

SUMMARY OF NATIONAL CONFERENCE ON WORKPLACE / PUBLIC HEALTH INITIATIVES

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REPORT FROM WASHINGTON BY DR. PETER GREANEY



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As practitioners of public health, both in the occupational and non-occupational field, we are very concerned about the current health outlook in the United States. A closer look at the health profile of Americans reveals an escalation of chronic diseases that can have far reaching consequences on the nation's productivity.

Chronic diseases account for about 70% of all U.S. deaths and about 75% of health care costs each year.

We are keenly aware of how injury/illness impacts an organization's sustainability, as well as an individual's ability to be productive and thrive. In our efforts to contribute to this national dialogue on health, we were invited to participate as a guest speaker at the national NIOSH conference, "Steps to a Healthier Workforce," held in Washington, D.C., in October.

This report summarizes key presentations that arose at this 3-day symposium attended by national leaders in the occupational safety and health community, health/wellness and promotion field, as well as thought leaders from the Harvard School of Public Health, Cornell University's Institute for Health and Productivity Studies and the Rand Corporation, a California based research organization.

The emerging initiative of Integrated Health, Safety and Productivity Management (IHSPM) was studied at this conference. The IHSPM approach represents a new paradigm in occupational and non-occupational health management. We have included a synopsis of this model to keep you informed of this movement that may potentially reshape how employers develop corporate health, safety and wellness services. We have also included



WorkCare's paper that was presented at the symposium.

"Chronic Diseases Are A Health Epidemic Of Unparalleled Proportion"

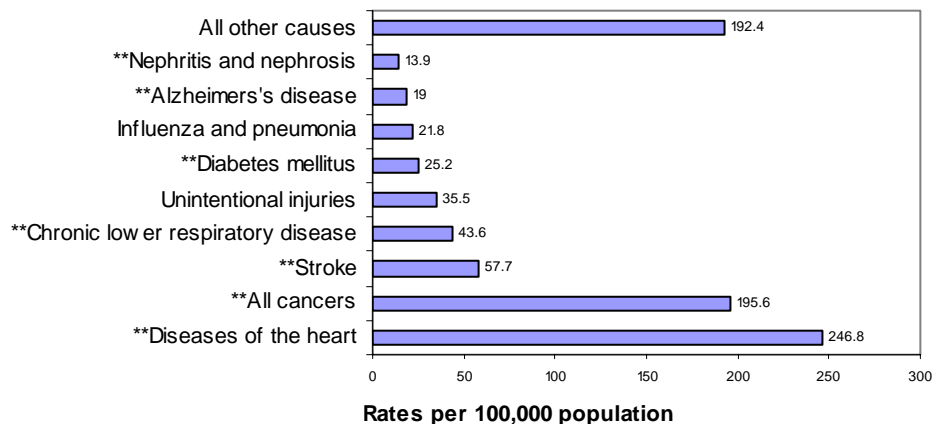
The U.S. derives much of its economic strength from the vitality of its workforce. Yet our workforce is only as strong as the health of its engine, the U.S. worker, as these statistics reveal:

- Chronic diseases account for the majority of deaths
- Nearly one fourth of all Americans live with some type of cardiovascular disease (which is the leading cause of death in U.S.)
- About 129 million U.S. adults are considered overweight
- About 17 million people in U.S. (2000), or 6.2% of the population, had diabetes.

In short, the nation's declining health points toward national productivity losses that cut across all business sectors.

Dr. James S. Marks, MD, MPH, director of the

Most Common Causes of Death, United States, 2001*



*Rates are age adjusted to 2000 total US population. (**) type indicates chronic disease or condition.

Source: US Dept. of Health & Human Services CDC, *The Burden of Chronic Diseases and Their Risk Factors*, 2004; 3

National Center for Chronic Disease Prevention and Health Promotion, has described the serious public health and social consequences of chronic diseases and their related risk factors as a "health epidemic of unparalleled proportion."

NIOSH's "Steps to a Healthier Workforce" was a collaborative effort aimed at creating a framework of policy and practice that encourages the creation of workplace safety and health programs that focus on both workplace and personal risk factors.

The underlying philosophy that framed the conference is that workers, their families and their employers share like responsibility for the protection, preservation and improvement of health. This approach emphasizes personal and social responsibilities to ensure that policy makers support programs that foster healthy behaviors and prevent disease.

