

Workers Comp
It Matters

NIOSH's The Total Worker Health[®] Approach – Promising Policies, Programs, and Practices

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Research Epidemiologist

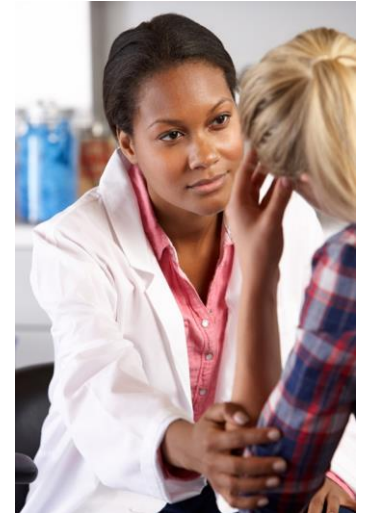
Tennessee Workers' Compensation Conference 2022

August 16, 2022

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

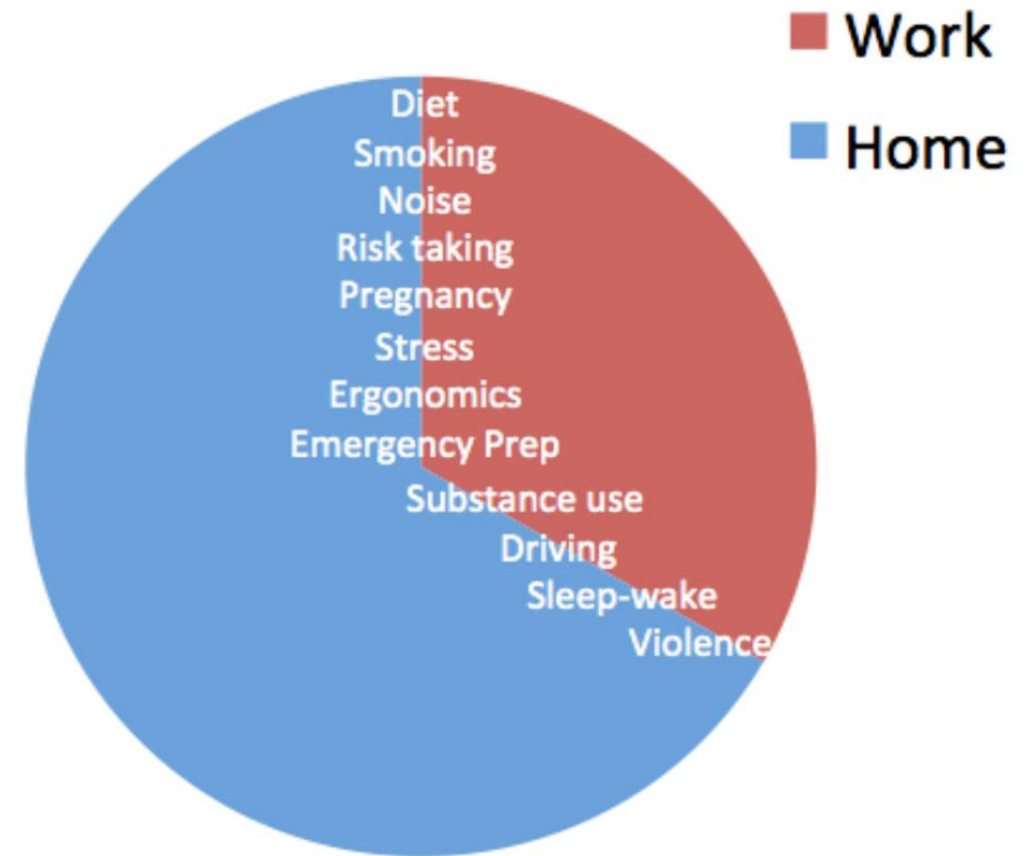
Introduction

- Workers face risks, hazards, and exposures from work—traditional, new, and yet unknown



Workforce Safety, Health, and Well-Being

- Workplace and work contribute to workforce safety, health, and well-being
- Workforce safety, health, and well-being are inextricably linked, both on- and off-the-job



Work Influences Every Aspect of Life

- Presents risk for injury, illness, and disability
- Provides wages - a strong predictor of health and longevity
- Offers benefits - healthcare, workers comp, income security
- Guides where we live, how we commute
- Determines time for other pursuits – sleep, exercise, health management, food prep, family, friends, rest
- Affects relationships
- PRESENTS OPPORTUNITY TO PROMOTE HEALTH, ADD MEANING, AND ENHANCE WELL-BEING

Total Worker Health Approach Defined

- 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



Total Worker Health[®]

