Making the Case for Total Worker Health™

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National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention

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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.
Agenda

• Overview of Worker Safety and Health
  – Issues facing workers today
  – Connecting the dots
  – What Total Worker Health Is and Is Not
  – Benefits of Total Worker Health Approach

• Protecting and Promoting the Health of Your Own Organization: Let’s Get Started!
  – Holistic View
  – Ideas You Can Implement Now

• Questions
Have you heard of NIOSH before?
Yes or no?

Do you know what it stands for?
Yes or no?
Federal Government & Worker Health

Occupational Safety and Health Standards-Setting & Enforcement

- Department of Labor (DOL)
  - MSHA
  - OSHA

Research and Authoritative Recommendations

- Department of Health and Human Services (HHS)
  - Centers for Disease Control and Prevention (CDC)
  - NIOSH
NIOSH is dedicated to the preserving and enhancing the **Total Health of Workers**

**OSHA Act of 1970. SEC. (2) (b) . . .** 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 . . .**

(emphasis added)
Have you heard of Total Worker Health before?

Yes or no?
What’s Impacting Worker Health Today?
Annually, employers report...

Nearly 4 Million nonfatal workplace injuries and illnesses

Over 55,000 deaths from work-related injuries and illnesses


CDC (Centers for Disease Control and Prevention) [2013]. Workers’ Memorial Day: April 28, 2013. MMWR 62(16):301. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6216a1.htm?s_cid=mm6216a1_w].

The health of workers is tied to the health and productivity of organizations.  

Nearly 50% of Americans have one chronic health condition. And, of this group almost half have multiple conditions.  

= 10 Million


By 2020, one in four American workers will be 55 years of age or older.\textsuperscript{8}
In 2010...

44% of Americans reported that work is often or always stressful.⁹
Up to **50%** of employees report that work regularly interferes with responsibilities at home and keeps them from spending time with their families.¹²,¹³

And, **40%** of employees do not take their allotted vacation time.¹³


Sleep Trends
U.S. Civilian Workers

( Luckhaupt, Tak, Calvert, 2010)

Sleep ≤ 6 hours per day

Sleep ≤ 6 hours per day

1985 & 1990: 24%
2004 – 07: 30%

Slide courtesy of Dr. Claire Caruso, Research Health Scientist, National Institute of Occupational Safety and Health
U.S. Civilian Workers
(Luckhaupt, 2012)

Sleep ≤ 6 hours per day

<table>
<thead>
<tr>
<th>Industry</th>
<th>Nights</th>
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<tbody>
<tr>
<td>Manufacturing</td>
<td>34%</td>
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<tr>
<td>Nights</td>
<td>44%</td>
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<tr>
<td>Healthcare</td>
<td>52%</td>
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<td>Transportation</td>
<td>70%</td>
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Slide courtesy of Dr. Claire Caruso, Research Health Scientist, National Institute of Occupational Safety and Health
Connecting the Dots
An emerging body of research indicates...

Workers’ risk of disease may be increased by exposure to both occupational hazards and individual risk-related behaviors.¹⁴

Obesity’s impact on the body


http://www.safetyandhealthmagazine.com/articles/weighing-down-safety
Change in waist circumference by job strain group [Ishizaki et al. 2008]

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

Stressors: low decision latitude, poor co-worker support, heavy lifting, night work, physical assault at work in past 3 months. (Multivariable models adjusted for gender, age, education and region.)

Lung health, on the job & off the job

Tobacco smoke and toxic worksite hazards pose even higher health risks, together, than they do separately.

Smokers are 11X more likely to get lung cancer than nonsmokers.

Someone who works with asbestos is 5X more likely to get lung cancer.

Someone who smokes and works with asbestos has >50X the risk of getting lung cancer!

