



Workplace Wellbeing: Bridging Safety and Health





5 KEY TAKEAWAYS

1

Pilot health and wellbeing programs with stakeholder input

2

Craft good communication

3

Experiment with incentive structures

4

Engage employees through organized activities

5

Connect wellbeing to safety

Executive Summary

Employee health and wellbeing is not just an emerging topic in the EHS field, but one that is quickly gaining momentum. Research, medical, and academic groups are pioneering the concept of integrated health and safety, which is the blending of health and safety programs along a continuum of organizational, personal, and occupational activities to enhance overall worker wellbeing and prevent work-related injuries and illnesses. Underlying this definition is the belief that a true culture of health and safety is dependent on not only a strong safety program, but also a program that focuses on worker wellbeing. Campbell Institute members have already signed on to this belief, which is why many have had wellbeing programs in place for several years.

The Campbell Institute has conducted a research study on worker wellbeing programs at Institute participant organizations. Nine organizations were interviewed about the development, implementation, and lessons learned of workplace wellbeing and safety initiatives. The five key takeaways from the research are:

1. Pilot health and wellbeing programs with stakeholder input
2. Craft good communication
3. Experiment with incentive structures
4. Engage employees through organized activities
5. Connect wellbeing to safety

This white paper outlines the major successes and challenges Campbell Institute organizations have experienced when developing and maintaining their wellbeing programs. Additionally this paper addresses other issues for further discussion, such as the difficulty in calculating a return on investment for wellbeing programs, and some of the barriers to truly integrating health and wellbeing with occupational safety.



Introduction and Background

The business case for workplace safety is well documented and has been argued for by safety professionals and organizations, including the Campbell Institute and its participants. The latest focus for maintaining a sustainable business enterprise has moved beyond just workplace safety to include overall employee health and wellness. With the advent of recent programs like NIOSH Total Worker Health® and academic partnerships between American College of Occupational and Environmental Medicine (ACOEM) and UL (Loeppke et al., 2015), it is obvious that employee health and wellbeing is not just an emerging topic, but one that is quickly gaining momentum. These groups and others are pioneering the concept of integrated health and safety, which is the blending of health and safety programs along a continuum of organizational, personal, and occupational activities to enhance overall worker wellbeing and prevent work-related injuries and illnesses (Ibid). Underlying this definition is the belief that a true culture of health and safety is dependent on not only a strong safety program, but also a program that focuses on worker wellbeing. Campbell Institute members have already signed on to this belief, which is why many have had wellbeing programs in place for several years.



Integrated Health & Safety
or **WELLBEING**

HEALTH PROTECTION:

Broadly summarized as “safety”; protection of workers from occupational injury and illness through safety training, use of protective gear, equipment enhancements, and improvements to the work environment.

HEALTH PROMOTION:

Broadly summarized as “wellness”; the maintenance and improvement of workforce health through health risk assessments, immunizations, illness management, etc.

INTEGRATED HEALTH AND SAFETY, OR WELLBEING:

Lies at the intersection of health protection and health promotion; the blending of health and safety programs along a continuum of organizational, personal, and occupational activities to enhance overall worker wellbeing and prevent work-related injuries and illnesses; “wellbeing” includes physical, mental, emotional, social, and economic health.



The connection between worker health and safety seems fairly obvious from an industrial hygiene and ergonomics perspective – exposure to adverse workplace environmental conditions or awkward working postures is bound to negatively affect worker health and safety that impedes the ability to perform work effectively. But worker wellbeing and safety are connected in other ways that may not be as obvious. For instance, age and excess body fat can put a worker at risk for certain musculoskeletal disorders (Schulte et al., 2012). Those who smoke or those with certain diseases or skin ailments can be at greater risk for occupational exposure (Ibid). Psychosocial stress and/or prescription medications can lead to fatigue or distraction, which increases the risk of injury, and overall stress from the workplace environment can result in less organizational trust in the employer, reducing the likelihood that an employee will be compliant with the safety policy (Ibid).

