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The executive update on health improvement programs

INSIDE

■ **Cover-up:** Laminating process increases worker demand 112

■ **Hazard protection:** Round-the-clock emergency response available 113

■ **Safety NET:** Program seeks to curtail traffic injuries, deaths. 115

■ **Fitness all the time:** A 24-hour fitness center helps company compete 117

■ **News Briefs** 118

■ **In Health & Well-Being insert:**

- Vision options available for active 'boomers'
- Help your child make the nutrition 'honor roll'
- **Infant CPR:** Are thumbs better than fingers?
- Supervision maximizes strength-training results

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Employee health programs are being transformed into major moneymakers

Hospitals seize the opportunity to offer services to outside clients

Cost justification has been an ongoing challenge for wellness professionals. While some of the current literature indicates attractive returns on investment, it often takes many years to realize some of the big-dollar benefits.

In response to that challenge, a number of hospital employee health programs have developed a new strategy for significantly increasing revenues in a short period of time: providing the same services to outside clients. While it doesn't always lead to huge profits, at the very least it helps defray the costs of the in-house program.

Hospitals around the country are expanding their employee health services or merging them with the facility's occupational medicine department to create stronger and financially successful programs.

While there may be some logistical issues to tackle in providing drug testing, vaccinations, and other services to outside clients, "at some levels, it defrays the hospital's cost of doing business to provide employee health services," says **Caroline Murray, MD, MPH**, medical director of

KEY POINTS

- Serving employees in remote sites will be a major programming challenge.
- Drug testing and vaccinations are among the most popular services offered.
- Even when profit is not turned, providing outside services helps offset costs of in-house programs.
- Merging with the hospital's occupation health program is another option to ensure financial success.

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occupational medicine at Dartmouth Hitchcock Medical Center in Lebanon, NH. “Now there are other people paying for those same services. You become a revenue-producing and not just a revenue-consuming area.”

Additional occupational medicine resources may also enable you to boost the services you offer to employees and improve access to physicians with that specialty, says **Geoff Kelafant**, MD, MSPH, FACOEM, medical director of the occupational health department at Sarah Bush Lincoln Health Center in Mattoon, IL.

If you already have an occupational medicine clinic that serves outside clients, employees should have access to that expertise, says Kelafant. “For them not to provide the same level of service — in fact, a better level of service — for their own employees is unethical,” he says. “You should take at least as good care of your own employees as you do external employees.”

Yet, how that service is structured can vary considerably. For example, at Baystate Health System in Springfield, MA, the three related hospitals have used three different models of providing employee health care. “A lot of what makes sense for a given organization is going to depend on the size of that organization,” says **James Garb**, MD, director of occupational health and safety for Baystate.

Service expands to affiliates

For some hospitals, the broadening of the employee health focus occurs gradually in response to requests from community organizations.

At University Hospitals of Cleveland, expansion from a hospital to a health system meant the addition of ambulatory sites, community hospitals, and other affiliates. The facilities began asking for physicals, preplacement drug testing, and other services, recalls **Carol C. Grove**, MSN, RN-C, PNP, manager of employee health services.

Soon, a skilled nursing center with a loose

affiliation with University Hospitals asked for help with employee health physicals, and the fire department needed hepatitis B vaccinations. Since Grove doesn't have a budget to provide services to all affiliates of the health system, she passes along lab charges and other costs. She brings in additional staff on an as-needed basis. She doesn't bill with profit in mind, but tries to recoup her costs.

“I didn't go into this thinking I would make money,” she says. “I just wanted to keep our budget on target and do something for other people.”

Grove expects that the employee health services will eventually expand to formally serve all entities within the health system, as well as the loosely affiliated organizations. “We've had to grow as the system has had to grow,” she says.

Assess demand in market, billing needs

Those who proactively decide to expand must first make sure there is enough demand in the market, advises Murray. That “needs assessment” may be as simple as determining who else is providing expertise in occupational medicine and surveying employers to find out if they need better access to testing, physicals, and other services.

Serving other industries may mean adding new equipment and providing new types of care. For example, Dartmouth Hitchcock purchased breath alcohol machines to conduct screenings for the Federal Highway Administration commercial driver medical examination. The hospital now can use the machines for internal testing if there is “reasonable suspicion” that someone is working while under the influence of alcohol. However, the equipment is used mostly for external clients.

In other situations, the care needs are quite similar. “We provide the same services to a policeman who has a bloodborne pathogen exposure as we do to a nurse who has an exposure,” says Murray.

Once you decide to offer your services to others, you face another possible obstacle: How do you bill them? An employee health service doesn't bill its own employees. Its care doesn't often fall into

COMING IN FUTURE MONTHS

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an ICD-9 diagnostic code. Moreover, you aren't billing the patient; you're billing the employer.

Murray advises working with financial officers at the hospital to determine how to contract for the employee health services, charge for screening, surveillance, and exams, and set up the billing system.

Could a merger be for you?

For hospitals with coexisting occupational medicine and employee health departments, the idea of a merger may be controversial. Employee health often reports to human resources, while occupational medicine may be part of a multispecialty clinic.

Some occupational medicine experts strongly believe that the two departments should blend together, and that employees should be able to visit the hospital's occupational medicine physicians.

