

CDC PUBLIC HEALTH GRAND ROUNDS

New Frontiers in Workplace Health



Accessible version: <https://youtu.be/osmO5VMo0w4>

August 15, 2017



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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



Work Is Changing

Are Workplace Health Programs Keeping Pace?

- **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?

Risks Continue In Traditional Jobs



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**

Just How Common Are Nonstandard, Alternative Work Arrangements?

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.**

Nonstandard, Alternative Work Arrangements Are Increasingly Common

- 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.**



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

Kecklund G, Axelsson J [2016]. Br Med J 355:i5210.

Vyas M, et al [2012]. Br Med J 345:e4800.

Theorell T, et al [2016]. Eur J Public Health 26: 470-477.

International Commission on Occupational Health [2013]. Newsletter 11;(2,3):4.

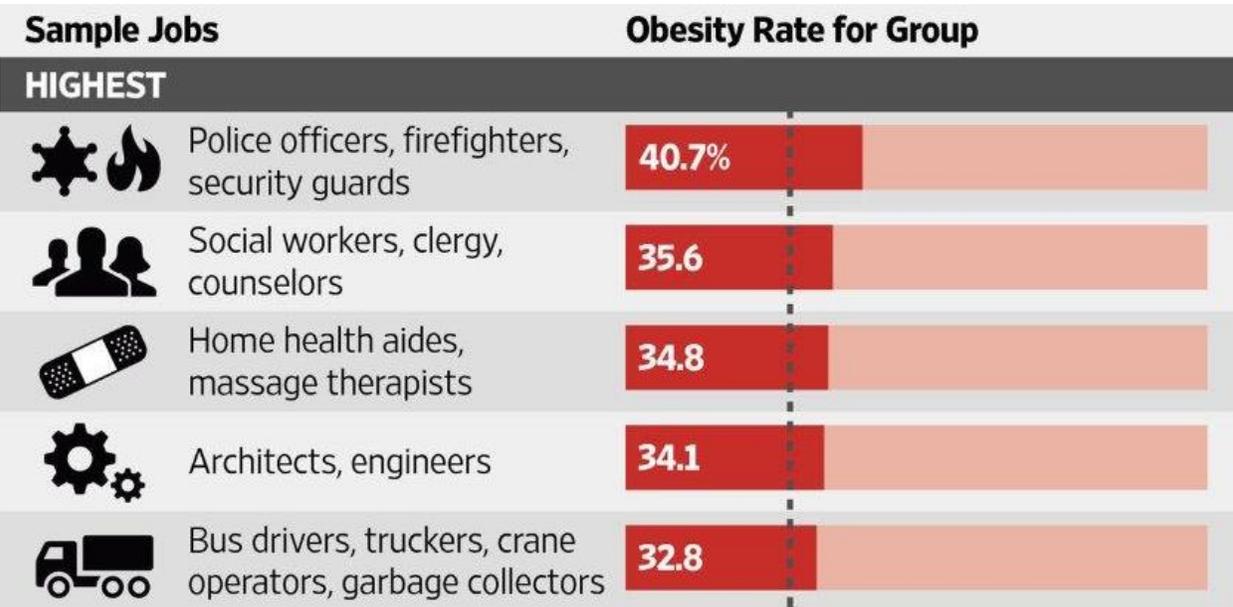
Driscoll T, et al [2005]. Am J Ind Med 48:491-502.

Steenland K, et al [2003]. Am J Ind Med 43:461–482.

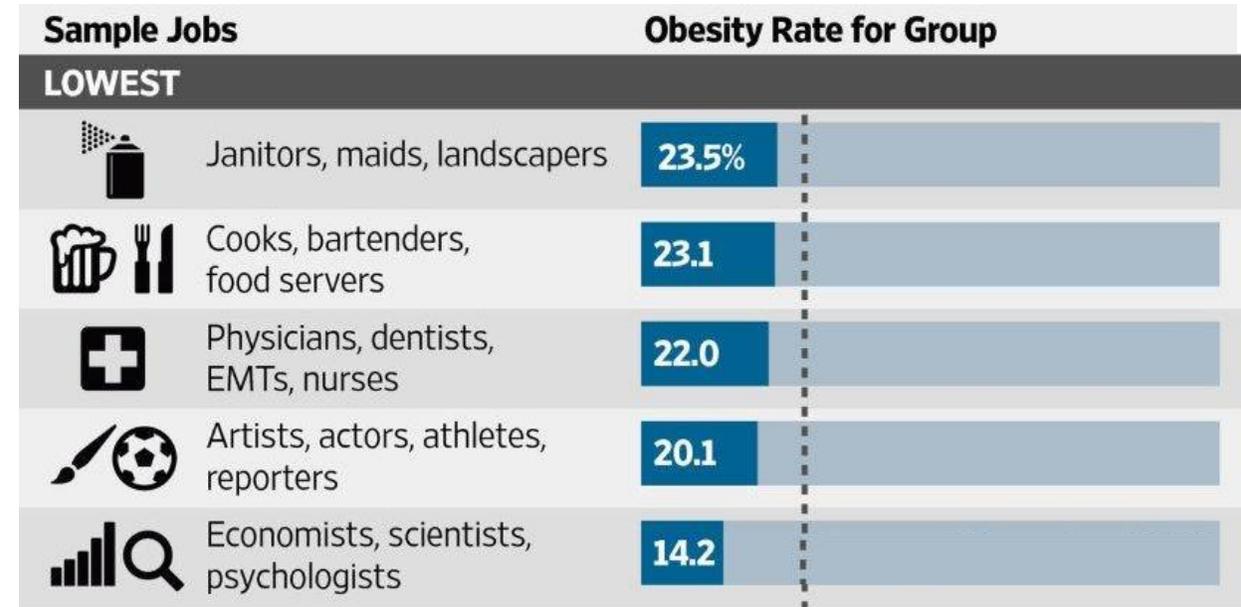
Rushton L, et al [2010]. Br J Cancer 102: 1428 – 1437.

The Nature of Work As A Risk Factor For Obesity

Sampling of U.S. Jobs and the Prevalence of Obesity in that Occupational Group



Average U.S. worker: 27.7%



Average U.S. worker: 27.7%

Obesity defined as body mass index of 30 or above.

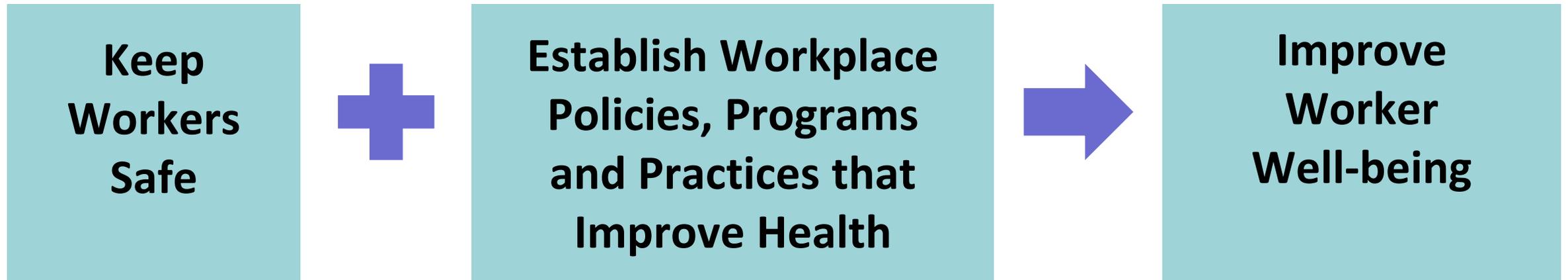
Adapted by the Wall Street Journal from Luckhaupt SE, Cohen MA, Li J, Calvert GM. Prevalence of obesity among U.S. workers and associations with occupational factors. Am J Prev Med. 2014 Mar;46(3):237-48.

