

Effective Strategies
**TO MAKE THE MOST OF YOUR
PREVENTION INVESTMENT**

**Report of a Consultation
with Business and Health Leaders**

*December 12, 2001
Washington, DC*

SPONSORED BY:

CDC

*Centers for Disease Control and Prevention
Community Guide Branch*

and



*Washington Business
Group on Health*

Table of Contents

Acknowledgements	v
Preface	vii
Meeting Agenda and Speakers	1
The Value of Prevention for Employers: Making Health Promotion a “Corporate Objective” Dennis Richling, MD Assistant Vice President-Health Services, Union Pacific Railroad Company	2
Making Prevention Happen: Proven Strategies to Prevent Disease and Promote Health Among Your Workforce Stephanie Zaza, MD, MPH Chief, Community Guide Branch, CDC	5
The Benefits of Business Investment in Population-Based Prevention Steven M. Teutsch, MD, MPH Senior Director, Outcomes Research and Management, Merck and Co., Inc. Member, Task Force on Community Preventive Services	6
Working with Business to Build Healthy Companies and Communities Mary Jane England, MD President, Regis College (Former President, WBGH) Former Member, Task Force on Community Preventive Services	8
Appendix A: Participant List	10
Appendix B: Resources	12

Acknowledgements

Many people devoted their time and expertise to plan, implement, and follow up on the workshop on Community Preventive Services. I would like to extend special thanks to the Community Guide Branch of the Centers for Disease Control and Prevention (CDC) for their generous support in convening this meeting and developing this report. Throughout the process, Stephanie Zaza, MD, and her staff have clearly demonstrated their commitment to partnering with the business community, and their leadership has started a dialogue that will continue well beyond this meeting.

I would also like to thank Drs. Steven Teutsch and Dennis Richling for giving so freely of their time and expertise in helping plan this workshop. Dr. Teutsch's experience as a member of the Task Force on Community Preventive Services, and Dr. Richling's experience implementing preventive services in a corporate setting have proven invaluable.

Finally, I would like to thank Susan Murray Young for writing this report.

Julianna S. Gonen, Ph.D.
Director, Center for Prevention & Health Services
Washington Business Group on Health

This meeting and report were supported by Cooperative Agreement Number U38/CCU317929-03 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Preface

“An ounce of prevention is worth a pound of cure.” Few would question the wisdom of this adage in general. But in times of dramatic increases in health care costs, employers need to know that their investment in prevention will prove both effective *and* cost-effective. Which prevention strategies will truly reduce illness and disability? Which might even save money?

The Centers for Disease Control and Prevention (CDC) have begun a process to answer those questions. *The Guide to Community Preventive Services* summarizes existing scientific evidence on the effectiveness of population-based interventions to reduce disease, illness and injury and to promote health. Developed by the independent Task Force on Community Preventive Services, the *Guide* can assist employers in establishing priorities for investment in prevention.

The Washington Business Group on Health (WBGH) and the Centers for Disease Control and Prevention (CDC) recently joined forces to initiate a dialogue on this subject between the business and public health communities. This dialogue was the sixth in a series of Business Consultations sponsored by the CDC. As with the first five—which addressed diabetes, healthy pregnancy, hepatitis, musculoskeletal disorders and cancer—WBGH first surveyed its membership (made up of 165 large public and private employers) regarding current prevention practices. Then, with the help of a group of experts from both communities, WBGH and the CDC convened *Effective Strategies to Make the Most of Your Prevention Investment*, a consultation with business and health leaders, on December 12, 2001, in Washington, D.C.

Participants, whose names and affiliations are listed in Appendix A, included employers, public health professionals, managed care companies, disease management vendors, and other prevention experts. Copies of the speakers’ slide presentations and materials are available at www.wbgh.org/cdc.

Effective Strategies TO MAKE THE MOST OF YOUR PREVENTION INVESTMENT

WBGH AND CDC SOLUTIONS WORKSHOP

WEDNESDAY, DECEMBER 12, 2001 ■ 10:00 A.M. – 3:00 P.M.