When Kelafant came to Sarah Bush Lincoln Health Center, he proceeded to merge "employee health" with "occupational health." Even the use of the two terms seemed a bit awkward. "Technically, it's all occupational health," says Kelafant, who is also vice chairman and communications chairman of the Medical Center Occupational Health Section of the American College of Occupational and Environmental Medicine in Arlington Heights, IL.

He designated one nurse with the part-time duty of keeping up with the hospital's needs for surveillance. For example, she makes sure that the health care workers are up to date with their TB tests and vaccinations.

Meanwhile, "the employees can come down anytime they need to be seen," he says.

Merging the two departments is cost-effective, but Kelafant cautions that employee health — or occupational medicine — may not necessarily become a profit center. That will depend on such issues as how competitive your market is, how you price your services, and how great your internal need is for those services.

At Sarah Bush Lincoln Medical Center, Kelafant discovered that aspects of employee health were actually parceled out to different areas of the hospital. By consolidating, the goal was to provide better care, not to add revenue or save money, he notes.

At Baystate Health System, the model of care is based upon employee needs and feasibility. The smallest hospital, with just 350 beds, was able to boost its employee health care by offering the service to outside employers. About 85% of the

clinic's time is devoted to outside clients, and just 15% to employees, says Garb. "If they didn't provide those external services, it would be hard to staff an employee health service for such a small number of employees," he says.

Meanwhile, the system's mid-sized hospital with about 1,100 employees recently started an in-house service with a nurse practitioner and an LPN. Previously, an occupational medicine clinic that was not affiliated with the hospital provided the service.

"The response has been overwhelmingly positive," says Garb. "They have so much more accessibility, they can get questions answered quickly, and they are getting a higher level of service. [The doctors] were all fine practitioners, but they weren't dedicated to the hospital. The hospital is our only client and we have to provide them with first-class service."

Different models meet different needs

The system's largest hospital, with about 6,600 employees, has both a freestanding occupational medicine clinic and a large employee health service. It is simply too large to consider merging the two, Garb says.

Furthermore, it can be an advantage for a distinct employee health service to report to human resources, says Garb. Employee health may do more than just handle health and surveillance needs.

"We devote time to meeting with managers, [and] with EAP [employee assistance program] human resources. We spend an hour, a half-hour, coming up with options and a creative solution to the [employee's] problem," he says. "I don't think you'd find that level of service so readily in a department primarily focused on outside clients."

Kelafant agrees that there are some situations in which separate occupational medicine and employee health departments might be advisable, or even necessary. For example, some health systems have campuses that are geographically distant. A research facility may have labs or other specialized areas that have unique surveillance needs.

"There are cases that can be made for keeping them separate," he says. But he adds, "For the majority of people, especially if you already have an occupational health clinic, you might want to explore whether there might be some advantages in merging some of the functions." ■

Can you judge wellness books by their covers?

Laminating process increases worker demand

A patented laminating process has helped pump new life into wellness publications, increasing the appeal and generating far greater employee usage of those all-important educational materials. And in an age where nearly everything seems to have an “e” in front of it, that’s no small task.

“Health promotion programs and publications have been around for 20 years,” notes **Don R. Powell**, PhD, president of the American Institute for Preventive Medicine in Farmington Hills, MI. “It’s no longer the novelty it used to be. It’s important for people who deliver wellness programming to try to stand out, to make things look and be different than were even three to five years ago. If employees keep running into the ‘same-old, same old’ — posters, brochures, and classes, you will see a gradual decline in participation.”

Looking for a better way

Printed materials are no exception, notes Powell. Employees who keep looking at the same brochure racks and the same paycheck stuffers will eventually become disinterested.

An additional concern that had plagued Powell for quite some time was durability. “We have always looked for the best possible ways to package information,” he notes. “We started with books and booklets, then kits containing booklets and cassette tapes. Brochures have been around forever. We felt that if we could combine a new look along with a new way of packaging them,

KEY POINTS

- After 20 years of the “same-old, same-old,” it’s vitally important for brochures to increase eye appeal.
- Laminated, foldable publications convey a message of importance and long-term value.
- New technology will create synthetic paper, reducing production costs while retaining attractiveness.

we’d hit the employees right between the eyes — get them to look at the information, hold onto it, and share it with their family members. In short, the brochures would make more of an impact.”

After considerable research, Powell came upon Laminating Services in Tampa, FL, a company that was using a laminating process to produce maps.

“We realized the same process could be applied to health promotion and wellness materials,” recalls Powell. “The process is unique. It has a nice feel, it’s durable, and it can fold in different directions so the panel most important to you at the time can be facing you, while the brochure actually remains flat. Also, it can be mailed in a No. 10 envelope, so it’s ideal for a mass mailing.”

This patented process for lamination is called Infold, the name referring to the thickness of the laminate and the dye cut on the printed material that allows it to fold up and remain flat.

These laminated brochures have a variety of potential uses, notes Powell. “The can be used at health fairs, in direct mail campaigns, on brochure racks, during open enrollments, in newcomers’ packages, and they can even be used as premiums,” he says. “And they’re great for employees who travel.”

