Wellness
- ACW Certified Obesity Management Specialist Exam

### Approximate Completion Time:

- Work at your own pace
- Up to 3 months to complete the certification course. This is self-paced, self-study. Submit your exam once you have completed the course.

### Program Completion Requirements:

- Complete the online order information, mail in an application or phone in your order.
- Receive and review all your materials.
- Complete the certification written exam (identification, short answer, multiple choice).
- Detailed instructions are included with your certification program.
- Obtain 90% passing grade.

Contact MWA or The American College of Wellness today to order your certification program.

Additional information is available at:

[www.collegeofwellness.com](http://www.collegeofwellness.com)  
[cao@collegeofwellness.com](mailto:cao@collegeofwellness.com)

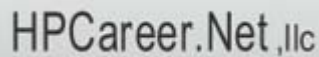
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# Medical Wellness Association Partners



## Medical Wellness Association Sponsors





## **MWA Program Highlight**



The 60,000 square foot Mercy *SmartHealth* Bethel Park Outpatient Center in Bethel Park, PA opened in May 2003. This exciting concept in total health care features traditional medical services, physical and occupational health, wellness education classes and a comprehensive Wellness Center. The mission of the Center is to promote, restore and maintain good health. Preventive and curative services under one roof will help to improve the health and wellness of area residents by combining the most advanced fitness facilities, programs and expert staff with the peace of mind that comes from the medical supervision and knowledge of the area's leading health care institution.

Kevin Sanker, Executive Director: "Since 1979, Healthtrax has helped tens of thousands of people, regardless of age or fitness level, get started on a healthy habit of regular exercise. Together, with Pittsburgh Mercy Health System, we have worked hard to create a comprehensive health resource for the entire Bethel Park community."

Clinical services provided include: Obstetrics and Gynecology, Physical Medicine and Rehabilitation, including Physical, Speech and Massage Therapy, Behavioral Health, Diabetes Management and lab and ancillary services. The wellness center includes 5 different fitness floors including an expansive cardiovascular area and Free Trainer-Assisted workouts, group exercise class studios, a multi-sport gym and a full aquatics center. The aquatics center is complete with lap pool, warm water therapy pool, family locker suites, whirlpool, sauna and steam. Specialty services including health education and dozens of classes ranging from rigorous Cycling and Group Power to the gentler form of Pilates and Yoga help to motivate members.

**Healthtrax, Inc is headquartered in Glastonbury, CT and operates 17 wellness and fitness centers in 6 states.**

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