While the above outlines several ways in which worker safety can be compromised by worker health (and vice versa), there is also evidence of the benefits of integrated workplace wellbeing programs championed by NIOSH and ACOEM/ UL. For example, if occupational injury is operationalized through workers compensation claims, then there are numerous studies that can demonstrate the connection between improved safety and good physical condition, good mental health, and absence of chronic illnesses (Bunn et al., 2010; Hymel et al., 2011). Workplace wellbeing programs are also tied to lowered prescription drug and medical costs and reduced hospital admissions. Another study shows that wellbeing programs are far less effective in workplaces where there are unaddressed safety

issues (Sorensen et al., 2004). In other words, the workplace must have a strong foundation of safety efforts in order for a wellbeing program to take hold and yield positive results.

A recent study found that workplaces that foster a broader “culture of health” experience increased job satisfaction among employees and reduced turnover (Kwon & Marzec, 2016). Having a positive “culture of health” entails not merely offering weight loss or smoking cessation programs for people to participate in, but actually making structural and policy changes to the organization to foster healthier behavior, such as encouraging stair use, implementing no-smoking policies, and offering healthy foods in cafeterias. The broader “culture of health” approach includes gaining higher-level support and aligning leadership priorities with management-level implementation strategies. Such a strategy is in keeping with previous safety research showing that cultivating a deeper culture of safety is essential for motivating employees to stay in compliance with safety protocols (Ford & Tetrick, 2011; Hambach et al., 2011).

Health care costs have been and continue to be of great concern to employers, especially because one’s health insurance is generally connected to an employer. Determining a company’s total health care cost should take into account both direct costs, such as the cost of health care coverage and workers compensation, and indirect costs, such as those related to productivity losses (Condon, 2016). When it comes to general workforce health costs, the Centers for Disease Control postulates that if “tobacco use, poor diet and physical inactivity were eliminated, 80 percent of heart disease and stroke, 80 percent of Type 2 diabetes and 40 percent of cancer would be prevented” (Mensah, 2006). Achieving this would save over half a trillion dollars a year, with most of that staying in the pockets of employers, who cover almost 62 percent of the population not eligible for Medicare

Overall health care costs in the U.S. have been steadily rising since the Centers for Medicare & Medicaid Services have been collecting data on national health expenditure accounts, starting in 1960. In 2014, U.S. health care spending increased 5.3 percent from the previous year, totaling \$3.0 trillion or \$9,523 per person. This amount accounted for 17.5 percent of the national’s Gross Domestic Product. For the sake of comparison, the total amount spent on health expenditures in the year 2000 was \$1.37 trillion, or \$4,857 per person. In that year, health care costs accounted for 13.3 percent of the U.S. GDP (Centers for Medicare & Medicaid Service, 2015).

Because of increasing direct health expenditures and indirect health care costs, Pfeffer (2010) believes that more attention should be paid to employee physical and mental health. Like environmental sustainability, Pfeffer (2010) sees investment in employee wellness as organizational sustainability, and argues that employer concern for worker wellness is part of being a socially responsible organization. Employers can create an organization that is devoted to total worker health by implementing wellness programs, better managing work hours and work stress and providing paid sick days. Numerous workplaces in the past decade have implemented health and wellness programs, with positive outcomes that cannot be ignored.

In 2003, Vanderbilt University initiated an employee wellness program and enlisted the help of researchers to track the program’s statistics for the next seven years. In a program that mainly involved completion of a health risk assessment and lifestyle management tool (plus up to \$20 per month added to participating employees’ paychecks), Byrne et al. (2011) reported a 6.4 percent increase in employees exercising one or more days per week during the program’s first year. Additionally, both the smoking and obesity rates of participating Vanderbilt employees saw

sharper declines than the smoking and obesity rates of Tennessee and the U.S. as a whole. A related study of Salt Lake City government employees looked at both the health and cost effects of a workplace health program. Merrill et al. (2011) evaluated the Healthy Lifestyle Initiative Program (HLIP) from 2004 to 2008.

