



Measuring Naturally Occurring Integration of Traditional Health Protection with Wellness Programs

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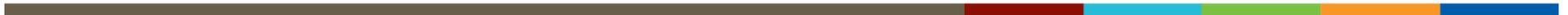
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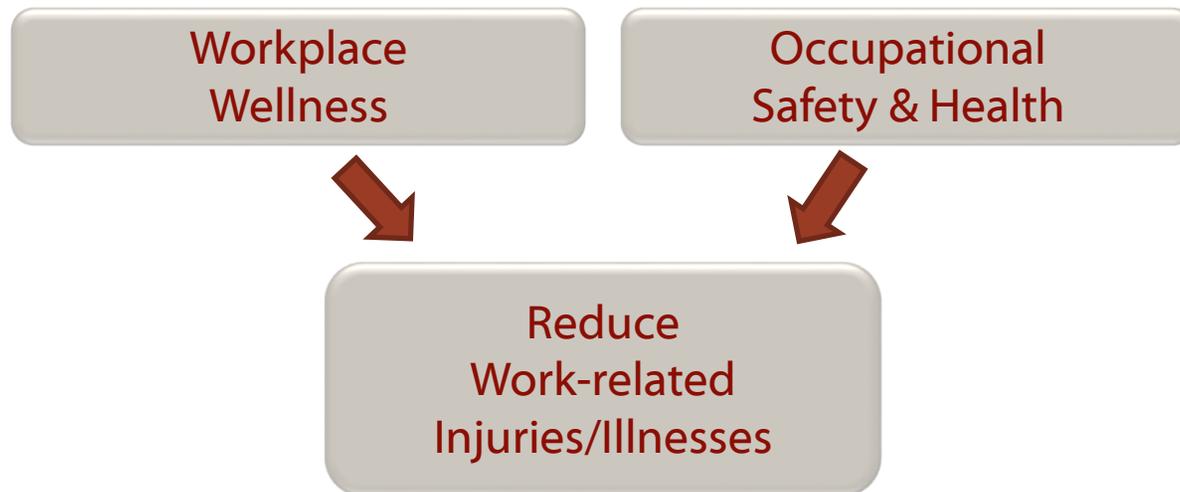
A Natural Experiment — Ohio, USA, January 2012

- Ohio Administrative Code added a rule that established
 - “ a program of **workplace wellness grants** for the prevention of occupational injuries and illnesses ...to provide funds to address health risk factors **to reduce the number and severity of workplace injuries and illnesses.**”



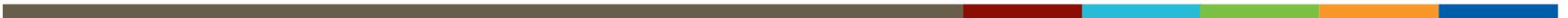
Ohio Bureau of Workers' Compensation (OHBWC) Workplace Wellness Grant Program

