

Chapter 1: Providing the foundation: Organizational leadership and commitment and employee participation

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Chapter overview

There is growing evidence and interest in the employer community that the growth and sustainability of organizations are linked intimately to employee health and well-being.[1] The Institute of Medicine describes four key attributes of healthy individuals and organizations:

1. **Healthy:** Good health behaviors, few risk factors, minimal diseases and injuries
2. **Productive:** Working to maximize contributions to personal and organizational goals and mission
3. **Ready:** Able to respond to changing demands
4. **Resilient:** Adjusting to demands, setbacks, or challenges by rebounding quickly and without undue suffering[2]

This chapter will outline the foundation for building a healthy, productive, ready, and resilient workforce and workplace. It begins by identifying major strategies related to organizational leadership and commitment. These strategies include:

- Articulating the vision
- Instilling a “culture of health”
- Demonstrating leadership
- Integrating programs
- Engaging mid-level management
- Establishing the SafeWell Integrated Management System

This chapter will outline in detail suggestions for implementing the SafeWell Integrated Management System (SIMS), as the SIMS incorporates the above bulleted strategies and is the cornerstone for implementing policies, programs, and practices to make employees and the workplace safe and healthy. The chapter concludes with a section on employee engagement.

Organizational leadership and commitment to the SafeWell approach

Top management is responsible for articulating the vision for worker and worksite health and commandeering the human and fiscal resources for implementing the SafeWell approach at the worksite. Engaging all managers and employees will increase participation in the SafeWell approach and activities, and improve the chance for success.

Articulate the vision

Creating and sustaining a healthy workplace begins with a clearly articulated and communicated vision from senior leadership that ties health to an organization's mission. It values worker health and well-being as key components of obtaining organizational success and may be included as a core component of the organization's mission. To maximize success and impact, this vision needs to apply consistently to the entire workforce. Through presentations, memos, the intranet, and other communication vehicles, leadership can stress the linkages between health, and worker and organizational well-being. Policies, programs, and practices that exist and are planned can be highlighted by senior leadership as well.

The example below provides an example of how senior management in one health care setting articulated its vision for worksite and worker health.

Notes from the field

Dartmouth-Hitchcock Health Care (D-H) in New Hampshire developed vision and mission statements for its Live Well/Work Well program, which integrates health programming into overall organizational goals.

“Vision: Achieve the healthiest workforce possible as measured by health risk status, functional health status, condition-specific disease burden, employee and patient experience with health care and health care costs.

Mission: Create an engaging culture of health, safety, and well-being, which will lead the transformation of health care in our region and set the standard for the nation. This transformation

will be accompanied by a reduction in total health care costs and health related improvement in performance and value.” [3]

Instill a “culture of health”

Two main factors in obtaining a healthy workplace have been described as the performance of the organization and the health of the workers.[4] Included in this definition of organizational health are the structural and organizational characteristics of the organization such as job demands, work schedules, interpersonal relationships, and management style; and organizational practices and policies. [4] Also, both the organization and the employee are responsible for contributing to organizational performance and a healthy workplace and workforce. SafeWell adds to this description the importance of having a safe and healthy work environment. This means eliminating and/or minimizing risks and hazards from the physical and psychosocial work environments.

In Chapters 2 and 3 of these Guidelines, guidance is provided to help organizations set goals for obtaining and maintaining a safe and healthy workplace and workforce. One of these goals might be to instill a culture of health. Understandably, this is a process, and organizations may be at different points along the path towards health. The structure outlined below in the SafeWell Integrated Management System can provide a framework for an organization to work towards a culture of health. It is recommended that all levels of employees become involved in the planning and implementation of the program, so the best chance of high employee participation and desirable programming may be obtained. Remember that there is shared responsibility for a safe and healthy workforce and workplace; management and employees both need to be involved for best results.

Tools from the field

The Partnership for Prevention’s Leading by Example initiative (by CEOs for CEOs) has outlined a number of ways to provide an environment supportive of building a culture of health.[1]

Adapting these to the SafeWell approach, they include:

- 1) State that health is an important value and objective for the organization, and describe necessary steps management will take to make the worksite safer and healthier**
- 2) Hold all managers accountable and reward them for creating a safe and healthy workplace**
- 3) Ensure that supervisors know their responsibility in creating a healthy and safe environment and provide them with training**

- 4) Create peer support teams for employee safety, health and well-being**
- 5) Instill an environment to facilitate health such as fitness options, showers, bike racks, walking paths, healthy food options, and quiet break rooms**
- 6) Implement occupational safety and health (OSH) policies (e.g. safe patient handling, ergonomics, infection prevention, mandatory break policies), as well as ones to support healthy choices (e.g. tobacco and other substance use bans, healthy food offerings at meetings)**
- 7) Provide work time for worker participation in OSH and health programs**
- 8) Offer and communicate about benefits to encourage a culture of health (e.g., flex-time, wellness opportunities, screening and prevention coverage, health coaching)**
- 9) Communicate about activities at all phases**

Demonstrate leadership

Words and statements by the CEO are important, but not enough alone to instill a culture of health. Talking the talk without walking the walk will ring hollow with many employees. While there will need to be leaders and champions at all levels to help ensure the program's success, it is important for employees to see that management is serious about its commitment to their health and well-being. Research has shown that employees may be more likely to change their own behaviors if they see that management is serious about making its own contribution to workplace safety and health.[5]

