



Executive Summary

SafeWell Practice Guidelines: An Integrated Approach to Worker Health Version 2.0

**Harvard School of Public Health
Center for Work, Health and Well-being**

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Executive Summary

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This Executive Summary of the SafeWell Practice Guidelines (SafeWell Guidelines) is designed to provide an introduction to and summary of the Guidelines. The SafeWell Guidelines include an introduction, four chapters, case studies, resources, and appendices. Each chapter is summarized below, and a full list of appendices appears at the end of the summary. The Executive Summary and the full Guidelines (including case studies) are available online at: <http://centerforworkhealth.sph.harvard.edu/>

Introduction

The purpose of the SafeWell Practice Guidelines is to provide a model and resources for comprehensive approaches to worker health that integrate and coordinate efforts to promote healthy behaviors, ensure a safe and healthy work environment, and provide resources for balancing work and life.

Integrated approaches to workplace health have been shown to:

- Improve health behaviors including smoking cessation
- Improve employee participation in occupational safety and health (OSH) and health promotion programs
- Reduce occupational injury rates
- Reduce health care costs, administrative costs, and costs resulting from lost productivity or increases in work absenteeism

The goal of the Guidelines is to provide organizations with a framework for implementing a comprehensive worker health program, along with specific strategies pertaining to the details of implementation.

The SafeWell Practice Guidelines were created through a collaboration between the Dana-Farber Cancer Institute (DFCI), Harvard School of Public Health Center for Work, Health, and Well-being (CWHW) and Dartmouth-Hitchcock Health Care (D-H).

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

The foundation for building a healthy, productive, ready and resilient workforce and workplace begins by identifying major strategies related to organizational leadership and commitment. These strategies include:

- Articulating the vision of worker health and well-being as key components of organizational success
- Instilling a culture of health that includes the elimination and/or minimizing of risks and hazards from the physical and psychosocial work environments
- Demonstrating to employees that management is serious about its commitment to their health and well-being
- Integrating programs related to occupational safety and health (OSH), worksite health promotion (WHP), benefits design, behavioral health, absence management, disease management, and others.
- Engaging mid-level management and ensuring that they support the program and encourage their employees to participate
- Implementing the SafeWell Integrated Management System (SIMS) model

The SafeWell Integrated Management System (SIMS) model

The SafeWell 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 model 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, decreased absenteeism, and improved employee health and well-being

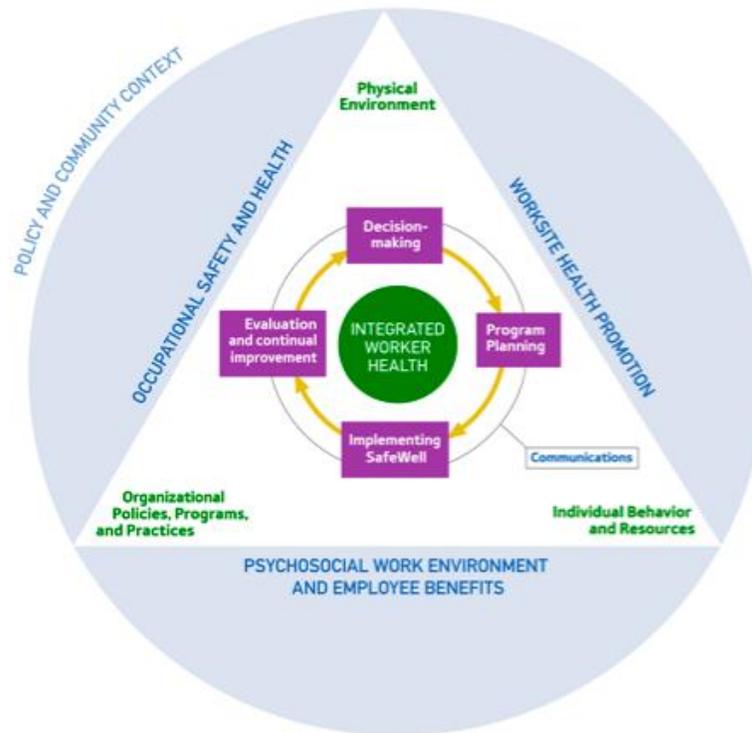


Figure 1

Description

Figure 1 represents the SafeWell Integrated Management System for Worker Health. SIMS is situated within a larger policy and social context, though the main emphasis of the approach is on the components inside the circle.

On the three sides of the triangle rest the three major areas to integrate for worker health:

- 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. The functions include:

- Decision-making
- Program planning

- Implementation of the SafeWell approach
- Evaluation and continual improvement

Communications are an important component of each of these functions, 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 optimal worker health through integrating programs, policies and practices across health promotion and health protection.

