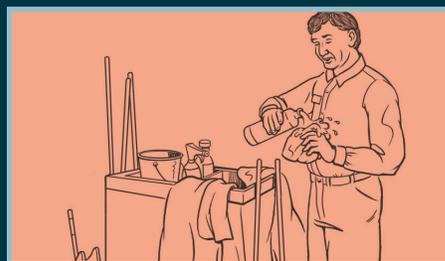
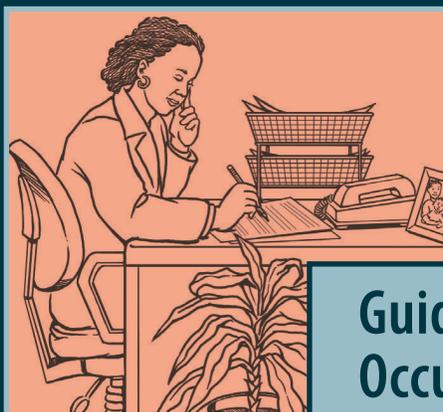
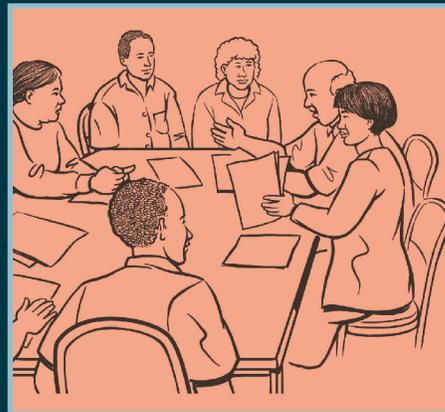
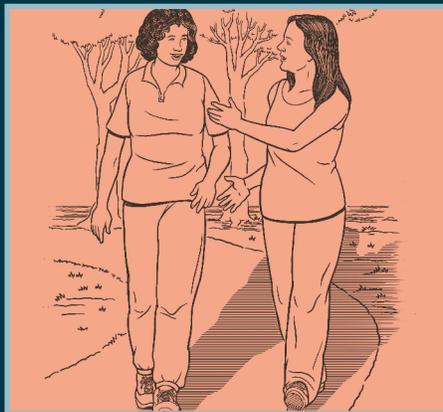
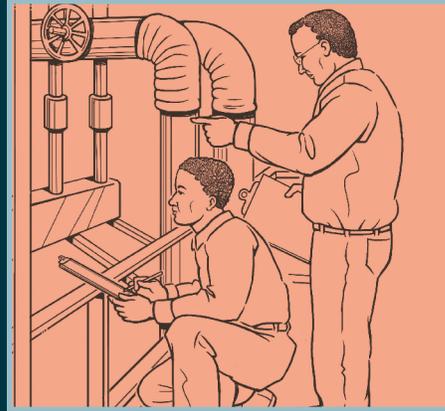


The Whole Worker



**Guidelines for Integrating
Occupational Health and Safety
with Workplace Wellness Programs**



Commission on Health and Safety and Workers' Compensation

ACKNOWLEDGEMENTS

Labor Occupational Health Program [LOHP]

Valeria Velazquez, Training Coordinator and Writer

Robin Baker, LOHP Director

Robin Dewey, WOSHTEP Project Coordinator

Karen Andrews, LOHP Librarian

Laura Stock, LOHP Associate Director

Technical Reviewers and Contributors

Gregory Wagner, M.D., Harvard University-
School of Public Health, Department of
Environmental Health

Laura Punnett, Sc.D., University of Massachusetts
Lowell School of Health & Environment

Debra Chaplan, State Building and Construction Trades
Council of California

David M. Rempel, MD, MPH, University of California Center for
Occupational and Environmental Health

Trish Ratto, UC Berkeley University Health Services

Linda Delp, UCLA Labor Occupational Safety and
Health Program (LOSH)

Laurie Kominski, LOSH

Commission on Health and Safety and Workers Compensation

Christine Baker, Executive Officer

Selma Meyerowitz

Irina Nemirovsky

Editing and Design

Dawn Finch

Illustrations

Mary Ann Zapalac

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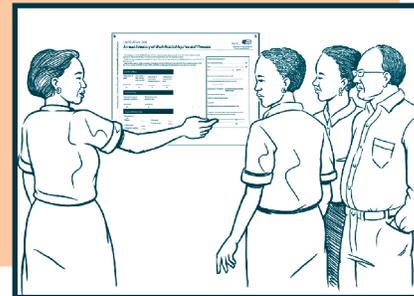
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Moving ahead with **Workplace Wellness**





Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job

Workplace Wellness: How to Address Both Occupational and Lifestyle Issues on the Job was the topic of a roundtable discussion convened by the Commission on Health and Safety and Workers' Compensation (CHSWC) on July 16, 2008. The purpose of the workshop, which was facilitated by the University of California (UC), Berkeley's Labor Occupational Health Program (LOHP), was to begin talking about how to combine workplace wellness programs with occupational health and safety in California.

This booklet is based upon the recommendations of the roundtable discussion. It is an initial effort to respond to the expressed need for educational materials with guidelines for integrating occupational safety and health with workplace health promotion programs. This work is based on the content, principles, and resources introduced during the roundtable discussion.

A report of the discussion *Summary of July 16, 2008 Workplace Wellness Roundtable* is available at:
http://www.dir.ca.gov/chswc/Reports/CHSWC_SummaryWorkplaceWellnessRoundtable.pdf

The Relationship between Work, Life, and Health

Health is one of the most important and complex issues faced by our country today, and the workplace has a central role to play. Not only is the workplace the source of health insurance for most Americans, but it also has significant influence on worker health, both in terms of (a) how job conditions protect or threaten workers' health and safety, and (b) how the job promotes or interferes with personal wellness.