Leadership support can be communicated in many ways:

- Senior leadership expresses its commitment to a culture of health and allocates resources to attain it
- Worker and workplace health are included as part of the organization's mission and values
- Management shows its commitment by investing in workplace safety and health, providing health-promoting, safe work environments and facilities, and offering flexible work hours and employee benefits to support health
- Supervisors are accountable for worker and workplace health—e.g., improvement in workplace health may be driven by linking departmental survey results and performance to management incentives and performance

- Management practices and models healthy and safe behaviors such as adhering to safety and health practices, maintaining a healthy weight, joining physical activity events, and drinking non-alcoholic beverages at company events.[6]

Integrate programs

At its very core, the SafeWell approach to worker health is a systems-driven approach that encourages organizations to coordinate and integrate programs and structures that influence worker health. This includes coordinating and integrating programs related to occupational safety and health (OSH), worksite health promotion (WHP), benefits design, behavioral health, absence management, disease management, and others. This topic will be discussed in more detail in the explanation of the SafeWell Integrated Management System below and throughout the Guidelines.

Engage mid-level management

Supervisors and managers at all levels should be involved in planning and implementing SafeWell. Even if senior leadership supports SafeWell and includes it as a business objective, steps need to be taken to assure that mid-level managers also support the program. Mid-level management and supervisors convey information between employees and upper management. They often hold the keys to program success in how they respond to planning and implementation efforts. If they are supportive in how they discuss the program and whether they encourage their employees to participate, the program has a better chance of being successful. On the other hand, if they are resistant to employee participation or scoff at the program’s intent, barriers to success may arise. Communicating with and involving mid-level management is important before beginning any worksite health program. All levels of management need to show their commitment to the SafeWell approach.

Lessons learned from the field

Middle management support is critical to successful programs, policies, and practices. A manager responsible for implementing health programs at Dartmouth-Hitchcock says that it is important to have “walk-around” leadership support, as opposed to “conference room” support—meaning that it is easy to have leadership say in a conference room that they will support a policy, program, or practice. The manager’s experience was that if leaders did not follow through with their support back on the floor or in the office (e.g., by giving employees work time to complete a survey or encouraging employees to become involved in activities), participation numbers were lower. Furthermore, a paper on the Dartmouth-Hitchcock effort reports that perceived

supervisor support and caring of employees correlates with increased participation in health assessments.[7]

Health Partners, a Minnesota-based health care plan, conducts daily/weekly “huddles” with all departmental staff that include messages that leadership wants to convey to middle managers as well as to front line employees.

Establish a SafeWell Integrated Management System (SIMS)

An integrated management system is one that integrates all policies, programs, and practices into one overarching framework that coordinates activities instead of breaking them down into competing “silos.” Such management systems have been around for about 40 years, especially as part of Total Quality Management and for Occupational Safety and Health (OSH).[2, 8]

What sets these practice guidelines apart from other worksite health programs and integrated management systems is their emphasis on using a SafeWell Integrated Management System (SIMS) for worker health that includes employee engagement. The SIMS approach integrates individual and organizational policies, programs, and practices for employee health and well-being with the OSH management systems. The National Institute for Occupational Safety and Health (NIOSH) and the Institute Of Medicine (IOM) recognize that integrated systems such as SIMS perform more effectively than segregated ones, capitalizing on the linkages and synergies inherent in integrated systems.[2, 9] Leadership commitment to establishing a SIMS at the workplace denotes an important step in attaining a safe, healthy, productive, ready, and resilient organization.

While theoretically integrated systems sound like, and are, a good idea, how does an organization actually implement them? The next section lays out some parameters for this process, recognizing that there will be adaptations at different organizations.

The SafeWell Integrated Management System (SIMS) model

The SIMS approach calls for the integration of organizational programs, policies, and practices that address worksite OSH, employee health promotion, and the psychosocial work environment at environmental, organizational, and individual levels. The SIMS approach emphasizes the implementation of a management system using a comprehensive and coordinated program to improve worksite and employee health, safety, and well-being. It recognizes that work and nonwork factors may influence well-being.

The purpose of the SIMS is to:

- Provide employees with a safe and healthful work environment

- Eliminate or reduce recognized occupational hazards, including psychosocial hazards
- Improve and/or maintain optimal worker health and well-being
- Contribute to the ongoing economic sustainability of the organization through reduced duplication of efforts, absenteeism, and improved employee health and well-being

To reiterate, the Safewell approach addresses the work environment, including organizational, social, and operational factors as well as workers' individual health behaviors. The approach links and coordinates policies, programs, and practices of OSH, workplace health promotion, and human resources.

