

-
-
-



Impacting Alcohol Abuse through Proactive Outreach and Follow-up: The Wellness Outreach at Work Model

Presented by
Max Heirich, Ph.D.
The University of Michigan
Institute of Labor and Industrial Relations
Worker Health Program
October 2000



-
-
-
-
-
-
-
-

-
-
-



THE HEART OF PREVENTION

Doing something **PROACTIVELY**
BEFORE trouble develops

"An ounce of prevention is worth a pound of cure"



-
-
-
-
-
-
-
-

-
-
-



In most populations:

- ◆ 15 % of people are already health conscious and actively interested in improving their health.
- ◆ 15 % of people are not at all interested in improving their health.
- ◆ 70 % are generally interested in improving their health and are at various stages of awareness about how to do so.



-
-
-
-
-
-
-
-

-
-
-



**A discussion of three
worksite studies that use
proactive outreach
to prevent alcohol abuse.**



-
-
-
-
-
-
-
-

-
-
-

Study One.

Proactive Follow-up with Employee Assistance Program (EAP) Clients

3-year study of 320 clients in a public utility company who were randomly assigned for proactive outreach or for standard EAP procedures.

(sponsored by the National Institutes of Health, National Institute of Alcohol Abuse and Alcoholism)

-
-
-

Study Two.

Alcohol Abuse Prevention through Proactive Cardiovascular Wellness Programs

3-year study with 2,000 manufacturing employees, studying ability to impact alcohol use through proactive cardiovascular wellness programs.

(sponsored by National Institutes of Health, National Institute on Drug Abuse)

-
-
-

Study Three.

Workplace Managed Care

3-year study of the impact of alcohol moderation counseling, wellness outreach at worksites, and integration with managed-care services on prevention and reduction of alcohol abuse and on utilization of disease care services, involving 1,300 employees of a major university.

(sponsored by Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention)

-
-
-

Study One.

Proactive Follow-up with Employee Assistance Program (EAP) Clients

3-year study of 320 clients in a public utility company who were randomly assigned for proactive outreach or for standard EAP procedures.

(sponsored by the National Institutes of Health, National Institute of Alcohol Abuse and Alcoholism)

-
-
-

Table Two. The Impact of Proactive Outreach and Follow-up on Recidivism Rates among EAP Clients

Group (Entire caseload)				Group (Alcohol/Drug Clients Only)			
Recurrence	No Follow-up Counseling	Follow-up Counseling	Total	Recurrence	No Follow-up Counseling	Follow-up Counseling	Total
Yes	(66) 44%	(53) 31%	(119) 37%	Yes	(19) 44%	(14) 30%	(33) 37%
No	(84) 56%	(117) 69%	(201) 63%*	No	(24) 56%	(33) 70%	(57) 63% **
<p>*p<.05 **p>.05</p>							



-
-
-
-
-
-
-
-

-
-
-

Study Two.

Alcohol Abuse Prevention through Proactive Cardiovascular Wellness Programs

3-year study with 2,000 manufacturing employees, studying ability to impact alcohol use through proactive cardiovascular wellness programs.

(sponsored by National Institutes of Health, National Institute on Drug Abuse)

-
-
-

Table Three. The Effectiveness of Cardiovascular Risk Screening for Engaging Problem Drinkers

Percent of population with at least one CVD risk: hypertension, cholesterol, weight, or smoking	Percent with at least one CVD risk who were drinking at risky levels
74%	59%
Of those with CVD risk:	% of drinkers with this CVD risk who were drinking at risky levels
Hypertension	48%
Hypercholesterolemia	49%
Low HDL cholesterol	48%
Smoking	64%
Overweight	49%



-
-
-
-
-
-
-
-

-
-
-

Classification of Alcohol Consumption Risk Level

	Safer Drinker	Problematic Drinker	Binge/Heavy Drinker
Male	Less than 3 drinks per day and less than 12 drinks per week	4-5 drinks per day or 12-15 drinks per week	5 or more drinks per day or 15 or more drinks per week
Female	Less than 2 drinks per day and less than 9 drinks per week	3-5 drinks per day or 9-15 drinks per week	5 or more drinks per day or 15 or more drinks per week

Centers for Disease Control



-
-
-
-
-
-
-
-

-
-
-

Table Three. The Effectiveness of Cardiovascular Risk Screening for Engaging Problem Drinkers

