

WorkingWell

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Welcome to the latest edition of *WorkingWell*. This month we offer you a cover story on how subsidised employee health care can help increase productivity and profit.

We're also happy to share the story of how a supportive workplace made a difference in the life of one person suffering from chronic pain.

We hope you find this information relevant and useful for your business. For any enquiries, please contact your relevant Corporate Manager.

Tony Wood
Director, Sales
Bupa Australia



This issue:

John Bryant, CFO Rocky's Own Transport

On how subsidised private health care adds to the bottom line

Health checks at any age
Early detection is key

Chronic pain
How to get on with your life



Making health checks part of the routine

While annual examinations and regular self-checks may not be an obvious task, early detection of any serious medical condition is the best way to ensure yourself every advantage against illness.

From the moment we are born, and even before, our bodies are subjected to all kinds of tests to ensure we are on the right track to good health.

As we age, the risk of disease and illness increases, which is why screening becomes more important. Some health checks are uncomfortable - for both men and women - but the consequences of not having them can be worse. Sticking with the same GP can help with feelings of discomfort or fear.

While we will undergo a wide variety of specific tests throughout our lives, there are some regular, ongoing health checks we should continue to have at different life stages. And, by understanding why we need them, it is far easier to include them in our routines.

The Health Relations and Wellness Services team has put together this guide and will be rolling out a program of simple, health checks over the coming months for Bupa employees.



Tests for women

Test: Pap test and pelvic examination

Carried out by: GP or gynecologist.

Frequency: Every two years unless you have a previous abnormality so you may need them more often.

Why: Woman over the age of 18 who have ever had sex should have regular pap tests. This test detects changes to cells in the cervix before they develop into cervical cancer. The cervical cancer vaccine does not replace the need for a pap test because the vaccine does not protect against all cancer-causing types of the human papilloma virus. A pelvic examination can detect abnormalities in the ovaries and uterus. Now is a good time to find a gynecologist you like and stick with them.

Test: Breast examination

Carried out by: GP and you can do regular self-checks.

Frequency: Regular self-checks or discuss with your doctor.

Why: The National Breast and Ovarian Cancer Centre says that while there is no right or wrong way to check your breasts for abnormalities, it is important to get to know your breasts in order to notice changes more readily. Things to look for include changes in the size or shape of the breast or nipple, changes in the skin over the breast such as redness or dimpling, lumps or lumpiness. BreastScreen Australia offers free mammograms for women over 40 every two years. However, mammograms are not as effective for women aged 40-49 because breasts are generally much denser in younger women.

Tests for men

Test: Testes examination

Carried out by: GP and you can do regular self checks.

Frequency: All men should check their testicles regularly, around every four weeks.

Why: Men that have a history of undescended testicles at birth or men who are infertile are at higher risk of testicular cancer. They should be vigilant about checking their testicles for unusual lumps or swellings. Not all lumps or swellings will be cancer - in fact, most will not - but if you notice something, get your GP to check it.

Test: Prostate check

Carried out by: GP

Frequency: If you have symptoms

Why: Some doctors have recommended prostate cancer screening for men over 50 because they believe that early diagnosis and aggressive treatment for any cancer is better. But many prostate tumors are slow-growing and take years to cause harm, if they ever do. The Cancer Council of Australia does not recommend routine screening for prostate cancer with digital rectal examination or a prostate specific antigen (PSA) blood test. If you have a family history of prostate cancer or any type of cancer, you should discuss this with your GP. Symptoms of prostate cancer include getting up to urinate more than twice a night, having difficulty with the strength of your urine stream or with starting to urinate.

Making health checks part of the routine

At every stage in your life, being aware of potential medical conditions for your age group is a vital part of prevention.

Tests for women and men by age

→ FROM YOUR 20'S

Test: Dental check

Carried out by: Dentist or oral hygienist.

Frequency: Every year.

Why: Regular preventive dental check-ups help to keep teeth and gums healthy. Brushing and regular flossing, limiting sweet foods and drinks will reduce your risk of gum disease and tooth decay. See your dentist as soon as possible if you have a toothache, bleeding gums or dental trauma.

