



Integrating Health and Safety in the Workplace: Executive Summary

In recent decades, U.S. employers have made significant progress in addressing issues of health and safety in the workplace. Since 1970, workplace fatalities have been reduced by more than 65 percent and injury and illness rates have declined by 67 percent, according to the Occupational Safety and Health Administration (OSHA). Worker deaths have been reduced from approximately 38 per day in 1970 to 12 per day in 2012.

During this time, major safety improvements have been made through the use of risk assessment, medical surveillance examinations, safety training, improved protective equipment, better mechanical safety engineering and other physical changes in the workplace, and a host of other factors. Coinciding with these advances in safety was the rise of a workplace wellness movement in the United States, driven in part by rising health care costs in the 1970s and 1980s.

Over the course of many decades, these two workplace activities – safety and wellness – have evolved in tandem, but they have operated mostly independently, with separate work teams and organizational reporting structures. Today, they are broadly known as “health protection” (safety) and “health promotion” (wellness). In recent years, employers and others in the occupational health community have begun to view the traditionally separated “silos” of health promotion and health protection – or, more simply, health and safety -- in a new light, recognizing that their positive impact in the workplace could be magnified by more effectively aligning their strategies to be mutually beneficial.



A growing number of initiatives and studies are embracing the idea that establishing a true culture of health in the workplace is dependent on the integration of health protection and health promotion efforts. Leading experts in both the health and safety professional communities are building programs around the concept that health activities impact safety and safety activities impact health. Though employers have made great strides in creating separate cultures of health and safety in the United States, and many theorize that they could be more powerful if integrated, the two have yet to meet and merge into a truly sustainable and integrated culture.

In an effort to better understand how the environment for integrating health and safety in the workplace has changed over the last several years and to seek new ways of advancing the concept, ACOEM and UL hosted a summit meeting during the summer of 2014 comprised of 21 experts from corporate, not-for-profit, educational and research organizations.

- **WHY:** A clearer demonstration of the value proposition for health and safety integration and a better definition of the components that make up integrated health and safety programs.



- **WHAT:** A set of key metrics that could be used to measure the effectiveness of integrated health and safety strategies and programs and determine their value for employers, investors and policy makers, coupled with the development of a health and safety index that could rate a company's performance in integrating programs.
- **HOW:** A set of practical, scalable, comprehensive guidelines for employers -- and specifically, for their health and safety teams -- offering step-by-step advice on how to integrate strategic health and safety programs across operational silos.

This white paper offers a standardized definition and set of components that should be considered a part of integrated health and safety programming; a new measurement tool for integration, based in part on the concept of the well-known Dow Jones Sustainability Index; and a basic how-to framework for employer teams seeking to better align health and safety strategies across silos and better integrate their health and safety functions.

The concept of Integrated Health and Safety is inclusive of occupational health and safety, but not limited to it. A workplace with a single, cross-divisional integrated health and safety strategy can magnify the effectiveness of its programs dramatically. At the societal level, the impact of this new way of approaching workplace health and safety is profound. Cross-discipline and cross-sector initiatives – including the integration of health interventions across the community (public health), the home (primary care) and the workplace (occupational health and safety), hold the most promise for success in addressing our growing global health issues.

Defining 'Integration': A Look at Various Health and Safety Approaches in the Workplace

In seeking a better understanding of the elements and definitions most commonly found in integrated health and safety programming, participants in the 2014 ACOEM/UL summit meeting compared and contrasted seven leading national and international programs that are aimed at creating a culture of health in the workplace by focusing on health and safety together across operational divisions.

Through a process of comparing and contrasting these programs, summit participants were able to create a list of 40 variables representing a range of components that are typically found in integrated health and safety programming. Each variable was rated by the level of emphasis placed upon it in the overall mix of best practices and guidelines offered by each program to determine trends.

There are a wide variety of approaches to integration of health and safety in the workplace today. While many share common elements aimed at guiding employers toward the integrated use of both health and safety programs in the workplace, specific strategies aimed at helping employers unify strategies across organizational silos and bring disparate teams together operationally for more effective integration are lacking.

Moreover, a comprehensive and universally applicable system of metrics that could be used to gauge the effectiveness of such programs is not evident.

While the importance of measurement is discussed in the various guidelines and suggestions for measurement are offered, none provides an overarching, integrated measurement system. Also absent is a measurement approach that could translate health and safety metrics into business value – that is, a way of consistently demonstrating how health and safety programs impact an organization's performance, productivity and marketplace success.



Participants in the ACOEM/UL summit concluded that these activities -- strategies for better aligning and integrating health and safety efforts across operational activity centers and a universally applicable system of health and safety metrics -- are the two components most often missing from guidelines in use today.