Taking a Holistic Approach to Employee Health



Total Worker Health Approach Explained

- Builds on NIOSH efforts to keep workers safe
- Takes a systems approach, broadening worker safety and health efforts
- Comprehensive focus on higher quality work, better-designed work
- Views organization of work as a strong exposure/opportunity
- Participatory, worker-centered
- Focuses on evidence-based research
- Provides holistic solutions for workers and employers

Key Tenets: What a *Total Worker Health* Approach Is

- ✓ Examines how the work organization and work itself can holistically influence worker safety, health, and well-being
- ✓ Embraces voluntary, participatory interventions
- ✓ Programs protect workers' rights and privacy

What a *Total Worker Health* Approach Is Not

- × Does not “blame the worker”
- × Not consistent with workplace policies that discriminate against or penalize workers for their individual health conditions or create disincentives for improving health
- × Not a wellness/health promotion program that has been implemented without simultaneously providing safe and healthful working conditions

Defining Elements

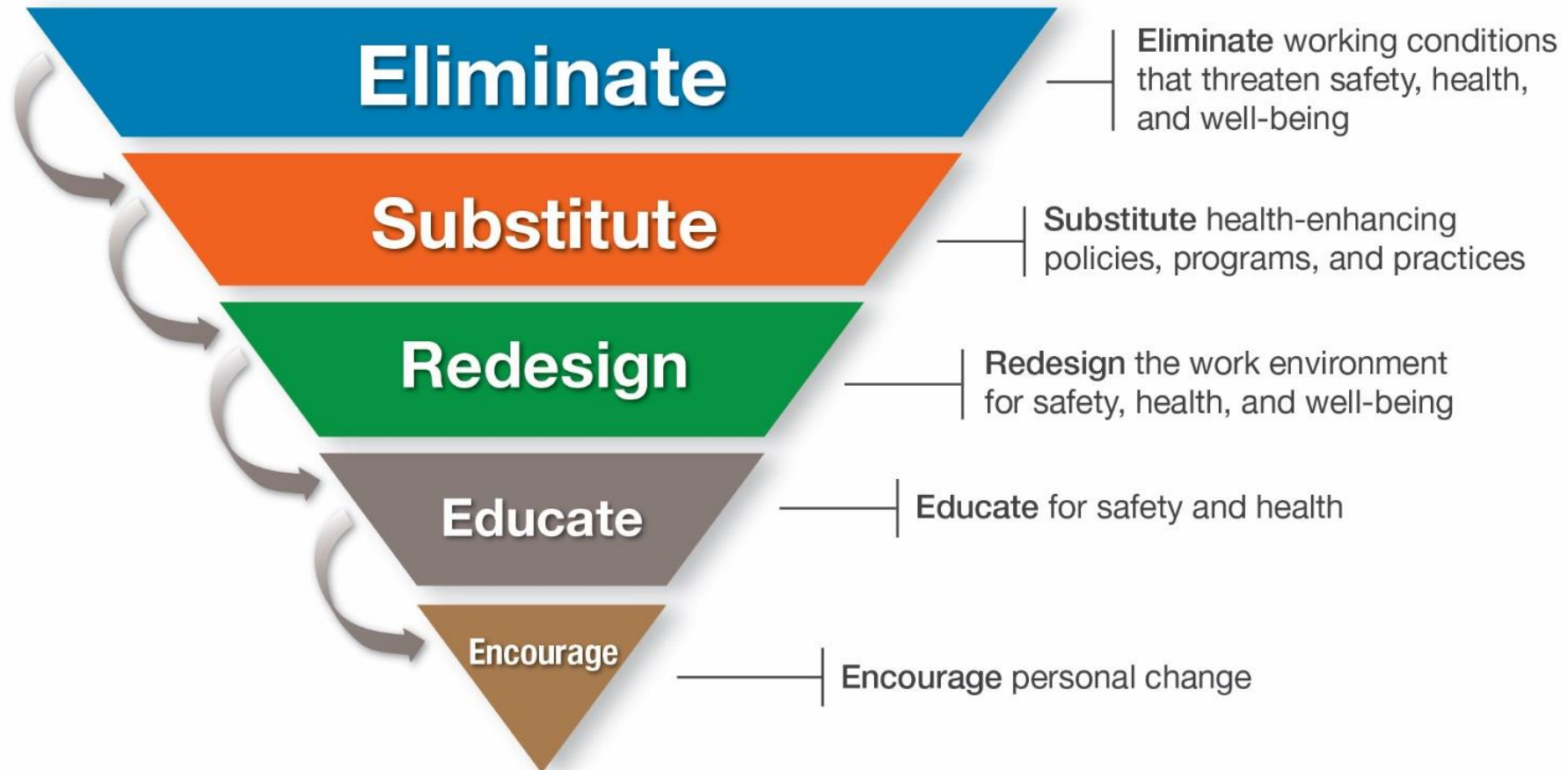
1. Demonstrate leadership commitment to worker safety and health at all levels of the organization
2. Design work to eliminate or reduce safety and health hazards and promote worker well-being
3. Promote and support worker engagement throughout program design and implementation
4. Ensure confidentiality and privacy of workers
5. Integrate relevant systems to advance worker well-being