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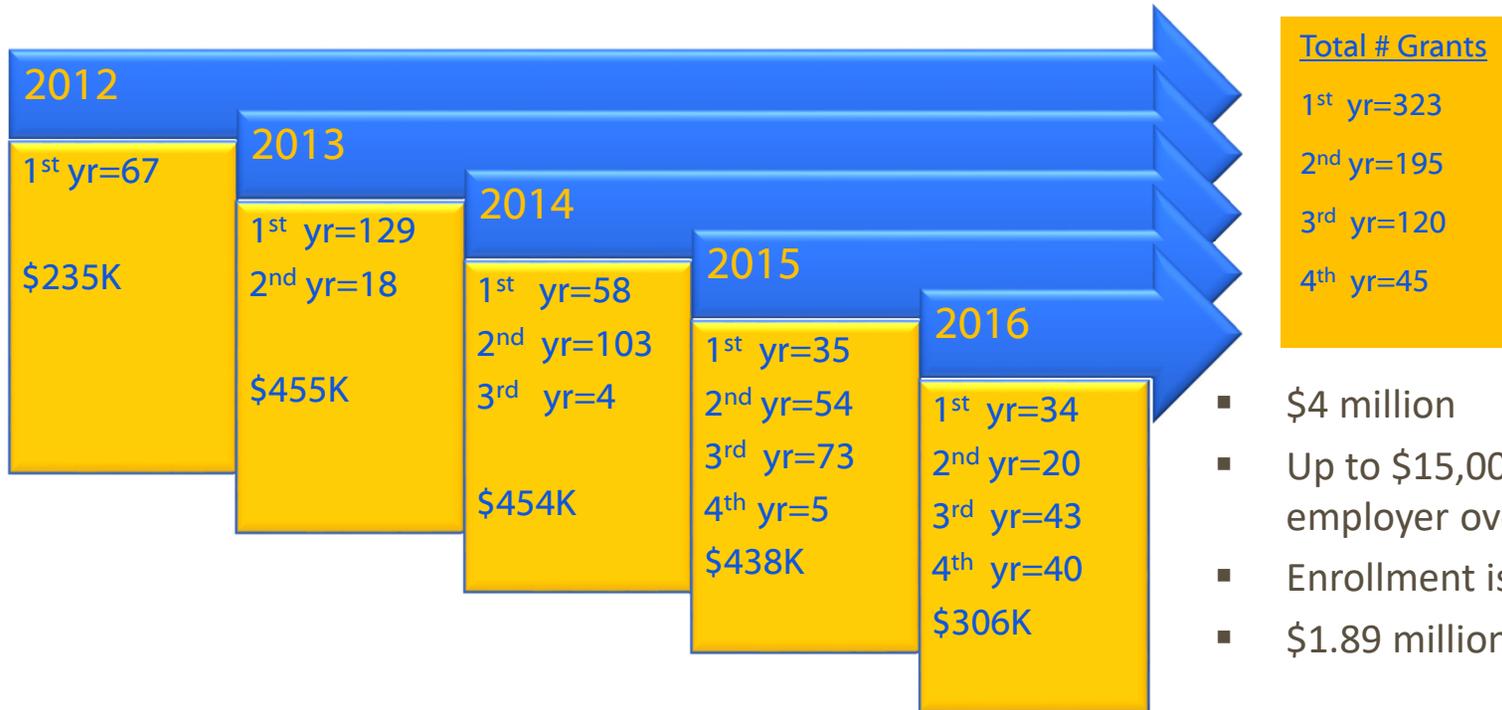


OHBWC

- OHBWC administers Ohio's exclusive workers' compensation (WC) state fund
- OHBWC insures two-thirds of Ohio workers
- Division of Safety and Hygiene (DSH)
 - DSH Staff provide safety, ergonomic, and industrial hygiene services
 - **DSH Mission:** To maintain and grow a safe, healthy, competitive, and productive workforce in Ohio.
- The WWGP was designed to maintain or improve the health of Ohio workers.



WWGP Status as of December 31, 2016



- \$4 million
- Up to \$15,000 per employer over 4 years
- Enrollment is ongoing
- \$1.89 million so far

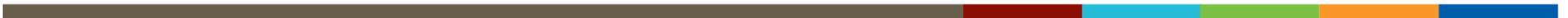
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Naturally Occurring Integration

- Indicators of integration between workplace wellness and occupational safety and health (OSH) programs that developed naturally — without intentionally promoting integration



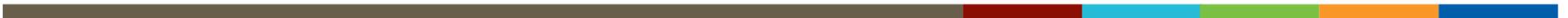
WWGP Intervention Study

- Eligibility
- Grant program requirements
 - Health Risk Assessments
 - Biometric measures
- Annual post-intervention survey administration
 - Mandatory program requirement
 - Due 12-15 months *after* receiving grant funds for each year of participation (after grant years 1, 2, 3, and 4)
 - Employers who do not submit a survey removed from the program and billed to return grant funds