Test: Skin check

Carried out by: GP or dermatologist.

Frequency: Self check for 15 minutes every month or annually with a doctor.

Why: 95 per cent of skin cancers are treatable if they are detected early. Regular checks of your skin should detect any suspicious lumps or spots as early as possible and you are more likely to notice any changes if you get to know your skin. Pay particular attention to your arms, legs, face, back, neck, shoulders and backs of your hands.

Test: Sexually transmitted infections (STI) screening, especially for chlamydia in women

Carried out by: Arranged by your GP.

Frequency: Depends on how sexually active you are and whether you use condoms consistently.

Why: STIs can be passed during vaginal, anal or oral sex. Some STIs can be passed from a pregnant woman to

her baby or during the baby's birth. Your sexual partner should also be tested. It is recommended that you get tested after unprotected sex with a new partner or if your partner has had other sexual partners. For men who have sex with other men, it is important that you are checked at least every year. Many STIs can be easily treated with antibiotics but ignoring them can cause serious health problems, such as infertility.

→ FROM YOUR 30'S

Test: Blood pressure

Carried out by: GP.

Frequency: At least every two years.

Why: High blood pressure has no symptoms. It is a major risk factor for stroke, heart disease and heart failure. If the heart has to pump against a higher pressure over many years it can lead to weakness of the wall of the heart. High blood pressure can damage the eyes and kidneys. 120/80 is ideal.

Test: Blood test for cholesterol and blood sugar levels

Carried out by: GP

Frequency: Every two to five years.

Why: Your mid to late 30's are a time when the effects of unhealthy behaviours such as smoking and poor diet start to show. If you are overweight, have polycystic ovary syndrome, have a family history of heart disease or type 2 diabetes, you should have your

cholesterol and blood glucose levels checked earlier. A total cholesterol of under 5.5mmol/l is ideal.

→ FROM YOUR 40'S

Test: Eye check

Carried out by: Ophthalmologist or optometrist.

Frequency: Every two years for glaucoma.

Why: Glaucoma is the leading cause of blindness in Australia. While there is no cure once blindness occurs, early detection means that it can be controlled with little damage to the eye. Regular checks for people over the age of 40 (or 35 if you have a higher risk of the disease). Testing your eyes will not only detect abnormalities (glaucoma) but can also identify changes due to diabetes, macular degeneration (another cause of vision loss) and plain refractive problems that can affect your driving, the risk of falls, workplace safety and overall quality of life.

→ FROM YOUR 50'S

Test: Faecal Occult Blood Test (FOBT) for bowel cancer

Carried out by: You with some help from a pathology lab.

Frequency: Every two years. **Why:** FOBT checks for the presence of blood in your stool, which is a possible symptom of colon cancer or polyps. If you are turning 50, 55 or 60 before the end of 2010 you will receive a free FOBT kit in the mail courtesy of the Australian government's bowel cancer screening program. If the test comes back positive you may need to have a colonoscopy.

Test: Bone density scan

Carried out by: Trained specialists.

Frequency: Every five years, or for women that are pre-menopausal on your doctor's advice

Why: This test determines bone density or strength. It helps to identify osteoporosis, which means that bones lose strength and break more easily. An x-ray scanning machine is the most common technique for measuring bone density. Women should start at menopause. Men may have a check some time in their 50's and repeat testing may depend on the result, your activity levels and any medications you may need to take for other reasons. **WW**

For more information:

- **Better Health Channel, Victorian Government** (betterhealth.vic.gov.au)
- **National Breast and Ovarian Cancer Centre** (nbocc.org.au)
- **Cancer Council Australia** (cancercouncil.org.au)
- **Health Insite, Australian Government** (health.gov.au)
- **US Government** (healthfinder.gov)

Cover story: Keeping a healthy workforce

How one company is using subsidised private health care to increase both workplace productivity and retention.

When Queensland-based Rocky's Own Transport Company started looking at an employer-subsidised private health care plan, it wasn't hard to get the full support of CFO John Bryant. As the company accountant, Bryant could see that in addition to improving the workplace environment, the program would also add to the company's bottom line.