Build a Cross-functional Team

Work design is a team sport



Hierarchy of Controls Applied to NIOSH *Total Worker Health*[®]



Suggested Citation: NIOSH [2016]. Fundamentals of total worker health approaches: essential elements for advancing worker safety, health, and well-being. By Lee MP, Hudson H, Richards R, Chang CC, Chosewood LC, Schill AL, on behalf of the NIOSH Office for Total Worker Health. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2017-112.

Total Worker Health Policies, Programs, Practices

- Worker-centered problem solving
- Equitable wages, safe staffing levels
- Leave and benefits optimization
- More supportive supervision
- Discrimination, harassment, and violence prevention
- Health-enhancing work design
- Fair performance appraisals
- Pathways to advancement and development
- Attention to work-life fit
- Address work factors known to be causes of chronic conditions
- Confidential occupational health/prevention services

Healthier Supervision

- Training for supervisors is critical
 - Working & communication styles, provide tools
- Provide for continuous skills development of team
- Foster engagement
- Be supportive of risk taking
- Appreciation, rewards, recognition
- Return-to-work, stay-at-work supports
- Genuine listening, including stay-at- work interviews

How to Reduce Work-Life Conflict with Healthy Work Design

- Train supervisors to offer support for work-life balance
- Increase worker control over how, where, and when they work
- Provide fair pay to support economic health
- Provide benefits that support comprehensive health
- Flexible scheduling options over the course of the life-time
- Safe work that protects against hazards these workers are exposed to, and considers off the job risks as well