Although the U.S. is the wealthiest country in the world, and we spend the most money on health care by far, we rank only 24th in overall health, according to the World Health Organization.¹ The number of people suffering from chronic disease is increasing. In fact, 78% of all health spending in the U.S. is attributable to chronic

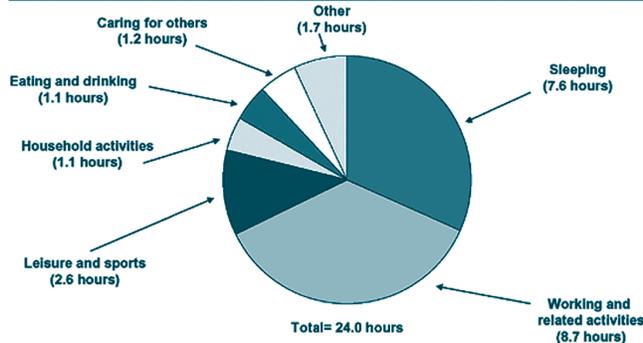
illness, much of which is preventable. In addition, the workforce is aging. Employers who can afford group health programs spend more and more each year. Add to this the 5,214 work-related fatalities and nearly 4 million occupational illnesses and injuries that occur each year.² The result is \$87.6 billion in annual employers' workers' compensation costs.³ We are all stakeholders in this matter.

In California alone, there were more than 400 work-related fatalities in 2008.⁴ Each year, there also are about 540,000 to 600,000 non-fatal occupational injuries and illnesses.⁵

This results in approximately \$15 billion in workers' compensation costs annually for employers in the state.⁶

Average working American adults spend more than half their waking lives at work (8.7 hours/day).⁷ Work affects employees and their communities in profound ways, affecting health care options, emotional well-being, and family life.⁸ In order to fully address health, we have to address both what happens at work and outside of work.

Time use on an average work day for employed persons ages 25 to 54 with children



NOTE: Data include employed persons on days they worked, ages 25 to 54, who lived in households with children under 18. Data include non-holiday weekdays and are annual averages for 2007.

SOURCE: Bureau of Labor Statistics



Workplaces are opportunities for wellness

Employers are required by OSHA law (*Occupational Safety and Health Act of 1970, section 5*) to provide safe and healthy workplaces. The workplace must be free of recognized hazards, from chemical exposure to lifting hazards. In addition, many employers voluntarily establish “wellness” or “health promotion” programs to address employee health. They view the workplace as an opportunity to engage workers in efforts to prevent disease, promote better overall health, lower costs, and increase morale and productivity. In fact, the World Health Organization states that the workplace “has been established as one of the priority settings for health promotion into the 21st century” because it influences “physical, mental, economic and social well-being” and “offers an ideal setting and infrastructure to support the promotion of health of a large audience.”⁹

Choosing and implementing a meaningful wellness program can be daunting, as there are many different types of these programs, with varying degrees of effectiveness. There also are a number of legitimate concerns, ranging from cost and privacy to how comprehensive or holistic the program design is.

A greater chance of success

One of the greatest challenges to creating effective wellness programs is convincing workers to actively participate in them. A common and important concern is that these programs do not address workplace hazards, but instead focus only on individual factors. Evidence suggests that wellness programs that emphasize correcting workplace hazards show greater participation rates than those that focus on individual behavior change alone.¹⁰ Therefore, wellness programs may have a greater chance of success if integration with occupational health and safety (OHS) efforts is a priority. Furthermore, to truly promote worker health, OHS cannot be ignored. But how does one integrate wellness and OHS effectively and responsibly?

Health care costs are on the rise and many employers are significantly affected. A study of 43 companies analyzed the costs to employers related to health and productivity management (HPM). The sum of median 1998 HPM costs across programs was \$9,992 per eligible employee. This amount includes:

Group health
\$4,666 (47%)

Turnover
\$3,693 (37%)

Unscheduled absence
\$810 (8%)

Non-occupational disability
\$513 (5%)

Workers' compensation
\$310 (3%)¹¹



Evidence suggests wellness programs that emphasize correcting workplace hazards show greater participation rates than those that focus on individual behavior change alone.¹²

This guide will help you to:

1. Develop a general understanding of what constitutes an integrated approach to health promotion and occupational health and safety programs.
2. Explore barriers to integration of workplace health promotion and workplace health and safety programs.
3. Identify strategies for overcoming challenges to integration of programs.
4. Identify resources for promoting programs that address worker health in a holistic fashion.

Look for the shaded boxes in this format throughout this book. They contain case studies that provide examples of activities that other workplaces have implemented.

These examples are snapshots of components of programs that attempt to integrate both wellness and OHS elements. They are specific activities, not examples of comprehensive programs.

In designing your own program, remember that all worksites are different, so developing an effective integrated program will be a process specific to your organization.

Overview of **Occupational Health and Wellness**



Integrating Wellness and Occupational Health and Safety



A common goal of workplace wellness and occupational health and safety programs is to protect and improve worker health. Health is complex and multifaceted. Making a positive impact on workers' health status requires a strategy that reflects this reality. For example, stress can be a common workplace hazard (though this may not be recognized by workers' compensation systems). Workplace stress can spill over into personal lives, affecting nutrition, exercise, mental health and family life. Conversely, family or other life stress can be brought into the workplace, affecting job performance, morale and attendance. Neglecting the contribution of either the workplace or home life results in an incomplete and ineffective approach to worker health.

Integrating workplace wellness and occupational health and safety (OHS) supports a holistic approach to health. This section will examine the basic elements of these fields, explore where and how they complement each other, and discuss why integration is a good idea.

One can start conceptualizing integration by taking a look at the “big picture”—the overlapping relationship between worker health programs.

What is Occupational Health and Safety?

Occupational health and safety addresses the health, safety, and welfare of workers. The goal of OHS programs is to foster a safe work environment. OHS includes the promotion of physical and mental well-being of workers in all occupations and the prevention of workplace-related injury and illnesses.