Making an impact

Powell says this new process gives brochures greater impact. “It’s something an employee will hold on to,” he explains. “It has an inherent sense of value, so it’s much more likely to be kept and read.”

Powell says the new brochures have been popular with clients such as Ford Motor Co. and Daimler-Chrysler. “And we’re in discussions with the U.S. Army to use them in a military self-care program,” he notes.

At Ford, Powell says, employees had begun to ignore more traditional brochures, but “they’re grabbing the new brochures like you wouldn’t believe.” And at the recent American Occupational Health show, nurses “swarmed around our booth” to pick them up. “It’s definitely the packaging,” says Powell.

Kenneth L. Young, coordinator of benefits at UAW/Daimler Chrysler in Detroit, agrees. “We’ve been using them for about four years,” he says. “We thought it would offer a way of getting through to our members. If you give them too much information, they won’t read it; but if you give the laminated Infold, they do tend to read

SOURCE

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them, take them home, and share them with family members. It's something you can carry around in your purse, which is handy if you have a problem like, for example, peptic ulcers."

Eight and growing

Young says his members have received the new brochures quite well. "We've had eight different ones done, and we're working on a new one now," he reports. "The brochures have covered topics such as general health, 'you and your health care provider,' retiree health, womens' health, and children's immunizations.

"They last longer, and they give the member a sense of something they should keep as opposed to a regular brochure," says Young, who has had

a total of 75,000 produced. "It's absolutely worth the investment."

As popular as this new technique has proven, Powell is looking to make his brochures even better. Technology has made it easier to produce the four-color look today's audience demands, and to respond to the trend away from cartoons and characters to real people. "There's now a wealth of stock photography available inexpensively via the [World Wide] Web," he says. "It's sort of like photo clip art."

Powell is also addressing what he sees as the one weakness of the Infold process: cost. "The publications cost between \$1.50 and \$2 each based on volume," he notes.

Since some of his clients have expressed a desire for less expensive publications, Powell is getting ready to launch another product, using a new process that employs synthetic paper. This process, called paperperm, combines the printability of paper with the durability of plastic.

"This is a new technology," Powell explains. "It can be safely taken into the shower, yet it will cost about the same as a brochure printed on glossy card stock." ■

3E protects employees from workplace hazards

Round-the-clock emergency response available

In many facets of employee wellness, improved health can be achieved by avoiding potentially harmful behaviors. Unfortunately, in many industries, the handling of hazardous materials is a necessary part of the job. Such potential employee exposure, however, does not have to lead to injury or illness.

KEY POINTS

- Client needs drive the creation of new services aimed at greater protection for both employees and the public.
- Exposure to potentially dangerous chemicals and bloodborne pathogens are among the key concerns.
- Transportation consults cover everything from live tarantulas to a case of pepper spray.

Carlsbad, CA-based 3E Company seeks to keep workplaces, employees, and the environment safe. Operating as both a library and an emergency response center, 3E allows companies to access crucial HazMat data via the Internet, telephone, or facsimile. The company's "mission control center," supported by what it claims is the world's premier Hazmat Internet database, is available to customers 24 hours, seven days a week. Its range of services includes:

- 3E-On-line
- MSDS (Material Safety Data Sheets) on Demand
- 24/7 Spill, Exposure, and Info Hotline
- Transportation Services
- On-site/Off-site DOT/OSHA Training
- Hazardous Waste Info & Training

The 3E Company of today is far different than the organization that was launched in 1988. "We started as a sophisticated call center, where people would call if they had a spill, were exposed to chemicals, wanted to dispose of materials or needed to transport them," recalls **Jess Kraus**, CEO, president and founder. "We collected information over the years relating to over 3 million chemicals produced commercially in North America — undoubtedly the largest database

of its kind. We began to realize that what we really were was an information provider, and that we had massive amounts of content. We also realized four years ago that the Internet was the wave of the future, and that ultimately people would prefer to contact us through that medium.”

Thus began 3E’s evolution into a “brick & click” company.

Learning from its customers

3E, says Kraus, is not a typical hazardous materials company. “We customize our services for our clients,” he notes. Most of its customers are obtained on a referral basis. Interestingly, the Atlanta-based Home Depot, one of its largest customers and a major source of referrals, played an instrumental role in the evolution of 3E’s services.

“A lot of our services have sprung up from working with Home Depot,” says Kraus. “When they had a need, we would fulfill it, and then make the service available to the rest of the industry. They’re very entrepreneurial and true to their vision.”

The Home Depot requirements, in turn, sprung from a strong desire to keep its employees safe. For example, one of the newer services offered is poison control. “When there was a spill or a potential for exposure, we wanted our associates to have access to immediate toxicology information from a specialist,” recalls **Cesar Salomon**, who handles corporate risk management for Home Depot. “Now, they are able to get clarification and direction. For example, if they get something in their eye they are told whether to wash it out.”

Today, 3E is affiliated with the University of California San Diego (UCSD) Regional Poison Center. Calls received regarding chemical exposure accidents involving eye or skin contact, inhalation, or ingestion are connected to UCSD. UCSD’s physicians, toxicologists, and poison control specialists are available to handle exposure/poisoning calls with immediate — and often life-saving — guidance. 3E says it responds to 2,000 Home Depot exposure incidents annually.

