



OCCUPATIONAL HEALTH BRIEFS

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President, ACA Council
on Occupational Health

MEET THE PRESIDENT

FRED RASCHKE, DC

Fred Raschke, DC, CCSP, has practiced in Weyauwega, WI since 1991. Dr. Rashcke has completed 360 hours of postgraduate Chiropractic Occupational Health and Applied Ergonomics educational. Dr. Raschke works with schools for implementing strategies for prevention and wellness.

Greetings Council Members.

Thank you for electing me to be President of the Council. I have been in practice since 1983 after graduating from Palmer College of Chiropractic. My practice is in Weyauwega, a small rural town in northeast Wisconsin. In 1991, I became certified as a Chiropractic Sports Practitioner (CCSP). Working at local rodeo events with what was known at that time to be Wrangler ProSport Chiropractic was an extremely rewarding experience; the rodeo industry has an endless supply of injuries. I completed 360 hours in the Chiropractic Occupational Health & Applied Ergonomics (Diplomate) program in 1998 through NWHSU, and currently am working with a local company in effort to fulfill a particular requirement for obtaining Diplomate status in the American Chiropractic Board on Occupational Health (DACBOH). In 2004, I completed training and proficiency exams for becoming certified to perform Dept. of Transportation (DOT) drug testing and DOT alcohol screening services. My service to this council actually began at the end of 2004 filling Andy Pieren, DC's vacancy on the council Executive Committee as he relocated to Germany.

From recent articles that appeared in this same publication, you'll see that my primary area of interest in occupational health has been working in developing and promoting wellness for a local school district, making significant steps each year and with amazing results. We have greatly improved nutritional choices and the physical activities available to students and staff and we are in the process of developing a more food-based curriculum at the elementary school level. The good health and well-being of Americans will depend on this young generation being educated to make wise choices towards self-responsibility in caring for their health and the environment.

COUNCIL MISSION & VISION

Our ACACOH's stated **mission** is to represent the Chiropractic profession to industry by fostering public health and safety through education, ergonomics, optimal clinical management of the injured worker, and by other measures. In supporting this mission during my administration, you may ask what my **vision** is for this council during. First though, let's review where the council has been and where it is now.

I have been privileged to be a member of this Council under outgoing President David Thorpe, DC, DACBOH, who possesses excellent leadership and visioning, and the ability to get things done. Dave authored the PERMCO
(next page)

(from pg. 1 – President’s Message)

Initiative – an acronym that stands for **Permanent Commitment for Membership Benefits**. This initiative adopted by our Council outlines the benefits as well as some of the opportunities and responsibilities we have as a Council and members. We will continue to make this initiative a top priority. I have listed key points as follows:

1. Work with the federal and state governmental agencies for advancing chiropractic;
2. Enlist DCs to become certified to perform DOT drug testing and/or alcohol screening, and perform DOT physical exams under present and soon-to-be instituted guidelines;
3. Continue working with the ACA to develop and establish a strategic alliance with OSHA;
4. Continue a media campaign of occupational health articles for professional and trade journals, and for national consumer magazines and local newspapers;
5. Identify ways to promote members of our Council to businesses and communities;
6. Host an annual convention for occupational health doctors and Diplomates as part of our efforts to provide ongoing continuing education;
7. Work with the American Chiropractic Board on Occupational Health (ACBOH) and Northwestern Health Sciences University (NWSHSU) to promote the Diplomate program, maintain CEU records and approve continuing education hours for the program;
8. Continue to offer resources and products through cooperative efforts with the International Academy of Chiropractic Occupational Health Consultants (IACOHC) to DCs everywhere;
9. Communicate with and mentor other doctors in aspects of occupational health;
10. Provide a quarterly newsletter, informational website and emails about significant events within our specialty;
11. Identify professional opportunities for our members for working with government and private entities;
12. Continue to encourage and develop Chiropractic College campus Occupational Health Organizations and continue with campus visits by Council members.