Workplaces in California are required to have an Injury and Illness Prevention Program (IIPP) to promote health and safety. (California Code of Regulations, sections 1509 and 3203)

IIPP required elements:

- Management commitment and assignment of responsibilities
- Safety communication system
- Hazard identification and control
- Incident investigation
- Safety planning, rules, and work procedures
- Training



What is a Wellness Program?

Workplace wellness or health promotion programs are a combination of educational and organizational activities designed to support healthy lifestyles. These programs consist of health education, screening, and interventions designed to change workers' behavior in order to achieve better health. Workplace wellness/health promotion has been defined as "the combined efforts of employers, employees, and society to improve the health and well-being of people through activities that target individual lifestyles."¹³ These programs address specific lifestyle behaviors, not just those at work.

Please note: For the purpose of this booklet, wellness/health promotion programs will be referred to as "wellness programs."

Examples of wellness program elements:¹⁴

- Nutrition programs (e.g., "healthy" cafeterias, weight control groups)
- Smoking cessation programs
- Stress management programs
- Courses or information sessions on health topics
- Exercise and access to fitness and wellness centers
- Employee recognition
- Work and work-life balance initiatives
- Empowering employees by giving them more control over their work
- Providing comfortable and quiet break rooms

We may have an excellent opportunity in the workplace to influence overall worker health by addressing not just workplace hazards, but also general health issues.

Benefits of Flexible Schedules

In 2005, Best Buy established an innovative workplace flexibility initiative called *Result Only Work Environment*, which focuses on productivity and results of employees' work efforts rather than time at work. For example, the program allows the individual worker and his/her team, rather than supervisors, to set work hours and schedules. Employees reported significant positive changes in their control over their work time, their sense of work-family balance, and health behaviors.

—Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America, Issue Brief #4: "Work and Health," December 2008

Why is Integration Important?



A healthy workforce benefits society's moral, economic, and overall well-being.

We all benefit from a healthy workforce. Employers see lower workers' compensation insurance premiums; higher productivity and morale often result. And when workers are healthier, so are their families. Society bears a smaller burden of general health care costs supporting persons with preventable disabilities, chronic illnesses, and injuries. A healthy workforce benefits society's moral, economic, and overall well-being.

There are multiple health hazards at home and in the workplace that overlap.

For example:

- Stress that results from work can intrude into our family lives and vice-versa.
- Eating nutritious foods makes for a healthier, more productive workforce, yet access to healthy foods is often difficult in the workplace.
- Chemical exposures on the job can be brought home inadvertently on work clothes and expose family members.

These points of intersection suggest that our health cannot be fully addressed if we ignore either area of our lives. We may have an excellent opportunity in the workplace to influence overall worker health by addressing not just workplace hazards, but also general health issues. At the same time, ignoring workplace hazards in favor of individual health factors is not effective in addressing overall health.

There are a number of ways to promote good health. Wellness programs and OHS programs employ a variety of activities and policies to prevent injury and illness and promote healthy behaviors.



Examples of ways workplace health can be improved:

- Health and safety committees/worker participation (including a wellness planning committee representative)
- Injury and Illness Prevention Program (IIPP)
- Training on hazards and identification of hazards
- Reducing or eliminating hazards
- Better regulation of health and safety
- Effective rest and recovery time, workers' compensation, return to work
- Job rotation
- Adequate breaks
- Job analysis and workspace redesign

Examples of ways personal health can be improved:

- Exercise
- Good nutrition
- Medical check-ups
- Stress reduction
- Mental health services
- Tobacco use cessation
- Good hygiene
- Rest/sleep
- Alcohol/drug abuse prevention and recovery
- Counseling/support systems
- Carpooling options
- On-site child care
- Wellness fairs/displays with resources

As we list these different approaches to keeping workers safe and healthy, we see that strategic integration of wellness and OHS programs could combine some of these practices. Employers and workers could collaborate to figure out creative ways to design workplaces and jobs so that they are conducive to healthy living and working. For example, some busi-

What are the benefits of integration for employers and workers?

- A healthier, more productive workforce
- Lower workers' compensation insurance premiums
- Less worker turnover
- Higher employee morale
- Stronger support for families
- Less stress
- More energy
- Healthier, more positive place to work



Toxics & Tobacco: An Integrated Approach

The BUILT Project (Building Trades Unions Ignite Less Tobacco), funded by California's Tobacco Tax Initiative, was an eight-year program launched in 1999 to provide statewide outreach to workers and their unions to reduce exposure to both tobacco and workplace chemical exposures. The State Building and Construction Trades Council of California (SBCTC), assisted by the Labor Occupational Health Program (LOHP) at the University of California, Berkeley, developed materials and training programs that teach construction workers about the combined hazards of tobacco and toxic substances on the job. For example, an excerpt from the BUILT brochure emphasizes the relationship between work hazards and wellness issues:

Tobacco use makes your job more dangerous

Tobacco smoke damages your lungs so they are more easily hurt by other hazardous substances you are exposed to on the job. When construction workers are exposed to toxic hazards on the job such as silica, formaldehyde, benzene and lead, they know to take special precautions, like wearing respirators, gloves, and wetting down surfaces. However, cigarettes contain many of the same toxic substances, and there are no precautions that the smoker can take. Not only the smoker is exposed. Secondhand smoke is made up of over 4,000 chemicals and is considered a cancer-causing chemical by the Environmental Protection Agency (EPA).

If you smoke and work with toxic chemicals, your health risks are greatly increased. For example:

- If you smoke, your risk of lung cancer is increased 11 times.
- If you work with asbestos, your risk of lung cancer is increased 5 times.
- But, if you smoke and you work with asbestos, your risk of lung cancer increases more than 50 times!

Recognizing that construction workers are exposed more often than any other workers to toxic chemicals that interact with smoking, BUILT educated workers on the creation of smoke-free environments, provided resources on prevention and cessation of tobacco use, and helped workers develop effective strategies to reduce toxic exposure on the job.

