TRENDS & Ideas

HUMAN RESOURCES

"Time-off Bank" Gives Employees Flexibility

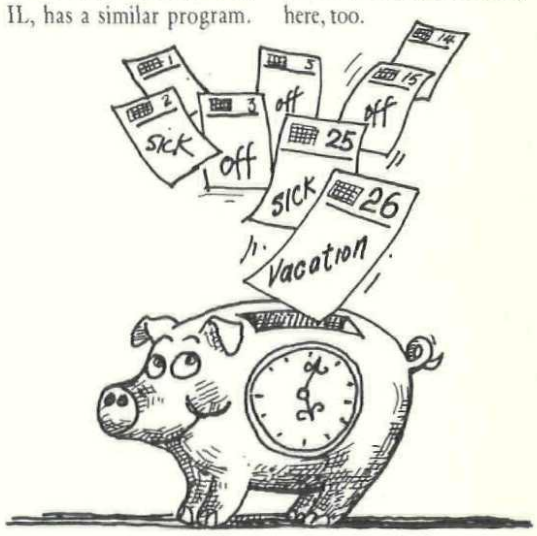
Employers are increasingly turning to the "time-off bank" concept for their workers, writes Ellen E. Schultz in the *Wall Street Journal*. A new kind of benefit, the "bank" typically lumps an employee's accrued vacation and sick days together and lets the employee "spend" them as he or she wishes.

Companies have traditionally kept separate accounts of vacation and sick leave days (and, in some cases, personal days and paid holidays), with employees losing credit for sick days that go unused. One problem with this system is that it tends to encourage employees to abuse sick leave. Another is that it penalizes those who do not.

The time-off bank allows workers to decide for themselves how their time off from the job should be used. Nike Inc., in Beaverton, OR, gives each employee a minimum of 120 hours (three weeks) of leave a year, with the hours increasing as the worker gains seniority. Hours accrued are printed on each paycheck. Employees decide when, and in what increments, to spend them. Or they can save them–up to a maximum of 1,000 hours–for the future. If an employee leaves the company, he or she is paid for hours unused.

Commerce Clearing House Inc., of Riverwoods, IL, has a similar program. Workers like it because of the added flexibility and dignity it grants them. "Employees don't have to call their bosses sounding like they're inches from death to convince them that they're sick," says Michael Jurs, of the company. The plan is especially popular with women workers, who are more likely than men to use sick leave to care for children and family members.

Employers also like the time-off bank concept. For one thing, it is simpler and less expensive to maintain than the old system. And Wolfe reports that a large hospital discovered unscheduled employee absences dropped 39 percent after the new program was instituted. Since such absences often force a company to hire temporary workers, employers find it saves them money here, too.



COMMUNICATION TECHNOLOGY

"Dial-a-Diagnosis"

Sim Gellman

To put an end to the phone tag that often takes place between physicians and patients when patients are trying to learn the results of laboratory tests, some physicians are connecting to the Patient Results Network, an automated message service. Through the network, physicians leave patients messages about their medical test results and follow-up instructions, reports Greg Borzo of *American Medical News*.

Physicians and patients who worry about the confidentiality of such a network feel more secure after learning that when leaving results, physicians enter a security code and patient identification number. To get their results, patients must enter the same identification number, writes Borzo.

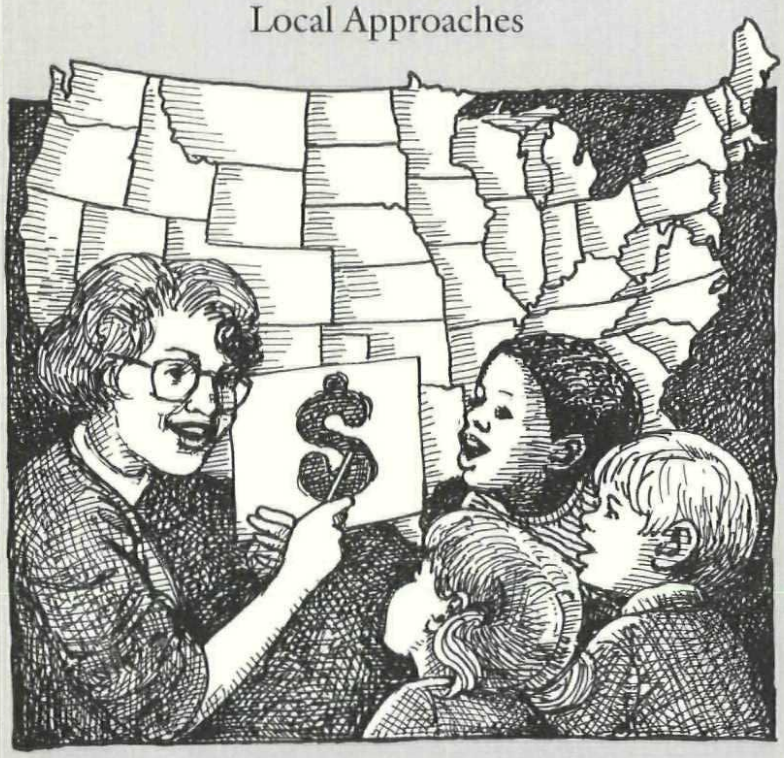
Each week physicians are issued a report to help them keep track of which patients have called and how often. The report also indicates the length of the physician's message and how long the patient listened to it to ensure that a patient has listened to the entire message. The report highlights patients who have not retrieved their message so physicians can directly contact them.

