

WORKER WELL-BEING

Transforming From a Traditional to a More Holistic OSH Program

By Robert Emery, Scott Patlovich and George Delclos

It is well established that changing demographic profiles (e.g., greater burden of chronic disease, including mental health), new employment arrangements, intensification of work organization demands, the built environment and global drivers (e.g., climate change, technological advances) are influencing workplace safety and health.

These factors combine with individual health and lifestyle, and factors in the home, community and general society to affect worker health and well-being as well as business productivity and profit. But the workplace can also be an ideal site for going beyond simply keeping workers safe to focusing on improving worker well-being by contributing to quality of life and personal satisfaction.

In 2011, NIOSH launched a series of activities aimed at providing a more holistic approach to enhancing the well-being of the U.S. workforce by protecting their safety while improving health and productivity. These activities were part of a new initiative termed Total Worker Health (TWH), defined as “policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being” (NIOSH, 2023). However, the practical implementation of TWH policies in the workplace is not always straightforward and requires considerable interprofessional collaboration in the workplace. Interprofessional collaboration goes beyond the traditional disciplines of OSH, and may include senior leadership, human resources personnel, employee representatives and occupational health professionals. In this article, the authors provide one such example in the context of the University of Texas Health Science Center at Houston (UTHealth Houston), an academic health sciences university.

Materials & Methods

Academic health centers are unique entities that operate at the intersection of health science education, research and patient care. UTHealth Houston is a public academic health science center located in Houston’s Texas Medical Center (TMC, 2022). The university hosts a total campus population of approximately 18,000 individuals, including students, faculty and staff, medical residents, and visitors and patients. In all, there are six graduate schools, an inpatient psychiatric care facility, and more than 130 ambulatory care clinics located in a geographic region roughly equivalent to the size of

Connecticut (UTHealth Houston, n.d.a).

Inherent to their advanced biomedical teaching, research and service missions, academic health centers house potential exposures to a broad spectrum of hazardous agents or conditions: biological, radiological, chemical or physical in nature (Emery et al., 1998). These risks are typically managed by a safety department; at UTHealth Houston this is known as the Office of Safety, Health, Environment and Risk Management (SHERM). In turn, SHERM is organized into three primary units: environmental safety and health; risk management and insurance; and occupational (employee) health. As a service organization, SHERM receives expert guidance from a group of presidentially appointed, faculty-led safety-and-health-related committees, two of which are required: institutional biosafety and radiation safety (NIH, n.d.; Texas Department of State Health Services Radiation Control, 2022). While there is no specific mandate, given the presence and use of potentially toxic or reactive chemicals used in both research and clinical settings, a chemical safety committee was also formed in the 1990s (Emery, 2012). These three committees can be considered traditional in OSH. But it became evident that safety, health and well-being considerations were still present on the campus that did not have expert committee input and oversight. Hence, in 1996, with campus president support, an umbrella “safety council” was created that includes representation of both OSH and non-OSH activities.

The charge of the safety council is to oversee and support the broad range of safety and health considerations present at the university. Over time, the non-OSH representation has expanded, incorporating representatives from areas such as human resources, building facilities management, employee assistance and wellness, mental health, environmental waste management, campus security and disaster preparedness. The safety council meets six times per year and participation is consistently robust. The meetings are traditionally held in person but have been conducted virtually throughout the pandemic due to COVID-19 precautions. Meeting notifications, agendas

and previous meeting minutes are regularly compiled by SHERM staff and made available to interested parties, including regulatory and audit authorities. There is strict adherence to established meeting dates, agenda and time frame, and new topics are solicited for subsequent sessions. New issues that arise are often added as a standing agenda item until resolved. The safety council chair also provides quarterly updates to the UTHealth Houston executive leadership council, which allows for information to be summarized directly to the campus president and other key leaders. Figure 1 (p. 24) summarizes the most current safety council member composition by area of representation.

Three examples illustrate the broader considerations of the UTHealth Houston Safety Council: one regarding workplace stress from a nontraditional source, a second regarding impacts associated with the COVID-19 pandemic and the third relating to campus security.

