The Power of Total Worker Health™

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The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health, and should not be construed to represent any agency determination or policy.
Outline

- TWH™ Concept: What is it?
- TWH™: Why now?
- TWH™ in Action: What’s the Rationale?
- The Bottom Line: Where’s the beef?
- Promising Practices: Who’s doing it?
- More Info: Where are the resources?
THE TWH™ CONCEPT: WHAT IS IT?
EAP
Group Health
Compensation Programs
Presenteeism/Absenteeism
Occupational Safety and Health
Disability
Workers’ Compensation
Health Promotion
Demand and Disease Management
Occupational Safety and Health & Health Promotion Silos

• Traditional occupational safety and health protection
  ▪ focus on reducing hazards and exposures at the workplace to prevent occupational injury and illness, optimally promoting collective change; programs are often mandatory or regulated heavily

• Traditional health promotion
  ▪ involves interventions aimed at reducing lifestyle risk factors by promoting healthy behaviors and actions, often focusing on promoting individual change
The Total Worker Health™ Approach

• Total Worker Health™ is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being.
Integrated Approach to Total Worker Health

EAP

Group Health

Compensation Programs

Presenteeism/Absenteeism

Occupational Safety and Health

Disability

Workers’ Compensation

Health Promotion

Demand and Disease Management

TWH™: WHY NOW?
# Issues Relevant to TOTAL WORKER HEALTH™*

## EMPLOYMENT

### New Employment Arrangements

### Global Economy
- Competition for Workers, Products, Services, and Knowledge

### Benefits Systems
- Rising Health Care Costs
- Eroding Distinction Between Work-Related and Non-Work-Related Conditions

### Health, Productivity, and Disability Management
- Presenteeism
- Absenteeism

### Americans with Disabilities Act
- Requirements Related to Wellness and Health Promotion Programs

### Changing Social Policies Related to Retirement
- Retirement Age
- Benefits

*Issues in these lists are for illustrative purposes and are not meant to be exhaustive.*
Global Economy: Declining Growth in the Working Age Population

Dramatically Different Patterns of Population Growth by Age

Percent Growth in U.S. Population by Age: 2000-2010

1. Middle age population declines

2. Fewer young adults

3. Rapid growth in the population ≥55

Source: U.S. Census Bureau, 2000
Impacts the Future Workforce

Percent Growth in U.S. Workforce by Age: 2000-2020

Source: U.S. Census Bureau
Employment Arrangements: Precarious Work

- Flexibility for Production
- Contingent – Part-Time, Temporary, Day Labor, Cottage Industry (⅓ of U.S. Workforce)
- Health Impact:
  - Job Insecurity, Lower Wages, Hazardous Exposures
  - No Benefits
  - Increased Stress
  - Evidence of Increased Morbidity
- Workers’ Comp Claim Rates Higher

Employment Arrangements:Flexible Work

• Flexibility for Work-Life Fit\(^1\) (Balance)
  - Greater Engagement
  - Greater Probability of Retention
  - Greater Job Satisfaction
  - Better Overall Health

• Flexibility to Balance Work & Life Most Effective\(^2\)
  - Retain & Reward the Best People
  - Attract the Best People

\(^1\)2008 National Study of the Changing Workforce
\(^2\)SHRM Human Potential Poll, 2010, [http://www.shrm.org/Research/SurveyFindings/Articles/Pages/Challengesinnext10Yrs.aspx](http://www.shrm.org/Research/SurveyFindings/Articles/Pages/Challengesinnext10Yrs.aspx)
General Trends in Health-Related Benefit Systems

• Decline in acute traumatic injuries with clear connection to work
• Increase in chronic health conditions
• Erosion of distinction between occupational and non-occupational illness and injury
• Increase in medical and indemnity costs (health insurance, disability programs, workers’ compensation)
• Cost shifting between insurance programs
Cost of Workplace Injuries & Illness*

- $250B per year for work injuries & sick days
- Medical costs = 27% of total
- Indirect costs (productivity) = 73% of total
- <25% covered by Workers’ Compensation
- Most covered by Medicare, Medicaid, and health insurance provided by employers