(Source: Commission on Health and Safety and Workers' Compensation. 2010. The Whole Worker: Guidelines for Integrating Occupational Health and Safety with Workplace Wellness Programs)
Shift Work, Long Work Hours

- Disrupt Circadian Rhythms
- Disturb Sleep
- Disturb Family & Social Life

- Worker
- Family
- Employer
- Community
Diseases Linked to Shift Work

Gastrointestinal complaints & disorders

Psychological Complaints: mood, personality, personal relationships

(Rohr et al. 2003)

Breast Cancer

Meta-analysis 13 studies (Megdal et al. 2005):

Night work combined estimate 1.48 (CI 1.4 – 1.6)

Diabetes Mellitus

(Caruso et al. 2004; Knutsson & Boggild, 2010)

(Croenke et al., 2007; Monk et al., 2013; Pan et al., 2011)

Slide courtesy of Dr. Claire Caruso, Research Health Scientist, National Institute of Occupational Safety and Health
Risks Linked to Long Work Hours

Fatigue
Poor Mood
Poor Recovery from Work

(Hayashi et al. 1996; Iwasaki et al. 1998; Proctor et al. 1996; Sasaki et al. 1999; van der Hulst et al. 2006)
Musculoskeletal Disorders linked to Long Work Hours

8 studies with control for physical demands report MSD

(Caruso & Waters, 2008)
Impacts to Families

- Delay marriage, childbearing (Jacobs, 2004)

- Divorce: night work - men ↑ 6 fold; women ↑ 3 fold (Presser, 2000)

- ↑ risk for obesity in children (Phipps et al. 2006)

- ↑ risk for work/family conflict (Carlson & Perrewe 1999; Greenhaus et al. 1987)
Sleep & Shiftwork

Inadequate sleep – common

Shift work, long hours, insufficient sleep

- many health & safety risks
- ↓ productivity
- ↑ errors
- legal consequences

Slide courtesy of Dr. Claire Caruso, Research Health Scientist, National Institute of Occupational Safety and Health
Integrated Approach to Total Worker Health

Goetzel R. Examining the Value of Integrating Occupational Health and Safety and Health Promotion Programs in the Workplace. The NIOSH Total Worker Health™ Program: Seminal Research Papers 2012. DHHS (NIOSH) 2012-146.
The Total Worker Health™ Approach

• A strategy **integrating** occupational safety and health **protection** with health **promotion** to **prevent** worker injury and illness and to **advance** health and well-being.
**Issues Relevant to a TOTAL WORKER HEALTH™ Perspective**

**WORKPLACE**
*Protecting Worker Safety & Health*

- Control of Hazards & Exposures:
  - Chemicals
  - Physical Agents
  - Biological Agents
  - Psychosocial Factors
  - Organization of Work

- Prevention of Injuries, Illness & Fatalities

- Promoting Safe & Healthy Work:
  - Management Commitment
  - Safety Culture/Climate
  - Culture of Health
  - Hazard Recognition Training
  - Worker Empowerment

- Risk Assessment & Control:
  - Making the Safety & Health Case
  - Assessing All Risks
  - Controlling All Risks
  - Root Cause Analysis
  - Leading/Lagging Indicators

**EMPLOYMENT**
*Preserving Human Resources*

- New Employment Patterns:
  - Precarious Employment
  - Part-time Employment
  - Dual Employers
  - Changing Demographics
    - Increasing Diversity
    - Aging Workforce
    - Multigenerational Workforce
  - Global Workforce

- Health & Productivity:
  - Leadership Commitment to Health-Supportive Culture
  - Fitness-for-Duty
  - Reducing Presenteeism
  - Reducing Absenteeism
  - Workplace Wellness Programs

- Healthcare & Benefits:
  - Increasing Costs
  - Cost Shifting to Workers
  - Paid Sick Leave
  - Electronic Health Record
  - Affordable Care Act
  - HIPAA+ Health Information Privacy

**WORKERS**
*Promoting Worker Health & Well-Being*

- Optimal Well-Being:
  - Employee Engagement
  - Health & Well-Being Assessments
  - Healthier Behaviors
    - Nutrition
    - Tobacco Use Cessation
    - Physical Activity
    - Work/Life Balance
  - Aging Productively
  - Preparing for Healthier Retirement
  - Policy & Built Environment Supports