The wellness component of the safety council noted that through its work, the group encountered indications of elevated levels of stress among the employee population. With the safety council’s support, the wellness and employee assistance programs conducted focus group discussions and determined a major cause of the observed stress was rooted in personal financial management challenges. This finding resulted in the creation and availability of financial management learning and coping tools for free use by campus stakeholders across the institution.

With the onset of the COVID-19 pandemic in 2020, the safety council members became concerned about the overall well-being of the university community and, as such, assisted in the conduct of two waves of a campus-wide survey measuring aspects such as mental health, well-being concerns about COVID-19, personal finance worries and accessing reliable sources of information. The results of the survey helped guide various communications and resources to the campus community.

While reporting on routine safety surveillance and site visit activities, SHERM noted that when occupants were asked

if they had any safety concerns, approximately 80% of the responses revealed issues outside the purview of standard workplace safety assessment and checklists (Emery & Savely, 1997). Examples included concerns about perceived poor water quality in hallway water fountains, musty odors in certain common areas (which turned out to be latent water leaks above the ceiling), and unsafe pedestrian street crossing areas. Informed of these situations, SHERM connected with the appropriate parties to fully understand the scope of these issues and achieve resolution. Building on this approach, representatives for the University of Texas police department asked that inquiries also be made about any security concerns. When the standard inquiry was modified to ask about any safety or security concerns, the responses were enlightening. Issues concerning persons experiencing personal or relationship problems, rooms and equipment being left unsecured and vulnerable, and poor lighting in parking garages and exterior walkways were identified, then routed for appropriate attention.

Results & Discussion

An essential activity of the safety council is to track and review meaningful outcomes to gauge the overall health and well-being of the institution. Following years of review and refinement, four key performance indicators (KPIs) were identified for SHERM operations, which are presented at each meeting and tracked longitudinally. In rank order, these are:

1. losses (in the form of number of individuals reporting injuries or illness, and amount of property damage),
2. compliance (the results of inspections by external agencies and the items detected during internal routine safety surveillance activities),
3. costs (in the form of SHERM departmental budget and any associated cost avoidance or revenue generation), and
4. measured client satisfaction (both from the clients served and the SHERM departmental staff).

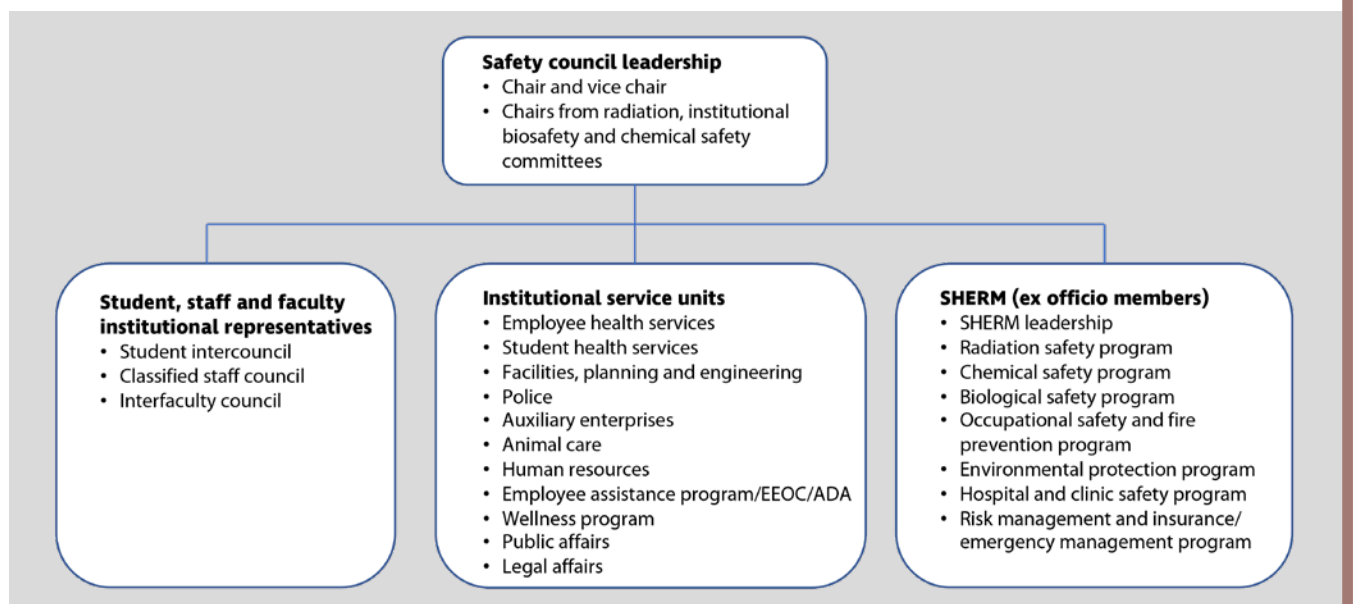
Through numerous interprofessional interactions, these four KPIs have been widely shared and accepted by university colleagues across the country to gauge the performance of their respective safety programs. Copies of the current and previous annual reports are available on the SHERM website (UTHealth Houston, n.d.b).