“Home Depot was the first to adopt this service,” says Kraus. “Before, the standard practice was to go to a doctor or to an urgent care center for chemical exposure. Meanwhile, while you’re going there, you’re doing damage and no advice is being given. Now, 70% of these employees are not referred; they stay in the workplace and are triaged. The client ends up with safer employees,

SOURCES

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- **Cesar Salomon**, The Home Depot, 2455 Paces Ferry Road, Atlanta, GA 30339. Telephone: (770) 384-4980. Web site: www.homedepot.com.

and with a huge cost reduction in workers’ comp and lost work time.”

Another service inspired by Home Depot is the MSDS service. “The Home Depot came to us and said, ‘We have 100 facilities, and each of them needs to maintain MSDS,’” notes Kraus. “And 7,000 products in each store require them — from paints to pesticides. Plus, they’re updated every year. So Home Depot suggested we maintain the information and fax it to them as needed. This was a real innovation.”

“On the data management side, we wanted them to provide MSDS and shipping papers and chemical information on demand, so we could have immediate access — not only to fulfill regulatory requirements, but if there ever was an exposure or a chemical spill, we wanted to know immediately what were dealing with,” Salomon explains.

Today, MSDS are maintained as part of the 3E centralized library, and are available to all Home Depot employees via fax 24 hours a day. 3E processes over 40,000 MSDS requests and conducts 1,600 training sessions annually for Home Depot.

Chemical spill data

Another critical service 3E offers Home Depot is the toll-free, 24-hour chemical spill and information hotline. It provides assistance with chemical spills, including smaller spills related to everyday use and handling of chemicals, as well as larger spills resulting from disasters (fires, floods, accidents, earthquakes).

Hazardous material specialists advise on all matters involving chemicals and their properties, including spill clean-up procedures, personal protective equipment, disposal options, and compatibility hazards. Those specialists can also dispatch emergency contractors to pack, haul, and dispose of spilled materials.

The live HazMat specialists, available 24 hours per day seven days a week, work out of “mission control,” which is equipped with beds, kitchens,

and showers. "It really looks like mission control in Houston, with huge monitors on the wall," says Kraus. "We have about 110 people in a single day shift."

Not all of the challenges faced by 3E fit the mold of everyday hazards. "For example, we may get calls about how to safely ship a tarantula, or a case of pepper spray," says Kraus. "Several major airlines also use our services to make 'go' or 'no-go' calls. Ever since the ValuJet accident, there has been heightened awareness, and it's an important issue of safety for both employees and the general public."

Another important issue today is bloodborne pathogens, and the threat is not at all restricted to health care workers. "Any employee can be cut and bleeding, and people leave all kinds of stuff in parking lots," Kraus explains.

Salomon, who has worked with 3E for five years now, is keenly aware of the value of such a service. "Overall, we are very pleased with how our relationship with 3E has evolved," he says. "Things have worked out really well." ■

Organization building employee safety 'NET'

Goal is to curtail traffic injuries, death

Many wellness professionals incorporate the usage of seatbelts into their health promotion programs, but for most of them, that is the extent of their efforts in keeping employees safe while on the road. A more comprehensive program can make a significant difference both in employee health and safety and in the corporate bottom line, asserts **Kathy Lusby-Treber**, executive director of Washington, DC-based Network of Employers for Traffic Safety (NETS).

NETS, founded in 1989, is a nonprofit organization dedicated to informing employers of the dramatic costs resulting from motor vehicle crashes. NETS also assists employers in implementing policies, instituting on-site employee programs, and conducting community activities that focus on highway safety issues affecting employers' costs. **(A complete list of NETS members can be found on p. 116.)**

"Our mission is to reduce traffic-related deaths and injuries in the nation's work force," Lusby-Treber says. "Traffic crashes should be a major

KEY POINTS

- Crashes cost employers \$55 billion a year in medical care, legal expenses, property damage, and lost productivity.
- Nearly 30% of workplace deaths and 44% of injuries are due to motor vehicle crashes.
- Traffic safety programs can save a company \$50,000 for every million miles traveled by employees.

concern for employers."

She cites a 1996 study by the National Highway Traffic Safety Administration (NHTSA) — part of the Department Of Transportation — that showed that crashes cost employers about \$55 billion a year, including medical care, legal expenses, property damage, and lost productivity. The study, called "What Do Traffic Crashes Cost?" also found that:

- One-third of that total cost resulted from off-the-job injuries to workers and their dependents.
- Motor vehicle crashes imposed an \$18 billion-plus health fringe benefit bill on employers.
- Employee medical health care spending on crash injuries in 1994 was almost \$9 billion; another \$9 billion was spent on sick leave and life and disability insurance for crash victims.
- Off-the-job injuries cost over \$14 billion, and comprised 88% of total employee health care spending on crash injuries.

Lusby-Treber further cites a 1998 study by the Bureau of Labor Statistics, which found that 30% of the nation's workplace deaths are due to motor vehicle crashes, and 44% of its injuries. "You wonder why people don't pay more attention," she laments.

