New Frontiers in Workplace Health

Accessible version: https://youtu.be/osmO5VMo0w4
Work, Health and Well-being: Exploring the Health and Safety Consequences of Modern Work

L. Casey Chosewood, MD, MPH
Director, Office for Total Worker Health®
National Institute for Occupational Safety and Health
The way we work is being redefined at an unprecedented pace

*How we work* and our health trajectory and opportunities are tightly linked

Today’s workplace health interventions may not be adequate to address shifting demands and realities

Can we design and improve workplace safety and health interventions to address these seismic shifts?

Can *work* itself be crafted to *improve and extend* life?
Technology is Reshaping the Nature of Work

Autonomous big rigs operate thousand of miles every month in Nevada, improving safety and decreasing trucker stress and fatigue, and helping to reduce the leading cause of workplace fatalities – motor vehicle crashes.
Other Ways Technology is Changing Work

Human-machine interfaces, including exoskeletons like these, alter our ability to do more, faster, and more powerfully, but at what cost to worker health?
Many workers have traditional jobs that carry high risks, exposing workers to physical and chemical hazards, violence, punishing schedules and shifts, and other threats. Work-associated stress in many occupations continues to grow.
Is This the Future of Work?

- Rapid job creation and extinction
- “Gigs” and multiple simultaneous jobs
- Intermittency, limited security
- Uncertainty and interrupted work lead to reductions in earnings

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

Robin Chase, co-founder of Zipcar, in “The Future of Work: Five Ways Works Will Change in the Future”
The Guardian, Nov 29, 2015
Emerging Health Consequences of Contingent Work

- Many lack traditional “benefits” of employment
  - Healthcare insurance, paid leave
  - Advancement, retirement security

- Diffusion of safety responsibility
  - Hazards and risks increase
  - Training and protections decrease

- Costs of injury may be shifted to workers themselves or to the public

- Contingent workers may not experience the same level of protections from government safety and health regulators
Between 2005 and 2015, what percent of net employment growth within the US economy occurred in “alternative work arrangements”?

A. 15%
B. 37%
C. 60%
D. 94%

Nonstandard work arrangements include: contingent, temporary help, on-call, direct hire, agency contract, app-based, on-demand, freelancer, and gig workers.
D. 94% of net employment growth within the U.S. economy occurred in “alternative work arrangements”

Between 2005 and 2015, workers employed in alternative arrangements increased by 9.4 million.

Workers in standard employment increased by 0.4 million, from 125.4 million to 125.8 million during same time.
Hazardous Working Conditions Drive Worker Health Burden

- Occupational injury and illness burden remains high in many sectors and populations

- In U.S., for 2015:
  - Over 3.5 million nonfatal workplace injuries and illnesses
  - Over 4,500 deaths from work-related injuries

- In 2007, an estimated 53,000 deaths from work-related illnesses in U.S.

www.bls.gov/news.release/cfoi.nr0.htm
www.cdc.gov/mmwr/volumes/66/wr/mm6616a1.htm
Links between Chronic Disease and the Nature of Work

- **Cardiovascular disease**
  - Decreased physical exertion and inactivity, shift work, environmental exposures, job strain or stress
  - Estimate 10–20% of all deaths caused by cardiovascular disease among working-age population are work-related

- **Cancer caused by work exposures**
  - Between 2–8% of all types of cancer worldwide due to carcinogen-related exposure
  - Up to 14% of cancer deaths in men
    - 20% of lung cancer deaths
    - 8% of bladder cancer deaths
The Nature of Work As A Risk Factor For Obesity

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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGHEST</strong></td>
<td></td>
</tr>
<tr>
<td>Police officers, firefighters, security guards</td>
<td>40.7%</td>
</tr>
<tr>
<td>Social workers, clergy, counselors</td>
<td>35.6%</td>
</tr>
<tr>
<td>Home health aides, massage therapists</td>
<td>34.8%</td>
</tr>
<tr>
<td>Architects, engineers</td>
<td>34.1%</td>
</tr>
<tr>
<td>Bus drivers, truckers, crane operators, garbage collectors</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

Average U.S. worker: 27.7%

<table>
<thead>
<tr>
<th>Sample Jobs</th>
<th>Obesity Rate for Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOWEST</strong></td>
<td></td>
</tr>
<tr>
<td>Janitors, maids, landscapers</td>
<td>23.5%</td>
</tr>
<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>

Average U.S. worker: 27.7%

Obesity defined as body mass index of 30 or above.
Are Workplace Health Interventions Keeping Pace With The Changing Nature of Work?
Total Worker Health® integrates protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.
Worker-centered operations, worker participation in decisions
Healthier work design and organization
Paid family and sick leave, paid medical benefits
Fair wages, safer staffing levels, only voluntary overtime
Greater flexibility, respect, fairer performance appraisals and advancement opportunities
Attention to work–life integration
How can jobs and organization principles be designed to improve worker well-being?

