What Makes a Successful Wellness Program?

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UConn Storrs

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

• Total Worker Health (TWH): NIOSH model
  – Apply to **successful workplace wellness programs**
  – Integration of worksite health promotion (HP) with occupational safety and health (OSH)
• The business case: wellness and organizational outcomes.
• Example of participatory program: P&W successes/barriers
• Root cause analysis: unhealthy work organization and organizational culture →
  – Stress
  – Poor work design
  – Poor health behaviors/choices
• Intervention: participatory programs
Who Are We?

• Center for Promotion of Health in the New England Workplace (CPH-NEW)

• Program: Total Worker Health™:
  – NIOSH (National Institute of Occupational Safety and Health): [www.cdc.gov/niosh/twh](http://www.cdc.gov/niosh/twh)
  – TWH: A strategy for integrating
    • occupational safety and health protection (OSH)
    • health promotion (HP)
  – **Premise:** successful wellness requires successful OSH and HP (e.g. stress mgmt.)
  – **Goal:** prevent worker injury and illness and enhance well-being.
Center for Promotion of Health in the New England Workplace (CPH-NEW)

- University of MA Lowell
- University of CT, Health Center
- University of CT, Storrs
NIOSH TWH™ mission, CPH-NEW’s goals include:

1. To implement and evaluate models for improving worker health by combining:
   - Worksite health promotion
   - Workplace health & safety

2. To promote participatory approaches that engage all levels of an organization in the design of effective, sustainable workplace interventions.
Occupational Trends

• Workforce is becoming increasingly diverse
• Workplaces are rapidly evolving. Shift from manufacturing to services (80%)
• Longer hours, compressed work weeks, shift & temp work, reduced job security
• Technological changes. New chemicals, materials, process, & equipment
• Downsizing, corporate restructuring
• Change in employment contract (contingent / temporary workers)
Why integrate OHS & WHP?

Working conditions link directly to health behavior and health outcomes.

- Organization
  - technology
  - structure
  - culture

- Physical working conditions

- Work org & psychosocial conditions

- Employee Health Status
  - MSDs
  - CVD
  - Mental Health

- Health Behavior
Why Integration is Important: Stress, Health Behaviors, & Outcomes

- STRESS
- Health Behaviors
  - CVD
  - MSDs
  - Work Performance

32% , Chandola, 2008
Example 1: Back pain in Health Care

Work organization influences personal behavior AND exposures

- Fast work pace
- Patient demands
- Low use of lifting equipment
- Personal characteristics:
  - Sedentary home life
  - Overweight
  - Genetics
- Workplace exposures:
  - Job Stress
  - Patient Handling
  - Repetitive movements

Back pain
Example 2: Cardiovascular Disease

Work organization influences personal behavior AND exposures

**Workplace exposures**
- Sedentary job
- Stress at work
- Shift work (sleep disruption)
- Cardio-toxins

**Personal characteristics**
- Obesity, smoking
- Smoking
- Genetics
- Family meal patterns

**CVD**
What is health promotion?

- Fostering positive decision-making about health (smoking, weight loss, activity, eating, etc.)

- Framing HP in terms of **healthy decision-making** implies that a program’s process is as important as its **content**.
What is occupational safety & health?

• Reducing exposures to hazards in the workplace that can cause injury or illness.

• Preferred--Eliminate source of the hazard through engineering or design solutions.

• Less effective alternatives
  – Administrative controls (equip./procedures/scheduling)
  – personal protective equipment to reduce impact of hazards.
How to Integrate?

• Traditional Health Promotion
  – Often low participation, sub-optimal results
  – It is easier to focus on behaviors than workplace structure

• Traditional Occupational Health and Safety
  • Often sabotaged by unhealthy behavior
  • Often focuses on unsafe behavior instead of workplace change

• Integration
  • Workplace actively fosters healthy choices and safe behaviors
  • Workplace engages workers in solutions
Traditional management approach
Silos, separate departments, top-down

Occ. Health and Safety
(EHS)
Reducing hazards and exposures at work to prevent injury and illness

Health Promotion
(HR)
Reducing lifestyle risk factors to prevent disease
Total Worker Health approach