Are Workplace Health Interventions Keeping Pace With The Changing Nature of Work?



NIOSH Total Worker Health[®] Program

Integrating Safety and Health in the Workplace



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

Policies, Programs and Practices Build A Safer and Healthier Culture

- **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**

National Occupational Research Agenda (NORA)
National Total Worker Health® Agenda (2016–2026)

A National Agenda to Advance
Total Worker Health® Research,
Practice, Policy, and Capacity

April 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



Critical Areas for Total Worker Health[®] Research

- **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?**

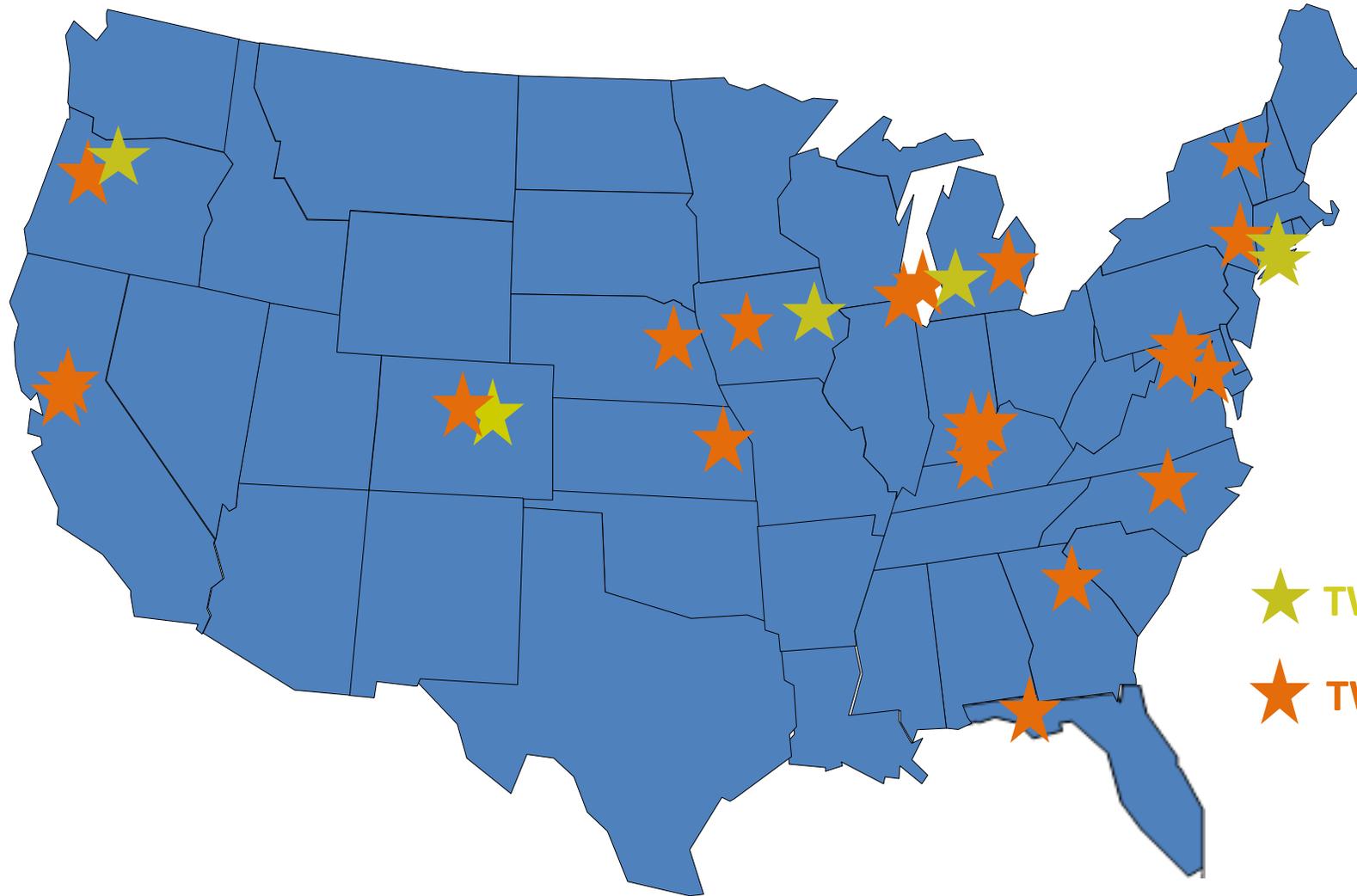


Critical Areas for Total Worker Health[®] Research

- **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?**



TWH Centers of Excellence and TWH Affiliates



- ★ TWH Centers of Excellence
- ★ TWH Affiliates

The Business Case for Investing in Workers' Health and Well-Being



Ron Goetzel, PhD

Vice President, IBM Watson Health

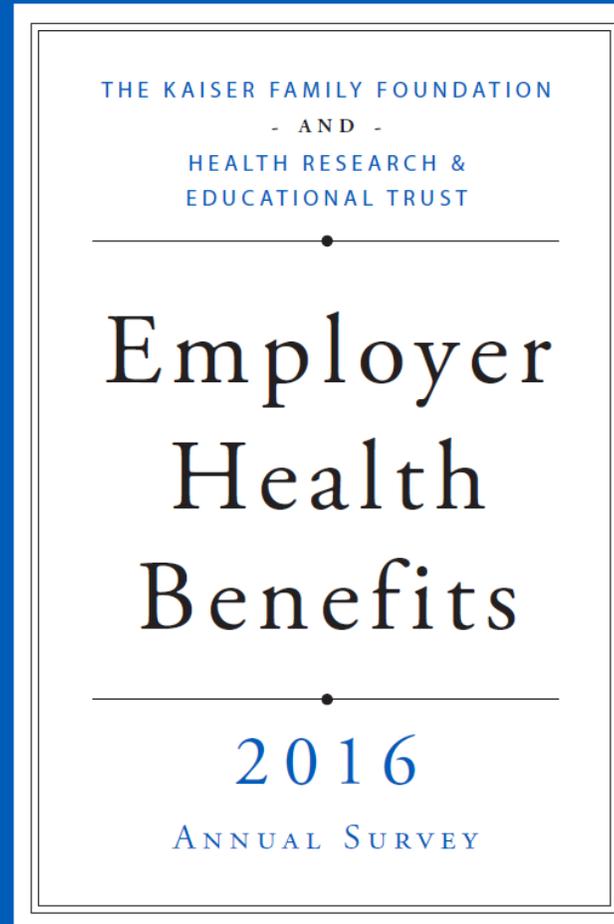
Senior Scientist, Johns Hopkins Bloomberg School of Public Health