Whereas tracking meaningful KPIs is critical to the role of the safety council, this effort does not fully capture the larger impact on the community's holistic well-being. Although the group has yet to develop a similar set of agreed-upon KPIs to assess the institutional value of safety council activities, a series of tangential measures suggest that the safety council is making a positive impact. Client satisfaction surveys conducted among the membership indicate that the safety council is well-managed, the topics are appropriate, and follow up to the issues identified are tracked to completion and sufficiently communicated.

In addition to safety council member feedback, SHERM conducts annual client satisfaction surveys, each directed to a specific audience. For example, in one year, a client satisfaction survey was directed to those individuals involved with the use of radiation sources. In another year, a survey targeted those with exposure to potentially infectious biological agents. SHERM has also surveyed the major service units that support the university such as police, facilities management, animal care and auxiliary enterprises. The results of the surveys are shared with the safety council membership and have been consistently positive, suggesting that these populations feel that their concerns are considered and addressed. If constructive or negative feedback is provided, this represents an opportunity for process evaluation and quality improvement.

UTHealth Houston also encourages employees to participate in an annual employee engagement survey conducted by the Houston Chronicle, the major local Houston newspaper, that provides a way for all employees to provide direct, anonymous feedback and helps senior executive leadership better understand institutional needs at all levels (*Houston Chronicle*, 2019). Included in this external assessment are questions about workplace safety, workplace culture and working environment. UTHealth Houston participated in the *Houston Chronicle* Top Workplaces program from 2010 to 2019 and was consecutively

FIGURE 1
COMPOSITION OF SAFETY COUNCIL MEMBERSHIP



recognized as a top workplace from 2010 to 2017 (*Houston Chronicle*, 2017).

The student body also has an opportunity to provide feedback during a triennial student perception survey, which is conducted for the purposes of institutional accreditation and includes consideration of the safety services provided. The feedback garnered from this effort is shared with the safety council and has been consistently positive, suggesting the safety council is attentive to the needs of the student body and any issues are communicated and tracked to resolution.

UTHealth Houston's reported injury and illness rates are very low compared to national data for both the university [North American Industrial Classification System (NAICS) code 6113] and hospital work settings (NAICS code 622). These rates, which reflect employee data only, are regularly tracked and presented to the safety council as shown in Figure 2. Additional information about the types of injury or exposure events reported and the subsequent interventions by SHERM are presented to the safety council.

The safety council reports on wellness initiative participation, utilization of the employee health clinic, employee assistance program and student health services, and Americans with Disabilities Act accommodation services are also used to assess the overall health of the university's population.