As a national logistics carrier, the company employs over 230 personnel. With that number of staff driving all over the country, every sick day can be costly and before the program, the company was recording 450-520 sick days a month.

"It's really about the health and wellness of our workers," says Bryant. "If a driver gets sick, he can go straight to a doctor. There's no waiting list. If we can reduce those sick days to 200 a year, then it's paid for itself twice over."

Going above what's mandated to support its

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employees has been a long-standing tradition at Rocky's Own. The company partnered with the Queensland government's Department of Transportation in 1993 along with two other operators to trial an independently audited fatigue management system. The company also introduced a profit sharing scheme with its employees in 1998.

These initiatives follow the company's motto: "all different - but equal". In line with this mantra, the company decided not to introduce the subsidised private health care plan as part of a salary package, but rather to make the top choice package available across the board.

"Too often there's a grab to bundle all of this into salary packages," says Bryant. "We've made it available to everyone. It's the right thing to do. These guys work long hours and they're the face of our business."

The amount paid towards the private cover depends on employees' time with the company. For the first two years they receive a 40% subsidy, 60% for the next two years, 80% after their fourth year, and employees who have been with the company for over five years all receive the top coverage plan fully subsidised. The company's generous offer has been

welcomed with an impressive 98% take-up rate.

With an understanding that family illness can be as stressful as personal illness, the company also opted to include all staff partners and dependants on the plan.

"We figured if everyone in the family has private health insurance, then if the children and spouses get sick, they can go straight to



CHRIS ISON

CFO of Rocky's Own Transport Company John Bryant says that subsidised private healthcare is a way to reduce staff sick days and boost productivity.

the hospital or see a private doctor without having to wait. If a driver is out on the road, they'll be less stressed if they know their family doesn't have to sit on a waiting list if they're ill."

Although it's too early to measure the effects, as the plan was just introduced last August, Bryant expects that by Christmas they should see a difference in the number of sick days being taken.

In addition to the immediate cost-benefit of a reduction in the number of sick days, Bryant says the plan should add to the company's bottom line in reducing attrition rates. Four years ago, that rate was 32%. So far this year they've seen just 3.1% of their workers go.

"We're hoping this will make us the employer

of choice," says Bryant. "Maintaining a good workforce starts with employing the right person, getting them the right training and providing them with the support they need. We think we're doing that with this plan."

With an ageing workforce, Bryant also hopes the health care plan will help increase the longevity of their workforce. He notes that while plenty of people are interested in working for the company, "not everyone is born to be a driver". With the freight industry growing at 9% a year, the workforce won't be easy to replace. Until other companies catch on to subsidised health care plans, Rocky's Own will hold a huge advantage in retaining employees. [WW](#)

When pain persists

Chronic pain affects a significant portion of Australians, but getting the necessary support and resources can make a world of difference in getting on with your life.

Dressed as pirates, Robbie MacGillivray's Bupa colleagues gathered at a morning tea to wish him well on an uncertain journey ahead. He was about to have his left arm amputated because of the severe chronic pain caused by a motorcycle accident 18 years earlier.

Bupa employee MacGillivray is only 36, but has lived with the "dreadful" pain and paralysis of his arm since his accident.

For Robbie, surgery eased the pain in his arm virtually overnight although he still suffers chronic neck and shoulder pain. But the decision to have his arm removed was not an easy one.

"Regular discussions with my then team leader, Robyn, and having the support I needed helped me make the decision and prepare for the operation," says MacGillivray. "It also helped me get back to work quickly. The whole floor supported me."

MacGillivray's decision to amputate his arm was made because of the constant drag on his shoulder which exacerbated his pain. He admits that it was scary when traditional treatments did not work.

MacGillivray's story serves as a reminder that one in every five Australians suffers from chronic pain at some time. In the UK 32% of people with chronic pain had either lost or had to change their job because of their condition.¹ The surprisingly high prevalence of chronic pain means there is an enormous cost burden for the health system, employers and the individuals who have



ISTOCKPHOTO

Pain management experts tell us it is possible to effectively manage 70-80% of chronic pain cases but as few as 10% of those affected are getting access to adequate treatment.

to bear most of the financial cost themselves - not to mention the personal cost.