The network is not without glitches. Although patients are taught how to access the network and are given educational literature to take home, some still do things like dial their access code instead of the network phone number, notes Sue Sujak, office manager of Downers Grove, IL–based Midwest Womens Ob/Gyn Limited, a practice that uses the Patient Results Network. She points out that physicians can also err–sometimes entering incorrect patient identification codes.

All in all, however, many physicians and patients are pleased with the network. Sujak says patients appreciate that they can phone for results at any hour. "Since the message is in my voice, patients have found it more personal than getting the results from my assistants. Plus, they get the results quicker," says Arnold Tatar, MD. He adds that he finds the network to be a time saver in his work.

CHILD CARE

Local Approaches



Because the United States has no "coherent federal policy" governing the child-care system, advocates are developing local approaches to building and financing an infrastructure that includes services such as education, healthcare, and social support. Such an infrastructure can facilitate healthy development during a critical time—a child's first three years, reports *Business Week*'s Michele Galen.

Several cities and states are providing high-quality child care through public and private partnerships. In North Carolina, 1 of 30 states revamping its child-care system, such partnerships receive tax incentives and other resources through the $40 million Smart Start program, writes Galen. With the help of local agencies and private donations, Orange County, NC, was able to provide care for 230 children on a waiting list for subsidized day care—at a third of the original $2 million cost estimate.

In New York City, chief executive officers of seven corporations are working with city officials to maximize funds available to the city's services for young children while maintaining the quality of those services, reports Galen. In addition, these partners are trying to help specific projects secure funding.

Hawaii, the leader in child-care reform, has not been so lucky with financing. The state has not come up with the $300 million to $600 million it estimates it will need to pay for Hawaii's innovative system of early childhood education and care. But Hawaii continues to forge ahead: A day-care tuition-assistance program is already in place.

To finance seven new child-care facilities in Chicago, city officials required child-care agencies to describe how they would operate the facilities and how the neighborhoods would benefit from the presence of such facilities. The children and families living in those neighborhoods have indeed benefited from this approach, reports Galen. For example, the presence of a recently opened child-care center in one run-down neighborhood has prompted other services to open, including a family health clinic, an adult literacy center, and a branch of the public library.

SEXUAL DISORDERS

Research to the Rescue?

Society finds itself in a double bind when dealing with those who commit sexual crimes, writes Erica Goode in *U.S. News & World Report*. On one hand, scientists still know little about what they call "sexual paraphilias"—pedophilia, exhibitionism, sadism, and other sexual abnormalities. On the other hand, Americans do not want to devote money to do the research that would allow scientists to learn more.

In fiscal 1993 the National Institute of Mental Health spent $125.3 million studying depression—but only $1.2 studying sexual deviancy. The difference in funding results from the fact that Americans have slowly come to accept depression, unlike paraphilias, as an illness. "The general public views [sex offenders] as unfathomable," says Dr. Gene Abel, director of the Behavorial Medicine Institute of Atlanta. "They can't understand this behavior that looks so bizarre, so they just think people are being bad."

Because so little research into paraphilias has been done, even those who want to treat the disorders know little about them. Some experts, Goode writes, are still relying on the 1948 Kinsey report because no more recent information is available. And because so little is known about sexual disorders, therapy for offenders is often unsuccessful. In fact, a 1989 review concluded there is no convincing evidence that therapy works.

But results from the use of several drugs in treating paraphilias have made experts more optimistic. Drugs such as Depo-Provera and Depo Lupron reduce offenders' sexual drives. More recently, Prozac and similar drugs have been reported to diminish the compulsive behavior that so often causes sexual offenders to repeat their criminal behavior. Scientists hope success with such drugs will at last persuade the public that sexual abnormalities deserve, not less research, but more.