BUILT reached out to union members through:

- Local unions, which distributed educational materials to their members.
- Health and Welfare Trust Funds, which provided information about tobacco and the benefits of quitting smoking to members and their families.
- Joint Apprenticeship Training Committees, which included information about tobacco and toxic hazards in their health and safety training for apprentices.
- Labor-Management Committees, which developed worksite tobacco policies and injury and illness prevention programs.
- Human Resource programs that disseminated information.

—Adapted from <http://www.sbctc.org/BUILT/>



nesses/organizations are incorporating exercise and breaks into the workday, or allowing individual workers to determine their own schedules.

Whatever program is chosen, it is important to recognize that one size does not fit all. Depending on the size and structure of the workplace, worker health initiatives will vary greatly.

In some cases, just having the union stamp of approval has been enough to improve participation.

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Why should program integration be a priority for both labor and management?

- Many workers are interested in health issues.
- Workers' compensation medical expenses are rising again.
- Current health care costs keep increasing dramatically.
- Blue-collar workers are at increased risk for chronic health problems (i.e., higher rates of smoking, poor diets).
- Unions often have the structure for communication, research and organization, and they have the respect of members. In some cases, just having the union stamp of approval has been enough to improve participation.
- Unions can be a vehicle to reach remote or high-risk workers, such as home care and child care workers and blue-collar workers in construction.

—http://www.dir.ca.gov/chswc/Reports/CHSWC_Summary-WorkplaceWellnessRoundtable.pdf. Accessed 1/12/2010.



The main points to remember about why integration is important are:

- Successful integration benefits workers, employers, and the community.¹⁶
- Combining occupational safety and health with wellness programs may increase program acceptance, participation, and effectiveness for workers.¹⁷
- Workplaces are excellent opportunities to reach a large segment of society.¹⁸

▶ The next section will explore different ways to integrate wellness and OHS programs, pitfalls to avoid, and general principles of effective integration to follow.

Principles of **Effective Integration**



How to Integrate Wellness and OHS Programs: Ten General Principles of Integration ^{19,20}

There are many ways to design a program that integrates both wellness and OHS components. This section will discuss some general principles, pitfalls, and strategies for integration. Here are some general principles to keep in mind when designing wellness and OHS programs:

Ultimately, it will be the workers who are affected by and determine the success of integrated wellness and OHS programs, so incorporating their ideas and expertise from the beginning could ensure that the program fits their needs.

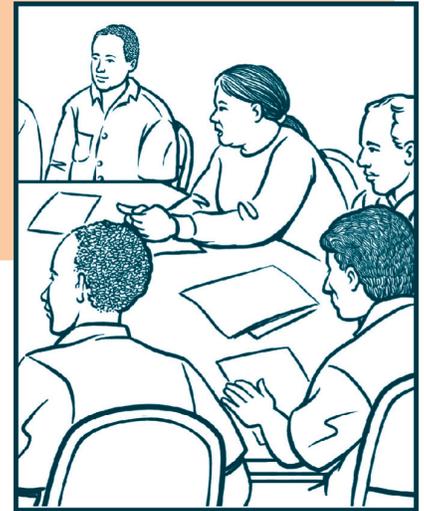
1. Actively engage workers.

Wellness and OHS programs die when no workers participate in them. There are a number of possible reasons for failure to draw interest, such as insufficient or ineffective means of creating awareness around programs, charging too much (or at all) for participation, or expecting an unrealistic time commitment from workers. Also, privacy concerns may quell interest, as could a lack of attention given to work hazards and stress. Sometimes, employees who are considered as “high-risk” (e.g., due to obesity, pre-existing health conditions, tobacco use, etc.) are hesitant to participate for a variety of reasons, including fear of discrimination.

Some specific ways to encourage participation are:

- Engage workers to participate in all steps, including design, planning, implementation, and evaluation.²¹
- Make sure that there is clear, consistent, and strategic communication. One way this can be done is by working with unions that have an established relationship with their represented workers.
- Establish joint labor-management committees.
- Regularly issue reports or updates.
- Consult with workers/unions whenever new programs related to health and safety or rehabilitation are considered.

Ultimately, it will be the workers who are affected by and determine the success of integrated wellness and OHS programs, so incorporating their ideas and expertise from the beginning could ensure that the program fits their needs.



2. Actively engage management.

Commitment by management, both in principle and in resources, is crucial to the success of integrated wellness and OHS programs. If management at all levels is not convinced of the importance or effectiveness of health promotion among their workforce, it can be extremely challenging to implement anything.

Some ways to encourage management support:

- Make the business case—prevention saves money (see “Prevention Pays” on page 22).
- Encourage leaders to voice their official support of all programs clearly and consistently to the entire workforce.
- Make sure that managers at all levels are on board so that changes can be implemented on the ground.²²
- Include management representatives on wellness/OHS committees, and interview key managers to get their input.
- Pay attention to concerns of frontline supervisors and the barriers they face, including potential conflicts between immediate productivity and the long-term benefits of wellness/OHS programs. If these concerns are not addressed, it is difficult for supervisors to fully support the program.

Make sure that managers at all levels are on board so that changes can be implemented on the ground.

3. Develop a clear plan with adequate resources.

Integrated wellness and OHS programs also must have sufficient resources (time, funding, staffing) to thrive. Establish clear guiding principles for integrated programs. These principles should be rooted in a comprehensive view of health, addressing physical, mental, and behavioral health. A holistic view of worker health should be reflected in the organizational priorities, resources, and program design. If insufficient staff or financial resources are allotted to integrated wellness and OHS programs, it may be very difficult to sustain or achieve any actual impact. This also could contribute to a lack of interest from participants since they may perceive the program as a “low priority” for the organization.

