Work and Well-being

The Newest Strategies for Advancing Total Worker Health®

Workplace Health and Safety Queensland

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The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health, and should not be construed to represent any agency determination or policy.
This stuff just writes itself...
Source: Dr. Kent Anger, Oregon Health and Science University, 2014.
Why is work so influential to our health and well-being?

- Work conditions determine risk for injury, illness and disability
- Work decides our wages, which are often strong predictors of health
- Work conditions determine our risks for and control over exposures to environmental toxins, chemical, biological and other hazards
- Work provides access to most health-related benefits, including those for healthcare, workers compensation, income security, dental care, mental health services, and disability income
- Our employer’s location influences the communities in which we live, which in turn influences many health risks, opportunities, family dynamics, educational options, taxation, and cost of living
- Our work influence our commutes, time spent in private or public motor vehicles, which influences our risk of motor vehicle crashes, environmental exposures
Why is work so influential to our health and well-being?

- Work largely controls many elements of our daily life schedule, to include the time we have for sleep, physical activity, healthier nutrition practices, relationships and rest.
- Long work hours lead to “time poverty”.
- Work influences leave: sick leave (paid or unpaid), family/child leave, maternity/paternity leave, and access to vacation.
- Work enhances or diminishes our opportunities for meaningful, healthy relationships – both at work and beyond.
- Shift work has been associated with elevated risks for cancer, heart disease, diabetes, obesity, the risk of violence, and stroke severity.
- Work influences critical choices around tobacco use, physical activity and other health behaviors.
# Obesity by Occupation

A sampling of U.S. jobs and the prevalence of obesity in that occupational group

<table>
<thead>
<tr>
<th>Sample Jobs</th>
<th>Obesity Rate for Group</th>
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<tbody>
<tr>
<td><strong>HIGHEST</strong></td>
<td></td>
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<tr>
<td>Police officers, firefighters, security guards</td>
<td>40.7%</td>
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<tr>
<td>Social workers, clergy, counselors</td>
<td>35.6%</td>
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<tr>
<td>Home health aides, massage therapists</td>
<td>34.8%</td>
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<tr>
<td>Architects, engineers</td>
<td>34.1%</td>
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<tr>
<td>Bus drivers, truckers, crane operators, garbage collectors</td>
<td>32.8%</td>
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<tr>
<td><strong>LOWEST</strong></td>
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<tr>
<td>Janitors, maids, landscapers</td>
<td>23.5%</td>
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<tr>
<td>Cooks, bartenders, food servers</td>
<td>23.1%</td>
</tr>
<tr>
<td>Physicians, dentists, EMTs, nurses</td>
<td>22.0%</td>
</tr>
<tr>
<td>Artists, actors, athletes, reporters</td>
<td>20.1%</td>
</tr>
<tr>
<td>Economists, scientists, psychologists</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

Note: Obesity defined as body mass index of 30 or above

Source: American Journal of Preventive Medicine's 2014 report based on 2010 data
Researchers evaluated 5,566 employed workers to determine how many met the ideals for blood pressure, body mass index, total cholesterol, blood sugar, physical activity, smoking and diet quality.

Some of the occupations that registered the worst numbers were:
1. Police and firefighters
2. Service occupations (includes people who prepare food, do building and grounds keeping, cleaning, and deliver personal care—hairstylists, animal care, makeup artists, funeral services, healthcare support, and entertainment)
3. Sales, office and administrative support

Some of the occupations that registered the best numbers were:
1. Management and professionals
2. Healthcare practitioners (doctors and nurses)
3. Arts, entertainment, sports and media

Sources: REasons for Geographic And Racial Differences in Stroke Study, National Institute for Occupational Safety and Health of the Centers for Disease Control, Bureau of Labor Statistics
Work Affects Life Expectancy

Defining Total Worker Health® ...

...policies, programs, and practices that integrate protection from work-related safety & health hazards with promotion of injury and illness prevention efforts to advance worker well-being.
Keep Workers Safe

Establish Workplace Policies, Practices, and Programs that Improve Health

Create Worker Well-Being
Culture Change Trumps Behavior Change Any Day of the Week

“It is unreasonable to expect people to change their behavior when the social, cultural and physical environments around them fully conspire against them....”

Adapted from M. Marmot/Institute of Medicine Report
Control of Hazards and Exposures
- Chemicals
- Physical Agents
- Biological Agents
- Psychosocial Factors
- Human Factors
- Risk Assessment and Risk Management

Organization of Work
- Fatigue and Stress Prevention
- Work Intensification Prevention
- Safe Staffing
- Overtime Management
- Healthier Shift Work
- Reduction of Risks from Long Work Hours
- Flexible Work Arrangements
- Adequate Meal and Rest Breaks

Built Environment Supports
- Healthy Air Quality
- Access to Healthy, Affordable Food Options
- Safe and Clean Restroom Facilities
- Safe, Clean and Equipped Eating Facilities
- Safe Access to the Workplace
- Environments Designed to Accommodate Worker Diversity

Leadership
- Shared Commitment to Safety, Health, and Well-Being
- Supportive Managers, Supervisors, and Executives

