CDC Resources, Tools, and Programs for Health Promotion in the Worksite

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AJHP Webinar Series
November 26, 2013

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

- CDC Worksite Health Promotion Initiatives & Resources
- The CDC Worksite Health ScoreCard (HSC)
- The Total Worker Health™ Approach
- Discussion
CDC Worksite Health Promotion Initiatives & Resources

Jason E. Lang, MPH, MS
Team Lead, Workplace Health Programs
National Center for Chronic Disease Prevention and Health Promotion
AJHP Webinar Series
November 26, 2013
Timeline

1999
Diabetes@Work

2002
Business Cooperative Agreement

2005
Healthier Worksite Initiative

2006
NIOSH WorkLife Initiative

2010
Workplace Health Toolkit

2011
NHWP

2012
NIOSH Total Worker Health

2013
Worksite Health ScoreCard
CDC Healthier Worksite Initiative

http://www.cdc.gov/hwi

• Goals
  – For worksite health promotion to become a part of CDC culture
  – Increase “healthy days” among CDC employees

• Strategies
  – Formative research
  – Collaboration
  – Physical Environment modifications
  – Policy modifications
CDC Healthier Worksite Initiative
Garden Market

Fresh fruits and vegetables for sale.
Come and check out the selection!

Wednesdays 10:00am - 5:00pm
Koger Center, Columbia Building
Back Parking Lot, Enter from Woodcock Blvd.

- Cash Only Please -

Garden Market
CDC Healthier Worksite Initiative
StairWELL to Better Health Project

Before

After
Choosing foods and beverages for healthy meetings, conferences and events

CDC promotes workplace practices and policies that make healthy eating choices available whenever food and beverages are provided or where food-related events. Many workers consume a significant portion of their food away from home. Foods consumed at cafeterias from vending machines, and in other public, food-service establishments are often not as nutritious or healthy as foods prepared at home. In general, Americans’ diets exceed saturated fat and sodium recommendations, and few Americans are meeting fruit, vegetable and whole grain recommendations. The DASH Dietary Guidelines for Americans provides guidance on a diet that promotes health and may help prevent the effects of diet-related chronic diseases. Meeting healthy food availability at work is one way to encourage employees to eat a healthy diet.

- In 1995, an estimated $31 billion in lost productivity associated with mortality from coronary heart disease, cancer, stroke, and diabetes was attributed to diet.

- A prior diet is an underlying factor in the development of many conditions such as heart disease, some cancers, stroke, diabetes, and overweight and obesity.

- In 1999-2002, 60% of adults reported being overweight or obese. People who are overweight or obese are more likely to suffer from many chronic illnesses and conditions.

Guidance for Healthier Eating at Work

The guidelines listed below can be used for selecting foods and beverages for breaks or meals at meetings, conferences, and other work-related events. When planning menus, consider providing options that accommodate various dietary preferences and needs.

1. Offer a variety of grains, especially whole-grain foods, and fruits and vegetables. Examples include fresh fruit and salads, fresh and cooked vegetables, whole grain breads, pasta, and cereals, and milk, fruit, beans, or granola bars.

2. Provide full-fat, low-fat, or no-fat dairy for breakfasts and desserts. Examples include whole milk, low-fat milk, plain yogurt, and low-fat yogurt or cheesecakes and lean meats, poultry or fish, cooked and dried beans, peas and lentils.

3. Serve foods and beverages low in added sugars, such as unsweetened canned fruit products and milk with 100% fruit juice, and regular and decaffeinated coffee or tea.

4. Serve foods that are low in salt and sodium, such as unsalted pretzels, popcorn, or baked chips, grilled or roasted vegetables, and enzymes cooked with spices and herbs instead of salt.