How can we target interventions to decrease the harms arising from work schedules, stress, and unhealthy supervision?

How can we best show the value of investments in Total Worker Health® approaches?
What are the long-term health and safety consequences of the current economy, new employment patterns, and evolving healthcare schemes?

What aspects of work increase our risks for chronic diseases?

What pro-health worker interventions can improve the longevity and quality of life of workers?

cdc.gov/niosh/docs/2016-114/pdfs/national-twh-agenda-2016-114_2_16_17.pdf
What is Workplace Health Promotion?

- **Workplace health promotion (WHP) and disease prevention:**
  - Employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents

- **Also often referred to as...**
  - Wellness or well-being
  - Health and productivity management
  - Health enhancement
  - Demand management
  - Total Worker Health® – combining health protection with broader prevention efforts

What is the Prevalence of Workplace Health Promotion?
Latest Kaiser Family Foundation Survey
83% of Employers Offer Any Wellness Program...

Among Large Firms (200 or more workers) Offering Health Benefits, Percentage of Firms Offering Incentives for Various Wellness and Health Promotion Activities, 2016

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs to Help Employees Stop Smoking</td>
<td>74%</td>
</tr>
<tr>
<td>Programs to Help Employees Lose Weight</td>
<td>68%</td>
</tr>
<tr>
<td>Lifestyle or Behavioral Coaching</td>
<td>73%</td>
</tr>
<tr>
<td>Any Wellness Program Offered to Employees</td>
<td>83%</td>
</tr>
<tr>
<td>Incentives to Encourage Employees to Participate in or Complete Wellness Program</td>
<td>32%</td>
</tr>
</tbody>
</table>
But Only 13% of Employers Have Comprehensive Programs

Key elements for effective WHP:

Elements Included in WHP Programs as Reported by Employers Who Offer Programs

<table>
<thead>
<tr>
<th>Element</th>
<th>Percent of Employers Who Offer Each Element As Part of WHP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee screenings with follow-up</td>
<td>70%</td>
</tr>
<tr>
<td>Health education</td>
<td>64%</td>
</tr>
<tr>
<td>Supportive physical and social environment</td>
<td>64%</td>
</tr>
<tr>
<td>Links to related employee services</td>
<td>50%</td>
</tr>
<tr>
<td>Integration of health promotion into your organization's culture</td>
<td>47%</td>
</tr>
</tbody>
</table>

Percent of Employers Who Offer Each Element As Part of WHP Program
A Disconnect Between Employers and Employees

Proportion of Employees Offered a Workplace Health Promotion Program by their Employers

- **Employer** Reported Offering Any Workplace Wellness Program:
  - Yes: 81%
  - No: 19%

- **Employee** Reported Availability of Workplace Wellness Programs:
  - Yes: 45%
  - No: 55%

More Than Half of Employees Participate

Proportion of Employees Offered a Workplace Health Promotion Program by their Employers and Their Rate of Participation in These Programs

Employee Reported Availability of Workplace Wellness Programs

- No: 55%
- Yes: 45%

Employee Reported Participation in Workplace Wellness Programs

- No: 45%
- Yes: 55%

Convince me...

Why should I invest in the health and well-being of my workers?
### What Is the Evidence Base?

1. **Modifiable** health risk factors are precursors to a large number of diseases and premature death

2. Many modifiable health risks are associated with:
   - Increased healthcare costs
   - Diminished worker productivity

3. **Modifiable** health risks can be improved through evidence-based workplace health promotion and disease prevention programs

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What Is the Evidence Base?

4. Improvements in the health risk profile of a population can lead to:
   - Improvements in worker productivity

5. Workplace health promotion programs save companies money
   - Reductions in healthcare and absenteeism costs
   - May produce a positive return on investment (ROI)
Do Workplace Health Promotion (Wellness) Programs Work?