- Workers with Higher Health Risks:
  - Young Workers
  - Low-Income Workers
  - Migrant Workers
  - Workers New to a Hazardous Job
  - Differently-Abled Workers
  - Veterans

- Compensation & Disability:
  - Disability Evaluation
  - Reasonable Accommodations
  - Return-to-Work
  - Social Security Disability Insurance

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*Issues in these lists are for illustrative purposes, are not meant to be exhaustive nor do they necessarily reflect equivalent importance.
+Health Insurance Portability and Accountability Act

Updated: August 2013
Centers of Excellence to Promote a Healthier Workforce

- Oregon Healthy WorkForce Center (ORhwc)
- University of Iowa Healthier Workforce Center for Excellence (HWCE)
- Harvard School of Public Health Center for Work, Health and Wellbeing
- Center for the Promotion of Health in the New England Workplace (CPH-NEW)
NIOSH Total Worker Health™ (TWH™) Affiliates

- University of Colorado Center for Worker Health and Environment
- Nebraska Safety Council
- National Safety Council
- University of Michigan
- Dartmouth-Hitchcock Medical Center
- Mount Sinai Health System
- National Aeronautics and Space Administration
- Kentucky Department for Public Health
- International Brotherhood of Boilermakers
- Kentucky Injury Prevention and Research Center
- Kentucky Injury Prevention and Research Center
What Total Worker Health Is and Is Not
True or False?

The Total Worker Health strategy emphasizes an individual approach (i.e. changing behaviors) for improving worker safety, health, and well-being
Keeping Workers Safe is Fundamental to Total Worker Health

Employers who opt for wellness programs in the absence of adequate workplace safety and health protections are not applying the principles of Total Worker Health.
## Worksite Intervention Models

<table>
<thead>
<tr>
<th>Intervention Target</th>
<th>Traditional Health Promotion Programs</th>
<th>Traditional Health Protection Programs</th>
<th>Integrated Approaches</th>
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<tbody>
<tr>
<td>Individual Behaviors</td>
<td>Work Environment</td>
<td></td>
<td>Individual Behaviors and the Work Environment</td>
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<tr>
<th>Assumptions about Responsibility for Worker Health</th>
<th>Traditional Health Promotion Programs</th>
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<tbody>
<tr>
<td>Individual Worker</td>
<td>Organization</td>
<td></td>
<td>Shared Between Worker and Management</td>
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<thead>
<tr>
<th>Audience</th>
<th>Traditional Health Promotion Programs</th>
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<tbody>
<tr>
<td>Workers</td>
<td>Management and Occupational Safety and Health Professionals</td>
<td></td>
<td>Workers, Union, Management</td>
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<th>Program Planning</th>
<th>Traditional Health Promotion Programs</th>
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<tr>
<td>Outside Experts</td>
<td>Managers and Occupational Safety and Health Professionals</td>
<td></td>
<td>Collaboration among Different Committees and Programs</td>
</tr>
</tbody>
</table>

Glorian Sorensen, 2010; Steven Sauter and Jeannie Nigam, NIOSH, 2011
Continuum of Approaches to Integration

- Coordinated Efforts
- Multilevel Strategies
- Supportive benefits/incentives
- Integrated Evaluation/Data

Independent efforts

Sorensen et al, 2013, JOEM
Example of Integrated Approach
Musculoskeletal Disease

Ergonomic consultations for work conditions

Arthritis self-management strategies
Address the Stress

- Workload
- Job design
- Clear roles & responsibilities
- Job-related decision making
- Improve communications
- Social interaction
- Flexible work schedules
- Stress management

Other TWH strategies and interventions include but are not limited to:

• Provision of mandated respiratory protection programs that simultaneously and comprehensively address and provide supports for tobacco cessation.

• Provision of onsite, comprehensive workplace screenings for work and non-work related health risks.

• Regular communication and demonstration of senior leadership and management commitment to support a culture of health of safety and health across the organization.