WASHINGTON BUSINESS GROUP ON HEALTH
50 F ST., NW ■ 4TH FLOOR CONFERENCE CENTER ■ WASHINGTON, DC 20001

AGENDA

- 10:00 Welcome & Introductions
Michael Britt, Manager Center for Prevention and Health Services, WBGH
- 10:15 The Value of Prevention for Employers, Making Health Promotion
a “Corporate Objective”
*Dennis Richling, MD, Assistant Vice President-Health Services,
Union Pacific Railroad Company*
- 11:00 Making Prevention Happen: Proven Strategies to Prevent Disease and
Promote Health Among Your Workforce
*Stephanie Zaza, MD, M.P.H., Chief, Community Guide Branch, Centers for
Disease Control and Prevention (CDC)*
- 11: 45 The Benefits of Business Investment in Population-Based Prevention
*Steven M. Teutsch, MD, MPH, Sr. Director, Outcomes Research and Management,
Merck & Co., Inc; Member, Task Force on Community Preventive Services*
- 12:30 Lunch
- 1:15 Working with Business to Build Healthy Companies and Communities
*Mary Jane England, MD, President, Regis College, (Former President, WBGH);
Former Member, Task Force on Community Preventive Services*
- 2:00 Roundtable discussion
- 3:00 Adjourn

“Surgery must show it’s safe; medicine must be safe and effective; prevention must be safe, effective, *and* cost effective!”

~ Dr. William Foege
(former director of CDC)

THE VALUE OF PREVENTION FOR EMPLOYERS: MAKING HEALTH PROMOTION A CORPORATE OBJECTIVE

Dennis Richling, MD
Assistant Vice President-Health Services
Union Pacific Railroad Company

Union Pacific Railroad (Union Pacific) is one of the largest railroads in the U.S., with about 50,000 employees, an annual payroll of \$2.8 billion, and more than 38,000 miles of track. Union Pacific employees are represented by 16 union organizations. The average age of Union Pacific’s employee population is 49. Other challenges faced by health care managers include a workforce that is geographically dispersed, culturally diverse, mobile, and rural.

Health care is one of the railroad’s 8 biggest costs. Over the past three years, health care spending at Union Pacific has increased by 12 percent annually. In an effort to rein in health care spending, managers at Union Pacific proposed a new strategy with an ambitious vision: “Union Pacific will be the healthiest company in America.” With upper management—CEO, President and direct staff—buy-in, the railroad is forging “full steam ahead” with its long-standing health promotion and disease prevention efforts.

Health promotion at Union Pacific began in 1987 with corporate fitness centers—including 7 trains equipped as fitness centers. Although the popular train-car fitness centers will soon close (employees now stay in hotels equipped with fitness facilities), the company’s commitment to health and fitness continues to grow.

All programs implemented at Union Pacific are science-based and available to all employees. The special challenges of the workforce include its average age, employees with higher lifestyle-related risks than comparable populations, and “one of the worst health cultures researchers had ever seen in an employed population,” according to Richling. He is quick to point out, however, that Union Pacific has also shown the most improvement since the program began nearly 15 years ago.

Employees face several major risk factors, including obesity, physical inactivity, smoking, and fatigue. Richling and his staff have developed several programs to address these issues, such as:

- Health Track (a health risk assessment tool);
- Smoking cessation;
- Weight management;
- Know your numbers (an education program to make employees aware of their risk factors);
- System-wide health facilities; and
- Alertness management

HEALTH TRACK RESULTS

Behavior Change Results After One Year:

	% Eliminated Risk	% Improved
Blood Pressure	40	13
Cholesterol	34	20
Smoking	21	35
Weight	17	30

HEALTH TRACK

The first step in the Health Track process is assessment, followed by a careful analysis of the results. After that, employees are encouraged to reduce their risks by joining one of the intervention programs. Employees are followed to check their progress and periodically re-evaluate their health improvement goals.

The Health Track pilot program, implemented between 1992 to 1994, focused on cardiovascular risk factors, and used one-on-one counseling, telephone counseling, and a treatment referral program. After one year the Health Track pilot program showed dramatic results (see chart), as well as a positive cost-benefit ratio.

To date, approximately 17-18,000 employees and dependents have gone through the Health Track process, but Union Pacific wants to broaden its reach even further, intending to target 32,000 employees in the database according to their risks.