The program included free annual screenings, financial incentives and educational programs to raise awareness of health issues. In addition to HLIP participants being more likely to exercise and having better self-perceived health, the total cost savings over four years due to lower prescription drug and medical costs was over \$3.5 million. In short, that means that every dollar spent on HLIP saved the county \$3.85.

Evidence nodding to the benefits of workplace health programs can be found in review articles that analyze multiple studies. Cancelliere et al. (2011) looked specifically at workplace health promotion programs to improve presenteeism, or showing up to work when ill. The authors found not only that workplace health promotions are effective at improving presenteeism overall, but that certain measures appeared to increase the level of success: exercise programs, depression screenings, health risk assessments, positive work environment and monetary incentives. In a similar review, Pelletier (2011) analyzed 27 studies performed between 2008 and 2010 on the clinical and cost outcomes of workplace wellbeing programs. In this time period, health promotion initiatives tended toward randomized clinical trials and focused on disease-specific programs (e.g. obesity, back pain, lupus). The majority of the 27 studies indicated positive cost and clinical results, although Pelletier (2011) also notes the bias toward published research that focuses on statistically significant, positive results. Still, the number of studies from 2008 to 2010 focusing on wellbeing programs suggests that more employers are implementing and evaluating workplace health initiatives.

The business case for workplace wellbeing programs has not escaped the notice of the Harvard Business Review. Berry et al. (2010) conducted a review of several leading companies’ wellbeing programs and came to three overall conclusions: (1) investing money in prevention can have a return on investment of 300 percent or more, (2) wellbeing programs reduce absenteeism and increase healthy working days, and (3) wellbeing programs increase employee morale and retention. The authors also identified some key characteristics of successful programs, such as having engaged leadership and aligning the program with overall company identity and goals. Successful programs should also be comprehensive in scope and quality, and easily accessible in terms of scheduling and cost.

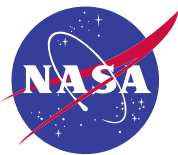
Due to the scientific community’s overall opinion that wellbeing programs are both cost and health effective, the Center for Disease Control and Prevention (CDC) in partnership with the National Institute for Occupational Safety and Health (NIOSH) launched the Total Worker Health® (TWH) initiative in 2011. The CDC and NIOSH essentially saw a gap in caring for the wellbeing of workers – workplace safety and health programs tend to focus solely on safety and protecting workers from hazards associated with the work environment, while workplace health programs tend to focus only on lifestyle conditions outside of the workplace that may put workers at risk. The Total Worker Health program was designed to integrate workplace safety protection with off-the-job health promotion armed with research evidence to suggest that this integration is the most effective way of protecting workers.



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(National Center for Health Statistics, 2010). Regarding indirect costs, general productivity losses that were related to personal or family health problems cost U.S. employers \$1,685 per employee per year, or about \$225.8 billion annually (Stewart et al., 2003).

RESEARCH PARTICIPANTS



Paying close attention to the “H” in EHS has been shown to be sustainable not only in terms of personnel, but also profit. While there are many types of successful programs and numerous ways for programs to improve, workplace wellbeing programs appear to be another best practice for maintaining an efficient and sustainable business organization. As the lines between work hours and leisure hours become increasingly blurred, it becomes more difficult to draw a distinction between work-related and non-work-related injuries. Cherniak et al. (2011) assert “Prevention of chronic disease factors, as well as efforts to maintain high function and effectiveness cannot be confined to a 40-hour work week.” As this quote implies, Campbell Institute members and partners have realized that worker health and wellbeing has become a 24/7 proposition to be integrated with worker safety.