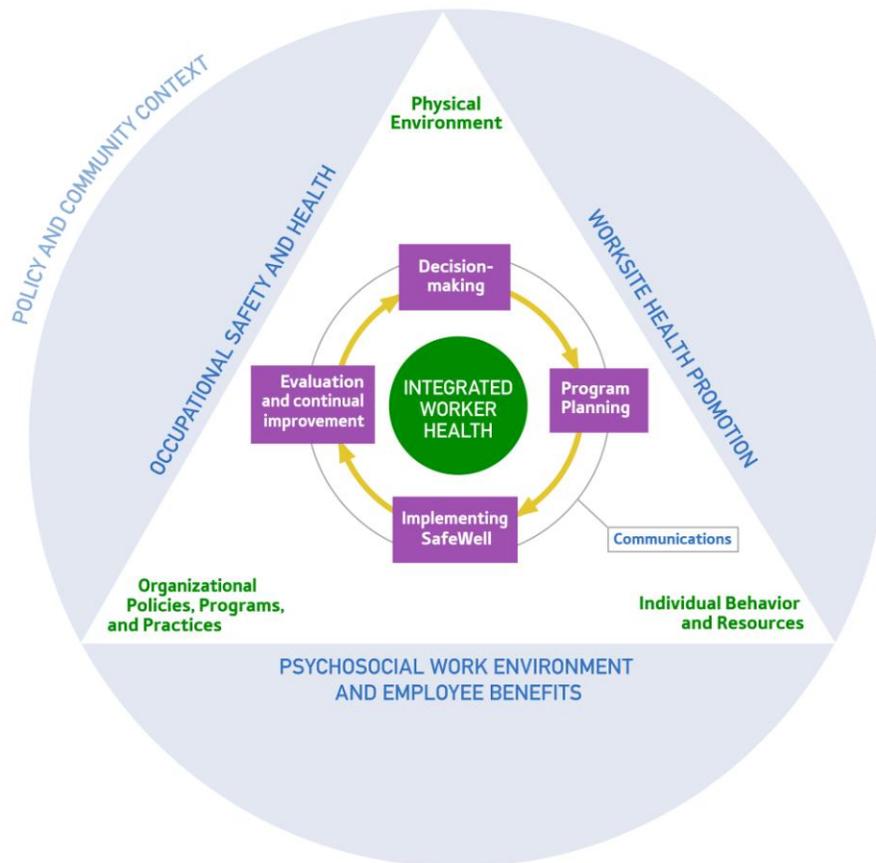


Figure 1: SafeWell Integrated Management System for Worker Health

Figure 1 represents the SafeWell Integrated Management System for Worker Health. As mentioned in the Introduction, SIMS is situated within a larger policy and social context, though the main emphasis of these guidelines is on the components inside the circle, representing the workplace, and the ultimate goal of worker health and well-being.

On the three sides of the triangle rest the three major areas to integrate for worker health (see “Introduction” for definitions):

- Occupational safety and health (OSH)
- Worksite health promotion (WHP)
- Psychosocial work environment and employee benefits (HR)

Within the three corners of the triangle are the three levels of engagement for SafeWell:

- Physical environment
- Organizational policies, programs, and practices
- Individual behavior and resources

The main organizational functions that drive the SIMS are represented by the boxes within the triangle in Figure 1 and are further defined in these Guidelines. The functions include:

- Decision-making
- Program planning
- Implementation of SafeWell
- Evaluation and continual improvement

Communications are an additional important component of each of these functions, so it is represented by an additional box linking to each of the other boxes.

The circle in the middle of Figure 1 is the ultimate goal of SIMS—to achieve and maintain integrated worker health.

While Figure 1 represents a rendition of an optimal integrated management system for worker and workplace health and well-being, an organization may not have every component integrated. The important principles to consider are:

- A systems-level approach that coordinates programs, policies, and practices
- Coordination of OSH, WHP, and HR
- Programs, policies, and practices that address the work environment/organization and worker health and well-being.

Though the triangle's sides and corners in Figure 1 describe the relationships that exist between worker and workplace safety, health, and wellbeing, they lack a description of what drives those relationships to work in a coordinated manner to effect change. These Guidelines suggest that it is the SIMS that will drive change at the worksite. Figure 1 describes the implementation of the SIMS through its five major functions that interact and inform each other. The five functions are described here, and closely mirror those of the Plan-Do-Check-Act management system.[10]

While these functions are described separately, and may be somewhat sequential in nature, in practice a more iterative process may occur at worksite. For instance, if organizational leaders already know that there is a safety and/or health risk, planners do not need to go through an in-depth assessment and analysis phase before they

implement steps to address the problem. Building on early successful attempts at integrating strategies can help to build momentum for further activities.

Integrated decision-making: Organizational leadership and employee engagement

In order for SIMS to be implemented, decisions around certain key organizational tasks need to be made to facilitate integrated functioning. These key organizational tasks are described below.

Program and policy development, implementation, and evaluation

Using the SIMS approach will mean that the phases of program and policy development, implementation, and evaluation will all be conducted through a SafeWell integrated management system lens. The traditional model has departments working separately to develop, implement, and evaluate programs and policies to improve factors relating to OSH, WHP, and HR. The SIMS approach uses decision-making processes that include inter-departmental collaboration and coordination.

Resource allocation

In the traditional workplace, resources are allocated to individual departments, which may result in inefficiencies from duplicative efforts or limit the potential for synergies and linkages if departments worked together. The SIMS approach encourages resources to be allocated to facilitate interdepartmental collaboration and coordination. If vendors are used for some services, they need to be included in, and held responsible for, collaborating with other departmental entities as appropriate.