Ron Z. Goetzel, PhD, Rachel Mosher Henke, PhD, Maryam Tabrizi, PhD, MS, Kenneth R. Pelletier, PhD, MD (hc),
Ron Loeppke, MD, MPH, David W. Ballard, PsyD, MBA, Jessica Grossmeier, PhD, MPH,
David R. Anderson, PhD, LP, Derek Yach, MBChB, MPH, Rebecca K. Kelly, PhD, RD, CDE,
Tre' McCalister, MA, EdD, Seth Serxner, PhD, Christobel Selecky, MA, Leba G. Shallenberger, DrPh,
James F. Fries, MD, Catherine Baase, MD, Fikry Isaac, MD, MPH, K. Andrew Crighton, MD,
Peter Wald, MD, MPH, Ellen Exum, BS, Dexter Shurney, MD, MBA, MPH, and R. Douglas Metz, DC

JOEM • Volume 56, Number 9, September 2014
Workplace Health Promotion Works...
If You Do It Right!

86 Studies Reviewed
A Systematic Review of Selected Interventions for Worksite Health Promotion
The Assessment of Health Risks with Feedback

Robin E. Soler, PhD, Kimberly D. Leeks, PhD, MPH, Sima Razi, MPH,
David P. Hopkins, MD, MPH, Matt Griffith, MPH, Adam Aten, MPH,
Sajal K. Chattopadhyay, PhD, Susan C. Smith, MPA, MLIS, Nancy Habarta, MPH,
Ron Z. Goetzel, PhD, Nicolaas P. Pronk, PhD, Dennis E. Richling, MD,
Deborah R. Bauer, MPH, RN, CHES, Leigh Ramsey Buchanan, PhD, MPH,
Curtis S. Florence, PhD, Lisa Koonin, MN, MPH, Debbie MacLean, BS, ATC/L,
Abby Rosenthal, MPH, Dyann Matson Koffman, DrPH, MPH,
James V. Grizzell, MBA, MA, CHES, Andrew M. Walker, MPH, CHES, the Task Force on
Community Preventive Services

What about Return on Investment?

Health Affairs Literature Review

Workplace Wellness Programs Can Generate Savings

ABSTRACT Amid soaring health spending, there is growing interest in workplace disease prevention and wellness programs to improve health and lower costs. In a critical meta-analysis of the literature on costs and savings associated with such programs, we found that medical costs fall by about $3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about $2.73 for every dollar spent. Although further exploration of the mechanisms at work and broader applicability of the findings is needed, this return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes.

For every $1.00 spent on wellness programs:

Medical costs return $3.27

Absenteism costs return $2.73

More Peer-Reviewed Evaluation Studies

The Impact of the Highmark Employee Wellness Programs on 4-Year Healthcare Costs

Barbara L. Hayslip, MPH
Jasmin A. Pearson, PhD
Ronald J. Gromekowski, PhD
Bruce T. Day, EdD
Ron Z. Gosteli, PhD

According to the Affordable Care Act, the interest of the increase in healthcare spending is on the United States. In 2016, the United States spent $3.3 trillion on healthcare, with the majority of that spending going to individuals with chronic conditions. Americans, especially those with limited financial means, are challenged with finding ways to meet their healthcare needs.

Johnson & Johnson

Recent Experience in Health Promotion at Johnson & Johnson: Lower Health Spending, Strong Return on Investment

By Richard S. Novak, PhD, James M. Allen, MS, R.N.; and the team

ABSTRACT: Johnson & Johnson Family of Companies introduced its workforce health promotion program in 1996. The program evolved and is still in place after more than thirty years. We evaluated the program’s effect on employees’ health risks and health care costs for the period 2002-05. Measured against similar large companies, Johnson & Johnson experienced average annual growth in total medical spending that was 3.7 percentage points lower. Company employees benefited from meaningful reductions in rates of obesity, high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition. Average annual per employee savings was $165 in 2019 dollars, producing a return on investment equal to a range of $1.88–$3.92 saved for every dollar spent on the program. Because the vast majority of US adults participate in the workforce, positive effects from similar programs could lead to better health and in savings for the nation as a whole.