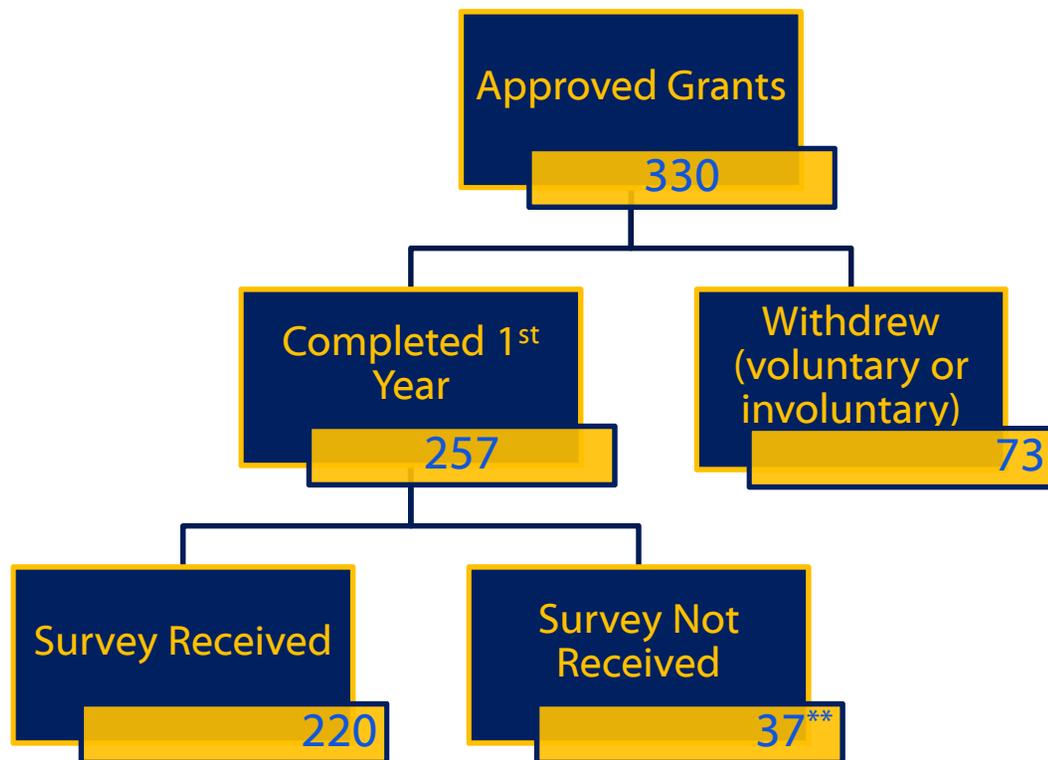
Inclusion Criteria for this Analysis

- Post-intervention annual survey data collected after 1st grant year
- Grants awarded by June 18, 2015
- Surveys received or due by June 17, 2016



