NAOHP
NATIONAL ASSOCIATION OF OCCUPATIONAL HEALTH PROFESSIONALS

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Inside

2 NAOHP News
6 Drug Testing Industry Roundtable
9 Word on the Street
10 Behavioral Health
Creating the Optimal Work Environment
13 Marketing
Branding: More than a Logo
14 Education
15 Calendar
16 Vendor Program
20 Job Bank

White-Collar Occupational Health Broadens its Mission

By Anthony Vecchione

The concept of white-collar occupational health is nothing new. Prudential Financial has been taking care of its employees at on-site clinics for 101 years.

While many companies have occupational health departments, occupational health is usually associated with traditional so-called blue-collar trades such as mining, manufacturing and construction. Occupational medicine in that context evokes images of specific on-the-job injuries linked to safety issues.

When it comes to white-collar occupational health, the definition shifts from work-related injuries to prevention and, more recently, primary care. Keeping highly paid c-suite executives healthy can be an expensive undertaking, but for a large pharmaceutical or financial services company, it is an investment worth making.

PROMOTING A CULTURE OF HEALTH

According to the National Business Group on Health (NBGH), large employers have been showing a greater interest in on-site health centers. In the last 10 years there has been an increase in the number of companies that have expanded their offerings to include services such as flu shots, preventive screenings and care management for chronic conditions.

"They are looking beyond just occupational medicine . . . The core is still occupational health and medicine, but it is more oriented toward having a culture of health in the whole company," said Helen Darling, M.A., NBGH president and CEO.

Ms. Darling noted that occupational medicine is placing greater emphasis on preventive and primary care. "Employers are beginning to see the employee and in some instances family members as the human asset that they are, and they want to do everything they can. Occupational medicine, and this expanded role, have come into the mainstream of the corporation."

The three most common executive health program models are: in-house, clinic-based and the single-physician model.

In-house programs, in which all services are provided on-site, have cost advantages but can be limited by the unavailability of many secondary and tertiary medical services. Clinic-based programs typically offer more comprehensive services. The single physician model usually involves an internist in the community who contracts with smaller local businesses to provide a scaled-down executive-health program.

While some large corporations, such as 3M, offer an in-house model, many prefer the clinic-based model.

The Mayo Clinic has one of the largest, most successful executive health programs in the nation with locations in

continued on page 3

Drug Testing Industry Leaders Reflect on Technology Changes and Growth.

VISIONS recently caught up with Murray Lappe, M.D., founder and chief medical officer for eScreen, Tim Sotos, M.B.A., chairman of the board and CEO of Clinical Reference Laboratory, and Bob McCormick, vice president of Quest Diagnostics Employer Solutions, a business of Quest Diagnostics that provides workplace drug testing services, to talk about the current state and future direction of the drug testing industry.

Q: There has been exceptional growth in drug testing since the D.O.T. regulations came into being in the early 1990s. What sort of growth do you anticipate over the next 10 years and why do you feel this way?

Mr. Sotos: Substance abuse continues to plague society, posing a danger in the workplace. As such, we anticipate continued single-digit growth provided the economy begins to recover and the regulations remain in effect. However, growth could be double digit if there is 1) a shift to less invasive collection methods including alternative fluids such as saliva, and 2) an introduction of broader test panels to detect new designer drugs entering the market.

Dr. Lappe: There has been significant growth, beginning with the D.O.T. regulations where the market expanded dramatically as employers recognized the endorsement of federal regulators and felt that they were protected. There was also a change in the social climate for workplace drug testing. It did reach a plateau in the last decade, but recently there has been, with new technologies and an increase in the use of prescription drugs, opportunities for growth where employers are looking for alternatives to standard five panel tests using lab-based and urine-based tests. We are seeing growth in alternative paths as well as expanded panel testing.

Q: What degree of growth are we talking about?

In the 5 to 10 percent range.

Mr. McCormick: Workplace drug testing did grow rapidly in the last 10 to 15 years. But today's employers have limited dollars to spend when it comes to screening a candidate. Twenty years ago, much of that spending went to drug testing, but now we see a greater portion going towards other screening methods like background checks and personality profiles.

Bob McCormick, Quest Diagnostics Employer Solutions

Q: What other areas of diagnostic testing do you see growing in the coming years that may be relevant to our members? What are the implications of this presumed growth?

Mr. McCormick: Prescription drug monitoring. Prescription drug misuse and abuse is truly a national health epidemic, and it is impossible for physicians to know which of their patients are truly at risk. Monitoring patients with objective drug test results is one tool that can help physicians, and by extension payers and employers, minimize the potential for abuse or misuse. Quest Diagnostics issued a report last year that found that as many as 63 percent of patients tested for commonly abused drugs like opioids had misused their medications. This is alarming. I think we can continue to see strong interest in prescription drug monitoring services by various groups from physicians and payers to employers.

