

# WELCOA's News & Views

Creating An Informed Health Care

# CONSUMER

Making The  
Case For  
Medical Self-Care  
And Community  
Intervention  
Programs



## About Roger L. Greenlaw, MD



Roger L. Greenlaw MD FACP/G ABHM is the founder and past president of Rockford Gastroenterology Associates (retired) in Rockford, Illinois. He serves on the faculty of the University of Illinois College of Medicine at Rockford as Clinical Professor of Medicine (emeritus) and at present, is consulting in *Lifestyle Medicine Solutions: Personal, Community and Corporate Health*. Dr.

Greenlaw promotes the concept that "self care is the new primary care." A growing interest in preventive medicine and health promotion led Dr. Greenlaw to pursue education in complementary and alternative medicine with board certification from the American Board of Holistic Medicine. Research in lifestyle medicine has resulted in publication of several articles in peer-reviewed journals. He also currently serves as medical advisor for CHIP (Coronary Health Improvement Project).

# WELCOA's News Views

An Expert Interview with  
Roger L. Greenlaw

## About David Hunnicutt



Since his arrival at WELCOA in 1995, David Hunnicutt has interviewed hundreds of the most influential business and health leaders in America. Known for his ability to make complex issues easier to understand, David has a proven track record of asking the right questions and getting straight answers. As a result of his efforts, David's expert interviews have been widely-published and read by workplace wellness practitioners across the country.

David Hunnicutt can be reached at [dhunnicutt@welcoa.org](mailto:dhunnicutt@welcoa.org).



**H**ealth care costs are escalating as never before in the United States, and American businesses are taking on the lion's share of this burden. It is now, more than ever, that companies need to concern themselves with the impacts unhealthy lifestyles are having on their employees, and work to change such lifestyles that can be very costly to any organization.

In part 2 of this exclusive Expert Interview series, Dr. Greenlaw defines how health prevention and self-care strategies can pay off: by reframing how people utilize the health care system, reducing the costs of disease management, and eliminating or reversing high-risk lifestyle factors. He offers suggestions for patients accessing the health care system, and describe his involvement in community-based prevention programs.



**David Hunnicutt:** As a physician, in your opinion, what's the most salient advice you can offer patients so they can get the most out of their health care appointments?

**Roger Greenlaw:** Today's medical patient is ready for a partnership in care that is focused on return to health rather than management of their symptoms. In the past, people had the notion that there just wasn't much they could do that would have a serious impact on a medical problem. But the truth is, there's a whole lot more people can do for themselves, and it's time for that to become a partnership. People are now asking, "What are my alternatives and what can I do about this condition?" rather than saying, "What can the medical care system do for this problem?" I think people are now looking for a partnership—and they should.

“Today's medical patient is ready for a partnership in care that is focused on return to health rather than management of their symptoms.”

**DH:** What's the best way for someone to establish a good rapport, to get that partnership with their physician?

**RG:** People have to get comfortable talking with health professionals, particularly their doctors. They can do this by first preparing for the interaction. They need to understand their condition and/or complaints so they can state them clearly. They need to engage the physician in a way that seeks a partnership: *Tell me what you think is wrong with me and tell me what only I can do about it. Then, tell me what only you can do about it.* I think this type of interaction can help you get off on the right foot for a discussion and partnership.

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Secondly, I think the patient of the future wants to ask about the root cause of their problem: *Where did this problem come from and will your treatment address it?* Or does the treatment serve to buy me some time while I deal with the root cause of my problem? Physicians have always doubted that their patients will really make and stick to a lifestyle change. So, they are hesitant to trust their diagnosis and treatment plan to a patient making a sustained lifestyle change. However, with proper incentives (both the carrot and the stick) of risk-based costs and health-based rewards, people are truly interested in making that kind of change. So, the patient of today needs to prepare for the visit, engage in the conversation that leads to a partnership, and seek an understanding of the root cause of their condition and what they can do, versus what only medical care can do for them.

**DH: What characteristics and qualities should people look for when selecting a primary care doctor or a personal physician?**

**RG:** They should ask for a copy of the intake form in advance of the visit. Really good primary care physicians want to know somewhere between five and 20 pages of information about you before you come in. So, if the intake form only asks about your age, where you work and what your insurance is, this implies you will get only symptomatic acute care. However, if the form asks for family history, work setting, life stresses, details of symptoms including antecedents and triggers of complaints, and seeks to discover who you are rather than just what kind of complaint you have—then that's a good indication you have found a physician who is interested in a partnership of care.

Really good primary care physicians want to know somewhere between five and 20 pages of information about you before you come in.”

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**DH: From your perspective, what are the biggest mistakes people make when accessing and utilizing the healthcare system?**

**RG:** I think the biggest mistake is coming in with an acute symptom and wanting a quick fix. The doctor should coach the patient toward rebalancing their life for optimal health, and then decide in a partnership whether there's also a medical care answer for this problem. For example, if someone comes in with their first bout of high blood pressure, taking a pill for high blood pressure does not treat the underlying cause. The cause could rarely be a kidney artery stenosis that requires an intervention. It could be a tumor on the adrenal gland that requires removal. Or, the cause most often is too much salt, inactivity and stress. So, taking a pill that forces the blood pressure down may cause a side effect and is like cutting the wire leading to a red light on the dashboard. The sign or the symptom goes away, but you have not heeded the warning and fixed the underlying cause.

