

MOVING WELLNESS, DISABILITY MANAGEMENT AND ATTENDANCE MANAGEMENT PROGRAMS THROUGH COMMUNICATION

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Abstract: The integration of communication strategies for Disability Management, Attendance Management and Workplace Wellness programs can offer employers, employees and industry professionals the opportunity to maximize the collective rewards of these programs.

Generally, Workplace Wellness Programs are seen as a distinct entity from Disability Management and Attendance Management programs with each service offering individual benefits to the stakeholders. As such, it is difficult to collect empirical data to evaluate the cross-program benefits. An understanding of the best practices of each of these program types, along with an evaluation of the benefits of the programs suggests that the integration of these services could actually increase the rewards for all stakeholders. Traditionally, industry professionals are required to concentrate their efforts on specific tasks, leading them to work on opposite ends of the wellness continuum. Disability Management Professionals focus on employee illness and disability while Wellness Professionals concentrate on employee health, with neither group working with a model recognizing the fluidity of illness and wellness, especially within the context of the workplace. The next steps for Disability Management and Wellness, would have industry leaders working on the development of communication strategies and best practices that emphasize the symbiotic relationship between Disability Management/ Attendance Management programs and Workplace Wellness Programs.

The overall goal of the Disability Management Program is to minimize the cost of disability, both to the individual and to the employer, no matter how transient or long term that disability may be. (National Institute of Disability Management and Research). By developing programs that support employees during periods of illness or injury, employees receive benefits that range from safe and successful return to work after periods of disability, to supportive income replacement benefits to minimize the financial hardship caused by their inability to work at their pre-disability state (Benjamin C. Amick, Habeck, R., Hunt, A., Fossel, A.H., Chapin, A., Keller, R.B. et al., 2004). Often, a medicalized approach to Disability Management focuses on the employee's disability and inability to perform their job duties versus their abilities and the removal of the workplace barriers to support a safe and timely return to work.

Attendance Management Programs, sometimes used as a subset of the Disability Management program provide Employers the opportunity to identify non-culpable absenteeism that may be related to illness. Although Employers may use this information to develop new thresholds and expectations for Employees with a confirmed diagnosis, the medicalized focus on the program ensures that the Employee falls into the company established norms with respect to their attendance, and that absenteeism outside of the established threshold is the result of disability or illness. Employers are more apt to invest into a Disability and/or Attendance Management program when compared to their willingness to commit to a Wellness Program based on timelines for anticipated change and a return on investment.

Wellness Programs developed through best practices generally include the identification of the populations' major health risks, readiness for change and preferred interests. Developing a Wellness Program based on best practices has well documented benefits and returns to all stakeholders. However, challenges within the development and implementation of Wellness Programs include the barriers to engaging all populations, specifically those who are most at risk and most reluctant to change.

Barriers to the advancement of each of these services lies in the fact that although each of them offer similar goals and outcomes, they are often implemented in isolation of each other, thus limiting the true benefits that could potentially be available. The question is, what processes can be developed to allow the communication of these isolated "departments" to work more cohesively, while maintaining the integrity of the programs.

Using the popular Wellness theory of the Illness – Wellness continuum (Travis, J. & Ryan, R. S., 2004) in Disability Management and Attendance Management programs as well as Wellness programs supports the notion that as an employee's health is fluid, the continuum of illness – wellness should be applied to the programs available to support employees.

Disability Management programs offer an excellent pool of potential participants for Wellness Programs as approximately one third of Canadians over the age of 20 have at least one health risk behaviour associated with chronic diseases. Since chronic diseases account for 60% of deaths world-wide and have direct and in-direct health care costs totaling \$83 billion in Canada alone, changing these health risk behaviours would have monumental affects on individual health and workplace disability costs (Public Health Agency of Canada, 2008).

Prochaska and DiClemente's decisional based theory of behaviour change – the Transtheoretical Model (TTM), provides questions to support the identification of a respondent's willingness to change a behaviour, in this case, a behaviour that results in a health risk (Prochaska, J.O., DiClemente, C. C. and John C. Norcross, 1993). Through the development of tools based on the TTM, Disability Management professionals can seize the opportunity to refer employees to an Employer provided Wellness Program when they are off of work due to an illness or disability that may be caused or influenced by a health risk behavior they are engaging in.

"Readiness for Change" questionnaires given directly to employees, or used by Disability Management Professionals would support the referral of employees to Wellness Programs who otherwise may not consider Employer provided Wellness Programs as part of their treatment regime. By offering these employees questionnaires to identify their readiness to change, employees could be triaged into Wellness Programs to support a change in their health risk behaviours, thus minimizing future absenteeism and decreased productivity due to excessive non-culpable absenteeism or presenteeism.

By developing strategies that will ensure communication amongst all programs, organizations could potentially see large changes from the support of employees through the entire wellness and disability continuums (Lovato, Chris Y, 1990). However, as with any policy change or program adaptations, it is imperative to ensure that changes maintain the integrity of the individual programs. With this in mind,

program integration does not have to be synonymous with program amalgamation. Rather, it is the identification of the common goal, of each individual component coming together as a “single wellness focused mechanism” that will support the next steps in program development and rewards for Disability Management, Attendance Management and Wellness Programs (Fasulo, T., Martel S., 2005).

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