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| Measuring Naturally Occurring Integration of Traditional Health Protection with Wellness Programs | Concurrent Session 3.5  
*Day 2 – Wednesday*  
*May 9th, 2018*  
*4:00 – 5:15pm* |

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| **Background**  
The Ohio Bureau of Workers’ Compensation (OHBWC) launched the Workplace Wellness Grant Program (WWGP) in 2012. As of December 2016, 288 employers were provided about $1.8 million to implement wellness programs for up to four years. These programs covered 26,608 employee-years of participation. OHBWC is partnering with the National Institute for Occupational Safety and Health to understand the integration of traditional occupational safety and health (OSH) programs with wellness programs and to determine the effectiveness and economic return of the WWGP. This presentation describes the integration of traditional OSH programs with workplace wellness programs relative to monitoring, communicating, planning, and evaluating these programs.  
**Methods**  
To measure integration, this project is using self-administered annual “case study” surveys from all participating WWGP employers to describe grantees’ wellness programs and to assess OSH-wellness integration, ancillary activities implemented to support the wellness program (e.g. OSH, environmental, administrative changes, policy changes, or incentives), and workers’ compensation (WC) claims management activities. The surveys included a ten-question module about OSH-wellness integration. The survey measures the degree to which 1) the employer tailored their wellness program to their specific worksite; 2) OSH and wellness | Alysha R. Meyers, PhD, CPE  
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activities have been coordinated in terms of monitoring, communication, planning, and evaluation; and 3) perceived workplace barriers affected implementation of exercise and healthy eating programs.

Results
To date, 220 first year annual case studies have been analyzed. Most grantees were small employers with < 100 employees. Of these, 40% indicated that, at least sometimes, their organization used data to jointly monitor OSH and wellness programs, and 12% reported regular joint monitoring of both programs. Forty-eight percent of employers combined safety and workplace wellness topics in the same communication materials or training sessions at least occasionally, and 17% often combined communication about both topics. Twenty-four percent of employers considered one or more OSH factors when designing their workplace wellness program [ergonomic hazards (8%), industrial hygiene hazards (4%), safety hazards (7%), or WC claims history (14%)]. Traditional OSH activities were used to support wellness programs by 32% of employers in at least one of the following ways: reduced chemical or biologic exposures (5%), reduced physical workloads or ergonomic stresses (13%), or reduced safety hazards at work (17%). Work schedules, a lack of facilities at work and work stress were the most common barriers identified for inhibiting exercise at work.

Discussion
In conclusion, although preliminary results describe encouraging evidence of integration of OSH and wellness programs, most employers did not integrate their programs. Integration was most likely to occur for communication and joint monitoring of both programs. Some of these results may be specific to small businesses. Future research will evaluate the relationship between
integration, WC, and other outcomes.