CITI

A Return on Investment Evaluation of the Citibank, N.A., Health Management Program

Ronell A. Gomolowski, Kenneth D. Dow, Ron Z. Gosteli, Richard E. Cantin, Jan Mancini, Mary Harrigan

Health Care Costs of Worksite Health Promotion Participants and Non-Participants

Geerts, Ron Z. PhD; Jacobson, Bert H. EdD; Alldana, Steven G. PhD; Vardell, Kris MS; Yee, Leslie MD, MPH

Association of IBM’s “A Plan for Life” Health Promotion Program with Changes in Employees’ Health Risk Status

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Journal of Occupational & Environmental Medicine, April 2016 - Volume 68 - Issue 4 - pp 341-346

Original Articles
Goetzel’s Rule: An ROI Of 1:1 Is Good Enough...
If You Can Demonstrate Health Improvement!

### Koop Winners 1999–2014, By Year

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Symbol</th>
<th>Year</th>
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<tbody>
<tr>
<td>BP America</td>
<td>BP</td>
<td>2014</td>
</tr>
<tr>
<td>Eastman Chemical</td>
<td>EMN</td>
<td>2011</td>
</tr>
<tr>
<td>Prudential Financial</td>
<td>PRU</td>
<td>2011</td>
</tr>
<tr>
<td>Pfizer, Inc.</td>
<td>PFE</td>
<td>2010</td>
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<tr>
<td>The Volvo Group</td>
<td>VOLVF</td>
<td>2010</td>
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<tr>
<td>Alliance Data Systems Corp</td>
<td>ADS</td>
<td>2009</td>
</tr>
<tr>
<td>Dow Chemical Company</td>
<td>DOW</td>
<td>2008</td>
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<tr>
<td>International Business Machines</td>
<td>IBM</td>
<td>2008</td>
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<tr>
<td>Pepsi Bottling Group</td>
<td>PBG</td>
<td>2007</td>
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<tr>
<td>WE Energies</td>
<td>WEC</td>
<td>2007</td>
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<tr>
<td>Union Pacific Railroad</td>
<td>UNP</td>
<td>2005</td>
</tr>
<tr>
<td>UAW-GM</td>
<td>GM</td>
<td>2004</td>
</tr>
<tr>
<td>Johnson &amp; Johnson Services, Inc</td>
<td>JNJ</td>
<td>2003</td>
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<tr>
<td>FedEx Corp.</td>
<td>FDX</td>
<td>2002</td>
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<tr>
<td>Motorola Solutions Inc.</td>
<td>MSI</td>
<td>2002</td>
</tr>
<tr>
<td>Citibank</td>
<td>C</td>
<td>2001</td>
</tr>
<tr>
<td>Union Pacific Railroad</td>
<td>UNP</td>
<td>2001</td>
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<tr>
<td>Northeast Utilities</td>
<td>NU</td>
<td>2001</td>
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<tr>
<td>Caterpillar Inc.</td>
<td>CAT</td>
<td>2000</td>
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<tr>
<td>Cigna Corp.</td>
<td>CI</td>
<td>2000</td>
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<tr>
<td>DaimlerChrysler Corporation</td>
<td>DDAIF</td>
<td>2000</td>
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<tr>
<td>Fannie Mae</td>
<td>FNMA</td>
<td>2000</td>
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<tr>
<td>Aetna</td>
<td>AET</td>
<td>1999</td>
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<tr>
<td>Pfizer, Inc.</td>
<td>PFE</td>
<td>1999</td>
</tr>
<tr>
<td>Glaxo Wellcome</td>
<td>GSK</td>
<td>1999</td>
</tr>
<tr>
<td>UNUM/ Provident</td>
<td>UNM</td>
<td>1999</td>
</tr>
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Koop Winners Outperformed the S&P 500 – 3:1

Cumulative Stock Performance (%) of Koop Award Winners Compared With the S&P 500 Index, 2001–2014

Getting the Word Out on Best and Promising Practices in Workplace Health Promotion
Places to Find the Best and Promising Practices

CDC – Workplace Health Resource Center: www.cdc.gov/whrc

The Health Project – C. Everett Koop Award Winners
www.thehealthproject.com

Robert Wood Johnson Foundation – Promoting Healthy Workplaces
http://goo.gl/ui1rBQ

Transamerica Center for Health Studies - Employer Guide to Workplace Health Promotion
www.transamericacenterforhealthstudies.org/health-wellness

American Heart Association – Developing a Culture of Health “Playbook”
playbook.heart.org
The Secret Sauce

1. Culture of health
2. Leadership commitment
3. Specific goals and expectations
4. Strategic communications
5. Employee engagement in program design and implementation
6. Best practice interventions
7. Effective screening and triage
8. Smart incentives
9. Effective implementation
10. Measurement and evaluation
Workplace Health Promotion Works
If You Do it Right!

