Personnel Welfare Committee - Correspondence 1987-1988

Follow this and additional works at: https://scholarworks.bgsu.edu/asc

Repository Citation
https://scholarworks.bgsu.edu/asc/184

This Article is brought to you for free and open access by the University Publications at ScholarWorks@BGSU. It has been accepted for inclusion in Administrative Staff Council by an authorized administrator of ScholarWorks@BGSU.
Pre-Microfilm Inventory

Collection: Bowling Green State University
Administrative Staff Council, UA-022

Location: Bowling Green, Ohio

Title of Series: Personnel Welfare Committee - Correspondence


Format:  ___ Bound  ___ Loose

Order:  ___ Alpha  ___ Chronological  ___ Numerical

Index:  ___ Included  ___ Separate  ___ None

Notes

1. Colored Paper
2. Photocopies
Based on the results of the recent Administrative Staff Information Survey and on personal contacts with individual constituents, the ASC Personnel Welfare Committee hereby recommends the following additions/changes to our fringe benefit package. It is also recommended that these changes become effective July 1, 1987 and be maintained throughout the 1987-88 contract year.

1. Administrative Staff across the campus feel strongly, and request frequently, that the employee contribution to the cost of family health insurance benefits be eliminated. We understand that a plan was devised and approved last year whereby a portion of the family health insurance is now being paid by the University. This benefit will increase until the total cost paid up by the University reaches 92% of the total cost. This is scheduled to occur in Jan. of 1998. However, staff members continue to state that in order to remain competitive with other state universities and area employers, this benefit should be paid in full by the University as of July 1, 1987.

2. In order to support the concept of preventative medicine as a means to the ultimate reduction of long term, high cost medical treatment, the Administrative Staff requests that the University cover the cost of a complete physical examination every 2 years. In addition, it is requested that the cost of an annual pap smear be covered by the University for the same reasons as those listed for the physical examination.

3. The Administrative Staff requests that the University provide full coverage of family dental/vision benefits. The current cost to the University per employee for family dental/vision is $24.09 for dental and $6.29 for vision, or a total of $30.38 per employee per year. If Administrative Staff were given this benefit, the cost to the University would be approximately $10,936.80 per year. This is based on the current per employee cost with the possibility of 360 full time Administrative Staff members being eligible to receive the benefit. Again, this would assist with the desire to remain competitive with other state universities and area employers.

4. In an effort to promote preventative health measures and to keep the cost of medical payments paid out by the University to a minimum, the Administrative Staff recommends that the University provide the opportunity for Administrative Staff members to participate in the FITWELL program. It is recommended that the University cover the cost of the participation fee as established by the FITWELL staff. The current cost is $30.00 per person. It is our contention that this small cost could significantly reduce the greater cost incurred when paying hospital and doctor's fees for conditions such as heart attack, stroke, and other health problems related to the lack of adequate physical fitness.

These requests represent those items most frequently stated by the full Administrative Staff. The Personnel Welfare Committee believes that these are reasonable requests. The addition of these benefits will continue to assist us in the recruitment and retention of quality Administrative Staff members.
The policy of Bowling Green State University is that general harassment will not be condoned. Moreover, the University will use its influence to encourage the community-at-large to treat its students, faculty and staff and affiliated visitors in a manner keeping with the principles of this policy. (The policy is in keeping with the spirit and intent of federal, state, municipal and University guidelines governing harassment.)

I. Definition

General Harassment constitutes any physical or verbal behavior that subjects an individual to an intimidating, hostile or offensive education, employment or living environment and which falls outside the confines of the racial and ethnic harassment policy and the sexual harassment policy. Such harassment:

A) denigrates or stereotypes an individual.

B) demeans or slurs an individual through pictorial illustrations, graffiti or written documents or material.

C) makes unwarranted and disparaging references or innuendos regarding an individual's personal conduct, habit or lifestyle.

II. Regulations

A) It is a violation of University policy and the Student Code for any member of the faculty, administrative and classified staff or student body to engage in general harassment, as defined in Section I.

B) It is a violation of University policy to retaliate against anyone bringing forth an honestly perceived complaint of general harassment.

III. Responsibilities

A) On a University-wide basis, the Affirmative Action Office is responsible for the coordination and implementation of Bowling Green State University's General Harassment Policy. This office will serve as the resource with regard to all matters of this nature.

B) Each dean, director, department chair, and administrative head of an operational unit is responsible for the dissemination and implementation of this policy within his or her area of responsibility. Persons at this level are also responsible for referring reported unresolved incidents of general harassment to the Affirmative Action Office.

C) As a University policy, it is the responsibility of each faculty member, administrative staff member and classified staff member to ensure adherence to this policy within his or her area of responsibility.
D) It is the responsibility of all members of the University community to discourage general harassment, report such incidents and cooperate in any investigation which might result.

IV. Grievance Procedures

The procedures outlined below are designed to provide sufficient flexibility in which to deal with allegations of general harassment. They are intended to be responsive to particular situations and to be as formal or informal as allegations dictate.

A) Procedure of the Complainant

1. Any individual who believes that he or she has been generally harassed should contact the Affirmative Action Office. Staff in this office initially will discuss the matter with the complainant to ascertain, as fully as possible, the validity of the charges and the scope of the problem. At this time, it will be determined if there is a basis for investigation.

2. Initial discussions with staff in the Affirmative Action Office should not make reference to the name of any accused person unless the complainant is ready to file a formal complaint and proceed with an investigation.

3. Before the Office can begin its investigation, the allegation must be submitted, in writing, to the Director of Affirmative Action. Until this occurs, the matter will not be discussed with anyone other than the complainant.

4. An investigation will be conducted by a staff person in the Affirmative Action Office only if the complainant has filed a formal, written complaint.

5. The role of the Administrative Action Office in the processing of the complaint will include, but is not limited to the following:

   a. consultation with the complainant,
   b. discussion with appropriate persons suggested by the complainant who may have knowledge of the situation and can be of assistance in establishing the fact of the complaint,
   c. preparing a complete investigative report of the complaint. This report will include recommendations for resolution. It will be submitted, in writing, to the appropriate Vice President for administrative action. A copy will also be sent to the complainant and the respondent.

6. If the complainant is not satisfied with the action taken by the Vice President, he or she may appeal, in writing, to the
President of the University. The appeal must be filed within seven (7) calendar days of notification of the appropriate Vice President’s action. The president will review the appeal and respond, in writing, to all parties—respondent, complainant, Director of Affirmative Action, and the Vice President—concerning his or her disposition of the appeal. This must be done within ten (10) calendar days after receiving the appeal.

B) Procedure for the Respondent

1. Investigations regarding alleged instances of general harassment will be conducted by staff in the Affirmative Action Office only if a formal, written complaint has been filed with the Director of Affirmative Action.

2. The role of the Affirmative Action Office in the processing of the complaint will include, but is not limited to the following:
   a. consultation with the respondent,
   b. discussion with appropriate persons suggested by the respondent who may have knowledge of the situation and can be of assistance in establishing the fact of the complaint,
   c. preparing a complete investigative report of the complaint. This report will include recommendations for resolution. It will be submitted, in writing, to the Vice President for appropriate administrative action. A copy will also be sent to the complainant and the respondent.