I believe there are three primary markets for this testing. At the individual level, we need to ensure that people who are prescribed drugs are actually taking the drugs they are prescribed. Secondly, we will continue to see an increase in prescription drug monitoring among medical professionals including physicians and pharmacists who provide the drugs that are at times misused by patients and therefore can benefit from monitoring. Finally,

we will likely see more growth in the workers' compensation market. While currently comprising a small percentage of overall healthcare costs, workers' compensation professionals are looking for ways to reduce the economic and individual impact of the expanded use of opioids, including an increasing number of employees that are becoming physically dependent on and addicted to these substances.

Dr. Lappe: We are seeing increased interest by employers who screen both pre-employment and post-employment for risk of workers' comp related charges. We are seeing employers who are adding services both on the drug monitoring side and in employment screening for physicals and other parameters related to injury risk. There is new testing on the pre-employment side for musculoskeletal injuries and for getting range of motion, but they are not doing drug monitoring per se. I envision that pre-employment screening from a physical exam perspective is going to increase.

Mr. Sotos: We anticipate growth in molecular/genetic tests that supports the trend to personalized medicine as well as continued growth in pain management testing. Our company is well positioned with our pain management testing menu and comprehensive molecular/genetic test menu to meet pain management testing and personalized medicine services.

Q: Look as many years ahead as you can. How do you foresee the relationship between labs such as yours and occupational health programs that work with large numbers of employers?

Mr. Sotos: We feel that we have the expertise, capacity, flexibility and financial strength to meet the testing needs of NAOHP members and their clients. Our slogan is that "we value each and every sample as a life entrusted to our care." We view our relationships as more than just a vendor relationship, but as a partnership hopefully for life.

Dr. Lappe: eScreen has always had a strong relationship with providers at the local level and all of the services in workplace drug testing, whether it is lab based or point of care, require local providers to execute the collection and management of drug testing services to local employers. The partnership between service providers will continue to be strong and occupational medical providers will likely continue to play a strong role and a stronger role in delivering those services to employers.

Mr. McCormick: I hope to see employers, particularly large employers, requiring more standardization in the delivery of their screening programs as they reap the benefits of lower costs, faster turnaround times, improved data and increasingly streamlined programs. Providers with a broad, convenient footprint like an occupational health network where patients can have a specimen collected for testing, will be better able to leverage standardized technologies and processes to improve the delivery of a number of services. All of healthcare and indeed much of our economy today is cost sensitive. There will always be cost pressure, and from my perspective, leveraging available economies of scale leads to greater efficiencies, which allows our partners and customers to continue to maximize their return on investment.

Q: What needs to be done to ensure an optimal relationship between a lab such as yours and our member programs? In the past, what has caused such relationships to be less than optimal?

Mr. Sotos: We want to include NAOHP members as partners for life. To achieve this ideal, we want to strive for timely and transparent communications and by making ourselves available 24/7.

Mr. McCormick: Beyond continuing education, training and communications resources, differentiation will come from our ability to leverage our connectivity and to interconnect our logistics, technology and laboratory services more seamlessly with the occupational health centers.

Q: Bob, define your vision of such connectivity?

Mr. McCormick: Quest Diagnostics continues to invest in technologies that enable the use of electronic chain of custody forms. By moving away from paper forms, we're building a platform that can create some real advantages as we integrate our network with occupational health clinics. A couple of these advantages include the ability to process collections more quickly and to do so with fewer transcription or legibility errors. In response to the second part of your question, I view the industry's decentralized approach to service delivery and a historical reliance on paper-based processes as key pieces that have prevented us from optimizing our relationship in the past.

Dr. Lappe: eScreen partners with occupational health clinics and we want them to install the eScreen platform in their clinic so that we can assist them with marketing their services. We want clinics to expand their services to include those that are provided across the platform so that we can offer their services to some employers. We hope that the clinics will continue the partnerships and look at the other services that they routinely offer such as physical exams, other pre-employment

screening exams and OSHA regulated exams so that we can package those services to national employers and improve the footprint. Our clients would have access to a large number of services beyond drug testing across the eScreen platform.

Q: Bob, what are your thoughts on full-service packaging of a broad number of services?

Mr. McCormick: It's absolutely essential that we are able to provide a bundled package of services such as drug test collections, instant drug testing, physicals, background checks, breath-alcohol testing, fingerprinting and more, in order to be successful with occupational health clinics.

Q: In the past, when you have developed packaged services and you have tried to move them to market, what have you found to be a significant barrier?

Dr. Lappe: One challenge has been price variations across the country. When we sell packaged services to national employers, they want single pricing across the country and we find that there are local markets that vary dramatically. Not all occupational health clinics provide all of the services that we offer on a national level, so we hope that clinics will offer more services that employers are requesting and one way to do that is through our platform and to download requests from employers. It is a learning process and as we get more diversity in the requests, we hope that occupational health clinics step up and offer more services.

Mr. McCormick: Two things: historically there were few full-service providers, which forced employers to bundle together services from several different sources; I think there has been some reluctance in the industry to change this practice. We have our preferred vendors - it is hard to consider breaking these historic ties. Secondly, as we move toward an electronic platform, we continue to run into providers, potential partners and even customers who have yet to see the benefit of adopting these new ways of doing business. Our ability to make it easier for customers to move to new solutions will play a significant role in breaking down barriers to the successful deployment of new services and ways of doing business.