The company's "Menu of Options" program is a new, streamlined process, designed to attract those less likely to complete the whole Health Track process. Once an individual has completed the health risk assessment survey, he or she is offered a variety of options to address individual risks. The options recommended are determined by the person's "stage of change," or readiness to make actual lifestyle changes. Stage-based booklets can help move people from the contemplation stage forward until they are ready for a behavioral intervention. Other tools in the Menu of Options include:

- Independent study guides
- Periodic study guides
- Telephone counseling
- Classes/workshops
- Internet site—about 80 percent of Union Pacific employees have Internet access; about 60% have Internet access in their homes.

SMOKING CESSATION

Union Pacific offers its employees and dependents multiple sources—in-person, telephone, Internet—for counseling to help them quit smoking. The company has also added a benefit to cover Zyban, a smoking cessation medication, to be used with physician approval. The decision to cover Zyban was based on a Union Pacific /Glaxo-Wellcome study of its effectiveness; the data so impressed Union Pacific health promotion managers that they have made its coverage an HMO carve-out when necessary to ensure its availability.

WEIGHT MANAGEMENT

Weight management is difficult for Union Pacific, given its 95 percent male population, whose average age is about 49. It is also complex because so many different behaviors and circumstances contribute to excess weight, and there are many misconceptions about the best way to sustain lasting control.

Union Pacific is, however, determined to make progress in this area and, to that end, has developed a pilot program to test multiple interventions. Approximately 100 people will help the company establish a sound program that will combine pharmacological intervention, Internet-based risk intervention strategies, and other tools.

KNOW YOUR NUMBERS

The Know Your Numbers program is designed to provide people with quantitative values that are related to their health, including:

- Physical activity;
- Body mass index (BMI);
- Sleep requirements;
- Health index score (part of the health risk assessment); and
- Sub-topics to support major themes.

SYSTEM HEALTH FACILITIES

Union Pacific employees enjoy access to more than 450 company-sponsored exercise facilities in 23 states. Most are contracts with local fitness centers, YMCA's or hotels where Union Pacific employees stay. Almost 30,000 have signed up to use the system health facilities, although only about 10 percent use them regularly (at least three times per week). Union Pacific is hoping to develop better methods of tracking and encouraging usage of these facilities.

ALERTNESS MANAGEMENT

Fatigue has a significant effect on safety, performance, and productivity. Union Pacific is working to reduce the impact of fatigue among its crews through four different strategies: education, scheduling changes, rest improvement strategies and screening for sleep disorders.

For most employees sleep deprivation is simply that—a lack of sleep, not necessarily caused by a particular disorder. In such cases, it helps to educate employees about the need for adequate sleep and the impact on safety and productivity of sleep deprivation. There is also an ongoing effort to inform the labor agreement process about the need for scheduling that accommodates proper sleep habits. Scheduling changes include moving away from “squirrel cage” scheduling (1st in, 1st out) to a system that gives employees more input into the scheduling process.

A company survey found that 64 percent of Union Pacific employees were napping to cope with sleep deprivation, so napping was formalized, and now railroad crews are encouraged to take “opportunity naps” to prevent fatigue-induced problems. The company has also developed a set of criteria to ensure that the lodging facilities used by its employees provide a suitable environment for resting.

Finally, Union Pacific is trying to screen for sleep disorders like apnea, although so far very few employees have been willing to submit to the screening process.

PROGRAM IMPACT

The health promotion and disease prevention programs implemented by Union Pacific have, over the past decade, led to significant changes in behaviors, health benefits costs, safety and productivity.

- Ten-year prevalence data show that rates of smoking, high blood pressure and cholesterol have all dropped; the prevalence of overweight and obesity have not.
- A risk analysis conducted by MEDSTAT projected that Union Pacific would spend \$481.5 million on health care in 2008 if there were no changes in overall health risks. A one percent reduction in risk factors would represent a \$77.4 million opportunity for savings.
- A 1998 program evaluation determined that ten years of health promotion interventions have allowed Union Pacific to avoid between \$7 million and \$40 million in group health costs.
- Employees who are overweight have a 72 percent greater risk of being injured on the job.
- Employees who *perceive* that their health status is other than excellent have 65 percent greater risk of being injured.
- Smokers, if injured, are 72 percent more likely to have an incident resulting in lost time.
- Union Pacific's total investment in health promotion between 1990 and 1998 was \$11.5 million; cost per employee, \$45, is modest.