Burden of Chronic Health Conditions

- **Cancer**
  - $89B in medical costs
  - $130B in lost work days & productivity

- **CVD**
  - $444B a year total costs

- **Diabetes**
  - $116B for medical issues
  - $58B for lost work & productivity

- **Tobacco-Related**
  - $96B in medical costs
  - $97B in lost productivity

- **Obesity**
  - $147B annual health cost
  - 10% of annual medical burden

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1National Center for Chronic Disease Prevention and Control, 2008
Economic Necessity: TWH™

- Company health & employee health are interdependent!
- Employees:
  - Spend >1/3 of day at work
  - Limited supply
  - Getting older
- Employers pay for:
  - 36% of the nation’s healthcare expenditures
  - Workers’ compensation claims
Health & Productivity Management

• Increasing Emphasis on Productivity, Absenteeism, “Presenteeism”
• More companies are paying workers to stay healthy!
  • 53% in 2008
  • 61% in 2009

http://www.time.com/time/business/article/0,8599,1899915,00.html
## Issues Relevant to TOTAL WORKER HEALTH™*

### WORKERS

**Multigenerational Workforce**

**Older Workers**
- Aging Productively
- Recareering

**Younger Workers**
- Education Levels
- Skills

**Groups of Special Concern**
- Differently Abled
- Military to Civilian Transition

**Health Promotion**
- Smoking Cessation
- Diet and Nutrition
- Physical Activity
- Stress Management and Resiliency

**Prevalent Chronic Health Conditions**
- Obesity
- Arthritis
- Hypertension/CVD
- Diabetes
- Hyperlipidemia
- Depression/Anxiety
- Stress
- Sleep and Fatigue Issues

*Issues in these lists are for illustrative purposes and are not meant to be exhaustive.*
DAVOS 2006
THE FUTURE OF WORK
Forget Retirement—Older Workers Are Now the Key To National Prosperity
Aging: A Balance of Factors

- Possible Limitations
  - Mental Capacity & Cognitive Limitations
  - Chronic Conditions
  - Physical Capacity

- Possible Compensating Factors
  - Attitude
  - Judgment
  - Flexibility
  - Interest in Learning New Things

Photo: ©iStockphoto.com/Mark Evans
Specific Health & Safety Concerns

- Older workers have similar or lower rates for all injuries and illnesses, but when one occurs, it tends to be more severe and recovery time is longer\(^1\)
- Injuries differ in older workers—there are more musculoskeletal injuries
  - Higher rates of falls on the same level\(^1\)
  - Highest fatal injury rates\(^1\)
- No consistent relationship between aging & work performance

\(^1\)MMWR/April 29, 2011/Vol. 60/No. 16
Obesity* Trends Among U.S. Adults, 2009

* Body mass index (BMI) ≥30, or about 30 lbs. overweight for a 5’4” person, based on self-reported weight and height.

Source: CDC, Behavioral Risk Factor Surveillance System.
Obesity: Costs to Employers

• Full-time obese employees cost their companies $73.1B a year in absenteeism, lower productivity and medical costs

• Workers’ compensation & obesity¹:
  - ↑ claims
  - ↑ lost workdays
  - ↑ medical claim cost
  - ↑ indemnity claim cost

• Work-related injuries are more costly; permanent disability more likely²

Work, Obesity & OSH*

- Work-Related Risk Factors for Overweight & Obesity:
  - High-Demand, Low-Control Work
  - Long Work Hours
- Obesity May Be a Risk Modifier:
  - Vibration-Induced Injury
  - Some Occupational MSDs
- Integrated Strategies for Health Protection and Health Promotion Should Be Considered

The Future Workforce

• Overweight adolescents have a 70% chance of becoming overweight or obese adults – and, this figure rises to 80% if one or more parent is overweight or obese.