Q: Tell us a little about various drug testing modalities. What is the "next big thing" and what processes are becoming obsolete?

Mr. McCormick: I don't know that any of the current modalities, be they lab-based urine testing, instant urine testing, hair testing or lab-based oral fluid testing, are going to become obsolete. What is probably going to grow as we get more electronically enabled collection networks is instant urine testing. I expect lab-based oral fluid testing to gain momentum in the future, if and when the D.O.T. approves the use of oral fluid testing as a modality. I think it could grow significantly in a short period of time.

Dr. Lappe: I am not sure there is anything on the horizon that is going to dramatically change the landscape for workplace drug testing. We are going to see more in terms of panel changes than we are in technology changes. We are seeing more expanded panel testing, but we will continue to have a mosaic of different technologies for workplace drug testing. I don't see a dramatic shift in the landscape going forward.

Mr. Sotos: Technology is always changing. While we do not have a crystal ball to predict the future, we are ready to meet the needs of the market.

Q: What final thoughts or advice would you like to share with our members? In other words, if there is one thing you could tell our membership base, what would you tell them?

Dr. Lappe: I would tell them that they need to apply technology to their operation as much as possible, especially in the area of physical exams. We see the paperless solution continuing to be critical to employers, connecting occupational clinics to employers in a paperless fashion for as many services as possible. It is going to help both the occupational health providers and employers in being able to communicate with each other.

Mr. McCormick: Occupational health clinics will continue to play a vital role in this industry and they need to adopt new technologies and approaches to service delivery. For beneficial technologies to realize their full potential, we have got to get everyone onboard. Employers are driving us to continually innovate, but until our broader network of partners and collection sites adopt these new, electronic solutions, a critical piece will be missing from the puzzle. The faster we all get onboard with these new technologies, the better.

***Dr. Murray Lappe** is trained in occupational medicine. He started in the industry in 1989 with National Medical Review providing M.R.O. services to both regulated and non-regulated clients. He launched eScreen in 2000 as a broader full-service administrator and point-of-care provider for drug testing. Dr. Lappe is currently the medical officer for eScreen which provides full-service drug testing, administration and point-of-care drug testing.*

***Bob McCormick** has been involved in the drug testing industry since 1988 and has assumed a variety of operational roles within Quest Diagnostics, the world's leading provider of diagnostic information services. Mr. McCormick is currently vice president of employer solutions for Quest Diagnostics with responsibility for drug testing as well as clinical testing for national clients and prescription drug monitoring programs.*

***Tim Sotos** is chairman of the board and CEO at Clinical Reference Laboratory (CRL). He has been CEO since 1995 and has been with CRL for over twenty-five years. He holds a B.S. in economics and an M.B.A. from the University of Pennsylvania's Wharton School of Business.*

White Collar Occupational Health, continued from page 4

IMPACT OF THE AFFORDABLE HEALTHCARE ACT

As the Affordable Healthcare Act gets ready to kick in next year, white-collar occupational health experts have mixed reviews on how it will impact executive health programs. "I think there will be various impacts and it will be relevant," said Prudential's Dr. Crighton. He added that in Massachusetts, when more people had health insurance, physicians became so overwhelmed there was backup in the system.

"In our risk analysis, we are looking at this and think we will see more people coming to visit the clinic because we think broader access may be a problem. We do not know if that will be fixed over several years, but we see that as a potential in driving people to on-site clinics."

Dr. St. Clair said that because of the level of income of the individuals who take part in executive health programs, he doesn't see the ACA having much of an impact. "These are not individuals who don't have health insurance."

THE FUTURE OF WHITE-COLLAR OCCUPATIONAL MEDICINE

Will occupational health programs grow over the next several years, and how will economic forces impact growth and expansion?

The NBGH's Ms. Darling said a downturn in the economy could have both a positive and a negative effect on occupational health programs.

"You see companies pulling back. Maybe they wanted to open two health centers but when the economy went down, they cannot add a lot of new things." On the other hand, layoffs and retirements result in unfilled positions at many companies, and as a result companies have to do more with less. "Being healthy, fit and resilient is key, and when you have fewer people, whatever the tasks are, you need everybody to be fit for duty."

Dr. St. Clair believes there is a lot of uncertainty with regard to executive health programs and it will depend largely on the individual organization. One factor that can impact the fate of an executive health program is a merger or a buyout. For example, company A may have a certain policy in place and gets acquired by company B that has a different occupational medicine/executive health policy.

The Mayo Clinic's Dr. Orford said that executive health programs are more sensitive to macroeconomic forces than general medical care because they are usually seen as discretionary. He noted that in 2006 and 2007, when companies were cutting spending, some executive health programs took a hit. But in the past year or two there has been a turnaround as more executive health patients request participation in these programs as a result of economic improvement.

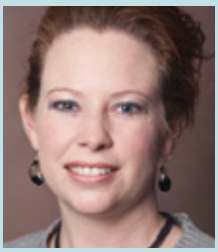
"Executive, white-collar occupational health is here to stay," said Dr. Orford. "These programs have multiplied and are pretty established now. Corporations understand it and they understand the need for efficiency."