Compensation and Benefits
- Adequate Wages and Prevention of Wage Theft
- Equitable Performance Appraisals and Promotion
- Work-Life Programs
- Paid Time Off (Sick, Vacation, Caregiving)
- Disability Insurance (Short- & Long-Term)
- Workers’ Compensation Benefits
- Affordable, Comprehensive Healthcare and Life Insurance
- Prevention of Cost Shifting between Payers (Workers’ Compensation, Health Insurance)
- Retirement Planning and Benefits
- Chronic Disease Prevention and Disease Management
- Access to Confidential, Quality Healthcare Services
- Career and Skills Development

Community Supports
- Healthy Community Design
- Safe, Healthy and Affordable Housing Options
- Safe and Clean Environment (Air and Water Quality, Noise Levels, Tobacco-Free Policies)
- Access to Safe Green Spaces and Non-Motorized Pathways
- Access to Affordable, Quality Healthcare and Well-Being Resources

Changing Workforce Demographics
- Multigenerational and Diverse Workforce
- Aging Workforce and Older Workers
- Vulnerable Worker Populations
- Workers with Disabilities
- Occupational Health Disparities
- Increasing Number of Small Employers
- Global and Multinational Workforce

Policy Issues
- Health Information Privacy
- Reasonable Accommodations
- Return-to-Work
- Equal Employment Opportunity
- Family and Medical Leave
- Elimination of Bullying, Violence, Harassment, and Discrimination
- Prevention of Stressful Job Monitoring Practices
- Worker-Centered Organizational Policies
- Promoting Productive Aging

New Employment Patterns
- Contracting and Subcontracting
- Precarious and Contingent Employment
- Multi-Employer Worksites
- Organizational Restructuring, Downsizing and Mergers
- Financial and Job Security
Is This the Future of Work?

- Continuous, rapid “job extinction and creation”
- “Gig” economy
- BYOJ
- Little or no job security, less predictability
- Minimal “traditional” advancement
- Hazardous work “outsourcing” more common
- Separation of benefits from employment
- Diffusion or safety “responsibilities”
- Union representation disappearing
- Vulnerable populations may be more vulnerable
- Divide grows between the very skilled and “laborers”

“My father had one job in his life, I’ve had six in mine, my kids will have six at the same time”

Potential Health Effects of Contingent Work

• Uncertainty, interrupted work, reductions in earnings
• Lack of many benefits that come from “traditional employment”
• Negative consequences for the worker and society after injury
  – Risk for severity of injury and likelihood of disability may be elevated
  – Return-to-work more challenging
  – Employer-based health insurance is rare in contingent work; costs of treating injuries may be shifted to the worker or the public at large
  – Employers who not directly pay for workers’ compensation and health insurance may be insulated from premium adjustments based on the cost of workers’ injuries
    • So, employers of contingent labor escape the financial incentives that drive decisions to eliminate hazards for other workers
• Contingent workers may not experience the same level of protections through government safety and health regulatory enforcement activities.
Work-related stress is the NO. 1 WORKFORCE HEALTH ISSUE and a major occupational risk, ranking above physical inactivity and obesity.

Source: 2013 Towers Watson Survey
52% of US workers admit to calling in sick because of stress
42% of employees have changed jobs due to stress
48% of workers reported lying awake at night due to stress
40% of workers report their jobs to be very or extremely stressful
26% of workers report they are often/very often burned out by work
29% of workers report they are quite a bit or extremely stressed at work
25% of employees view their jobs as the #1 stressor in their lives
73% regularly experience psychological symptoms caused by stress
77% regularly encounter physical symptoms caused by stress
54% said stress has caused them to fight with people close to them
60% of US workers that they would prefer to choose a new career altogether

Source: [http://safetymanagement.eku.edu/resources/infographics/work-related-stress-on-employees-health](http://safetymanagement.eku.edu/resources/infographics/work-related-stress-on-employees-health)
What are promising practices for addressing work stress?
What Can Employers Do About Stress?

Maximize Work Flexibility
Address Job Insecurity
Give Workers a “Voice”
Use Healthier Supervisory Practices
Provide Meaningful Work
Help Staff Integrate Work, Family & Life
Meaningful Work Should Be Every CEO’s Top Priority

by Jam Keane

NOVEMBER 05, 2015
Policies, Programs and Practices that Build A Safer, Healthier Culture

- Worker-centered operations, participatory planning and problem solving
- Equitable wages, safe staffing levels, voluntary overtime
- Discrimination, harassment, and violence prevention
- Health-enhancing work organization, healthier supervision
- Work-intensification prevention
- Respect, fair performance appraisals & advancement opportunities
- Attention to work-life integration, leave and benefits
- Addressing work factors that contribute to chronic health conditions
- Confidential occupational health and prevention services
- Support for productive aging across the working life span
Examples of Critical Areas for Total Worker Health® Research

• How can healthier job design and work organization principles advance worker well-being?
• What are the health and safety consequences of the current macro-economy, new employment patterns, dramatic shifts in worker demographics?
• What pro-health interventions can improve quality of life and longevity for workers?
• What more must we know about work and its risks for chronic diseases like diabetes, heart disease and cancer?
• How can we best target the highest-risk, most vulnerable workers?
• What interventions work best for hazardous work schedules, psychosocial stress, and unhealthy supervision?
• How can we:
  – Expand the evidence base for integrating workplace safety interventions with broader health-related program, policies, practices?
  – Show the value of investment more clearly in TWH approaches?