My **goal** as President is to increase the number of members in this Council and heighten the awareness of the Chiropractic profession to the general public, businesses and government legislators involved with

workplace injury prevention, wellness and other health care issues. We have limited resources and time but that should not discourage us. We have all experienced the benefits of being associated with Chiropractic Occupational Health and this Council. We are very fortunate to know how to prevent disease and injury to ourselves and others. We need to continue to reach out to the masses. Let’s continue the excellent progress we have made. Here’s how we can do it:

1. **COMMUNICATE!** I would like to see us develop a united network of Council members in every state to work together and educate others about Chiropractic’s key role in helping America’s health care crisis. We can do this through our excellent newsletter, emails, journal articles and shared marketing efforts with the ACA. We will continue to promote the benefits of becoming certified drug testing and alcohol screening professionals and medical examiners. This area alone can be vital in developing individual relationships with local companies as well as expanding chiropractic’s role in providing occupational services to business and industry.
2. **COMMUNICATE** with local, state and federal legislators on issues that affect the health of all Americans. We can work alongside the ACA to impact environmental, chiropractic, farm/nutrition bills and legislation that affect the wellness of us all. Offer to be involved in roundtable discussions on healthcare issues or committees. Educate about chiropractic and non-chiropractic solutions.
3. **COMMUNICATE** with local schools by speaking to students and teachers on proper lifting habits, back injury prevention and wellness. We can be the leading profession to perform this valued service by educating and helping our future leaders. Let’s be the profession of choice in this arena!
4. **COMMUNICATE** with each other. Brainstorm. Share what each of us have for a vision of what this Council can be. Do strategic planning to include methods for monitoring success in reaching short and long-term goals. I will make sure everyone involved with this Council has all the names and contact information of present members.

We can only accomplish our goals if we can truly see the potential of this Council and get others to see it. I do not have the lengthy experience of past Council Presidents, but I will listen, share and ask questions to continue to move this Council forward. My email is wellnessdoc@centurytel.net, I’d like to hear from you.

Respectfully,
Fred Raschke, DC
President, ACACOH

DIPLOMATE PROGRAM PHASE 1 & 2 DISTANCE LEARNING (DVD)

Contact Northwestern Health Sciences University at 952-888-4777, ext. 249 to learn more or visit the web site at <http://www.nwhealth.edu>.

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Contact Diana Berg or Jennifer Bell at Northwestern Health Sciences University by calling (952) 888-4777, ext. 249.

Dear Members,

It's been a quick and enjoyable two years of service to you as President of Council – a great privilege to work alongside wonderful people on the Executive Committee and members of the council who contributed greatly in time and energy for renewing the council as an entity working on behalf of its members and the profession.

As Immediate Past President, I will still be actively involved in the continuation of efforts for establishing a strategic alliance with the Occupational Safety and Health Administration (OSHA). Other efforts will be toward an end product of the Federal Motor Carrier Safety Administration's (FMCSA) educational component relative to Medical Examiners' qualifications for performing Dept. of Transportation physical examinations, and the National Registry of Certified Medical Examiners (NRCME).

I've had the pleasure of working with the American Chiropractic Board on Occupational Health (ACBOH) in this past year. The Board has worked to better define the continuing education requirements and I know they will be working with colleges to enhance continuing education opportunities for this specialty.

I encourage you to come participate in the ACACOH's annual conference to be held February 2008 during Northwestern Health Sciences University's Homecoming Event.

In closing, my gratitude is extended to the Executive Committee for their hard work and dedication during my term as President. As the next administration sets agenda and goals for the next year, that their success will further advance chiropractic occupational health. Thank you to each member of the council for your incredible support.

Sincerely,
David Thorpe, DC, DACBOH
Immediate Past President

EMPLOYERS GAINING GROUND AGAINST DRUG AND ALCOHOL IN THE WORKPLACE

By Elizabeth L. Auppl

Employers have waged war and are now winning a battle against allowing drug users to pass over the threshold of the company's front door. (Alcohol is a drug too.) Especially mid-sized to larger companies (of a combined workforce) now see a light at the end of a long tunnel of ridding the workplace of drug users. The implementation of a drug-free workplace policy outlining drug and alcohol testing and prohibition rules for potential hires and existing employees creates a barrier barring individuals who would otherwise be a high-risk, high-cost employees from working there. Employees have access to Employee Assistance Programs (EAPs) for getting help with drug and alcohol problems; and employers realize varying returns on investment of anywhere from \$5 - \$17 for every dollar invested on behalf of their employees.