3. If the respondent is not satisfied with the action by the Vice President, he or she may appeal, in writing, to the President of the University. The appeal must be filed within seven (7) calendar days of the notification of the Vice President’s action. The president will review the appeal and respond, in writing, to all parties—respondent, complainant, Director of Affirmative Action, and the Vice President—concerning his or her disposition of the appeal. This must be done within ten (10) calendar days after receiving the appeal.

C) Principles

In investigating complaints of general harassment, the following principles will be adhered to:

1. Each complaint will be handled on an individual, case-by-case basis, considering the complete record and all relevant circumstances.
2. Investigation will be conducted as fairly and expeditiously as possible.

3. In investigating complaints of general harassment, complete confidentiality will be maintained in consideration of both the complainant and the respondent.

4. An individual bringing forth a complaint of general harassment will not suffer any type of retaliation regardless of the outcome of the complaint.

5. The complaint will be resolved in a manner which is consistent with this policy and also fair and equitable to all parties concerned.

6. Nothing in this policy should be interpreted as interfering with the practice of academic freedom at Bowling Green State University.

7. The purpose of this policy is to end general harassment, and therefore it may not be used by a complainant to achieve personal goals not in conformity with the purpose of this policy.
MEMORANDUM

TO: Linda Swaisgood, Public Relations Office
FROM: Rich Hughes, On-Campus Housing
RE: PWC Project time-lines

Listed below are the time-lines for the various projects we discussed at our last PWC meeting:

**Fringe Benefit Survey and Recommendation**

Thu, 1/21 Survey out to Administrative Staff and back to Ed O'Donnell and tallied. Ed presents results to PWC.

Tue, 1/26 Present PWC fringe benefit recommendations to Executive Committee for approval.

Thu, 2/4 Present PWC fringe benefit recommendations to Administrative Staff Council for approval.

**Harassment Policy**

Tue, 12/22 Share Harassment Policy draft with Executive Committee for feedback.

Tue, 1/12 Share Harassment Policy revisions with Executive Committee for feedback.

Thu, 1/21 Final revision of Harassment Policy by PWC.

Tue, 1/26Present PWC final draft of Harassment Policy to Executive Committee for approval.

Thu, 2/4 Present Harassment Policy to Administrative Staff Council for approval.

**Handbook Changes**

Thu, 2/18 Linda and Diane present proposed handbook changes to PWC.

Tue, 2/23 Present handbook changes to Executive Committee for approval.

Thu, 3/2 Present handbook changes to Administrative Staff Council for approval.
Flex Time Policy
Thu, 1/21 Rich presents Flex Time policy draft to FWC.
Tue, 1/26 Share Flex Time policy draft with Executive Committee for feedback.
Thu, 2/18 Final draft of Flex Time Policy by FWC.
Tue, 2/23 Present final draft of Flex Time policy to Executive Committee for approval.
Thu, 3/3 Present Flex Time policy to Administrative Staff Council for approval.

Salary Recommendation (tentative)
Thu, 1/21 Paul presents Salary Recommendation to FWC.
Tue, 1/26 Present Salary Recommendation to Executive Committee for approval.
Thu, 2/4 Present salary Recommendation to Administrative Staff Council for approval.

From these time-lines it appears our next several FWC meetings will have very full agendas. If, after reviewing the above time-lines, you feel we are trying to accomplish too much, too quickly, please let me know. Perhaps we can work out a more reasonable schedule to accomplish these tasks.

Enjoy the holidays!
ADMINISTRATIVE STAFF SALARY INCREASE REQUEST
1988-89

The issue of salary increases for Administrative Staff for the 1988-89 fiscal year was difficult for the Administrative Staff Council to resolve. On one side of the issue is the desire of the Administrative Staff to request a large salary percentage increase which would accurately reflect their value and contribution to the University. On the other side is the University’s reportedly bleak budgetary outlook for the 1988-89 fiscal year. After much consideration and weighing heavily both sides of the issue, the Administrative Staff Council feels a salary increase which is sensitive to and favors the latter side of the issue is most appropriate at this time. Recognizing that all areas and constituent groups within the University must work cooperatively toward reducing the impact of budgetary constraints, the Administrative Staff Council is willing, for the 1988-89 fiscal year, to forgo the request of a substantial salary percentage increase in the interest of assisting the University in its budgetary crisis.

Therefore, the Administrative Staff Council requests a salary increase for the 1988-89 fiscal year equal to the average of salary percentage increases for all other IUC institutions. Furthermore, in the spirit of maintaining unity among the university community, the Administrative Staff Council respectfully requests that all university employees, regardless of classification, receive the same salary increase for the 1988-89 fiscal year.
PERSONNEL WELFARE COMMITTEE
1988-89 FRINGE BENEFIT PACKAGE RECOMMENDATION

Based on the results of the recent Administrative Staff Fringe Benefit Survey, the Administrative Staff Council's Personnel Welfare Committee hereby recommends the following additions/changes to the Administrative Staff fringe benefit package effective July 1, 1988.

Administrative Staff throughout the campus feel strongly, and request frequently, that the employee contribution to the cost of family health insurance benefits be eliminated. We understand that the plan to raise the University's contribution toward family health insurance benefits to 92% beginning January 1, 1988 has been temporarily deferred due to budget constraints. We request that the temporary deferment of this benefit be rescinded and that the University's contribution toward family health insurance benefits be increased to 100%.

In order to support the concept of preventative medicine as a means to the ultimate reduction of long term, high cost medical treatment, the Administrative Staff requests that the University cover the cost of a complete physical examination every two (2) years and the laboratory cost of an annual pap smear.

The Administrative Staff requests that the University provide full coverage of family dental/vision benefits. Again this would assist with the desire to remain competitive with other state colleges and universities and area employers.

In an effort to promote both a healthy lifestyle and preventative health measures, and to hold the cost of medical payments paid out by the University to a minimum, the Administrative Staff requests that Administrative Staff who join the Student Recreation Center and participate in the FITWELL program, maintaining a designated level of participation, be provided each semester thereafter, as a benefit, a Student Recreation Center Lift pass. This pass would be provided so long as an individual maintained the designated level of participation. The staff member would be permitted to pay the difference for a regular membership.

The Administrative Staff requests that two days of annually accrued sick leave be considered personal days with unconditional usage.

The Administrative Staff requests that all benefits provided for full-time Administrative Staff be available to part-time Administrative Staff on a prorated basis.

The Administrative Staff requests that the University provide life insurance benefits equal to the Administrative Staff member's annual salary and that each Administrative Staff member have the option of purchasing an additional benefit equal to 1 1/2 times his/her annual salary.
8. Administrative staff will not engage in general harassment. General harassment constitutes any physical or verbal behavior that subjects an individual to an intimidating, hostile or offensive education, employment or living environment and which falls outside the confines of the racial and ethnic harassment policy and the sexual harassment policy. Such harassment:

A) denigrates or stereotypes an individual.

B) demeans or slurs an individual through pictorial illustrations, graffiti or written documents or material.

C) makes unwarranted and disparaging references or innuendos regarding an individual's personal conduct, appearance, habit or lifestyle.
FLEXIBLE WORK SCHEDULES

Full-time administrative staff members may adopt a flexible work schedule which fulfill the needs of the university as well as their personal and family needs provided all of the following conditions are observed:

1. A flexible work schedule must be arranged in advance and must be mutually agreed upon between the administrative staff member and his or her immediate supervisor.