Financial Outcomes
- Return-on-Investment (ROI)
  - Medical costs
  - Absenteeism
  - Short term disability
  - Safety/Workers’ Comp
  - Presenteeism

Health Outcomes
- Population Health
  - Adherence to evidence based medicine
  - Behavior change, risk reduction, health improvement

Quality of Life and Productivity Outcomes
- Value-on-Investment (VOI)
  - Improved “functioning” and performance
  - Attraction/retention of talent – employer of choice
  - Employee engagement
  - Corporate social responsibility
  - Corporate reputation
National Survey of State Health Departments on Occupational Safety and Health and Workplace Health Promotion

Laura Linnan, ScD

Professor, Department of Health Behavior, UNC Gillings School of Global Public Health

Director, Carolina Collaborative for Research on Work and Health

Principal Investigator, Coordinating Center, Workplace Health Research Network
Understanding State and Territorial Health Departments (HDs) Workplace Safety and Health Promotion Activities and Capacity

- Study Rationale: HDs work to ensure the public’s health, including the health of employed individuals
  - HDs are uniquely positioned to help promote, monitor, and regulate the health and safety of workers
    - Occupational Safety and Health (OSH) traditionally monitors and prevents injury or illness related to workplace exposures
    - Workplace Health Promotion (WHP) typically supports implementation and evaluation of employer-based health promoting programs, policies and practices

- Purpose: Assessed the current activity and capacity of HDs and identified strategies for improving HD capacity for OSH and WHP
Sample and Study Design: Survey and Follow-up Interviews

- **Online survey**
  - Sent OSH and WHP survey to all 56 identified offices
  - 70% response rate (n=39) for Occupational Safety and Health (OSH)
  - 71% response rate (n=40) for Workplace Health Promotion (WHP)

- **In-depth interviews**
  - Conducted 14 interviews for OSH
  - Conducted 13 interviews for WHP
What Activities Are Health Departments Most Likely to Be Doing?
Types of Activities

- Surveillance activities
- Help employers implement OSH and WHP programming (e.g., tools, training, technical assistance and quality assurance)
- Direct services to workers

Occupational Safety and Health (OSH) Programs
Most Active In Surveillance

- 67% of OSH respondents (n=26) reported a moderate to high number of OSH surveillance activities

- More health departments reported engaging in OSH surveillance activities than were funded by NIOSH to do so

- Most common OSH surveillance activities included:
  - 85% are tracking occupational lead levels in adults (n=33)
  - 72% are compiling, analyzing, and interpreting OHIs (n=28)
60% of WHP respondents (n=24) reported that their health department provided all four types of implementation supports to employers, specifically...

- **Educational materials:** “Sample breastfeeding policies”
- **Training:** “Worksite Wellness 101” trainings
- **Technical assistance:** “Assist employers in the completion of the CDC Worksite Health ScoreCard and assist those employers in identification of gaps, needs, and priorities…”
- **QA/QI:** “Creating state wellness awards”
Direct Services to Workers: Common Activity for OSH and WHP

More than half of ALL respondents said their health department provided direct services to workers

- OSH – 61% (n=23)
- WHP – 51% (n=20)
What Capacity Do Health Departments Have to Carry Out Occupational Safety and Health and Workplace Health Promotion Activities?
Types of Capacity

- Funding
- Staff
- Organizational support
- Competency (e.g., knowledge and skills) of staff
## Funding and Staffing for OSH and WHP Are Relatively Low

<table>
<thead>
<tr>
<th>Funding for activities</th>
<th>OSH</th>
<th>WHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>$150,000</td>
<td>$57,500</td>
</tr>
<tr>
<td>Departments Reporting No Funding</td>
<td>19% (6)</td>
<td>30% (9)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FTEs to conduct activities</th>
<th>OSH</th>
<th>WHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>1.0 FTE</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>Interquartile Range</td>
<td>0.3–4.5 FTE</td>
<td>0.1–1.5 FTE</td>
</tr>
</tbody>
</table>

**OSH:** Occupational Safety and Health  
**WHP:** Workplace Health Promotion
Organizational Support

Commitment

- **OSH**
  - Very to Extremely: 14%
  - Slightly to moderately: 30%
  - Not at All: 56%

- **WHP**
  - Very to Extremely: 44%
  - Slightly to moderately: 56%
  - Not at All: 0%

