Treating Hypertension at Work

One preventive medicine program that works

BY JOAN AREHART-TREICHEL

Hypertension (high blood pressure) is virtually a household word these days, but many Americans remain oblivious to its dangers. It is a major contributor to heart attacks, stroke and kidney failure, a major cause of disability and early retirement, a killer of 180,000 Americans a year. Life insurance companies are only too aware that even small increments in high blood pressure are linked to dramatic increases in death and set their policy premiums accordingly.

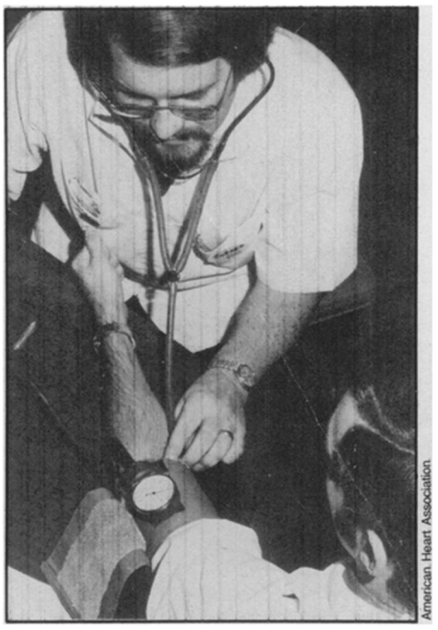
Hypertension is also common among Americans—23 million have it. And in spite of the National High Blood Pressure Education Program set up in 1972 by the government and private sector, many of these Americans are still not aware that they have hypertension, and most are still not being treated for it. What's more, the bulk of the undiagnosed and untreated are men.

Consequently, a handful of enlightened employers, labor unions, physicians and nurses have attempted to identify hypertension at the work site and, in several instances, even to treat it there. Their efforts have been largely successful, a recent Department of Health, Education and Welfare Conference on High Blood Pressure Control in the Work Setting revealed. They and government health officials agree that other employers, unions and medical personnel should now apply the concept.

One of the first programs was launched by the New York Telephone Co. in 1967. The company offered its employees a broad program of preventive medicine, including the detection of high blood pressure. Over 60,000 employees have since taken advantage of this offer. After the diagnosis is confirmed, those found to have high blood pressure are referred to community physicians for treatment. Success was apparent from the start when some 50 percent of the diagnosed hypertension was corrected. Since that time, successively better records have been achieved up to the present when some 80 percent of the cases will be substantially improved or brought to normal blood pressure levels.

"If progress continues at the same rate, we can see the day when high blood pressure will, for all practical purposes, be eliminated from our working population," declares G. H. Collings Jr., medical director of the company.

Another plan got underway in 1973 in Gimbel's and Bloomingdale's department stores in New York City. It was the brainstorm of Michael H. Alderman, associate professor of public health at Cornell University Medical Center. He set it up with the help of the stores' management and the labor unions to which store employees belong. This program offered both screening and treatment at the work site. Some 1,600 employees took advantage of the screening, and of those found to have high blood pressure, 80 percent elected to be treated at work. Now, three years later, all those receiving treatment at work have achieved satisfactory control over their high blood pressure—showing that the program has been amply successful.



Numerous Americans have had serious hypertension identified at the work site.

A third project took off in 1974, courtesy of Burlington Industries. The company's medical director selected five of the company's 100 plants to participate. A nurse at each plant educated the employees in the dangers of hypertension and offered to screen them for the problem. Some 1,300 employees took advantage of the offer. Those employees found to have markedly high blood pressure, about 100 of them, were then put in touch with a physician for treatment. Those found to have borderline hypertension were encouraged by the plant nurses to alter their diets, quit smoking or to make other changes in their lifestyles in order to lower their blood pressure. The employees cooperated fully with both treatment approaches; their hypertension has been dramatically controlled. Burlington was so pleased with these results that they now offer their hypertension program in all of their plants.

Still a fourth scheme has been developing among workers in Detroit since 1974. It was set up by Andrea Foote and John Erfurt of the Institute of Labor and Industrial Relations at the University of Michigan, with the cooperation of labor unions and management in the Detroit area. They have screened auto workers in a Ford Motor Co. plant, United Auto Worker members in their union hall, post office employees in their lunch rooms, garbage workers in the sanitation department and so forth. Those employees found to have high blood pressure are referred to physicians for treatment and are followed over time by the program, to ensure successful referral and maintenance of treatment. To date, over 80 percent of those found hypertensive have progressed significantly toward adequate control.

Besides benefiting Americans' health, these programs appear to be cost effective. It costs less than $1 to screen one employee at the work site for hypertension, and about $125 a year to give the employee drug treatment for hypertension. The cost of treating diseases triggered by stroke, in contrast, can run hundreds if not thousands of dollars a year. Hypertension control also keeps workers productive, which means a substantial dollar savings to both them and their employers. For instance, the New York Telephone Co. used to have 23,000 days of absenteeism due to hypertension a year. Thanks to its hypertension program, it has cut these days by 43 percent.

The programs are not without some obstacles, of course. For one, although participation has been excellent in some work sites, it has been poor in others. The Burlington program, for example, drew an astounding 100 percent participation, which Anne F. Murphy, Burlington's director of nursing, attributes to the small size of the company's plants and to the employees knowing the plant nurses who ran the program. Participation has also been high at Gimbel's and Bloomingdale's—85 percent. But a program set up at Chicago work sites in 1967 by the Chicago Heart Association drew a disappointing 55 percent participation. Many of those who chose not to participate, James A. Schoenberger, chairman of preventive medicine at Rush-Presbyterian-St. Luke's Medical Center, recalls, were young men who believed that they could not have

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hypertension. (However, many of the Burlington employees found to have dangerously high blood pressure were young men.)

Another difficulty the programs have encountered is getting those with high blood pressure to do something about it. For instance, it took Foote and Erfurt a year to get some of those individuals to a physician for treatment. The Chicago Heart Association ran into a similar problem. One reason those identified hypertensive are often dilatory about seeking treatment is that they have no disease symptoms. (Hypertension is truly a "silent killer," as the poster slogans claim.) Another reason is that it is a bother to take drugs indefinitely to keep blood pressure low. Hypertension is not curable, only controllable, in most cases. So those workers diagnosed for hypertension must be convinced that drug treatment for it is really necessary, not "a big medical ripoff." This is the conclusion of Robert R. J. Helker, a cardiologist and president of the American Occupational Medical Association.

There are also several questions that these programs have not really solved. For one, who should innovate such programs—management, labor unions, the medical profession? Helker believes that unions need to have more confidence in physicians and nurses who work for companies and to sit down with them and organize hypertension programs. Still another question is, who should pay for such diagnosis and treatment?

So far, companies have tended to pay for screening, and employees for their drug treatment, but there may be a more effective way of financing payment. For instance, Helker believes that the costs of diagnosis and treatment are benefits that can be negotiated between management and labor. Ray Andrus of the AFL-CIO in Washington thinks so too since some 4.5 million members of labor unions have hypertension. And while insurance companies have not covered much preventive medicine to date, Blue Cross is interested in offering a hypertension treatment benefit to subscribers, reports Howard J. Berman, vice president of the Blue Cross Association.

Even with these obstacles and challenges, though, the programs organized to date have controlled hypertension in hundreds of Americans. So the innovators are enthusiastic about the concept of identifying and treating hypertension at the work site and believe that it can work at other sites of employment besides their own. "The time for preventive medicine has come, and this is a prime example of how it should be done," declares Theodore Cooper, assistant secretary for health, U.S. Department of Health, Education and Welfare. □