**DH: How did you discover the Coronary Health Improvement Project, or CHIP program? How did you get involved in that?**

**RG:** It started in 1990. I was reading an article by Louis Sullivan (then Secretary of Health and Human Services) that outlined the high degree to which premature death and chronic conditions in the United States were the result of unhealthy lifestyles rather than a lack of medical treatment, genetic traits, or environmental factors. At the same time, I was reading Dean Ornish's work, specifically his first article, "The Randomized Control Trial" in the *Lancet*. This article showed that coronary heart disease was reversible with lifestyle change alone—without medicine and without surgery.

“We're either to blame for our conditions or we have this radical new opportunity to impact our own health outcomes.”

So, those two writers caused me to have an epiphany that we're either to blame for our conditions or we have this radical new opportunity to impact our own health outcomes. With these publications in 1990, I felt the need to inform myself, patients and the public about the power we all have to prevent, arrest and reverse lifestyle-related disease and promote health and vitality. However, as a busy practitioner, it took eight years for me to get organized to do something with that idea.

In 1998, a friend of mine, a pediatric cardiologist and our hospital CEO, had a heart attack. I went to visit him in the hospital and I brought him Ornish's book: *Dr. Dean Ornish's Program for Reversing Heart Disease*. I suggested that he go to the Ornish program, and he did. He came back completely excited about one's ability to repair and reverse heart disease. He really wanted to do something. In that same three-month period, the chairman of the board of my hospital attended the Pritikin Program for a two-week medical vacation. He also came back energized, renewed and ready to make some changes.

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# Notable & Quotable

from Roger Greenlaw

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In an age of soaring health care costs, educating employees on how to best care for their health and the health of their families can be challenging. WELCOA's *Self-Care Essentials* is a simple, information-packed guide to help your employees manage their health care and live well. The information is reliable, well illustrated and easy-to-understand—it won't bore your employees with unnecessary information, but addresses the major drivers of health care utilization..

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## Make Health Care A Partnership...

The truth is, there's a whole lot more people can do for themselves, and it's time for that to become a partnership [with the health care system]. People are now asking, "What are my alternatives and what can I do about this condition?" rather than saying, "What can the medical care system do for this problem?" **PAGE 3**

## The Patient's Responsibility...

The patient of today needs to prepare for the visit, engage in the conversation that leads to a partnership, and seek an understanding of the root cause of their condition and what they can do, versus what only medical care can do for them. **PAGE 4**

## Mistakes To Avoid...

I think the biggest mistake is coming in with an acute symptom and wanting a quick fix. The doctor should coach the patient toward rebalancing their life for optimal health, and then decide in a partnership whether there's also a medical care answer for this problem. **PAGE 5**

## Creating A Prevention Program That Works...

We visited the CHIP program in Kalamazoo, Michigan, observed how it worked and decided it would be a perfect complement to the Ornish program. This would be intensive prevention, arrest and reversal medicine for the masses. **PAGE 7**

## The Power Of Bringing Community Programs...

The New York Academy of Medicine recently endorsed the Rockford CHIP program, highlighting it as one of the 3 best examples in their compendium of 84 community health programs that work. We, in turn, send that kind of information and the program's yearly composite results back to our physicians. **PAGE 7**



So, the three of us decided to present a 30-minute program to the board of directors of the hospital. I gave an overview of the emerging concepts of therapeutic lifestyle change, and they each gave 10-minute reviews of their experiences. Two months later, we were given the go-ahead for a five-year \$2.2 million grant to implement a patient and community lifestyle medicine education program sponsored by Swedish-American Hospital. We developed the Ornish Program for the heart patients as intensive cardiac rehab after traditional care, as secondary prevention of subsequent events, and even as an alternative to stents or bypass surgery in selected patients. This program served about 60 patients per year. We also wanted to impact a larger population and at an earlier stage of disease. Next, we visited the CHIP program in Kalamazoo, Michigan, observed how it worked and decided it would be a perfect complement to the Ornish program.

“Now as of this year, we have a strong endorsement [of CHIP], particularly from the cardiac physician community.”

This would be intensive prevention, arrest and reversal medicine for the masses. We then invited the program's founder Hans Diehl DrHSc (Doctor of Health Science), a cardiac epidemiologist, to bring the CHIP program to Rockford, Illinois. That set Rockford on a path to building a healthy community over the last 10 years, and now we have over 6,000 graduates and about 25 restaurants offering at least five menu items that meet the guidelines for CHIP/Ornish programs. Our largest CHIP class in one year was 444 people. The story of the Rockford CHIP program is well-documented in a dedicated issue of WELCOA's *Absolute Advantage* Magazine, Volume 3, Number 8, at [http://www.welcoa.org/freeresources/pdf/aa\\_vol3\\_no8\\_chip2.pdf](http://www.welcoa.org/freeresources/pdf/aa_vol3_no8_chip2.pdf).