• A systems-level approach that coordinates the organizational alignment (i.e., reporting, funding) of traditional safety and environmental health programs, occupational health clinics, behavioral health, workplace health promotion programs, health benefits, and compensation and disability management.
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Dartmouth-Hitchcock

- Academic Medical Center 8500 employees
- 10,000 family members
- 900 physicians
- Multiple sites
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
Evaluation Metrics

**Occupational Safety and Health**
- Workers’ compensation
- OSHA recordable injuries

**Work Environment**
- Culture of health
- Engagement
- Access to healthy food & physical activity
- Job hazards

**Health Outcomes**
- Disease burden
- Biometrics
- Social function

**Program Delivery**
- Participation in assessments
- Engagement
- Satisfaction

**Business Outcomes**
- Health care costs
- Presenteeism
- Return on investment

**Health Risks**
- Self-perceived health
- Lifestyle risk
Benefits of TWH Approach
Benefits of an integrated approach

- Reduce redundancies
- Streamline costs
- Share programming
- Share budgets
Why Implement an Integrated Program?

Interdependent Effects

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

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

Sorensen et al, AJPH 2010; IOM, Integrating Employee Health 2005
Why Implement an Integrated Program?

Increase effectiveness of existing programs
Worksite smoking cessation interventions are more than twice as effective when integrated with occupational safety and health.

Among blue-collar hourly workers who received an integrated OSH/health promotion program, smoking quit rates more than doubled (11.8% vs 5.9%), compared to those who only received health promotion.

(Source: Sorensen, Barbeau, 2006. Integrating Occupational Health, safety and worksite health promotion: opportunities for research and practice)
Why Implement an Integrated Program?

Multi-pronged approach for synergistic interaction

“When factors that influence individual health at home and at work combine to influence health in a synergistic fashion, there will be a gain to coordinating health promotion and injury prevention programs.”

• Ex: smoking and exposure to harmful substances, e.g., asbestos, which together worsen the health outcome.

• Synergistic effects require recognition of the interaction of both programs to correctly evaluate the cost effectiveness of either program.
Summary of Potential Benefits

• Reduction in OSH-related Errors, Injuries and Accidents
• Safer, Healthier, and productive employees
• Improved Worker Job Satisfaction
• Enhanced Organizational Culture (Trust, Safety, Health)
• Happier, less stressful, and more prosperous business environment
• Reduction in Work-related Stress
• Improved Health Decisions
• Reduction in health care costs
• Community gains
Protecting and Promoting the Health of Your Own Organization
Guidelines for getting started: The “Big Picture”
Engage Workers & Unions

• Involve both labor and management on the Committee to participate in all steps
• Important to ensure there is clear, consistent, and strategic communication at all levels of the workforce.
Making the Business Case

http://www.cdc.gov/niosh/twh/business.html

• Why Do I Need to Integrate Health Protection and Health Promotion?

• How Can It Help My Business or Workplace?

• Future Steps
Infographic: Top Reasons to Create a New Pathway for a Safer and Healthier Workforce

http://www.cdc.gov/niosh/twh/topreasons/
Example Outline for Communicating the Value: Factors to Consider to Make the Case for Addressing Fatigue, Shiftwork and Sleep

- Population-level Burden of Fatigue, Shiftwork, and Sleep
- Occupation specific burdens and health risks
  (http://www.cdc.gov/niosh/topics/nhis/profile.html)

- Community Level
  - Motor vehicle accidents
  - Preferred Employer
  - Healthier and more vibrant community

- Organizational Considerations
  - S & H (i.e. injuries, workers comp claims)
  - Productivity (i.e., absenteeism, turnover, job satisfaction)
  - HP & Disease Prevention (i.e., hc costs)
  - Culture Building (i.e. trust, ability to perform, health and safety)
  - Social Responsibility

- Employee Level
  - Improved Quality of Life
Essential Elements of Effective Workplace Programs

Organizational Culture and Leadership
1. Develop a “Human Centered Culture”
2. Demonstrate Leadership
3. Engage Mid-Level Management