Percent of population with at least one CVD risk: hypertension, cholesterol, weight, or smoking	Percent with at least one CVD risk who were drinking at risky levels
74%	59%
Of those with CVD risk:	% of drinkers with this CVD risk who were drinking at risky levels
Hypertension	48%
Hypercholesterolemia	49%
Low HDL cholesterol	48%
Smoking	64%
Overweight	49%



-
-
-
-
-
-
-
-

-
-
-

Table Four. Changes in Drinking Patterns

	"At-Risk" Drinkers %	"Safe" Drinkers %	Non-Drinkers %
Stopped drinking	12.5	14.2	—
Remained non-drinkers	—	—	76.5
Became "safe" drinkers	30.6	—	17.3
Remained "safe" drinkers	—	62.6	—
Decreased their drinking but still at risk	5.2	—	—
Became at-risk drinkers	—	22.2	6.2
Did not change their drinking	51.8	—	—

$p < 0.001$, using one-tailed Z-test

-
-
-
-
-
-
-
-

-
-
-

Table Five. Comparison of Changes in Biometric Measures of Risk Factors with Changes in Reported Drinking

Changes in Biometric measures	Non-drinkers	Not "at-risk" drinkers whose drinking		"At-risk" drinkers whose drinking	
		<i>Stayed same</i>	<i>Reduced</i>	<i>Stayed same</i>	<i>Reduced</i>
Systolic bp	+0.30	+1.88	+1.30	-4.33***	-5.18***
Diastolic bp	-1.15	+1.30	+2.30	-1.62	-2.91
***p < .05, using one-tailed t-test					

-
-
-

Study Three:

Workplace Managed Care

3-year study of the impact of alcohol moderation counseling, wellness outreach at worksites, and integration with managed-care services on prevention and reduction of alcohol abuse and on utilization of disease care services, involving 1,300 employees of a major university.

(sponsored by the Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention)

-
-
-

The Drinkwise Program

A drinking reduction and moderation program that adapts advice to each person depending on the situation.

-
-
-

Table Six. Participation in Follow-up Counseling by Initial Alcohol Risk Level in the Workplace Managed Care Project

	Safe Drinkers		Potentially Problematic Drinkers		Binge/Heavy Drinkers	
	(N)	%	(N)	%	(N)	%
0 visits*	(49)	8	(1)	3	(4)	17
1+ visits	(438)	74	(26)	72	(15)	63
Refused follow-up counseling	(65)	11	(6)	17	(3)	13
Left study	(40)	7	(3)	8	(2)	7
Total	(592)	100%	(36)	100%	(24)	100%

* (could not be reached for follow-up counseling)



-
-
-
-
-
-
-
-

-
-
-

Table Seven: Participation in Follow-up Counseling by Risk Factor in the Workplace Managed Care Project

	Alcohol		Hypertension		High Cholesterol		Overweight		Smoking	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
0 visits*	(5)	8	(15)	10	(10)	14	(21)	10	(5)	9
1+ visits	(41)	68	(116)	76	(49)	66	(147)	68	(37)	64
Refused follow-up counseling	(9)	15	(13)	9	(11)	15	(28)	13	(9)	16
Left study	(5)	8	(8)	5	(4)	5	(20)	9	(7)	12
Total	(60)	100%	(152)	100%	(74)	100%	(216)	100%	(58)	100%

* (could not be reached for follow-up counseling)



-
-
-
-
-
-
-
-
-

-
-
-

Table Eight. Changes in Drinking Behavior for the Intervention Group in the Workplace Managed Care Project

	Problematic Drinkers		Potentially "Safe" Drinkers		Abstainers/"Safe" Drinkers	
	(N)	(%)	(N)	%	(N)	%
Became safe drinkers	(6)	25	(15)	42	—	
Remained safe drinkers	—		—		(413)	70
Decreased their drinking but were still at-risk	(6)	25	(3)	9	—	
Did not change their drinking	(1)	4	(7)	19	—	
Became at-risk drinkers	—		—		(8)	1
Could not be reached for follow-up counseling	(6)	25	(4)	11	(92)	16
Refused follow-up counseling	(5)	21	(7)	19	(79)	13



-
-
-
-
-
-
-
-

-
-
-

Summary

Proactive Intervention: The Wellness Outreach at Work Model

The Wellness Outreach at Work model consists of five main elements:

- an assessment of an individual's risk and their stage of readiness to change behaviors placing them at risk
- proactive, individualized follow-up counseling
- assurances of confidentiality for workers
- social reinforcement of healthy behaviors
- periodic reassessment of the health status of the population