

Evidence-Based Strategies for Integrating Occupational Health and Safety with Workplace Health Promotion

Session Date & Time: Monday, September 10, 3:00-4:30 P.M. (Session 2-7)
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(* Presenting)

Session Description:

NIOSH recently awarded funding (2006-2011) to establish two *Centers for Excellence to Promote a Healthier Workforce*, one at the University of Massachusetts Lowell and the other at the University of Iowa. Speakers from each of these new academic centers will describe their key research goals and outreach efforts, including alternative approaches to integrating health promotion and occupational health and safety protection programs; how such programs might meet employers' needs; and how involving employees in the planning and design of such programs might have direct and indirect benefits. Panelists will engage session attendees in the discussion and solicit input on how the centers can best accomplish their goals.

1. The Center for the Promotion of Health in the New England Workplace (CPH-NEW)

a. Intervention Content and Methods

CPHNEW will evaluate models for integrating workplace health promotion (HP) with occupational ergonomic interventions, with a strong emphasis on worker involvement. Outcomes include musculoskeletal health (with an expanded definition), mental health, and cardiovascular health.

Many traditional HP behavioral targets (exercise, diet, smoking, obesity) are risk factors not only for cardiovascular disease but also for musculoskeletal disorders such as low back pain. Limited empirical evidence shows interactions between these factors and occupational ergonomics exposures (heavy lifting, awkward postures, etc.). Successful HP programs should enhance the musculoskeletal benefits of ergonomic improvements, as well.

Work organization is a key mediator of workplace stressors as well as a potential source of constraints on health behaviors. Relevant features of the work environment, ranging from scheduling to supervisory-employee relations, can be either barriers or enhancements to health behaviors. Effective HP programs should address both organizational and individual readiness for change.

b. Emphasis on Participatory Programs

Participatory selection, design and implementation of workplace programs, whether HP or ergonomics interventions, instill a sense of empowerment and bolster program effectiveness. Participatory workplace programs can be expected to enhance participants' health self efficacy, increasing the duration of healthy behaviors. Participatory programs are also more likely to be sustainable over the long-term because inherently they involve issues of workplace culture and climate, such as interpersonal relationships and decision-making authority. CPH-NEW will compare "top down" best practices and "bottom up" participatory

interventions. Qualitative methods are directed to development of participatory groups in the workplace, in addition to process evaluation.

c. Evaluation of Cost-Effectiveness

Full cost-accounting of work-related illness and injury involves not only recorded costs, such as workers' compensation premiums, but the actual costs such as medical care shifted to group health insurance and the temporary replacement of absent workers.

d. Discussion question for the audience: How could our center best serve you in regard to these issues?

Learning Objectives

1.	Describe several alternative approaches to integrating health promotion and OHS programs in the workplace, and how these might meet the needs of employers and employees
2.	Identify at least four occupational risk factors in common for musculoskeletal disorders, cardiovascular disease, and mental health outcomes.
3.	Discuss both the direct and the indirect benefits of engaging employees in goal-setting and design of activities for health promotion programs