2. Normal business hours for each office must be maintained.

3. Administrative staff members on flexible work schedules are expected to maintain a minimum 40 hour work week.

4. A periodic review of an administrative staff member's flexible work schedule will be conducted by his or her immediate supervisor to determine whether the flexible work schedule should continue.
MEMORANDUM

TO: Suzanne Crawford, Chair, Administrative Staff Council
FROM: Rich Hughes, Chair, Personnel Welfare Committee
RE: Issues Considered by the Personnel Welfare Committee during 1987-88

April 20, 1988

Following is a list of the issues considered by the Personnel Welfare Committee during the 1987-88 academic year.

Issues considered and resolved:

1. Proposed revisions to the "Contract Information" and "Grievance and Hearing Procedures" sections of the Administrative Staff Handbook, making non-renewal of contract a grievable issue, were forwarded to and passed by Council.

2. The Administrative Staff were surveyed regarding fringe benefits and a recommendation regarding fringe benefits for Administrative Staff for the 1988-89 fiscal year was forwarded to and passed by Council.

3. A recommendation regarding salary increases for Administrative Staff for the 1988-89 fiscal year was forwarded to and passed by Council.

4. A General Harassment policy was forwarded to and passed by Council.

5. A Flexible Work Schedule policy was forwarded to and passed by Council.

6. The Administrative Staff Handbook was edited. Additions to the handbook included non-renewal as a grievable issue, the General Harassment policy and the Flexible Work Schedule policy. Other minor editorial revisions were recommended. All additions and editorial revisions were forwarded to and passed by Council.

Issues considered but not resolved:

1. Discussion regarding the possibility of securing fringe benefits for part-time administrative staff. Due to pending federal legislation regarding this issue, it was decided to table this issue for the remainder of the year.
Recommended issues for consideration during the 1988-89 academic year:

1. Resolve all issues considered but not resolved during 1988-89.

2. There is a belief that externally funded administrative staff are paid a higher salary than internally funded administrative staff with the same job. Investigate this issue and, if true, recommend means to rectify the situation.

3. Investigate the possibility of securing professional leave for administrative staff.

4. Investigate the possibility of evaluating job responsibilities of administrative staff in relation to compensation to determine if any inequities exist and, if so, recommend means to rectify the situation.

5. Follow up with Chris Dalton on fringe benefits. If some were not approved by administration or trustees, inquire as to why. Then use this information to determine strategy for requesting fringe benefits for the 1989-90 fiscal year.

6. Address the issue of ASC members' accountability to their constituents. This seems to be lacking on the part of some ASC members.

7. Investigate the possibility of adopting a policy within the "Code of Standards and Responsibilities for Administrative Staff" which deals with the willful introduction of computer viruses into university computing facilities.

8. It has been noted that the Administrative Staff Handbook sorely lacks a consistent writing style and layout. It is recommended that an adhoc Handbook Editorial committee be established through ASC which would report to PWH. The responsibility of this adhoc committee would be to establish a consistent writing style, layout, etc. within the Administrative Staff Handbook.
Recommendations for 1988-89 Personnel Welfare Committee

Miscellaneous

1. Follow the attached timeline for completion of PWC major projects including Salary Recommendation, Fringe Benefit Recommendation, New Policies / Policy Changes and Handbook Revision.

Salary and Fringe Benefit Recommendations

1. With the rising costs of health care, the pressure on the University to hold down the cost of tuition and other related fees, the administrative staff may find itself in a position of fighting to maintain current benefits rather than upgrading current benefits or seeking additional benefits. With this in mind it might be best to think of salary and benefits as one pool of money to work with then:

   a. If 1988-89 salary and fringe benefit recommendations were not approved by administration or trustees; follow up with Chris Dalton to find out why.

   b. Determine which issue is more important to the administrative staff as a whole - an increase in salary or maintaining benefits. Then pursue the more important issue while ignoring the other.

Handbook Revision

1. It has been noted that the Administrative Staff Handbook sorely lacks a consistent writing style and layout. It is recommended that an adhoc Handbook Editorial committee be established through ASC which would report to PWC. The responsibility of this adhoc committee would be to establish a consistent writing style, layout, etc. within the Administrative Staff Handbook.
Personnel Welfare Committee
Project Timeline
1988-89

Fringe Benefit Recommendation
1st mtg in Nov Fringe Benefit recommendation presented to Executive Committee for initial review
2nd mtg in Nov Fringe Benefit recommendation presented to Executive Committee for final review before presentation to ASC
Dec meeting unprioritized Fringe Benefit recommendation presented to ASC for consideration/discussion
Jan meeting discussion / vote by ASC on unprioritized Fringe Benefit recommendation
early January Administrative Staff vote of priority of items in Fringe Benefit recommendation
early February prioritized Fringe Benefit recommendation to Administration

Salary Recommendation
1st mtg in Dec Salary recommendation to Executive Committee for initial review
2nd mtg in Dec Salary recommendation to Executive Committee for final review before presentation to ASC
Jan meeting presentation of Salary recommendation to ASC for consideration/discussion
Feb meeting discussion / vote by ASC on Salary recommendation
February Salary recommendation to Administration

New Policies, Policy Changes/Revisions
1st mtg in Dec New Policies, Policy Changes/Revisions to Executive Committee for initial review
2nd mtg in Dec New Policies, Policy Changes/Revisions to Executive Committee for final review before presentation to ASC
Jan meeting presentation of New Policies, Policy Changes/Revisions to ASC for consideration/discussion
Feb meeting: discussion / vote by ASC on New Policies, Policy Changes/Revisions

March: New Policies, Policy Changes/Revisions to Administration with Handbook Revisions

**Handbook Revisions**

1st mtg in Jan: Handbook Revisions to Executive Committee for initial review

2nd mtg in Jan: Handbook Revisions to Executive Committee for final review before presentation to ASC

Feb meeting: presentation of Handbook Revisions to ASC for consideration/discussion

Mar meeting: discussion / vote by ASC on Handbook Revisions

March: Handbook Revisions to Administration
ADMINISTRATIVE STAFF COUNCIL SURVEY RESULTS

183 surveys were returned.

