

Wellness: Shifting to Positive Incentives for Public Safety Workers to Promote Healthful Living

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Abstract

The concept of wellness and positive incentives for public safety employees results in a win/win situation for both the employees and the public they serve. The current wellness plans are failing to meet the needs of the general population. Promoting wellness for public safety employees will benefit departments and the community since the employees will be available and better able to perform their duties. There are already many successful programs nationwide which can be designed or redesigned to meet the needs of any department. In addition to city agencies, insurance companies and other health-related agencies are getting involved in the promotion of the wellness program.

Introduction

The concept of wellness has captured everyone's attention from the Florida Legislature to Hillary Rodham Clinton's Health Care Reform Package. Why has this concept of positive incentives and wellness become so popular? Simple, it all boils down to good common sense. Instead of promoting negative lifestyles or benefiting from unhealthy work environments, the concept of wellness incorporates a proactive approach to encourage a consciously healthy lifestyle. The concept of wellness is a positive one, specifically among public service employees.

Wellness could ultimately result in a win/win situation for both the employees and the public they serve.

Public safety employees such as correctional officers, firefighters, police officers, etc., have chosen to dedicate their lives to serving their community and the time has come to institute positive incentives to keep them healthy and happy in return. However, instead of offering positive incentives to encourage wellness, public safety employees have been ensnared within a system which promotes and encourages profiting from debilitating disabilities and sickness. Through an extensive literature review, this paper will indicate the necessity of implementing wellness programs, especially among public safety employees.

Literature Review

Although the concept of wellness is a relatively new one, it merits close and careful consideration as an alternative to the negative incentive programs which are currently in place throughout most of the United States. These negative incentive programs which are currently in place, tend to promote and encourage profiting from debilitating disabilities and sickness.

An example of this negative incentive program is the firefighters' budget in Pensacola, Florida. According to Basiouny (1994), "The city of Pensacola says the cost of supplementing the 113 firefighters no longer on duty is increasing every year,

threatening to consume a large portion of the city's budget". The firefighters maintain that the dangerous nature of their job justifies this exorbitant pension.

However, the simple fact that nearly 12% of the city's operating budget is going toward pensions and disability payments for retired firefighters has many people worried. According to Assistant City Manager, Robert Payne, "The city can continue to pay for (pensions) only if it is willing to increase revenue or reduce services in other areas" (Basiouny, 1994).

Additionally, a special clause of Pensacola's Legislative Act known as the heart/lung provision, presumes that any health problems caused by lung disease or hardening of the arteries were received on the job unless proven otherwise. Therefore, this proves the exact opposite of the wellness model. Instead of taking proactive steps to ensure a healthy and happy working environment, Pensacola's firefighters are able to blame basically any health problem on their jobs and receive monetary compensation to the tune of \$1,708,875 per year. The heart/lung provision in the city's pension act lies at the very core of the dispute over disability claims. According to Mike Sitig, Assistant Director with the Florida League of Cities, "The heart/lung provision is outdated because new technology makes it rare for firefighters to breathe smoke or toxic fumes" (Basiouny, 1994).

Moreover, when the city council asked the Fire Pension Board to challenge some of the line-of-duty disability claims, the number of cases plummeted. In 1991, 50% of the firefighters who retired claimed a line-of-duty disability. In 1992, 17% retired on disability. In 1993, only one firefighter retired, and he took a regular pension (Basiouny, 1994).

Consequently, Sitig maintains that firefighters continue to try to take advantage of the heart/lung law by expanding legislation to include other maladies. In the last several years, the union has tried and failed to add the contraction of AIDS as a work-related ailment (Basiouny, 1994). This is a perfect example of the negative incentives that simply do not benefit anyone. Public safety employees are being encouraged to blame health ailments on poor working conditions and they are benefiting enormously from this unhealthy environment. It is a lose/lose situation: The employee loses his/her health and the government loses money paying for this disability.

Furthermore, John Skipper, a 56-year old firefighter said, "You know, the train of thought was, firemen are going out to protect the citizens of the city, maybe the city should be obligated to protect the firemen". Skipper retired in 1984 after having a blocked artery that resulted in a heart attack in 1982. Doctors said his heart attack was covered by the heart/lung law (Basiouny, 1994).

Skipper is also extremely upset at the suggestion that the heart/lung law is obsolete because firefighting has become so technologically sophisticated. Meanwhile, Skipper is drawing disability and workers' compensation which totals approximately 120% of his final salary. Understandably, he does not want to see the city back out of the deal (Basiouny, 1994).

In addition to Skipper, according to an editorial from the Pensacola News Journal, "...more than 40% of the city's retired firefighters earn more each year in retirement benefits than the salaries they earned as active firefighters".