It is also important to ensure that adequate resources are allocated to address SIMS. The Centers for Disease Control and Prevention (CDC) notes that such resources might include staffing, space, finances (e.g., for vendor contracts or incentives), collaborations with community organizations to conduct health programs (e.g., quit smoking programs, Weight Watchers), equipment, materials, and supplies.[11]

Budgeting

How much will it cost? This is always a difficult question to answer, and there are no studies that currently exist that provide data on how much the SafeWell approach would cost. A lot of it will depend on the comprehensiveness of the program, the size of the organization, and the variability in costs depending on geographical area. The organization also needs to determine whether it will include employee dependents in its programming and cost calculations. To provide at least some context, it has been estimated that a basic effective wellness program costs at least \$100 to \$150 per employee (excluding incentives and ongoing individual health coaching costs), with returns on investment in the neighborhood of more than \$3 for every \$1 spent.[12] This same author suggests setting up a budget template that includes costs such as:

- Program consultation (either for in-house staff time or a vendor) at 60 hours for start up and 4 hours/month subsequently
- Health screening costs with a target percentage for employee participation
- Health assessment costs with a target percentage for employee participation
- Costs for incentives
- Materials costs for brochures, incentives, prizes, and communications

However, since SafeWell also addresses OSH and recommends integrating systems, there are likely to be additional costs. A study conducted by Goetzel with 43 employers and about 1,000,000 workers found that the median costs companies paid for comprehensive programs equaled \$9,992 per employee (in 1998 dollars).[13] These costs for group health, turnover, unscheduled absence, non-occupational disability, and workers' compensation included OSH and HR costs. When expenses related to employee assistance, health promotion, occupational medicine, safety, and work/life services also were included, the combined total per person was \$10,365. When focusing on the more basic \$9,992 per employee, the author determined that the cost savings for implementing a comprehensive program could be about \$2,562 per employee per year, a savings of about 26%. For more detailed information, readers are directed to the NIOSH website that has this report, as well as others about similar topics:

<http://www.cdc.gov/niosh/twh/history.html>

SIMS “Steering Committee”—Leadership Committee

Once top management has approved the adoption of the SIMS, a committee such as a SIMS Steering Committee (SC) is formed. The purpose of the SC is to oversee the development, implementation, and evaluation of the SIMS at the organization. It will report to top management and also will interact with working groups, such as health and safety committees, that already exist or are formed to implement SafeWell (see the section on Employee Engagement below for a description of working groups). The SC embodies and operationalizes integrated management system planning at an organization. Integrated decision-making is best accomplished by a collective of individuals—involving employees and their representatives, managers, and supervisors--representing different organizational departments. One such body is the SIMS Steering Committee. Organizations can build upon management committees that already exist or broaden the focus of existing safety and health committees.

Potential roles of the SC include:

- Review and analyze collected data and information using an integrated lens
- Identify priorities that are important to the worksite and address an integrated comprehensive approach
- Set goals and objectives for integrated policies, programs, and practices
- Recommend adequate resource allocations that support integrated policies, programs, and practices

- Make policy and program decisions that are comprehensive, based on evidence, and include input from various worksite groups
- Facilitate SIMS implementation by assigning necessary champions/working groups and responsible person(s) to carry out various safety, health, and health promotion programs
- Report progress to upper management
- Communicate activities to all levels of employees from management through employees
- Incorporate input from employees through their representatives on the SC
- Provide accountability for the SIMS to upper management and working groups
- Review program operations annually to assess progress and adapt goals and strategies as necessary

Who should be included?

In order to facilitate integrated management systems decision-making and implementation, it is advised that the SC include management representation from all departments involved with workplace health and safety, as well as worker health and well-being. As an example, the IOM developed a model for the National Aeronautics Services Administration (NASA) supporting Employee Total Health Management.[2] Adapting the NASA model, managers responsible for the following areas contributing to health and well-being could have representation on the SC:

- Health insurance provider/coverage
- Disease and case management
- Physical fitness
- Absence management (disability, workers' compensation, credentialing)
- Primary care centers
- Community relations/outreach
- Wellness programs
- Health risk appraisals and other health evaluations
- Communications
- Occupational/environmental safety and health (e.g., safety, environmental management, equipment, patient safety, hazard surveillance, emergency management)
- Behavioral health (Employee Assistance Programs, work-life)
- Quality improvement
- Health advocates and coaches
- Information technology/data management folks

These representatives will likely be managers, but high-level employee representatives such as union representatives should also be included. Some of these areas may already

have their own working groups consisting of managers and employees. Bilateral relationships between such employee working groups within departments and the SC are encouraged. Employee input is received by the SC through their representatives on the SC, and the SC must be accountable and report to working groups as well. Roles, responsibilities, and members of working groups will be outlined in more detail below in the section on Employee Engagement.

Program planning

Once decisions have been made, resources allocated, and committees or staff appointed, program planning may begin in earnest. The program planning function includes:

1. Assessment of environmental, organizational, and individual level factors influencing worker health and well-being
2. Prioritization of worksite objectives
3. Development of an integrated program plan
4. Communication about results and the plan to the worksite

These activities will investigate and target programs that integrate OSH with WHP at the environmental/organizational and individual levels. “Chapter 2: Program Planning” outlines these steps in detail and provides links to existing resources. To assist in these efforts, an organization may want to consider having a coordinated approach to the data management function.

Integrated information/data management

A major driver of integrated decision-making will be information received from worksite data. The purpose of the information/data management function is to coordinate and integrate data gathering, management, and analysis across the organization to inform decision-making; provide accountability; contribute to improvement; and support surveillance, longitudinal analysis, and knowledge discovery.[2] This is accomplished by using an organization-wide approach.