1. TEACHING RESPONSIBILITIES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>143</td>
</tr>
<tr>
<td>NO but teach</td>
<td>12</td>
</tr>
<tr>
<td>YES</td>
<td>28</td>
</tr>
</tbody>
</table>

NUMBER OF COURSES PER YEAR

<table>
<thead>
<tr>
<th></th>
<th>1 course</th>
<th>4 courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest Lecturer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Independent study</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>COOP</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

NUMBER OF CREDITS PER YEAR

<table>
<thead>
<tr>
<th></th>
<th>8 credits</th>
<th>2 credits</th>
<th>1 credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non credit</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>1 credit</td>
<td>9</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. GRANT MONIES GENERATED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>153</td>
</tr>
<tr>
<td>YES</td>
<td>30</td>
</tr>
</tbody>
</table>

Total of 84 grants totaling $9,772,750

NUMBER OF GRANTS

<table>
<thead>
<tr>
<th>No number</th>
<th>6 grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No number</td>
<td>9</td>
</tr>
<tr>
<td>1 grant</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>continuous 1</td>
</tr>
</tbody>
</table>

GRANT MONIES GENERATED

<table>
<thead>
<tr>
<th>$</th>
<th></th>
<th>$</th>
<th></th>
<th>$</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>750</td>
<td>1</td>
<td>19,000</td>
<td>1</td>
<td>100,000</td>
<td>1</td>
</tr>
<tr>
<td>1000</td>
<td>1</td>
<td>42,000</td>
<td>1</td>
<td>115,000</td>
<td>1</td>
</tr>
<tr>
<td>3500</td>
<td>1</td>
<td>50,000</td>
<td>1</td>
<td>120,000</td>
<td>1</td>
</tr>
<tr>
<td>3800</td>
<td>1</td>
<td>65,000</td>
<td>2</td>
<td>160,000</td>
<td>1</td>
</tr>
<tr>
<td>4000</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5000</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5500</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82-83</td>
<td>1</td>
<td>85-86</td>
<td>1</td>
<td>2100,000</td>
<td>1</td>
</tr>
<tr>
<td>83-84</td>
<td>3</td>
<td>86-87</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84-85</td>
<td>3</td>
<td>87-88</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YEAR OF GRANT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>78 - 5</td>
<td>85 - 7</td>
</tr>
<tr>
<td>79 - 2</td>
<td>85-86</td>
</tr>
<tr>
<td>80 - 6</td>
<td>86 - 8</td>
</tr>
<tr>
<td>81 - 6</td>
<td>86-87</td>
</tr>
<tr>
<td>82 - 4</td>
<td>87 - 6</td>
</tr>
<tr>
<td></td>
<td>87-88</td>
</tr>
</tbody>
</table>
3. PRESENTATIONS MADE PER YEAR

| NONE | 74 |
| 1 - 24 | 1 - 24 |
| 2 - 26 | 2 - 11 |
| 3 - 18 | 3 - 4 |
| 4 - 8 | 4 - 3 |
| 5 - 7 | 5 - 1 |
| 6 - 6 | 6 - 5 |
| 8 - 1 | 10 - 1 |
| 10 - 6 | 15 - 3 |
| 12 - 2 | Photographs=40-50 |
| 15 - 2 | Lots 1 |
| 20 - 7 | |
| 25 - 1 | |
| 50-100 - 1 | |

4. PUBLICATIONS

| NONE | 144 |
| 1 - 9 | |
| 2 - 11 | |
| 3 - 4 | |
| 4 - 3 | |
| 5 - 1 | |
| 6 - 5 | |
| 10 - 1 | |
| 15 - 3 | |
| Photographs=40-50 | |
| Lots 1 | |

5. PROFESSIONAL MEMBERSHIPS

| NONE | 43 |

<table>
<thead>
<tr>
<th>NO.</th>
<th>LOCAL</th>
<th>STATE</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33</td>
<td>56</td>
<td>67</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Held Office 19 | 42 | 22 |

6. Need for change in the current fringe benefit package

| NO | 44 |
| YES | 114 |
| DO NOT KNOW | 9 |
| N/A | 16 |
ADMINISTRATIVE STAFF COUNCIL
PERSONNEL WELFARE COMMITTEE
INFORMATION SURVEY

Please complete this survey and return it to the Housing Office, 440 Student Services by January 26, 1987. Your cooperation is greatly appreciated.

1. Does your position include teaching responsibilities?
   YES ☑ NO ✗
   If yes, please indicate the number of courses taught per year and the total credit hours generated.
   Number of courses taught
   Credit hours generated

2. Have you generated grant monies for the University?
   YES ☑ NO ✗
   If yes, how many grants have you received?
   Please indicate the year(s) in which you received the grant(s).
   Please indicate the total dollar amount received.

3. Please indicate the average number of professional presentations you make EACH YEAR OFF-CAMPUS. ☑ 2

4. How many times, during your BGSU employment, have you published professionally? ☑

5. How many professional association memberships do you hold?
   Local ☑
   State ☑
   National ☑
   Offices held

6. Do you think that our current fringe benefit package needs to be changed or increased? YES ☑ NO ✗
   If yes, please specifically list those items needing change or addition.

THANK YOU!!
MEMORANDUM

TO: Sue Crawford, Continuing Education

FROM: Bob Arrowsmith, Assistant Vice President for Student Affairs; Student Services & Finance

RE: Suggested change in vacation policy

In the course of arranging a leave for a staff member, the question of paying accumulated vacation to the staff member came up. In this case, it was not possible for the staff member to set a date for the leave and then take vacation prior to the leave date as a way of using the accumulated vacation. Nor is it now possible to pay the accumulated vacation in a lump sum short of termination of employment or by the President or a Vice President granting an exception to the vacation policy. This leads me to suggest a change in the current vacation policy.

The controlling section of the Administrative Staff Handbook states: "Vacation pay is not granted in lieu of vacation except at termination of employment and such terminal compensation will be paid in a lump sum." (p. 39) The change that I suggest is as follows:

Vacation pay is not granted in lieu of vacation except at termination of employment OR EXCEPT WHEN AN EMPLOYEE HAS BEEN GRANTED AN AUTHORIZED LEAVE OF ABSENCE. Terminal compensation AND LEAVE OF ABSENCE compensation will be paid in a lump sum.

It is, of course, understood that the lump sum payments under the current policy and the proposed policy may require action, such as delay in filling the vacancy, so that the total amount paid out does not exceed the amount available in a salary line.

rb
HEALTH PROMOTION TASK FORCE

Report to the President
October 1988

Members: Mary Edmonds (Chair), Richard Bowers, David Drury, Jack Gregory, Josh Kaplan, Molly Laflin, Sandy Lagro, Nora Liu, Jim Morris, Ben Muego, Terry Parsons, Tom Putter, Robert Smith, Lou Spangler, Jack Taylor, Clyde Willis, Paul Yon

Introduction

The emerging linkage between lifestyle-induced "diseases of choice," overall quality and length of life, and soaring medical care costs prompt a call for action in health promotion and disease prevention. Individual maintenance of healthy lifestyles results in benefits to both the participant and Bowling Green State University. Attention to the encouragement of University employees to assume a greater sense of responsibility for self and dependent well-being should:

A. Create a University environment that supports wellness as an organizational objective in keeping with the culture of the 90's;

B. Contribute to increased levels of health, morale, energy and productivity among University employees;

C. Contribute to the potential containment of medical care costs currently incurred by the University and its employees;

D. Further brighten the image of the University as an organization that truly cares about and contributes to the well-being of its personnel;

E. Formally establish a leadership role of University employees becoming positive lifestyle role models for BGSU students.

