Workplace Wellness

Hazards are ever-present in the steel plant environment, and a heightened awareness and emphasis on safety is a necessary priority for our industry. This monthly column, coordinated by members of the AIST Safety & Health Technology Committee, focuses on procedures and practices to promote a safe working environment for everyone.

Author

Donna Emmert
senior absence, health and productivity consultant, Zurich Services Corp. Risk Engineering Group, Addison, Texas, USA
donna.emmert@zurichna.com

Comments are welcome. If you have questions about this topic or other safety issues, please contact safetyfirst@aist.org. Please include your full name, company name, mailing address and email in all correspondence.

Workplace wellness is an often-ignored component of the injury and illness prevention process. A comprehensive program should include both safety and wellness to prevent injuries.

Introduction

Traditionally, the "H" in health, safety and environmental (HSE) positions has been to prevent injuries through hazard reduction. The often-ignored component is protecting the unhealthy employees from injuries. Both the aging workforce and the obesity epidemic have resulted in increased evidence that an employee's general health may be factors when determining the causes in the accident investigation process.

Discussion

Employees with comorbidities (coexisting medical conditions) are more likely to hurt themselves on the job, require more time and money to treat and heal, and take more time to get back to work.[1] According to the National Council on Compensation Insurance (NCCI)'s November 2012 key findings:[1]

- Workers' compensation claims with a comorbidity diagnosis increased from 2.4% in 2000 to 6.6% in 2009.
- Claims with a comorbidity diagnosis have about twice the medical costs of comparable claims.

These health conditions impact workers' compensation injuries. The top six comorbidities include: chronic obstructive pulmonary disease (COPD), obesity, hypertension, drug abuse, diabetes, and depression.

Chronic Obstructive Pulmonary Disease[2] —

- COPD affects more than 24 million Americans.[3]
- More than one-third (38.0%) of adults with COPD were current smokers.
- Activity limitations are common among adults with COPD.

Obesity —

- More than one-third (34.9% or 78.6 million) of U.S. adults are obese.[4]
- Obese workers file twice as many workers' compensation claims, have seven times higher medical costs and average 13 times more days off work than non-obese workers.[5]
- An increase in body weight results in a geometric increase in the pressure on the spine and increases the risk of injury.

Hypertension —

- About 70 million American adults (29%) have high blood pressure.[6]
- Job stress increases blood pressure.
- Stressful working conditions lead to increased absenteeism, tardiness and turnover.

Drug abuse —

- Abuse of tobacco, alcohol and illicit drugs results in more than US$700 billion annually in costs related to crime, lost work productivity and health care.[7]

- Substance abuse on the job decreases productivity and increases accidents, absenteeism, turnover, and medical costs.

Diabetes —

- Diabetes affects 29.1 million people, or 9.3% of the U.S. population.[8]
- Diabetes accounts for 15 million work days absent and 120 million work days with reduced performance per year.[8]
- Diabetes is directly correlated with obesity and affects the wound-healing process.

Depression —

- Depression ranks among the top three workplace problems, following only family crisis and stress.[9]
- At any one time, one out of every 20 employees experiences depression.[9]
- Depression can result in decreased productivity and morale, fatigue, unexplained aches and pains, excessive absenteeism, and alcohol or drug abuse.

Companies of all sizes need to implement an effective workplace wellness program, not because the health insurance or Affordable Care Act recommends it, but because of the costs associated with unhealthy employees.

Guidance

A wellness program, just like an injury and illness prevention program, should begin with executive support. Company executives must realize and understand the benefits of the wellness program and provide the time and budget for staffing, measurement tools, and programs. Staff from top management to human resources/benefits, safety and employee representatives should be assigned to a wellness team. The team should include all demographics and not be limited to only the young and fit.

When determining goals and objectives for accident prevention, the safety committee reviews the summary report on the OSHA log and the accident trends. These reports do not contain the employees' names or personal information. The same concept should be applied to the wellness program. The data that the wellness committee analyzes should also be limited to only aggregate data. Private medical information should be protected according to The Health Insurance Portability and Accountability Act (HIPAA) and the Genetic Information Nondiscrimination Act (GINA) laws. The committee should determine the data to be collected, which may include aggregate data and summary reports from: health risk assessments, biometric screening, absenteeism records, productivity records and health insurance costs. This data is used to set the goals, implement the program and measure the results. The program should be assessed on a regular basis to evaluate its progress and make changes as necessary to achieve its goals.