1st Year WWGP Participation — 2012–2016*

- Year 1 completion rate = 77%



- Survey response rate = 86%**

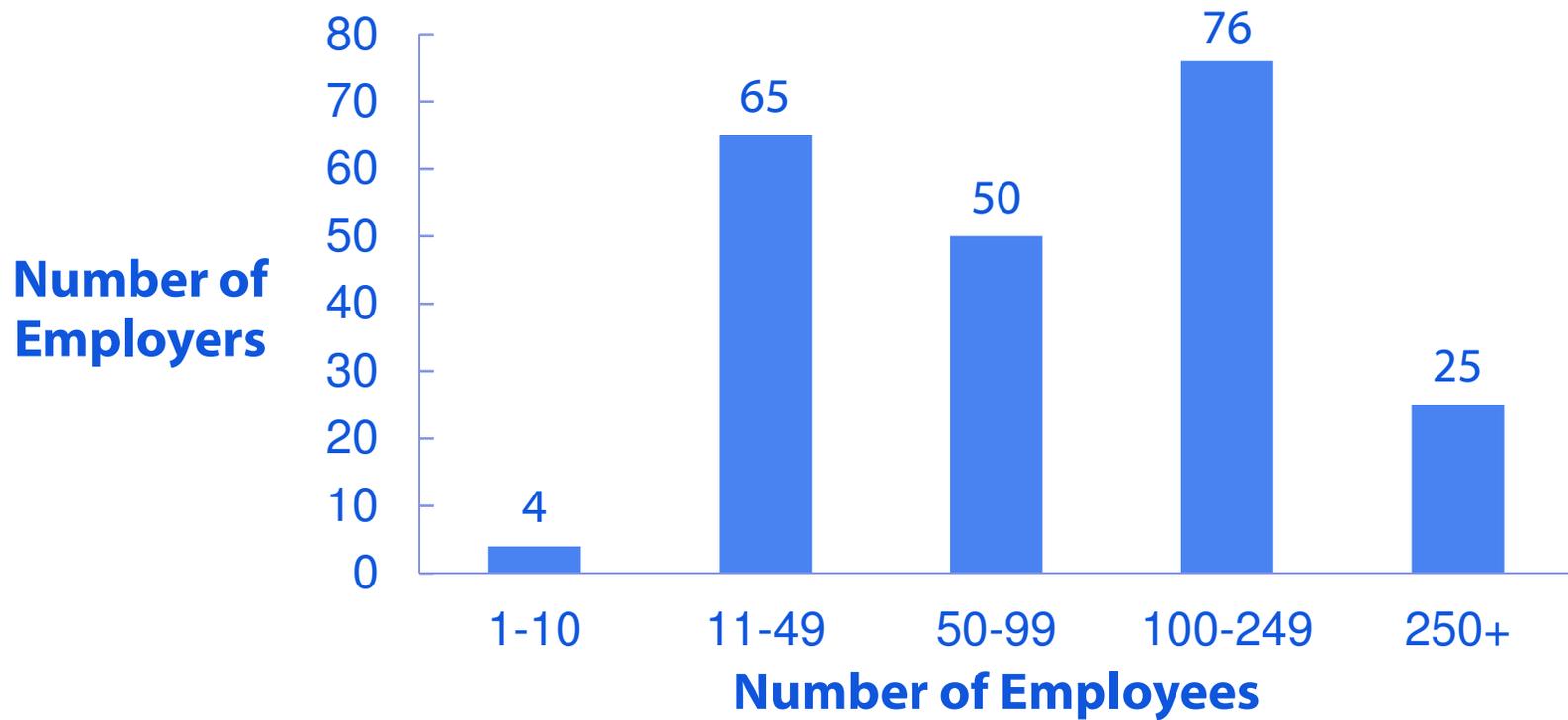
*As of 6/17/2016

**the response rate denominator was reduced to 255 after excluding two non-respondents whose surveys were technically not due by 6/17/2016

Post-Intervention Survey Results

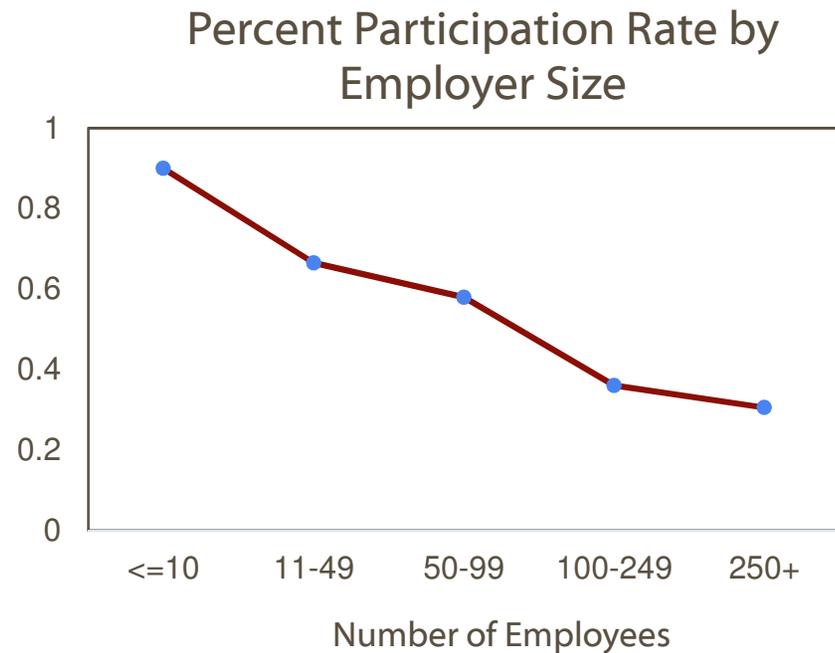
Submitted after completing 1st year of WWGP