Word on the Street

What one word would you use to describe a leader in occupational health and why?

PERSEVERANCE

"A leader takes time, is patient and truly believes that good things will happen."
—Dr. Steve Crawford, NAOHP President 2012-2014



ADAPTABLE

"…. being flexible and staying up with the times, if not being a little ahead. Anticipate and respond to market changes."
—Jewels Merckling, NAOHP President, 2009-2011

FLEXIBLE

"The key question is whether you should navigate or steer. A good leader does both, depending on the circumstances at a given time."
—Joe Hymes, NAOHP President, 2006-2008

TENACIOUS

"...achieved through a combination of tenacity and the ability to adapt to changing client needs."
—Mike Mercado, NAOHP President, 2003-2005

PASSIONATE

":…one that is passionate about making a difference in the health and safety of workers. The ability to motivate others in achieving this vision."
—Kay Campbell, executive director, American Association of Occupational Health Nurses

INNOVATOR

"Occupational medicine is challenging because workers' compensation visits are down: we have to keep reinventing ourselves to be successful."
—Diane Palmer, R.N., M.P.H., director of clinical operations, BarnesCare, St. Louis, MO

Employee stress affects a company's bottom-line

By Phyllis Hanlon

In any given year, approximately 18.8 million American adults suffer from a depressive disorder and nearly 80 percent of those with depression report some level of job-related functional compromise, according to the Centers for Disease Control and Prevention (CDC). Moreover, individuals with depression miss, on average in a three-month period, 4.8 work days and realize 11.5 days of reduced productivity. Depression also comes with a hefty price tag, according to the Journal of the American Medical Association, costing employers between $17 and $44 billion a year, depending on the industry.

In today's competitive world, work stressors abound, from high job demands and low job control to lack of social support in the workplace and job dissatisfaction. Finding ways to overcome the physical, financial and social impact of depression, stress and other psychological disorders on employers and employees can be challenging but not impossible.

STRESS IN THE WORKPLACE

The American Psychological Association (APA) recently released the results of its annual Stress in America survey (apa.org/news/press/releases/stress/) and the findings reflect what many companies already know—stress on the job affects a significant number of workers. "This year, 65 percent of respondents reported workplace stress," said David W. Ballard, Ph.D., assistant executive director for Organizational Excellence and member of the Stress in America team, noting a slight dip from last year's figure of 70 percent.

David W. Ballard, Ph.D., American Psychological Association

Dr. Ballard, who has a doctorate in clinical psychology and an M.B.A. in health and medical services administration, pointed out that both the employee and the organization feel the effects of stress in the workplace. On the employee side, stress can lead to decreased job satisfaction, reduced motivation, lack of commitment and low morale. "Stress has a negative effect on the work experience and decreases connection and productivity," he added.

Depending on the individual, stress may manifest in different ways, from gastrointestinal difficulties and musculoskeletal issues to depression and anxiety. "The key as an individual is to understand your stress and how to deal with it.

On the flip side, the American Institute of Stress estimates that workplace stress costs companies an aggregate of $300 billion every year in absenteeism, turnover, legal, medical and insurance fees. Additionally, decreased performance and productivity tend to lead to poor work quality and reduced customer service and satisfaction. In combination, these factors can affect a company's reputation. "A company is not seen as a good place to work," said Dr. Ballard.

"Dealing with workplace stress is a shared responsibility between employer and employee," Dr. Ballard continued. "The employee has to develop skills to manage the stress. And the employer has to create an organizational culture that allows the employee to perform at his or her maximum.

Although many occupational health programs have already implemented stress management programs for their clients that might include workshops, seminars, lunchtime learning sessions, fitness classes, meditation and access to employee assistance programs (EAP), Dr. Ballard said, these programs are just the tip of the iceberg. "This does not consider the larger organizational factors."

System-wide factors can impact employees negatively, so advise client companies to make sure the hiring process identifies employees who are a good fit, Dr. Ballard advised. "Provide adequate training. Have the resources to meet the demands of the job, and assess the

physical and environmental risks, such as ergonomics. Consider a company's social environment. Make sure work spaces are conducive to teamwork," he added. In some cases, suggest that management consider redesigning jobs to minimize role conflict. "With layoffs, the remaining employees have to pick up the slack. Some of those responsibilities are in conflict with current job duties."

WORK-LIFE BALANCE

While some of these suggestions rely on common sense, companies may still struggle to find the keys to an optimally healthy work environment. One of the most common challenges involves organizations that look for off-the-shelf/one-size-fits-all programs for health promotion and wellness. "There needs to be a system approach. You have to understand the real needs of the company," said Dr. Ballard. "Start with a good assessment on how to build employee resources. A lot of success for work-life balance has to do with how well you customize policies and programs."