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

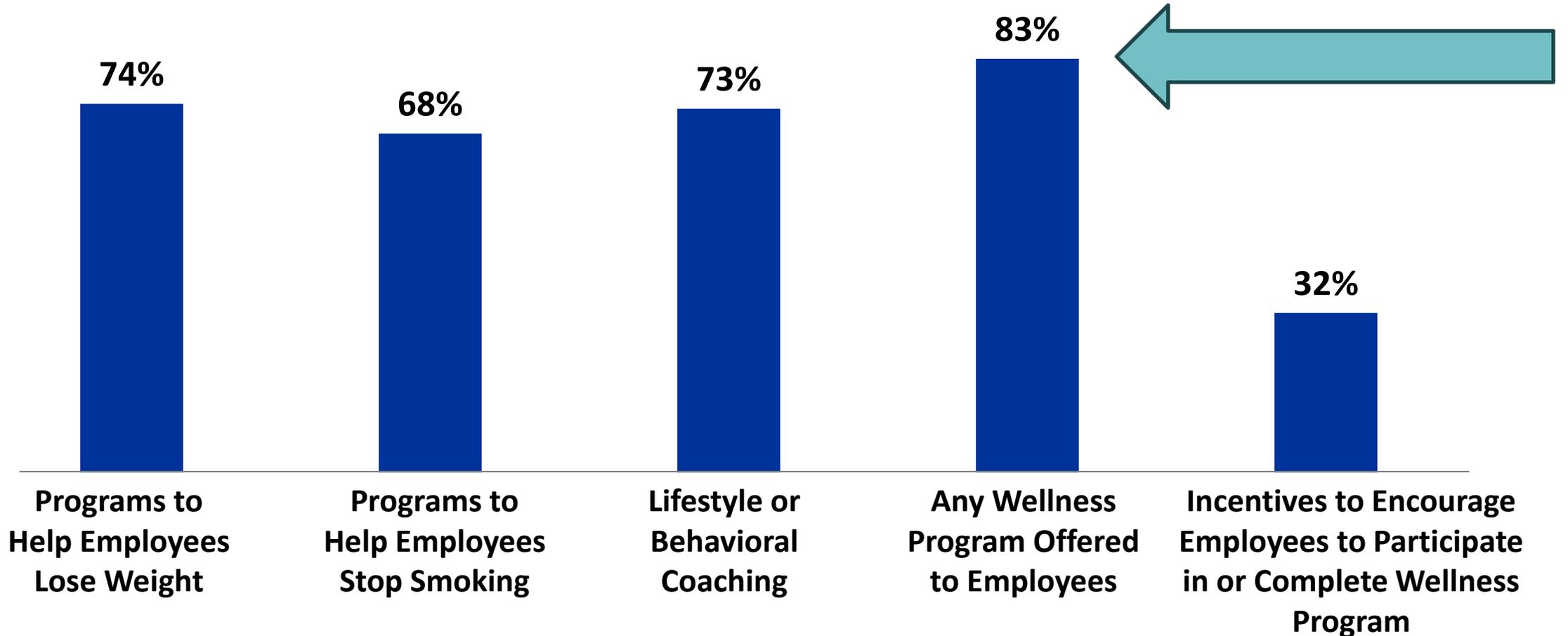


What is the Prevalence of Workplace Health Promotion? Latest Kaiser Family Foundation Survey



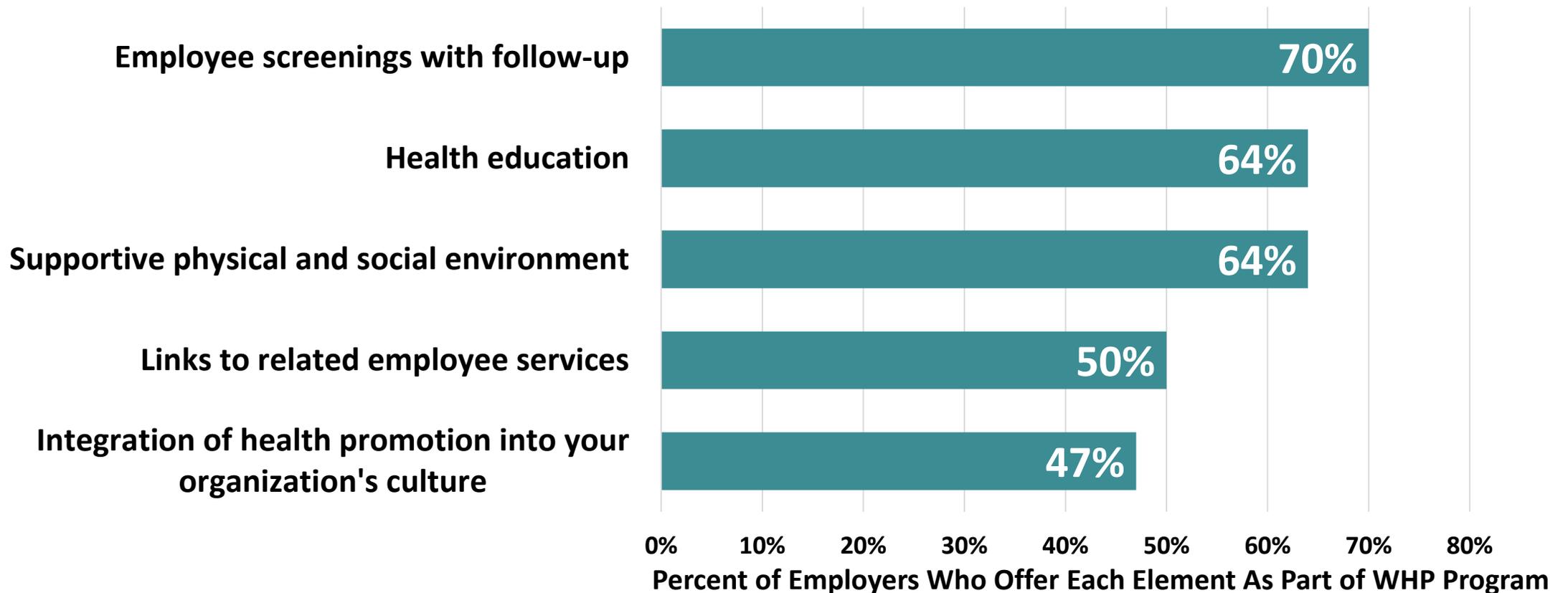
83% of Employers Offer Any Wellness Program...