The potential benefits of an effective health promotion program include a reduction in identifiable risk factors, enhanced employee morale and productivity, decreased absenteeism and illness -- and the likelihood of a decline in medical care costs, costs since 1982 borne directly by the University and the employee. As a nation, our medical care costs are reputedly growing at the rate of $1 million per hour, leading to a 1988 medical care cost of $1 billion per day; if present rate of growth continues by the year 2000 that cost will be $1.5 trillion per day. The Bowling Green State University projections for 1988-89 include a 21% increase in medical care costs, taxing BGSU resources for the fiscal year $5.6 million for employee and dependent reimbursement. Regrettably, neither BGSU or Benefits Plan Risk Management records identify a breakdown regarding reimbursement by medical cause, nor by employee vs dependent expenditure -- though as of June 1988 such data are being charted by Benefit Plans Risk Management.
Components of any Bowling Green State University employee/dependent health enhancement efforts should involve:

1. Preventive medical services;
2. Health protection;
3. Health promotion.

BGSU Health Promotion Benefits Package for Faculty/Staff - Proposal

Medical A. Preventive Medicine Detection Examinations

Examinations

To reduce mortality and morbidity of BGSU employees and dependents and thus decrease the resultant medical care costs, a selective approach of medical evaluation per guidelines of the American College of Physicians would be determined by the individual's age and gender. Such optional examinations ranging in cost from $25 to perhaps $500 each would be subsidized once per twelve months by Bowling Green State University.

($270,000) Probable cost: At an average evaluation cost of $250 and with a 25% faculty/staff and dependent participation rate (per the claims director of Benefit Plans Risk Management) a probable final cost of $270,000 results.

Please refer to Appendix A for a proposed schedule of preventive medicine detection examinations.

B. FITWELL Assessment/Counseling (a Student Recreation Center Program)

Positive Lifestyle Promotion

The FITWELL assessment/counseling option now operational for Student Recreation Center members includes:

1. blood pressure screening
2. health risk appraisal (CDC Program)
3. cholesterol screening (total cholesterol)
4. body composition analysis by computer
5. ECG-monitored exercise treadmill examination.

Probable cost: Designed to incite "healthy people" to adopt and adhere to an active lifestyle, current FITWELL assessment/counseling carries a $30 fee if an SPC member. To encourage "shared responsibility" for health promotion it is recommended that the University subsidize the $30 FITWELL assessment fee if the employee/dependent first purchases SPC membership; for non-SPC members the $45 FITWELL assessment fee would require a $15 employee contribution (which is equal to the current BGSU student fee for a FITWELL assessment).

($32,340) Total probable cost: With 25% of BGSU employees and spouses subsidized by BGSU at $30 per FITWELL assessment, the $32,340 cost to the University would enable procurement of additional part-time personnel -- largely graduate assistants -- to enable such additional assessments.

Further detail of FITWELL option is available in Appendix B.
Establishment of an office with a full-time coordinator for faculty/staff health promotion would provide a visible and central locus for all campus health promotion activities. The ongoing presence of a broad-based, University-wide health promotion advisory group would ensure professional counsel and intermittent professional services supporting the coordinator's tasks of promotion, education, motivation, screening, intervention and evaluation. Probable activities include:

1. Health Risk Screening
   Examples: all-campus, subsidized, drop-in screening opportunities regarding cholesterol level and ratio, hypertension, ideal weight, etc.

2. Education and Motivation
   Examples: announcements of smoking cessation workshops; the placement of hypertension brochures and list of stress-coping strategies in monthly employee, pay envelopes; Monitor and BG News features concerning benefits, opportunities, costs, etc. of FITWELL participation; promotion of a variety of incentive opportunities including flex-time and/or paid release time for classified employees to partake in health promotion activities, rebates of program entry fees once pre-determined goals are realized, etc.

3. Intervention Programs
   Examples: direct action programs seeking to meet identifiable high-risk conditions, e.g. alcohol and substance abuse workshops, weight management workshops, nutrition counseling, smoking cessation clinics, fitness enhancement programs, etc.

4. Evaluation
   Examples: post-intervention reassessments of high risk conditions; judgment of ongoing health promotion programs as to efficacy cost, timing, location, etc.

5. Grant Writing
   Examples: Support for analysis of employee/dependent lifestyle cost index regarding medical care reimbursements (in conjunction with EGSU Benefits/Insurance Manager); purchase of screening apparatus for "high-risk" factor identification; fee rebates for entry into intervention programs.

Health D. Promotion of a smoke-free campus

Inhalation of tobacco smoke remains the single largest preventable cause of death and disability in the United States. In keeping with the leadership role of major state-assisted institutions, and in support of the goal of the United States Public Health Service to influence America's youth so as to help them become "smoke-free" by the year 2000, a ban on tobacco usage per the American College Health Association statement (please refer to Appendix D) within any and all BGUS buildings by 1990 is urged. Currently at least fourteen EGSU buildings appear to be "non-smoking";
In addition to the restriction of tobacco usage within any University structure, the prohibition of advertising, sale or free sampling of cigarette products on campus should also be enforced.

University sponsorship of smoking cessation programs, educational in addressing the harmful effects of tobacco, and including means for quitting should also be a part of a campus-wide ban on smoking.

($5,000)  
Probable Cost: Expenditures for educational awareness campaigns, increased signage across the campus, and smoking cessation intervention opportunities might reach $5,000 annually -- which is the approximate annual cost per smoker in the workplace springing from absenteeism, increased medical care, morbidity and early mortality, insurance premium increases, on-the-job decline in productivity while smoking, property damage and depreciation, increased maintenance costs, and involuntary inhalation by non-smokers ...

E. Flexible Spending Medical Reimbursement Account

Flexible benefit plans have been widely accepted by employers as a means of achieving more cost effective use of the employer's health care dollars.

By giving employees an opportunity to apply those dollars according to their individual needs, employees have found that the benefits program is more favorably received than a traditionally structured health care program.

The establishment of a flexible spending medical reimbursement account would also be an important initial step in restructuring the BGSU health care benefits program -- to promote wellness rather than illness.

A flexible spending account for employees of BGSU would permit the employees to apply health care dollars to meet a variety of health-related expenses which are non-reimbursable under the current health care plan. These expenses could include fees for participation in "high risk" intervention programs, such as smoking cessation, stress management, as well as other health/need related options which could have a substantial impact upon future health care costs.
Probable costs: Establishment of a $250 annual medical reimbursement account for each of the 2,160 full-time employees would result in a first year cost of $540,000.

Summary

The interest among BGSU employees to maximize individual chances to reach the goal cited by anthropologist Ashley Montague ... "to die young, but at a very old age" ... will for many however need to be balanced against ... "so much is urgent I have no time for the important." The above proposals represent only a beginning. Employment of a full-time health promotion coordinator with continuous stimulation from a University-wide advisory committee could provide the human and physical resources to truly "make a difference" for Bowling Green State University and its people in the next decade. With participation voluntary and open to both employees and dependents, fees existent for some health promotion opportunities and others free per University subsidy, the impact of a BGSU health promotion outreach will be directly proportional to organizational support and level of employee participation. Attractive incentives such as rebate for program participation, paid release time and/or flex time for participation will be critical for long-term success. Individual establishment and maintenance of healthy lifestyles results in benefits to both participant and Bowling Green State University, though cost reduction benefits may escape documentation for a five to ten-year time period.
Health is a continuum. The range from illness to lack of illness is only half the range; the other half extends from lack of illness to wellness. It is important to keep in mind that although our ultimate goal is wellness, we must first assure that we achieve a lack of illness. To accomplish this the University provides health benefit to its employees. These benefits for the most part provide access to health care to treat illness. Unfortunately, our current plan does not readily provide access to health care to prevent illness. There are certain preventive medicine interventions which are certainly effective; examples include vaccination against serious infectious disease, screening programs to identify treatable conditions such as high blood pressure. Unfortunately, not all health professionals will agree about which screening procedures are appropriate, or for whom. This provides a problem when trying to design a program that will prevent unnecessary illness, and yet be affordable.