HEALTH TRACK

Benefit: Cost Ratio

Blood Pressure Reduction	4.29:1
Cholesterol Reduction	5.27:1
Smoking Cessation	2.24:1
Weight Reduction	0.69:1
Net Effect	3.24:1

MAKING PREVENTION HAPPEN: PROVEN STRATEGIES TO PREVENT DISEASE AND PROMOTE HEALTH AMONG YOUR WORKFORCE

Stephanie Zaza, MD, MPH
Chief, Community Guide Branch, CDC

Dr. Zaza began with the query “what is prevention?” and identified the following components:

- Identifying and assessing health risks—setting priorities;
- Identifying intervention points—by identifying barriers such as time and money;
- Intervening successfully to overcome those barriers;
- Reducing risk, promoting health and preventing disease.

Where does prevention occur? In clinical settings and health care systems certainly, but also in *worksites, schools, communities and legislatures*. These latter settings are the focus of community preventive services.

The spectrum of prevention for employers can be captured by the acronym PREVENT – it includes:

- **Pay or Reimburse**—for example, flu/pneumonia vaccines/mammography/smoking cessation.
- **Exercise influence**—use purchasing power to influence how prevention takes place within health plans.
- **“Vaccinate”**—provide health promotion services on-site, such as vaccines, mobile mammography.
- **ENsure a healthy work environment**—access to or onsite fitness centers, smoking bans.
- **Team with the community**—Assume a “good corporate citizen” role by sponsoring events, advocating for recreational opportunities, etc.

Given the limited resources available to any company, investing in prevention requires a certain level of accountability. Will the intervention improve health? Can it save money? One new resource can help employers answer these questions and more.

The Guide to Community Preventive Services is a set of recommendations based on systematic reviews of the literature. The Guide Project is an initiative of the U.S. Department of Health and Human Services (DHHS), coordinated by the Centers for Disease Control and Prevention (CDC). The project is independent, however—Task Force members are drawn from both public and private sectors—and has non-federal oversight.

The Guide, which can be found at www.thecommunityguide.org, provides science-based answers to some of the questions employers ask most often, such as which strategies work to:

- Promote healthy lifestyles?
- Prevent disease?
- Increase the number of patients who receive appropriate preventive counseling and screening?

The Guide also provides resources for each step in the prevention process. For example:

- Planning/assessment;
- Objective setting (using, for example, Healthy People 2010 and HEDIS);
- Intervention selection (from resources such as the Guides to Clinical and Community Preventive Services);
- Implementation (working to link recommendations to existing implementation programs—*not* trying to re-create implementation materials).

The Clinical and Community Guides review complementary interventions in both clinical and community settings. Clinical interventions include screening, counseling, immunization, and chemoprophylaxis, as well as the impact of health system changes, insurance/benefits coverage, and access to or provision of services. Community interventions reviewed include group education, policy change, and environmental change.

The specific topics addressed—or soon to be addressed—by the GCPS Project include:

- **Behavioral risk factors** like tobacco use, alcohol abuse/substance misuse, poor nutrition, inadequate physical activity, and unhealthy sexual behaviors.
- **Specific conditions** such as vaccine-preventable disease, pregnancy outcomes, violence, motor vehicle injuries, depression, cancer, diabetes, and oral health.
- **Environmental factors** that affect health, such as income, education, employment, and housing opportunity.

Information gleaned from the GCPS project has been published in journals like the *Morbidity and Mortality Weekly Report* and the *American Journal of Preventive Medicine*. In addition, the website—www.thecommunityguide.org—can search by setting (e.g. worksite, school). There will eventually be a book published that reviews each of the risk factors and conditions and which interventions are proven to effective (as well as which interventions need more research).

THE BENEFITS OF BUSINESS INVESTMENT IN POPULATION-BASED PREVENTION

*Steven M. Teutsch, MD, MPH
Senior Director, Outcomes Research and Management, Merck and Co., Inc.
Member, Task Force on Community Preventive Services*

A community's health matters because local communities provide a company's primary labor pool. A community's health and continued vitality enable employees to focus on work. Efficient and effective health care delivery combined with reliable community services to maintain family health and functioning is an invaluable resource for employers.