Impact extremely broad

An as-yet unpublished study jointly conducted by American Automobile Association and Nationwide Insurance shows that the impact of traffic crashes is felt by nearly half the work force. "Over a 12-month period, 40% of employees are somehow impacted," notes Lusby-Treber, and for every crash there are an estimated 5.6 hours of work time lost. "This can involve auto repairs, taking oneself or a family member to the doctor, or making follow-up phone calls."

In short, in addition to the staggering costs

to employers, traffic crashes are also personal tragedies for employees and their families. And in smaller companies, where each employee is vital, the impact on productivity is considerable.

Ironically, says Lusby-Treber, most crashes are preventable. "Usually when you have a crash, it is because you've done a series of things," she notes. "That's why there's been a big push by NHTSA to use the phrase 'traffic crashes'; they're not 'accidents,'" she asserts.

NHTSA (Web site: www.nhtsa.gov) has done extensive work in this area, Lusby-Treber notes. "A lot of crashes are due to distracted driving; we are so used to multitasking in our homes and in our offices. We're spending more and more time in our cars due to traffic congestion, and we don't want that time to be downtime."

Education can help

The good news is that work site education programs can help reduce both injuries and costs. A study sponsored by NETS in 1992 included case studies of savings from traffic safety programs,¹ noting that for every million miles of company travel, a safety program can save the company \$50,000. Other studies show a savings of \$85 for each child safety seat used,² and \$30 for every bicycle helmet worn.³

NETS promotes an event every September called "Drive Safely Work Week (DSWW)." During this campaign, it makes available educational materials on what it considers the five key areas of traffic safety:

1. Occupant protection: seat belts, air bags, and child passenger safety.
2. Impaired driving: alcohol and drug use, as well as fatigue.
3. Aggressive driving.
4. Sharing the road safely: This includes information on "no-zone" areas — areas where you can't see the other vehicles — how to make turns properly, and so forth.
5. Driver distraction: NETS has a brand new product that seeks to create awareness about that new and growing threat.

The DSWW kit is a "program in a box," enabling the company to implement a campaign with no additional work or research. "It has everything you need right in that box," says Lusby-Treber. "There is an activity booklet for each of the five key areas and a menu of options, such as posters and incentive items." Fact sheets on each of those areas are also included.

NETS current members

- American Automobile Association
- Anheuser-Busch Companies
- AT&T Wireless
- Autoliv
- Buckley Productions Inc.
- Chubb & Son
- Federal Highway Administration
- General Motors Corp.
- GEICO
- Henkels & McCoy Inc.
- State of Illinois
- Industrial Training Consultants Inc.
- Kemper Insurance Group
- Liberty Mutual Insurance Group
- State of Massachusetts
- State of Michigan
- Mitsubishi Motor Sales of America Inc.
- National Commission Against Drunk Driving
- National Highway Traffic Safety Administration
- National Institute for Occupational Safety and Health
- Nationwide Insurance
- Roadway Express Inc.
- TML Information Services Inc.
- United Parcel Service
- USAA

The kits can be purchased at any time, not just during DSWW, Lusby-Treber explains. The program can also be implemented at the most appropriate pace for your company. "For example, you may want to handle one area a month over a five-month period," she suggests. The materials are purposely not dated; in fact, a new kit is produced every year with updated ideas and activities.

There are other steps you can take to help your employees drive more safely, Lusby-Treber suggests. "You should survey your employees to ascertain the level of seat belt use in your organization," she says. "You can also bring in speakers from your state highway office."

If your organization hires drivers, a motor vehicle check is a must. "You should do a follow-up every six months or so," Lusby-Treber adds. "You should also offer driver training classes."

Above all, she says, it's important to create a 'safety culture' in your company. "You do that by

SOURCE

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involving top-level management, instituting policies, and implementing education programs,” Lusby-Treber concludes.

[Editor’s note: The DSWW kits cost \$25, plus \$6.50 for shipping and handling. To order, call NETS at (202) 452-6005. Web site: <http://www.trafficsafety.org>.]

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24-hour fitness center helps company compete

Amenity responds to ‘Silicon Valley’ culture

In California’s Silicon Valley, where dreams of million-dollar stock options dance in employees’ heads, it’s important for companies to provide added incentives for qualified workers to join and remain with the organization. At 3Com Inc., a Santa Clara, CA-based wireless Internet company, the WellCom Center, a \$2.7-million, 13,500-square-foot facility, is just such an amenity.

“I know, from some people who go down to the center to work out in the morning, that new hires and people being interviewed often come through there,” notes **Steve Joesten**, site manager for the Santa Clara campus, which employs about 4,500 people. “It’s sort of the highlight of the tour. They comment on our great-looking campus, and then they say, ‘Wow, what’s this over here?’”

“In general, a lot of the bigger companies [in Silicon Valley] showcase their amenities to potential employees,” notes **Tom Nelson**,

regional manager for San Francisco-based Club One Professional Services Inc., which manages the facility. Nelson also oversees WellCom Centers in Chicago and Boston.

“If you are not a dot.com with stock options to offer, you need amenities to recruit new employees,” he adds. 3Com is a 20-year-old company that recently spun off the Palm Pilot, and also once owned U.S. Robotics.

