Presentation Title	Place in Schedule
What Can We Learn about Total Worker Health® from National Worker Surveys?	Plenary Session 2 *Day 2 – Wednesday* *May 9th, 2018* *10:30 – 11:00am*
Description of Presentation	**Presenter Name(s) And Credentials**
The proposed session will consist of 4 brief presentations followed by a questions and answers in a panel format. 1. Quality of Worklife Module of the General Social Survey (Swanson) The National Institute for Occupational Safety and Health (NIOSH) has sponsored a Quality of Worklife module within the General Social Survey (GSS-QWL) every four years since 2002. The QWL includes 79 questions dealing with a wide assortment of work organization issues. These include (but are not limited to) hours of work, workload, worker autonomy, layoffs and job security, job satisfaction/stress, and worker well-being. The sample includes 1,000-2,000 workers from various industries and occupations each year. The QWL data have been used in many publications and presentations. 2. Using the NIOSH Worker Health Charts Tool to Visualize Data from the 2015 National Health Interview Survey Occupational Health Supplement (Luckhaupt and Alterman) Background: The National Health Interview Survey (NHIS) is an annual, in-person health survey that is the primary source of information on the health of Americans. The NHIS consists of a core set of questions that remained relatively unchanged from 1997 to 2017. There are also supplemental questions, which vary from year to year. The core questions include basic employment information, such as industry and occupation (I&O), so that NHIS data from every year can be used to study general trends in worker health. In 2010 and 2015, NIOSH sponsored sets of work-related questions in the NHIS, called Occupational Health	Sara E. Luckhaupt, MD, MPH *NIOSH* Toni Alterman, PhD, MS, MA *NIOSH* Chia-Chia Chang, MPH, MBA *NIOSH* Nicole Maestas, PhD, MPP *Harvard Medical School* Naomi G. Swanson, PhD *NIOSH*

Supplements (OHSs) to estimate the prevalence of common work-related health conditions and selected workplace exposures and job characteristics. Methods: The 2015 NH IS-OHS included questions about low back pain, carpal tunnel syndrome, general exposures (e.g., frequent lifting, pushing, pulling, or bending), psychosocial occupational exposures (e.g., hostile work environment), work organization characteristics (e.g., non-standard work arrangements), and workplace health promotion. The data are publicly available, and NIOSH has estimated the prevalence of all of these exposures using statistical procedures that take the complex sample design into account, using NHIS sample adult record weights to produce nationally representative results. Results: Prevalence estimates for 23 outcomes based on 19,079 employed adult respondents to the 2015 NHIS-O HS have been incorporated into the NIOSH Worker Health Charts (WHC) interactive online data visualization tool (https://wwwn.cdc.gov/Nioshwhc/ source/ohs). These estimates can be stratified by worker age group, education level, race, ethnicity, gender, occupation, or industry. For estimates stratified by occupation or industry, users can select either unadjusted prevalence rates or rates adjusted for age, sex, and race. Conclusions: The 2015 NHIS-OHS provided nationally representative data on several general workplace exposures and common work-related health conditions. Practitioners, researchers, and policymakers can use the WHC tool to chart the data from this survey that are most relevant to their needs. 3. The American Working Conditions Survey (Maestas) The American Working Conditions Survey (AWCS) is a survey of individuals designed to collect detailed information on a broad	

range of working conditions in the American workplace. The AWCS was fielded in 2015 on the RAND American Life Panel, a nationally representative sample of individuals residing in the United States who have agreed to participate in regular online surveys. The AWC S findings indicate that the American workplace is very physically and emotionally taxing, both for workers themselves and their families. Most Americans (two-thirds) frequently work at high speeds or under tight deadlines, and one in four perceives that they have too little time to do their job. More than one-half of Americans report exposure to unpleasant and potentially hazardous working conditions, and nearly one in five American workers are exposed to a hostile or threatening social environment at work. Positive findings include that workers appear to have a certain degree of autonomy, most feel confident about their skill set, and many receive social support on the job. Four out of five American workers report that their job met at least one definition of "meaningful" always or most of the time. 4. Developing a Framework to Measure Worker Well-being (Chang) Changes in employment patterns, rising healthcare costs and comorbidities, and new technologies are among the challenges facing safety, health, and well-being of workers. In a competitive economy, organizations can attract and retain talent by demonstrating a commitment to enhancing the well-being of workers. A holistic, integrated, systems approach is needed which jointly considers issues related to well-being. However, there is no established definition for worker well-being or defined set of measures. To address this gap, NIOSH and RAND collaborated to develop and operationalize a framework for worker well-being.	

This presentation presents the first phase of this research to develop the worker well-being framework. We performed a comprehensive, multi-disciplinary literature review of peer-reviewed articles, technical/policy and white papers, and books, covering health and medical journals, social science and psychology journals, and the general literature. Based on the review, we identified key conceptual issues and developed a framework that defines worker well-being as a subjective and objective phenomenon inclusive of experiences both within and beyond work contexts. The framework has five domains: (1) Workplace physical environment and safety climate, (2) Workplace policies and culture, (3) Health status, (4) Work evaluation and experience, and (5) Home, community, and society. Based on the framework, we developed a survey instrument with input of an external expert panel and performed cognitive testing on the instrument. The next step is to field a national survey for psychometric testing, after which the survey will be made available in the public domain. The work presented here represents a first step toward assessing worker well-being and will allow employers, researchers, and policymakers to understand the wellbeing of workers and determine impacts made by interventions. Our work will be a crucial bridge that links the theoretical ideas of well-being with the reality of its achievement in the workplace.	