5. Include smaller portions such as mini muffins or mini bagels and 1-inch low-fat cheese squares.

6. Consider offering only beverages at mini-meals and mid-afternoon breaks.

For more information on selecting healthy foods at meetings, please see:

Tobacco Free Campus

- Significant policy change in 2005
  - Completely smoke free campuses, indoors and out
- Collaboration of health promotion, clinical, EAP staff and “quit-lines”
- Personal quit plan, free nicotine replacement
- Support for multiple quit attempts
- Link annually with the Great American Smokeout®
Building Diverse Partnerships

National Business Group on Health
National Institutes of Health
NBCH National Business Coalition on Health
National Safety Council
Partnership for Prevention
Shaping Policies • Improving Health
An Employer’s Guide to Clinical Preventive Services: Moving Science into Action

- NBGH product developed with CDC and AHRQ
- Recommended clinical preventive services for health benefits design
- Comprehensive: 46 conditions, 50% address chronic diseases
- Targeted to all health care purchasers (public and private)
- Written with contract language (Summary Plan Description – SPD)

http://www.businessgrouphhealth.org/preventive
# Preventive Services Benchmarking Result for XYZ Company

## Healthy Diet

<table>
<thead>
<tr>
<th>Preventive Services Topic</th>
<th>XYZ Company Score</th>
<th>Business Group Member Sample Score *</th>
<th>Employers of Similar Company Size Score **</th>
<th>Gold Standard (100% first dollar coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy diet, Counseling</td>
<td>50%</td>
<td>35%</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Your Healthy Diet score is</strong></td>
<td><strong>50%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Obesity

<table>
<thead>
<tr>
<th>Preventive Services Topic</th>
<th>XYZ Company Score</th>
<th>Business Group Member Sample Score *</th>
<th>Employers of Similar Company Size Score **</th>
<th>Gold Standard (100% first dollar coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity, Screening</td>
<td>100%</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Obesity, Counseling</td>
<td>100%</td>
<td>44%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td>Obesity, Treatment (Medication)</td>
<td>50%</td>
<td>36%</td>
<td>27%</td>
<td>100%</td>
</tr>
<tr>
<td>Obesity, Treatment (Surgery)</td>
<td>50%</td>
<td>70%</td>
<td>87%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Your Obesity score is</strong></td>
<td><strong>75%</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Scoring Methodology: What Your Score Means**

* Represents ninety Business Group companies who participated in a study on preventive services. Reflects the average score of all ninety companies and is based on preventive services or wellness programs covered only under the medical plan benefit.

** Reflects the average scores of similarly sized (# of employees) Business Group member companies surveyed in the preventive services study. This score is based on preventive services or wellness programs only covered under the medical plan benefit.

Return to Benchmarking Tool: [http://www.businessgrouphealth.org/preventive/resources/index.cfm](http://www.businessgrouphealth.org/preventive/resources/index.cfm)
Workplace Health Model

**Assessment**
- Individual (e.g. demographics, health risks, use of services)
- Organizational (e.g. current practices, work environment, infrastructure)
- Community (e.g. transportation, food and retail, parks and recreation)

**Planning/Implementation**
- Programs (e.g. education and counseling)
- Policies (e.g. organizational rules)
- Health Benefits (e.g. insurance, incentives)
- Environmental Support (e.g. access, opportunity, physical/social)

**Evaluation**
- Worker Productivity (e.g. absenteeism, presenteeism)
- Healthcare Costs (e.g. quality of care, performance standards)
- Improved Health Outcomes (e.g. reduced disease and disability)
- Organizational Change “Culture of Health” (e.g. morale, recruitment/retention, alignment of health and business objectives)

**Workplace Governance**
(e.g. leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

**Contextual Factors**
(e.g. company size, company sector, capacity, geography)
The National Healthy Worksite Program (NHWP) is designed to assist employers in implementing science and practice-based prevention and health promotion strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The NHWP seeks to promote good health through prevention, reduce chronic illness and disability, and improve productivity outcomes that contribute to employers’ competitiveness.
NHWP Program Components

Each employer will build a core workplace health program including the following components:

- **Assessment** of employer and employee needs, interests, health risks and existing capacity
- A **planning** process resulting in a workplace health improvement plan to guide the worksite through program development
- **Implementation** of programs, policies, and practices to address employee lifestyle risk factors related to physical activity, nutrition, and tobacco use
- Building a **program infrastructure** within each worksite for long-term sustainability including evaluation, wellness committees, program champions, and leadership (CEO/C-Suite) support
- Participation in programmatic activities, training, and technical assistance
- An **evaluation** of individual employee and organizational changes
NHWP WH 101 Training Manual
http://www.cdc.gov/nationalhealthyworksite/join/Training-materials.html
Overview

• Work@Health™ is an employer based training program
• The Work@Health™ Program will build employer knowledge and skill as well as capacity to implement, grow and sustain effective workplace health promotion and protection strategies.
• The program will enroll 600 employers and other organizations across the country to participate in trainings beginning in 2014.
Program Structure