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



But Only 13% of Employers Have Comprehensive Programs

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

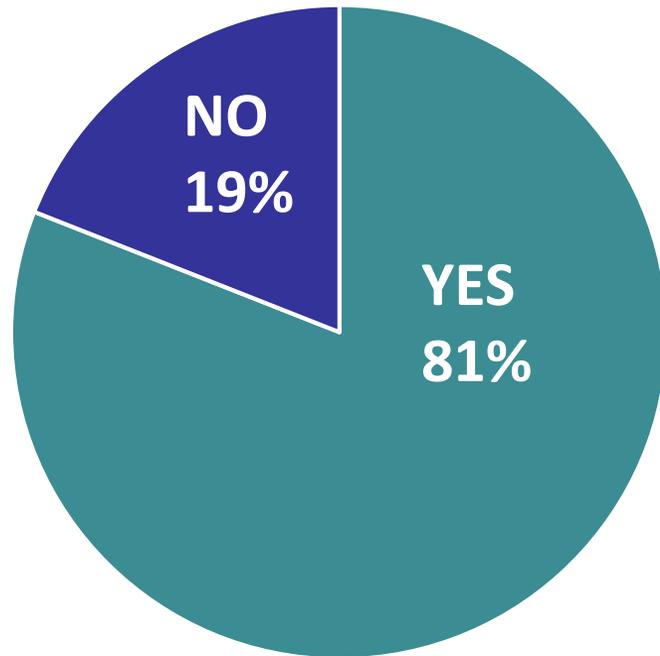


Key elements for effective WHP: *Healthy People 2010: With Understanding and Improving Health and Objectives for Improving Health*. Washington, DC: US Dept of Health and Human Services; 2000.

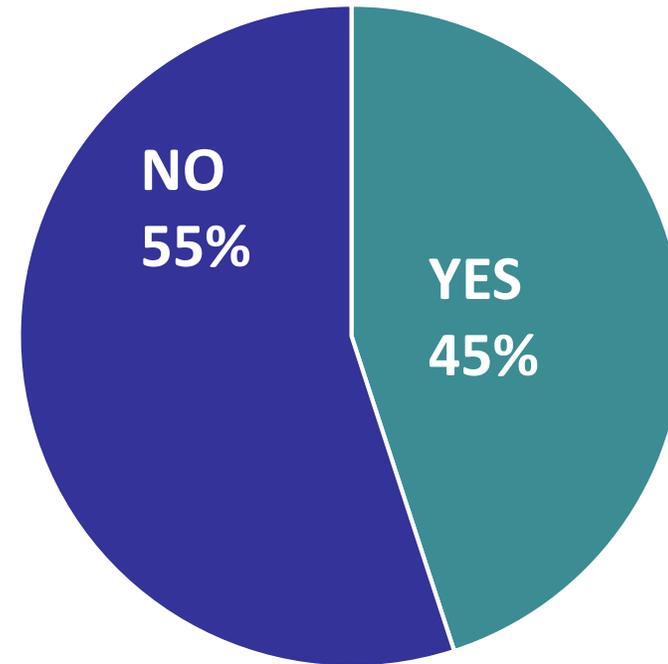
Adapted from: McCleary K, Goetzel RZ, Roemer EC, et al. Employer and Employee Opinions About Workplace Health Promotion (Wellness) Programs: Results of the 2015 Harris Poll Nielsen Survey. *J Occup Environ Med*. 2017 Mar;59(3):256-263.

A Disconnect Between Employers and Employees

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



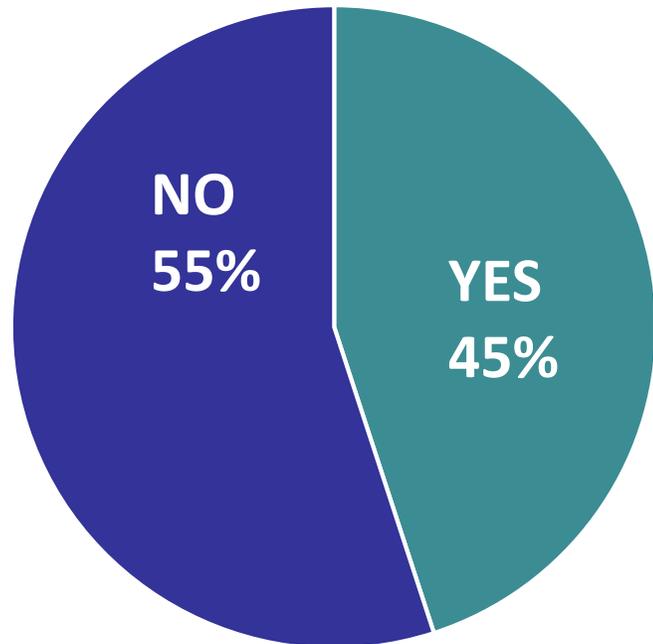
Employer Reported Offering Any Workplace Wellness Program



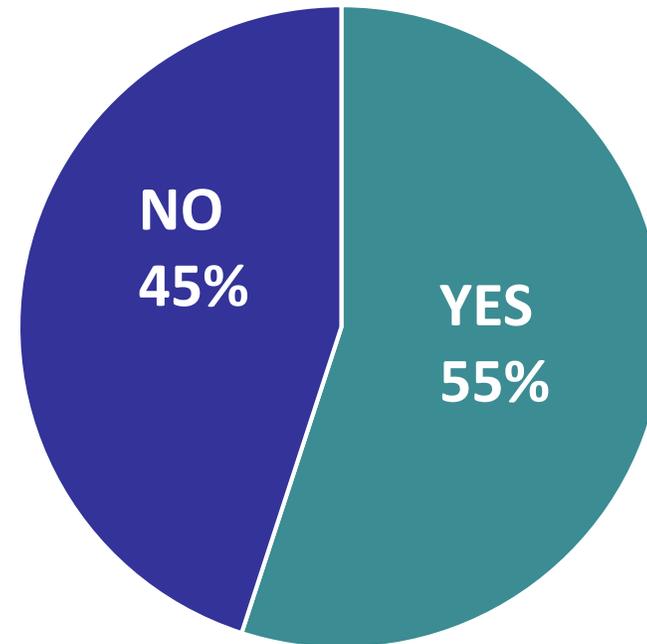
Employee Reported Availability of Workplace Wellness Programs

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



Employee Reported Participation in Workplace Wellness Programs

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**

1. Healthy People 2000, 2010, 2020, Amler & Dull, 1987, Breslow, 1993, McGinnis & Foege, 1993, Mokdad et al., 2004
2. Milliman & Robinson, 1987, Yen et al., 1992, Goetzel, et al., 1998, Anderson et al., 2000, Bertera, 1991, Pronk, 1999, Goetzel 2012
3. (Wilson et al., 1996, Heaney & Goetzel, 1997, Pelletier, 1991-2011, Soler et al. 2010)

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)



A Review of the Evidence: *Journal of Occupational and Environmental Medicine*

FAST TRACK ARTICLE

Do Workplace Health Promotion (Wellness) Programs Work?