**DH: How is the health care community in Rockford embracing the CHIP initiative?**

**RG:** Initially, there was some significant skepticism because lifestyle change programs felt like alternative medicine and there was the fear that people would be investing in 'potential improvement' at the expense of traditional cardiac treatment and follow-up. However, Dr. Ornish's ongoing research publications, along with the presence of Dr. Diehl on site and the numerous CHIP research publications (from our 2003 randomized controlled trial) over the past 8 years have caused most physicians to endorse the program. In addition, The New York Academy of Medicine recently endorsed the Rockford CHIP program, highlighting it as one of the 3 best examples in their compendium of 84 community health programs that work. We, in turn, send that kind of information and the program's yearly composite results back to our physicians. Now as of this year, we have a strong endorsement, particularly from the cardiac physician community. **N&V**

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### CHIP Named In Top Prevention Programs

Read the free WELCOA case study about Rockford, Illinois' award-winning CHIP program.

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ABOUT **Madeline Jahn**

**Madeline Jahn** is the Communications Associate for the Wellness Council of America. Her role is to coordinate the development of new publications and pool existing resources for WELCOA members, serving the mission of health promotion through marketing and planning support. She earned her Bachelor of Arts from Creighton University, and is currently pursuing a Master's Degree in Organizational Leadership from the College of Saint Mary. For questions about this publication, or to obtain permission for reprinting, please contact Maddy at [mjahn@welcoa.org](mailto:mjahn@welcoa.org).

## UPCOMING TRAINING EVENTS

### WELCOA 2011 Webinar Series

We are pleased to announce our dynamic 2011 WELCOA Webinar Series. This year, we are focusing on a number of exciting topics that will help you in your quest to build and sustain a results-oriented wellness program. Each Webinar is

conducted by a nationally-recognized expert in the field of workplace wellness. And perhaps best of all, each session is offered in a Webinar format which allows you to access the information without having to leave your office.



\*The Webinar series is free to WELCOA members. If you are a current WELCOA member and would like to register, please visit <http://infopoint.welcoa.org/>. If you're not a WELCOA member, you should be! Visit: <http://www.welcoa.org/member/benefits.php>

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#### JANUARY

**Title:** *Eat Right for Life: A Common-Sense Approach To Promoting Better Nutrition At The Workplace*

**Registration** for this webinar is now closed.

#### FEBRUARY

**Title:** *Gaining Great CEO Support: How To Get And Keep Senior Level Support In A Down Economy*

**Registration** for this webinar is now closed.

#### APRIL

**Title:** *Coronary Health Improvement Project*

**Registration** for this webinar is now closed.

#### JUNE

**Title:** *Unleashing The Power Of Medical Self-Care In Your Organization*

**Date:** Thursday, June 16

**Time:** 9:30 – 11:00 AM Central

#### AUGUST

**Title:** *11 Ridiculously Simple Things You Can Do To Nudge Physical Activity Along In Your Organization*

**Date:** Thursday, August 18

**Time:** 9:30 – 11:00 AM Central

#### SEPTEMBER

**Title:** *Little Things Make A Big Difference: How America's Healthiest Companies Create Excitement and Generate Participation*

**Date:** Thursday, September 29

**Time:** 9:30 – 11:00 AM Central

#### NOVEMBER

**Title:** *Are Cell Phones Making Us Sick? An Examination Of The Latest Research And The Implications For Your Workforce*

**Date:** Thursday, November 17

**Time:** 9:30 – 11:00 AM Central

#### DECEMBER

**Title:** *Terrific Teams: The Six Secrets Of Best In Class Workplace Wellness Teams*

**Date:** Thursday, December 15

**Time:** 9:30 – 11:00 AM Central

“...it is comforting to know that... WELCOA exists, and that they are pushing us in the right direction.”

“Superb! WELCOA hit the nail on the head... Loved it!”





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namic online courses. Here are the opportunities now available for 2011—all certification opportunities are FREE to WELCOA members.



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### MARCH

**Title:** *Well Workplace University—How To Demonstrate A Return-On-Investment*

**Registration** for this certification is now closed.

### JULY/AUGUST

**Title:** *Well Workplace University—The Art And Science Of Changing Unhealthy Behaviors*

**Date:** Wednesdays 7/13, 7/20, 7/27, 8/3

**Time:** 9:30 – 11:00 AM Central

### OCTOBER

**Title:** *Well Workplace University—How To Effectively Manage Your Workplace Wellness Initiative*

**Date:** Wednesdays 10/5, 10/12, 10/19, 10/26

**Time:** 9:30 – 11:00 AM Central

### APRIL/MAY

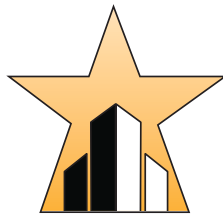
**Title:** *Well Workplace University—Building A Results-Oriented Workplace Wellness Program Using WELCOA's Seven Benchmarks*

**Date:** Wednesdays 4/27, 5/4, 5/11, 5/18

**Time:** 9:30 – 11:00 AM Central

“WELCOA offers valuable information that is greatly appreciated.”





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