According to the *Drug Testing Index 2006* (Quest Diagnostics), in 2006, 3.8% of drug tests performed had positive results; in 2005, 4.1% tested positive; go back in time to 1988 and 13.6% tested positive. Overall, detected drug use, (those tests resulting as positive), in the workforce and workplace has decreased. This is the reality workplaces share whether their employees fall under regulations of the Department of Transportation (DOT) or under the company's own Drug Free Workplace policy and program.

Likely, the decrease is the result of a blending of the aggressiveness with which employers implement best screening programs for drug and alcohol detection and encourage the use of EAPs without stigma attached, and the avoidance to the workplace by substance users and abusers. Still, and not at all to dim the shining victory for employers with drug/alcohol testing programs, according to the National Clearing House for Alcohol and Drug Information, the annual cost to employers due to drug and alcohol abuse by employees is a staggering \$100 billion. There is another reality – and that is that most drug users work for companies of less than 500 employees. As the number of employees decrease per company, there may be a higher percentage of users in that group. On goes the battle especially for smaller employers.

Identifying where those high costs might be is simple logic – absenteeism, tardiness, accidents, low productivity, and decreased co-worker morale – but there is the added public health concern of the spread of diseases associated with drug and alcohol use. Statistically, and due to biological, social, economic and age group factors, some people groups are more affected by disease than other groups. For instance, as if the problem of HIV in particular hasn't already reached the pandemic level, the Center for Disease Control (CDC) estimates that over the next year, some 40,000 people will become infected with HIV. This is a significant concern for an employer (and employees) most especially if a particular workforce is comprised largely of

a generalized population at risk. *Public health concerns associated with drug use and addiction absolutely change the way the war against drugs has to be fought, and won.*

Early education about drug and alcohol use being a health hazard and a practice or habit that has life-altering, devastating consequences to the user, plays an important role for the group that has yet to hit the workplace – the youth of America. In the “2006 *Monitoring of the Future Survey*”, a survey given to 8th, 10th and 12th graders showed that in 2001, 19.4% of this group reported the use of any illicit drug in the past month; in 2006 the survey showed the number dropped to 14.9% reporting illicit drug use in the past month. While there are questions – such as were students more apprehensive in admission in 2006 than in 2001, or were their socioeconomic differences and changes during the 5 years that impacted the stats, or any other question we can ask ourselves, there is much documented evidences that early education about the hazards associated with illicit drug use are important and can, in fact have, reduced drug use.*

Regardless of documented research findings and statistical data, and with *prevention* being an operative word, it's so important to educate youth about drug use beginning in their early years and starting within the home and school and then beyond. Prevention by education is important, especially if we want to reduce the need to rescue later when the consequences have already taken a toll on an individual's health, behavior, relationships, and society.

For you, the practicing clinician, your role can be huge in the battle against drug and alcohol abuse and addiction. One of the major efforts of the International Academy of Chiropractic Occupational Health (IACOHC) is to advance the profession to the forefront for performing drug and alcohol tests specifically for assisting employers in the battle against drugs in their workplaces.

The Department of Transportation (DOT) requires those who want to perform DOT drug testing (done by urine specimen collection), and/or alcohol (non-evidential) screening, and/or confirmation (evidential) alcohol testing. The IACOHC has trained DCs and their clinical staff across the nation for the past 4 years. The training is also available through Northwestern Health Sciences University's postgraduate (Diplomate) course for chiropractic occupational health and applied ergonomics. As another option, training is also available via an Independent Study format through the IACOHC. There is a *demonstration of proficiency* requirement regardless of program format and this can be accomplished in a number of ways (as identified in learning materials).

