2017 Workshop on Total Worker Health®
Exploring new intersections of work and health

Workplace Health and Safety Queensland
MSD Symposium Workshop 2017

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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.
Source: Dr. Kent Anger, Oregon Health and Science University, 2014.
• Leading Cause of Workplace Death
• 58% of victims weren’t hired as transportation workers
• $25 Billion Price Tag for Business
• Seatbelts, speed, distracted driving, fatigue, long work hours

http://www.cdcfoundation.org/businesspulse/vehicle-safety-infographic
Low-Wage Workers

Low wage workers have greater likelihood of:

• Effort-Reward Imbalance
• Increased risk of job stress
• Diminished decisional latitude, control, respect
• Job insecurity
• Forced overtime
• Discrimination
Shift working men:
Less likely to eat vegetables & fruits

Shift working women:
More energy intake from saturated fat

Hemiö K, et. al. Food and nutrient intake among workers with different shift systems. Occup Environ Med 2015; 0: 1–8
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
  - RTW 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

- Are contingent workers as protected by government safety and health regulatory enforcement as are non-contingent workers?
“Work is central to people's well-being.”

“Decent work sums up the aspirations of people in their working lives.”

--International Labour Organization (ILO)
Establish workplace policies, practices and programs that grow health

Create Worker Well-being
What is Total Worker Health®

Policies, programs, & practices that integrate protection from work-related safety & health hazards with promotion of injury & illness prevention efforts to advance worker well-being
Synergy of Integration Increases Program Participation and Effectiveness

Integrating interventions

Smoking quit rates:

11.8%

TWH Approach for Musculoskeletal Disease

- Reorganizing work
- Ergonomic consultations
- Arthritis self-management strategies
TWH Approach for Sleep and Fatigue

- Safe Staffing
- Health-Supportive Policies
- Sleep Education
Isn’t Behavior Change Enough?

“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
Smoking: Improving the Job


unionization rates—which are often directly correlated with wages. Their analysis found that, overall, smoking prevalence was lower in states with higher minimum wages or higher rates of unionization.
Obesity: Improving the *Job*

Risk of obesity by number of work stressors [Nursing home study, CPHNEW]

**Stressors:** low decision latitude, poor co-worker support, heavy lifting, night work, physical assault at work in past 3 months.

(Multivariable models adjusted for gender, age, education and region.)

Punnett L and the Center for the Promotion of Health in the New England Workplace. Recent trends and research in worker safety and health. February 25, 2014 NIOSH Total Worker Health® Webinar
What *Total Worker Health* Is NOT

- TWH is **not** a “wellness program” that has been implemented without simultaneously providing safe and healthful working conditions
- TWH is **not** an “add-on” collection of health promotion efforts at a workplace where the very way that work is designed contributes to worker injuries and illness.
- TWH is **not** consistent with workplace policies that discriminate against or penalize workers for their health conditions or create disincentives for improving health.
- TWH is **not** a “wellness program” that does not ask employees for their input on their work circumstances

Adapted from Opening Keynote, John Howard, Director of NIOSH, October 2014. Bethesda, MD.
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
What is Total Worker Health®

Policies, programs, & practices that integrate protection from work-related safety & health hazards with promotion of injury & illness prevention efforts to advance worker well-being
TWH Policies, Programs and Practices

- Worker-centered operations
- Worker participation in workplace problem solving
- Paid family & sick leave, paid medical benefits
- Equitable wages, safe staffing levels, voluntary overtime
- Discrimination, harassment, and violence prevention
- Health-enhancing work organization and healthier supervision
- Work-intensification prevention
- Respect, fair performance appraisals & advancement opportunities
- Attention to work-life Integration
- Recognition of work factors as potential causes of chronic conditions
- Confidential occupational health and prevention services
- Programs to help workers manage their health challenges
- Support for productive aging across the working life span
What do you mean by an Integrated Approach?
Integration: Collaborative & Comprehensive

• Goal: align all initiatives focused on worker health to reduce duplicated efforts,
  – Optimize budgets
  – Utilize Limited Resources
  – Amplify the impact of all programs involved

• Bringing all of these groups together is the best way to systematically;
  – Gain insight from all interested factions and
  – Assure that the program is relevant
Benefits of an integrated approach

- Reduce redundancies
- Streamline costs
- Share budgets
- Share programming

TOTAL WORKER HEALTH
ADVANCING WORKER SAFETY, HEALTH, AND WELL-BEING

CDC NIOSH
THE COMMITTEE

- Director of Occupational Health and Safety (OHS)
- OHS Manager
- Worker Representative
- Workman’s Compensation Representative
- Human Resource Representative
- Organizational Development Representative
- Director of Benefits & Wellness
- Health & Wellness Manager
- Employee Assistance Program
- Risk Management
Why Implement an Integrated Approach?

Interdependent Effects

• Workers may perceive changes in health behaviors as futile in the face of significant occupational exposures.

• Management efforts to create a healthy work environment may
  – Increase workers’ motivations to modify personal health behaviors
  – Foster trust that may support workers’ receptivity to messages.