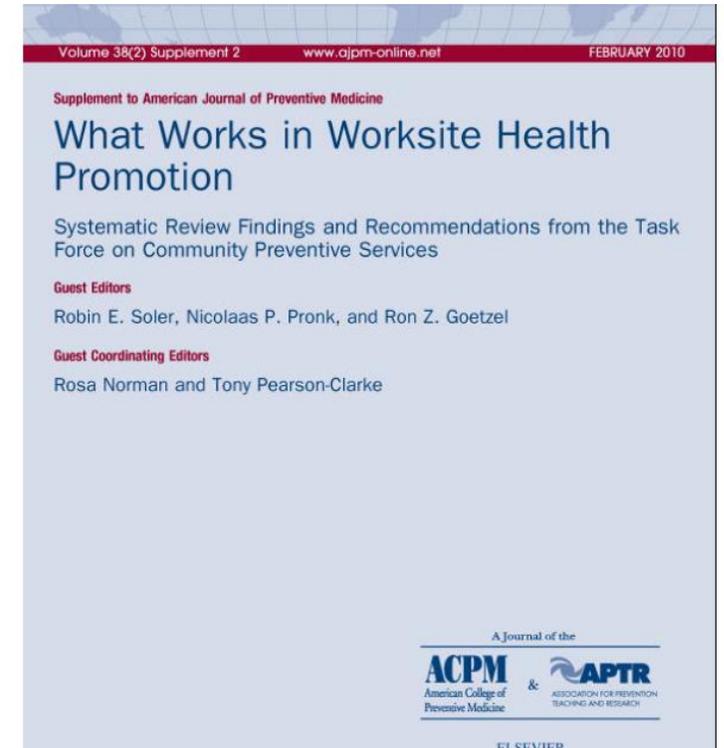
Ron Z. Goetzel, PhD, Rachel Mosher Henke, PhD, Maryam Tabrizi, PhD, MS, Kenneth R. Pelletier, PhD, MD (hc), Ron Loeppke, MD, MPH, David W. Ballard, PsyD, MBA, Jessica Grossmeier, PhD, MPH, David R. Anderson, PhD, LP, Derek Yach, MBChB, MPH, Rebecca K. Kelly, PhD, RD, CDE, Tre' McCalister, MA, EdD, Seth 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



Soler RE, Leeks KD, Razi S, Hopkins DP, et al. Task Force on Community Preventive Service. A Systematic Review of Selected Interventions for Worksite Health Promotion the Assessment of Health Risks with Feedback. Am J Prev Med. 2010 Feb;38(2 Suppl): S237-62.

What about Return on Investment?

Health Affairs Literature Review

PREVENTION

By Katherine Baicker, David Cutler, and Zirui Song

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

**Absenteeism costs return
\$2.73**

More Peer-Reviewed Evaluation Studies



CME Available for this Article at ACOEM.org

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

Barbara L. Naydeck, MPH
Janine A. Pearson, PhD
Ronald J. Ozminowski, PhD
Brian T. Day, EdD
Ron Z. Goetzel, PhD

According to Thorpe¹, about a quarter of the increase in health care spending in the United States between 1987 and 2002 can be explained by health conditions attributable to lifestyle changes among Americans, especially the dramatic rise in over-



Methods, Issues, and Results in Evaluation and Research

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

Ronald J. Ozminowski, Rodney L. Dunn, Ron Z. Goetzel, Richard I. Cantor, Jan Murnane, Mary Harrison



By Rachel M. Henke, Ron Z. Goetzel, Janice McHugh, and Fik Isaac

Recent Experience In Health Promotion At Johnson & Johnson: Lower Health Spending, Strong Return On Investment

DOI: 10.1377/hlthaff.2010.0906
HEALTH AFFAIRS 30,
NO. 3 (2011): 490-499
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The People-to-People Health
Foundation, Inc.

Rachel M. Henke (rachel.henke@thomsonreuters.com) is a senior research leader at Thomson Reuters, in Cambridge, Massachusetts.

Ron Z. Goetzel is vice president of consulting and applied research at Thomson Reuters, in Washington, D.C. He also directs the Institute for Health and Productivity Studies at Emory University, in Atlanta, Georgia.

Janice McHugh is manager of integrated health services at Johnson & Johnson, in New Brunswick, New Jersey.

Fik Isaac is executive director of global health services at Johnson & Johnson and chief medical officer, Wellness & Prevention, Inc.—Johnson & Johnson.

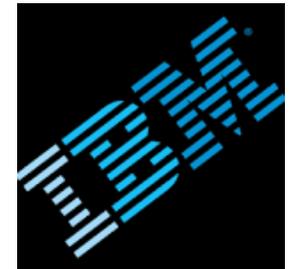
ABSTRACT Johnson & Johnson Family of Companies introduced its worksite health promotion program in 1979. The program evolved and is still in place after more than thirty years. We evaluated the program's effect on employees' health risks and health care costs for the period 2002–08. Measured against 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 were \$565 in 2009 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 to savings for the nation as a whole.



Second-Year Results of an Obesity Prevention Program at The Dow Chemical Company

Ron Z. Goetzel, PhD, Enid C. Roemer, PhD, Xiaofei Pei, PhD, Meghan E. Short, MPH, Maryam J. Tabrizi, MS, Mark G. Wilson, HSD, David M. DeJoy, PhD, Beth A. Craun, AS, Karen J. Tully, BS, John M. White, PhD, and Catherine M. Baase, MD

Association of IBM's "A Plan for Life" Health Promotion Program with Changes in Employees' Health Risk Status



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

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

Journal of Occupational & Environmental Medicine: April 1998 - Volume 40 - Issue 4 - pp 341-346
Original Articles

Goetzel's Rule: An ROI Of 1:1 Is Good Enough...



If You Can Demonstrate Health Improvement!



Wall Street Studies



FAST TRACK ARTICLE

The Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index

Ron Z. Goetzel, PhD, Raymond Fabius, MD, Daniel Fabius, DO, Enid C. Roemer, PhD, Nicole Thornton, BA, Rebecca K. Kelly, PhD, RD, and Kenneth R. Pelletier, PhD, MD (hc)

Objective: The aim of the study was to explore the link between companies investing in the health and well-being programs of their employees and stock market performance. **Methods:** Stock performance of C. Everett Koop National Health Award winners ($n = 26$) was measured over time and compared with the average performance of companies comprising the Standard and Poor's (S&P) 500 Index. **Results:** The Koop Award portfolio outperformed the S&P 500 Index. In the 14-year period tracked (2000–2014), Koop Award winners' stock values appreciated by 235% compared with the market average appreciation of 105%. **Conclusions:** This study supports prior and ongoing research demonstrating a higher market valuation—an affirmation of business success by Wall Street investors—of socially responsible companies that invest in the health and well-being of their workers when compared with other publicly traded firms.

businesses, partly fueled by a specific provision of the 2010 Affordable Care Act (Section 2705) that encourages employers to implement comprehensive worksite health promotion programs. Currently, approximately half of all employers with more than 50 employees offer wellness programs of varying comprehensiveness, with large employers being more likely to have a complex program.¹ Initiation and expansion of these programs has been spurred by the belief that organizations will benefit at the business or enterprise level by reducing the company's operating costs, in the form of medical expenditures, as well as improving worker productivity, although that assumption has been challenged by some critics.²

The connection between a company's health promotion program and overall business results assumes high employee awareness of and engagement in workplace health promotion and disease prevention programs. A further assumption is that participation in the workplace program will lead to improved health, more engaged

workplace health promotion programs are designed to improve

Goetzel RZ, Fabius R, Fabius D, et al. The Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index. *J Occup Environ Med.* 2016 Jan;58(1):9-15.

Grossmeier J, Fabius R, Flynn JP, et al. Linking Workplace Health Promotion Best Practices and Organizational Financial Performance: Tracking Market Performance of Companies With Highest Scores on the HERO Scorecard. *J Occup Environ Med.* 2016 Jan;58(1):16-23.