Integrated Approaches for Musculoskeletal Issues

Work
Re-organization



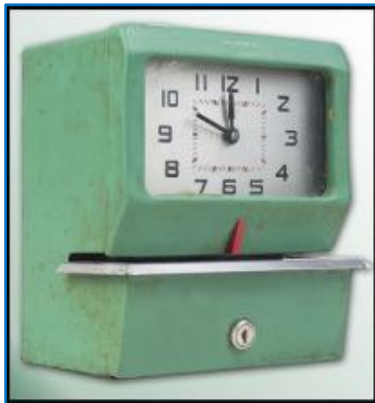
Psychosocial
Health



Ergonomic
Consultations



Self-Management
Strategies

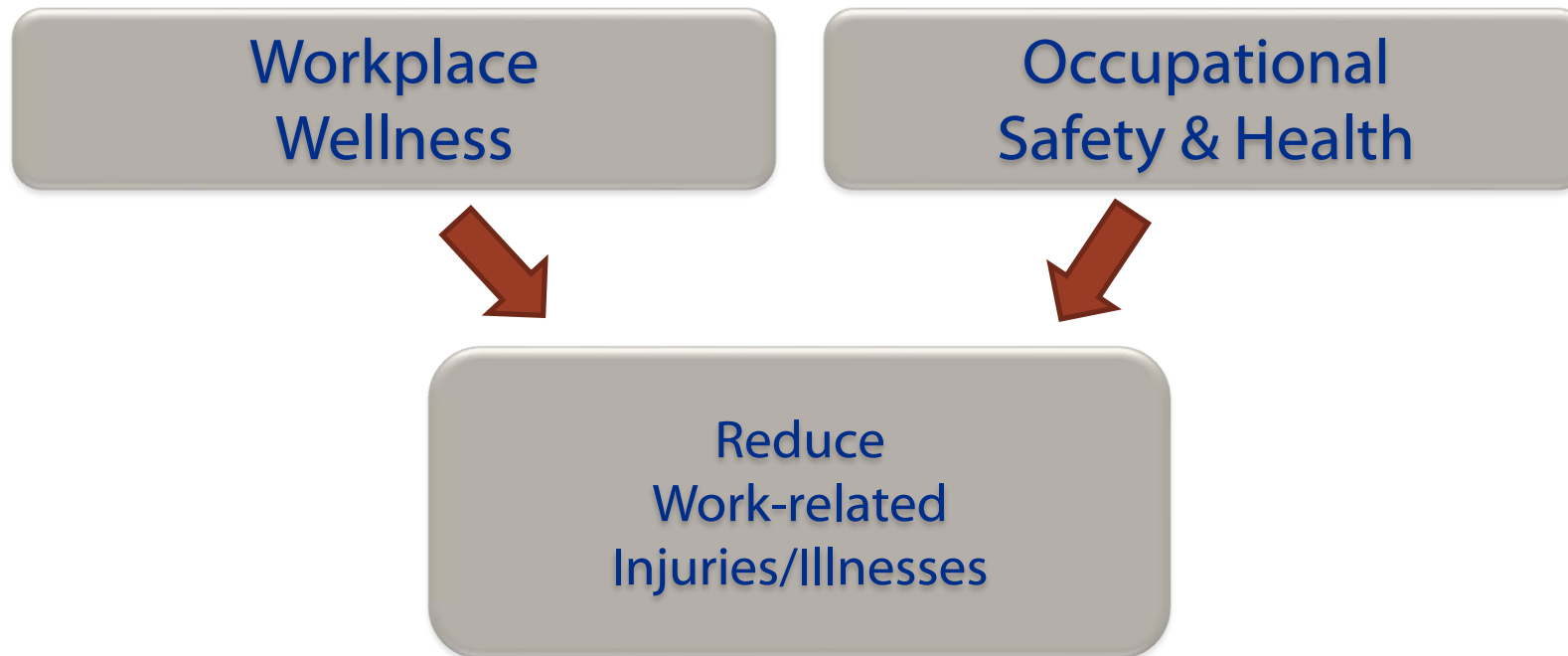


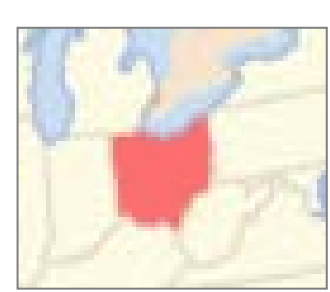
The Total Worker Health[®] Approach

Examples

Ohio Bureau of Workers' Compensation (OHBWC) Workplace Wellness Grant Program (WWGP)

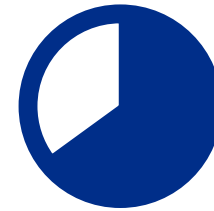
- “ a program of **workplace wellness grants** for the prevention of occupational injuries and illnesses . . . to provide funds to address health risk factors **to reduce the number and severity of workplace injuries and illnesses.**”





OHBWC Background

- OHBWC administers Ohio's exclusive workers' compensation (WC) state fund
- OHBWC insures two-thirds of Ohio workers
- Division of Safety and Hygiene (DSH)
 - DSH Staff provide safety, ergonomic, and industrial hygiene services
 - **DSH Mission:** To maintain and grow a safe, healthy, competitive, and productive workforce in Ohio.
- The WWGP was designed to maintain or improve the health of Ohio workers.



WWGP Participation Requirements

- Eligibility
- Grant program requirements
 - Health Risk Assessments
 - Biometric measures
 - Must use third-party vendor to administer program
 - Design workplace wellness program to address employee health-risk factors
 - Must submit annual post-intervention ‘case study’ survey



WWGP Funding

- \$4 million program budget allocated through life of program (ongoing)
- Up to \$15,000 per employer over 4 years (grant periods), \$300 per employee

Year 1	Year 2	Year 3	Year 4	Total
\$100	\$75	\$75	\$50	\$300 per employee

- Rolling enrollment –grant periods (GPs) begin in all calendar years

WWGP Intervention Study



- Annual post-intervention survey administration
 - Mandatory program requirement
 - Due 12-15 months *after* receiving grant funds for each year of participation (after grant years 1, 2, 3, and 4)
 - Employers who do not submit a survey removed from the program and billed to return grant funds
- Study eligibility
 - Grant awarded by 11/8/2016
 - Completed all program requirements by 2/8/2018



WWGP Employer Participation 2012-2016*

- \$4 million program budget allocated through life of program (ongoing)
- Up to \$15,000 per employer over 4 years (grant periods)
- Rolling enrollment –grant periods (GPs) begin in all calendar years

	GP1	GP2	GP3	GP4**	All Grant Periods
Surveys Completed (Response rate %)	235 (80%)	164 (88%)	89 (78%)	15 (37%)	503 (79%)
Total number of grantees required to submit survey	294	186	114	41	635

*Grants awarded by 11/8/2016 (15 months prior to surveys data run, 2/8/2018)

**24 were awarded in 2016

WWGP Employers by Industry Sector

Industry Sector*	GP1	GP2	GP3	GP4
Services, except Public Safety	84	64	33	7
Manufacturing	48	29	17	3
Health Care and Social Assistance	39	25	18	2
Wholesale Trade/Retail Trade	29	16	8	1
Construction	14	9	3	0
Transportation, Warehousing, Utilities	13	13	7	1
Public Safety	7	8	3	1
Oil & Gas	1	0	0	0

*National Occupational Research Agenda Industry Sectors. Zero employers participated from Agriculture, Forestry, Fishing/Hunting and Mining sectors.