The APA's Workforce Retention Survey, http://www.apaexcellence.org/assets/general/2012-retention-survey-final.pdf, measured employee retention and the reasons behind it. Dr. Ballard said many consulting firms examine why individuals leave a job, but do not look at why they stay. "In this survey, we found that benefits and pay are important, but what topped the list is enjoying what [employees] do, if the job fits with the rest of their life. In other words, if there is a good work-life balance." More than two-thirds of respondents (65 percent) said they remained with a company because the job matched well with other aspects of their lives. The same percentage said enjoyment of their work was the reason they stayed with the company. Companies with employee recognition programs earn kudos as they build self-esteem, but they also yield a financial bonus. In fact, a January 2013 Gallup poll (see link to APA Workplace Retention Survey, 2012) found that companies who recognize their employees enjoy 27 percent higher profits, 50 percent higher sales and 50 percent more customer loyalty.

Jeffrey P. Kahn, M.D., WorkPsych Associates

Jeffrey P. Kahn, M.D., author of *Angst: Origins of Anxiety and Depression* (Oxford University Press, 2013) and CEO of WorkPsych Associates, agrees that company culture in combination with an individualized approach is the best strategy for creating behavioral health programs. He asserts that generalized psychological tools, such as the Hamilton and Beck Surveys, do not delve deeply enough into the precise issues that employees might be facing. "You have to find out the specific diagnosis, and should also look at the circumstances and personal lives of the employee," he said.

As for corporate leadership, Dr. Kahn said that management who genuinely care about their staff versus the bottom-line will fare better. Also, clearly defining the company's hierarchy enables the employee to understand how they fit into the organization. "People like to feel they are in the right spot," he added.

Six basic social instincts significantly affect efforts to create a healthy work environment, Dr. Kahn explained: inclusion, a naturally derived hierarchy, a comfortable workplace, an atmosphere of respect, a sense of purpose and appropriate use of intellect.

Clare Miller, director at the Partnership for Workplace Mental Health, a program of the American Psychiatric Foundation and subsidiary of the American Psychiatric Association, added that easy access to mental health benefits is critical. Employers who become aware of changes in behavior, such as missed deadlines, lack of concentration, tardiness, decline in decision-making skills, as well as physical symptoms that could indicate an underlying mental health issue, were within their rights to initiate a conversation with that individual. "But keep focused on the work impact of the behavior," advised Ms. Miller. "This will yield two benefits. It will protect the company and be respectful of the employee." Once the employer has addressed the work problem, she said,

Managing workplace stress is the joint responsibility of employer and employee:

RECOMMENDATIONS INCLUDE:

1. Go beyond lunchtime seminars and EAPs to develop a system-wide approach.
2. Perform a formal assessment of company needs and their methods for building employee resources.
3. Foster a management culture that genuinely cares for employees over and above the bottom-line.
4. Hire employees who are well suited to both the job and company culture.
5. Ensure that work space is conducive to teamwork.
6. Institute employee recognition programs.
7. Overcome the stigma associated with mental health conditions by equating them with physical conditions and discussing them openly and often.
8. Maintain a well-defined corporate hierarchy so employees know how they fit in.
9. Focus on the whole person.
10. Encourage employers to encourage workers to achieve an optimal work-life balance and sense of purpose at work.
11. Do not expect a one-size-fits-all program to create a psychologically healthy work environment.
12. Customize policies and programs to the company culture.

Continued on page 12

continued from page 11

it would be appropriate to refer them to the company's EAP.

ComPsych, a provider of EAP solutions, suggests on their website that effective plans will offer 24/7 access to a live person who can assess and triage employees when they need additional help. A successful program should also include a broad network of licensed, credentialed, local providers who can offer relationship and family counseling as well as treatment for substance abuse, stress, depression and other behavioral matters. In times of crisis, a good EAP must be able to provide critical incident stress management on-site, and it should also contain a training component for managers responsible for detecting and making referrals for services.

While companies can overcome barriers to access, stigma still prevents many individuals from seeking help, so employers need to make concerted efforts to change this way of thinking. "Mention mental health every time you are talking about physical health in your wellness communications from the company," Ms. Miller suggested. "Make a connection between diabetes and mental health, heart disease and mental health, etc."

SUCCESSFUL LEADERSHIP

In 2006, the APA began honoring companies with its Psychologically Healthy Workplace Award (PHWA). Since that time, 40 companies have received the award, which acknowledges organizations that foster employee involvement, growth and development, promote health and safety and recognize their accomplishments.

In 2012, the Kaiser Permanente Center for Health Research received a PHWA for its internally run and financed Leadership Development Program (LDG). "The LDG program has benefited our organization by motivating employees to succeed," said Mary Durham, Ph.D., director of the Kaiser Permanente Center for Health Research and an investigator with its Work, Family & Health Network.

The LDG program facilitates communication at all levels of the organization and encourages employee involvement. "Only top performers are selected to participate in the LDG. Though some intangible benefits are difficult to measure, I believe that providing leadership training has helped boost employee morale, increased productivity and reduced rates of absenteeism," said Dr. Durham. "We are also benefiting from having a strong bench of well-trained leaders ready to step into positions of authority. One of our first LDG participants has been chosen from a very competitive field of candidates to be our new director of Research Data and Analysis. Now, instead of having to wait for an outsider to get up to speed, we have a proven leader with deep knowledge and experience of our organization ready to hit the ground running."

