HEALTHY WORKFORCE NOW: ACOEM’S AGENDA FOR CHANGE

Introduction

The American health care system faces enormous – and growing – challenges. Health costs in the United States, already highest in the world, continue to spiral upward. An estimated 50 million Americans are uninsured, and Medicare and Medicaid face huge financial issues that threaten their long-term stability. Chronic health conditions are on the rise across all age groups, with more than 50 percent of Americans having at least one chronic health condition. Millions of Baby Boomers are retiring, placing new strains on the nation’s health care infrastructure, at a time when the shortage of physicians in the U.S. is projected to reach 62,000 by 2015 and 130,000 by 2025. Those workers who remain in the system, increasingly beset by chronic disease, have a greater likelihood of needing to access social security disability and Medicare before retirement age – potentially weakening our national work capacity even more.

As the nation continues to grapple with these issues, their impact on the health of the American workforce is becoming clear. Research has shown that in addition to common chronic conditions such as cancer, heart disease, diabetes, and a host of other conditions – ranging from musculoskeletal/pain, depression, and fatigue to anxiety and obesity – are driving up total health-related costs in the workplace. Meanwhile, the costs associated with work-related illness and injuries also continue to escalate.

Employers spend approximately $13,000 per employee per year on health-related costs – in an economy with more than 130 million non-farm employees. They also spend almost $1 billion per week for direct workers’ compensation costs alone.

The costs of workplace injuries and illnesses are both direct and indirect, ranging from medical and pharmacy costs to lowered productivity from absenteeism and “presenteeism,” or working while sick or injured. Clearly, the overall economic impact of workplace health is significant.

Numerous studies show that an unhealthy workforce is an unproductive workforce. The rise of chronic disease in the workplace – and the specter of an unhealthy workforce – does not bode well for our future competitiveness in the world economy. Without a healthy, able and available workforce, the U.S. will find it impossible to thrive.
Moreover, our national efforts at improving the health of our citizens overall – including our new U.S. National Prevention Strategy – cannot be truly effective until health strategies aimed at homes and communities are integrated with similar measures aimed at the workplace. The health behaviors of individuals span the boundaries of home, community and workplace. In order to effectively address the rise of chronic disease in the U.S., our national health strategies must reach individuals where they live and work.

Therefore, the American College of Occupational and Environmental Medicine (ACOEM) believes that a national focus on improving health in the workplace is more vital than ever and should be strongly embraced. It makes abundant sense for our nation’s policymakers to turn their attention more proactively to the workplace as a new fulcrum point in an effort to improve the health of its citizens.

The workplace offers unique resources and infrastructure for addressing individual and population health. In an environment in which health costs are skyrocketing, evidence-based health strategies aimed at the nation’s workforce could have significant long-term impact, potentially saving billions in costs and improving the health of millions of Americans.

The nation’s community of physicians trained in occupational and environmental medicine (OEM) can play a key role in this effort. OEM is the medical specialty devoted to prevention and management of occupational and environmental injury, illness, and disability, and promotion of health and productivity of workers, their families, and communities. OEM physicians work with employers of all sizes and types to develop and implement strategies based on the relationship between health and productivity to lower health risks, reduce the burden of illness, improve wellness and human performance, reduce workplace illness and injury, and enhance the quality of life for both workers and their families, while reducing total health-related costs.

ACOEM’s Healthy Workforce Now agenda for change offers 10 practical action steps that can help move a workplace-centered national health reform effort forward. Our agenda promotes the optimal health and safety of workers, workplaces, and environments by educating health professionals and the public, stimulating research, enhancing the quality of medical practice, guiding workplace and public policy, and advancing the field of occupational and environmental medicine.

ACOEM’s ACTION AGENDA

1 ESTABLISH A NATIONAL CULTURE OF HEALTH IN THE WORKPLACE

The amount of time Americans spend in the workplace or involved in work-related activities has increased in recent decades. Because a growing body of research shows an inextricable link between the health of our national workforce and its productivity, we should place a greater priority on creating healthy workplaces. Enlightened employers can build strategies based on the relationship between health and productivity to lower health risks, reduce the burden of illness, improve wellness and human performance, and enhance the quality of life for workers and their families, while reducing total health-related costs. But not enough of the nation’s employers are taking these steps. Establishing a true culture of health in the U.S. workforce will require an alignment of public sector and private sector incentives intended to encourage more widespread and
rapid implementation of workplace health and wellness programs and rewards for positive health outcomes. From disease prevention programs to on-site health clinics, employers have the potential to play a significant role in a national health improvement effort. OEM physicians – who are trained in the development and delivery of workplace health initiatives – are positioned to serve as a critical connecting link between more than 130 million Americans who make up the U.S. workforce and worksite health and wellness programs. With the globalization of business and the rise of multi-national corporations, the bolstering of a culture of health in the U.S. has the potential to improve health outcomes internationally, as well.