Both components are crucial for the creation of a sustainable culture of health in the workplace. The absence of these two components may keep employers from taking their health and safety programs to the next level of effectiveness and may be part of the reason more employers have not adopted culture- of-health initiatives.

A next-generation definition of integrated health protection and promotion, then, would build upon earlier definitions and add the crucial elements of universal measurement and alignment of strategies across silos to create Integrated Health and Safety (IHS), which could be defined this way:

Integrated Health and Safety (IHS) is the strategic and systematic integration of distinct health and safety programs and policies into a continuum of organizational, personal, occupational, community and environmental activities that are replicable, measurable, and integrated across institutional silos, enhancing the overall health and well-being of workers and their families and preventing work-related injuries and illnesses. What follows is a proposed framework for IHS aimed at this need -- a system for consistent measurability as well as implementation of replicable, scalable integration strategies that bring together health and safety teams in the workplace.

Using the Dow Jones Sustainability Indices as a Model for Health and Safety Measurement

The Dow Jones Sustainability Indices (DJSI) were launched in 1999 as the first-ever set global sustainability benchmarks, measuring the economic, social and environmental impacts of corporate activities. Today, the DJSI is comprised of eight regional indices that include best-in-class organizations -- those that adhere to a robust set of standards for economic, social and environmental best practices. Organizations must continually refresh their sustainability initiatives in order to be added -- or to maintain their current position -- on one of the indices. Taking into account the global success and impact of the DJSI, participants at the ACOEM/UL summit meeting in 2014 posed two questions: Could a consistent, replicable, public metrics reporting system similar to DJSI be created to assess the business value of health and safety for investors? Would creation of such a system help propel faster establishment of a true culture of integrated health and safety in the workplace?

After close review of the principles of corporate public reporting generally, and the specific reporting framework of the DJSI, participants concluded that a new health and safety reporting system would be most feasibly constructed in parallel to the DJSI, as a complementary system utilizing the DJSI's three well-established dimensions of sustainability (economic, social and environmental). The resulting Integrated Health and Safety Index would yield values similar to and consistent with the DJSI framework.

Integration and Alignment of Silos



Organizations qualifying for inclusion in the Integrated Health and Safety Index would be required to meet robust health and safety requirements in each of the three major dimensions. Following the blueprint for reporting established by the DJSI, public reporting by companies would be extensive and would respond to a very robust set of requirements in each of the three dimensions. To achieve recognition on the DJSI, a company assessment must be completed that includes a set of more than 100 questions; the information-sharing process that would lead to inclusion in an Integrated Health and Safety Index would be similarly thorough.

Building the Integrated Health and Safety Index: Core Components

In their review of emerging health and safety assessment tools that could be used to help construct an Integrated Health and Safety Index, summit participants concluded that ACOEM's Corporate Health Achievement Award (CHAA) program offered the best currently existing platform for adaptation and they created a conceptual model that could build upon the CHAA's 1,000 point assessment scale.

Launched in 1996, the CHAA recognizes organizations with exemplary health, safety, and environmental programs. Participating organizations submit a comprehensive application about their programs and undergo a rigorous review by an expert panel to assess four key categories: Leadership and Management, Healthy Workers, Healthy Environment, and Healthy Organization. The CHAA's assessment scale measures a broad variety of standards for what it terms "healthy workplaces" – that is, each applicant's specific occupational and environmental health and safety programs, its overall company culture and organizational profile, and its governance.

Following the ACOEM/UL summit, a team of participants constructed a first-generation Integrated Health and Safety Index that could extend the basic methodology of the CHAA Self-Assessment tool to achieve a new universal standard of health and safety reporting. The new index is scheduled to be formally launched and available online in late 2015.

Integration and Alignment of Silos



Standards and Metrics for an Integrated Health and Safety Index

The proposed Integrated Health and Safety Index will include comprehensive standards that can be applied to any organization, whether small, medium or large. Examples of the kinds of standards that would be expected of organizations measuring their performance against the index are included below.

In addition to a comprehensive set of standards, the IHS Index will include a carefully calibrated set of metrics, which will be used to help organizations arrive at a consistent measurement of their performance in terms of health and safety integration. IHS metrics would be included for each of the main dimensions of the IHS Index: Economic, Environmental and Social.