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 and may be on a continuum to reaching a fully integrated system. 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

A checklist of questions to help assess an organization’s current status relative to the continuum of an integrated management system is available on pages 33-34 of SafeWell Practice Guidelines: An Integrated Approach to Worker Health.

Importance of employee engagement

The SafeWell approach is based on programs, policies, practices, and action throughout an organization. Employees across departments and functions can all be champions of SafeWell, and their engagement is critical to program success.

Chapter 2: Program planning

Any successful worksite health program is built on a well-informed plan. The plan should include an assessment of organizational resources and needs, analysis and reporting of data collected, and a strategic design.

Assessing organizational resources and needs

The process of assessing resources and needs depends on several steps:

- Decide about goals and priorities
- Address goals and allow adequate time and resources
- Start smart and scale up
- Consider using a vendor to conduct assessments and program activities

- Consider the response rate in relation to the goals and purposes of the assessments

The SafeWell approach includes assessing environmental level factors and facilities as well as organizational and individual level systems, policies and practices.

See page 90 in the SafeWell Practice Guidelines: An Integrated Approach to Worker Health for an example of a baseline occupational safety and health audit and compliance form, and page 100 for the JourneyWell Dimensions of Corporate Wellness Scorecard.

Choosing an assessment program

There are many items to consider when choosing which health assessment program to use. Framer and Chikamoto¹ have developed a “Health Assessment (HA) Program Checklist” that lists a number of topics, including:

- Goals and buy-in
- Assessment and related program review
- Employee reports/feedback
- Aggregate reports to management
- Eligibility for participation
- Program delivery method
- Communications about program
- Biometric screenings
- Implementation monitoring
- Evaluation

Further recommendations on collecting the data

For a coordinated and systematic approach to data collection, consider an approach that collects data consistently, provides paid work time for completing assessments, and offers incentives. Consider also having evaluators and vendors collect the data, and solicit employee input.

Communication across departments and positions is important in the data collection process. It is important for employees to know the purpose of the data collection, when it is going to occur, how long it will take, that all assessments are confidential, and when they will hear results.

Analyzing and communicating about data

There are three major tasks involved with analyzing and synthesizing the data:

- Focusing your analyses to address your goals and objectives
- Identifying strengths, weaknesses, opportunities, and trends
- Developing a list of recommendations and priorities based on goals and findings

Diverse stakeholder groups within the organization will be interested in the findings of the assessment phase. Consider multiple documents or communication venues for distributing the findings report.

Strategic plan design

Many models for plan design share components, including:

- Measurable objectives to meet priorities
- Measures to track progress
- Person(s) accountable for implementing the steps
- Timeline/due dates for completion
- Specific steps to address objectives
- Barriers and facilitators to completing the plan and how to address them

In addition, the SafeWell approach encourages consideration of:

- Linkages across systems/departments to help achieve each priority
- Costs and ways that different departments could help defray costs
- Environmental/organizational-level as well as individual-level objectives where possible

A sample program plan and resources with more information for developing program plans are available on pages 83-85 of SafeWell Practice Guidelines: An Integrated Approach to Worker Health.

Chapter 3: Implementation

Implementation includes everything from specifying objectives, timelines, and measures for success to identifying key personnel and obtaining programmatic resources.

Companies will vary greatly in size, organization, and resources, so types of programs and styles of implementation will accordingly vary.

Components of the implementation of an integrated program typically include:

- **Leadership:** High-level organizational leaders endorse and commit to the integrated program.
- **Engagement:** Employees spanning departments and functions become involved in the program.

- **Assessments:** Organization-wide assessments are conducted, including employee surveys and health evaluations, OSH walk-throughs, focus groups (on safety and wellness topics), data reviews, etc.
- **Data analysis:** Findings from assessments are tabulated and analyzed for trends, comparisons with benchmarks where available, and to identify priority areas needing change.
- **Goal setting:** Identify the goal (the actual change desired) and the measure (how it will be assessed to determine whether it has been reached).
- **Assembling the team:** Identify and assemble the integrated working team responsible for implementing this plan.
- **Integrated objectives:** Present the plan and its overall goal to the team. Discuss, brainstorm, and set specific objectives to achieve the goal.
- **Deciding on measures:** Identify appropriate measures for each objective.
- **Data collection:** Decide how the measures will be applied, i.e., how data will be collected.
- **Setting timelines:** Decide on due dates and time frames for all activities, including preparation; promotion; events and activities; and evaluation and reporting.
- **Budget:** Determine a budget required to meet these objectives and make allocations.
- **Promotion:** Develop a strategic promotion plan, considering all constituencies involved in this program: medical staff, administrative staff, patients, and families.
- **Materials:** Develop materials for targeted promotion and education.
- **Staffing:** Train staff, or arrange for appropriate vendors or volunteers to deliver programs.
- **Implementation:** Implement the planned strategies for the specified event, activity, policy or program.
- **Evaluation:** Collect information on the program, policy, or event itself and how it was implemented.
- **Review:** Reconvene the integrated team to:
 - Review results
 - Review costs
 - Assess feasibility
 - Assess participation
 - Assess whether objectives were met
 - Compare results to goal set originally