Moreover, Kirk (1992) stated, "A growing number of the state's police and firefighters are claiming job-related disability pensions that often entitle them to what amounts to full pay for life, health insurance forever, and the option of a free college education for them and their children". These public safety workers can take post-retirement jobs to boost their incomes and in some areas there is no cap on how much they can earn. Also, it is unusual for communities to order medical exams to check on whether a person's disability has changed to the point where he/she could return to a public safety job (Kirk, 1992).

Yet, another example of negative incentives are disability awards made to law enforcement officers for hypertension. According to Dr. Phillip O'David, doctors say, "because hypertension causes no symptoms and can be controlled with diet and medication in 99 out of 100 cases, a system that gives public safety employees a tax-free disability pension for high blood pressure is just fraudulent" (Emery, 1992).

Emery suggests that in addition to citing high blood pressure, public safety employees often complain of back problems and stress, two other conditions that doctors do not necessarily feel should lead directly to a lifetime pension. Moreover, high blood pressure strikes roughly 1 in 4 Americans no matter what kind of job they have. Consequently, it is not specific to law enforcement officers.

Further, O'David said, "There's no other occupation that I'm aware of--not pilots, not soldiers--where hypertension is considered a disability and people are entitled to get a new job of any sort the next day without disqualifying themselves from a disability pension" (Emery, 1992). These specific case scenarios illustrate the current system that promotes and encourages profiting from sickness. Instead of being ensnared by this system, the wellness concept will improve it to promote a win/win situation for everyone involved.

There is growing support to change the current system and implement the wellness model in terms of education. The number one killer in America is cardiovascular disease. Almost 1 in 2 Americans dies of cardiovascular disease and the cost of this in 1990, as estimated by the American Heart Association, was \$94.5 billion. Someone dies from cardiovascular disease every 32 seconds. Education is crucial for all public safety employees about the causes of cardiovascular disease and how to prevent it. Proactivity is the foundation of the wellness concept.

Education about cardiovascular disease is not the only way to improve the health of public safety employees. Actually implementing fitness programs would also improve workers' on-the-job performance. In Fairfax, Virginia, Physical Education Professor David Bever proposed a voluntary workout to the city's two fire stations in 1983. By 1986, the program became mandatory for all employees. According to Barbara Jones, the city's risk manager, over the last two years the city has saved more than \$46,000 in the fire department. Additionally, the program helps to save more than \$3 million per year in disability retirements costs (Rowland, 1990).

Just as a positive-incentive based wellness program could help remedy the situation with firefighters, it could also help rectify the problem with hypertension among law enforcement officers. According to Dr. Magdi R. I. Soliman (1993), "In addition to the use of antihypertension medicine, lifestyle modifications are needed to prevent or control hypertension and its complications. Moreover, he says modifications include managing

stress, stopping smoking, losing weight, cutting down on sodium intake, lowering alcohol consumption, decreasing saturated fat in the diet, increasing potassium intake from fruits and vegetables, and exercising on a regular basis. Also, increasing dietary calcium is another non-drug approach that could be of substantial benefit in the treatment and prevention (Soliman, 1993).

Furthermore, Amy Dunkin (1992) reiterates these points when she states, "Most doctors agree that losing weight, cutting back on the intake of salt and fats and quitting smoking are important precautions". In addition, Dunkin writes that one should consume foods rich in calcium (broccoli, lowfat yogurt, skim milk), potassium (fresh fruits, vegetables, fish), and magnesium (soy flour, tofu, unblanched almonds and wheat germ) in order to keep blood pressure down. Also, cholesterol intake should be limited to 300 milligrams per day and one should eat less meat, eggs and dairy products, which are high in saturated fats and cholesterol. Instead, it is good to consume more lean meat, fish, poultry, and fresh fruit and vegetables. Also, it is important to remain within 15% of your ideal weight (Dunkin, 1992).

Another important factor in remedying this negative incentive based program is assuring access to a primary-care physician for all public safety workers. Researchers concluded that improving access to primary-care physicians, through health insurance or other means, may be an effective strategy for improving control of hypertension (Colburn, 1992).

A local aspect of the wellness concept was addressed in a recent memo from the Office of the Sheriff, Jacksonville, Florida. Dated June 15, 1994, the subject of the memo was a change in worker's compensation benefits/heart hypertension benefits. The chief of the human resource division stated that past practices have allowed heart/hypertension benefits to be paid as a non-taxable benefit. Furthermore, he states, "A legal opinion has been issued advising that these benefits are taxable because current FOP Contracts and Chapter 93-356 of the Special Acts of the Legislature, do not provide two requirements: 1) that compensation be work related; and 2) that an examination show work related causes". Any absence of these requirements makes these benefits subject to federal income taxes. Therefore, effective with the June 18, 1994 payroll, the heart/hypertension benefit paid through the city payroll system will be changed to a taxable payment.