- Analysis of 220 surveys for GP1
 - Meyers et al, 2019
 - Degree of Integration between Occupational Safety and Health Programs and Wellness Programs: First-year Results from an Insurer-Sponsored Wellness Grant for Smaller Employers

WWGP Annual Employer Survey

OSH-Wellness Integration Categories

- A. OSH factors influencing program design
- B. OSH improvements to support wellness program
- C. Frequency of joint program monitoring
- D. Frequency of integrated communication
- E. Departments and employee types engaged in program design or implementation
- F. Groups/committees for planning and evaluation
- G. Overlapping responsibilities for Wellness and OSH Program Managers
- H. Overcoming workplace barriers
 - Strategies for overcoming workplace barriers to implementing exercise
 - Strategies for overcoming workplace barriers to implementing healthy eating programs

Link to full survey (SH-30) <https://tinyurl.com/544pa767>

WWGP Annual Employer Survey

OSH + Wellness Integration Categories

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A. OSH Factors that Influenced Wellness Program Design

- Proportions of employers who considered workplace hazards when designing wellness program
 - Work stress among employees (27%)
 - WC Claims history (14%)
 - Ergonomic hazards (8%)
 - Physical safety hazards (7%)
 - Exposure to hazardous substances (4%) *



A. OSH Factors that Influenced Wellness Program Design

- Proportions of employers who considered workplace hazards when designing wellness program
 - Work stress among employees (27%)
 - WC Claims history (14%)
 - Ergonomic hazards (8%)
 - Physical safety hazards (7%)
 - Exposure to hazardous substances (4%) *
- 15% considered workers' exposure to one of these three

