

Research Outlook

Research Outlook – Health and Wellbeing Research

With the advent of recent programs like NIOSH Total Worker Health® and academic partnerships between 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*. 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 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. Finally, 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.

The Campbell Institute is currently in the middle of a research study on worker wellbeing programs at Institute participant organizations. So far, eight organizations have been interviewed about the development, implementation, and lessons learned of workplace wellbeing and safety initiatives.

There are five key takeaways from the research thus far:

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

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.

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 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. 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.

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, forcing 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. Because it is a government agency, NASA cannot offer incentives in the form of health insurance premium discounts, but they have found that offering small prizes/trinkets for fitness competitions is incentive enough to gain substantial employee participation.

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 at their main location in Dallas, TX, but also involves their international locations. Over the course of 2015, NASA offered over thirty sports

competitions or run/walk events at their various facilities across the country. In general, Institute participants found that these frequent competitions promote team building and improve morale while helping employees get healthier.

Lastly, the 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. Another 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.

The general takeaway from the research is that companies with world-class EHS programs not only recognize the need for integrated health and safety programs, but that concern for workforce health needs to be expanded beyond worksite boundaries. Cherniak et al. asserts that “prevention of chronic disease factors, as well as efforts to maintain high function and effectiveness cannot be confined to a 40-hour work week” (2011). Total worker health, in other words, is a 24/7 proposition that encompasses concern for safety and wellbeing both on- and off-the-job.

Stay tuned for the final Campbell Institute white paper report on best practices in employee health and wellbeing being released at the 2016 NSC Congress & Expo in Anaheim, CA.

WORKS CITED

Bunn, W.B., Stave, G.M., Allen, H., Naim, A.B. (2010). Evidence-based benefit design: Toward a sustainable health care future for employers. *Journal of Occupational and Environmental Medicine*, 52, 951-955.

Cherniak, M., Henning, R., Merchant, J.A., Punnett, L., Sorensen, G., Wagner, G. (2011). Statement on national worklife priorities. *American Journal of Industrial Medicine*, 54, 10-20.

Hymel, P.A., Loeppke, R.R., Baase, C.M., Burton, W.N., Hartenbaum, N.P., Hudson, T.W., McLellan, R.K., Mueller, K.L., Roberts, M.A., Yarborough, C.M., Konicki, D.L., Larson, P.W. (2011). Workplace health protection and promotion: A new pathway for a healthier – and safer – workforce. *Journal of Occupational and Environmental Medicine*, 53(6), 695-702.

Loeppke, R., Hohn, T., Baase, C., Bunn, W., Burton, W., Eisenberg, B., Ennis, T., Fabius, R., Hawkins, J., Hudson, T.W., Hymel, P., Konicki, D., Larson, P., McLellan, R., Roberts, M., Usrey, C., Wallace, J., Yarborough, C., Siuba, J. (2015). Integrating health and safety in the workplace: How closely aligning health and safety strategies can yield measurable benefits. *Journal of Occupational and Environmental Medicine*, 57(5), 585-597.

Schulte, P., Pandalai, S., Wulsin, V., Chun, H. (2012). Interaction of occupational and personal risk factors in workforce health and safety. *American Journal of Public Health*, 102(3), 434-448.

Sorensen, G., Barbeau, E., Hunt, M.K., Emmons, K. (2004) Reducing social disparities in tobacco use: A social contextual model for reducing tobacco use among blue-collar workers. *American Journal of Public Health*, 94, 230-239.