Methods

To study the best practices of Campbell Institute members and partners regarding employee health and wellbeing, the Institute conducted a series of in-depth one-hour interviews with nine Institute participants – **BNSF, Cummins, ISN, Mosaic, NASA, Norfolk Southern, Owens Corning, United Rentals, and USG**. Interviews started in the winter of 2015 and concluded in the spring of 2016. Those contacted were responsible in some way for the administration, development, and implementation of the organization’s employee wellbeing initiatives. The interviewees were frequently human resources managers or persons in charge of employee benefits, but also included a safety and health director or in-house physician.

The interview questionnaire asked how and why Campbell Institute organizations implemented employee wellbeing initiatives, the types of activities and incentives that comprise their programs, and the major challenges and successes they have experienced along the way. Some interviewees also provided supplemental information, such as written documentation outlining their wellbeing initiatives.

Key Takeaways

Regarding the development, implementation, and maintenance of workplace wellbeing and safety initiatives, the interviews from Campbell Institute participants revealed five key pieces of advice:

1. Pilot health and wellbeing programs with stakeholder input
2. Craft good communication
3. Experiment with incentive structures
4. Organize frequent fitness/wellness competitions
5. Connect wellbeing to safety

1

Piloting health and wellbeing programs

When starting health and wellbeing programs at a company, Campbell Institute participants began by piloting key aspects of their programs at select locations before rolling out the whole program to the entire company. Member company BNSF began by offering general health education, training, and coaching at three pilot cities to see how well they were received before expanding to the rest of the organization. Research participants also recommended gathering the input and support from employees and leaders to get a better understanding of what they would like to see in a company wellbeing program. Both Owens Corning and United Rentals formed focus groups and town halls to ask these stakeholders about their expectations for wellbeing programming and which activities would be most successful. USG carried out one-on-one interviews with employees and conducted surveys to understand the workforce’s needs and desires of a workplace health program. Even after launching their health program, United Rentals periodically conducts roundtable discussions and a semi-annual employee survey to stay current with employee feedback and questions.

2

Crafting good communication

Research participants agreed that good communication is key to maintaining effective and engaging employee wellbeing programs. Communication could take multiple forms. Because Institute organizations are known to have excellent cultures of safety and exceptional ways of communicating safety messages, many like Owens Corning and USG have found the best method for relaying health information is to piggyback on the existing company safety communications, adding a tip on health and wellbeing in periodic email newsletters. BNSF holds quarterly campaigns that focus on specific health topics that are timely and/or relevant. Similarly, ISN sends monthly updates to raise awareness of different health topics and encourage employees to be proactive about their health.

Enlisting employees to serve as ambassadors of the company health and wellbeing program was another common method for gaining support for the program and communicating the importance of it. Cummins encourages employees to make individual connections with others in the company to make them aware of wellness offerings and get them connected to the offerings that are relevant to them. One of these employee networks is called “Health Champions.” Norfolk Southern also enlists employee ambassadors (“Hot Shots”) to communicate the importance and benefits of their program. Owens Corning gathers testimonials from employees to create posters and other messaging to convey how well the health initiatives are working.



The issue of personal health information being kept confidential is a hurdle that nearly every organization with an employee health program must confront. Several research participants underscored the importance of emphasizing the privacy of employee health information. Norfolk Southern even mentioned their efforts to “over-communicate” the confidentiality of worker health data. Their ultimate goal is not to play “Big Brother” with employee health information, but to do right by workers in protecting their total health. All the organizations in this study emphasized that individual-level health information is never known to the organization; any information is viewed and analyzed in the aggregate. Mosaic utilizes the aggregate health information compiled by a third party to identify gaps in care and proactively address risks at an organizational level. At NASA, employee assistance programs (EAP) are co-located with medical clinics and other site functions, so there is no way for anyone to know if a person is obtaining counseling, getting a regular check-up, or just going to work.