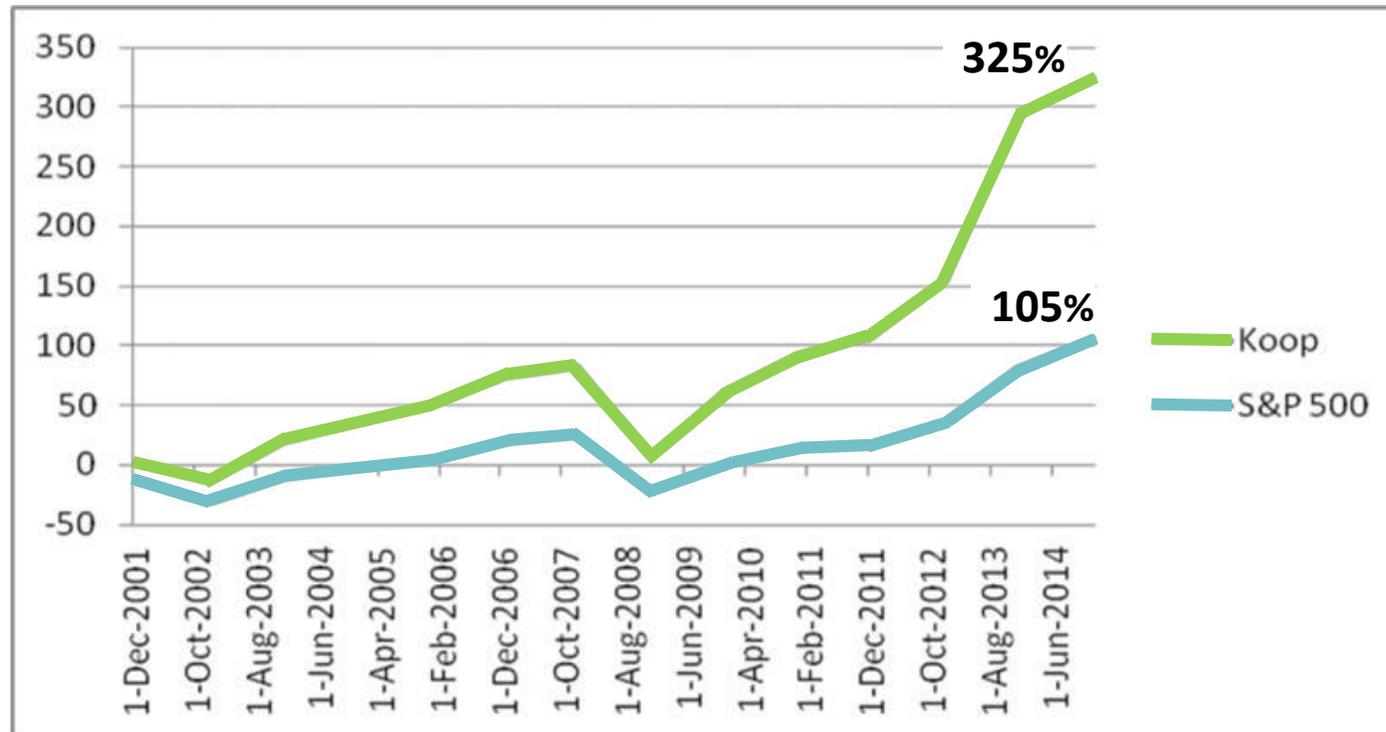
Wide Variety of Companies and Industries



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

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



PHOTO: ANDREW ECCLES

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)

Workplace Health Promotion (WHP) Programs Most Active in Providing Implementation Support

- **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

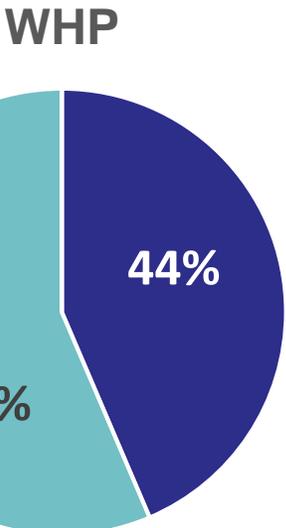
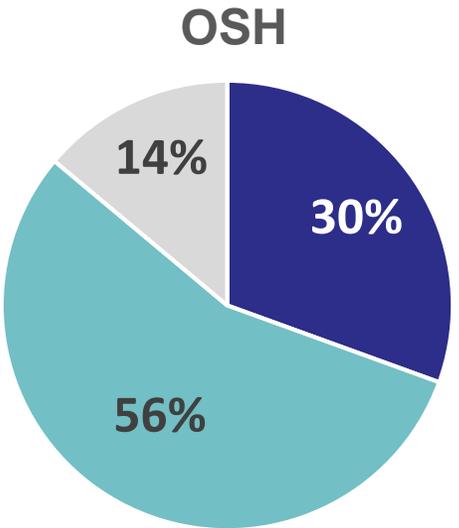
- **Funding**
- **Staff**
- **Organizational support**
- **Competency (e.g., knowledge and skills) of staff**

Funding and Staffing for OSH and WHP Are Relatively Low

Funding for activities		
	OSH	WHP
Median	\$150,000	\$57,500
Departments Reporting No Funding	19% (6)	30% (9)
FTEs to conduct activities		
	OSH	WHP
Median	1.0 FTE	1.0 FTE
Interquartile Range	0.3–4.5 FTE	0.1–1.5 FTE

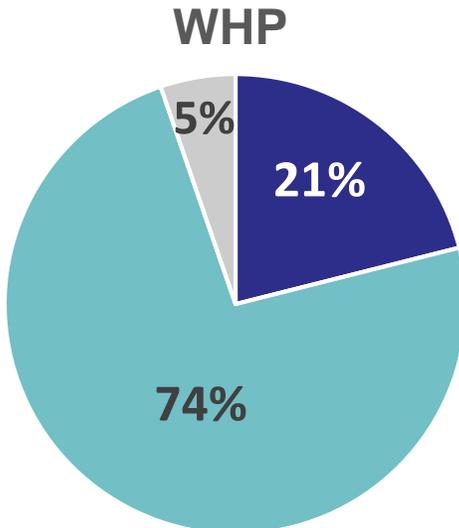
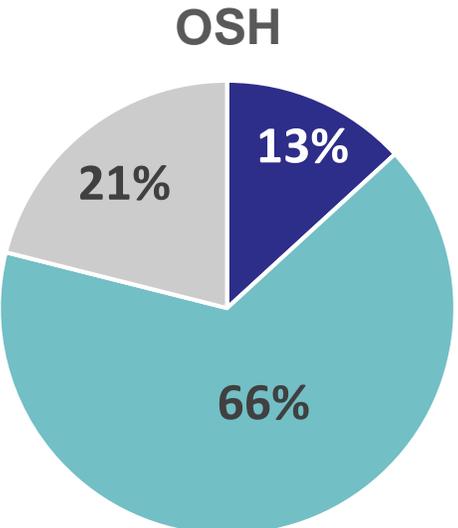
Organizational Support