Nelson notes that once employees join 3Com and use that amenity, “that’s where the retention comes in. We have several employees who have told us they had thought about leaving, but remained because of the fitness center.”

The center is available to the entire work force, which is highly significant at a site like 3Com’s, where many “outsourced” employees work virtually full time. “It is available to anyone who is based on this campus,” says Joesten. “There are many independent small companies and individuals for whom we are their sole account.”

The center is open seven days a week, 24 hours a day — practically a “must” for employees in the highly competitive technology field. “The way our contract works, we staff the center between the hours of 6 a.m. and 8 p.m.,” says Nelson. “The center is unstaffed the rest of the time, but people can work out whenever they want using their badge access. We absolutely needed to have the center available 24/7 because 3Com has three shifts.”

Charging for membership

When the WellCom Center was developed five years ago, a calculated decision was made to charge for membership, Joesten recalls.

“We wanted to make sure that it was very inclusive, that everybody could be a member,” he notes. “The executive committee didn’t want it to be a ‘benefit’ or an entitlement, but something

KEY POINTS

- Employees who contemplated leaving say they stayed with the company because of the fitness center.
- Center is financially self-sufficient, offering insulation against cyclical cost-cutting measures.
- In five years, membership has grown to 1,700 out of a total work force of 4,500.

SOURCES

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that was self-funding. So, when we went out to look for people to manage it, we proposed the center that way: that it would be self-funding.

“Most of the major organizations that run fitness centers responded by asking, ‘OK, what will my subsidy be?’ Our response was, ‘No, you tell us what we need to do to be cost-effective.’”

Club One was selected, says Joesten, in part because they came up with the methodology for making the center work with a zero subsidy.

Center members pay \$20 a month, which covers all operating expenses except for electrical. “We have a pretty upscale facility for a real nominal fee,” notes Nelson. “Members receive the same services — or better — than they would at a commercial club. Towels are available on the shelves — there’s no need to check them out. Lotions are also placed on locker room shelves.”

The facility, about 13,000 square feet in all, includes a group exercise room with a 1,500-square-foot hardwood floating floor, a free-weight area, a strength area, a full cardio area, 10 treadmills, five ellipticals, eight stair climbers, nine bikes, a virtual-reality bike, a Nordic track, and a couple of rowers.

“It’s pretty comprehensive,” says Nelson. “We also have another multipurpose room for yoga and spinning — which is pretty unique; not many corporate facilities have that.” Spinning, Nelson explains, employs a stripped-down bike designed to mimic the feel of a road bike. “It can only be used during a class; the 40-pound fly wheel requires supervised use,” Nelson explains. “But it’s very popular.”

Rounding out the facilities and services are a massage room, a fitness trainer, and an assessment area. The fitness program includes a comprehensive offering of group exercise — from boot camp in the morning to yoga at noon, kick boxing, step aerobics, muscle pump-type classes, stretching, and abdominal classes — all for \$20 a month.

Nelson is pleased with membership levels in the center. Starting from scratch, it has grown to nearly 1,700 members out of a work force of 4,500. “At most of the sites, we run we try to hit

around 30%, and some go up as high as 50% to 60%,” he notes. “Sometimes, it’s a reflection of the culture. This is a pretty homogenous group where the demographics are similar; it’s a young company and a young culture.”

Nelson says the decision to charge a fee was a wise one. “A lot of time there is greater perceived value when you charge a membership fee,” he notes. “It also tends to offset any subsidy a company offers. And perhaps most important of all, if a company suffers a loss of business, the fitness center is not the first thing they look to cut.”

For Joesten, one personal story clearly demonstrates the center’s success. “We had a number of teams that worked on the center, giving us input as to what we should include,” he remembers. “There was one engineering manager in particular who was very much against the whole concept. We gave him a number of articles to read on the benefits of healthy employees, and we made sure he became a member. Six months later, I saw him exercising, and I asked him how he felt the center was working out. His reply? ‘It’s the best thing that’s ever happened. My teams do more than I’ve ever seen them do before. They used get tired around three of four o’clock in the afternoon, go to a long meeting at four and then go home. Now, they go work out at three, and they stay till nine. They’re much more productive, and much happier.’” ■

NEWS BRIEFS

CDC honors NCQA president

National Committee for Quality Assurance (NCQA) president Margaret E. O’Kane was recently awarded the Centers for Disease Control and Prevention’s (CDC) Champion of Prevention award. The award recognizes O’Kane’s role in promoting the practice of preventive medicine through NCQA’s accreditation and performance measurement programs. In the 10 years since NCQA was founded, it has introduced a number of preventive health measures and requirements that have been widely adopted by the health care industry in such areas as child and adult

immunizations, diabetes, smoking, cholesterol management, and high blood pressure.

"NCQA has made a significant contribution to public health through its efforts to promote preventive medicine in health care plans," says CDC director **Jeffrey P. Koplan, MD, MPH**. "Preventive medicine — from immunizations to smoking cessation programs — has promoted good health among thousands of Americans, preventing disease and premature death."