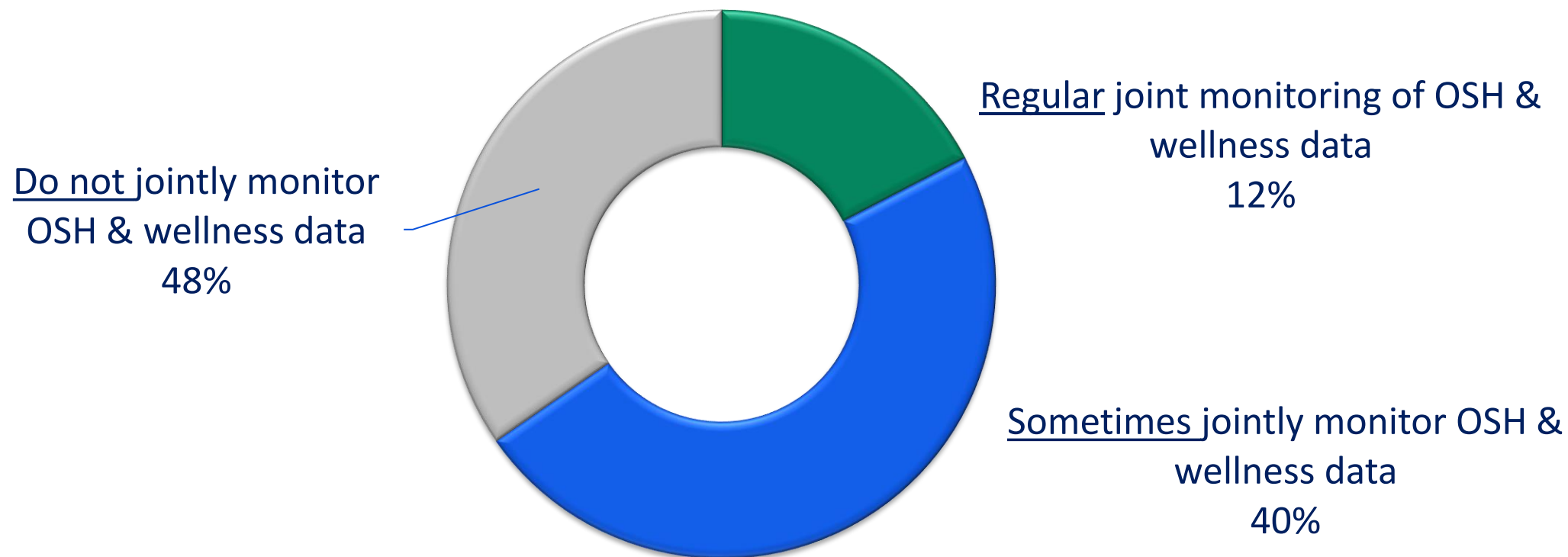


B. OSH improvements to support wellness program

- 32% of employers also made at least one of the following OSH-related changes to support their wellness program
 - Made changes to reduce safety hazards at work 17%
 - Improved disability management policies and practices 15%
 - Made scheduling changes to promote physical fitness 15%
 - Reduce physical workload or ergonomic stresses 13%
 - Made changes to reduce chemical or biologic exposures 5%



C. Frequency of joint program monitoring

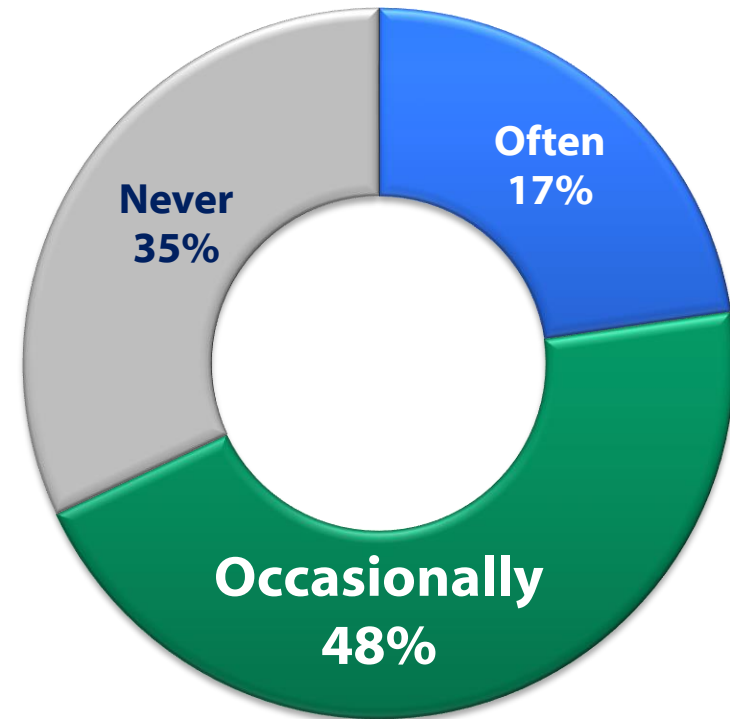


52% indicated that *at least sometimes* their organization used data to jointly monitor OSH and wellness



D. Frequency of integrated communication

- Within the past year, how often have safety and workplace wellness program topics been included in the same communication materials or training sessions?





E. Departments and employee types engaged in program design or implementation

Other than the person in charge of the workplace wellness program, who else contributed to major decisions that affected the design or implementation of the wellness program?

Persons who worked in:

	<u>N</u>	<u>%</u>
▪ HR	113	52
▪ Safety	43	20
▪ Senior Management	153	70
▪ Wellness	68	31
▪ Other hourly employees	58	27
▪ Other salaried workers	70	32
▪ No one else contributed	8	4



F. Groups/committees for planning and evaluation

	N	%
■ There is one group or committee that deals with both safety and wellness (or 2 different groups but the members are almost the same).	39	18%
■ We have groups for both safety and wellness, and these are separate groups/committees.	98	45%
■ OR - We have only one group, not both:		
• Yes. We have a group for safety only.	30	14%
• Yes. We have a group for wellness only.	25	11%
■ No, we have no groups or committees for safety or wellness	28	13%

Promising Practices Case Studies

Available Tools, Promising Practices, and Publications

- **Tools: Let's Get Started**

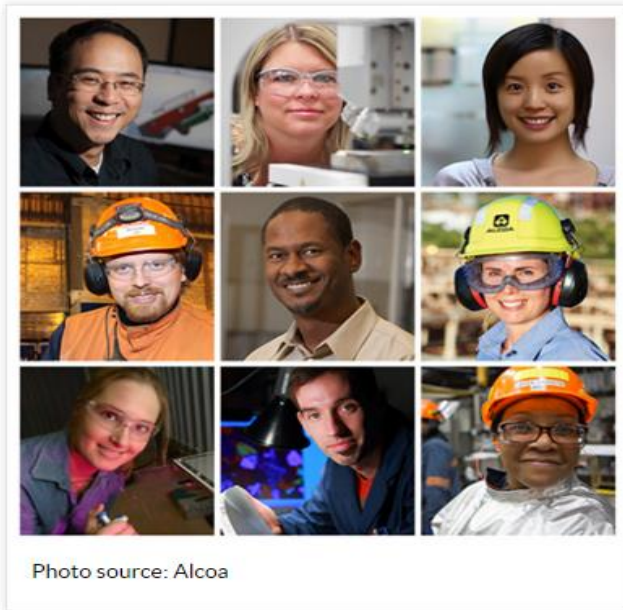
- <https://www.cdc.gov/niosh/twh/letsgetstarted.html>
- Resources to help create or expand cultures of safety, health, and well-being Promising Practices