Preventive services cost money; it is rare for them to actually save money. However, doing nothing costs money as well and employers are already paying for the cost of poor health.

The costs of poor workforce health are both direct and indirect. Direct costs include health and disability care delivery, as well as non-clinical costs like transportation and childcare. Indirect costs include lost workdays and productivity loss from "presenteeism." There are also intangible costs that have a negative impact on employee satisfaction, retention and morale.

The employer's dilemma is that information gaps make investing in prevention difficult.

Reliable, valid effectiveness data is often not available, and the available data is not employer-ready. Financial and economic data are particularly scarce. Given these information gaps, how can employers decide which services to cover or deliver?

There are three steps to investing in workforce health:

- **Step 1:** Find clear, objective and employer-friendly evidence for what works to address issues that drive your organization's health care expenditures.
- **Step 2:** Consider the value equation: balancing benefits and costs.
- **Step 3:** Design your company's investments.

The U.S. Preventive Services Task Force Guide to Clinical Preventive Services (USPSTF) is the "gold standard" for determining which *clinical* services merit the investment. For *community* preventive services, there is now a Guide to Community Preventive Services [see previous section].

How best to decide what's worth doing? Clearly, effective services that cost little or nothing should be done. For example, reminder systems should be part of health plans, and co-pays should be reduced for highly effective services. Next come effective services that are the responsibility of others, such as school-

COST UTILITY LEAGUE TABLE

Type of clinical prevention intervention	Median \$/QALY	Minimum \$/QALY	Maximum \$/QALY
Immunizations and Chemoprophylaxis			
Immunizations and vaccinations	1,500	Cost-saving	140,000
Pharmaceuticals for asymptomatic persons	13,000	Cost-saving	1,600,000
Screening Tests			
Cardiovascular Disease	3,300	950	130,000
Neoplasms	18,500	Cost-saving	140,000
Other Disease Screenings	11,500	Cost-saving	450,000
Counseling			
HIV Risk Behaviors	1,200	Cost-saving	2,400
Cardiovascular Disease Risk	74,000	Cost-saving	8,900,000
Blood supply screening and safety			
Screening Blood Donors	355,000	Cost-saving	8,700,000
Autologous Blood Donation	730,000	46,000	27,000,000
Surgical	N/A	1,100	1,100

Stone PW, Teutsch S, et al. Cost-utility analyses of clinical prevention services: published ratios, 1976-1997. *Am J Prev Med.* 2000; 19:15-23

based exercise programs, putting in sidewalks, and community safety.

The more difficult choices involve services that are effective, yet cost the employer a significant amount to implement. General considerations for employer decisions on selecting services with the most value include the following:

Health outcome

- Does the condition have a high incidence? Is it prevalent in your work force?
- Is the condition severe? Does it cause significant suffering and/or impairment?
- Is the condition costly?

Population

- Is there an identifiable high-risk population?

Intervention

- Is the intervention highly effective? [Refer to the Guides to Preventive Services]
- Does the intervention take place infrequently? [Vaccines yes; exercise no]

- Is the intervention population-based? Safe? Inexpensive?
- Does the intervention have secondary benefits? [e.g. a safe water supply decreases disease but also increases property values]

If the answer is “yes” to most of these questions, the intervention is probably worth the investment. The Guide can provide information on: the spectrum of population-based preventive services that work, as well as clinical and cost-effectiveness data where available. Perhaps most important, the Guide and its materials are “employer-ready.”

So, how can an employer use the Community Guide recommendations? There are essentially three options: interventions through health plans; intervention at the worksite; and intervention at the community level.

With health plans. For clinical services, employers can require plans to cover effective services such as smoking cessation and diabetes management. The employer and plan can also reduce or eliminate out-of-pocket costs for effective services such as flu and pneumococcal vaccinations.

At the Worksite.