Sorensen et al, AJPH 2010; IOM, Integrating Employee Health 2005
Potential Impact

- Reduction in workplace injuries
- Safer, Healthier, and productive employees
- Improved Worker Job Satisfaction
- Enhanced Organizational Culture (Trust, Safety, Health)
- Happier, less stressful, and more prosperous business environment
- Reduction in Work-related Stress
- Improved Health Decisions
- Reduction in health care costs
- Community gains
Dartmouth-Hitchcock Case Study

• Academic Medical Center 8500 employees
• 10,000 family members
• 900 physicians
• Multiple sites
Recognizable Problems

• Unsustainable health care costs
• Silo-ed programs and resources
• Workforce sicker than benchmark organizations
• Patient safety concerns, need for healthy employees

The Solutions

• Create a sustainable ‘culture of health’ model that would support population health goals
• LiveWell/WorkWell – make this a strategic priority organization wide
Dartmouth-Hitchcock: 
**LiveWell Workwell**

- **Electronic reporting of injuries (EROI)** provides immediate notification to occupational medicine, safety, human resources, and work ability programs.
- **Safety Wellness Action Team (SWAT)**, which conducts an initial open-ended safety and socio-environmental assessment.
- **Partners in Health, Environment, Wellness, and Safety (PHEWS) committee**, comprised of stakeholder representatives from the work unit, provide peer assistance.

Dartmouth-Hitchcock: LiveWell Workwell

• **Group Level Interventions:**
  - Supervisor training, team and resiliency building, chaplaincy, lifestyle coaching, benefits design
  - Environmental supports: access to healthier foods or changes to work schedules, and policy changes.

• **Individual Level Interventions**
  - Self-scored surveys (not turned in) to understand the resources available
  - Services: employee assistance and behavioral health; work ability programs; primary care disease management

Importance of Healthier Supervision

The most commonly reported workplace stressors include:
  Supervisor relationship (40%)
  Amount of work (39%)
  Work-life balance (34%)
  Coworker relationships (31%)

“What does your office do to help alleviate stress in the workplace?”
  13%: Extra time-off
  11%: Ability to work from home
  66%: Nothing

Healthiest NIOSH Promising Practice Case Study

Unlocking the Benefits of Healthier Supervision

Fundamentals of *Total Worker Health*: Five Defining Elements

https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112.pdf
Defining Elements of TWH

1. Demonstrate **leadership commitment** to worker safety and health at all levels of the organization

2. Design **work** to eliminate or reduce safety and health hazards and promote worker well-being

3. Promote and support **worker engagement** throughout program design and implementation

4. Ensure **confidentiality and privacy** of workers

5. **Integrate** relevant systems to advance worker well-being

https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112.pdf
Traditional Hierarchy of Controls

Hierarchy of Controls

- **Elimination**: Physically remove the hazard
- **Substitution**: Replace the hazard
- **Engineering Controls**: Isolate people from the hazard
- **Administrative Controls**: Change the way people work
- **PPE**: Protect the worker with Personal Protective Equipment

From top to bottom, the hierarchy indicates the order of effectiveness, with elimination being the most effective and PPE being the least effective.
Hierarchy of Controls Applied to TWH

1. **Eliminate**
   - Eliminate working conditions that threaten safety, health, and well-being

2. **Substitute**
   - Substitute health-enhancing policies, programs, and practices

3. **Redesign**
   - Redesign the work environment for safety, health, and well-being

4. **Educate**
   - Educate for safety and health

5. **Encourage**
   - Encourage personal change
WHAT IS WORKER WELL-BEING?

THE NIOSH-RAND COLLABORATION
How do we operationalize well-being?

• How should well-being be defined in the context of TWH?
• What subjective & objective factors contribute to or diminish well-being?
• How does the changing nature of work, workforce demographics, employment patterns, & the porous workplace influence well-being?
• What measures will gauge success of the TWH approach?
• Which policies, programs & practices will be effective to protect, preserve & promote well-being?
Worker well-being is an integrative concept that characterizes quality of life with respect to:

- An individual's health and work-related environmental, organizational, and psychosocial factors
- It is the experience of positive perceptions and the presence of constructive conditions at work
- It’s what enables workers to thrive and achieve their full potential.

(NIOSH recognizes the contributions of and partnership with the RAND Corporation in the development of this model.)
“Companies that build a culture of health by focusing on the well-being and safety of their workforce yield greater value for their investors.”

Fabius R, et al., JOEM, Vol 55, No 9, September 2013
Group Activity Instructions

• Break into groups
• Choose a real-life worksite
• Identify key factors and risks at the worksite
• Choose 1-2 risk factors to target
• Come up with a plan
• Report back to larger group
GUIDELINES AND RESOURCES FOR DEVELOPING A TWH APPROACH
What is Total Worker Health®?

Total Worker Health® is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.
Simple Steps to Get Started

1. NIOSH Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Well-being
2. Ideas You Can Implement Right Now to Integrate Health Protection and Promotion of Worker Well-being

http://www.cdc.gov/niosh/twh/steps.html
Assessment Tools

1. Integration of Health Protection and Health Promotion: Rationale, Indicators, and Metrics (Sorensen et al, 2013)
2. CDC Worksite Health ScoreCard (HSC)
3. NIOSH Organization of Work Measurement Tools for Research and Practice
4. NIOSH Quality of Worklife Questionnaire
5. Occupational Safety and Health Administration (OSHA) Form 33
6. American College of Occupational and Environmental Medicine’s Corporate Health Achievement Award
7. CDC Workplace Health Assessment

http://www.cdc.gov/niosh/twh/tools.html
Guidelines for Integrated Approaches

1. **The Whole Worker: Guidelines for Integrating Occupational health and Safety with Workplace Wellness Programs**, State of California Commission on Health and Safety and Workers’ Compensation (CHSWC); 2010

2. **Healthy Workplace Participatory Program** by Center for Promotion and Health in the New England Workplace (CPH-NEW); 2013


[http://www.cdc.gov/niosh/twh/tools.html](http://www.cdc.gov/niosh/twh/tools.html)
Ways to Connect with Total Worker Health®

Twitter (@NIOSH_TWH)

LinkedIn Group
(Search “NIOSH Total Worker Health”)

TWH in Action!
e-Newsletter

http://www.cdc.gov/niosh/TWH/newsletter/