- **Promising Practices**

- <https://www.cdc.gov/niosh/twh/practices.html>
- Real-world examples of how organizations see positive results using comprehensive workplace policies, programs, and practice

- **Publications and Reports**

- <https://www.cdc.gov/niosh/twh/publications.html>
- Identify frameworks, solutions, and relevant research for comprehensive programs



- Demonstrate leadership
 - Environmental, Health & Safety Value
 - Director of Global Wellness
- Share information with workers and seeking feedback for evaluation
 - Surveys at the corporate level and at individual sites
 - Real-time safety metrics: rates of near-misses and injuries, split by business segment, compared to the previous year's metrics
 - Participation rates, aggregate health condition status, healthcare costs
- Integrate systems
 - Fatigue risk management group led by a cross-functional team Recommendations, global guidelines on shift work and overtime
 - Permit process, including employee input, on deviations to the guidelines
 - Some businesses added rest breaks and facilities



- **Leadership Commitment**
- “Keep Our Business Strong”
 - Employee engagement, access to “culture of health” programs, HRA, awareness of key health indicators
 - Employee safety, Contractor safety, fleet safety
 - Annual sustainability report: Personal risk factors, employee satisfaction, training hours, serious injury/illness rate, safety fines
- **Home and Community**
 - Guidance for homes (MSDs, strains & sprains, lifting)
 - Road safety for general public
- **Impact**
 - 2002-2008: Reductions in obesity, high blood pressure, high cholesterol, tobacco use, physical inactivity, poor nutrition
 - Healthcare costs grew by 1% (benchmark avg 4.8%)
 - Return on investment \$1.88 to \$3.92 (2009 dollars)

L.L.Bean®



- Average age of 50
- Physically demanding jobs
 - Materials handling in the warehouse
- Organization of work:
 - Most workers usually were assigned materials-handling activities only twice a week
 - Rotated to other tasks every couple of hours
 - Three sets of paid 5-minute rest and stretch breaks a day
- Technologies:
 - Vacuum lifts reduce weights to less than 10 pounds
 - Pallet positioners allow loads to be at optimal height
 - No back injuries have been reported while using this technology
 - Positive worker feedback

L.L.Bean®

Jump-Starting Cardiovascular Fitness

- Aims to increase cardiovascular fitness and endurance, build muscle mass, improve flexibility
- Aerobic activity and strength-training program: Three times a week, for 12 weeks
- 45 minutes of paid company time during their work shift
- Improvements in muscle strength, endurance, and flexibility; resting heart rate and cardiovascular endurance
- 29% of the participants lost weight
- 62% of workers reported having more energy and 29% reported less stress
- Workers' compensation cases were reduced from 10 to 2 cases in the same group of workers, with reductions in both compensation costs and medical costs.

Promising Practices: Dartmouth-Hitchcock Medical Center

- Academic Medical Center
- >9,000 employees
- >10,000 family members
- 900 physicians
- Multiple sites



Dartmouth-Hitchcock

Recognizable Problem

- ✗ **Unsustainable health care costs**
- ✗ **Silo-ed resources**
- ✗ **Workforce sicker than benchmark organizations**
- ✗ **Patient safety depends on healthy employees**

The Solutions

- ✓ **Create a sustainable ‘culture of health’ that would support population health**
- ✓ **LiveWell WorkWell – a strategic priority**



Dartmouth-Hitchcock

- **Organizational-level Interventions**
 - Quality scoreboard includes employee and patient safety
 - 4-hour employee training on culture, patient and employee safety
- **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
- **Team-level Interventions:**
 - Partners in Health, Environment, Wellness, and Safety Committee
 - Safety Wellness Action Team (SWAT) interventions

Dartmouth-Hitchcock

- SWAT interventions
 - Integrated committee -- Partners in Health, Environment, Wellness, and Safety
 - Supervisor training
 - Team and resiliency building
 - Benefits design
 - Environmental supports: access to healthier foods or changes to work schedules, and policy changes



Dartmouth-Hitchcock

- SWAT interventions
 - Integrated committee
 - Supervisor training
 - Team and resiliency building
 - Benefits design
 - Environmental supports: access to healthier foods or changes to work schedules, and policy changes

- ✓ Align with organizational culture
- ✓ Identify as a organizational imperative
- ✓ Embed in strategic and operating plans



Save the Date! PCW Annual meeting

December 4th from 12:00 to 2:30 PM
at the Hilton Garden Inn in Lebanon,
NH.