2 ENSURE THAT EVERY WORKER IN THE UNITED STATES HAS ACCESS TO OCCUPATIONAL HEALTH CARE

The need to more proactively address the health issues of our national workforce is well-established and supported by a growing body of research. But fostering a new culture of health in the workplace requires initiatives that ensure more workers have access to quality occupational health care. OEM physicians can fill this need. They are experts in the complex interplay of factors that affect health in the workplace, developing expertise in determining the ability of employees to perform work; the physical, chemical, biological, and social environments of the workplace; employer health plans, and the health outcomes of environmental exposures. They have unique clinical training in managing the health of individuals as well as the health of populations, and they are skilled at using the tools of preventive medicine to improve the health of a defined population of workers and their families. OEM physicians are a fulcrum of workplace health, serving as an important point of liaison between employer, employee, government, and all components of the health care system – understanding the needs and challenges of each of these diverse groups. They provide a unique bridge between the clinical/scientific medical community and the business-based employer community. The nation’s public and private sectors should cooperate on new initiatives that ensure occupational and environmental medicine is available and accessible to workers.

3 PROTECT PUBLIC HEALTH AND PUBLIC SAFETY BY PROMOTING WORKPLACE INITIATIVES THAT HELP STRENGTHEN AND IMPROVE THE NATIONAL PUBLIC HEALTH AND PUBLIC SAFETY INFRASTRUCTURE

Public health and public safety often intersect with employee health and safety. Significant public health threats – ranging from infectious disease to substance abuse – impact the workplace. In many occupations and work settings – ranging from the transportation industry to medical centers and hospitals – the health and safety of the worker can have an impact on the health and safety of the public. Physical abilities, alertness, and decision-making abilities can all be affected by medical conditions or by medications used in their treatment. In transportation, for example, certain individuals should not operate vehicles, other moving equipment, or other heavy equipment because their medical conditions may impair their ability to safely operate the vehicle or the equipment. In hospitals and medical centers, health care workers are at risk of infection from exposure to their patients, and patients are potentially at risk of contracting disease when exposed to infected workers. Workplace emergency preparedness measures can play a significant role in the nation’s overall emergency preparedness infrastructure. ACOEM is committed to helping leverage the impact of the OEM community to address these issues, and in the process, help strengthen the nation’s public health infrastructure. ACOEM is an advocate for well-
funded, robust national, state and local public health programs. OEM physicians understand the intersection of public health and public safety risks associated with work and can play an important role in protecting public health and public safety through preventive services, while also respecting the rights of the individual worker and the worker’s fitness for duty.

4 IMPROVE THE QUALITY, COST, AND CONSISTENCY OF THE NATION’S WORKERS’ COMPENSATION SYSTEMS

According to the National Safety Council, a disabling injury occurs every 1.3 seconds in the U.S. The Social Security Administration estimates that roughly 30 percent of employees entering the workforce today will acquire some type of disability before they retire. Many of these cases are managed in the nation’s workers’ compensation system, administered by the individual states. Other cases are managed through the federal workers’ compensation system. At the heart of workers’ compensation is the concept of return to work (RTW) – getting injured employees back to work quickly through a well-managed rehabilitation process. Research has proven that injured employees who participate in well-structured return-to-work programs recover their health faster, and are more satisfied with their care and outcomes than employees who don’t participate in RTW programs. In addition, effective return-to-work programs can lower the costs associated with the workers’ compensation system. But the nation’s workers’ compensation programs vary widely in both their cost and effectiveness. The costs of managing these programs, for both the private sector and the public sector, can be significant, involving both direct and indirect costs. The U.S. can improve the quality of its workers’ compensation programs by focusing on recognizing and incentivizing the participation of high-quality physicians within the system, and by utilizing evidence-based health strategies. A number of common-sense approaches would help encourage better quality and improve health outcomes for all.

5 REDUCE HEALTH DISPARITIES IN THE WORKPLACE

The U.S. workforce has become increasingly diverse, leading to greater complexity in the rates of disease, disability and death in the workplace. Research indicates that with this diversity have come disparities in the rates of disease, disability, and death, particularly in historically underserved occupational worker populations – including minorities, migrant and seasonal agricultural workers, and those with lower incomes. There are clear differences in health outcomes across populations in a number of diseases – ranging from cancer to cardiovascular disease. In addition, disparities of access to health care also exist. Research also suggests that disparities exist in the rate of occupational illnesses and injuries across diverse populations. Many factors may contribute to these disparities, including social, political, and cultural issues. Some populations are more heavily concentrated in high-hazard industries, such as construction and agriculture. Economic factors may contribute, as some workers may lack access to health insurance or health care services. With an increasingly older workforce, age-related disparities are also likely to rise in the future. As the U.S. population continues to shift and become more diverse, it is critically important to address these disparities to ensure our workforce remains healthy and productive.
CREATE STRONGER PROTECTIONS FOR WORKERS THROUGH ENHANCED RULEMAKING AND RECORDKEEPING POLICIES

Several federal agencies, such as the Occupational Safety and Health Administration (OSHA) and Mine Safety and Health Administration, play a critical role in ensuring the health and safety of the nation’s workforce. For example, core OSHA activities are rule-making, recordkeeping and enforcing laws aimed at enhancing worker health and safety. This process must be protected, nurtured and sustained over time to ensure a consistently safe and healthy U.S. workplace environment. As the nation’s leading representative of workforce health, ACOEM believes that the rulemaking and recordkeeping process is a resource that can be used to strengthen protections for U.S. workers. Specific long-term enhancements and improvements to the rulemaking and recordkeeping process should be considered.