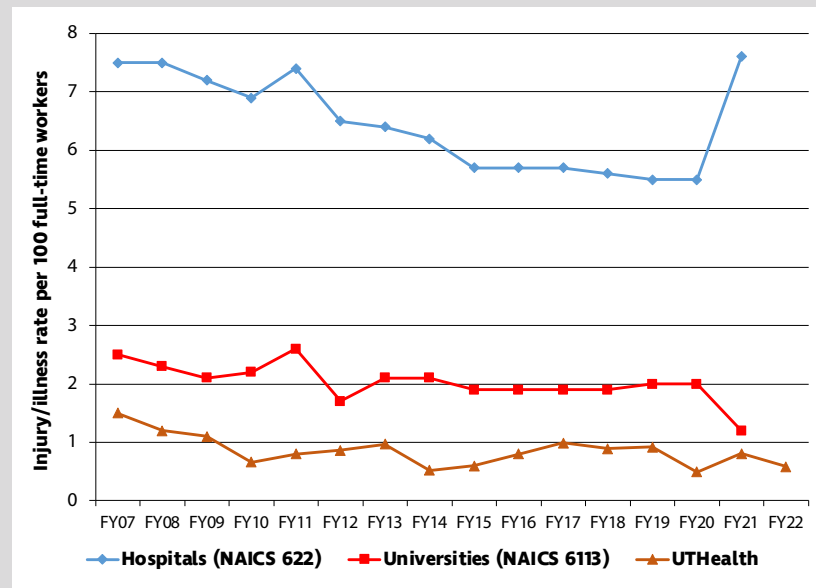
Safety council members have inquired about the possibility of obtaining de-identified health insurance data as a means of determining usage in hopes that it would provide an indication of overall institutional health. To date, this work is still in the discovery and approval stage.

Conclusions & Recommendations

In summary, the UTHealth Houston safety council's origins focused on traditional OSH that might be encountered in a large academic health center. But, as both the workforce and the workplace setting have evolved, the safety council has adapted to address worker health and well-being from a more holistic perspective and serves as a practical example of implementation of a TWH approach. Admittedly, this is a dynamic process in continuous evolution as new issues and goals arise. Having specific, measurable benchmarks and longitudinal indicators of progress are central to reorienting the OSH mission toward worker well-being. Important next steps will be to incorporate measures of employee quality of life and personal

FIGURE 2 ANNUAL REPORTED INJURY/ILLNESS RATE

Annual UTHealth Houston incident rate of reported employee injuries and illnesses compared to national incident rates of hospitals and universities.



Note. National data for FY21 reflects impacts of COVID-19 on hospitals and decreases on universities due to remote learning.

satisfaction, such as the recently developed NIOSH Worker Well-Being Questionnaire (NIOSH, 2021). The strategy used for the UTHealth Houston Safety Council can serve as a model for other institutions to consider. **PSJ**

References

- Emery, R.J. (2012). A mechanism for providing institutional assurance for the safe handling of acutely toxic or physically dangerous chemicals in research laboratories. *Journal of Chemical Health and Safety*, 10, 1-5. <https://doi.org/10.1016/j.jchas.2012.10.001>
- Emery, R.J. & Savely, S. (1997). The benefits of actively soliciting worker concerns during routine safety inspections. *Professional Safety*, 42(7), 36-38.
- Emery, R.J., Delclos, G.L., Cooper, S.P. & Hardy, R. (1998). Evaluating the relative status of health and safety programs for minority academic and research institutions. *American Industrial Hygiene Association Journal*, 59(12), 882-888. <https://doi.org/10.1080/15428119891011054>
- Houston Chronicle*. (2017). Houston metro area top workplaces 2017. <https://bit.ly/41wYskn>
- Houston Chronicle*. (2019). Top workplaces 2019. <https://bit.ly/3KGq8MV>
- National Institutes of Health (NIH). (n.d.). Biosafety and biosecurity policy. <https://bit.ly/3UC11PG>
- NIOSH. (2021, Aug. 4). NIOSH worker well-being questionnaire. <https://bit.ly/43AZLk8>

- NIOSH. (2023, March 23). NIOSH Total Worker Health program. <https://bit.ly/3mtyZJL>
- Texas Department of State Health Services Radiation Control. (2022). Medical and veterinary uses of radioactive materials (25 TAC 289.256). <https://bit.ly/3UEUdkc>
- Texas Medical Center. (n.d.). About us. www.tmc.edu/about-tmc
- UTHealth Houston. (n.d.a). Safety, health and environment and risk management: SHERM annual reports. <https://bit.ly/3KAFvX3>
- UTHealth Houston. (n.d.b). McGovern facts and figures. <https://bit.ly/3KBq7K>

Cite this article

Emery, R., Patlovich, S. & Delclos, G. (2023, May). Worker well-being: Transforming from a traditional to a more holistic OSH program. *Professional Safety*, 68(5), 23-25.

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