*Break down the silos*

Coordinated planning

All levels participate

Wellness  Safety  Workers  Management
Benefits of Integration

• Can address root causes – greater impact
• Greater participation and sustainability
• Can share resources, avoid duplication
• Use a common set of metrics
• Coordinates and aligns management focus
• Other benefits specific to your organization’s systems, culture
Examples of Integration

• Respiratory protection that comprehensively addresses tobacco use

• Ergonomic consultations that also discuss arthritis management strategies

• Stress management efforts that first seek to diminish workplace stressors, as well as build worker resiliency

• More to come

NIOSH, Total Worker Health™, 2009
The Business Case

Integrated Programs

&

Organizational Outcomes
The Workplace as a System

Company Level
(Structure, culture, organizational practices, technology)

Division/Department
(Resources; relation to other departments)

Job Level
(Work pace, supervision, work flow, decision-making opportunities)

Physical Exposures
Psychosocial Exposures

Other workplace exposures:
• Safety hazards
• Chemical, dust, biological, etc.
• Noise, temperature, radiation, etc.

Organizational Outcomes:
• Productivity
• Quality
• Customer satisf.
• Health care cost
• Workers’ comp.
• Absenteeism
• Turnover

Employee Outcomes:
• Health
• Job satisfaction
• Lifestyle
• Productivity
Example 1:
Erikson Living Retirement Community

Provides a large array of occupational health and wellness services

– On-site health services
  • Free 30-min consultations
  • Free 45-min physicals

– Wellness resources
  • Smoking cessation
  • Weight Watchers
  • Exercising facilities

Example 1: Erikson Living Retirement Community

- **Goal:** Integrate their wellness offerings with changes in work environment

- **Ex:** Reduce back injury among staff
  - Occ health: ergonomic assessment of job tasks
  - Wellness: strength training, group walking
  - Participatory: employee input on every intervention

Example 2: Pro-Care Long Term Care

- **Goal:** Integrate their introduction of patient lifting equipment with participatory changes in wellness offerings

- **Results:**
  - Reduction in staff back injury Occ health: ergonomic assessment of job tasks
  - Employee-generated garden, walking programs
  - Participatory: employee input on every intervention

Example 3: Correctional Facility in Connecticut

• Goal: Reduce joint pain among correctional officers
  – Occ health: change of equipment (i.e., shoe inserts)
  – Wellness: weight loss program
  – Participatory: employees themselves suggested these interventions

• Results: in process
Example 4: Wellworks-2 Study

• 15 manufacturing workplaces of 400 to 2000 workers each

• Products manufactured
  – Adhesives, food, jewelry, paper products, automobile parts, etc.

• Intervention
  – 8 organizations: wellness without workplace changes
  – 7 organizations: wellness with workplace changes
### Wellworks-2 Results

#### Table 3. Mean (and Standard Deviation) of Worker Reports of Awareness of, and Participation in, Programs Targeting Individual Behavior Change on the Final Survey and Smoking Cessation Rates of Hourly Workers by Intervention Condition

<table>
<thead>
<tr>
<th>Variable</th>
<th>HP M % (SD) (n = 8)</th>
<th>HP/OHS M % (SD) (n = 7)</th>
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<tbody>
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<td>78.5 (7.5)</td>
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<td>Awareness of programs or activities addressing:</td>
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CASE STUDY: CPH-NEW
Workplace Health Promotion and Ergonomics: A Participatory Approach

Kelly Wallace, MS, CHES
Research Assistant
University of Connecticut Health Center
Integrative Program: Health Promotion and Ergonomics

• Why combine health promotion and ergonomics at this workplace?
  – To improve employees’ wellbeing by empowering them to take control of their health
  – To encourage a healthy lifestyle by making ergonomic changes, promoting health education and providing environmental and organization support
  – To lower healthcare costs, increase productivity, decrease absenteeism and improve employee morale
Integrative Program: Health Promotion and Ergonomics

• UConn met with a Connecticut company that designs and manufactures:
  – aircraft engines
  – auxiliary
  – ground power units
  – turbojet propulsion products
  – industrial gas turbines.