On-site actions might include policy changes such as restricting smoking to prevent exposure to second-hand smoke. Interventions to promote exercise might include:

- Creating an exercise-friendly environment with open, central stairs and point-of-decision prompts; sidewalks
- Enhancing access to physical activity (on-site exercise facilities and/or time to exercise; sidewalks)
- Supporting individual physical activity programs (e.g. exercise contracts) and social support programs for physical activity (e.g. walking groups, exercise buddies)

At the community level.

Community actions might include:

- Supporting community water fluoridation and school vaccination requirements
- Supporting an increase in the price of tobacco products
- Supporting enactment and enforcement of child safety seat and primary seat belt laws and lower blood alcohol concentration laws to prevent drunk driving
- Promoting school-based physical education programs

WORKING WITH BUSINESS TO BUILD HEALTHY COMPANIES AND COMMUNITIES

*Mary Jane England, MD
President, Regis College (Former President, WBGH), Former Member, Task Force on Community Preventive Services*

The Washington Business Group on Health (WBGH) has been in the business of health promotion for more than 26 years. In that time, WBGH has learned several valuable lessons that can be applied to any investment in health promotion or disease prevention.

- Prevention efforts should ideally be comprehensive and integrated with other benefits and general business objectives.
- Prevention investments should be made across the lifespan and through the full continuum of health care.
- The focus of prevention should be on improving health, productivity and performance.
- It is essential to address both direct and indirect costs when deciding on a prevention initiative.

- The return on investment anticipated should be closely linked with overall company objectives and growth strategy.

The WBGH recently published a report, *The Business Interest in a Community's Health*, which was the result of many conversations with employers. Two interdependent truths emerged from the conversations with employer participants:

- The health of a community impacts the economic health of its businesses.
- Corporations are able to play a unique role in the development of a community's health and continued vitality.

Employers were also asked what their companies want or expect from a healthy community. The top 3 answers were:

- A healthy pool of employees/prospective employees;
- Productive employees;
- Basic medical coverage/insurance for *all* members of the community.

Opportunities were identified to build consensus around health priorities for the community, create consumer-responsive programs, and develop Internet portals for direct consumer information.

Another meeting, a WBGH Breakthrough Forum on maternal and child health, was held in 2000. The outcomes from discussions with employers were consistent with those mentioned above. However, employer participants stressed the need for a common language between health researchers, public health advocates, and the employer community. Specifically, employers hoped that the wealth of public health expertise could be adapted for employer implementation. In return, employers can assist in “marketing” public health efforts within communities.

Fortunately, the Guide to Community Preventive Services (GCPS) was already in the works. The Guide is an excellent resource on effective community strategies, and the summary information it provides is certain to be useful for employers. Specifically, the Guide can be used to:

- Target interventions within health plans;
- Encourage greater employee participation in worksite prevention initiatives; and
- Use the community to promote effective prevention strategies.

Prevention and health promotion may be more valuable now than ever. First, there has been a resurgence in health care costs. Employer costs increased 11 percent in 2001 and may increase as much as 13 percent in 2002. Significantly, 50 percent of health care costs are driven by behavioral and lifestyle issues. Second, there is currently an uneasy economy and unstable markets. Third, the workforce is aging. Fourth, there has been a sharp increase in the use and cost of prescription drugs. Finally, empowered consumers—often armed with data from the Internet—are becoming more demanding.

These factors mean that employees will likely shoulder more of the burden of health care costs. In fact, 56 percent of employers report that employee contributions will increase with medical cost increases. Late changes in contribution strategies for 2002 indicate many employers will shift an even greater portion of health care costs to employees and retirees. So, as costs rise, employees will be looking for help managing their healthcare.

How can their employers help?

- Develop culturally appropriate health promotion programs based on the recommendations of the Guide;
- Promote more active consumers;
- Raise awareness about treatment of chronic diseases;
- Stimulate use of e-health technologies;
- Help to shift focus from a medical model to a behavioral model.