Commitment



- Very to Extremely
- Slightly to moderately
- Not at All

Assigned Priority



- High to Very High
- Low to moderate
- Not at All

**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

Funding to Hire Staff to Coordinate Programs

“...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

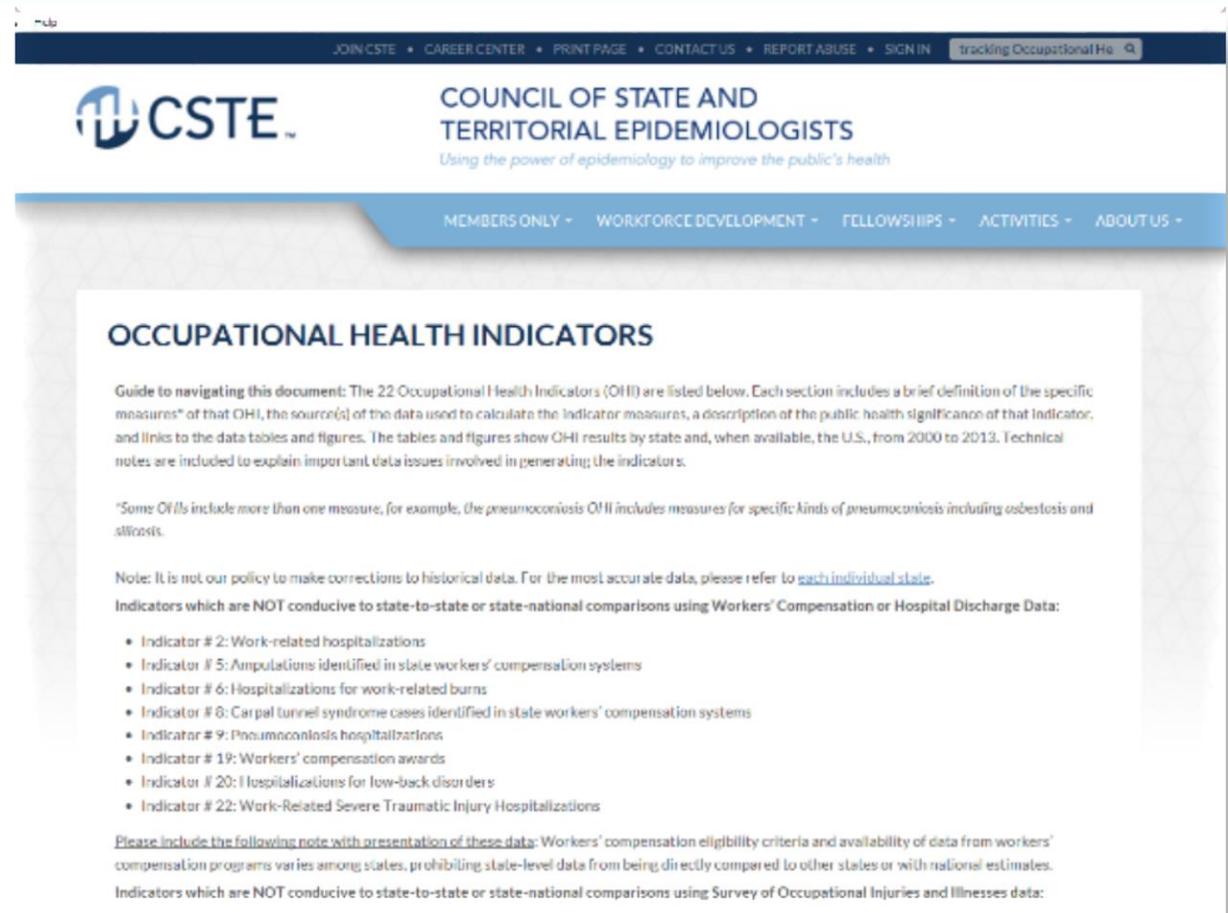
- **Tools for training newcomers and experienced staff**
 - CDC Health ScoreCard and Workplace Health Promotion website

The screenshot displays the CDC Workplace Health Promotion website. The main heading is "Workplace Health Promotion". Below it, there is a breadcrumb trail: "CDC > Workplace Health Promotion home > Workplace Health Initiatives". The page title is "Worksite Health ScoreCard". There are social media icons for Facebook, Twitter, and a plus sign. A banner image shows several people in a professional setting. The main content area has a purple header "What is the CDC Worksite Health ScoreCard?" followed by a paragraph: "A tool designed to help employers assess whether they have implemented science-based health promotion and protection interventions in their worksites to prevent heart disease, stroke, and related health conditions such as hypertension, diabetes, and obesity." Below this is a "More >" button. The page is divided into three sections: "INTRODUCTION" (The purpose and history of the CDC Worksite Health ScoreCard), "WORKSITE SCORECARD" (Access the ScoreCard Instrument), and "GUIDE TO USING THE SCORECARD" (A User's Guide and video tutorials for completing and interpreting your organization's CDC Online Worksite Health). On the right side, there is a "CDC Worksite Health ScoreCard" section with a "Create a new account and complete a ScoreCard" button, a "New User" button, a "Return to ScoreCard account" button, and a "Returning User" button. At the bottom right, there is a "Related Links" section with two links: "NIOSH Total Worker Health" and "Community Commons". On the left side, there is a navigation menu with items like "Workplace Health Promotion home", "Workplace Health Initiatives", "CDC Workplace Health Resource Center", "CDC Work@Health Program", "CDC Worksite Health ScoreCard", "Introduction", "Worksite ScoreCard", "Guide to Using the ScoreCard", "Working with the Online Health ScoreCard", "Worksite Health ScoreCard Glossary", "Workplace Health Model", "Workplace Health Strategies", "Data & Surveillance", "Research", "Tools & Resources", and "About Us". At the bottom of the menu is a "Get Email Updates" button.

Tools from the Council of State and Territorial Epidemiologists (CSTE) to Improve Competency

➤ CSTE Occupational Health Indicator “How-To” Guide

- OCCUPATIONAL HEALTH INDICATORS: A Guide for Tracking Occupational Health Conditions and Their Determinants
- Updated April 2017



The screenshot shows the CSTE website's page for Occupational Health Indicators. The header includes the CSTE logo and the text "COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS Using the power of epidemiology to improve the public's health". A navigation bar contains links for "MEMBERS ONLY", "WORKFORCE DEVELOPMENT", "FELLOWSHIPS", "ACTIVITIES", and "ABOUT US". The main content area is titled "OCCUPATIONAL HEALTH INDICATORS" and contains a guide to navigating the document, a list of indicators, and a note about data presentation.

JOIN CSTE • CAREER CENTER • PRINT PAGE • CONTACT US • REPORT ABUSE • SIGN IN tracking Occupational He

CSTE
COUNCIL OF STATE AND
TERRITORIAL EPIDEMIOLOGISTS
Using the power of epidemiology to improve the public's health

MEMBERS ONLY • WORKFORCE DEVELOPMENT • FELLOWSHIPS • ACTIVITIES • ABOUT US

OCCUPATIONAL HEALTH INDICATORS

Guide to navigating this document: The 22 Occupational Health Indicators (OHI) are listed below. Each section includes a brief definition of the specific measures of that OHI, the source(s) of the data used to calculate the indicator measures, a description of the public health significance of that indicator, and links to the data tables and figures. The tables and figures show OHI results by state and, when available, the U.S., from 2000 to 2013. Technical notes are included to explain important data issues involved in generating the indicators.

*Some OHIs include more than one measure, for example, the pneumoconiosis OHI includes measures for specific kinds of pneumoconiosis including asbestosis and silicosis.

Note: It is not our policy to make corrections to historical data. For the most accurate data, please refer to [each individual state](#).