12. Adjust the Program as Needed
13. Make Sure the Program Lasts
14. Ensure Confidentiality

Program Design
4. Establish Clear Principles
5. Integrate Relevant Systems
6. Eliminate or Reduce Recognized Occupational Hazards
7. Be Consistent
8. Promote Employee Participation
9. Tailor Programs to the Specific Workplace
10. Consider Incentives and Rewards
11. Find and Use the Right Tools

15. Be Willing to Start Small & Scale Up
16. Provide Adequate Resources
17. Communicate Strategically
18. Build Accountability into Program Implementation

Program Implementation and Resources

Program Evaluation
19. Measure and Analyze
20. Learn from Experience
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Program Evaluation

19. Measure and Analyze
20. Learn from Experience
Integrate “culture of health” and “safety culture”

- Ensure accountability
- Provide time and environmental supports
- Set examples

Integrate systems, programs, and policies

- Prioritize organizational solutions
- Ensure equal access
- Redesign work environment
Does Your Workplace’s Built Environment Allow Health to Thrive?

- Safe, hazard-free workplace
- Welcoming, user-friendly, ergo-appropriate workspaces
- Commitment to employee respect, engagement, and input
- Stairs, walkways, paths, trails that are safe and inviting
- Onsite food choices that make eating healthier easy
- Transportation and parking options that promote and enhance health
- Onsite or nearby health clinic or access to healthcare providers
- Fitness facilities or opportunities for physical activity
<table>
<thead>
<tr>
<th>Policies to Support Health</th>
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<tbody>
<tr>
<td>Tobacco-free campus</td>
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<td>Flexible work/schedule policies</td>
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<tr>
<td>– Leave, telework, job share, parental/dependent care</td>
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<tr>
<td>Nutritious foods-at-meetings policy</td>
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<tr>
<td>Healthy transportation policies</td>
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<tr>
<td>Time during work hours for health activities</td>
</tr>
<tr>
<td>– Safety training, educational opportunities, health fairs</td>
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<tr>
<td>– Screenings, health coaching sessions, EAP</td>
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<tr>
<td>– Physical activity opportunities</td>
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</table>
Demonstrate leadership commitment

- Articulate the vision, goals
- Provide sufficient resources
- Engage mid-level management

Engage employees

- Establish joint committees
- Invite participation and feedback
- Provide frequent, clear communications
Ensure confidentiality

Be transparent with employees about the intended use of their data

Data sources that may require confidentiality precautions:
• Health Risk Assessments
• Electronic Health Records
• Management systems
• Evaluation data
• Self-reported survey data
An Integrated Approach

- Health promotion
- Link across systems
- Employee benefits
- Safety and health
- Human resources
Designing an integrated approach

Address objectives on multiple levels

Organizational policies, programs, management system

Physical & Psychosocial environment

Individual supports
Strategies for Managers/Employers

- **Improve schedules**
  - Ex: Use fixed night shifts with caution
  - Ex: Avoid quick changes with <10-11 hours off between shifts

- **Training**

- **Supervisor coworker support**

- **Organize Work**

- **Environment**

- **Healthcare & counseling**

- **Workplace culture, policies**
Shiftwork/Fatigue:

**Train Workers & Managers**

- Sleep & circadian physiology
- Improving sleep
- Promoting alertness
- ID & treat sleep disorders
- Health & safety risks
- Strategies to reduce risks

[www.cdc.gov/niosh/topics/workschedules/](http://www.cdc.gov/niosh/topics/workschedules/)

Slide courtesy of Dr. Claire Caruso, Research Health Scientist, National Institute of Occupational Safety and Health
Shiftwork/Fatigue:

**A shared responsibility of reducing health & safety risks**

<table>
<thead>
<tr>
<th>Strategies for Managers, Employers</th>
<th>Strategies for Workers</th>
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<tbody>
<tr>
<td>Workplace systems &amp; policies to reduce fatigue</td>
<td>Good sleep practices, gain support from family &amp; friends</td>
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</table>
How can you **get started** on a Total Worker Health approach for your organization?
Continuum of Approaches to Integration

- Coordinated Efforts
- Multilevel Strategies
- Supportive benefits/incentives
- Integrated Evaluation/Data