What this has done for many DCs is open the door to industry – *wide open*. Many companies have employees that are regulated by the DOT and employees who are not. Invariably, when a DC begins providing these services to local companies, a company representative will inquire with or pursue the other occupational-related services from the DC. This is not at all uncommon to

happen. Considering that governmental agencies and national councils state in various publications and on web sites that drug use is our nation's “*top*” or “*number one*” *health concern*” - chiropractic clinics *everywhere* can step up to the plate for providing testing services.

Be encouraged to get trained, get involved and help in our nation's strong fight against substance use and addictions. The IACOHC is working to make educational materials available so that clinicians can bring educational programs to their local schools and workplaces. We never know who we might be sparing from a lifetime of addiction, and well - chiropractic was founded upon the principle of *prevention* and continues to teach that to this day.

In closing, because I'm passionate about doing my part to affect the problem of drug use and addiction in our world, I would be remiss if I didn't encourage readers of like-mind to do their part. I've included contact information for obtaining 'first-step' help for drug addictions, as follows:

1-800-662-HELP
1-800-487-4889 (TDD)
1-877-767-8432 (Spanish)

It's probably safe to say that both you and I have been touched deeply by the addictions of those we love and hold dear. Asking for help should never be considered as a weakness; it's smart. Tell your loved ones, friends and patients that.

About the author: *Elizabeth L. Auppl is Executive Director and Board of Directors member of the International Academy of Chiropractic Occupational Health Consultants (IACOHC), Executive Advisor to the ACA's Council on Occupational Health (ACAOH), a business owner, and is a Certified Emergency Manager by the State of Minnesota. She has been published in many chiropractic publications including continuing education material for Data Trace Publishing for DC Tracts (“Workplace Drug Testing and Alcohol Screening: A Major Role for Chiropractic”). She is a postgraduate faculty person for Northwestern Health Sciences University (NWHSU, Bloomington, MN) for the (Diplomate) Chiropractic Occupational Health & Applied Ergonomics program. She can be reached during normal business hours at 507.455.1025 or anytime by email at eauppl@charterinternet.com.*

Sources:

* *2006 Monitoring of the Future Survey*, funded by the National Institute on Drug Abuse

** *Source: An Ounce of Prevention, a Pound of Uncertainty: The Cost-Effectiveness of School-Based Drug Prevention Programs.* J P Caulkins, S S Everingham, C Peter Rydell, J Chiesa, S Bushway See www.RAND.org/pubs for book and files available.

Other sources: National Council on Alcohol and Drug Dependence: <http://www.ncadd.org/facts/workplac.html>

ANNUAL CONFERENCE of the COUNCIL ON OCCUPATIONAL HEALTH

FEBRUARY 1-3, 2008
at Northwestern Health Sciences University
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Joseph J. Sweere, DC, DABCO, DACBOH, FICC
Chad Henriksen, DC, DACBOH.

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NOTE – This conference is in conjunction with Northwestern Health Sciences University's Homecoming. Homecoming events begin Thursday, January 31st and continue through Saturday, February 2, 2008.

For early registration and full details please call NWHSU at **1-800-888-4777 EXT 106** or go online at www.nwhealth.edu/ for a complete listing of speakers and activities.

Watch for further announcements from the Council.

(12 CEUs applied for, for Diplomates when attending Conference of the ACACOH. Tuition rates published on NWHSU's web site and to appear in upcoming announcements and publications.)



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Session 2: Learn How to Promote Services with an Emphasis on Industrial Relations Discover what it takes to create profitable relationships with business and corporate employers. Real-world examples and proven techniques will be explored. **Scott Bautch, DC, DACBOH**

Session 3: DOT Drug Testing and Alcohol Screening Certification and DOT Physical Exams. You will become certified for official recognition to perform U.S. Department of Transportation screenings for your industrial clients and the general public. Discover how quickly and easily you and your staff can add this service to your practice and how by providing one of these services opens the doors for providing a host of services to industrial clients. **Elizabeth L. Auppl, CDSP/T, CASP/T; and Joseph J. Sweere, DC, DABCO, DACBOH, FICC**

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