Presentation Title	Place in Schedule
Using Intermediaries to Implement Total Worker Health Interventions in Challenging Industries	Concurrent Session 6.4 *Day 3 – Thursday* *May 10h, 2018* *4:05 – 5:30pm*
Description of Presentation	**Presenter Name(s) And Credentials**
Intermediary organizations have been proposed as promising means to deliver occupational safety and health interventions within challenging industries. Little is known about the circumstances that are most suitable for using intermediaries, the methods for delivering interventions by intermediaries, nor the effectiveness of interventions delivered by intermediaries. This symposium will present four case studies that have used intermediaries in different ways to deliver a total worker health intervention into a workforce. Attendees will learn how to select intermediaries, define the role of intermediaries to deliver the intervention, and learn about the adoption of the intervention through the use of intermediaries. Diffusion of a Total Worker Health approach for smaller businesses: Perspectives from intermediary organizations Thomas R. Cunningham, PhD A Total Worker Health® (TWH) approach is potentially appealing to small employers as it is intended to identify and support comprehensive practices and policies that take into account the work environment (both physical and organizational) while also addressing the personal health risks of individuals, thus being more effective in preventing disease and promoting health and safety than each approach taken separately. There is no data available on the prevalence of Total Worker Health programs in smaller organizations. What is known about smaller organizations is divided into information about health protection and health promotion activities. Smaller organizations engage in fewer safety activities and fewer health promotion activities than larger organizations, and firm size is the best predictor of both safety and health promotion activities in each respective stream of research. Previous research has suggested smaller firms need external assistance to add new or improve existing workplace health and safety activities. Recent efforts to encourage and assist smaller organizations with workplace health protection	Thomas R. Cunningham, PhD *National Institute for Occupational Safety and Health* Lisa Henning, BS *Nebraska Safety Council* Heather Vanover, PMP, CHCM *Nebraska Safety Council* Ann Marie Dale, PhD, OTR/L *Washington University School of Medicine* Ryan Olson, PhD *Oregon Health & Science University*

activities have used an initiator-intermediary-small organization model. The model presumes initiator organizations such as public health agencies lack the resources to affect appreciable numbers of small organizations that need assistance, and community organizations that already have relationships with smaller enterprises may deliver employee health protection information, goods,
and services as part of the value they offer those organizations. NIOSH researchers conducted parallel community-based TWH activities in southwestern Ohio and northern Kentucky. The project included the collection of data about the perceived cost/benefits of the TWH approach using a two-level (community organizations and employers), pre-test/post-test measurement (one year apart) method. Data were collected from community organizations that work with or serve small businesses about their perceptions of the TWH approach as a potential product or service for them to offer small firms. Community organizations collected and analyzed data about the perceived cost/benefits of TWH as perceived by small businesses in the respective geographic areas. Sample TWH information and services were used to incentivize employer participation. Perception data were collected in both geographic areas and at both the community organization and small business level after approximately one year. While data analysis is still in process, preliminary results will be presented from NIOSH researchers' interactions with community organizations as well as their interactions with small businesses.

Nebraska Safety Council: an intermediary organization providing the safety and health needs of employers

Lisa Henning and Heather Vanover

Research to practice can be difficult unless working through intermediary organizations that have an established relationship with
worksites. The Nebraska Safety Council (NeSC) has more than 50 years of experience working with organizations to reduce their risk of occupational injury. WorkWell, an established worksite wellness council of more than 30 years recently merged with the Nebraska Safety Council to focus on a Total Worker Health ® focus of healthy people and fewer injuries. The Nebraska Safety Council boasts nearly 600 member organizations employing approximately 100,000 individuals.

NeSC offers three primary worksite focused areas; 1) WorkWell – wellness, 2) Worksite – safety, and 3) Driving. Typically, new members receive initial consultation from one of our program directors. Safety walkthrough audits are used to identify current

hazards, review written programs, and assess existing safety culture. After brief analysis, recommendations are made for improvements. NeSC links clients to services or partners. Comprehensive safety audits are also available at a more in-depth process including a report that links any hazards back to OSHA standards. The report will rate the severity of hazards to assist in prioritizing corrective actions, include observations from the consultations, along with recommendations for mitigating risk. In addition to this service, we also promote 50+ safety training course such as OSHA 10 and OSHA 30 courses. Companies that are also integrating wellness into their safety and health program receive an initial consultation to review their goals and existing program. Our team assures that the company's incentive program is within the scope of all applicable laws and is a good fit with the company culture. Every company is encouraged to use the evidence-based process for worksite health promotion of leadership, data collection, a written plan based on data including supportive policies, systems, and environments, as well as evaluation. As part of the data collection, NeSC endorses specific instruments that are validated and NCQA compliant. NeSC clients are also encouraged to use the CDC Worksite Health Scorecard to determine and address deficiencies in their written plan. It is important to note that WorkWell developed the curriculum that was used by the CDC as the baseline curriculum for the National Healthy Worksite Program. While NeSC employs several qualified safety and health professionals to provide technical assistance, we also partner with outside organizations to deliver the best quality for our members. Examples of partnerships include; local health systems, insurance carriers, insurance brokers, local and state health departments, the Department of Labor, the Department of Transportation, OSHA, equipment vendors, wellness vendors, and outside consultants to name a few. This past year, 54 businesses were recognized as Governor's Award recipients for demonstrating an evidence-based worksite health program and 23 businesses met the rigorous safety standards for the Nebraska Safety Council awards. Recently, Nebraska was recognized by the CDC as having the greatest outcomes for a CDC developed program. When asked about our "magic formula," we can only respond by saying it is about decades of established relationships with businesses that value their people. The formula is about relationships and partnerships!	