1st Year Employer Size Distribution



1st Year Employee Participation

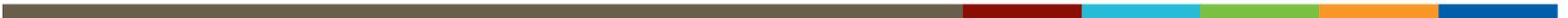
- 26,183 eligible employees
- 10,312 employees participated
- 50% mean (SD=26.7%) employee participation rate among employers
 - Participation rates decrease as employer size increased



WWGP Annual Employer Survey

OSH + Wellness Integration Indicator Domains

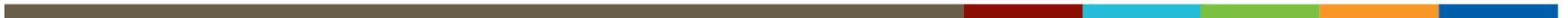
1. Planning and evaluation
2. Program design
3. Program management
4. Data monitoring
5. Communication
6. Implementing worker health protection/OSH activities to support wellness program
7. Overcoming workplace barriers
 - Strategies for overcoming workplace barriers to implementing exercise
 - Strategies for overcoming workplace barriers to implementing healthy eating programs



WWGP Annual Employer Survey

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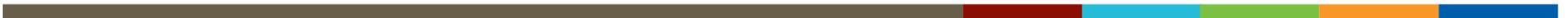


WWGP Annual Employer Survey

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Objective: Describe the degree and type of integration between occupational safety and health (OSH) and workplace wellness programs



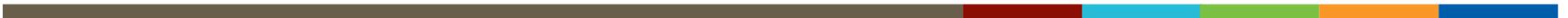
OSH + Wellness Program Planning and Evaluation

	N	%
▪ There is one group or committee that deals with both safety and wellness (or 2 different groups but the members are almost the same).	39	18%
▪ We have groups for both safety and wellness, and these are separate groups/committees.	98	45%
▪ OR - We have only one group, not both:		
• Yes. We have a group for safety only.	30	14%
• Yes. We have a group for wellness only.	25	11%
▪ No, we have no groups or committees for safety or wellness	28	13%



OSH-related Workplace Factors that Influenced Wellness Program Design

- Proportions of employers who considered workplace hazards when designing wellness program
 - Work stress among employees (27%)
 - WC Claims history (14%)
 - Ergonomic hazards (8%)
 - Physical safety hazards (7%)
 - Exposure to hazardous substances (4%)



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15% considered workers' exposure to one of these three



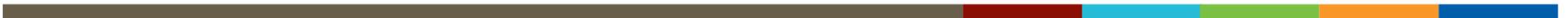
Other than the person in charge of the workplace wellness program, who else contributed to major decisions that affected the design or implementation of the wellness program?

Persons who worked in:	N	%
▪ HR	113	52
▪ Safety	43	20
▪ Senior Management	153	70
▪ Wellness	68	31
▪ Other hourly employees	58	27
▪ Other salaried workers	70	32
▪ No one else contributed	8	4

