

Dennis E. Richling, M.D.

Dennis E. Richling, M.D., assistant vice president of health services and chief medical officer of the Union Pacific Railroad, actively participates in several health-related organizations including the Wellness Councils of America, the Washington Business Group on Health, and the Partnership for Prevention. In the past, he has been on the board of the American Heart Association and the American Red Cross.





Keeping on Track

Since February 1989, Dennis E. Richling, M.D., has been the assistant vice president of health services and chief medical officer of Union Pacific Railroad. He is responsible for the medical and health-related services provided to about 50,000 employees throughout the railroad's twenty-three-state operating territory. The Health Services Department manages more than 400 company-sponsored fitness facilities, four train cars converted to fitness facilities, a multisite health-risk intervention program, vocational-rehabilitation services for injured and ill employees, a medical consumer-education program, an alertness-management program, and the medical-surveillance programs for the railroad. In 1994 and 1997, the Union Pacific's Health Track Program was awarded the C. Everett Koop National Health Award. In 2001, Union Pacific became the only large employer in the United States to receive the Wellness Councils of America's Platinum Award.

In this issue of AWHP's Worksite Health, Richling talks to Co-Senior Editor George Pfeiffer, M.S.E., FAWHP, and gives his perspective on worksite health promotion and why an effective program is important for the success of UPRR.

George Pfeiffer: Union Pacific Railroad is a respected leader in worksite health promotion. How do your health promotion initiatives help UPRR fulfill its primary mission—being the leader in rail transportation?

Dennis Richling: Our health promotion initiatives are an integral part of the business strategy for UPRR. Initially, the financial, productivity, and employees' morale risks are assessed. Risks are prioritized and assessments of alternative resolutions that fit the culture, the geographic distribution, and the population disparity issues are completed. The program supports the company's vision of being a railroad where our customers want to do business, our employees are proud to work, and shareholder value is created.

Pfeiffer: The railroad industry has many challenges in not only protecting its employees, but the public at large. Fatigue and its implications on job performance and safety are important concerns. How has UPRR addressed this?

Richling: We began investigating the issue of fatigue in 1991. The following year, we started a behavioral-based pilot project called Sleepwell. We were interested in determining if we could change personal behaviors without changing work schedules to improve measurable fatigue levels. Throughout the mid-1990s, we monitored considerable research that was conducted in Canada on fatigue-abatement strategies, attempted to implement some innovative crew-scheduling agreements, and

developed a methodology to expand the lessons of Sleepwell to the entire UPRR population.

In 1997, working with the senior leadership of UPRR, the Alertness Management Program was developed as a sister program to our health promotion program to find scheduling solutions and expand the educational efforts. An overview of our program appeared in the Summer 2000 issue of *Worksite Health*.

Pfeiffer: A fact of the railroad industry is an older, male-dominated work force as compared to the general working population. With this demographic comes the escalating incidence of chronic diseases—such as diabetes, heart disease, and arthritis—and their related costs. How is UPRR



addressing chronic-disease management and other issues of an aging work force?

Richling: Health Track is our primary health promotion program. The main component of Health Track is our high-risk identification and risk-reduction initiative. The philosophy behind this component is that we want to devote the majority of our resources to those individuals who most need our services. Simply put, this means providing intervention options to our high-risk population. Currently Health Track addresses the five primary risk factors for cardiovascular disease along with the chronic-disease states of diabetes and asthma, mental-health areas of depression and stress, and fatigue.

Pfeiffer: UPRR has a dispersed work force with many of your employees away from home for extended periods of time. Has UPRR made any accommodations in providing its employees with opportunities to stay fit and healthy while riding the rails?

Richling: Health Track also encompasses our System Health Facilities (SHF), company-sponsored exercise facilities, follow-up programs, an awareness campaign called Know Your Numbers, our incentive program called IdeaWorks, and a program designed to assist employees returning to work after an injury called SHIP. That's the System Health Facilities Injury Protocol.

As mentioned above, one of our main initiatives under Health Track is our SHF program. Currently we have more than 400 facilities located throughout our twenty-three-state area. Employees who become SHF members have free use of these facilities when they are in those locations. This is our longest running and most popular program.

Current membership is 23,671. Membership in the SHF doubled after we modified our entry procedures in 1998. Before that, if employees wanted to become SHF members, they

were required to visit their personal physicians.

However, since 1998, employees are required to fill out a physical-activity questionnaire that assesses whether exercise is contraindicated for them. If there aren't any major health risks identified by the questionnaire, they are automatically enrolled as a SHF member. If there are major health risks identified from the questionnaire, they are then directed to their personal physicians before they can become members.

Health Track has multiple entry points to make it easy for our dispersed work force to enter. Health fairs, direct home mailings, physical exams required by federal regulation, and UPRR occupational health nurses are all distribution approaches to have the survey filled out.

Pfeiffer: Your organization has been a respected leader in demonstrating the cost benefit of health promotion. How important is return on investment to senior management for justifying the efficacy of your health promotion programs? Are there other bottom-line measures you look for to validate the program's value?