Typically, different departments have different ways of collecting information that are specific to their particular needs or requirements. While important, this traditional way of operating misses opportunities for synergies across departments, and may lead to inefficiencies in data collection. Although setting up integrated data systems is challenging, in the long run they will provide more comprehensive information, allowing fuller understanding of the “big picture” and aiding in integrated decision-making and planning. More information on the types of data to collect and analyze is included in “Chapter 2: Program Planning” and “Chapter 4: Evaluation and continual improvement.”

Implementing SafeWell

Once priorities and an implementation plan have been developed, approved, and communicated to all worksite stakeholders, the SIMS oversees and monitors the implementation of SafeWell at the workplace. “Chapter 3: Implementation” describes

how to implement SafeWell at an organization and provides suggestions for SafeWell integrated activities. To support total worker health and well-being, SafeWell encourages the implementation of policies, programs, and practices at environmental/organizational and individual levels. The SafeWell approach also entails integrating OSH with WHP and worker well-being for its implementation activities. While SafeWell recognizes there are functions and activities unique to each area, coordinating and integrating activities may result in improved worker health and well-being.

An important component to implementing SafeWell is ongoing communication and feedback between the worksite champion or working groups tasked with implementing SafeWell and the Steering Committee. See the employee engagement section below for roles and responsibilities of these individuals/groups.

Evaluating and continually improving

“Chapter 4: Evaluation and continual improvement” outlines the purposes and types of evaluation to consider. As part of the SafeWell approach, a multi-level evaluation (i.e. environmental/organizational and individual) is encouraged that incorporates a review of the success of policies, programs, and practices in meeting goals and objectives.

Ongoing data gathering, monitoring, audits, and evaluation may occur as part of the SIMS. Corrective action may occur to improve programs or policies that may not be working as initially intended. This process will entail management review that will lead to further decisions, planning, implementing, and evaluating. In other words, there will be a continuous cycle of improvement for implementing SafeWell, driven by the SIMS.

Communicating

The last major component of SIMS is the development and implementation of an active communications plan. This component is stressed repeatedly throughout these guidelines. This function provides information to, and receives information from, the worksite community about SafeWell. It can address:

- Why SafeWell is being implemented
- Who will be involved
- What the SafeWell program intends to do
- When the SafeWell program will be conducted and for how long
- Where activities will occur
- How SafeWell will be implemented

Importance of communication to the SafeWell approach

Clearly communicating about worksite changes to improve OSH conditions and the health of workers is important for reaching goals.

Research has found that employees are more likely to make behavioral changes when they see management make positive changes to the work environment.[5] Planning to communicate about changes made to the work environment is important and can be done through newsletters, the intranet, and at staff and other meetings.

Clear and consistent communication can address misconceptions or myths that circulate among staff that can sink the program and reduce participation in it at each phase – assessment, planning, implementation, and evaluation.

It is important to plan to communicate frequently and consistently—at all phases.

Communication is a two-way street. The best ideas about programs, policies, and practices may come from employees. Employee participation is an important component of the communications plan. To achieve optimal outcomes, a communication feedback loop may be considered so that ideas about and response to programs, policies, and practices may flow freely.

Here are some characteristics of the SIMS approach to communications:

- Occurs at all phases of SafeWell: Leadership and management commitment, assessment, planning, implementation, and evaluation
- Is multi-lateral: An exchange of information from top to middle management, from middle management to employees, from employees to management
- Includes consistent messaging
- Is ongoing: Regular reporting mechanisms that are appropriate for different worksite audiences should be included in the plan
- Supports a culture of health

Think about making all communications (including reports, newsletters, memos, etc.) accessible to the different audiences that exist at worksite. This means that different communications may need to be developed for different stakeholders. Top management may want a brief presentation or synopsis for consideration. Managers may need more detail if they are being asked to help implement the program. Materials for employees need to be written in languages, styles, and at levels that are understood by them.

More guidance in setting up a communications plan is available from the CDC:

<http://www.cdc.gov/workplacehealthpromotion/planning/communications.html>

Final note on implementing the SafeWell approach

An organization may have varying degrees of existing sophistication of these five functions that are important to consider for carrying out the SafeWell approach. An organization may have multiple individuals and departments that might need to be involved in such an approach, or might have a steering committee that could make all these decisions itself. This depends on the complexity of the organization. For example, in some organizations, one or a few individuals might make decisions about resource allocation and interdepartmental collaboration and coordination (decision-making),

while in other organizations many individuals will need to be involved. Information and data will need to be analyzed, priorities made, and evaluations conducted (program planning and evaluation). Again, this could be one person, or a group of individuals that will need to oversee SafeWell implementation. In order for SafeWell to be successful, employees at all levels will need to know what is going on, why and how SafeWell is being implemented, and what the results are (integrated communications). This may be the responsibility of one person or a number of individuals/departments. Finally, it is important to remember to engage employees in this process, and more on that is described below in the section below on Employee Engagement.

SIMS Checklist

Does the organization have an integrated management system? Below is a checklist of questions to answer about whether an organization has an integrated management system. If answers to all these questions are “yes,” an integrated management system exists! If answers to any of the questions are “no,” these are areas on which to work. Topics in the checklist are covered in the chapters indicated in parentheses.