Assigned Priority

- **OSH**
  - High to Very High: 21%
  - Low to moderate: 13%
  - Not at All: 0%

- **WHP**
  - High to Very High: 5%
  - Low to moderate: 21%
  - Not at All: 74%

OSH: Occupational Safety and Health
WHP: Workplace Health Promotion
How Can Health Departments Capacity for Occupational Safety and Health and Workplace Health Promotion Be Increased?
Ways to Improve Existing Funding

**Occupational Safety and Health**
- Allow states to respond to emerging hazards by giving more flexibility in how funds are spent
- Reduce application requirements*
- Focus grants more on practice, less on research*

**Workplace Health Promotion**
- Build in more resources for administration and grant management
- More stability from year to year

*For the NIOSH State Occupational Health and Safety Surveillance Program
“….there are no staff to deliver or coordinate [this work]. There’s always got to be someone on point, coordinating something of this magnitude…”

…”and if it’s an important issue, it needs resources, quite honestly.”
Meet Training Needs to Improve Staff Competency

- Tools for training newcomers and experienced staff
  - CDC Health ScoreCard and Workplace Health Promotion website

www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html
Tools from the Council of State and Territorial Epidemiologists (CSTE) to Improve Competency

- CSTE Occupational Health Indicator “How-To” Guide
  - Updated April 2017

www.cste.org/?OHIndicators
Accessible Training and Peer-to-Peer Opportunities

- Accessible and specific training
  - Low cost or subsidized by grants; online; other partners allowed to participate
  - Desired topics: “How to make the business case...” and occupational epidemiology

- Specific interest in peer learning and detailed case studies

  “I would love to have the opportunity to know what other states are doing... [in] kind of like a step by step process.”
Integrate OSH and WHP into Other Public Health Programming

➢ To increase capacity, integrate Occupational Safety and Health and Workplace Health Promotion into other public health programs

“if you are trying to address infection control or Ebola... the people who know the most about personal protective equipment are occupational health and safety people ...so you need to have more of a team approach.”

➢ These collaborations will help leadership see how OSH/WHP contributes to agency goals, leading to increased leadership support
What Can Be Done to Promote Integration?

- Fund and incentivize integration

Require that “other streams of funding that come to Health Departments carve out a component for worker health”

“the funding process oughta encourage collaboration across public health domains, formally... you know you have to have a letter of support if you have a program... if there is an occupational health program, are you coordinating with it?”
What Can Be Done to Promote Integration?

- Include industry and occupation indicators in other major surveillance programs
- Communicate that Occupational Safety and Health and Workplace Health Promotion are core domains in public health

"we haven’t had that coming from CDC saying [WHP] is important..."
Are Health Departments Involved with Programs Like Total Worker Health®?
Total Worker Health® (TWH) in State Health Departments

Many health department staff are not familiar with the TWH program

- 54% of WHP not familiar with TWH at all
- 16% of OSH not familiar with TWH at all

Over 50% of health departments have OSH–WHP collaborations

<table>
<thead>
<tr>
<th>Respondents reporting OSH–WHP collaboration</th>
<th>OSH (n=21)</th>
<th>WHP (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High to Very high</td>
<td>14% (n=3)</td>
<td>4% (n=1)</td>
</tr>
<tr>
<td>Moderate</td>
<td>48% (n=10)</td>
<td>40% (n=10)</td>
</tr>
<tr>
<td>Very low to Low</td>
<td>38% (n=8)</td>
<td>56% (n=14)</td>
</tr>
</tbody>
</table>

OSH: Occupational Safety and Health
WHP: Workplace Health Promotion
Implications for Practice

- Overall amount of activity in OSH and WHP is relatively high, despite challenging funding situation
  - Main OSH activities are in surveillance
  - Main WHP activities are in implementation support

OSH: Occupational Safety and Health
WHP: Workplace Health Promotion
Implications for Practice

Ways To Increase Capacity for OSH and WHP

- Improve funding, staffing, and organizational commitment by
  - Making trainings accessible, and tailored to new and existing staff needs
  - Including industry and occupation indicators in major surveillance programs
  - Including OSH/WHP staff and expertise as part of other public health teams
  - Building new partnerships internal and external to health department
  - Supporting and incentivizing Total Work Health® integration efforts

OSH: Occupational Safety and Health
WHP: Workplace Health Promotion
Introducing the New CDC Workplace Health Resource Center