The screening program recommended by this Committee is based on recommendations from the Medical Practice Committee of the American College of Physicians, published in the Annals of Internal Medicine (American, 1981). The Committee recommended that each patient be evaluated on an individualized basis depending on the patient's sex and age. Included in this appendix are their recommendations, as well as an example of a screening program that is currently being provided by Parkside Health Management Corporation of Cleveland.

It is difficult to estimate the financial impact of such a program. In order to make an estimate, the following assumptions were made:

1. Covered testing would be limited to once per twelve-month period;
2. Coverage would include the employee and spouse only;
3. Screening would be available from specific providers who would follow recommended protocols, and who would charge a negotiated schedule of fees;
4. All positive physical findings would be referred to the individual's physician for treatment.

Based on these assumptions, Raleigh Hahn, formerly of Benefit Plans Risk Management, estimated that the cost of this plan would average approximately $125 per employee per year. He estimated that the average cost of an evaluation would be $250, and that 25% of the eligible staff and spouses would take advantage of the program. Mr. Hahn also estimated that although there would be an initial increase in claims, long-range health care savings would result in breaking even in about ten years, and net savings after that.

It should be noted that the above cost estimates do not consider employee morale, improved employee productivity based on better health, or more effective employee recruitment based on a better benefit package.
COMMON TESTS USED IN THE COMPLETE PHYSICAL

Comprehensive History and Physical (CHP) — an extensive health history and complete physical examination performed by a physician that evaluates past medical history, current health status, identification of health risks and selected health concerns. A health assessment is included as part of this examination.

Glaucoma Check (Glaucometer) — a test for intraocular pressure to detect the potential in glaucoma (a preventable cause of blindness). A vision examination is included as part of this examination.

Vision Evaluation — includes visual acuity, depth perception, visual fields and color vision.

Audimetric Screen (Audio) — an OSHA approved hearing test to provide baseline data on hearing to detect hearing loss, and to provide information for referral of potentially detectable or of central nervous system disorder.

Menopausal Status — a questionnaire test for women and others with menstrual disorders.

Urinalysis — a test of the urine for sugar and protein to detect the presence of diabetes and kidney disorders.

Sedimentation Rate — a screening test for any inflammatory diseases such as infection, cancer, arthritis, etc.

R.F. Test — a screening test for rheumatic fever.

Sedimentation Test — a test to detect presence of causes, leukemia, infections, and other abnormalities of blood cells, as well as kidney disorders including glomerular disease, cancer, etc. (Includes complete blood count and complete hemogram).

Electrocardiogram (EKG) — a test to evaluate electrical-mechanical function of the heart and detect any underlying heart disease and myocardial ischemia (a precursor of heart attack).

Chest X-ray (CXR) — a two-view x-ray of the chest designed to evaluate the status of heart and lungs and to detect any abnormalities such as lung cancer, emphysema, tuberculosis, and cardiac enlargement.

Biochemical Survey (Biochem) — a blood test to evaluate liver function, kidney function, bone disease, arthritis, endocrine function, and various metabolic parameters. This includes tests for liver, kidney, and metabolic diseases, and overall nutritional status. (See Table 3, p. 112.)

Occult Blood (OBO) — a check to detect the presence of various gastrointestinal disease including gastric ulcer disease, colon disease, and other related disease.

Pap Smear (Pen)— a cytologic evaluation of cervix and vaginal cells to detect early evidence of cervical or vaginal cancer.

X-ray mammography (Mammography) — a x-ray test of the breast to identify suspicious areas of malignancy (detect cancer).

1.B. Tine Test — a screening test for tuberculosis of the lungs.

Dithranol, Tetanus — an injection given to maintain immunity for tetanus and diphtheria after adults 5 years of age.

Treadmill — a test conducted under exercise conditions designed specifically to detect early coronary artery disease so that correctable measures may be taken.

Cardiovascular Evaluation (C/V) — a battery of tests to evaluate the risk of heart attack due to presence of in the blood, cholesterol, triglycerides, HDL and LDL. Relative risk of cardiovascular disease compared to the general population is included.

Pneumonectomy Function Test (PFT) — a series of tests to evaluate the mechanical and gas exchange function of the lungs and to detect emphysema such as asthma, bronchitis, emphysema, etc.

Proctosigmoidoscopy (Procto) — a procedure for the detection of cancer, polyps and other disease in the colon or the rectum.

Upper G.I. — an endoscopic study of the esophagus, stomach and small intestine which may be diagnostic for evidence of ulcer, internal hernia, frequent course of hematemesis and other causes of abdominal pain.

Barium Enema — a contrast study of the large bowel which may be diagnostic for polyps, tumors, inflammatory bowel disease, etc.

Gallbladder Study — a contrast study of the gall bladder which may be diagnostic for cholecystitis, cholangitis, inflammatory bowel disease, etc.

Guidelines to Complete Physical

Parkside Health Management Corporation of Cleveland 1313 Superior Avenue, Cleveland, OH 44114
P.O. Box 44114 Cleveland, Ohio 44144-0008
(216) 589-5505

Lutheran Medical Center Downtown Healthcare Services 1313 Superior Avenue Cleveland, Ohio 44114
(216) 589-9650

Managers of Lutheran Medical Center's Downtown Healthcare Services
The Complete Physical

The content of a complete physical examination differs between patients and between physicians. We would like to offer our guidelines for asymptomatic patients who have no special risk factors.

The complete physical is intended not only to detect medical problems but also to help promote good health habits. In general, younger people require a less intensive exam... hence, and with fewer tests than older people.

To establish a basic policy, Parkside has reviewed the recommendations of the Professional Staff of Downtown Healthcare Services and Parkside Medical Services, and the American Cancer Society, the American Lung Assoc., the American Heart Assoc., the Tuberculosis Foundation and the Cleveland Society for the Blind.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>History &amp; Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glaucoma Screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiometric Screen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Urinalysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proctosigmoidoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress EKG (Treadmill)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrocardiogram</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Chemistry/CBC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stool-Blood Occult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap smear (women)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram (women)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD/PPD B TINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Exam (both)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testicular Exam (men)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital Rectal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Hazard testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FREQUENCY OF EXAMINATION**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>AT LEAST ONCE</td>
</tr>
<tr>
<td>20-29</td>
<td>AT LEAST ONCE</td>
</tr>
<tr>
<td>30-39</td>
<td>AT LEAST ONCE</td>
</tr>
<tr>
<td>40-49</td>
<td>AT LEAST ONCE</td>
</tr>
<tr>
<td>50 and over</td>
<td>AT LEAST ONCE</td>
</tr>
</tbody>
</table>

**A HISTORY:**

Initially includes current and past health, family, occupational, social histories, allergies, current medication and immunization history. Subsequent histories are for interval update.

**AN EXAMINATION:**

Includes height, weight, pulse, blood pressure, eye exam, cardiovascular, lung and abdominal check. Lymph node exam. Rectal exam over age 40. Brief neurologic check.