3 Experimenting with Incentive Structures

A third piece of advice from the research participants was to experiment with incentive structures to find one that works best for your employee population. Finding the right balance of “carrots” and “sticks” to maximize worker participation and achieve optimal results is not an easy task, but it is something that Campbell Institute participants have and continue to test. One member, ISN, found that employees were actually more likely to maintain participation in a steps challenge if they paid for their Garmin watch instead of having ISN subsidize the cost, requiring them to put some “skin in the game.” USG offers occupational health testing and a smoking cessation program free of charge to encourage employees to take advantage of these services. United Rentals offers a \$1000 incentive for being tobacco-free and a \$600 incentive for taking part in health assessments and health coaching. At Mosaic, employees are frontloaded with a \$60 wellness credit that they keep if they complete a health screening and assessment after a few months. Mosaic employees also have the opportunity to earn up to \$200 in gift cards for participating in a health coaching program. Because it is a government agency, NASA cannot offer incentives in the form of health insurance premium discounts. Regulations also prohibit the agency from awarding “prizes” and trinkets (e.g. swag). However, agency-wise recognition and awarding two trophies and two plaques have shown to be enough incentive and motivation to gain substantial employee participation. For the past three years during their annual fitness challenge, participation went from 2,100 participants in 2014 to more than 3,300 in 2016.

Maximizing participation in health programs while simultaneously driving up the effectiveness of the programs is a constant challenge for organizations. Experimenting with participation-based and outcome-based incentives structures is one path to achieving a good balance between participation and effectiveness. At Owens Corning, incentives are loaded as a payroll credit to offset the amount of insurance premiums. Employees can earn up to \$500 in credits – \$100 for submitting their biometric numbers, \$200 for completing a health improvement program, and \$100 each for meeting certain biometrics targets for Body Mass Index (BMI) and blood pressure. Owens has found that participation-based incentives are successful at getting employees to sign onto the program, but that outcome-based incentives (based on meeting certain targets) is best at improving program effectiveness.

Frequent engagement of employees promotes team building and improves morale while helping employees get healthier – in all the various ways that “health” implies.



4 Engaging Employees

To keep employees engaged with health and wellbeing programming, the research participants found that organizing frequent fitness/wellness competitions was an effective way of keeping workers plugged into wellbeing messaging. Owens Corning holds an annual Fat Out Challenge, which was actually started by an individual site and has since expanded to more locations. ISN offers both team-based and individual fitness competitions for their employees at their headquarters in Dallas, TX, and their seven other office locations. Over the course of 2015, NASA offered over thirty sports competitions or run/walk events at their various facilities across the country.

There is a myriad of ways to engage employees in health and wellbeing, either through programs and activities that are “homegrown” within an organization (such as the examples above), or through third-party applications like Virgin Pulse. Members Cummins and Norfolk Southern utilize Virgin Pulse to help employees set goals in a number of wellbeing areas – nutrition, sleep, stress, financial health, and physical health. As part of a steps-counting challenge, employees in these companies are provided with pedometers or use the wearable technology that they already have to track their individual progress and/or in competition with other teams. A platform like Virgin Pulse rewards employees with “HealthMiles” for completing annual health screenings or for participating in competitions, and these HealthMiles can in turn be used to offset medical plan contributions.

Finding the right platform or application for engaging employees, like finding the right balance of incentives, can be challenging. Off-the-shelf programs may not work for an organization depending on the organization’s size and composition, or a company may not have the resources necessary to implement a third-party wellbeing program and must rely on in-house engagement efforts. For comprehensive programs like Virgin Pulse that connect yearly health assessments, biometric screenings, and participation in fitness activities with discounts in insurance premiums, it can be easier to keep employees engaged in the long term and throughout the year, instead of only one- or two-month intervals when the company issues a fitness challenge.

Many Institute participants have international locations, and there is a desire to engage these employees in health and wellbeing efforts as well. In these cases, multi-site and multi-country team competitions like at Owens Corning and ISN have been most successful in gaining global support for health and wellbeing. In general, Institute participants found that these frequent methods of engaging employees promote team building and improve morale while helping employees get healthier – in all the various ways that “health” implies.