Jason E. Lang, MPH, MS
Team Lead, Workplace Health Programs
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Putting Forth The Business Case and Strategies For Worksite Health Promotion Programs

Workplace Health Promotion:
Policy Recommendations that Encourage Employers to Support Health Improvement Programs for their Workers

A Prevention Policy Paper Commissioned by Partnership for Prevention

December 2008
Recommendation:
Comprehensive Health Promotion Resource Center Is Needed

- Improve employer education about benefits of workplace health promotion
- Provide technical assistance
- Develop and improve tools and resources to support workplace health programs
  - Design, implement and evaluate programs
- Create a comprehensive health promotion resource center

“While some employers may believe that health improvement and risk reduction programs exert a positive effect, they may not know how to design and implement successful programs, or determine which program elements are effective. Thus, they need guidance from trusted sources so that they can replicate interventions shown to be effective.”
## Workplace Health Resource Center

Browse the resources below or select specific characteristics on the left to narrow the list.

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Oregon Employer Survey Report</td>
<td>This Oregon Employer Survey Report presents results from a 2011 survey conducted among Oregon employers about their worksite wellness policies.</td>
<td>Oregon Health Authority, Oregon Public Health Division, Healthy Workplaces Program and Chronic Disease Section</td>
<td>2014</td>
</tr>
<tr>
<td>Aligning Incentives and Systems: Promoting Synergy Between Value-Based Insurance Design and the Patient-Centered Medical Home</td>
<td>Employers are deeply immersed in developing strategies to control health care costs and improve health outcomes in the current environment.</td>
<td>Fendrick, M.A.; Sherman, Bruce, and White, Dennis</td>
<td>2010</td>
</tr>
<tr>
<td>An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations</td>
<td>Substance abuse is common, and the costs of substance abuse are high for employers. Of the 20 million adults classified as having problems...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is the CDC Workplace Health Resource Center (WHRC)?

- First-stop online site to help employers launch or expand a workplace health promotion program
- Evidence-based, credible resources – all in one place!
- Helps employers tailor workplace health promotion goals to their organization’s needs
WHRC Tools and Resources

Over 200 resources and growing

• Real-life examples from organizations of different sizes
• Contains descriptions of the strategies used by employers and how they implemented them

Case studies
WHRC Tools and Resources

Emerging Issues (e.g., sleep)

- Addresses a number of gaps in available, credible, public domain information
- Describes the burden and potential solutions employers can implement at their work site
WHRC Tools and Resources

Evidence-based Summaries and Issue Briefs

• Presents complex scientific findings in terms employers are familiar with and can take action on
• First summary is on Total Worker Health®
WHRC Tools and Resources

Library of Webinars and Videos

• Training, tutorials, and success stories
• Expands the types of communication channels available to reach and engage employers in health promotion
WHRC Tools and Resources

Workplace Health
Strategies for
Small Business

• Tool kits and intervention guides
• Addresses barriers and opportunities specific to small employers
How Is the Workplace Health Resource Center Organized?

By key organizational and individual health factors of concern

**Organizational or Employer Factors**
- Creating a culture of health
- Employee engagement
- Strategic communication
- Benefit plan design
- Legal and regulatory environment
- Wellness and health promotion technology

**Individual or Employee Factors**
- Physical activity and fitness
- Nutrition
- Mental and emotional health
- Financial health
- Work–life balance
- Social connectedness
Workplace Health Model
Key Steps to Develop A Workplace Health Program

1. Planning & Management
2. Implementation
3. Evaluation
4. Assessment

(Contextual Factors: e.g. company size, company sector, capacity, geography)
Who Uses WHRC?

- **Employers**
  - Human resources and benefits managers
  - Wellness champions
- **Brokers and healthcare benefits consultants**
- **State public health departments**
- **Business health coalitions**
Acknowledgments

- Amee Bhalakia
- Nicola Dawkins-Lyn
- Starlynne Gornail
- Randy Kirkendall
- Mark Mendez
- Amanda Mummert
- Michael Orta
- Ray Persaud
- Enid Chung Roemer
Thank You and Stay Connected!

- Visit the website [www.cdc.gov/WHRC](http://www.cdc.gov/WHRC)
- Get updates via social media
  
  #CDCWorkplaceHealth

- [Linkedin](https://www.linkedin.com)
- [Facebook](https://www.facebook.com)
- [Twitter](https://twitter.com)