Checklist for a SafeWell Integrated Management System

System	Yes	No
1. Have integrated decision-making systems been developed?		
a. Is there interdepartmental collaboration, coordination, and decision-making around developing, implementing, and evaluating programs and policies to promote and protect worker health? (Ch. 1)		
b. Have the health and safety management program and worksite health promotion program been integrated where possible? (Ch. 1)		
c. Are adequate human and fiscal resources allocated to implement SafeWell? Does the program have a budget? (Ch. 1)		
d. Are resources allocated to support interdepartmental collaboration and coordination? (Ch.1)		
e. Do vendors and their staff have the experience and expertise necessary to coordinate with and/or deliver the SafeWell approach? (Ch. 2)		
f. Are staff trained in explaining and conducting the SafeWell approach? (Ch. 3)		
g. Has a SafeWell Steering/Leadership Committee been appointed and activated? (Ch. 1)		

h. Does the Steering Committee have representation (management and employee) from occupational health, health promotion, and human resources? (Ch. 1)		
2. Do integrated program planning, implementation, and evaluation occur?		
a. Is there knowledge about what data are already collected? (Ch. 2)		
b. Is there knowledge about who collects, analyzes, stores, and communicates about data? (Ch. 2)		
c. Have discussions occurred regarding the use of integrated data systems? (Chs. 1, 2, 4)		
d. Has it been possible to integrate data systems across the organization to coordinate data gathering, management, and analysis? (Chs. 2, 4)		
e. Have the data been analyzed and interpreted by members from OSH, WHP, and HR? (Ch. 2)		
f. Has consensus been reached on integrated priorities? (Ch. 2)		
g. Has a consensus program plan been developed that integrates OSH, WHP, and HR to help achieve goals? (Ch. 2)		
h. Has the integrated SafeWell approach been implemented? (Ch. 3)		
i. Has evaluation and corrective action occurred? (Ch. 4)		
3. Is there a multilateral communications program?		
a. Are different communications vehicles used? (Ch. 1)		
b. Are communications appropriate for the various types of employees and management that exist? (Ch. 1)		
4. Are all levels of employees engaged? (Ch. 1)		

Employee engagement

This section outlines the importance of employee engagement to the SafeWell approach and identifies seven potential ways to engage employees.

Importance of employee engagement

The SafeWell approach necessitates programs, policies, practices, and action at different levels within an organization. Different levels of employees have responsibility for different levels of action and all can be champions of SafeWell. A program is more likely to be successful and relevant if all levels and sectors of stakeholders are involved in planning: managers and owners, nurse supervisors, floor staff, contract workers, and union locals where they are part of the workforce. For example:

- **Upper management** may have control over resource allocation, such as what resources are available to reduce injuries and to which departments those resources will go.
- **Middle managers** influence how or if programs are implemented, and whether their employees participate in programs.
- **Employees** provide ideas and decide whether to participate in programmatic offerings.
- **Unions** influence policies, programs, and individuals.

The advantages of broad-based input

Broad-based participation in planning can enhance management buy-in and program participation and effectiveness—two of the main drivers of successful outcomes. Having a wide range of input makes it more likely that the programs developed will be:

- Responsive to multiple stakeholder needs and priorities
- Culturally appropriate
- Matched to employees' readiness and experiences regarding program implementation
- Reflective of the overall context of the organization[2]

There are also some pragmatic reasons why employee engagement is important:

- It is a way to communicate about management changes at the workplace to make it safer and healthier, i.e., such changes can be communicated to all employees who can continue to relay the message to their peers.
- Concerns of mid-level supervisors can be expressed and addressed if they are also involved in planning.
- Participation fosters a sense of ownership of the program—for all levels of employees, from top leadership to floor supervisors to floor staff.
- Employees have first-hand knowledge about safety and health issues at the workplace. Their involvement in addressing them can lead to practical and effective strategies.
- Employees are more likely to participate in activities when they are involved in planning and implementing the program.

- Employees who participate provide invaluable endorsement and word-of-mouth promotion for program activities.
- Employees bring promotional materials to their departments and distribute educational materials to co-workers who are unable to participate due to work demands.

Keep in mind that in addition to vertical integration in planning (i.e., rank--floor staff, white collar workers, physicians, service workers, supervisors), representation needs to be equal and diverse across departments and work processes (e.g., maintenance, nursing, information technology, marketing, administration), locations, (on-site and remote), gender, age, and ethnicity.

Seven ways to engage employees

There are many opportunities to engage employees in the SafeWell approach. The level of employee engagement may depend on resources and priorities. Most workplace and worker health program planning guides encourage involving employees in the planning and implementation of health programs. SafeWell suggests creating a system that will maximize employee participation at the same time it contributes to their well-being, as well as to the health of the organization. Seven potential ways to engage employees are detailed below.

1. Ask employees what is important to them

At the most basic level, ask employees what types of health concerns they have and in what types of health programs they would participate. However, when employees are asked what they think is important, be prepared to act on their suggestions. Raising employee expectations without some concomitant action by management may impact employee morale and participation.

Employee input may be obtained during the assessment and planning process through surveys, focus groups, and interviews (which will be discussed in more detail in “Chapter 2: Program Planning”).