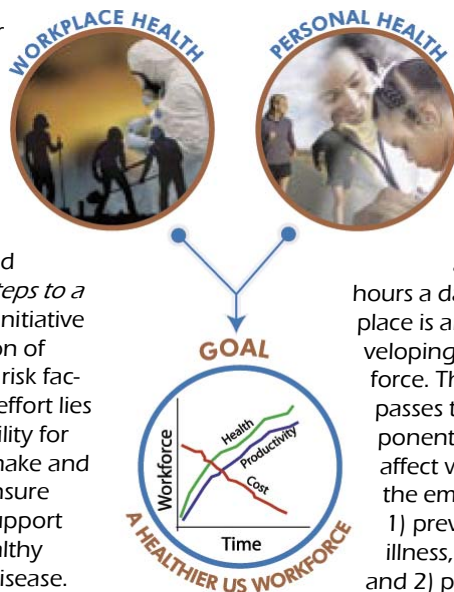
To explore this emerging model, NIOSH published three papers that were aimed at exploring the science, policy/practice and economics of integrating injury prevention and health promotion programs at the work-site.

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BACKGROUND ON THE CDC NATIONAL CONFERENCE

CDC Steps to a Healthier US Workforce

The National Institute for Occupational Safety and Health (NIOSH), the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness, is unveiling the *Steps to a Healthier US Workforce* initiative to encourage the creation of workplace and personal risk factors. At the heart of this effort lies both personal responsibility for the choices Americans make and social responsibility to ensure that the policy-makers support programs that foster healthy behaviors and prevent disease.



Vision

The vision of this initiative is to integrate occupational safety and health protection with health promotion activities into a coordinated system that addresses both workplace and worker health. This initiative strongly supports the view that all illness and injury should be prevented when possible, controlled when necessary and treated where appropriated.

Why Steps to a Healthier US Workforce is Needed

The protection, preservation and improvement of the health of people who work are goals shared by workers, their families and their employers. Ill health and injury, whether caused by work or resulting from off-work activities, reduce income, quality of life, and opportunity, not only for the directly affected individuals, but also for

those dependent on them. Health-related productivity of the American workforce is critical to business profitability. Since Americans spend an average of 8 to 12

hours a day at work, the workplace is an ideal locus for developing a healthier workforce. This effort encompasses two interrelated components, both of which affect workforce health and the employers' bottom line: 1) preventing work-related illness, injury and disability, and 2) promoting healthy living and lifestyles to reduce

and prevent chronic disease. Until now, most workplace health promotion programs and workplace safety and health programs have functioned independently, without collaborative interactions. Health promotion programs have generally focused on the individual's personal and lifestyle risk factors, e.g. lack of physical activity, poor nutrition, and tobacco use, while workplace safety and health programs have focused on workplace risks, such as chemicals, noise and other unsafe working conditions.

This separation obscures opportunities for collaborative efforts that will improve the health of the US workforce, enhance productivity and reduce health care and other costs associated with both occupational and non-occupational illnesses and injuries.

*"Linking
Workplace
Protection &
Workplace Health
Promotion:
Synergy in
Action"*

Steps to a Healthier US Workforce: A Collaborative Effort

The success of this initiative requires the involvement of both workers and employers to create a workplace that embraces both workplace health protection and personal health promotion.

The first "Step" involves the participation of partners from the US Department of Health and Human Services, the Centers for Disease Control and Prevention (CDC), industry, labor, academia and professional groups on a planning committee to help develop a framework for the initiative.

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Sessions

Session: A7

Bridging the Gap Between Occupational and Non-Occupational Medicine Practices to Improve Employee Health

Peter Greaney

Occupational Medicine, AC

In the last 50 years, the United States has made significant progress in preventing work-related illness/ injury and disability and in reducing chronic disease by promoting personal health responsibility and healthy living choices. These initiatives---driven by the occupational health/safety community, public health officials and the medical/wellness profession---have improved the workplace and enhanced the quality of life for millions of Americans.

Despite this success, there has been a disconnect between these two initiatives, as most progress in the area of workplace health/safety and personal wellness has been achieved independently of each other. To bridge this disconnect, a synergistic approach is needed that uses the worksite as an axis to promote health, safety and well-being across the work life continuum.

WorkCare has made measurable inroads in this area by reshaping on-site employer EHS departments to serve as the primary facilitator and integrator of both occupational and non-occupational employee injuries and illnesses. This holistic approach provides on-site nurse case managers (NCMs) the opportunity to engage the employee through non-occupational health services, thus building a relationship that can be tapped into once an employee has an occupational illness or injury. This allows the NCM to positively affect employee productivity and enhance employee health across the health continuum.

This integrated approach to case management replaces traditional remote telephonic case management services with on-site employee health "advocates"---registered nurses and health professionals whose focus of care is centered on the whole person. Disease, injury, and illness---regardless of causation---may impact a person's home and work life. Yet prevention and treatment options are often delivered through fragmented and independent systems that follow traditional lines of occupational or non-occupational medicine practices.

Because our approach is to care for the health of the whole person, we have demonstrated that by partnering an NCM with an employee and their family, a level of trust is built that unveils misdiagnoses, unnecessary care and root causation. Through this approach, employees experience improved health outcomes, better workplace performance, more effective and efficient treatment and increased productivity.