Prevention Pays

○ **Breastfeeding Support Best for Mother, Child, and the Bottom Line**

AETNA provides breastfeeding support as part of its New Child Program, a comprehensive benefits program that includes pre-conception planning, preparation for a baby's arrival, and return-to-work initiatives. During maternity leave, employees can consult with lactation specialists and may receive home visits. Once back at work, they have access to "mothers' rooms" with breast pumps and private cubicles. Participants have noted benefits including reduced stress and improved support from other breastfeeding mothers and from their employer's commitment to promotion of family-career balance. In the program's first year, Aetna reported savings of more than \$1,400 and three sick days per breastfeeding employee, with a nearly 3-to-1 return on investment.

—Adapted from RWF Commission to Build a Healthier America, Issue Brief #4: "Work and Health", December 2008

○ **Health Risk Assessments Make A Difference**

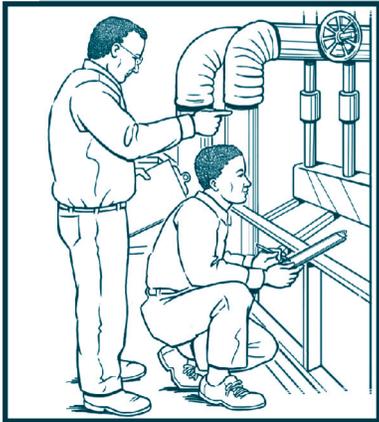
Johnson & Johnson's *Healthy People* program provides benefit credits to encourage employees to participate in comprehensive physical and mental health programs. More than 90 percent of U.S.-based employees participate in health risk assessments, which are followed by "Pathways to Change" interventions designed to address elevated risks related to tobacco use, physical inactivity, blood pressure and cholesterol. The program also offers disability management and occupational medicine, on-site gyms, support for balancing work and life responsibilities, and counseling to resolve job performance issues. A study investigating the long-term outcomes of the *LIVE FOR LIFE* program (precursor to *Healthy People 2005*) found it achieved \$224 in savings per employee per year, primarily through reductions in inpatient hospital stays, mental health visits and outpatient services.

—RWF Commission to Build a Healthier America, Issue Brief #4: "Work and Health", December 2008

○ **Safety = Return On Investment**

Every \$1 invested in workplace safety results in \$3 or more in savings. Safety is an investment, not a cost (from insurance industry study). Reducing workplace injuries and illnesses can reduce workers' compensation costs, reduce lost work time and production delays, and eliminate costs of hiring and training others to replace injured workers.

—McDonald, Caroline. "Workplace safety pays, survey shows." *National Underwriter*; Sep 17, 2001; 105, 38; ABI/INFORM Global pg. 26.



Every \$1 invested in workplace safety results in \$3 or more in savings. Safety is an investment, not a cost.



For one group of workers, there may be several different departments trying to address multiple aspects of health without communicating.

Some ways to promote adequate staffing and resources:

- Ensure that employers recognize health programs as an investment and a priority, and therefore commit to fund them internally.
- Emphasize that everyone will eventually benefit from reduced costs.
- Look for possible additional funding opportunities through health care providers and local hospitals.
- Assign regular staff to be in charge of these programs and do not depend solely on volunteers.
- Be willing to start small and scale up.²³ An organization could begin with modest goals, but should plan for the future in a comprehensive way.

4. Integrate systems: Break down “silos.”

Once firmly established principles have been defined, integrating relevant systems comes next. A significant obstacle to integration of wellness and OHS programs is that much of the health care system is fragmented. Within the workplace, departments/staff responsible for health promotion and health protection (health and safety, workers’ compensation, ergonomics, wellness, fitness, risk management, disability management, etc.) often are separate and do not communicate. This system of separate “silos” contributes to the problem of worker health not being treated comprehensively. For one group of workers, there may be several different departments trying to address multiple aspects of health without communicating with each other and with the workers. Sometimes this leads to an incomplete understanding of all the factors in the specific problems they are analyzing.

Tips for integrating systems:

- If there are separate departments related to worker health, develop a system of strategic collaboration and communication among them.
- Establish a system of overall health and safety management for all worker health programs. For example, there could be a committee with representatives from all departments that meets regularly to look for possible areas of overlap or collaboration.

An example of an integrated approach is the pairing of programs on wellness and ergonomics to serve trades and service workers.



A Focus on Low-Wage Workers

The University of California at Berkeley has made a commitment to taking an integrated approach to injury prevention and health promotion, targeting vulnerable populations.

One example is the pairing of programs on wellness and ergonomics to serve University Physical Plant trades and service workers, including many non-native English speakers.

Stretch & Flex program

An analysis of workers' compensation claims numbers and costs, data on the health risks from the annual voluntary health screening, and ergonomic evaluations of specific job tasks led to a pilot *Stretch & Flex* program. Developed by professionals from ergonomics, wellness, recreation and physical therapy, *Stretch and Flex* is completed on paid time at the start of the work shift.

Ergonomics and Wellness

Ergonomic and wellness principles are incorporated into the first training week with the goal of promoting safer techniques (e.g., neutral postures; muscular imbalance/body alignment; lifting mechanics; benefits of diaphragmatic breathing). Cultural preferences and sensitivities are addressed in all content and educational materials, and stretching exercises are customized to the work performed. The program opened doors for follow-up to explore equipment recommendations by ergonomic specialists and delivery of other wellness programs. The program evaluation was translated into several languages.

—Trish Ratto, UC Berkeley University Health Services

5. Focus on organizational solutions.

Individual health behavior is notoriously difficult to change. Environmental changes are more effective and can help support individual behavior change.

For example:

- Don't just encourage workers to eat a healthier diet; make access to healthy food choices easier in the workplace.
- Don't just tell workers to do the job safely; redesign the work environment to build in safety (e.g., proper ventilation, safe work station design, and regular equipment maintenance).

6. Customize your design.

One size does not fit all. Different workplaces have different needs depending on the industry, size, location, workforce, resources, etc. For example, many workplace wellness programs have targeted white collar and professional workforces. Low-wage immigrant and other working populations are often overlooked, yet they may have the greatest need for health protection. Innovative approaches may be required to meet the needs of special populations.