• Especially relevant when employees come from the surrounding community
On an average workday in the U.S., how many employees do you think are absent due to stress?
Workplace Stress is Epidemic

• An Estimated 1 Million Workers are Absent Every Day Due to Stress!¹

• Job Stress Costs US Businesses >$300B Yearly Due to: Absenteeism; Employee Turnover; Diminished Productivity; Medical, Legal & Insurance Expenses; & Workers' Compensation Payments.¹

• By 2020 Stress will be the 2nd Most Financially Damaging Health Condition in the World²

¹American Institute of Stress
²World Health Organization, 2004
Workplace Wellness Programs

67%

Two-thirds of companies with 3 or more employees that offer health benefits also offer at least one wellness program

### Issues Relevant to TOTAL WORKER HEALTH™ *

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<th>WORKPLACE</th>
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<td>• Health in All Decisions</td>
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<td><strong>Improve Organization of Work</strong></td>
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*Issues in these lists are for illustrative purposes and are not meant to be exhaustive.*
Occupational Safety Act of 1970

- to assure so far as possible every working man and woman in the Nation safe and healthful working conditions

and to preserve our human resources...
Every Day . . .

- 10,740 new *reported* cases of nonfatal occupational injuries and illnesses
- 7,397 treated in emergency departments
- 301 hospitalized
- 13 occupational injury deaths
- 134 deaths from work-related illness

MMWR, Vol. 61, No. 16, April 27, 2012
Risks/Challenges: Hazards Persistent & Emerging

- **Persistent Hazards**
  - Fall from Heights
  - Amputations from Unguarded Machinery
  - Trench Collapses
  - Musculoskeletal Disorders
  - Workplace Violence

- **Emerging**
  - Nanotechnology
  - Food Flavorings
  - Airborne Transmissible Diseases
  - Green Jobs
Opportunities: Promote a Safe Environment

- Workers who believe they work in a safe environment experience 32% fewer injuries.
- When work interferes with family life or family demands affect job performance, risk for injury increases by 37%.
- Further evidence that HR and OSH silos must be eliminated.

Opportunities: Promote a Health & Wellness Culture

NIOSH Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing

• 20 elements in 4 categories:
  1. Organizational Culture and Leadership
  2. Program Design
  3. Program Implementation and Resources
  4. Program Evaluation

• [http://www.cdc.gov/niosh/TWH/essentials.html](http://www.cdc.gov/niosh/TWH/essentials.html)
Opportunities: Promote a Health & Wellness Culture

*SafeWell Practice Guidelines: An Integrated Approach to Worker Health, Version 1.0, 2012*

- Provide a model, strategies, and resources for comprehensive approaches to worker health that integrate and coordinate efforts to:
  - Promote healthy behaviors
  - Ensure a safe and healthy work environment
  - Provide resources for balancing work and life
- Includes descriptions of organizational processes, selected concrete tools, and links to other existing tools and resources to build, implement, and evaluate comprehensive worksite health programs
TWH™ IN ACTION: WHAT’S THE RATIONALE?
Rationale for Integrating OSH with Health Promotion

1. Workers’ risk of disease is increased by exposure to both occupational hazards and risk-related behaviors.

2. Workers at highest risk for exposures to hazardous working conditions are often those most likely to engage in risk-related health behaviors and live in higher risk communities.

3. Integrating OSH with HP may increase program participation and effectiveness for high-risk workers.

4. Integrated OSH and HP may benefit broader work organization issues and the work environment.

Sorensen and Barbeau at http://www.cdc.gov/niosh/docs/2012-146/pdfs/2012-146.pdf
WellWorks-2 Study Results: Tobacco Use Cessation

• Randomized control study design
• Smoking quit rates among hourly workers in the worksites that received OSH & WHP interventions were more than doubled relative to the worksites that received only WHP interventions (11.8% vs. 5.9%, p = 0.04)

Sorensen and Barbeau at http://www.cdc.gov/niosh/docs/2012-146/pdfs/2012-146.pdf
Examples of Integration

• Respiratory protection programs that address tobacco use and smoking cessation

• Ergonomic consultations that include arthritis management strategies

• Stress management efforts that first seek to diminish workplace stressors, and only then work on building worker resiliency

• Comprehensive screenings for work and non-work risks
THE BOTTOM LINE: WHERE’S THE BEEF?
Where’s the Value in Integrating OSH and Health Promotion?