Economic Dimension

- Standards for Leadership & Management
- Standards for Absence & Disability Management
- Standards for Integrated Health & Productivity

Environmental Dimension

- Standards for Healthy Workers
- Standards for Healthy Workplace Environments

Social Dimension

- Standards for Engagement in Prevention and Wellness by Employer and Employees
- Standards for Value Based Health Benefits Management
- Standards for Corporate Social Responsibility

How Employers Can Begin Implementing IHS Now: A Roadmap for Operational Excellence

Employer health and safety activities are often housed in completely distinct organizational divisions, with minimal attempts at integration. While these organizational units may have achieved programming excellence within their particular area of focus, they are seldom strategically linked together. The lack of integration and transcendent corporate strategies across silos prevents optimal resource utilization and impedes efforts to maximize workforce health and productivity.

Integration and alignment of silos begins with institutional commitment and ongoing support from the highest levels of organizational leadership. Numerous studies have shown that successful implementation of individual health and safety programs in the workplace is heavily dependent on senior-level “champions,” who help keep teams focused on program goals (4). With the complexity of integrating diverse health and safety operational teams, the commitment and active participation of senior management teams is even more critical.

With strong and sustained senior-level buy-in established, the details of health and safety integration can begin, using the five-point roadmap developed by the ACOEM/UL task force. Essential elements include:

- 1. Planning.** Develop a rationale for why strategic integration is important and needed
- 2. Assessment.** Evaluate the current health and safety status of the organization
- 3. Implementation.** Develop and implement a new, integrated strategy and vision
- 4. Monitoring.** Create a system for collecting data and for monitoring and evaluating programs during implementation
- 5. Review.** Gauge progress periodically and take corrective action as needed

Phase 1 – Planning: *Develop a rationale for why integration is important and needed*

The first phase of integration involves explaining the rationale for why an organization should integrate its health and safety activities, and what the impact will be for its business. This phase involves:

- Defining the value of integration
- Engaging the leadership, including the C-suite
- Articulating a vision – where do we want to be?
- Developing a company policy statement on integrating health and safety

Phase 2 – Assessment: *Evaluate the current health and safety status of the organization*

The first phase of health and safety integration involves planning, soliciting support from the appropriate leadership within the organization, establishing a vision and mission statement, and integrating health and safety policies. The second phase of a roadmap to integration is assessment: that is, achieving a better understanding of an organization’s current status in terms of health and safety, and identifying metrics to evaluate its programs as they evolve.

Phase 3 – Implementation: *Develop and implement a new, integrated strategy and vision*

Once a direction is charted through the completion of Phases 1 and 2, Planning and Assessment, Phase 3 -- Implementation -- can begin. This phase involves implementing the vision and strategies identified.

Phase 4 – Monitoring and Evaluation: *Create a system for data collection, monitoring and evaluation of programs implemented*

Programs should be monitored to evaluate not only participation and engagement, but also to quantify the value of investment. It is reasonable to monitor participation in particular programs on a monthly basis. This will allow program owners to determine if more frequent or different communications about program offerings are necessary, or whether messages should be changed.

Phase 5 – Review: *Gauge progress periodically and take corrective action as needed*

The final phase of integrating health and safety activities entails reviewing and adjusting or developing corrective action as necessary.

Conclusion and Recommendations

A growing body of evidence suggests that significant benefits can accrue when health and safety teams are more closely aligned through overarching strategies and are integrated organizationally in the workplace. Leading experts in both the wellness and safety communities are building programs around the concept that wellness impacts safety and safety impacts wellness – the two, when properly integrated, form a continuum that can lead to a true culture of health in the workplace.

Supporters of the health and safety continuum concept are increasing, and various integration projects, initiatives, or studies are either under way or in development at leading organizations. But uptake of the concept in the workplace remains somewhat limited. This environment could be significantly changed if more consistent definitions of the components that make up successful health and safety integration are adopted, best practices more extensively shared, and a universally applicable system of measuring the value of health and safety integration is developed. In addition, employers need a new practical and scalable roadmap for integration – a guide aimed specifically at overcoming the problem of aligning health and safety programs with corporate strategy across institutional silos.

The creation of a standardized definition for Integrated Health and Safety, a new Integrated Health and Safety Index and a roadmap for integration have the potential of moving the combined communities of health and wellness and safety engineering into one of the most dynamic and productive periods in the history of occupational health. But to succeed, these efforts should advance with several guiding principles in place:

- Plan with small and medium sized organizations in mind.
- Apply this concept in both white collar and blue collar workplaces.
- Build Incentives.
- Build partnerships and coalitions.
- Develop new educational models.
- Ensure confidentiality and trust.
- Align efforts with the insurance sector.
- Encourage continued research.

Read the full article at

http://journals.lww.com/joem/Fulltext/2015/05000/Integrating_Health_and_Safety_in_the_Workplace_15.aspx