• Professional Training to build knowledge and skill will be delivered through one of the following models.
  – ONLINE MODEL, involving seminars, case studies and practical demonstrations delivered through distance-based mechanisms such as webinars.
  – HANDS-ON MODEL, in which employers participate in interactive workshops that provide content through a variety of approaches including lectures and case studies.
  – BLENDED MODEL, involving a combination of distance-based or e-learning (online model) and in-person classroom sessions (hands-on model).
  – TRAIN-THE-TRAINER MODEL is designed to prepare qualified individuals to acquire the knowledge and skills needed to train other employers and organizations using the Work@Health™ Curriculum.

• Training to 600 employers and other organizations through 1 of 4 training models

• Four Regional Training Locations:
  – Baltimore, MD -- Atlanta, GA
  – Chicago, IL -- Oakland, CA.
Additional Benefits

• A complete health and safety assessment of their organization
• Technical assistance and community support resources over 12 months
• Seed funding to help take action
  – Up to $5,000 for employers to implement interventions
  – Up to $2,500 for trainers to train others
• On-going networking opportunities
The CDC Worksite Health ScoreCard

http://www.cdc.gov/dhdsp/pubs/worksite_scorecard.htm

Dyann M. Matson Koffman, DrPH, MPH, CHES
**Why develop the CDC Worksite Health ScoreCard?**

- **The United States - chronic disease epidemic**
  - Represents 75% of the nation’s about $2.6 trillion medical care costs

- **Comprehensive worksite health promotion works**
  - Individual risk reduction
  - Environmental supports
  - Policy and wellness activities

- **Only 6.9 percent of employers offer a comprehensive worksite health promotion program**

- **Few validated worksite tools**
What is The CDC Worksite Health ScoreCard?

A 100 item tool designed to help employers assess evidence-based health promotion interventions in their worksites to prevent heart disease, stroke, and related chronic conditions.

Available at:
http://www.cdc.gov/dhdsp/pubs/worksite_scorecard.htm
http://www.cdc.gov/workplacehealthpromotion
http://www.cdc.gov/nationalhealthyworksite
How is the HSC Organized?

Assesses best practice health promotion interventions (policies, programs, environmental supports)

- Organizational supports
- Tobacco control
- Nutrition
- Physical activity
- Weight management
- Stress management
- Depression
- High blood pressure
- High cholesterol
- Diabetes
- Signs and symptoms of heart attack and stroke
- Emergency response to heart attack and stroke
## Weight Management

During the past 12 months, did your worksite:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond HRAs) followed by directed feedback and clinical referral when appropriate?</td>
<td>□ (2 pts.)</td>
<td>□ (0 pts.)</td>
<td></td>
</tr>
<tr>
<td>52. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of overweight or obesity? Answer “yes” if these health promotion materials address the risks of overweight or obesity as a single health topic or if the risks of overweight or obesity are included with other health topics.</td>
<td>□ (1 pt.)</td>
<td>□ (0 pts.)</td>
<td></td>
</tr>
<tr>
<td>53. Provide a series of educational seminars, workshops, or classes on weight management? Answer “yes” if these sessions address weight management as a single health topic or if weight management is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</td>
<td>□ (3 pts.)</td>
<td>□ (0 pts.)</td>
<td></td>
</tr>
<tr>
<td>54. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese? Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</td>
<td>□ (3 pts.)</td>
<td>□ (0 pts.)</td>
<td></td>
</tr>
<tr>
<td>55. Provide free or subsidized self-management programs for weight management? Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</td>
<td>□ (3 pts.)</td>
<td>□ (0 pts.)</td>
<td></td>
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</tbody>
</table>

**Your Worksite’s Weight Management Section Score:**

**Maximum Weight Management Section Score:** 12
### SUMMARY SCORE TABLE

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Points Possible</th>
<th>Your Worksite’s Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Supports</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Tobacco Control</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Weight Management</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Stress Management</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Signs and Symptoms of Heart Attack and Stroke</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Emergency Response to Heart Attack and Stroke</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>209</strong></td>
<td></td>
</tr>
</tbody>
</table>
Who can use the HSC?

- Employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, wellness directors, or others responsible for worksite health promotion to:
  - Help employees adopt healthy lifestyles
  - Establish benchmarks and track improvements
  - Integrate efforts with business objectives

- CDC Awardees and State health departments to:
  - Assist employers and business coalitions
  - Monitor and track worksite practices over time
  - Establish best practice benchmarks
DEVELOPMENT AND VALIDATION OF THE CDC WORKSITE HEALTH SCORECARD
CDC Partners

- **CDC**
  - Division for Heart Disease and Stroke Prevention
  - National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup

- **Emory University Institute for Health and Productivity Studies**
  - Dr. Ron Goetzel, Dr. Enid Chung Roemer, and staff

- **Research Triangle Institute (RTI)**

- **Expert panel:**
  - federal, state, academic, and private sector representatives
Developing the HSC

- Examined existing worksite inventories and resources
- Identified reliable and valid questions from other tools
- Developed domains and questions
- Pre-tested the tool with employers and practitioners
- Revised the HSC tool based on employer feedback
- Weighted each question:
  - Scientific evidence (1-4)
  - Impact on intended health behavior (1-3)
- Summed the scores and adjusted/assigned value:
  - 1=good, 2=better, and 3=best evidence/impact
The CDC Worksite Health ScoreCard Scoring Methodology

Describes
- Rating system
- Scores for each question
- Citations and references

How was the HSC Validated?

- Employers recruited nationwide through
  - State Programs
  - National Business Coalition on Health
  - National Safety Council

- Goal: 30 organizations for each employer size worksite
  - Very small -- 10-99
  - Small -- 100-249
  - Medium -- 250-749
  - Large -- 750+
How was the HSC Validated?

- **Field testing**
  - 93 worksites in 2011
  - 24 very small, 13 small, 16 medium, and 40 large

- **Determining content and face validity, inter-rater reliability, and feasibility of adoption**
  - 93 employers (2 respondents per site completed online survey)
  - 20 employers (random sample from 93 completed telephone interviews)
  - 9 employers (random sample from 93 completed site visits)
What did we learn?

- Employers like the HSC and reported that most interventions are feasible to adopt.
- Linear relationship between employer size and number of interventions in place (215 max score).

Average HSC Scores for Study Sample

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
<td>112</td>
<td>129</td>
<td>153</td>
<td>129</td>
</tr>
</tbody>
</table>

The graph shows the average HSC scores for different employer size groups. The scores range from 99 to 153 with a peak at 153 for the All Employers category.
How Do You Use the HSC?

1. Complete the CDC Worksite Health ScoreCard

- Gather a small team of individuals representing different organizational units
e.g., Human Resources, Health Benefits, Occupational Health, Worksite Wellness Committee

- Answer “yes” or “no” for each question consistent with current practices and programs or in place within the last 12 mos.

- large organizations with multiple worksites, complete HSC for each worksite separately
How Do You Use the HSC? (cont.)

2. Tally your score for each topic, e.g., hypertension

3. Review scores; use as a planning tool to identify gaps in your worksite program

4. Identify which of priority strategies are feasible to implement short-term and long-term
   - Strategies that are relevant, feasible, and consistent with your organization and employee needs
   - Highest impact strategies not in place
   - Annual Worksite Health Improvement Plan and Budget
### Goal 2: Increase the number of ABC Company employees who get at least 30 minutes of physical activity every day

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>By 12/31/12, increase the percentage of employees who meet the Surgeon General's Guidelines for Physical Activity (at least 30 minutes every day) from 22% to 26%. Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention Strategies (What)</strong></td>
<td><strong>Process (How, When, Who)</strong></td>
</tr>
<tr>
<td>Post signs at elevators, stairwell entrances and exits and other key locations that encourage employees to use the stairs.</td>
<td>Lisa to review plans with Joe from maintenance to improve lighting and paint stairwells by 4/30.</td>
</tr>
<tr>
<td></td>
<td>Anthony to obtain &quot;point of decision prompt&quot; signs from CDC or elsewhere, and post in key places by 5/15.</td>
</tr>
<tr>
<td></td>
<td>Complete work by 6/15.</td>
</tr>
<tr>
<td>Provide environmental supports for recreation or physical activity.</td>
<td>Sheila to work with Joe to determine location for covered bike parking. (3/1)</td>
</tr>
<tr>
<td></td>
<td>Dean to purchase bike rack. (3/15)</td>
</tr>
<tr>
<td></td>
<td>Danielle to purchase bikes and helmets and pedometers, and set up check-out process for pedometers. (4/15)</td>
</tr>
<tr>
<td></td>
<td>Marissa to station bikes at parking rack and create sign-out procedure. (5/1)</td>
</tr>
<tr>
<td></td>
<td>Mary Cay to organize a lunchtime ride on National Employee Health and Fitness Day.</td>
</tr>
<tr>
<td></td>
<td>Create walking path and mileage markers on property. (5/15)</td>
</tr>
<tr>
<td></td>
<td>Develop and promote flexible work scheduling policy to support increased physical activity.</td>
</tr>
</tbody>
</table>
How Do You Use the CDC-HSC?