5

Connecting Wellbeing to Safety

Research participants recognized the importance of better connecting wellbeing to safety. While the departments responsible for managing safety and wellbeing may be separate in an organizational chart, Campbell member organizations have found ways to informally connect them by communicating to employees that being physically and mentally well enables a person to perform work better and safer. An equivalency they draw between safety and wellbeing is that being proactive about your health is similar to performing preventive maintenance on machinery – both actions allow workers to read trends and keep up with changes so that there are no surprises or catastrophes down the line. USG has noted that certain programs like their medical monitoring program began purely as a safety initiative, but now has very overt ties to wellness. Keeping an eye on one’s health numbers and acting quickly when an issue arises has helped USG employees not only be healthier but stay safer on the job, avoiding absenteeism, presenteeism, and days of restricted work. Seeking to knit together safety and health, United Rentals has launched a new metapostures program, which was developed with the help of physical and occupational therapists and teaches employees to stretch in ways to strengthen muscles and lubricate joints. This program is one way that United Rentals has connected safety with health from an ergonomic perspective.

To connect safety with their wellness strategy, Mosaic partnered with two different organizations, one focused on traditional occupational health and the other focused on wellness and episodic care. These two organizations have combined their efforts to form the Wellness and Occupational Health Clinics at Mosaic sites. This effort has fed into Mosaic’s total health management strategy as clinicians from the wellness and episodic care side can communicate with clinicians on the occupational health side to identify potential risks and gaps in care. Mosaic employees have also developed a level of trust with the clinicians on either side, making it easy for the wellness and occupational safety halves to cross-reference each other and contribute to total worker health.

Major Successes in Wellbeing Programming

Participants in this research noted the major successes that they have experienced so far with their health and wellbeing programs, which ranged from increasing participation to building deeper culture change within the organization. In addition to seeing a large uptick in participation in Virgin Pulse, Norfolk Southern includes the sharing personal success stories around weight loss and smoking cessation as some of their program’s biggest victories. Similarly, United Rentals has seen an increase in program participation due to employees being advocates of the program and giving testimonials. United Rentals is also proud of the commitment to wellness on the part of their CEO, who pledged to lose 25 pounds or donate \$25,000 to the United Rentals compassion fund, a 501(c)3 organization.

The health and wellbeing team at Cummins has reached out to the medical community to improve their program offerings and help inform them of additional therapies for medical conditions. Cummins has partnered with the American College of Preventive Medicine and the American College of Lifestyle Medicine to find remedies to chronic conditions that consist of lifestyle changes, such as diet, exercise, and meditation. These partnerships have created the foundation for evidence-based health and wellbeing programming at Cummins.

While hard return on investments for wellbeing programs can be difficult to calculate, ISN has seen softer returns for their efforts through improved health outcomes among employees, along with better employee engagement and morale. Even though it is trickier to determine the return on these types of outcomes, they most certainly have a positive effect. Through their efforts, ISN has encouraged the many young people at their company to be more proactive about their health and pay attention to their health metrics, both now and going forward.

BNSF and Owens Corning count among their successes the small organizational changes that have led to cultural change and awareness of wellbeing. Both companies note that providing healthier food options, charging less for healthy food options, and eliminating large soda cups are small ways to persuade employees to make better choices. Encouraging employees to walk, take stretch breaks, and take the stairs are other methods to lay a foundation for a broader “culture of health” across the organization.

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Biggest Challenges and Issues for Further Discussion

Biggest Challenges

Participants in the study were asked about the biggest challenges they have or continue to experience in maintaining their wellbeing initiatives. One of the main hurdles, especially in the manufacturing and railroad environments, is the demographic issue of appealing to a mostly male, middle-aged workforce and getting them to care about their physical, mental, and emotional wellbeing. This is a population that does not typically visit a doctor regularly and may or may not have ready access to a computer, which makes online health coaching problematic. To tackle this challenge, companies like Norfolk Southern, BNSF, and Owens Corning have campaigns that are meant to target this population in particular, and are working on finding good health coaching mobile applications for use on a smartphone.