- First assess the types of risks present at work and the baseline level of health of the workforce.
- Consult with experts who specialize in tailoring programs. See the “Resource Organizations” section for a list of referral organizations.

7. Provide appropriate incentives.

Wellness/OHS programs cannot succeed without worker participation, so it may be worth considering incentives. Research has shown that it is not enough to “want to be healthier.”²⁴ Some studies have indicated that financial incentives increase participation significantly and ensure a better return on investment. However, if certain staff members are able to take advantage of programs or incentives while others are not, it can create a sense of unfairness and discourage acceptance of the program as a whole.



*Don't just tell workers
to do the job safely;
redesign the work
environment to build
in safety.*



Several businesses have experimented with participatory efforts that engage employees in the design and implementation of these workplace health promotion efforts.

An Example of Integration Research: The Center for the Promotion of Health in the New England Workplace

The Center for the Promotion of Health in the New England Workplace (CPH-NEW) is a joint effort between two major public universities, University of Massachusetts Lowell and the University of Connecticut. The goal is to evaluate several models for integrating workplace health promotion with occupational ergonomic and mental health interventions. Several businesses have experimented with participatory efforts that engage employees in the design and implementation of these workplace health promotion efforts.

Health Improvement through Training and Employee Control (HITEC) is one of the Center's two research projects that evaluates participatory workplace ergonomics programs in conjunction with addressing other health risk factors. It is based on the premise that the linking of health promotion and OHS programs will positively affect individual health and the work environment, and that effects can be objectively measured in terms of health status and program costs. HITEC compares an experimental, participatory program to a more traditional workplace health promotion program that is designed and carried out by health professionals. Both programs will represent state-of-the-art interventions that address individual risk factors for musculoskeletal health combined with professional ergonomic assessments. However, the participatory program may be more variable in content, since it is characterized by a joint worker-management design and implementation approach. Outcomes will include Health Risk Assessment (HRA) evaluations, self-assessed musculoskeletal symptoms and other health indicators, and physical examinations of the musculoskeletal system. A key goal is the assessment of shorter-term changes in the individual and in the environment, such as endurance and body composition, physical loading on the musculoskeletal system, and stress in and out of the workplace.

—Adapted from Center for the Promotion of Health in the New England Workplace web site (<http://www.uml.edu/centers/cph-new/default.html>) and The California Commission on Health and Safety and Workers' Compensation Draft Summary of July 16, 2008, *Workplace Wellness Roundtable*



Workers want to protect their privacy, and they worry about losing their jobs if they are found to be in poor health or considered a potential “liability” to the employer.

Keep the following in mind when considering incentives:

- Make sure there is equal access to services (e.g., are flexible schedule options or fitness programs available to all workers?).
- Present incentives as rewards rather than punitive measures.
- Make sure that illness is not subject to disciplinary action.²⁵
- Consider a range of options for incentives to fit your specific organization.
- Consider such examples of incentives as cash, discounts on health care premiums, more time off, and merchandise awards.²⁶
- If incentives are provided for safety on the job, be sure to reward safety contributions and speaking up for safety. Many incentive programs suppress or even punish reporting of injuries.

8. Protect confidentiality.

Another disincentive for workers for participating in wellness/OHS programs has been confidentiality concerns regarding personal health matters. Workers want to protect their privacy, and they worry about losing their jobs if they are found to be in poor health or considered a potential “liability” to the employer. Some workers also believe that these programs can sometimes create a stigma for participants or that they may suffer discrimination. For example, some may not want to be labeled as someone who is trying to be the “boss’s favorite” by actively participating.

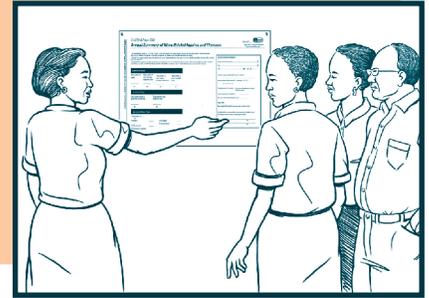
Some ways to protect privacy and promote trust:

- Adhere to applicable regulatory requirements (American Disabilities Act, Health Insurance Portability and Accountability Act, state law).
- Develop a “peer educator” program in which staff get appropriate support and training in health matters and are trained to strictly maintain confidentiality.
- Explore on-line or third-party providers that ensure no identifying information is shared with the employer.

The following chart provides some examples of the four domains of an integrated approach to Wellness/OHS. It addresses both what an organization and individual workers can do to promote both work-related and personal health. When integrating wellness/health promotion programs with OHS, it is best to consider all of these elements. It is particularly important to avoid relying on “individual action” as the sole component of health promotion, or to ignore occupational factors in favor of personal factors alone.

A Model for Workplace Health Promotion

	Individual Worker Action	Workplace Organizational Action
Occupational Health	<p><i>Examples of what workers can do to help prevent occupational exposures:</i></p> <ul style="list-style-type: none"> • Learn and follow all safety and health procedures • Avoid safety “shortcuts” • Use Personal Protective Equipment properly and consistently • Participate in joint labor-management safety & health programs • Report any unsafe conditions promptly 	<p><i>Examples of what can be done in the workplace to prevent job-related injury and illness:</i></p> <ul style="list-style-type: none"> • Comprehensive injury and illness prevention programs • OSHA compliance • Joint labor-management health and safety committees • Hazard control measures, effective interventions • Case management for injured/ill workers to prevent further harm
Personal Health	<p><i>Examples of what workers can do to help protect their own health and well-being:</i></p> <ul style="list-style-type: none"> • Participate in classes, programs, or support groups to address tobacco, alcohol, diet, exercise, and other problems • Share information and resources with co-workers and families • Seek and follow medical advice 	<p><i>Examples of what can be done in the workplace to support healthy choices:</i></p> <ul style="list-style-type: none"> • Adequate health insurance; insurance that includes behavioral health services and mental health services • Coordination of benefits to help improve access and customer service • Smoking cessation services • Exercise programs (on-site, subsidized health club memberships) • Nutritious meals/food choices made available • Information/education (classes, materials, resources) • Paid time off for participation in behavioral health programs • Employee assistance programs • Family friendly policies (childcare, elder-care, flex-time) • Access to community support networks



Wellness/OHS programs should be designed to be flexible and respond strategically to situations as they arise. This, along with worker and management input, will help programs endure.