For more information, contact: Brian Schilling, NCQA, 2000 L St. N.W., Suite 500, Washington, DC 20036. Telephone: (202) 955-5104. Fax: (202) 955-3599. Web site: www.ncqa.org. ▼

Green Mountain wins wellness award

Waterbury, VT-based Green Mountain Coffee Inc. has received a Worksite Wellness Program Recognition Award. The 10-year-old award recognizes large and small businesses, school work sites, and municipalities for efforts they have undertaken to promote wellness within their organizations, using criteria established by Vermont wellness directors and the National Institutes of Health.

Green Mountain's wellness program, Personal Priorities, was established in 1998 as part of the company's safety program known as "Safety Sense." An employee wellness team was created that focuses on wellness issues at the workplace and beyond.

For more information, contact: Green Mountain Coffee Inc., 33 Coffee Lane, Waterbury, VT 05676-1529. Telephone: (800) 545-2326. Fax: (802) 244-5436. Web site: www.GMCR.com. ▼

PDHI a 'top 10' DM Web site

Bernardsville, NJ-based Protocol-Driven Healthcare Inc. (PDHI), a leading provider of subscription-based on-line resources for the management of chronic diseases, has been chosen as one of the top 10 leading on-line disease management Web sites by Health Industries Research (HIR). HIR, with offices

in California, Pennsylvania, New Jersey, and Arizona, was founded by a researcher from the Wharton School of Finance and Commerce in 1990 to examine trends and implications of managed care and national accounts.

The PDHI Web site includes on-line diaries, graphics and reports, personalized education, and a reference library. "Our selection validates our efforts in providing pharmaceutical companies, health care providers, and insurance companies with a credible, interactive resource they can offer patients and consumers in the ongoing effort to better monitor chronic disease and help contain costs in this ongoing struggle," says **Steve Jolley**, PDHI chairman and CEO.

For more information, contact: Steve Jolley, PDHI, 4 Essex Avenue, Bernardsville, NJ 07924.

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Call Glen Harris
at (404) 262-5461.

Magellan names workplace VP

Michael Evans has been named senior vice president of operations for the workplace division of Magellan Behavioral Health in Columbia, MD. In this role, he is responsible for management of Magellan's Salt Lake City and Alaska workplace division operations, which manage behavioral health care and EAP services for some of the nation's largest employers and insurers.

Evans held several key positions with Charter Behavioral Health Systems and Managed Health Network, a national managed behavioral health care company. ▼

NEXIS acquires PeopleWise

NEXIS, a Miamisburg, OH-based provider of business information solutions, has acquired PeopleWise, a Hollister, CA-based provider of automated pre-employment screening services to the human resources, recruiting and security departments of corporations, government agencies, insurance companies, and staffing companies over the Internet. The move is designed to create the dominant player in the \$1.6 billion pre-employment screening industry.

"PeopleWise makes an excellent strategic acquisition for NEXIS," says **Bill Pardue**, president and CEO of NEXIS. Specifically, the acquisition provides PeopleWise with the following benefits:

- a 450-person NEXIS sales force;
- sale offices in every major U.S. city;
- customer relationships with over 70% of the Fortune 500 companies;
- contracts with all major branches of the U.S. government;
- access to the largest collection of on-line public records in the world, according to NEXIS.

For more information, contact: Melanie Carroll, Carroll Communications. Telephone: (940) 321-5502. E-mail: melaniecarroll@mindspring.com. ▼

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OSHA suggests protection for outdoor workers

To help protect outdoor workers exposed to sunlight, the Occupational Safety and Health Administration (OSHA) has issued suggestions to safeguard employees from harmful ultraviolet (UV) radiation.

OSHA recommends that workers who spend time outdoors wear protective clothing that does not transmit visible light; broad-brimmed hats that protect the face, ears and neck; and UV ray-blocking sunglasses. Workers also should frequently apply sunscreen with a sun protection factor of 15 or higher, and seek shade, if possible, when the sun's intensity is at its peak — between 10 a.m. and 4 p.m.

Sunlight is the main source of UV radiation, which can cause eye damage, premature aging of the skin, and skin cancers, such as melanoma. Melanoma accounts for more than three-fourths of skin cancer-related deaths each year, though most skin cancers can be cured if detected early enough. Skin cancers and deaths resulting from melanoma are increasing rapidly in the United States, even though fewer cases of most other cancers are being reported.

Unprotected employees working in sunlight risk exposure to UV radiation. Outdoor workers with fair skin and hair, freckles, or numerous or irregular moles are especially susceptible to sun damage. Even a few serious sunburns can increase the risk of skin cancer. ■



Health & Well-Being[®]

The monthly supplement to Employee Health & Fitness

Vision options available for active 'boomers'

Active baby boomers, many of whom are shifting from team sports to individual sports, still have vision demands that may differ from their everyday activities. "Statistically, the baby boomer generation is becoming presbyopic in greater numbers than any other population. In other words, people who have never worn glasses before suddenly find themselves contemplating choices. This is an active population with significant disposable income, so many boomers can afford multiple options," says **Charlotte A. Tlachac**, OD, FAAO, who is an associate clinical professor at the University of California, Berkeley School of Optometry and former chair of the American Optometric Association Contact Lens Section.