- **Report and recommend:** The written evaluation includes lessons learned and recommendations for continuing, repeating, or changing the implementation plan for the next time.
- **Recognition:** Recognize working group participants for their contributions, for example by submitting success stories and pictures for organizational media (newsletter, intranet, etc.).

Brief case studies of organizations using approaches similar to the SafeWell approach are available on pages 130-133 of SafeWell Practice Guidelines: An Integrated Approach to Worker Health.

Chapter 4: Evaluation and continual improvement

The evaluation and continual improvement components of the SafeWell approach include activities to determine whether goals and objectives are being met, identify what has been successful and what still may need improvement, and provide information for future decision-making. Typically, evaluation occurs at different points throughout the program.

The following descriptions of the purposes of evaluation are summarized from Pronk and the Institute of Medicine (IOM).^{2,3}

Evaluation for accountability

A basic purpose of evaluation is to assess whether the program implemented has resulted in desired changes, goals/objectives being achieved, or whether there has been progress toward meeting such goals.

Evaluation for decision-making

Evaluation for decision-making purposes uses data that contribute to an understanding of program costs and benefits, prioritization of goals and objectives, and need and demand at the worksite.

Evaluation for improvement

Data that can impact improvement often point to barriers, opportunities, and other process-related issues that can affect programs and people.

Evaluation for surveillance

Ongoing surveillance of worksite trends and the health of workers, or discovery of new knowledge, require more extensive and longitudinal evaluation expertise.

Strategies for evaluation

- Form an evaluation team
- Be clear about the intended audience for the program and the evaluation
- For the SafeWell approach, evaluate progress of all programs (e.g., physical environmental changes; organizational policies, programs, and practices) as well as individual risk reduction behavior
- Integrate data management across departments
- Consider including process and outcome measures
- Consider predicting costs and benefits and/or return on investment (ROI)
- Choose milestones that are short-term as well as long-term
- Incorporate an evaluation component into each phase of the cycle
- Make evaluation part of program delivery
- Conduct evaluations that are efficient, financially viable, and meaningful

Important strategies to consider when reviewing and addressing evaluation results include:⁴

- Through the measurement and monitoring process, investigate any safety and health incidents that may be discovered.
- Audit the evaluation process periodically to ensure that procedures and information collected are standardized and appropriate.
- Ensure that employees and management participate in the process.
- Communicate results to all levels of management and employees.
- Celebrate successes and the responsible individuals and groups.

The SafeWell Practice Guidelines offer descriptions of organizational processes, selected concrete tools, and links to other existing tools and resources to build, implement, and evaluate a comprehensive health program at your worksite.

Appendices to the SafeWell Practice Guidelines: An Integrated Approach to Worker Health

Chapter 1

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

Chapter 2:

Appendix 1: Selecting vendors: Topics and questions

Appendix 2: Example of a baseline occupational safety and health audit

Appendix 3: SIMS Checklist

Appendix 4: Example of an injury/exposure investigation form

Appendix 5: JourneyWell Dimensions of Corporate Wellness Scorecard

Appendix 6: Examples of questions for individual worker interviews to understand their experience specifically on worksite hazards and risks.

Appendix 7: Example of an Assessment Report Outline

Chapter 3:

Appendix 1: Sample SafeWell programs

Appendix 2: Workplace health promotion and health protection tools and resources

References

1. Framer EM and Chikamoto Y, *The assessment of health and risk: Tools, specific uses, and implementation processes*, in ACSM's *Worksite health handbook: A guide to building healthy and productive companies*, N. Pronk, Editor. 2009, Human Kinetics: Champaign, IL. p. 140-150.
2. Institute of Medicine, *Integrating Employee Health: A Model Program for NASA*. 2005, National Academies Press.
3. Pronk, N., *The four faces of measurement*. Health and Fitness, Sept/Oct 2005. 9(5): p. 34-36.
4. Palassis J, Schulte PA, and Geraci CL, *A new American management systems standard in occupational safety and health—ANSI Z10*. Journal of Chemical Health and Safety, January/February 2006: p. 20-23

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