The technology issue is another challenge that a couple participants face. Cummins has had to vet several vendors to find those that offer what Cummins wants in terms of programming, and with the ability to pull claims data with the right amount of privacy. Oftentimes there are no off-the-shelf programs available and they have to develop programs in house. Technology in the form of wearables has been a small challenge for ISN, specifically finding a piece of wearable technology that tracks both steps and heart rate. As these technology offerings evolve and improve, ISN is confident that they will find fitness trackers and programs that will keep employees engaged in the long term, not just in 3-month or 6-month intervals.

At NASA (similar to other federal agencies), many variables may impact health promotion and wellness programs, both locally and agency-wide. The most significant variables are budget and human resources, especially since these programs at NASA are primarily implemented by support contractors. At any given time, the contractors responsible for implementation of their center's health and wellness promotion outreach may change. Reorganizations and reassignments of programs and divisions that handle health promotion and wellness may also influence program strength. Regardless of the many changes NASA has experienced over the years in their occupational health programs, health and wellness continue to be recognized as important components contributing to employee productivity, effectiveness, and efficiency.

The communication of health and wellbeing messages remains a small hurdle for some participants. Mosaic notes that their employees regularly receive numerous messages from the company on many topics – safety, career activities, volunteer/giving opportunities, etc. – that it is easy for health and wellbeing messages to get lost in the shuffle. Mosaic also wants to communicate to employees that “wellbeing” is more than just the physical aspect and includes emotional, mental, and even financial aspects.

Truly integrating health & wellbeing with occupational safety

While Campbell Institute members and partners recognize the call to fully integrate health and wellbeing with occupational safety, there are sometimes structural or cultural barriers that prevent organizations from completely combining their safety and health efforts. One structural barrier is the data privacy restrictions that companies must abide to stay in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Cummins, for instance, is performing a study to assess how sleep relates to healthcare costs, incident rate, and severity rate, but otherwise has not found much to explicitly link wellbeing to safety because of health data confidentiality. Norfolk Southern must tread carefully in integrating wellbeing with safety because of their heavily unionized workforce and the desire to not violate any collective bargaining agreements. Like other Institute member organizations, human resources has ownership of wellness initiatives at Norfolk Southern, but wellness is not tied to workers compensation.

Other barriers to full integration are more cultural or political in nature. At BNSF for example, the wellness initiatives have deliberately been kept separate from safety because of the traditionally “punitive” or “mandatory” perceptions of safety. BNSF wants their employees to see health and wellbeing as completely voluntary and positive – without fines or penalties for non-participation. For other companies, it is difficult to make an overt assertion that measures like TRIR, LTIR, or DART have been reduced because of wellbeing programming, if only because it is difficult to perform the necessary correlation analyses when these rates are already close to zero. Also, those in charge of running wellbeing programs at companies are loath to taking much credit for impacting traditional lagging safety metrics as this is seen as discounting the efforts of the safety team.

Calculating a return on investment

Although there are numerous studies to show that workplace wellbeing programs produce a return on investment, these numbers are sometimes difficult to calculate accurately and consistently. Data privacy issues can play into this, as it is problematic to compute the cost savings on preventive care when a company is unsure if a person visited the doctor for a routine checkup or for an illness. And as noted earlier, it is difficult to parse out

the impact of wellbeing initiatives from other contributing factors, such as occupational safety and even sustainability. This research discovered that Campbell Institute members and partners in general have not performed hard ROI calculations because this is not their primary motivation for offering wellbeing programs. While cost control is important, it is merely an ancillary goal to the organization's main objective of seeing that employees go home in the same or better condition as when they came to work. All of the Institute organizations in this study expressed that the purpose of their health and wellbeing programs is to do right by employees, not to realize a return on investment.