PROMOTE FEDERAL FUNDING FOR TRAINING PROGRAMS IN OEM RESIDENCY PROGRAMS

Workforce health is critical to our national future. Without a healthy, able and available workforce, the U.S. cannot remain competitive in the global marketplace. Furthermore, the U.S. will not be able to meet its obligations under Medicare and Social Security if the engine that supplies the financing for those systems – the workforce – is not healthy and productive. OEM physicians, who are trained in the development and delivery of workplace health initiatives, can help address this need. OEM physicians currently serve as the central point of connection between these employed populations and the overall U.S. health care system. They contribute scientific research, new clinical guidelines for medical care, and public health programming aimed at the workforce and the health of the environment. They focus their expertise on improving the overall health of the worker, including areas such as prevention of infectious disease and decreasing obesity. But there aren’t enough OEM specialists to meet the need in the workplace. Simply put, we need to do more to encourage the growth of this specialty. Federal policy should be strengthened to promote training programs, including residency training for future OEM physicians.

INCLUDE WORKPLACE HEALTH INITIATIVES AS A FUNDAMENTAL COMPONENT OF FEDERAL HEALTH POLICY

The U.S. health crisis has the potential to seriously weaken our national productivity and economic stability. Addressing these issues should be a national priority, with strong national programs aimed at improving worker health. Steps should be taken to ensure that workplace health measures are formally included in federal policy – thus encouraging a system in which workplace health is integrated with our overall national health improvement efforts. These efforts must extend across communities, homes and workplaces in order to be effective. As a part of this effort, the federal government should encourage such measures as the adoption of electronic health records (EHRs) supplemented with occupational health information; tax credits and other incentives that would encourage employers to adopt wellness programs; and requirements that employer-provided health plans provide expanded reimbursement for worksite preventive health services. There should also be a very strong emphasis on strengthening and better coordinating the connection between federal emergency preparedness policy and the workplace.
9 **RAISE AWARENESS AND RESPONSE TO ENVIRONMENTAL HEALTH RISKS IN WORKPLACES, HOMES, AND COMMUNITIES**

Exposure to environmental hazards in the workplace, the home, and the community are causes of concern to the individual as well as to community health. Often people who have been exposed to hazardous substances or conditions in the workplace, home, or community environment, have been placed at increased risk of premature morbidity, disability, or mortality. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants, but they also include the impacts of housing, urban development, land-use, and transportation. Of increased concern are effects of airborne environmental agents on respiratory diseases; the role environment plays in human development and health; the human health effects of exposure to environmental hazards ranging from chemical pollutants to natural, technologic, or terrorist disasters; and exposure to environmental toxins (e.g., heavy metals, solvents, pesticides, asbestos, silica, carbon monoxide, hydrogen sulfide, dioxin, PCBs). The role of the OEM physician is to recommend, interpret and explain the results of environmental monitoring; and identify sources and routes of environmental exposure and recommend methods of reducing environmental health risks.

10 **STRENGTHEN THE PRACTICE ENVIRONMENT FOR OEM PHYSICIANS TO ENSURE THEY ARE ABLE TO PROVIDE THE FULL EXTENT OF THEIR EXPERTISE TO BENEFIT THE HEALTH OF WORKERS, THEIR DEPENDENTS, AND RETIREES**

As the nation’s workplaces become more complex, physicians who practice occupational and environmental medicine play an increasingly visible role in preventing diseases and promoting wellness among workers, their dependents and retirees. OEM physicians are highly trained specialists who enhance health through preventive medicine, clinical care, disability management, research, and education. As disease prevention and wellness have become a greater part of the health care equation, occupational and environmental medicine has expanded its scope and presence accordingly, contributing scientific research, new clinical guidelines for medical care, and public health programming aimed at the workforce and the health of the environment. OEM physicians have become the nation’s leading experts in the complex interplay of factors that affect health in the workplace, helping organizations of all kinds ensure the health of their employees. But in order to continue to offer these vital services to workers, the OEM specialty overall must be strong and viable, operating in an environment that supports and sustains it. This requires fair licensing, regulatory, and medical-practice policies that reduce burdens and obstacles to patient care – ranging from fair fee-schedules to reduction of unnecessary practice hurdles and quality assurance in structural issues such as credentialing and training.

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