Independent efforts

Sorensen et al, 2013, JOEM
Three ideas you can implement now

• Hold joint meetings between groups responsible for health protection and health promotion

• Ask employees what factors are getting in the way of their safety, health, work-life balance, or productivity

• Give workers more flexibility and control over their working conditions and schedules whenever possible

Full list: http://www.cdc.gov/niosh/twh/ideas.html
Designing an integrated approach

Address objectives on multiple levels

Organizational policies, programs, management system

Physical & Psychosocial environment

Individual supports

Community-level & Family linkages
Designing an integrated approach

Organizational policies, programs, management system

Physical & Psychosocial environment

Individual supports

Community-level & Family linkages

Address objectives on multiple levels
Reductions in workplace fatigue-related incidents

Reports of greater job satisfaction

Lessen healthcare costs and absenteeism

Policy giving employees more opportunities to control workload and schedule but still achieving mission

Time saving supports for healthier meals

Health Education on importance of sleep

Intervention Targets

Outcomes

Individual level

Organization level

Community level
Food for thought

What role can community resources play in reinforcing, supporting, or informing the goals of your programs to protect and promote worker well-being?
http://www.cdc.gov/niosh/twh/letsgetstarted.html

Total Worker Health™: Let’s Get Started!

“I understand the value of integrating health protection and health promotion. Now, how do I get started?”

NIOSH Video: Employer Solutions for Total Worker Health. DHHS (NIOSH) Publication No. 2013-159

This site serves as a guide for practitioners for creating or expanding organizational cultures of safety, health and well-being. Resources on this site will provide information on how to integrate health protection and health promotion practices, policies and systems.

Strategies and Solutions

Making the Case for Investment in the Safety, Health, and Well-being of Workers

Simple Steps You Can Take to Get Started

Easy-to-use tips and tools combined with a strong business case for workplace health and safety investments.
Resources for Developing a Total Worker Health program
Simple Steps to Get Started

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

1. NIOSH Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing
2. Ideas You Can Implement Right Now to Integrate Health Protection and Health Promotion
Guidelines for Integrated Approaches

http://www.cdc.gov/niosh/twh/tools.html

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

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

Ways to Connect with Total Worker Health™

Twitter (@NIOSH_TWH)

LinkedIn Group (Search “NIOSH Total Worker Health”)

TWH in Action! e-Newsletter

http://www.cdc.gov/niosh/TWH/newsletter/
Topic-specific resources of interest

NIOSH Healthy Aging Topic Page:
http://www.cdc.gov/niosh/topics/healthyagingatwork/

CDC Healthy Hospital Toolkit:

NIOSH Work Schedule Topic Page:
www.cdc.gov/niosh/topics/workschedules/
Recognizing the complex, often interlinked hazards affecting the healthy, safety, and wellbeing of today’s workforce, NIOSH’s Total Worker Health™ program is excited to present an all-new, free webinar series aimed at providing the latest research and case studies for protecting the health—in every sense of the word—of workers everywhere.

Webinar Series Learning Objectives

- Describe recent trends in demographics, employment conditions, worker safety, injury, and illness as they relate to the health and well-being of workers.
- Describe the relationship between at least one health condition and at least one condition of work.
- Discuss the latest findings supporting rationale for implementing a Total Worker Health™ approach.
- List one potential opportunity for integration between health promotion and health protection programs.
- Develop workplace programs and interventions that integrate elements of health protection and health promotion to prevent injuries and illnesses and advance worker well-being.
- Identify sources of information on prevention of adverse worker health and safety outcomes and the promotion of Total Worker Health™.

To evaluate this educational activity, receive a certificate, or to print-out an on-going transcript of all of your TCEOnline CE activities, please visit: www.cdc.gov/TCEOnline.

Next webinar: March 12, 9:30am-11:00am Pacific

“Preserving Lung Health: At Work and Beyond”

Free continuing education credits
Contact

Email: TWH@cdc.gov

NIOSH Total Worker Health™ website: http://www.cdc.gov/niosh/twh