Research Frontiers in TOTAL WORKER HEALTH: Harvard School of Public Health Center for Work, Health and Wellbeing

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Join us in Boston for our course on
*Integrating Wellness and Occupational Health and Safety in the Workplace*
January 26 – 29, 2015

Funding Support is provided by the National Institute for Occupational Safety and Health, Grant No. U19 OH008861.

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Overview

• Guiding themes and shared approaches
• Applications across three settings
• Challenges for TWH interventions
• Research gaps and priorities
• Plenary conclusions
Our Goal: Improving the health and safety of workers

How? Designing, testing, implementing and disseminating effective and integrated worksite policies, programs and practices to...

- foster a healthy work environment
- reduce potential hazardous job exposures
- promote safe and healthy behaviors
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**Be Well, Work Well**  
Integrated approaches for health care workers  
2007-

**All the Right Moves**  
Integrated approaches for construction workers  
2011-

**SafeWell**  
Disseminating integrated programs to small, medium businesses  
2011 -

[Insert links to websites: www.centerforworkhealth.sph.harvard.edu]
Guiding Themes

• Shared definition of an integrated approach
  • Application of a common conceptual model
  • Continuum of indicators of integration
  • Attending to work context in TWH interventions across high-risk industries

• Facilitating translation from research to practice
  • Use of the SafeWell Guidelines to support a systematic implementation process across multiple levels of the organization
Our Shared Definition

“A strategic and operational coordination of policies, programs & practices designed to simultaneously prevent work-related injuries & illnesses & enhance overall workforce health & well-being”

• Coordination and linkage of separate policies, practices & programs
• Continuum of approaches exists

Shared definition for Indicators of Integration

- Organizational leadership and commitment
- Coordination between WHP and OSH and others
- Supportive organizational policies and practices
  - Accountability and training
  - Management and employee engagement
  - Benefits and incentives to support OSH and WHP
  - Integrated evaluation and surveillance
- Comprehensive program content
Applications of Indicators

• **Measurement**: How do we know it when we see it?
• Outlines possible **points on a continuum** of TWH intervention approaches
  • What are core versus adaptable components?
• Defines optimal **best practice**
  • Implementation process: *SafeWell* Guidelines
Common Conceptual Model

**Global Context**
- Modifying Conditions
  - External context (Labor, economy, market)

**Worksite/Unit Context**
- Modifying Conditions
  - Integrated Intervention
    - Policies
    - Programs
    - Practices

**Mediating Mechanisms**
- Work Environment
  - e.g., Exposures/Hazards, Opportunities for Health Behaviors
- Work Organization
  - e.g., Organizational Culture and Leadership, Climate
- Psychosocial Factors
  - e.g., Supervisor/coworker Support, Social Norms

**Target**
- Modifying Conditions
  - e.g. Job and Manager Characteristics

**Worker Context**
- Modifying Conditions
  - Worker Characteristics

**Outcomes**
- Worker Health:
  - Symptoms
  - General Health
- Economical & Social Outcomes
  - Disability (Worker Compensation)
  - Productivity
  - Absenteeism

**Proximal Outcomes**
- e.g. Health & Safety Behaviors, Worker Capability, Self-efficacy

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Contributions of Conceptual Model

- Guided by solid theoretical foundation
- Specifies mechanisms by which interventions may operate
- Prioritizes pathways in the work organization and environment – systems strategies
- Adaptable across settings and populations
- Guides our research on the role of work context on worker health
Attending to the Work Context: Summary Findings


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Adapting to the Setting

- Organizational, job and worker characteristics
- Identifying risks
  - Nature of work/job
  - Work environment/organization
- Existing resources—budget, staff, prior programs, leadership support
- Key priorities as gatekeepers to TWH
  - Examples: Safe patient handling in health care; project planning in construction
Challenges for TWH Interventions

• Competing priorities (e.g., production demands, timelines, patient safety)
• Embedding in organizational practice and structures
• Dynamic nature of the modern workforce
  • Healthcare – Patient Care workers – tasks change with patient’s needs, shift work, varying work groups and teams, 12-hour shifts
  • Construction – short time on worksites, worksites change, and groups of workers change
Research Gaps and Priorities

• Assess efficacy of TWH in an expanded range of work settings
  • Improved generalizability
  • Redressing disparities
• Assess cost and related factors to support the business case for TWH
• Assess strategies to improve sustainability and institutionalization of TWH approaches
  • Toward a culture of TWH
• Determine best processes to support dissemination and knowledge transfer
Plenary Conclusions

• The Centers' research exemplifies the range of approaches that can be included within the TWH umbrella.

• There is a need for identifying TWH best practices across different industry groups.

• The research of the Centers has provide a useful set of measures and intervention tools to guide future research and interventions.
**Dynamic Workforce: Worker Flow on Construction Sites**

Number of workers who left site

Number of new workers who completed baseline survey and those still on-site for follow up

Month of the study on the worksites

Month 1: 200 new workers (B), 100 returning workers (F1)
Month 2: 300 new workers (B), 200 returning workers (F1, F2)
Month 3: 500 new workers (B), 400 returning workers (F1, F2, F3)
Month 4: 600 new workers (B), 500 returning workers (F1, F2, F3, F4)
Month 5: 700 new workers (B), 600 returning workers (F1, F2, F3, F4)

B = baseline (new workers, n=989)
F# = follow up number (returning workers)

Sparer et al. *AJIM*, Under review
SafeWell Integrated Management System

INTEGRATED WORKER HEALTH

- Physical Environment
- Decision-making
- Program Planning
- Implementing SafeWell
- Evaluation and continual improvement

OCUPATIONAL SAFETY AND HEALTH
- Organizational Policies, Programs, and Practices

POLICY AND COMMUNITY CONTEXT
- Communications

WORKSITE HEALTH PROMOTION
- Individual Behavior and Resources

PSYCHOSOCIAL WORK ENVIRONMENT AND EMPLOYEE BENEFITS

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