But what about cost? One excellent source of information on programs that are both effective *and* cost effective is The Health Project. The Health Project website, www.healthproject.stanford.edu, describes the strategies employed by companies who have won the C. Everett Koop National Health Awards. The award honors health promotion and disease prevention programs with demonstrated savings from improving health behaviors. Previous winners include:

- Caterpillar’s *Healthy Balance* Program
- CIGNA Corporation’s *Working Well* Program
- Daimler/Chrysler/UAW’s *National Wellness* Program
- Fannie Mae’s Partnership for *Healthy Living*

APPENDIX A:

ATTENDEE LIST

Cindy Snow
Wellness Program Coordinator
Actna

Cindy Crozier
Consultant
AON Consulting

Cindy Gates
Senior Clinical Consultant
AON Consulting

David M. Carver
District Manager, Benefits Planning & Analysis
AT&T

Sharon L. Gandolfo, RN, BSN
Manager, Nursing Services
Bank One/First USA

Bernellyn M. Carey
Manager, Health Promotion
The Board of Pensions of the Presbyterian Church

Steven P. Noeldner
Senior Manager of Wellness
Capital One

Craig W. Thomas, M.S.
Evaluation Coordinator
Community Guide Branch
CDC

Donald Shriber, JD, MPH
Associate Director, Washington Office
CDC

Cristi Schwarcz
Program Analyst
CDC

Kathy Davis
Chief Operating Officer
CGI Consulting

Olakunle Olaniyan, MD
Senior Medical Director, Mid-Atlantic
CIGNA HealthCare

Pamela Kalen
Executive Director
Employers Managed Health Care Association

A. Lu Crowder, RN
Managing Director, Human Capital Program
Federal Express

Brian Sugden, Ph.D.
Behavioral Occupational Health Consultant
Federal Occupational Health

Sam Alfano, DO
Associate Medical Director, Community Practice
Geisinger Medical Group

Joyce M. Young, MD, MPH
Regional Well-Being Director
IBM Global Occupational Health Services

Michael D. Parkinson, MD, MPH
Exec. VP & Chief Medical Officer
Lumenos, Inc.

Jennifer Tripp
Manager for Prevention, Education & Outreach
Massachusetts Behavioral Health Partnership

Ron Goetzel, Ph.D.
Vice President
The MEDSTAT Group

Kathleen B. Sarli
Corporate Account Executive
Merck & Co., Inc.

Martina Vogel-Taylor
Senior Program Analyst
Office of Disease Prevention
National Institutes of Health

Suzanne Mercure
Project Manager
NBCH/MHCA

Michael Kriner
Director, Health Care and Disability
NCR Corporation

Maris Ann Bondi, MPH
Senior Health Analyst
Partnership for Prevention

Megan Broderick
Manager, Health & Welfare
The Pepsi Bottling Group, Inc.

Bruce L. Douglas, DDS, MA, MPH
Chief Medical Advisor
Sedgwick CMS

Connie S. Lawson, MS, BSN
*Director, Occupational Health, SH&E Strategies &
Health Promotion*
Verizon Communications

Elaine Mischler, MD
Medical Director & Program Development
Wausau Benefits, Inc.

Susan Murray Young
Health Writer
WBGH

SPEAKERS LIST

Steven Teutsch
Sr. Director
Outcomes Research and Management
Merck & Co., Inc.

Dennis Richling, MD
Assistant VP-Health Services
Union Pacific Railroad Company

Stephanie Zaza, MD, MPH
Chief, Community Guide Branch,
Centers for Disease Control and Prevention

Mary Jane England, MD
President
Regis College

Bradford A. Myers
Dissemination Coordinator
Community Guide Branch
Centers for Disease Control and Prevention

APPENDIX B:

RESOURCES

CDC. *Employers' Guide to Getting the Most from Investments in Prevention: A Tool for Informed Decision-making*. Atlanta, GA, Centers for Disease Control and Prevention. [Available at www.thecommunityguide.org]

CDC. *The Guide to Community Preventive Services At a Glance*. Atlanta, GA, Centers for Disease Control and Prevention. [Available at www.thecommunityguide.org]

Muchnick-Baku, Sonia, Ed. (1996). *The Employer's Guide to Clinical Preventive Services*. Washington, DC, Washington Business Group on Health [Available at www.wbgh.org]

Partnership for Prevention. *Prevention Priorities: Employers' Guide to the Highest Value Preventive Health Services*. Washington, DC, Partnership for Prevention. [Available at www.prevent.org]

Partnership for Prevention. (2001). *Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small*. Washington, DC, Partnership for Prevention. [Available at www.prevent.org]