Other tests would depend on your special needs and concerns. Please feel free to discuss the schedule with your physician.
Periodic Health Examination: A Guide for Designing Individualized Preventive Health Care in the Asymptomatic Patient


Present data are not adequate evidence justifying annual complete examination of the asymptomatic patient at low medical risk. The American College of Physicians recommends that each internist develop individualized plans for patient examination. Such plans can be developed from the recommendations made in four published studies and summarized in graphic form.

The history taking and physical examination by the personal physician early in the course of ongoing medical care provide a necessary data base as well as an excellent cornerstone for developing and continuing the desirable close relationship between physician and patient. Although thorough histories and physical examinations can be effective mechanisms for detecting significant disease, there are insufficient data to justify annual history-taking and examination of the asymptomatic patient at low medical risk.

The American College of Physicians recommends that in lieu of the traditional annual physical examination each internist develop an individualized plan for preventive health care for each patient. To serve as a guide for tailoring a program for each patient, the College has compiled a graphic summary (Figure 1) of age- and sex-related recommendations from four recent major studies: Frame and Carlson (1), Breslow and Somers (2), Canadian Task Force on Periodic Health Examinations (3), and American Cancer Society (4).

These recommendations represent minimal preventive measures for asymptomatic persons at low medical risk. Furthermore, these recommendations are based on expert opinion and available evidence; continued research is needed to expand and refine the knowledge on which these recommendations are based.

Background

After decades of unquestioned, uncritical acceptance by the medical profession and the public, the effectiveness of a general, nontargeted approach to the periodic health examination for the asymptomatic, apparently healthy person is being questioned. The American College of Physicians' Medical Practice Committee reviewed the recent literature on the periodic health examination. The current state of the art appears to be best reflected in the four major studies described below. These studies led to the conclusion that for those with low-risk, asymptomatic patient, prevention and early detection of disease can be better accomplished through a selective approach based on age and sex of the patient.

FRAME AND CARLSON

In 1975, Frame and Carlson (1) noted a lack of a sound scientific basis for the periodic examination. They reviewed 36 diseases selected on the basis of "incidence and prevalence, progression with and without treatment, risk factors associated with development of disease, and availability of screening tests." The feasibility of screening for each disease was analyzed. Justification for screening for a specific disease was based on criteria ranging from the disease's effect on quality and length of life to the availability of tests to detect the disease in asymptomatic patients. If the disease or test did not meet one criterion it was considered ineligible for screening consideration. For example, routine chest roentgenograms is not recommended as a screening procedure for lung cancer or ischemic heart disease. Application of these criteria led Frame and Carlson to propose that physicians select examination procedures in relation to age and sex.

BRESLOW AND SOMERS

In 1977 Breslow and Somers (2) proposed a similar approach in their "Lifetime Health-Monitoring Program," which emphasized the need for cost-effective and health-effective preventive measures to be integrated into patient care. Based on eight clinical and epidemiologic criteria, health goals, and professional services suitable for 10 different age groups were recommended. It should be noted that chest roentgenograms and tonometry are not recommended as routine screening procedures.

CANADIAN TASK FORCE ON PERIODIC HEALTH EXAMINATIONS

In 1979, a Canadian Task Force, which had been established in 1976, published a "lifetime plan for preventive medicine" (3). A group of distinguished clinicians and scientists, assisted by an international group of consultants, identified 78 major preventable conditions affecting Canadians. The world literature was reviewed to ascertain whether early detection of these conditions would be beneficial. The "effectiveness of the ensuing treatment or preventive measure, the burden of suffering
caused by the condition, and the characteristics of the early detection procedure to be used to find the condition” were considered (5).

The Task Force recommended a series of health protection packages, which were based on conditions determined to be preventable at each stage of life. The packages varied in content and frequency of administration according to age and sex. Recommended interventions were rated according to the level of evidence supporting their worth.

The Task Force criticized the focus of the routine annual physical examination on the ground that it does not reflect the need of different age groups. Further, it found that there is scant evidence for the efficacy of some of the tests and procedures included in most “routine” examinations as case-finding maneuvers. For example, it did not recommend use of routine electrocardiograms and chest roentgenograms. The Task Force’s main recommendation was that routine annual checkups be replaced by a selective approach determined by age and sex of the patient.

**AMERICAN CANCER SOCIETY**

In 1980, the American Cancer Society (4) reevaluated its recommendations on the cancer-related examination. Nine tests and procedures selected because of their potential costs, risks, and benefits were examined. The medical effectiveness of each test and procedure in reducing mor-

---

**Figure 1. Summary of recommendations of the four major studies.** * = Canadian Task Force recommends that this be done on the basis of clinical judgment. ** = At first visit physician should check past immunization history per Centers for Disease Control recommendations for rubella, mumps, polio, hepatitis A, tetanus, diphtheria, pertussis. *** = If sexually active. A blanked square indicates that a study has considered the maneuver and recommended it. Squares left empty do not necessarily indicate that the study considered but did not recommend the maneuver.

<table>
<thead>
<tr>
<th>Age</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
<th>32</th>
<th>33</th>
<th>34</th>
<th>35</th>
<th>36</th>
<th>37</th>
<th>38</th>
<th>39</th>
<th>40</th>
<th>41</th>
<th>42</th>
<th>43</th>
<th>44</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History &amp; Physical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mammography</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rectal Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pelvic Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stool for Occult Blood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus-Diphtheria Booster</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influenza Immunization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PPD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VDRL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F B & S**

<table>
<thead>
<tr>
<th>F</th>
<th>Frame and Carson</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; S</td>
<td>Breiway and Semers</td>
</tr>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>CTF</td>
<td>Canadian Task Force on the Periodic Health Examination</td>
</tr>
</tbody>
</table>
and low-risk groups, he concluded medical practice included chest roentgenograms for early detection of lung cancer.

**Conclusion**

Each of the reports is based on clinical and epidemiologic studies, and each is concerned with conditions and diseases for which effective interventions are known. The recommendations in these reports recognize that sound medical practice includes consideration of cost-effectiveness. Thus, they relate specific procedures to specific age groups and to one or both sexes. Finally, they stress the need for further research.

It is emphasized that the procedures recommended are minimal preventive measures to be taken on behalf of apparently well, asymptomatic persons at low medical risk. (This presupposes some prior recognition and appreciation of high- and low-risk groups by the practicing physician.) The recommendations are not intended to affect the need for different or more frequent examinations for patients at increased risk, nor do they affect the diagnostic procedures necessary for patients who have symptoms.

It is important, however, to emphasize that patients in both the high-risk and symptomatic categories, as well as those already under treatment, should be included in preventive health programs. For example, treatment of hypertension should not preclude a patient having a stool examination for occult blood. In addition, periodic contact provides the opportunity for reassuring an anxious patient and for counseling on controllable health hazards such as smoking, overeating, failure to use seat belts, and...
excessive use of alcohol.

The American College of Physicians commends these recommendations to its members and to other clinicians and encourages them to integrate the recommendations into care of patients.