A benchmarking study of 43 employers determined median health, safety & productivity management expenses/employee/year were $10,365*. Of this total:

- Group Health Costs = 45%
- Turnover = 36%
- Unscheduled Absence = 8%
- Non-Occupational Disability = 5%
- EAP, HP, OH, Safety, Work/Life Services = 4%
- Workers’ Compensation = 3%

*1998 dollars
Goetzel at [http://www.cdc.gov/niosh/docs/2012-146/pdfs/2012-146.pdf](http://www.cdc.gov/niosh/docs/2012-146/pdfs/2012-146.pdf)
ROI: Workplace Wellness Programs*

• Meta-analysis of scientific literature by Harvard economists
• Medical costs ↓ by $3.27 for every dollar spent on wellness programs
• Absenteeism costs ↓ $2.73 for every dollar spent

Worksite Health Promotion Pays

25% Reduction in:
- Sick Leave
- Health Plan Costs
- Workers’ Comp & Disability

ROI: TWH™ Programs

- Research remains to be done on ROI for integrated programs
- Removing silos of accountability:
  - Improve efficiencies in health program delivery
  - Improve program cost efficiencies
- Anticipate sustained or improved ROI
PROMISING PRACTICES SUCCESS STORY: WHO’S DOING IT?
BJC HealthCare

• Goal: For employees to become healthier than when they started as BJC associates
• “Help for Your Health” HP program launched 2003
• Refocused efforts on OSH protection with BJC-wide input
• Local health fairs
• Community awareness programs
• Communications & marketing
BJC HealthCare

• 3 “Buckets” of Critical Activities:
  ▪ Wellness and Health Promotion
  ▪ Safety and Health Protection
  ▪ Data Collection and Research on Program Impact

• Program Evaluation
  ▪ Employee Biometrics
  ▪ Program Enrollment & Rates
  ▪ Medical Expenditures
  ▪ Pharmacy Utilization
  ▪ Compliance Audits & Best Practices
Revamp Champs of BJC

Estimated $6 - $12 Million Savings Since Program Inception
MORE INFORMATION:
WHERE ARE THE RESOURCES?
The National Institute for Occupational Safety and Health (NIOSH)

NIOSH Publications & Products > Total Worker Health in Action!

TWH™ in Action!
Volume 1 Number 1 March 2012

In this issue:
Managers’ Buzz
Can Enough Zzzz’s Prevent Disease?
Promising Practices for Total Worker Health™
Updates from the NIOSH Centers of Excellence to Promote a Healthier Workforce
News You Can Use

Managers’ Buzz
Welcome to the inaugural issue of TWH™ in Action!, an electronic newsletter dedicated to bringing you the latest news from the NIOSH Total Worker Health™ (TWH™) Program and our partners. In case you’re wondering what happened to the NIOSH WorkLife Program, the Total Worker Health™ Program was launched in 2011 (http://www.cdc.gov/niosh/opnews/opnewsV01N2.html) as the next generation of our ongoing effort to improve worker health and safety.
Visit The TWH™ Website:
http://www.cdc.gov/niosh/TWH/

The National Institute for Occupational Safety and Health (NIOSH)

NIOSH > NIOSH Programs

TOTAL WORKER HEALTH™
Formerly NIOSH WorkLife
Integrating Health Protection and Health Promotion

Spotlights

Healthier Federal Workers 2011
September 14-16, 2011 at the Georgetown University Hotel and Conference Center, Washington, DC.
http://www.eagleson.org/healthyfeds

Worklife Transitions to Total Worker Health™
In June of 2011, the NIOSH WorkLife program officially became the Total Worker Health™ program with a new focus on identifying and promoting integrated programs in the workplace. Learn More Here

Oldies But Goodies
Three STEPS Papers Remain Seminal Contributions to TWH
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