Creating health interventions from different perspectives of multiple intermediaries operating in a local construction industry
Ann Marie Dale PhD, OTR/L
Intermediary organizations ca n be useful channels to disseminate and implement health promotion and safety programs in hard to reach employers, such small construction firms which employ the majority of construction workers. While construction firms are required to have organizational policies and procedures to prevent acute injury, few have implemented meaningful activities in health promotion or the prevention of chronic illness. Other participants of the construction industry such as insurers, unions, and
contractor organizations have a vested interest in the long-term health of the workforce, but view their role as restricted to their primary services. Each participant in this complex industry has a siloed view of responsibility, resulting in little attention given to supporting worker health.
The purpose of this study is to use intermediary organizations to deliver interventions to construction employers in order to address one or more priority health promotion topics. We have identified representatives from relevant stakeholders within the local construction industry including general contractors, subcontractors, workers compensation and personal health insurers,
trade unions, and contractor organization members. These representatives will be invited to participate in a focus group or interview to discuss their prioritized topics of interest related to worker health, to describe how these health topics affected their bottom line, and to discuss the feasibility of addressing the health topic by their organization. The overall goal is to identify priority health topics that could be feasibly addressed by one or more stakeholders in the local construction industry. Additional meetings
with the intermediary stakeholders and contractor representatives will define the intervention and dissemination plans. Given the limited influence each stakeholder may have, multiple intermediaries may provide different interventions to the employers and/or
their workers. For example, an insurer may provide smoking cessation programs to individual workers; a contractor organization
may recommend non-smoking policies on worksites to increase productivity and improve health; a union may educate their

members on the combined deleterious health effects of cigarette smoke and inhaled dusts common on construction projects. The proposed project is currently underway. Industry representatives from all local stakeholders have been identified and focu s group meetings have begun. Initial meetings identified several priority health topics including worker fatigue, ergonomics, sun protection, sleep, mental health, and opiate addiction. Future meetings will explore the topics from insurers and contractor organizations. The constructi on industry has been slow to adopt health promotion practices common to other industries. Although all stakeholders from the construction industry have an interest in worker health, adoption of prevention programs is hindered by the complex and decentralized organization of this industry. Using a peer to peer approach via trusted leaders from industry organizations, and intervening via multiple organizations on common health topics may speed adoption of prevention programs and participation by employers. This project will add to the limited evidence showing the utility of intermediary organizations at disseminating occupational safety and health practices. Implementation of the COMPASS program by the Oregon Home Care Commission Ryan Olson PhD The COMmunity of Practice And Safety Support (COMPASS) program was developed to prevent injuries and promote the health and well-being of home care workers. The program integrates elements of peer-led social support groups with scripted teambased programs to help home care workers learn together, solve problems, set goals, make changes, and enrich their professional network. The program was developed with collaborative input from the Service Employees International Union Local 503 and the Oregon Home Care Commission as a research project within the Oregon Healthy Workforce Center – a NIOSH Center of Excellence in Total Worker Health® (NIOSH grant# U19 OH010154). The Commission operates a training system throughout the state that nearly 100 classes per month, covering over 20 topics, for home care workers who serve consumeremployers enrolled in publicly funded programs. Workers are paid an hourly wage for each unduplicated class they complete each	

year. After a successful pilot study and randomized controlled trial, COMPASS was adapted for the Commission's training system for statewide dissemination. A research agreement between Oregon Health and Science University and the State of Oregon governs the project and grants the Commission use of the program in exchange for evaluation data. In the dissemination model, contracted trainers within the Commission's system facilitate COMPASS groups that meet every other week for seven sessions. Consistent with other offerings in the Commission's training system, workers who complete COMPASS are paid an hourly wage by the state for attending each group meeting. Participants also receive safety training credits toward professional development benefits.

A "soft la unch" of COMPASS in the training system began in August 2017 with two trained facilitators offering COMPASS groups in Salem and Portland. In each group the same workers stay together through the whole program of seven sessions. Researchers observed groups and obtained feedback from facilitators to identify needed adjustments to the implementation process, scripted guidebooks, and other supporting materials to enable groups to run most effectively. After researchers make revisions to materials, two more groups will be offered in the same cities while additional facilitators are trained to implement the program in other parts of the state. As this rollout proceeds, the Oregon Home Care Commission has contracted with researchers to further expand the program to be inclusive of personal support workers, who perform similar - yet meaningfully different - work providing support for people with intellectual and developmental disabilities disabilities across the lifespan. Over the next several years the statewide implementation of COMPASS by the Commission will be evaluated with training evaluation ratings from workers, attendance records, and cross-sectional comparisons of workers' injury rates. Cross-sectional analyses will contrast COMPASS participants with caregivers who complete alternative safety training classes, and also with caregivers who do not participate in the training system. In the current symposium we will present the logistics of intervention implementation through an intermediary organization, experiences and lessons learned during the COMPASS statewide rollout, and initial evaluation data for the first series of COMPASS groups.