- Employee interest and needs surveys may assess levels of interest in health promotion and health protection topics and identify employee health needs at all levels. This information can be useful in identifying the range of programmatic interest and in setting program priorities.
- Vendors could be hired to conduct focus groups of all levels of employees to identify concerns or receive feedback on programs or practices. Employees might be more frank with an external vendor, especially when confidentiality is assured. (See “Chapter 2: Program Planning” for more on choosing a vendor).
- Staff from the OSH department may conduct individual interviews with employees to assess working conditions.

2. Discuss roles in accomplishing SafeWell goals

Different levels of employees have different roles in making the SafeWell program a success.

- **Top management** takes a leadership role in articulating the vision and its commitment to the approach.
- **Mid-level management** is crucial to the program's success as it often holds the power to encourage employee participation. Being also accountable to upper-level management for the organization's success, mid-level managers have the dual responsibilities of building and sustaining a productive workforce, as well as contributing to the fiscal soundness and deliverables of the organization. Thus, mid-level managers need to understand and commit to their role in achieving the goals of the SafeWell program.
- **Employee** participation and engagement is critical for planning and implementing the SafeWell approach. If employees do not participate, it will be difficult to reach goals.

Challenges and tips from the Field

Challenge: Supervisors are reluctant to provide work time for employees to participate in health programs.

Tips

- 1) The person(s) responsible for SafeWell implementation may meet with supervisors before the SafeWell program is implemented to hear their concerns and answer questions about the program and management commitment.
- 2) Implementers may provide information on the program to the worksite community through different communication vehicles.
- 3) Some companies might link employee health to supervisor performance reviews.

3. Form or expand existing working groups

As mentioned above in the description of the SafeWell Integrated Management System, a worksite could have a *Steering/Leadership Committee*, for overall site planning, decision making, and coordination, and *Working Groups* to accomplish specific tasks. At some organizations these two groups may be merged into one organizing body. The number of committees/working groups at an organization may depend on its size, complexity, resources, and the expected scope of the program. Consider building upon and integrating existing committees such as OSH or WHP committees.

Integrated Working Group membership—a one-committee approach: If an organization is unable to support a Steering Committee and Working Groups because of size, workflow, or other considerations, one critical organizing body can be formed with management and employee representatives from:

- Human Resources
- Occupational Safety and Health
- Worksite Health Promotion

This organizing body could be augmented with floor or unit champions (see #4 below).

Integrated Working Group membership—a multiple-committee approach:

For larger organizations, consider having an overall Steering Committee (see section on “Establishing a SafeWell Integrated Management System” above) and multiple Working Groups that may include representatives from employees and management. Working groups can be very small or can be larger committees with smaller groups designated for specific tasks. Think about building upon existing workgroups, potentially by integrating them with representatives from different departments. For instance, working groups may:

- Be built upon pre-existing Safety and Health committees or wellness committees, with an expanded agenda, and reflective of a more integrated approach to worker health
- Consist of departments with a direct or indirect connection to health outcomes such as human resources and benefits, safety and health, risk management, medical/employee health, training
- Include additional participation from ancillary departments that may be critical for key interventions. For example:
 - Food service manager for changes in menu or vending machine choices
 - Facilities and maintenance for changes to the physical environment
 - Purchasing for identifying appropriate vendors
 - Communications for developing promotional strategies and materials

Roles of working group members: Working group members are the interface between the program and the employee. As explained above, the influence of these Working Group employees can be critical to the success of a program.

- Managers may address resource needs and consider interdepartmental budgeting and staffing.
- All members may provide suggestions and input on planned activities and events.
- Managers and employee representatives may guide the adaptation of plans to their specific departments’ needs (e.g., night shift employees).
- Employees may promote the program to their co-workers.
- All members assist in carrying out the program plan.

Notes from the field

The WellWorks-2 project was an integrated approach to worker health implemented in 15 manufacturing companies in Massachusetts. Similar approaches could be conducted in large health care organizations.

The WellWorks-2 study included an intervention plan that put employee committees, called Employee Advisory Boards (EABs), at the center of program planning and implementation. Employee representatives from line workers, management, and unions were invited to join an EAB at each company.

Management and worker representation were equally important to successful planning. Managers were important because of their decision making and resource allocating authority, while workers ensured that programs reflected the needs and interests of employees.

To form each board, first one or two employees were designated as primary contacts. They were often occupational health nurses, health and safety personnel, or human resources managers. These people solicited recommendations for potential EAB members from department managers, union representatives, and various levels of management and workers. Job descriptions for EAB members outlined their roles and responsibilities. Some candidates came forward themselves, some were nominated by supervisors or co-workers, and some were assigned or appointed. Typical EAB members included:

--Production and manufacturing workers

--Support and secretarial staff

--Managers from all departments, including fiscal, human resources, production and purchasing

--Occupational health nurses and physicians

--Fitness center directors and staff

--Union members

--Food service staff

--Health and safety specialists

--Communications, advertising or sales staff

A sample memo soliciting EAB members and an EAB job description are in Appendix 1.

Labor-management support: Both labor and management support are essential to any effort to promote worker health. Worksites that have labor unions may require different strategies. Since unions provide a structured voice for worker involvement, their inclusion is critical. In addition, union buy-in is necessary to ensure that the program is not perceived as a strictly management initiative, and so the union encourages its members to participate. To encourage floor workers' representation on working groups, top and middle managers need to condone and support such efforts.

Challenges and tips from the field

Challenge: In some settings of the WellWorks-2 project, it was difficult to release line workers from their work to attend meetings and activities.