5. Consult the Resource Links section

6. Contact your State Health Department for technical assistance
   - [http://www.chronicdisease.org/membership/members-directory](http://www.chronicdisease.org/membership/members-directory)

7. Benchmark to demonstrate progress over time

8. Inform and educate employees and management
The Gateway Project - 2010-11

Gateway Employers had twice HSC Score improvement compared to Community Employers

More Gateway Employers improved HSC scores than Community Employers

87%
GATEWAY EMPLOYERS

50%
COMMUNITY EMPLOYERS
Current Activities

- Used HSC in CDC National Healthy Worksite Program
- Published manuscript:
- Developed a web application
- Validated Four New Modules
  - Lactation Support - 6 questions
  - Occupational Health and Safety – 10 questions
  - Vaccine Preventable Diseases - 6 questions
  - Community Resources and Partnerships – 3 questions (not scored)
### Community Resources

**During the past 12 months, did your worksite**

| 1. Provide employees with health related information, programs, or resources from any of the following organizations (not including your own organization)?  
(Respond “yes” or “no” to all questions. Answer “yes” if health information, programs, or resources are provided in-person or online; on-site or off-site; or in group or individual settings.) | Yes | No |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A. State/local public health agency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1B. Health insurance plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1C. Health management program and/or wellness program provider/vendor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1D. Workers compensation provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1E. Health-related organizations (such as the American Heart Association, American Cancer Society, etc).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1F. Health insurance broker</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1G. Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1H. YMCA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1I. Community Organization or Business Group (Wellness Council, Chamber of Commerce or other business group)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Healthier, Safer and More Engaged
Exploring the potential of NIOSH Total Worker Health™

L. Casey Chosewood, MD
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Work-Related Deaths, 2011 (Per 100,000 Workers*)

- Fishermen (121.2)
- Loggers (102.4)
- Pilots (57.0)
- Farmers And Ranchers (25.3)
- Police Officers (18.6)
- Construction Workers (15.7)

**National Average (3.5)**
- Firefighters (2.5)
- Cashiers (1.6)
- Office Admin (0.6)
- Business And Finance Staff (0.5)

* Full-time equivalent workers.

These Are the Deadliest Threats Facing Many American Workers

WARNING: Cigarettes are addictive.
Isn’t Behavior Change Enough?

Sir Michael Marmot

“ It is unreasonable to expect people to change their behavior when the social, cultural and physical environments around them fully conspire against them….”

Adapted from M. Marmot/Institute of Medicine Report
Worker Health = Economic Health

• Company health & employee health are interdependent
• Nearly 2 in 3 Americans get healthcare through employer
• 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
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

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
WellWorks-2 Study Results: Tobacco Use Cessation

- Rigorous study design
- Smoking quit rates among hourly workers receiving occupational safety & health AND worksite health promotion interventions were more than doubled relative to the worksites that received only worksite health promotion 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
# Issues Relevant to a TOTAL WORKER HEALTH™ Perspective*

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

<table>
<thead>
<tr>
<th>Control of Hazards &amp; Exposures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chemicals</td>
</tr>
<tr>
<td>• Physical Agents</td>
</tr>
<tr>
<td>• Biological Agents</td>
</tr>
<tr>
<td>• Psychosocial Factors</td>
</tr>
<tr>
<td>• Organization of Work</td>
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<thead>
<tr>
<th>Prevention of Injuries, Illness &amp; Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Managing the Safety &amp; Health Case</td>
</tr>
<tr>
<td>• Assessing All Risks</td>
</tr>
<tr>
<td>• Controlling All Risks</td>
</tr>
<tr>
<td>• Root Cause Analysis</td>
</tr>
<tr>
<td>• Leading/Lagging Indicators</td>
</tr>
</tbody>
</table>