Richling: We use three organizational health indicators to guide our program. These are increasing employee productivity, enhancing employee morale, and reducing lifestyle-related health-care claim costs. Because of our program and our evaluation studies, we were able to get health and welfare as one of our business objectives in 2001. This puts health on the same level as fuel costs, safety, and other high-cost items that are important issues for a railroad.

With this increased attention also comes the responsibility of providing more and better data on cost outcomes. We are beginning to make plans and compile data to support this business objective. There is also a consistent, systematic review by senior management of our activities.

Along with this additional cost data,

we also have and will track employee behavior-change data and are beginning to determine how to better measure indirect costs like productivity.

Pfeiffer: Today the concept of health-and-productivity management is a new way in aligning health promotion programs with the business goals of the organization. Within UPRR, can you provide a definition of productivity from a human-capital perspective?

Richling: Human capital is one of our greatest assets. There is also a cost associated with human capital. At Union Pacific, we like to think that we are moving all our employees to become fully engaged problem solvers. This does not mean that they will not be running trains or laying track anymore. It does mean that we are looking more and more to our employees to help us solve issues related to getting the work done, as well as how, as individuals and as a company, we can be more productive.

We believe part of the answer to this complex area is establishing the relationship between health and productivity. We are a member of the Health Enhancement Research Organization. (See Forum, Winter 2001 *Worksite Health*.) We're looking into being part of one or several national studies that HERO and other groups are facilitating around the country on this health-and-productivity connection.

We always have had increased productivity as one of our organizational health indicators. In fact, one of the first published studies we conducted back in 1991 was "The Effect of a Corporate Fitness Program on Perceived Worker Productivity." This study examined the relationship between exercise adherence and perceived worker productivity.

Pfeiffer: As a respected business leader, what would you say to other decision-makers when they question the business sense of sponsoring worksite health promotion programs?



Richling: Our latest study tried to look at the justification question differently. We asked, "What would happen to our health-care costs if our program was eliminated, versus a continued 1 percent risk reduction among our population?" The bottom-line conservative-result difference between the two scenarios was \$77.4 million. This is conservative because we did not take into account indirect cost, which some estimate to be from one to four times higher than direct medical costs. For some reason, I have felt that health promotion is held to a different quality standard than other health purchases. Our health plans pay for care that may be only at a 3-4 Sigma level of quality. We pay for medical procedures with poor outcomes.

I think that the issue to address is the long-term direction of health costs. With the rising age of our workers and the explosion in technology, many will see health costs rising at double-digit rates. Health promotion is a business solution that can take real costs out of the system. If a company is going to implement health promotion as a strategy, they need to run it like a business.

Where companies have made mistakes regarding health promotion programs is in devoting the incorrect or inadequate resources. Some companies assume that a secretary can run the program as well as a health professional. But you wouldn't run your IT department that way. There are many years of behavior-science research, new behavioral-intervention technologies, and highly skilled professionals that should be applied these programs. It is not about doing the right thing, but about doing the right thing in terms of process. Programs that don't take a data-driven, professionally managed approach will be disappointing in their results and opportunities will be lost.



A S S O C I A T I O N F O R

Worksite Health PROMOTION

MEMBERSHIP APPLICATION

1. Applicant Information

Name _____

Title _____

Company/School/Organization _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-Mail Address _____

2. Business Setting

- Academic
- Corporate
- Consultant Service
- Federal/State Agency
- Health/Fitness Facility
- Hospital
- Managed Care Organization
- Private Clinic
- Private Fitness
- Other (specify) _____

Does your employer have an on-site fitness facility? Yes No
 Does your employer offer wellness programming? Yes No

3. Membership Dues (AWHP's membership year is Jan. 1 - Dec. 31)

- Professional Membership \$150
 - Business Membership \$250
 - Associate Membership \$350
 - Student Membership \$70
- (Students must include a registrar's letter verifying full-time student status.)
 National Assn. for Public Worksite Health Promotion S.I.G. (\$20)

4. Special Interest Group Enrollment

The National Assn. for Public Worksite Health Promotion Special Interest Group costs \$20 to join annually.

5. National Worksite Health Promotion Survey (Member Rate)

\$49 each x quantity _____ = \$ _____

6. Payment (AWHP's Federal Tax ID Number is 52-1105069)

Membership Dues \$ _____
 NAPWHP S.I.G. _____ \$20 annually \$ _____
 1999 National Worksite Health Promotion Survey \$ _____
Total Amount Enclosed (U.S. funds) \$ _____
 Check or money order VISA MasterCard

Card Number _____ Exp. Date _____
 Cardholder Signature _____

7. Mail or Fax to: Association for Worksite Health Promotion
 33475 Treasury Center
 Chicago, Illinois 60694-3400
 Phone: 847/480-9574; Fax: 847/480-9282
 E-mail: awhp@awhp.org