Indicators which are NOT conducive to state-to-state or state-national comparisons using Workers' Compensation or Hospital Discharge Data:

- Indicator # 2: Work-related hospitalizations
- Indicator # 5: Amputations identified in state workers' compensation systems
- Indicator # 6: Hospitalizations for work-related burns
- Indicator # 8: Carpal tunnel syndrome cases identified in state workers' compensation systems
- Indicator # 9: Pneumoconiosis hospitalizations
- Indicator # 19: Workers' compensation awards
- Indicator # 20: Hospitalizations for low-back disorders
- Indicator # 22: Work-Related Severe Traumatic Injury Hospitalizations

Please include the following note with presentation of these data: Workers' compensation eligibility criteria and availability of data from workers' compensation programs varies among states, prohibiting state-level data from being directly compared to other states or with national estimates.

Indicators which are NOT conducive to state-to-state or state-national comparisons using Survey of Occupational Injuries and Illnesses data:

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

	OSH	WHP
Respondents reporting OSH–WHP collaboration	57% (n=21)	64% (n=25)
Level of collaboration reported	OSH	WHP
High to Very high	14% (n=3)	4% (n=1)
Moderate	48% (n=10)	40% (n=10)
Very low to Low	38% (n=8)	56% (n=14)

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



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

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



Comprehensive Worksite Health Promotion Programs



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**



Goetzel RZ, Roemer, E, Liss-Levinson RC, Samoly DK. Workplace Health Promotion: Policy Recommendations that Encourage Employers to Support Health Improvement Programs for their Workers. Washington, DC. Partnership for Prevention; 2008 Dec.

Employers Seeking Guidance from Trusted Sources

“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

- Refine By**
- CDC Workplace Health Model Components** ▾
 - Assessment
 - Planning and Governance
 - Implementation
 - Evaluation
 - Workplace Organizational Factors** ▾
 - Benefit Plan Design
 - Certification
 - Creating a Culture of Health
 - Developing Partnerships
 - Economics
 - Employee Engagement
 - Environmental Support
 - General Workplace Health

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

Show entries per page

Title	Description	Source	Year
2011 Oregon Employer Survey Report	This Oregon Employer Survey Report presents results from a 2011 survey conducted among Oregon employers about their worksite wellness poL...	Oregon Health Authority, Oregon Public Health Division, Health Promotion and Chronic Disease Section	2014
Alaska Well Workplace Wellness Guide: Ingredients for Success	The Moda (formerly ODS Alaska) Workplace Wellness Guide provides a road map for implementing and sustaining an effective wellness program...	Moda Health	2010
Aligning Incentives and Systems: Promoting Synergy Between Value-Based Insurance Design and the Patient Centered Medical Home	Employers are deeply enmeshed in developing strategies to control health care costs and improve health outcomes. The current environment ...	Fendrick, M.A.; Sherman, Bruce; and White, Dennis	2010
An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations	Substance abuse is common, and the costs of substance abuse are high for employers. Of the 20 million adults classified as having problem...		



CDC Workplace Health Resource Center
Make Wellness Your Business

What is the CDC Workplace Health Resource Center (WHRC)?

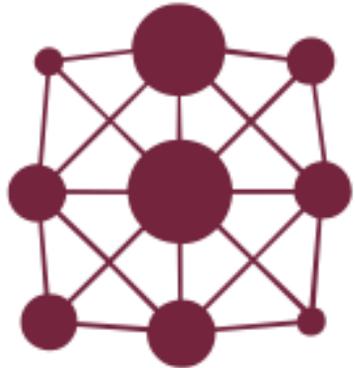
- **First-stop online site to help employers launch or expand a workplace health promotion program**
- **Evidence-based, credible resources – all in one place!**
- **Helps employers tailor workplace health promotion goals to their organization's needs**



**CDC Workplace Health
Resource Center**
Make Wellness Your Business

WHRC Tools and Resources

Over 200 resources and growing



Case studies

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

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**

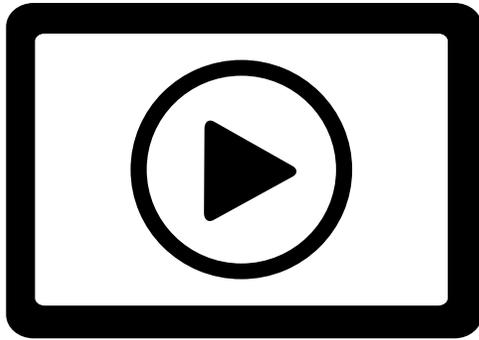
WHRC Tools and Resources



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



Who Uses WHRC?

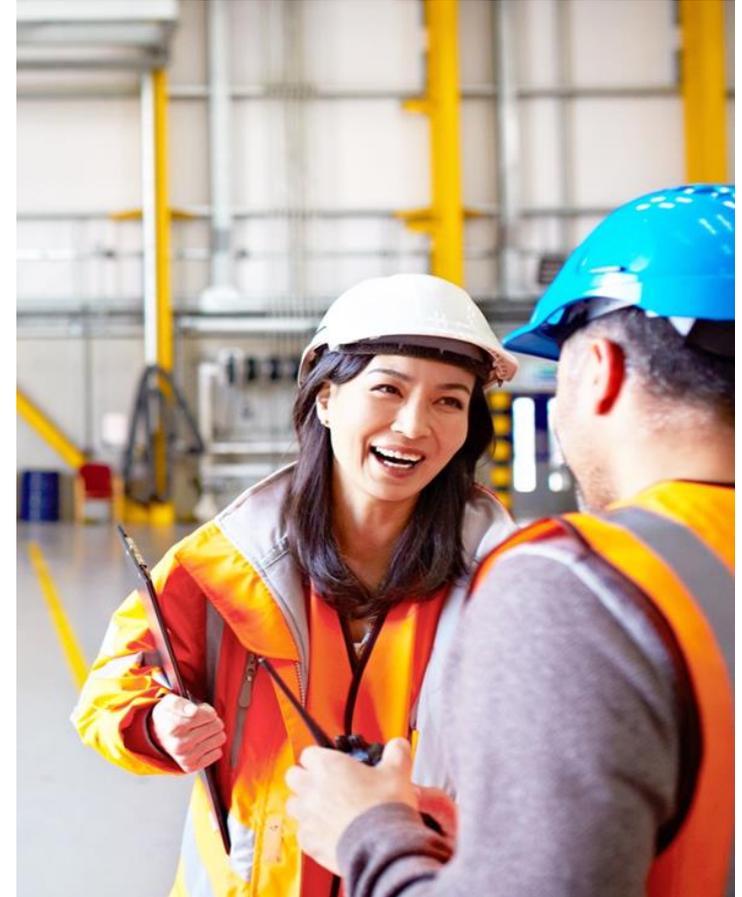
➤ **Employers**

- Human resources and benefits managers
- Wellness champions

➤ **Brokers and healthcare benefits consultants**

➤ **State public health departments**

➤ **Business health coalitions**



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**CDC Workplace Health
Resource Center**

Make Wellness Your Business

Thank You and Stay Connected!

➤ Visit the website www.cdc.gov/WHRC

➤ Get updates via social media

#CDCWorkplaceHealth



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