• Our Project: 3 jet engine repair units
Integrative Program: Health Promotion and Ergonomics

• Integrative program
  – Identify ergonomic changes
  – Coordinate with the ergonomics team to assist in making the changes
  – Address employees’ overall health and wellbeing
  – Promote health awareness
Participatory Health Promotion

• Benefits:
  – Increase employee ownership and participation
    • Employees have a stake in the outcome
  – Builds trust
  – Easily get to the heart of occupational issues
    • Receiving input form those most affected by the changes
  – Bringing employees from all segments of the organization into the decision making process
    • Broad range of perspectives
  – Increase the likelihood of continued success
  – Avoid ignorance of the realities
  – Provide employees with the ability to influence organizational outcomes
    • Employees often feel they are heard and that their concerns are being tended to
Participatory Health Promotion

• Surveyed employees on nutrition and physical activity practices and knowledge
  – Provided educational presentations and material to the employees based upon expressed interest and low-scoring areas.

• Met with teams of employees to discuss specific organizational and environmental changes that they believed would promote a healthy lifestyle
  – Employees provided suggestions of how to meet these needs
Health Education

- After evaluating the surveys, employee groups identified several topics as helpful discussion areas

  - A Healthy Diet
    - Portion Control
    - Reading the Food Label
    - Sodium Intake
    - Alcohol Consumption
    - Pre-packaged meals
  - Stress Reduction
  - Physical Activity

Employees also proposed actions they and the company could take
### Examples of Employee Suggestions for Change

<table>
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<th>Suggestions for Change</th>
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<td>Subsidizing the costs of health options</td>
</tr>
<tr>
<td>Lesson on how to pack a healthy lunch</td>
</tr>
<tr>
<td>Meals on Wheels</td>
</tr>
<tr>
<td>Weight loss program/competition</td>
</tr>
<tr>
<td>Nutrition seminars</td>
</tr>
<tr>
<td>Changing vending machine options</td>
</tr>
<tr>
<td>Individual nutrition consultations</td>
</tr>
<tr>
<td>Ability to punch out at the gym (rather than work station)</td>
</tr>
<tr>
<td>Stress reduction classes (time management, yoga)</td>
</tr>
<tr>
<td>Allotted time to stretch during shift</td>
</tr>
<tr>
<td>Allotted time to use the gym</td>
</tr>
<tr>
<td>Developing preplanned 15 minute workouts</td>
</tr>
<tr>
<td>Initiating a pedometer walking program</td>
</tr>
<tr>
<td>Longer breaks</td>
</tr>
<tr>
<td>Employee basketball tournaments</td>
</tr>
</tbody>
</table>

- Employees were **creative and enthusiastic** about these ideas!
General Findings

• In general, employees are interested in learning more about health and nutrition
• Employees expressed a willingness and eagerness to participate in future wellness programs

However…

Nothing GREAT was ever achieved without enthusiasm.

-Emerson
Barriers

- **Organizational barriers** prevented many of these suggestions from taking flight
  - Most changes required larger organizational changes

- **Examples:**
  - The existing employee wellness program catered to the mass population rather than the individual
  - Liability concerns prevented basketball & fitness programs to initiate
  - The organization does not promote walking (employees ride bikes to save time)
  - Contracts did not allow for a change in the food provided to the employees
  - The cafeteria was not easily accessible for all employees
  - Break time was limited

**The Lesson:** participation without organizational support limits success
Root Cause Analysis

- Work Organization
- Organizational Climate/Culture
- Broader environment
Health Care “Ecosystem”

Insurance Industry:
National Health Policy: ACA, ACOs Etc.
Technology: Availability & Expectations
Competition Local and Regional

The Hospital (Black Box)

Insurance $ Absenteeism Turnover Quality/Safety
Hospital Actions:
-$
-$
-$
Costs

Cut Staff
Marketing

Safety ↓
Psychosocial Factors: Local and Organization
Workload

More patients
Specialty Patients

Health Outcomes:
- Disease: MSDs, chemical exposures, accidents: needlesticks, falls, etc.
- Recovery opportunities reduced

Stress:
- CVD, Diabetes, Gastrointestinal, Resp.
- Psychological Outcomes: Depression
- Recovery opportunities reduced

www.uml.edu/centers/CPH-NEW
Work organization determines both physical and psychosocial features of work