[Register Here](#)



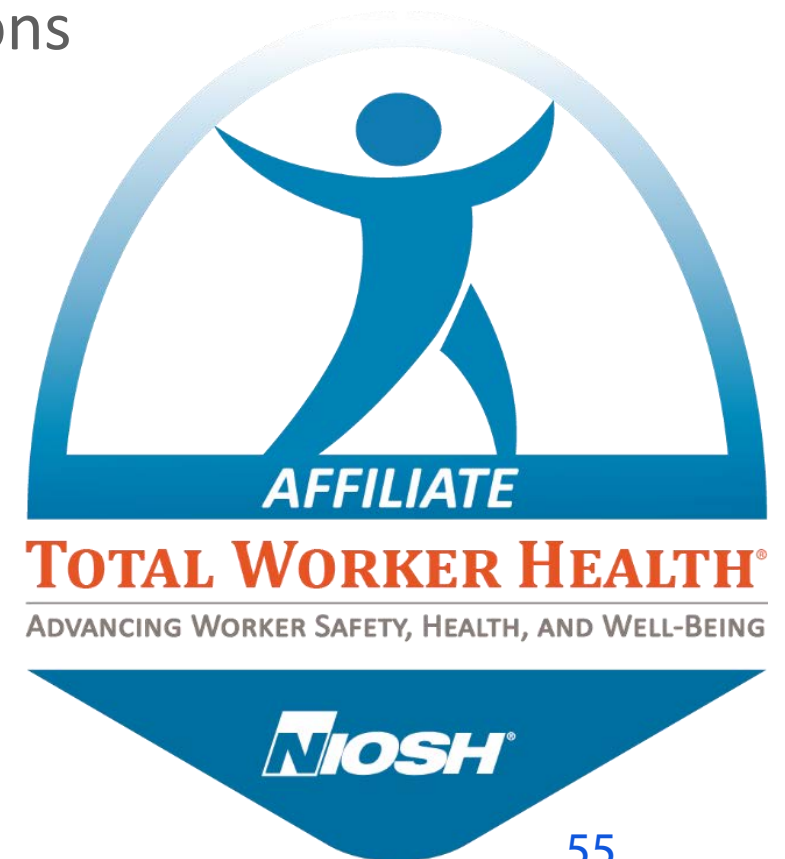
Dartmouth- Hitchcock: Community Environment

- Partners for Community Wellness
- Includes network of citizen representatives who work with Dartmouth-Hitchcock to advance healthier communities across NH and VT through education, advocacy and philanthropy
- [Tipping Point program](#) provides small grants
- Community Ambassador Program

TWH Resources

NIOSH *Total Worker Health* Affiliates

- Advance worker safety, health, and well-being through non-funded collaborations with governmental and nonprofit organizations, including labor, education, training, and research organizations
- More than 50 affiliates in 2021



The NIOSH Worker Well-Being Questionnaire (WellBQ)

- Released April 2021
- First-ever survey to comprehensively measure worker well-being
- Characterizes quality of life by
 - Work-related physical environment/safety climate
 - Workplace policies and culture
 - Health status
 - Work evaluation and expertise, psychosocial factors
 - Home, community, society
- Free for public use
- www.cdc.gov/niosh/twh/wellbq/



Current TWH Certificate and Degree Training Programs

- Colorado School of Public Health
 - Certificate Program – fully online, scholarships (2016)
- Northern Kentucky University
 - 18 credit hour certificate that focuses on safety, health and well-being in the workplace
- Oregon Healthy Workforce Center
 - Dissertation awards and working professionals education program
- University of North Carolina - Gillings School of Public Health
 - 9 credit hour certificate program including 3 online courses
- University of Texas
 - TWH PhD program
- Western Kentucky University
 - Undergraduate and graduate certificates

Connect with us!



- Website: <http://www.cdc.gov/niosh/twh>



- Twitter @NIOSH_TWH: https://twitter.com/NIOSH_TWH



- LinkedIn NIOSH TWH Group:
<https://www.linkedin.com/groups/4473829/>



- TWH in Action! eNewsletter:
<http://www.cdc.gov/niosh/TWH/newsletter/>

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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- Questions?