A successful, results-oriented wellness program should include:

1. Senior executive support, including a policy statement and budget.
2. Wellness committee with assigned roles and responsibilities.
3. Specific plan:
   - Mission statement.
   - Measurable goals based on both employees' needs and requests.
   - Timelines.
   - Quantifiable data collection.
   - Evaluation.
4. Interventions such as education and coaching.
5. Data collection and analysis.

Once the program has been developed, the implementation plan should include specific strategies, identifying how to achieve the specific goals. A successful plan will include feedback from the employees and evaluation, noting the program success as well as areas for improvement.

In the Quality of Work Life and Traditional models, employers could expect a return on investment of about 3-to-1 within a period of about 18 months.[10]

Conclusion

Just like an effective illness and incident prevention plan eliminates hazards in the workplace, an effective wellness plan will improve the health and productivity of your employees. These programs should be integrated to protect the employability of your workforce: your most valuable asset.

References

1. https://www.ncci.com/documents/Research-Brief-Comorbidities-in-Workers-Compensation-2012.pdf.
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a1.htm.
3. "COPD Statistics Across America," COPD Foundation, Web, Apr. 2016.
4. http://www.cdc.gov/obesity/data/adult.html.
5. http://corporate.dukemedicine.org/news_and_publications/news_office/news/10044.
6. http://www.cdc.gov/bloodpressure/facts.htm.
7. http://www.drugabuse.gov/related-topics/trends-statistics.
8. https://www.diabetesatwork.org/index.cfm?daw=Home.
9. http://www.mhacolorado.org/file_depot/0-10000000/30000-40000/31946/folder/76278/Depression%20in%20the%20Workplace.pdf.
10. https://www.welcoa.org/wp/wp-content/uploads/2007/05/ei-larry-chapman-20070510.pdf.

Disclaimer

The information in this article was compiled from sources believed to be reliable for informational purposes only. All sample policies and procedures herein should serve as a guideline, which you can use to create your own policies and procedures. We trust that you will customize these samples to reflect your own operations and believe that these samples may serve as a helpful platform for this endeavor. Any and all information contained herein is not intended to constitute legal advice and accordingly, you should consult with your own attorneys when developing programs and policies. We do not guarantee the accuracy of this information or any results and further assume no liability in connection with this publication and sample policies and procedures, including any information, methods or safety suggestions contained herein. ✦

Did You Know?

worldsteel Announces the World Champions of steelChallenge-10

The World Steel Association (worldsteel) announced the new world champions of the 10th steelChallenge. Marcos Daniel Gouveia Filho from Companhia Siderúrgica do Pecém (CSP) in Brazil won in the Industry category and Eonseung Lee from Kyungpook National University in South Korea won in the Student category.

The world championship of the 10th steelChallenge took place in London, U.K., on 11 April 2016. The 12 winners from the regional championship competed for the global title in these two categories. The task was to produce an experimental grade of automotive steel that focuses on the chemical composition of nickel, chromium and molybdenum, at the lowest cost, using the electric arc furnace steelmaking simulator.

Edwin Basson, director general of worldsteel, said, "More than 1,000 participants from 136 universities and 44 companies in over 40 countries worldwide competed for the title of regional champion in January this year. I am particurlarly delighted to learn that participants attempted over 34,000 runs of the simulation. To continue the drive for technological innovation we need the brightest and the best working for us. The young people here are future leaders who will help build a sustainable steel industry."

The 2016 World Champion in the Industry category, Marcos Daniel Gouveia Filho, said, "Being involved in the steelChallenge has been a really exciting experience. I've learned a lot which will be great for my career progress."

Eonseung Lee, the World Champion in the Student category for 2016, said, "It was great to meet all my fellow competitors from around the world and so many steel industry leaders. It was a great competition and I am proud to win it."

Photos of the event are available at worldsteel's Flickr site.

Regional Champions of steelChallenge-10 competed in London on 11 April 2016. Credit: worldsteel.