9. Stay flexible.

Just as programs need to be tailored to individual worksites, it also is important to adjust and modify them as needed. Circumstances change, as do worksites, workforce demographics, resources, projects, and opportunities. Wellness/OHS programs should be designed to be flexible and respond strategically to situations as they arise. This, along with worker and management input, will help programs endure.

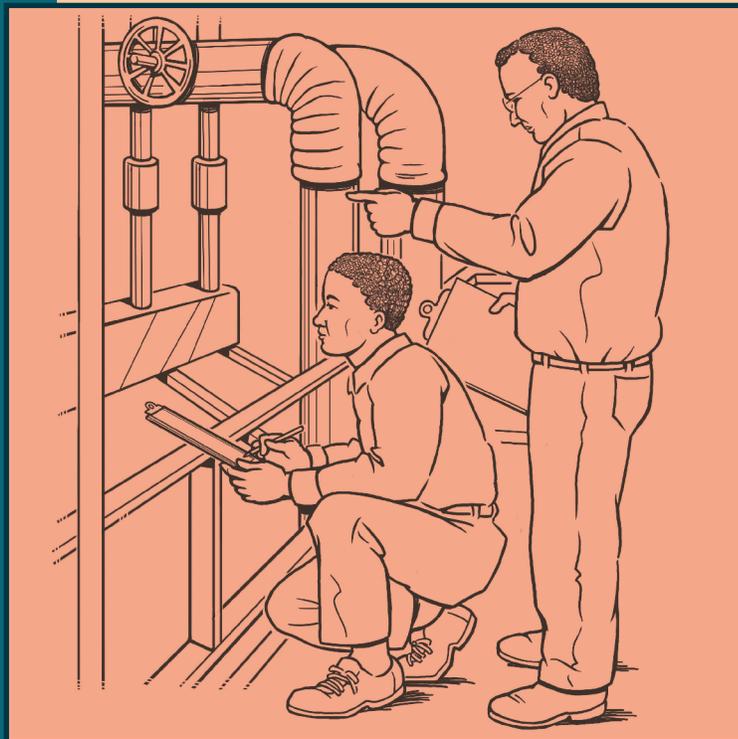
10. Evaluate your program.

When designing these programs, make sure to plan for ways to evaluate progress and problems. Evaluation is part of strategic, comprehensive planning. Clearly lay out realistic, measurable objectives and decide on what information you will use to determine success. Your own experience, feedback from participants, and data collection (e.g., participation rates, lost time, etc.) can help paint a picture of what is working and what needs improvement.

One challenge to effective evaluation is that there is limited funding for research on wellness programs.²⁷ This makes it more challenging for companies to find proven and effective models that fit their needs. It also makes it more difficult to demonstrate clear cost-benefit analyses or evidence of illness and injury reduction after implementation.

- Be sure to set reasonable, measurable goals for both the short-term and long-term. Periodically evaluate the outcomes and adjust if needed during the program.
- Evaluate both the process and the outcome in order to improve the program in the future.
- Share results with eligible population/workers who participated in programs.
- Plan to evaluate *Return on Investment* (ROI) if possible. This can be done by looking for reductions in sick leave use, absenteeism, employer turnover, or health care claims.

Implementation: **Checklists, Worksheets & Resources**



Checklist: Integrating Workplace Wellness Programs and Occupational Health and Safety

Engage active worker participation.

- Have workers been involved in all steps of planning, implementing, and evaluating wellness programs? If there is a union, has it been consulted?
- Is there clear, consistent communication regarding the progress and details of the program to all affected staff?
- If there are wellness/health and safety committees, is there active participation from both labor and management?
- If new elements have been introduced, have workers or their representatives been notified and consulted?

Ensure active management participation.

- Has the leadership adopted integration of wellness and OSH as a priority? Has this been clearly communicated to the organization at all levels?
- Are managers actively involved in any wellness/health committees?
- Are immediate supervisors engaged and supportive?

Develop a clear program with adequate resources.

- Are there clear guidelines for the program and do the guidelines reflect a comprehensive view of health (physical, mental, and behavioral)?
- Are there both short-term and long-term goals?
- Have sufficient financial resources been allocated for the program?
- Has sufficient staff been assigned to the program?

Integrate relevant systems: Break down silos.

- Are services or departments related to worker health collaborating? Is there regular and clear communication among these groups regarding overlapping areas?
- Is there a manager facilitating cohesion among these groups?

Address both individual and organizational factors.

- Are workplace hazards eliminated or reduced as much as possible?
- Are factors such as working hours, pay rates, flexibility, and breaks taken into account?
- Is there an effective Injury and Illness Prevention Program (IIPP)? Does it include a designated responsible person, hazard identification and control plan, training/communication, etc.?
- Is there an OSHA compliance program in which the employer is aware of and complies with all OSHA regulations?
- Is there an active health and safety committee or other form of joint worker-management involvement?
- Is there proper disability management, including support for injured workers to limit further harm (prompt care, appropriate return-to-work policies, modification of work, and reorientation)?

Customize your design.

- Have different options/types of wellness programs been compared?
- Do all workers have equal access to program activities?
- Is “individual action” the sole component of any of the health promotion programs? Are occupational factors ignored in favor of personal factors alone?
- If insurance is provided, are workers informed about their benefits?
- Is there coordination of benefits to help improve access and customer service?
- Are there smoking cessation benefits (classes, pharmaceuticals)?
- Are there exercise programs (on-site work-outs; subsidized membership at health club, etc.)?
- Are useful information and education provided (relevant health promotion materials, classes on living with diabetes, weight control, managing asthma, controlling hypertension, etc.)?
- Is there employee assistance and/or mental health services?
- Are there “family friendly” policies (child care, elder care, flexible work hours, etc.)?