Tips: Staff involved with survey implementation might have had more discussion with and engagement of mid-level managers. Perhaps advisory board meetings could have been held at a different time when line workers could have attended, or arrangements could have been made to cover for those workers. Other ways to receive employee input in those companies included working through company OSH Committees, employee social committees, or individual department groups working together to plan and implement programs.

4. Appoint/recruit floor champions

An alternative model that has been used by the “Be Well Work Well” project, a collaboration between the Harvard School of Public Health Center for Work, Health and Well-being and Partners Health Care, includes an overall organizing committee and the deployment of floor champions. This project is using the SafeWell approach and aims to improve physical activity and reduce low back pain disability in patient care workers.

Notes from the field

The Be Well Work Well project outlined the following roles and responsibilities of floor champions (2-3 per unit to reflect different shifts), who were selected by management to:

--Act as a liaison between the coordinating committee and patient care workers

--Oversee the implementation of program activities on the unit

- Assist in problem solving issues of safe patient handling, worker safety, and ergonomics on the unit**
 - Act as a role model in the adoption of program components**
 - Encourage worker participation in the program**
 - Provide feedback to the coordinating committee on feasibility and receptiveness of planned program activities**
 - Communicate with other floor champions (e.g. from other shifts) and resource nurses on the unit**
- Specific duties included:**
- Participation in a brief training**
 - Meeting with coordinating committee every two weeks**
 - Keeping informed about program theme content**
 - Communicating program messages and results of reports with co-workers**
 - Discussing challenges with program delivery to coordinating committee**

5. Use meetings strategically

Another way to obtain employee input is to organize regular staff meetings in such a way that employees can express key concerns as soon as possible.

Consider incorporating information and feedback about the SafeWell program into agendas for existing organizational meetings at all levels.

6. Use company channels of communication

Use existing organizational channels of communication to solicit and encourage feedback on planning ideas from all employees (e.g., articles in newsletters, on intranet, etc.). Make it easy for all levels of employees to respond.

7. Consider whether/how to include employee dependents

It is important at the beginning of the program to address how the dependents (i.e., family members) of employees will be involved in SafeWell. Dependents are important in employees' lives and impact their safety, health, and well-being. For instance, a family member may inadvertently expose an employee to an illness which s/he may bring to work (e.g., colds, flu, or other infectious diseases). Also, whatever is purchased, prepared, and consumed for food outside of the workplace may impact employee health. Dependents may also support employee participation in healthy behaviors, such as agreeing to quit smoking with the employee.

If employees have health insurance that covers dependents, an organization may decide that the health and well-being of all family members is an important business goal. At the most comprehensive level, management might decide to cover dependents and allow them to be eligible for all SafeWell activities. At a basic level, SafeWell programs might include materials that address safety and health at home (See “Appendix 1: Program B: Carbon Monoxide Testing” in “Chapter 3: Implementation” for an example).

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Appendix 1: Soliciting Employee Advisory Board (EAB) Members and EAB job description (examples from the WellWorks-2 Project)

JOIN!!

<<ORGANIZATION NAME>> - **SafeWell**
Employee Advisory Board (EAB)

WHAT IS THE EAB?	An official board of employees (6-12 members) that will plan and promote on-site programs for worksite and worker health and well-being for all <<ORGANIZATION NAME>> employees.
WHO CAN JOIN?	Any interested employee from any area of the organization (clinics, administration, facilities) who is willing to help plan and promote activities specific to the needs of employees
	Those interested should possess some of the following skills:
	- Leadership abilities
	- Ability to communicate SafeWell messages throughout the organization to fellow workers
	- Ability to spend a minimum of one hour per month attending EAB meetings with the potential of more time on special projects
	- Desire to help provide healthy programs and a safe and healthy work environment for all employees
HOW CAN I JOIN?	You can volunteer up until <<Month, date, year>> by contacting:
	<<Designated contact person and phone/e-mail>>
	S/he can answer your questions about SafeWell and the Employee Advisory Board
WHEN DOES THE EAB BEGIN?	The first meeting is scheduled for <<Month, Date, Year>> at <<Time,>> in <<Place>>

Position description: Employee Advisory Board member

TITLE:	Employee Advisory Board member
HOURS:	One hour per month at Employee Advisory Board Meetings plus several hours per month on SafeWell activities
MEMBERSHIP:	Members will be selected to represent a broad range of departments and groups in the organization (Clinics, Administration, Facilities, and Unions).
DURATION OF TERM:	Prefer a one year minimum. Members can serve several terms.
SUMMARY:	The Employee Advisory Board is critical to the success of SafeWell. Board members will reflect the interests of a broad range of employees. They will help plan and deliver SafeWell at the worksite, adapt it to the organizational culture, and serve as program spokesperson in the worksite.

Responsibilities:

- Attend meetings of the Employee Advisory Board
- Provide information about characteristics of their worksite area or department to SafeWell Steering Committee or program champion(s)
- Work with Steering Committee, working groups, and/or SafeWell program champion(s) to develop, plan, and deliver the program
- Act as a liaison to the Steering Committee or SafeWell program champion(s) to advise them on the best methods for promotion and delivery of assessments, programs, and activities
- Assist with evaluation, program planning, implementation, and communications
- Convey SafeWell messages to other employees