Instead of calculating an ROI, Owens Corning focuses on overall health numbers, like aggregate measures of blood pressure, weight, and body mass index to see if sites are improving. Similarly, BNSF evaluates their program from a population health management perspective – if the aggregate numbers steadily improve, the program is seen to have a positive effect. USG reminds themselves and other organizations that investments in health and wellbeing require a long-term view when evaluating return, which is why health and wellbeing requires a commitment on the part of employers (and employees). The longitudinal studies on health and wellbeing programs bear out this finding.



Discussion and Conclusion

The Campbell Institute organizations included in this research would be the first to say that their health and wellbeing programs are not perfect. Just like their safety management systems, these programs are in a continuous improvement cycle, going through much iteration to make each cycle better than the last. The organizations in the study typically began small or piecemeal with a collection of health-related activities – smoking cessation, physical fitness, weight loss, and biometric assessments – which over time became parts of an overall health and wellbeing program across the organization. Institute members are also diligent in researching and gathering input from employees, leadership, and other stakeholders to ensure that they are rolling out programs that are relevant and of interest to the organization’s people.

Continuously improving health and wellbeing programs is also a matter of finding the right incentives to encourage employee participation. Through experimentation, Institute members have found a good balance of “carrots” and “sticks” to help employees continue with weight loss programs, engage in physical fitness, quit smoking, or seek assistance with any type of health issue. This does not mean, however, that these organizations have stopped trying to improve their incentive structures.

Similarly, communicating about relevant health topics and offering timely health tips is a continuous process. Institute organizations recognize that pairing health information with safety information is a natural fit, particularly when their culture of safety is already strong. Institute members have also realized that there is no such thing as too much reassurance to employees that their health data is kept private and secure. Communicating on this issue and obtaining positive testimonials from employees are ways for organizations to garner employee trust on health and wellbeing and increase participation in programs.

The conclusions of this research and what is not currently included as a “takeaway” point to other aspects of health and wellbeing should be incorporated in future research and discussions. A recent benchmarking session among Campbell Institute members and partners revealed that many are still taking introductory steps to addressing mental health, work strain, and stress as part of an overall wellbeing program. Many would like to see ways to improve employee assistance programs, counseling, and fitness for duty checks to ensure that employees are undistracted mentally and emotionally before beginning work. This is an area where the Campbell Institute could take pointers from its members with headquarters in European countries, where the issues of stress and mental health have received more attention and gained more traction regarding workplace safety.

Building an overall “culture of wellbeing” appears to be a goal for the participants of this study. Institute members and partners long ago realized that implementing a couple of ad-hoc safety initiatives was not enough to actually instill a culture of safety within the organization, and the same may be said of wellbeing. A true culture of wellbeing cannot be brought to bear simply by installing a smoking cessation program or a weight-loss challenge. As has been realized with safety, offering incentives will only go so far. With OSHA discouraging the use of incentives to meet safety goals, it’s not a stretch to think the same will be the case for wellbeing initiatives. Carefully considering how wellbeing can become ingrained within an organization’s culture is an area for follow-up when studying this topic in the future.

Finally, it can be concluded that Campbell Institute organizations understand the value in integrating health and wellbeing with occupational safety. The connections between the two have been clearly demonstrated in a host of peer-reviewed, academic research – healthier employees are at less risk of industrial exposure and perform work more safely with lower rates of absenteeism and presenteeism. There still exist both institutional and cultural barriers, however, that prevent organizations from truly integrating health with safety. The nature of wellbeing programs also makes it difficult to calculate the true return on investment for these programs. Given time for more research and innovative methods, making the business case for a fully integrated safety, health, and wellbeing system will be more straightforward, paving the path for more employers to follow suit.

The organizational practices detailed in this report are best described as good wellbeing programs that have yet to become excellent wellbeing systems. Just as workplace safety has undergone development, transformation, and maturation throughout the past few decades, this research points to a similar maturity curve for health and wellbeing, with organizations moving beyond a simple compliance-driven attitude to one that is driven by values and deeply held principles. Given the current trajectory, reaching a point of achieving excellence in health and wellbeing systems is on the horizon.

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