Other:

Provide appropriate incentives.

- Are incentives positive (not punitive)? Do they avoid creating a sense of “winners and losers”?
- Is sickness not subject to disciplinary measures?
- Are there ways to discourage or prevent fear of reporting?

Protect confidentiality.

- Is the privacy of individual worker health information protected?
- Are regulatory requirements being followed? (See resources section for HIPPA, ADA, state law resources)?
- Does a third party assist with ensuring confidentiality?

Stay flexible.

- Is the program designed to adjust to changing circumstances (worksites, workforce, resources, projects, opportunities)?
- Is there management and worker input for how to respond to changing circumstances?

Evaluate your program.

- Is there a way to regularly and accurately evaluate the progress of the program?
- Are the results shared with the workers who participated in the program?



Planning Worksheet

Issue to Address:

(e.g., obesity, stress, back injury prevention, etc.)

1) Why did you select this issue? (e.g., of high interest to your workforce? shown to be a high cost factor? other?)

2) Who will be involved from:

Management: _____

Workforce/union: _____

Other (e.g., loss control, environmental/occupational health, health/workers' compensation insurer):

3) Brainstorm what options you have:

A) To make the workplace safer and healthier, we could:

B) To support individual wellness efforts, we could:

4) Select at least one top priority idea from section A and one from section B from question #3 above. Select priority ideas based on which ideas are most practical and likely to succeed. You may want to poll others to assess interest, resources, existing models, etc.

Priorities:

From A list: _____

From B list: _____

5) Identify your resources:

What funds will be needed?

Who needs to buy in?

Who else can contribute time, resources, or other support?

What barriers might you encounter and how will you address them?

▶ Planning Worksheet (continued)

6) Set up a work plan and timeline:

Action/Milestones	By when	Who

7) Decide how you will measure success or return on investment. Set some goals, both short- and long-term (e.g., participation rates, injury or illness reductions, workers' compensation costs, reduced sick time, reduced turnover/retention, reduction in healthcare costs, etc.).

Resource Organizations

The Worker Occupational Safety and Health Training and Education Program (WOSHTEP)

Commission on Health and Safety and
Workers' Compensation
1515 Clay Street, Room 901
Oakland, CA 94612
510-622-3959
<http://www.dir.ca.gov/chswc/woshtep>

WOSHTEP Resource Centers:

- Labor Occupational Health Program (LOHP)
University of California, Berkeley
2223 Fulton Street, 4th Floor
Berkeley, CA 94720-5120
510-643-4335
www.lohp.org
- Western Center for Agricultural Health and Safety (WCAHS)
University of California, Davis
One Shields Avenue
Davis, CA 95616-8757
530-754-8678
agcenter.ucdavis.edu
- Labor Occupational Safety and Health Program (LOSH)
University of California, Los Angeles
Peter V. Ueberroth Bldg., Suite 2107
10945 LeConte Avenue, Box 951478
Los Angeles, CA 90095-1478
310-794-5964
www.losh.ucla.edu

Division of Workers' Compensation

(For information about workers' compensation and return to work)
1515 Clay Street,
6th floor
Oakland, CA 94612
510- 622-2861
<http://www.dir.ca.gov/dwc/>

National Institute for Occupational Safety and Health (NIOSH) WorkLife Initiative

Senior Scientist, Office of the Director
National Institute for Occupational Safety and Health
Harvard School of Public Health
665 Huntington Avenue Building I, 1403
Boston, MA 02115
<http://www.cdc.gov/niosh/programs/worklife/>

Worklife Centers of Excellence:

- University of Iowa Healthier Workforce Center for Excellence (HWCE)
www.public-health.uiowa.edu/hwce/
319-335-4200
- Center for the Promotion of Health in the New England Workplace (CPH-NEW)
At the University of Massachusetts
www.uml.edu/centers/cph-new/
978-934-3268
- At the University of Connecticut
www.oehc.uhc.edu/healthywork/index.asp
617-432-6434
- Harvard School of Public Health Center for Work, Health and Wellbeing
<http://www.cdc.gov/niosh/programs/worklife/404-498-2483> (L. Casey Chosewood, MD, Manager for WorkLife)



Resource Organizations (continued)

Cal/OSHA Consultation

1-800-963-9424

www.dir.ca.gov/dosh/consultation.html

Robert Wood Johnson Foundation

Commission to Build a Healthier America

2021 K Street NW, Suite 800

Washington, DC 20006

(866) 568-2030

info@commissiononhealth.org

Labor Project for Working Families

2521 Channing Way No. 5555

Berkeley, CA 94720

(510) 643-7088

info@working-families.org

www.working-families.org/

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The Worker Occupational Safety and Health Training and Education Program (WOSHTEP), administered by:

Commission on Health and Safety and Workers' Compensation
1515 Clay Street, Room 901, Oakland CA 94612
510-622-3959 www.dir.ca.gov/chswc

Inter-agency agreements with:

Labor Occupational Health Program (LOHP)

University of California, Berkeley
2223 Fulton Street, 4th Floor, Berkeley, CA 94720-5120
510-643-4335 www.lohp.org

Labor Occupational Safety and Health Program (LOSH)

University of California, Los Angeles
Peter V. Ueberroth Bldg., Suite 2107, 10945 LeConte Avenue, Box 951478
Los Angeles, CA 90095-1478
310-794-5964 www.losh.ucla.edu

Western Center for Agricultural Health and Safety (WCAHS)

University of California, Davis
One Shields Avenue, Davis, CA 95616-8757
530-754-8678 agcenter.ucdavis.edu