References
Appendix C

Coordinator of BGSU Faculty/Staff Health Promotion

Costs

The founding of a BGSU Health Promotion Office and programs, directed, promoted and evaluated by a full-time coordinator would enable the University to better protect and preserve its number one resource -- its people. Presence of a full-time coordinator of health promotion with supportive office is estimated to cost as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator of Health Promotion</td>
<td>$25-30,000</td>
</tr>
<tr>
<td>(fiscal year contract)</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$5-7,000</td>
</tr>
<tr>
<td>Clerical Personnel</td>
<td>$7,000 (fiscal year, half-time)</td>
</tr>
<tr>
<td>Operating Budget</td>
<td>$10-12,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$47-56,000</td>
</tr>
</tbody>
</table>
Appendix D

BGSU Smoking Policy

The goal of the campus smoking policy is to pursue an entirely "smoke free" campus.

Implementation of such policy would be facilitated by providing educational programs, during work hours, to encourage smokers to quit and to teach them how to do so. Such programs should be University-subsidized so that they are free to students and staff. In addition, non-smoking employees might be offered incentives, such as paid membership in the Student Recreation Center, to encourage smokers to quit.

The benefits of a non-smoking campus are three fold. First, the smokers who quit benefit. Repeated Surgeon General's reports issued by the United States Public Health Service (Surgeon, 1956) have demonstrated that cigarette smoking is the largest single preventable cause of death and disability in the United States. There are more than 300,000 premature deaths directly attributable to tobacco use annually in the United States. Cigarette smoking is directly related to emphysema, bronchitis, cancer of the lung, cancer of the mouth, throat, esophagus, stomach and bladder, high blood pressure, heart disease, stroke, and peptic ulcer disease, as well as several other less common conditions.

The second major benefit of a non-smoking campus is the elimination of tobacco smoke as an atmospheric pollutant, affecting non-smokers. In 1986 the Surgeon General reported on the health consequences of involuntary smoking (Surgeon, 1986); in a preface to the report, the Surgeon General stated "It is evident from the data presented in this volume that the choice to smoke cannot interfere with the non-smoker's right to breathe air free of tobacco smoke." The report presented data showing that involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers. The report also showed that simple separation of smokers and non-smokers within the same air space may reduce, but does not eliminate, environmental tobacco smoke exposure. A review of second hand cigarette smoke by the National Academy of Sciences, in 1986, stated that approximately 20% of the estimated 12,000 lung cancer deaths occurring annually in non-smokers are attributable to environmental tobacco smoke (Surgeon, 1986). This number is almost twice the estimated number of cases of lung cancer resulting from all other air pollutants in the general environment combined.

In addition to improved health for non-smokers, there is also improved comfort. This year when given the opportunity to request various lifestyle options, BGSU resident hall students made the following choices: a non-alcohol area was requested by 15 students, a study area was requested by 1015 students, and a non-smoking area was requested by 3060 students. In 1986, employees of the New York City Department of Health were surveyed about smoking practices and attitudes toward a workplace smoking policy (Workplace, 1986). Eighty-two percent of the respondents including sixty-nine percent of the smokers indicated that smoking in the workplace should be either limited or banned. Sixty-three percent of all respondents including twenty-six percent of smokers reported being annoyed when other employees smoked nearby.

The final major area of benefit is in increased productivity and
decreased costs. An article published in 1981 in Management World (Weis, 1981) estimated the annual cost per smoker of employing smokers and allowing smoking in the workplace: the estimates were $220 for absenteeism, $230 for medical care, $765 for morbidity and early mortality, $90 for insurance (excluding health), $1820 for on-the-job time lost, $500 for property damage and depreciation, $500 for maintenance, and $664 for involuntary, for a grand total of $4789 per smoker per year. Control Data Corporation looked at the cost for hospital days and insurance claims for smokers vs non-smokers. They found that per 1000 employees, smokers had an additional 109 (25%) hospital days per year, and were 29% more likely to have an insurance claim of greater than $5000 during the year. Unlike the other components of a wellness program, a smoke-free policy does not generate costs. Rather it generates dramatic savings. According to Dr. William Weis (Weis, 1981), "Should you continue hiring from a pool of applicants who, by choice, belong to a minority distinguished by high rates of absenteeism, disability, early mortality, and low productivity, and who are contaminating the work environment and impairing the health of their colleagues? Or is it time to kick the habit?"

A smoke-free campus is something we can achieve and should achieve. In keeping with the United States Public Health Service goals of reducing the proportion of adults who smoke to below 25% by 1990, and influencing America’s youth to help them become smoke-free by 2000, the American College Health Association in its Statement on Tobacco Use on College and University Campuses (Statement, 1988), "encourages colleges and universities to be diligent in their effort to achieve a campus-wide tobacco/smoke-free environment..." Tobacco use in any form is a major health risk both to the smoker and to innocent bystanders. It should not be tolerated on any university campus.
Statement on Tobacco Use on College and University Campuses
May 1988

The American College Health Association (ACHA) acknowledges and supports the findings of the Surgeon General that tobacco use in any form, active and passive, is a significant health hazard. In light of these health risks, the American College Health Association has adopted a NO SMOKING policy and encourages colleges and universities to be diligent in their effort to achieve a campuswide tobacco/smoke-free environment, especially in facilities providing health care and health education services.

ACHA joins with other professional health associations in promoting tobacco-free environments. ACHA also supports the health goals of the U.S. Public Health Service (USPHS) to reduce the proportion of adults who smoke to below 25% by the year 1990 and to influence America's youth positively to help them become smoke-free by the year 2000.

Organizations have found that efforts to prohibit smoking have led to a reduction in the number of people who smoke as well as the amount of tobacco products consumed. ACHA acknowledges that a tobacco-free environment cannot be attained simply or immediately. However, because the improvements to health can be so significant, ACHA recommends that the following steps be taken:

1. Restrict tobacco use as much as possible and widely distribute the campus no-smoking policy.
2. During working hours, make available educational programs that address the harmful effects of tobacco and that include practical steps to quit using tobacco products. Reduce any financial barriers to participation by subsidizing these programs in their entirety or by charging a minimum fee to cover costs.
3. Prohibit the advertising, sale, or free sampling of tobacco products on campus.
4. Prohibit smoking in public areas of the campus, where nonsmokers cannot avoid smoke:
   a. Classrooms, lecture halls, auditoriums, laboratories
   b. Museums, libraries, gymnasiums, stadiums/coliseums
   c. Building entrances, waiting areas, halls, restrooms, elevators, stairs
   d. Health facilities, counseling centers, child care centers
   e. Buses, vans, all other campus vehicles
   f. Residence halls (except individual rooms, by agreement of all occupants)
   g. Meeting rooms, private offices
   h. Dining facilities
5. When a complete ban on smoking is not practical, restrict smoking to a few areas, separate from places frequented by nonsmokers.
   a. Designated smoking areas should be completely ventilated, should not be located in a lobby through which nonsmokers must pass, and should not exceed 25% of any area
   b. Areas might include separate lounges, outdoor areas, or special rooms.
6. When size, air flow, or location make separation impossible, declare the entire area or building non-smoking.
7. Clearly identify all smoking and nonsmoking areas with signs.
8. Discourage the use of smokeless tobacco and prohibit its use in all indoor facilities and by athletes and coaches during all practices and contests.

VOL. 37, JULY 1988