In 2007, the MBF Foundation released *The High Price of Pain Report* which estimated that pain was costing Australia a staggering \$34 billion each year.²

So why is it so high?

Chronic pain is severe pain that continues day after day

for more than three months. Sometimes its cause cannot be found. Even when the cause is known the pain can linger long after the cause has been fixed.

Pain management experts tell us it is possible to effectively manage 70-80% of chronic pain cases but as few as 10% of those affected are getting access to adequate treatment. *The High Price of Pain Report*

estimated that \$11.7 billion is lost in productivity alone, reflecting the huge impact pain has on workplace performance.

People with chronic pain are often sleep deprived, depressed, irritable and drained, all of which can negatively affect their personal and social relationships. A person with well managed pain has a much better quality of life, →

When pain persists

A supportive workplace can be crucial in dealing with chronic pain.

improved sleep and more energy to be productive.

Recent major advances in basic research have identified key changes in the nervous system that occur with chronic pain, resulting in new types of drugs and treatments that target the underlying problems and not just the symptoms, when the simple measures have not been effective.

Chronic pain is best managed collaboratively by a multidisciplinary team of health professionals, so ask your doctor how your pain can best be managed and who should be involved.

When pain is brief or short term (acute pain) it acts as a warning for the body to seek help. If it persists for months or becomes severe it can go on to cause physical and psychological problems.

If you are in pain tell your doctor as early assessment and intervention is important in preventing the progress from acute to chronic pain.

Pain is often treated as a side effect of another condition such as musculoskeletal disease, cancer or an injury. But experts are now calling for chronic pain to be considered a health condition in its own right.

The problem is so great that recently the MBF Foundation gathered a group of eminent pain experts and consumer groups to coordinate a national approach to improving how we deal with the problem. Preparation work is underway and a national summit is planned for 2010 to further develop a strategy. Similar movements to reduce

this huge gap in many health systems are active in the US and Canada.

Which brings us back to MacGillivray's case. While surgery can be recommended to treat the cause of his pain, it is not necessarily going to fix it. Up to 80% of amputees experience a strange phenomenon called phantom limb pain where they have feeling of pain in an absent limb. It is often excruciating and notoriously difficult to treat.³ Researchers think that damage to nerve endings and problems with nerve regrowth change the way that nerves from the amputated limb communicate with the brain. There is some evidence to show that the brain still thinks the limb is there and keeps the nerves working accordingly.⁴

One of the best things MacGillivray did for his pain was cognitive behavioural therapy. He learnt techniques for dealing with it even when other strategies were not delivering reasonable relief. He avoids painkillers where possible, uses heated wheat bags and distracts himself by drawing on his creative streak.

A positive attitude and supportive workplace have helped him overcome challenges like dealing with pain at work and learning to brush his teeth with his opposite hand.

"As a five year employee having worked across four teams, I have been 100% supported in every way possible which is a great testament to our company's attitude to those living with medical conditions," says MacGillivray. [WW](#)



ISTOCKPHOTO

Tips for dealing with chronic pain:

- Keep ahead of pain by taking medications regularly and on time as prescribed.
- Have at least one thing to look forward to each week.
- Surround yourself with positive people and encourage those around you to be positive.
- Stay informed about your condition, but make sure the sources of information are reputable.
- Treat acute pain.
- Use wheat bags or hot packs to relieve pain if they are effective.
- Talk to your doctor about medications and about referral to a multidisciplinary pain clinic.

Sources:

1. "Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment", *European Journal of Pain* Volume 10 Issue 4 Pages 287-333, H. Breivik, B. Collett, V. Ventafridda, R. Cohen, D. Gallacher.
2. "The high price of pain: the economic impact of persistent pain in Australia", *Access Economics* November 2007, <http://www.accesseconomics.com.au/publicationsreports/getreport.php?report=142&id=185>.
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