Shrinking Stress With Dr. B

Seven years ago, Certified Angus Beef (CAB) set out to create a bigger-picture approach to employee health. The company wanted to make health and wellness a priority in five different areas: physical, social, emotional, financial and intellectual. Today, according to Pam Cottrell, CAB's human resources director, the company has a comprehensive program that includes an on-site physician, a registered nurse, a health coach, a certified financial planner, an attorney and a clinical psychologist. A major component of that program, "Shrink Your Stress with Dr. B.," earned the company a PHWA in 2012.

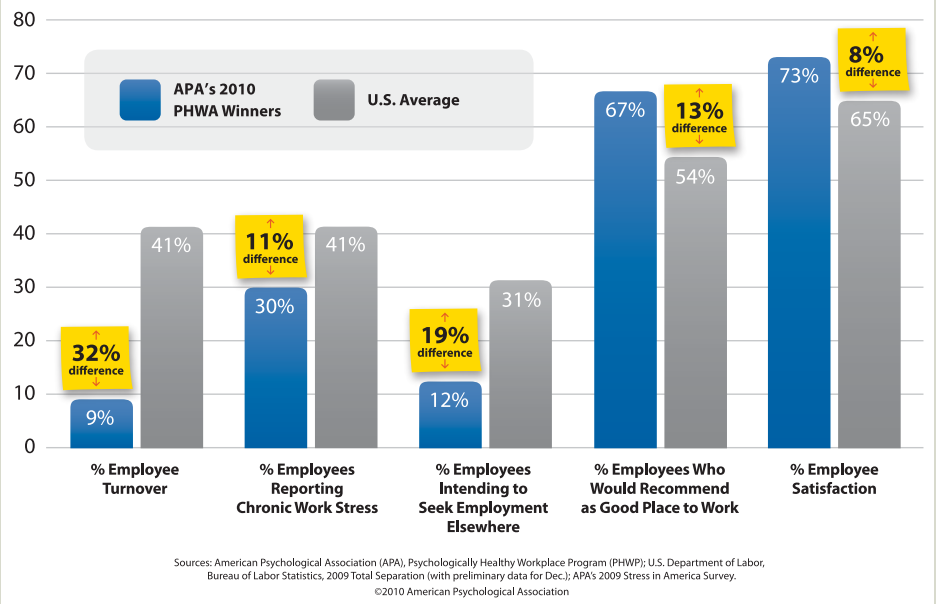
Although CAB already had an excellent track record in attendance and morale, Ms. Cottrell said the company wanted to address the psychological needs of its employees.

In May 2010, they hired Marianne Bowdoin, Ph.D. Now affectionately known as Dr. B, Dr. Bowdoin has put a face on mental health. "Instead of [employees] being told they have the benefit of talking to someone, I'm there in person," she said. She talks openly about stress, communicating the idea that it is okay to express your feelings. "A lot of people are willing to see the nurse for a blood pressure check, so I encourage them to come see me for an emotions check."

Dr. Bowdoin has also conducted workshops and seminars on the stress of caring for aging parents, eating disorders, grief and loss and the emotional impact of stress on chronic illness.

By addressing the physical and mental health within client companies, both the employer and employee can emerge stronger.

Psychologically Healthy Workplaces Have Lower Turnover, Less Stress and Higher Satisfaction



Sources: American Psychological Association (APA), Psychologically Healthy Workplace Program (PHWP); U.S. Department of Labor, Bureau of Labor Statistics, 2009 Total Separation (with preliminary data for Dec.); APA's 2009 Stress in America Survey.

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Branding: Much More Than a Name and Logo

For some budget-conscious organizations, branding is considered a superficial luxury.

But that is short-sighted thinking, according to Marilyn Wilker, marketing communications strategist at Mint Chip Communications, a Chicago-based brand strategy and advertising company.

"Branding is not just a name and a logo," she said. "A brand is a promise between an organization and its constituents."

Ms. Wilker, former head of marketing communications at the Cleveland Clinic, led a discussion on branding at RYAN Associates' 26th annual national conference in October.

For those who doubt the value of an investment in branding, Ms. Wilker said, "it makes your budget work harder. If you have a unified look and feel, you don't have to spend quite as much because your organization and your brand is instantly recognizable."

Mercedes Benz

WHAT IS BRANDING?

Branding is the clearest and easiest way to represent an organization and the principles or products it represents, she said. An organization's brand positioning statement is the promise it makes to consumers.

For example, McDonald's, Disney, Target and Apple are all instantly identifiable brands. Their easily recognized logos and slogans trigger certain expectations. Each promises a familiar, consistent experience, which conversely makes them unique and sets them apart from the competition.

Ms. Wilker said a particularly effective brand is a:

- visual representation of strategy
- tangible concept that appeals to the senses
- means to fuel recognition, amplify differentiation and make complex ideas accessible
- unification of disparate elements into a whole system

Branding helps:

- enhance an organization's reputation
- distinguish an organization from its competitors
- support a premium or high-value pricing strategy
- build trust
- encourage loyalty
- drive business
- build internal pride
- leverage resources and your budget

SUCCESSFUL BRANDING

The development of a brand for an occupational health program or clinic requires a team effort, Ms. Wilker said.