- Physical load (E.g., frequency and duration of lifting)
- Psychosocial stressors (E.g., low decision-making, monotony)

Musculo-skeletal disorders
Work organization determines both physical and psychosocial features of work

Physical load
(E.g., frequency and duration of lifting)

Psychosocial stressors
(E.g., low decision-making, monotony)

Examples of stressors:
• Work-family conflict
• High demands/low control
• High incivility, injustice
• Poor safety climate
• Low social support

Chronic Disease
Poor lifestyle
Depression/anxiety

Stress

www.uml.edu/centers/CPH-NEW
AHRQ Integrative Model: Working Conditions and Patient Outcomes

Core structural domains

- Leadership
  - Values
  - Strategy/style

- Organizational structural characteristics
  - Communication processes
  - Governance
  - Information technology

Process domains

- Supervision
  - Style
  - Employee recognition

- Work design
  - Manageable workload
  - Resources/training
  - Rewards
  - Autonomy
  - Employee safety

- Group behavior
  - Collaboration
  - Consensus

- Quality emphasis
  - Patient centeredness
  - Patient safety
  - Innovation
  - Outcome measurement
  - Evidence-based practice

Outcomes

- Health care worker outcomes
  - Satisfaction
  - Intention to leave

- Patient outcomes
  - Patient satisfaction
  - Clinical outcomes
Root Cause Analysis: Examples from VHA Research

Work Organization & Org. Culture
Employee Working Conditions
Employee Health/Engagement

Quality/Safety of Patient Care
Employee Health: BBP Exposure (Survey Reported)

Demographics

Work Organization

Org. Climate

Outcome: Any Bloodborne Pathogen Exposure

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Male Gender</td>
<td>1.4</td>
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<tr>
<td>Hispanic</td>
<td>1.2</td>
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<tr>
<td>Black</td>
<td>0.7</td>
</tr>
<tr>
<td>Shiftwork</td>
<td>1.6</td>
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<tr>
<td>Hours worked</td>
<td>1.3</td>
</tr>
<tr>
<td>Mandatory Overtime</td>
<td>0.9</td>
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<td>Employee Focus</td>
<td>0.8</td>
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<td>Work Quality</td>
<td>1.5</td>
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</table>
Employee Health: MS Pain (Survey Reported)

Outcome: Any Musculoskeletal Pain

- Male Gender
- Hispanic
- Black
- Shiftwork
- Hours worked
- Mandatory Overtime
- Employee Focus
- Work Quality
- Stress
Employee Health: Work-Related Injury to any Body Area

Any Work-Related Injury to Body Part

Graph showing odds ratios for various factors:
- Male Gender
- Hispanic
- Black
- Shiftwork
- Hours worked
- Mandatory Overtime
- Employee Focus
- Work Quality
- Stress

Odds Ratio range from 0.60 to 1.55.
Employee Health: Verbal Abuse Rates

Any Verbal Abuse

- Male Gender
- Hispanic
- Black
- Shiftwork
- Hours worked
- Mandatory Overtime
- Employee Focus
- Work Quality
- Stress

Odds Ratio
Employee Health: Physical Assault Rates

Any Assault

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Employee Health & Climate
(adj usted for demographics and work organization)

External Employee Outcomes

- T38 sick time
- T5 sick time
- LTCR
- inform EEO rate
- formal EEO rate

Legend:
- employee focus
- professional demands
- support
- pay satisfaction
Patient Care & Climate
(adjusted for demographics and work organization)
Patient Care & Climate: EPRP
(adjusted for demographics and work organization)
Work Organization Example: Schedule & Civility

Linear Regression: Civility on Work Organization Variables: 2001 AES; Adj R2 0.075
Controlled for Gender, Age, Tenure with VHA, Race, Ethnicity, Level of Supervisory Responsibility
Model of Civility Relationships

**Predictors**
- Facility Characteristics, e.g.
  - Geographic Region
  - Size/Complexity
  - Urban/Rural
  - Teaching/Non-Teaching
  - Workforce Demographics