## EMPLOYMENT
**Preserving Human Resources**

<table>
<thead>
<tr>
<th>New Employment Patterns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Precarious Employment</td>
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<tr>
<td>• Part-time Employment</td>
</tr>
<tr>
<td>• Dual Employers</td>
</tr>
<tr>
<td>• Changing Demographics</td>
</tr>
<tr>
<td>- Increasing Diversity</td>
</tr>
<tr>
<td>- Aging Workforce</td>
</tr>
<tr>
<td>- Multigenerational Workforce</td>
</tr>
<tr>
<td>• Global Workforce</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health &amp; Productivity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leadership Commitment to Health-Supportive Culture</td>
</tr>
<tr>
<td>• Fitness-for-Duty</td>
</tr>
<tr>
<td>• Reducing Presenteeism</td>
</tr>
<tr>
<td>• Reducing Absenteeism</td>
</tr>
<tr>
<td>• Workplace Wellness Programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare &amp; Benefits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increasing Costs</td>
</tr>
<tr>
<td>• Cost Shifting to Workers</td>
</tr>
<tr>
<td>• Paid Sick Leave</td>
</tr>
<tr>
<td>• Electronic Health Record</td>
</tr>
<tr>
<td>• Affordable Care Act</td>
</tr>
<tr>
<td>• HIPAA† Health Information Privacy</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Optimal Well-Being:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee Engagement</td>
</tr>
<tr>
<td>• Health &amp; Well-Being Assessments</td>
</tr>
<tr>
<td>• Healthier Behaviors</td>
</tr>
<tr>
<td>- Nutrition</td>
</tr>
<tr>
<td>- Tobacco Use Cessation</td>
</tr>
<tr>
<td>- Physical Activity</td>
</tr>
<tr>
<td>- Work/Life Balance</td>
</tr>
<tr>
<td>• Aging Productively</td>
</tr>
<tr>
<td>• Preparing for Healthier Retirement</td>
</tr>
<tr>
<td>• Policy &amp; Built Environment Supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workers with Higher Health Risks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Young Workers</td>
</tr>
<tr>
<td>• Low-Income Workers</td>
</tr>
<tr>
<td>• Migrant Workers</td>
</tr>
<tr>
<td>• Workers New to a Hazardous Job</td>
</tr>
<tr>
<td>• Differently-Abled Workers</td>
</tr>
<tr>
<td>• Veterans</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Compensation &amp; Disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disability Evaluation</td>
</tr>
<tr>
<td>• Reasonable Accommodations</td>
</tr>
<tr>
<td>• Return-to-Work</td>
</tr>
<tr>
<td>• Social Security Disability Insurance</td>
</tr>
</tbody>
</table>

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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
Why Integration and Total Worker Health™ Matter

• Improvements in work environments and the conditions of work benefit all workers
• Participation increases in both safety and health promotion programming
• Injury, illness, disability and absenteeism rates decrease
• Overall health-related costs decline
  o Workers’ compensation
  o Personal healthcare costs
  o Absenteeism and presenteeism related costs
• Additional productivity gains realized
Visit The TWH™ Website:
http://www.cdc.gov/niosh/TWH/

TOTAL WORKER HEALTH™

New Expanded TWH Resources
Read foundational papers that establish scientific rationale for TWH

What is Total Worker Health?

**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.

Today, emerging evidence recognizes that both work-related factors and health factors beyond the workplace jointly contribute to many health and safety problems that confront today’s workers and their families. Traditionally, workplace health and safety programs have been compartmentalized. Health protection programs have focused squarely on safety, reducing worker exposures to risk factors arising in the work environment itself. And most workplace health promotion programs have focused exclusively on lifestyle factors off-the-job that place workers at risk. A growing body of science supports the effectiveness of combining these efforts through workplace interventions that integrate health protection and health promotion programs.

Tools and Resources

- Perspectives on Total Worker Health™
- Guidelines for Implementing Total Worker Health™ Programs
- Promising Practices for Total Worker Health™

Related Resources on Workplace Safety, Health, and Well-being
Stay Connected to NIOSH Total Worker Health™

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  www.linkedin.com/groups/NIOSH-Total-Worker-Health-4473829/about

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Thank You!

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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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