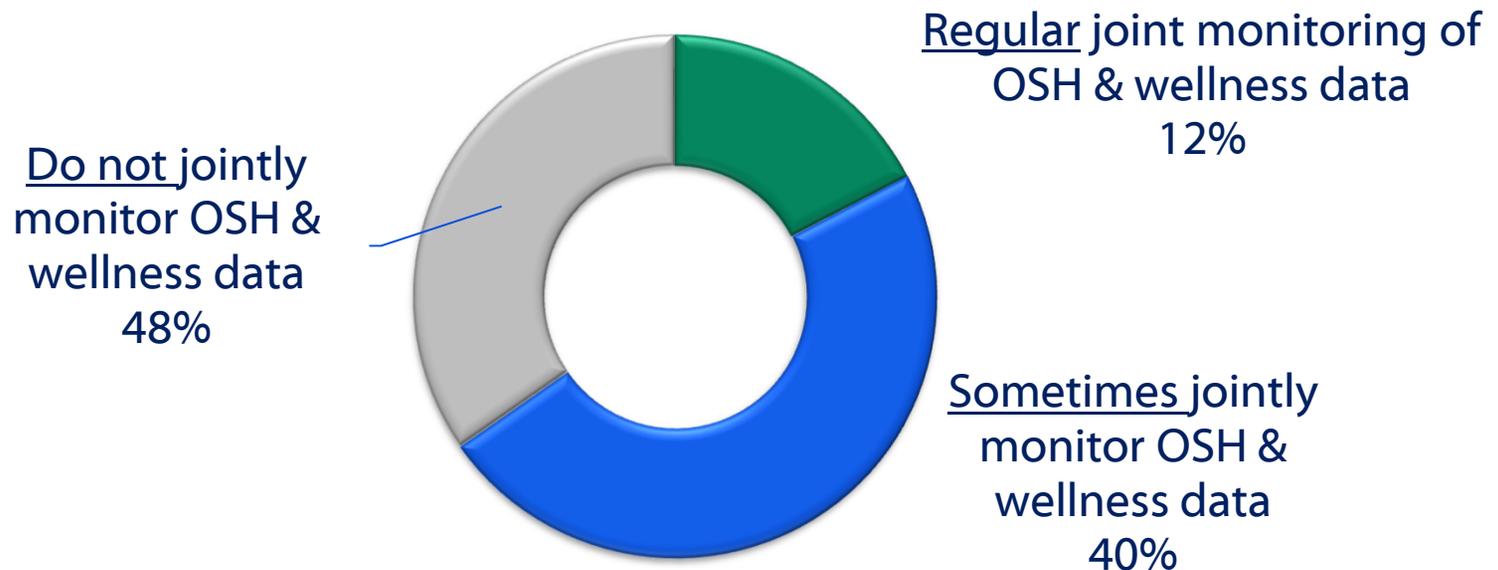


Program Management – Main job area(s)

	N	%
▪ Either the same person was responsible for both OSH and Wellness programs or the people responsible worked in the same main area(s) (HR, Safety, or Wellness)	79	36%



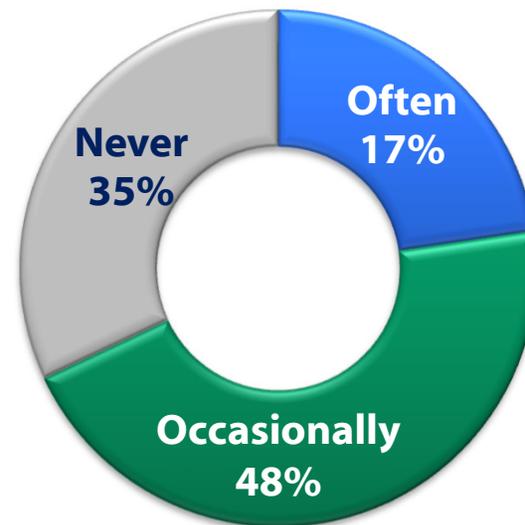
OSH + Wellness Data Monitoring



52% indicated that *at least sometimes* their organization used data to jointly monitor OSH and wellness

OSH + Wellness Communication

- Within the past year, how often have safety and workplace wellness program topics been included in the same communication materials or training sessions?



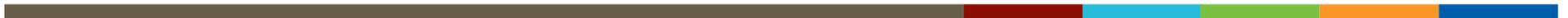
OSH Improvements to Support Wellness Program

- 32% of employers also made at least one of the following OSH-related changes to support their wellness program
 - Made changes to reduce safety hazards at work 17%
 - Improved disability management policies and practices 15%
 - Made scheduling changes to promote physical fitness 15%
 - Reduce physical workload or ergonomic stresses 13%
 - Made changes to reduce chemical or biologic exposures 5%



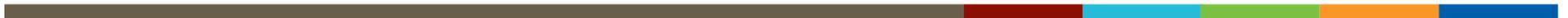
Limitations

- Cognitive testing was not done before launching the survey
- Integration questions include a portion of domains discussed in the current literature
- Survey validity has not been evaluated yet



Conclusions

- Encouraging evidence of integration of OSH and wellness among grantees
- Integration most likely for communication (65%) and monitoring (52%) activities
- Future work will
 - evaluate survey reliability and validity
 - describe changes in integration over time
 - evaluate associations with workers' compensation claim rates and claim costs



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Ohio
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