



**Robert N. Anfield, MD,  
JD, FAAFP**  
Chief Medical Officer  
CIGNA's Disability  
Business

## Connecting the Pieces

The majority of Americans derive satisfaction from their jobs and “live to work.” So concludes a recent survey from Yankelevich. It reveals that 63% of workers live to work, including 18% who say they love their job so much they’d continue working even if they won the lottery.

On the other hand, 36% “work to live,” including those who say they work primarily for the paycheck or benefits, or feel stuck due to the bad economy.

But when you get right down to it, whether you live to work or work to live, work is important to almost everyone—and what’s important is worth protecting. And yet, the survey reveals that only 36% say they’ve taken steps to prepare for a possible work-stopping injury or illness.

The survey also shows that many Americans don’t connect staying healthy to staying on the job. Among the 86% who believe they can prepare for a possible disabling event, just 18% mentioned becoming healthier or staying well as a way to do so. And among those who said their employer offers programs or services to help them prepare, only 12% cited workplace wellness programs.

These findings clearly show that we need to do more to help workers understand that healthy behavior matters. After all, taking care of one’s health—both physical and emotional—is one of the best ways to avoid a disabling illness or injury.

Employers can and should help employees identify their health risks, because when people see for themselves how their lifestyle and behavior affect risk, it can be a wake-up call—a call to action. Many companies have their employees complete a health risk assessment and some also use predictive modeling tools. These assessments have traditionally been paired with health benefits but are now being used to help predict and prevent short-term disabilities.

No matter how at-risk employees are identified, programs that address the whole person are most likely to succeed at helping them address their issues. For example, Joan has emphysema, high blood pressure and diabetes. She tried a smoking cessation program but dropped out early. She’s often depressed and recently called her employee assistance program for help with a financial problem. With a complicated set of medical and behavioral issues, Joan is a classic case of a disability waiting to happen.

While talking about her financial difficulties, Joan’s EAP counselor discovered that Joan had become so depressed about her finances that she stopped taking her blood pressure and diabetes medications. The EAP counselor referred Joan to a mental health professional to manage her depression and also connected Joan to the diabetes disease management program that her health plan offers.

People like Joan can benefit from intervention by a professional who looks at people holistically and who understands how mental health and physical illness are connected, and that intervention can help prevent a disabling event.

That’s also why integrating information is so important. Taken together, medical, behavioral and pharmacy claims data provide a more complete picture of Joan compared to looking at each of those items in isolation. But risk can be discovered through something as simple as a call to the EAP or to a health care advocate who is trained to uncover all the pieces and then connect them.

No matter where the pieces of information come from, it’s connecting them to avoid a disabling event that’s critical. After all, Americans live to work. If we’re able to connect the pieces properly, we can take steps to help ensure they remain able to do so. ●