The beauty of branding is that it "ensures there is one voice that is unique and differentiating."

Successful branding also makes everyone in an organization a brand steward.

"Each person who works for your organization is a representative of your brand. If they believe in the brand, it can serve as a rallying cry that can unify your organization," Ms. Wilker said, "and that unity can help build business."

When developing or changing a brand, Ms. Wilker recommends that organizations identify and research brands they especially respect and see what worked for them.

MANAGING BRAND HIERARCHY

Occupational health programs that are affiliated with a larger organization often are beholden to the branding strategy of their parent. This can create challenges. A health system's lengthy positioning statement may consume an occupational health program's core message, which may be as simple as: "Enhancing worker health." In such cases, a balanced approach is recommended. This usually involves use of the corporate brand in conjunction with a message tied to the occupational health program's value statement.

In addition, as healthcare systems and provider networks consolidate, there is a risk of brand clashing that may confuse internal and external constituents.

Ms. Wilker said architecture for rebranding existing entities helps lend consistency, visual and verbal order to diverse elements. Representatives within each organization must identify and reach agreement on inter-

Five tips for branding success

1. Ensure buy-in from leadership.
2. Develop and implement consistent brand look and feel.
3. Develop a launch plan and campaign.
4. Utilize brand positioning as a guidepost for developing and evaluating future strategies and tactics.
5. Make everyone a brand steward.

Criteria for evaluating a branding initiative

In addition to plainly supporting your organization's mission, your brand should be:

- aspirational
- distinctive
- authentic
- own-able
- relevant
- extendible
- sustainable

Continued on page 19

Education

NAOHP Members Pick 27th Annual Conference Themes

"Power to the People" seems to be a fitting metaphor for RYAN Associates' 27th annual national conference, Oct. 21 -23, at the Loews Vanderbilt Hotel in Nashville.

NAOHP national conference

This year's conference will feature 12 conference sessions (see table) that were determined the old fashioned way—by asking NAOHP members to vote on their topic preferences.

The process went like this: an initial list of potential topics was sent to NAOHP board members, who in turn reviewed and expanded the list. The expanded list was then sent electronically to all NAOHP members, inviting them to rate their level of interest in each topic on a scale of one to five. The 12 topics that received the highest scaled score were selected as sessions for this year's conference.

Efforts are now underway to recruit expert faculty for each session. Sessions will last about three and one half hours each and usually consist of an expert panel discussion followed by a series of short, pragmatic, individual presentations.

Several perennially popular topics such as Developing On-site Services, Revenue Management, Blending Occupational Health and Urgent Care Services and Occupational Health Sales and Marketing failed to make the cut. "Although these topics do not seem to warrant dedicated sessions this year, they are critically important and likely to be incorporated into other sessions in some manner," noted the President of RYAN Associates and conference director Frank Leone.

The weekend preceding the conference will be a hotbed of learning opportunities, too. The American College of Occupational and Environmental Health will offer M.R.O. training; the American Association of Occupational Health Nurses will offer D.O.T. medical examiner training; and RYAN Associates will offer its classic "Core Components for Profitable Occupational Health Programs" pre-conference fundamentals course.

The weekend preceding the conference will offer opportunities for our sporting colleagues. We are in the process of obtaining limited tickets for the Vanderbilt vs. Georgia football game on Saturday, Oct. 19 and a Tennessee Titans game on Sunday, Oct. 20. A golf outing is also being planned for that Sunday afternoon.

Building on experience gleaned from producing 26 previous national conferences, this year's conference will offer the usual array of networking opportunities, mixed-learning modalities, an energized vendor exhibit day, special sessions and nightly social events.

The people have spoken. It is your conference.

NC13 Potential Topics Survey Results	Scaled Score	% Extremely Interested
Adapting to the Affordable Care Act	4.00	43%
Benchmarking and Outcome Development	3.98	49%
Trends and Strategic Visions	3.89	42%
Developing On-site Medical Clinics	3.76	38%
Standards and Protocols	3.74	35%
Integrating Wellness Services	3.72	35%
Integrating Occupational Health and Employee Health	3.70	39%
Legal Issues	3.70	36%
White-Collar Occupational Health Services	3.69	33%
Prior to Hire Functional Testing - How To	3.68	41%
Operational Efficiencies	3.65	35%
Productivity Management	3.62	31%
Developing an On-site Services Program	3.58	29%
Working Effectively with Physicians on Modified Duty Return to Work	3.52	30%
Working Effectively with Payers	3.44	27%
Revenue Management	3.40	27%
Staffing Models and Issues	3.40	26%
Occupational Health Sales and Marketing	3.38	27%
Disease Management Programs	3.28	28%
Integrating Employer Services with Urgent Care	3.25	30%
Blending Occupational Health and Urgent Care	3.23	27%
Managing Expenses	3.23	19%
Population Health Management	3.20	30%
Developing Incentives for Sales Staff	3.19	25%
Integrating Occupational Health and Urgent Care	3.16	27%

Calendar

April

APRIL 8-11
Urgent Care Association of America annual conference; Dolphin Hotel, Orlando, Fla.; www.ucaoa.org