- Work Environment, e.g.
  - Work Organization
  - Culture/Climate Indicators
  - Physical Factors
  - Psychosocial Factors
    - Job Strain

**Facility Characteristics, e.g.**
- Geographic Region
- Size/Complexity
- Urban/Rural
- Teaching/Non-Teaching
- Workforce Demographics

**Civility**

**Mediators & Moderators**

**Outcomes**
- Employee Outcomes, e.g.
  - Violence & Hostility
  - Sick Leave Usage
  - Health & Safety
  - Lost Time Claims Rate
  - Accidents

- Facility Outcomes, e.g.
  - Recruitment/Retention
  - Patient Care Safety & Quality
  - Financial Performance
Work Organization: Civility and Schedule

Linear Regression: Civility on Work Organization Variables: 2001 AES; Adj R2 0.075
Controlled for Gender, Age, Tenure with VHA, Race, Ethnicity, Level of Supervisory Responsibility

- frequent floating
- frequent mandatory overtime
- evening or night shift
- 3-shift rotations
- often switch shifts
- 2-shift rotations
- hours worked
- split shifts

Standardized Regression Coefficient
Goal for program planning

• Address *upstream* work organization factors that contribute to chronic disease.
  – *primary prevention*

• Make health improvement plans reflect an *integrated* approach.
  – evidence-based

• **Psychosocial features of work are crucial for overall health AND PARTICIPATION**
  – Demands, control, social support
  – Effort/reward balance
  – Vigilance
Participatory Interventions

• More effective
• More sustainable
• Improve product quality, other outcomes
Benefits of a (facilitated) participatory workplace process

Employee empowerment

- Increased decision latitude
- Increased confidence to change unhealthy conditions
- Increased program sustainability
- Increased social support

Insights derived from workers’ perspective

- Find (other) root causes of physical & psychosocial stressors
- Find (other) root causes of unhealthy behaviors
- Reflect own experiences, needs and language of the intended program participants
“A healthy workplace is one in which workers and managers collaborate [in] a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace…”

World Health Organization, 2010

“Healthy workplaces: a model for action”

http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf
How to Integrate Wellness and OHS Programs: Ten General Principles*

1. Actively engage workers
2. Actively engage management
3. Develop a clear plan with adequate resources
4. Integrate systems: Break down “silos”
5. Focus on organizational solutions
6. Customize your design
7. Provide appropriate incentives
8. Protect confidentiality
9. Stay flexible
10. Evaluate your program

To Recap TWH Principles:
A Successful Wellness Program is:

• **Integrated:** wellness and safety

  *But also*

• **Participatory:** front-line workers & management
CPH-NEW Resources

• Website www.uml.edu/cphnew
  – Mailing list
  – Quarterly Newsletter
  – CPH-NEWs and Views—fact sheets
• Speakers Bureau
• Pilot grants
• Healthy Worksite Program Toolkit
  – Employer training webinars coming in September 2013!
Assoc. Prof. Manuel Cifuentes of the Work Environment Department at UMass Lowell is testing the use of treadmills and sit-to-stand electric desks as promising solutions to help people stay healthy, and avoid a sedentary lifestyle that can cause cardiovascular disease, diabetes, obesity, depression and more. Learn more.

The unique benefit of working at UMass Lowell is the highly interdisciplinary mix of faculty and research staff. more >

Laura Punnett

Emerging Topics:
- Reducing Prolonged Sitting in the Workplace: Developing Best Practice
- Employment and Breastfeeding: Differences by Race or Socio-economic Status
- Training at the Workplace Improves Cleaners' Internal Resources for Handling Demanding Work

What's Happening:
- March 2013 CPH-NEWS Newsletter
- CPH-NEW Select eNews, Issue 4
- CPH-NEW Select eNews, Issue 3
- CPH-NEW Select eNews, Issue 2
- CPH-NEW Select eNews, Issue 1
Healthy Worksite TOOLKIT
Informational webinars in fall 2013

• Participatory program start up guides
• IDEAS intervention planning tool for integrated health protection/health promotion
• Assessment guides and instruments

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CPH-NEW website at Univ. Conn.:
http://www.oehc.uchc.edu/healthywork/index.asp

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