Findings and Conclusions

As illustrated by the examples of negative incentive programs in the literature review, the concept of wellness is a very viable alternative. For example, the firefighters' budget in Pensacola which is threatening to consume a large portion of the city's budget indicates that something is seriously wrong with the current system. This system rewards firefighters with disability payments instead of encouraging healthful living and regular retirement. Twelve percent of the city's operating budget being allocated for pensions and disability payments for these retired firefighters is causing concern among the city's citizens - and rightfully so. This allocation is going to cause a need to increase revenue or reduce service in other areas.

However, if a wellness model were instituted in Pensacola, this would encourage the firefighters to maintain a healthy lifestyle and, consequently, reduce the number of

disability retirees. A win/win situation could occur in which the firefighters would be healthy and happy and the public they serve would not need to raise further revenue for fear of a reduction in services.

Furthermore, the heart/lung provision of Pensacola's Legislative Act, which presumes that any health problems caused by lung disease or hardening of the arteries were received on the job unless proven otherwise, is another example of a negative incentive system. Once again, public safety employees are compensated for illness instead of being rewarded or compensated for staying healthy. Workers are able to collect hefty amounts of compensation, although technology makes it rare for firefighters to breathe smoke or toxic fumes. Consequently, once again, these negative incentives destroy the incentive to maintain a healthy lifestyle.

The fact that when the city council asked the Fire Pension Board to challenge some of the line-of-duty disability claims, the number of cases plummeted, which indicates there were abuses of the system occurring. To take this one step further, if a wellness system were implemented, these abuses could be completely depleted and, instead, incentives could be implemented to encourage healthful living.

Additionally, firefighters have tried to continue to take advantage of the heart/lung law by expanding legislation to include other maladies such as the contraction of AIDS. Once again, this "slippery slope" syndrome in which all types of maladies will be blamed on poor working conditions further illustrates the necessity of a wellness program.

Also, the growing number of police and firefighters who claim job-related disability pensions which often entitle them to full pay for life, health insurance forever, and the option of a free college education for them and their children, further highlights the need to end these abuses. Instead, a system which encourages healthful living and no longer rewards illnesses and disabilities would end such abuses.

Disability awards made to law enforcement officers for hypertension is yet another example of a negative incentive based system. Instead of promoting a balanced life of exercise, proper diet and low stress, law enforcement officers are only rewarded when they claim they are victims of hypertension and blame it on their chosen profession. In lieu of rewarding these officers who claim their high blood pressure is the direct result of their job performance, officers would be encouraged to maintain a well-balanced and healthy lifestyle. Once again, the implementation of a wellness model would provide a win/win scenario for both the public safety employees and the public they serve.

To prevent these negative situations which are well-outlined and documented in the literature review portion of this paper, a wellness system which encourages and promotes healthful living needs to be implemented. Education about such problems as cardiovascular disease is one step toward taking a proactive approach to wellness. Additionally, implementing fitness programs would also improve workers' on-the-job performance. As illustrated by a \$3 million saving in disability retirement costs after just two years of a voluntary workout for local firefighters, positive incentives do indeed work.

Other non-drug ways of lowering high blood pressure include lifestyle modifications. If these lifestyle modifications were highlighted and healthful living was promoted, a win/win situation would emerge as public safety employees would be healthier and happier on the job and, thus, perform more effectively. In return, the citizens they serve would be better served; a benefit for everyone.

Another criteria important for the installment of a wellness system is the guarantee of access to a primary-care physician for all public safety workers. Research indicates that improving this access helps to improve hypertension and, consequently, promotes well-being.

Therefore, the current negative incentive system needs to be revised to become a positive incentive system. This positive incentive system would be a wellness model in which healthful living could be promoted through education, fitness programs, and access to primary-care physicians.

Encouraging healthful living among public safety workers promotes responsibility among these employees to take control of their own lives and be accountable to themselves and others. Such responsibility can only be positive, and again, this is a win/win situation for everyone involved. Additionally, public service employees are held to a higher standard which allows them to provide an example for others. These results may not be as tangible or quantitative as the bottom line of monetary savings. However, that doesn't make the results any less important. The qualitative results of positive incentives for healthful living and holding these employees to a higher standard are the opportunities that can affect the lives of the thousands of people these employees serve daily. In being a role model for others, these employees give even more back to the communities they serve. Consequently, the end result is healthier, happier employees who are more productive and provide better service to the community. Therefore, the community will be getting the most from their tax dollar - a good investment!

To tie these ideas together, the concept of wellness may be foreign, strange, or new to most people, but it is firmly rooted in good old-fashioned common sense. Research clearly demonstrates that incorporating the proactive approach to encourage a consciously healthy lifestyle among public service employees is a win/win situation for everyone involved.

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