APRIL 15-18
A Winning Future for Occupational Health Nurses; American Association of Occupational Health Nurses Annual Conference; The Cosmopolitan, Las Vegas, Nev.; www.aaohn.org

APRIL 28-MAY 1
American Occupational Health Conference; American College of Occupational and Environmental Medicine annual conference; Rosen Shingle Creek Resort, Orlando, Fla. www.acoem.org/aohc

May

MAY 18-23
American Industrial Hygiene Association Annual Conference and Expo; Montreal, Canada; www.aihce2013.org

MAY 5-7
18th Annual National Healthcare Marketing Strategies Summit
Westin Kierland, Scottsdale, AZ
www.shsmd.org/

MAY 18
31st Annual Occupational & Environmental Medicine Symposium
University of California, Davis, Health System
Medical Education Building, Sacramento, CA
http://coeh.ucdavis.edu

MAY 22
Occupational Health Benchmarking and Analysis Webinar; RYAN Associates; www.naohp.com

June

JUNE 24-27
Safety 2013; American Society of Safety Engineers Professional Development Conference and Exhibition; Las Vegas Convention Center, Las Vegas, Nev.; www.asse.org

JUNE 12, 19 & 26
Three part webinar series on Integrating Occupational Health and Urgent Care; RYAN Associates; www.naohp.com

To list your event, email Stacey Hart at shart@naohp.com

New Editorial Staff at Visions

Phyllis Hanlon

Anthony Vecchione

Isabelle T. Walker

NAOHP welcomes Ms. Phyllis Hanlon, Mr. Anthony Vecchione and Ms. Isabelle T. Walker to Visions' editorial staff. All three are veteran health reporters, writers and editors with a breadth of experience that will ensure Visions continues to be a publication NAOHP members can rely on for information they can use in their businesses and practices. Ms. Hanlon's work has appeared in over 50 magazines and newspapers, including *The Hospitalist*, *Addiction Professional* and more. Mr. Vecchione won a Cheers award for his series on medical errors for The Institute for Safe Medication Practices. His work has appeared in a myriad of publications and websites, including *Pharmacy Practice News* and *Anesthesiology News*. Ms. Walker, Visions' editor-at-large, completed two fellowships in health journalism at the Annenberg School for Communication and Journalism and has written for the *American Journal of Nursing*, *Modern Physician*, *the Ventura County Star* and more.

Vendor Program

The following organizations and consultants participate in the vendor program of the NAOHP, including many who offer discounts to members. Please refer to the vendor program section of our website at: http://www.naohp.com/menu/naohp/vendor/ for more information.

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sales@xpte.com
www.xpresstechnologies.com

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Urgent Care Association of America (UCAOA)

UCAOA serves over 9,000 urgent care centers. We provide education and information in clinical care and practice management, and publish the Journal of Urgent Care Medicine. Our two national conferences draw hundreds of urgent care leaders together each year.

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Refer a Vendor – Earn $100

Vendor, individual and institutional members of the NAOHP will receive a $100 commission for every referral they make that results in a new vendor membership. The commission will be paid directly to the referring individual or their organization. There is no limit to the number of referrals.

In other words, if five referrals result in five new memberships, the referring party will receive $500.

If you know of a vendor who would benefit from joining the NAOHP Vendor Program, please contact Stacey Hart at 800-666-7926 x12.

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pwilliams@pressganey.com
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Reed Group, Ltd.
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Branding, continued from page 13

relationships among the parent company, subsidiary companies, products and services.

For instance, when Dignity Health acquired the U.S. HealthWorks occupational health clinic network in 2012, U.S. HealthWorks added the tagline, "A wholly owned, for-profit subsidiary of Dignity Health focused on the occupational health care practice."

In other cases, such as when independent urgent care clinics are acquired by health systems, they may find it expedient to rebrand themselves by leveraging their affiliation, e.g., Mercy Urgent Care. In this case, the urgent care clinic benefits from Mercy's strong hospital brand. At the same time, making urgent care central to the brand makes it easy for consumers to understand the services they offer, Ms. Wilker said.

Here are two examples of healthcare organizations that successfully established themselves as iconic brands.

UPMC

In 2010, the University of Pittsburgh Medical Center (UMPC) launched a new strategic brand platform with the tagline, "Life Changing Medicine." The goal was to position itself as a national and global center of excellence. At launch, UPMC announced that its new brand "conveys the interconnectivity of UPMC's mission of providing outstanding patient care and shaping tomorrow's health system through clinical innovation, biomedical and health services research and education."

UPMC spent an estimated $16 million on the campaign and is now a widely respected provider of leading-edge medical care, with annual revenues of $8 billion.

CLEVELAND CLINIC

In 1983, Cleveland Clinic was a smaller healthcare facility in Ohio vulnerable to population loss in the region. In the mid-1980s, Cleveland Clinic became one of nation's first healthcare organizations to build a national brand. It now has global recognition.

Board Roster

NAOHP REGIONAL BOARD REPRESENTATIVES AND TERRITORIES

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For details, visit www.naohp.com/menu/pro-placement.