This model is currently deployed in San Bernardino, the largest county in the contiguous United States. The county has an employee workforce of more than 20,000 full-and part-time employees serving a geographical area of more than 20,000 square miles. Keeping this workforce productive and healthy is a critical priority for the county---as the employees are the lifeblood of the system.

WorkCare has helped the county fulfill its mission of service by keeping employees healthy, reducing lost time for county employees enrolled in the HMO Plan by nearly 1,700 working days, according to a yearlong independent study conducted by a major California health plan. The study results showed that WorkCare's health advocacy program played a key role in saving the County of San Bernardino 1,698 work days in 2,806 cases, reducing lost time by 10 percent compared to other employer cases in the study. But, more importantly, it demonstrates that employers can play a vital role in keeping Americans healthy and productive.

NIOSH REPORT (CONTINUED FROM PAGE 1)

NIOSH tapped the expertise of national health leaders to review, revise and expand the ideas presented in the papers and help build coalition support to develop research agendas for the future. WorkCare was pleased to be involved with this collaborative process and will continue to share emerging findings with all of our clients.

WorkCare presented and participated in the Policy and Practice Working Group, "Examining the Value of Integrating Occupational Health and Safety and Health Promotion Programs in the Workplace." Contributing to this dialogue, Dr. Peter Greaney presented the paper, *Bridging the Gap Between Occupational and Non-occupational Medicine Practices to Improve Employee Health* (see page 3).

The Emerging IHSPM Model

Regardless of whether individual injury and illness is caused by work or personal life factors, the effect is the same: ailing personal health cuts work and home life productivity, reduces income and impairs quality of life. The burden of ill health has a rippling effect, impacting not only the injured/ill person, but also dependent family members.

The average employee spends about 8 to 12 hours a day at work, which provides employers a choice platform to promote personal health and wellness. Yet despite the good will and resources that companies have committed to this effort, the ROI for these programs is often not commensurate with the financial outlay.

Until now, most workplace health promotion programs and workplace safety and health programs have functioned independently, without collaborative interactions. Health promotion programs have generally focused on the individual's personal and lifestyle risk factors, e.g. lack of physical activity, poor nutrition and tobacco use.

In contrast to this traditional model that deploys these services and responsibilities across many different departmental interests, the IHSPM model is focused upon going beyond the "silo" culture and developing an integrated approach to solving common organizational problems. IHSPM establishes a new paradigm for working across departments to

Deaths Due to Five Leading Chronic Disease Killers as a Percentage of All Deaths, United States, 2001

Cause of Death	Number of Deaths	Percent
Five Leading Chronic Disease Killers	1,611,833	66.7
Diseases of the heart	700,142	29.0
All cancers	553,768	22.9
Stroke	163,538	6.8
Chronic lower respiratory disease	123,013	5.1
Diabetes	71,372	3.0
Other	804,592	33.3
Total	2,416,425	100.0

Source: US Dept. of Health & Human Services CDC, *The Burden of Chronic Diseases and Their Risk Factors*, 2004; 3

form a coordinated, synergistic and unidirectional set of solutions.

The new paradigm is aimed at getting managers to concentrate their efforts in improving the health and well being of employees as a whole, not as individual cases. This integrated approach is aimed at meeting the following objectives:

- Preventing work-related illness, injury, and disability
- Promoting healthy living and lifestyles to reduce and prevent the debilitating effects of chronic disease

A Four-Step Process

In a nutshell, IHSPM is a 4-step process that maximizes a company's investment in health benefits outlay.

Phase I

The first step is the diagnostic phase in which a company pinpoints the area which poses the greatest risk. This is accomplished by harnessing data that is reliable, valid and actionable.

From this data, an assessment can be made to determine if a problem exists, the scope of it and the area most appropriate to address.

Phase I includes a macro-analysis, which quantifies the aggregate costs of providing health and safety and productivity management programs to workers. A micro-level analysis is then used to identify specific problems requiring action.

Phase II

Phase II involves establishing a strategic and tactical direction for health and productivity management. This work requires

senior management level involvement to coordinate a process where departmental disparate interests are united for common desired goals.

Phase III

Phase III is the intervention process which introduces specific programs (such as disease management, case management, health promotion, occupational medicine, or organizational enhancements) to address those areas identified in Phase II.

Phase IV

Phase IV is program monitoring and evaluation. This phase is used to provide systematic measurement and monitoring of program effectiveness as well as to assess ROI.

By deploying the integrated IHSPM approach through this four-step process, employers will maximize their investment in health, wellness and benefit resources. This approach enables companies to harness the full resources of their existing employee health and safety programs, thereby leveraging the worksite as a portal of employee health and productivity.