Presbyopia is a condition in which the crystalline lens of the eye loses its flexibility. "The result is progressive difficulty in focusing on close objects. Presbyopia is not preventable; it's simply part of the aging process. For many 'graying' athletes, this can be an adjustment process," says Tlachac.

Most athletes under those circumstances have to accept a certain compromise in vision.

"However, depending on the sport, bifocal glasses can make intermediate range hand/eye coordination difficult. In addition, glasses in general can be uncomfortable and, in some cases, impractical," notes Tlachac. "Fortunately, in the past five years, contact lens treatment options have increased significantly."

For bifocal contact lens wearers, there are a variety of design options in soft lenses, gas-permeable lenses, and specialty designs for astigmatism. "Vision correction is a part of one's sporting equipment," she says. "As performance goes, it's as important as wearing the right clothing, using the right clubs, or wearing the right running shoes. It's another way to enhance the game."

"Each sport has different vision requirements. Now, all athletes have a variety of options," adds **John J. Gardner**, OD, FAAO, an optometrist in private practice and a former instructor at the Illinois College of Optometry in Chicago. "No matter what the sport, from ballroom dancing to tennis, your eye health professional can recommend the best vision equipment for the best results." ■

Help your child score well in nutrition

With a new school year under way, it's important for parents to help their children score high in nutrition, as well as on their report cards. Nutrition and learning go hand in hand; kids who are nutritionally fit are more likely to have the energy, stamina, and self-esteem that enhance their ability to learn and to be active. The Chicago-based American Dietetic Association offers a number of suggestions to parents.

Most importantly, start kids out with a healthy breakfast. "After eight to 12 hours without a meal or a snack, a child's body needs fuel," explains **Althea Zanecosky**, a registered dietitian in Philadelphia. "Breakfast prepares children to meet the challenges of learning."

Research shows that breakfast skippers often feel tired, irritable, or restless in the morning; but those who regularly eat a morning meal have a better attitude towards school and have more

energy by late morning. "Kids who eat breakfast tend to have more strength and endurance, and better concentration and problem-solving ability," Zanecosky says. "Breakfast eaters are less likely to be ravenously hungry for mid-morning snacks or lunch, and they tend to eat less fat during the day, too."

The kinds of food kids eat for breakfast can make a big difference in energy levels. When a breakfast consists mostly of sugary foods, such as fruit, fruit juice, candy, or pop, a quick rise in blood sugar occurs, causing a rush of energy. After about an hour, blood sugar and energy decline, bringing on symptoms of hunger. A balanced breakfast, consisting of foods containing carbohydrate, sugar, protein, and fat, gives a constant release of energy, delaying symptoms of hunger for several hours.

Keep quick-to-fix foods on hand or get breakfast foods ready the night before, if time is an issue. Breakfast cereal, bagels, toaster waffles, yogurt, canned and fresh fruit, juice, milk, cheese, and cottage cheese are all good options. ■

Infant CPR: Are thumbs better than fingers?

For infants in cardiac arrest, the two-thumb infant cardiopulmonary resuscitation (CPR) method works better than the two-finger method, according to three studies conducted by researchers at the University of Pittsburgh. These findings are part of the new emergency cardiac care guidelines recently

presented by the Dallas-based American Heart Association (AHA).

Prior to Aug. 15, 2000, the AHA recommended the two-finger chest compressions for infants in cardiac arrest. However, based on the University of Pittsburgh studies, the AHA now includes the two-thumb compression method as an acceptable alternative means of infant CPR in its new guidelines.

The two-thumb method works by placing both thumbs on the lower third of the infant's sternum with the fingers cradled around the infant's back and chest. A total of five compressions are done alternating with one breath of mouth-to-mouth rescue breathing. This technique works better because it combines simultaneous sternal compression with lateral compression, or squeezing of the chest, unlike the two-finger method, which uses only the sternal compression. The two-thumb method is also easier to perform because it causes less finger fatigue, according to the University of Pittsburgh studies.

The team's studies concluded that the two-thumb method produced significantly higher systolic blood pressure, higher coronary perfusion pressure, and a higher sternal compression force than the two-finger method, thus increasing blood flow to the heart and body. ■

Supervision maximizes training results

Exercise enthusiasts, new and experienced, often wonder if a personal trainer or exercise supervisor can help them get fit

faster. The Indianapolis-based American College of Sports Medicine (ACSM), recently published a study in its official monthly journal, *Medicine & Sports in Exercise*, that addressed this question specifically for fitness performance related to weight training.

Building on previous research that hinted at a relationship between fitness improvement and supervision of training, the team of researchers, led by **Scott A. Mazzetti**, of Ball State University in Muncie, IN, decided to attack the problem directly. "Too many variables made it impossible to accurately correlate strength improvement with supervision," notes Mazzetti. "We thought one-to-one supervision would make a pronounced difference, so we designed a test that would compare the changes in maximal strength in supervised vs. unsupervised resistance training."

Twenty-eight men ages 18-35 were chosen for the study; all had a year or two of experience at resistance training, but had never worked with a personal trainer.

The men in the supervised group showed a 30% to 45% higher improvement in maximal strength indices over a 12-week period than the unsupervised group. Moreover, the supervised group reached that peak approximately 30% faster than the unsupervised group. ■

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