

Presentation Title	Place in Schedule
Total Worker Health Approaches in State and Territorial Health Departments: A National Mixed-Methods Study	Concurrent Session 5.5 <i>Day 3 – Thursday May 10th, 2018 2:40 – 3:55pm</i>
Description of Presentation	Presenter Name(s) And Credentials
<p>Problem: State and Territorial Health Departments (SHDs) provide unique occupational safety and health (OSH) and workplace health promotion (WHP) services to constituents in their states. However, OSH and WHP specialists in SHDs are typically funded through separate programs, and we have not documented to what extent these two groups of specialists have been able to collaborate and achieve TWH aims. This national study of SHDs examines the degree to which OSH and WHP specialists in SHDs are aware of and engaged in TWH approaches. It also explores key factors that promote or inhibit OSH-WHP collaborations. Methods: We used a two-stage mixed methods approach. In stage one, an email survey was sent to one OSH and one WHP contact at each of 56 SHDs (n=110). This survey covered the OSH and WHP activities of SHDs, SHDs’ capacity for these activities, and collaborations between OSH and WHP. In stage two, we conducted follow-up phone interviews with 27 survey respondents. Three researchers analyzed the interview transcripts using conventional content analysis. Respondents: Survey response rates were 70% (n=39) for OSH respondents and 71% (n=40) for WHP respondents. Follow-up interviews were completed with 14 OSH and 13 WHP respondents. Results: We found that OSH respondents were familiar with the TWH initiative, but WHP respondents were not (46% vs. 15% saying they were “very” or “extremely familiar”). Nevertheless, more than half of both groups reported that their department did engage in OSH-WHP collaborations. There were four major types of collaborations. In one, the primary activity of collaboration was the creation of a data collection instrument (e.g. survey) that contained both OSH and WHP indicators. In another, partners divided responsibility for</p>	<p>Laura Linnan, ScD <i>Gillings School of Global Public Health</i></p>

identifying/characterizing a workplace health and safety issue vs. intervening on the issue. In a third, one partner led the development and implementation of an intervention, but consulted with their OSH/WHP counterpart to ensure that content from both disciplines was present in the intervention. Finally, some OSH and WHP specialists created networks where parties interested in TWH could meet regularly and build relationships. Significant barriers to collaboration included insufficient resources, organizational structures in the SHD that inhibited contact between OSH and WHP programs (e.g., programs housed in different bureaus, buildings, or cities), and an unmet need to see examples of what TWH programming carried out by a SHD might look like. Key facilitators, in contrast, included an organizational structure that brought OSH and WHP programs close together, proximity to a TWH Center of Excellence, leadership initiative, and knowledge of TWH. Conclusions: Despite barriers – including limited familiarity with the TWH initiative – a considerable number of OSH and WHP programs in SHDs collaborate. This indicates an opportunity to significantly expand the TWH workforce in the US public health system. The CDC can advance TWH by addressing the funding and research barriers respondents reported, while SHD leadership can look for opportunities to champion TWH and bring OSH and WHP programs into greater organizational contact.